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Factors Associated with Patient Satisfaction in Dr. Rasidin Padang Hospital

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ABSTRACT
Patient satisfaction is an important indicator of healthcare service quality because it reflects patients' evaluation of the services they receive and the extent to which those services meet their expectations. This study aimed to determine the factors associated with patient satisfaction in the inpatient ward of Dr. Rasidin Padang Hospital in 2025. An analytical quantitative study with a cross-sectional design was conducted among 84 inpatient respondents selected from a population of 520 patients. Data were collected using a structured questionnaire covering reliability, responsiveness, assurance, empathy, tangibles, and patient satisfaction. Univariate analysis was presented using frequency distributions, while bivariate analysis used the Chi-square test with a 95% confidence level and α=0.05. The findings showed that 44.0% of respondents were dissatisfied. Poor ratings were reported for reliability by 41.7%, responsiveness by 39.3%, assurance by 38.1%, empathy by 51.2%, and tangibles by 44.0% of respondents. All five service-quality dimensions were significantly associated with patient satisfaction: reliability (p=0.007), responsiveness (p=0.025), assurance (p=0.014), empathy (p<0.001), and tangibles (p<0.001). These findings indicate that patient satisfaction in inpatient services is closely associated with the quality of interpersonal, procedural, and physical aspects of care. Hospital management should strengthen reliable and responsive services, professional assurance, individualized attention, and the comfort and readiness of the inpatient environment.

Keywords:
Patient satisfaction
Reliability
Responsiveness
Assurance
Empathy
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1. INTRODUCTION

Healthcare services comprise organized efforts carried out individually or collectively to maintain and improve the health of individuals, families, groups, and communities. In Indonesia, these services are delivered through various facilities, including community health centers, clinics, private practices, and hospitals [1]. Hospitals have a particularly important role because they provide comprehensive services for patients who require diagnostic procedures, treatment, monitoring, rehabilitation, and, when necessary, inpatient care. The quality of hospital services therefore becomes an important component of public health service performance.

Healthcare service quality can be understood from the extent to which the service process produces outcomes and experiences that are acceptable to patients. Patient satisfaction is one of the most important measures because patients directly experience the service process and can evaluate whether the service corresponds with their expectations [2]. Satisfaction occurs when the perceived performance of a service is equal to or greater than what the patient expected. Conversely, a gap between expectations and perceived performance may result in dissatisfaction. For this reason, measuring satisfaction provides information that can be used by healthcare organizations to identify service strengths and weaknesses.

Patient complaints are not unique to a particular country or healthcare system. The thesis reports data from the National Health Service in the United Kingdom showing 198,739 complaints, followed by an increase of 4.9% to 208,415 complaints in the subsequent year. The thesis also notes that complaints continue to be encountered in hospitals in Indonesia [3]. Complaints can reflect problems in communication, waiting time, administrative procedures, staff behavior, information delivery, facilities, and the continuity or reliability of services. Although a complaint does not always represent a clinical failure, it can indicate a mismatch between the service expected by patients and the service they perceive.

In inpatient care, the patient's experience is shaped by repeated contact with healthcare workers and by the physical environment in which care is delivered. Patients may depend on nurses, physicians, administrative staff, and other personnel for information, assistance, treatment, medication instructions, and emotional support. Families also become part of the service interaction because they frequently assist patients and communicate with healthcare workers. Consequently, a patient's evaluation of service quality may involve both technical elements of care and interpersonal elements such as courtesy, empathy, responsiveness, and trust.

The thesis uses five dimensions of service quality to assess the patient experience: reliability, responsiveness, assurance, empathy, and tangibles. Reliability concerns the ability of an institution to provide promised services accurately and consistently. A reliable service should minimize errors and provide the service in accordance with the stated procedure [4]. Responsiveness concerns the willingness of staff to help patients and provide services promptly and appropriately. In hospital settings, patients generally expect staff to respond quickly to requests and complaints and to provide information without unnecessary delay [4], [5].

Assurance relates to staff knowledge, competence, courtesy, attention, communication skills, credibility, and the ability to create a sense of safety and trust. Empathy refers to sincere and individualized attention, understanding of patient needs, respectful communication, and willingness to provide personal support. Tangibles refer to the physical evidence of service, including facilities, equipment, cleanliness, comfort, staff appearance, and the visible readiness of the service environment [4], [6]. These dimensions provide a practical framework for evaluating how patients perceive the quality of inpatient services.

At Dr. Rasidin Padang Hospital, the thesis identifies a number of service situations that may influence patient satisfaction. The inpatient process includes registration, decisions regarding admission, administrative procedures, room allocation, preparation of patients for admission, initial assessment, treatment planning, discharge planning, referral, and other supporting services. Because patients pass through several service stages, weaknesses at any stage can influence the overall experience. Clear communication and coordinated service are therefore necessary to reduce uncertainty and maintain patient confidence.

An initial survey described in the thesis further indicated the local relevance of the problem. Ten patients in the inpatient setting were interviewed, and seven reported dissatisfaction. The reported concerns included administrative procedures perceived as slow or complicated, insufficient information, concerns regarding the professionalism of staff, limited moral or spiritual support, and issues related to staff identification or equipment. These observations suggested that patient satisfaction needed to be assessed using a structured instrument and that the service-quality dimensions should be examined statistically.

Previous studies cited in the thesis provide evidence that service quality and patient satisfaction are related in different healthcare settings. Andhika reported dissatisfaction among respondents and examined service quality in an emergency department setting [7]. Budianto and Ibrahim also reported weaknesses in service-quality dimensions and relationships with patient satisfaction in hospital or primary-care settings [8], [9]. Hastuti reported significant relationships involving responsiveness, assurance, empathy, and tangibles in a regional hospital setting [10]. The consistency of these findings suggests that service quality is an important determinant of the patient experience, while the local context of each hospital may influence which dimensions are perceived as most problematic.

The present study was conducted to provide local evidence from the inpatient ward of Dr. Rasidin Padang Hospital. Its value lies in bringing together five dimensions of service quality and examining their individual relationships with patient satisfaction in the same inpatient population. The study therefore aimed to determine the level of patient satisfaction, describe the quality of reliability, responsiveness, assurance, empathy, and tangibles, and test whether each dimension was significantly associated with patient satisfaction. The findings are expected to provide practical information for hospital management and healthcare workers in improving inpatient service quality.

2. THEORETICAL BASIS

Patient satisfaction is an evaluation of the service experience from the patient's perspective. The thesis describes satisfaction as a positive evaluation of different service dimensions, ranging from a particular component of care to the overall healthcare system experienced by a patient [2]. Satisfaction is important not only because it reflects how patients perceive services, but also because it can provide feedback for quality improvement. When patients are dissatisfied, the organization can use the information to identify gaps in service delivery, communication, staff behavior, facilities, and administrative processes.

The thesis identifies several factors that can influence perceived healthcare quality and satisfaction. These include word-of-mouth communication, personal needs, previous experiences, and external communication from the healthcare institution [11]. Patients may compare current services with experiences at other facilities or with services received previously. Personal needs also differ between patients; consequently, two patients receiving similar services may evaluate them differently. These considerations explain why patient satisfaction should be measured directly rather than inferred solely from clinical or administrative indicators.

Service quality in the thesis is closely associated with the comparison between expected service and perceived service. This concept is consistent with the SERVQUAL approach described in the literature used by the thesis [4]. In practical terms, patients form expectations about how quickly staff should respond, how accurately services should be delivered, how safe and professional the care should feel, how much attention they should receive, and whether the physical environment should be clean and comfortable. The larger the perceived gap between expectation and experience, the greater the potential for dissatisfaction.

Reliability is especially important because inpatient care requires continuity and accuracy. A reliable service means that administrative procedures, information, treatment-related processes, and other promised services are performed accurately and consistently. Errors or delays can undermine confidence even when the clinical service itself is adequate. Responsiveness is related to the speed and readiness of service. Patients who are ill or uncomfortable often have limited tolerance for long waiting times and may need immediate assistance. Therefore, the ability of staff to respond to requests and complaints can directly affect satisfaction.

Assurance is important because healthcare involves uncertainty and vulnerability. Patients need to believe that healthcare workers are competent, knowledgeable, courteous, and able to provide safe care. Clear explanations can reduce anxiety and strengthen trust. Empathy adds the interpersonal dimension: patients want to be treated as individuals, not merely as cases. Respectful communication, attention to individual needs, fair treatment, greeting patients and families, and emotional or spiritual support can influence how patients evaluate the overall service. Tangibles, meanwhile, provide visible evidence of organizational readiness through room cleanliness, equipment, comfort, and staff appearance.

Taken together, the five dimensions provide a multidimensional framework for understanding patient satisfaction. A hospital may have good facilities but still receive poor satisfaction ratings if staff are not responsive. Conversely, staff may be friendly and responsive, but dissatisfaction may remain if administrative procedures are unreliable or the environment is uncomfortable. The conceptual framework in the thesis therefore treats reliability, responsiveness, assurance, empathy, and tangibles as independent variables and patient satisfaction as the dependent variable.

3. METHOD

This study used an analytical quantitative design with a cross-sectional approach. The research was conducted in the inpatient ward of Dr. Rasidin Padang Hospital during 2025. The study period was reported as January–August 2025, while the field data collection schedule in the thesis shows that respondents were recruited in the inpatient rooms on May 8–11, 2025. The research was designed to examine the relationship between perceived service quality and patient satisfaction at one point in the service experience.

The population consisted of 520 patients who attended the inpatient ward in April 2025. Using the sample calculation described in the thesis, 84 respondents were included in the study. The detailed sampling procedure in Chapter III specifies accidental sampling, namely recruiting eligible patients who were present during the research period. The thesis abstract contains a different statement referring to simple random sampling; this article follows the detailed sampling procedure described in the methodology chapter.

Inclusion criteria were willingness to participate, age 15–65 years, and the ability to communicate adequately with the researcher. Patients who arrived with severe illness were excluded. These criteria were intended to ensure that respondents could understand and complete the questionnaire and that the process of participation did not interfere with the immediate care of patients requiring urgent attention.

Primary data were collected using a questionnaire covering respondent characteristics and the five service-quality dimensions. The questionnaire assessed reliability, responsiveness, assurance, empathy, and tangibles using four response categories ranging from very poor to very good. Patient satisfaction was also assessed using a structured questionnaire and subsequently categorized into satisfied and dissatisfied groups according to the median cut-off specified in the thesis. Secondary information was obtained from the hospital, including inpatient visit information and relevant institutional data.

Data collection followed several administrative and ethical steps. The researcher obtained permission from the university and relevant local authorities before requesting access from Dr. Rasidin Padang Hospital. Respondents were introduced to the purpose of the study, provided with an explanation of participation, and asked to sign informed consent. The questionnaire was then distributed for completion. Confidentiality of respondent identity and information was maintained, and the data were used for research purposes.

Data processing consisted of editing, coding, entry, cleaning, and tabulation. Univariate analysis was used to describe the frequency and percentage of each variable. Bivariate analysis was used to examine the relationship between each independent variable and patient satisfaction. The Chi-square test was applied with a 95% confidence level and $\alpha=0.05$. A p-value less than 0.05 was interpreted as statistically significant. Because the design was cross-sectional, the findings indicate statistical associations and do not establish temporal or causal relationships.

Table 1. Distribution of respondents by demographic characteristics (n=84)

Characteristic	f	%
Age 17–25 years	4	4.7
Age 26–35 years	42	50.0
Age 36–45 years	30	35.8
Age 46–60 years	8	9.5
Male	23	27.4
Female	61	72.6
Primary education	10	11.9
Junior secondary	22	26.2
Senior secondary	38	45.2
Higher education	14	16.7
Housewife	60	71.4
Private sector	16	19.0
Civil servant	8	9.6

The respondent profile shows that the largest age group was 26–35 years (50.0%), followed by 36–45 years (35.8%). Women represented 72.6% of the sample. Senior secondary education was the most common educational category (45.2%), while housewives represented 71.4% of respondents. This profile is important because perceptions of service can be influenced by patients' expectations, previous experiences, family roles, and the degree to which respondents are involved in communicating with healthcare workers.

4. RESULTS AND DISCUSSION

4.1 Patient satisfaction

Table 2. Distribution of patient satisfaction (n=84)

Patient satisfaction	f	%
Dissatisfied	37	44.0
Satisfied	47	56.0
Total	84	100.0

Of the 84 respondents, 47 (56.0%) reported being satisfied and 37 (44.0%) reported being dissatisfied with inpatient services. Although the satisfied group was larger, the proportion of dissatisfied patients was substantial. In a hospital environment, a dissatisfaction level of 44.0% indicates that improvements cannot focus only on isolated complaints; rather, the organization needs to review the broader service process experienced by patients and families.

The thesis explains that dissatisfaction may arise when the service received does not match patient expectations. Communication is especially important because the quality of healthcare is not determined only by medication or clinical procedures. The manner in which healthcare workers communicate, explain actions, respond to questions, and demonstrate attention can influence the patient's overall evaluation. A technically appropriate service may still be perceived negatively when information is unclear or when patients feel that staff are not sufficiently attentive.

The proportion of dissatisfaction in this study is comparable with several studies cited in the thesis. Andhika reported 46.5% dissatisfaction, while Budianto reported 36.7% dissatisfaction in the settings examined in their studies [7], [8]. These comparisons suggest that patient satisfaction remains a relevant quality indicator across different healthcare facilities. Differences between facilities may reflect variations in patient expectations, service organization, staffing, physical environment, and the specific needs of the patient population.

4.2 Distribution of service-quality dimensions

Table 3. Distribution of the five service-quality dimensions (n=84)

Dimension	Poor f (%)	Good f (%)
Reliability	35 (41.7)	49 (58.3)
Responsiveness	33 (39.3)	51 (60.7)
Assurance	32 (38.1)	52 (61.9)
Empathy	43 (51.2)	41 (48.8)
Tangibles	37 (44.0)	47 (56.0)

Empathy had the highest proportion of poor ratings, with 51.2% of respondents categorizing the dimension as poor. This was followed by tangibles at 44.0%, reliability at 41.7%, responsiveness at 39.3%, and assurance at 38.1%. The result indicates that interpersonal attention and the visible physical environment were the two areas with the greatest proportion of negative perceptions in the study population.

The relatively high proportion of poor empathy ratings is notable because empathy represents the patient's experience of being understood and treated as an individual. The questionnaire included aspects such as fair treatment, not differentiating patients, not underestimating patients, providing moral and spiritual support to

families, and greeting patients and families. These behaviors require consistent interpersonal attention and may be difficult to maintain when staff face high workloads. The thesis suggests that patience, attentiveness, and reassuring communication are important components of empathetic care.

The tangibles dimension also received a relatively high proportion of poor ratings. Tangibles include the cleanliness and comfort of the inpatient environment, physical facilities and equipment, staff appearance, and other visible evidence of service readiness. Physical conditions may not directly determine clinical effectiveness, but they influence comfort and the patient's overall evaluation of the organization. The thesis specifically discusses concerns related to environmental comfort and the readiness of facilities.

Reliability, responsiveness, and assurance were rated as good by more than half of respondents, but a meaningful minority still perceived each dimension as poor. Reliability was associated with accurate and dependable service, including administrative procedures and information. Responsiveness was related to prompt assistance and reduced waiting. Assurance was associated with professional competence, courtesy, information, and trust. These dimensions therefore represent continuing quality-improvement opportunities even though the majority rated them positively.

4.3 Relationship between reliability and patient satisfaction

Table 4. Reliability and patient satisfaction

Reliability	Dissatisfied n (%)	Satisfied n (%)	p-value
Poor	22 (62.9)	13 (37.1)	0.007
Good	15 (30.6)	34 (69.4)	

Reliability was significantly associated with patient satisfaction (p=0.007). Among respondents who perceived reliability as poor, 62.9% were dissatisfied, whereas dissatisfaction was 30.6% among respondents who rated reliability as good. Thus, the proportion of dissatisfaction was approximately twice as high among patients who perceived poor reliability.

Reliability reflects the hospital's ability to deliver promised services accurately, consistently, and with minimal error. In inpatient services, reliability can involve timely administrative processing, accurate patient information, preparation of rooms, communication of procedures, and consistent follow-through by staff. The thesis emphasizes that patients and families want information to be understandable and want staff to explain actions before they are performed. When staff are busy, communication may become brief or incomplete, which can weaken the patient's perception of reliability.

The result is consistent with studies cited in the thesis. Andhika, Budianto, and Ibrahim reported poor reliability proportions in their respective healthcare settings [7]–[9]. The present finding adds local evidence that improving the consistency and accuracy of inpatient service processes may contribute to better patient satisfaction. Practical improvements may include clearer administrative workflows, standardized communication, and reinforcement of information-sharing practices among staff.

4.4 Relationship between responsiveness and patient satisfaction

Table 5. Responsiveness and patient satisfaction

Responsiveness	Dissatisfied n (%)	Satisfied n (%)	p-value
Poor	20 (60.6)	13 (39.4)	0.025
Good	17 (33.3)	34 (66.7)	

Responsiveness was significantly associated with patient satisfaction (p=0.025). Dissatisfaction occurred in 60.6% of respondents who rated responsiveness as poor, compared with 33.3% of respondents who rated responsiveness as good. The difference indicates that patients who perceive staff as slow or insufficiently responsive are more likely to report dissatisfaction.

Responsiveness represents the willingness and readiness of staff to help patients and provide services promptly. The thesis emphasizes that patients increasingly expect shorter waiting times and rapid responses to complaints or requests. In the inpatient setting, responsiveness can include answering calls for assistance, responding to changes in patient condition, explaining procedures, assisting families with information, and coordinating administrative processes. Delays may be particularly frustrating when patients or families are uncertain about what will happen next.

The thesis also describes workload as a possible contextual factor. When many patients require attention simultaneously, healthcare workers may not be able to respond immediately to every request. This suggests that improving responsiveness should involve both individual staff behavior and organizational arrangements, such as workload distribution, communication channels, prioritization of requests, and monitoring of waiting times. The significant association in this study supports the importance of making responsiveness a routine quality indicator.

4.5 Relationship between assurance and patient satisfaction

Table 6. Assurance and patient satisfaction

Assurance	Dissatisfied n (%)	Satisfied n (%)	p-value
Poor	20 (65.2)	12 (37.5)	0.014
Good	17 (32.7)	35 (67.3)	

Assurance was significantly associated with patient satisfaction (p=0.014). Among respondents who rated assurance as poor, 65.2% were dissatisfied, while dissatisfaction was 32.7% among those who rated assurance as good. The result indicates that professional confidence, courtesy, information, and trust are important components of the inpatient experience.

Patients often enter hospital care in a condition of uncertainty. They may not understand the diagnosis, the purpose of a procedure, the expected recovery process, or the reason for a particular treatment. In this situation, staff competence and communication can reduce uncertainty. The thesis defines assurance as involving knowledge, competence, courtesy, attention, communication skills, safety, and credibility. These characteristics can help patients feel secure and can strengthen confidence in the healthcare organization.

The thesis notes that some respondents did not know the educational background of the nurses caring for them and felt that staff had not fully established trust. This observation does not mean that staff were clinically incompetent; rather, it indicates that professional competence may not always be visible or adequately communicated to patients. Simple practices such as introducing oneself, explaining the purpose of procedures, informing patients about what will be done, and responding respectfully to questions can make professional competence more visible from the patient's perspective.

4.6 Relationship between empathy and patient satisfaction

Table 7. Empathy and patient satisfaction

Empathy	Dissatisfied n (%)	Satisfied n (%)	p-value
Poor	29 (67.4)	14 (32.6)	<0.001
Good	8 (19.5)	33 (80.5)	

Empathy showed a statistically significant relationship with patient satisfaction (p<0.001). The proportion of dissatisfaction was 67.4% among respondents who rated empathy as poor and only 19.5% among those who rated empathy as good. This was one of the largest differences observed among the five dimensions.

The finding suggests that patients place substantial value on how healthcare workers interact with them. Empathy involves sincere attention, understanding individual needs, fair treatment, respectful communication, and support for patients and families. The questionnaire used in the study included whether staff treated patients without considering rank or status, avoided differentiating patients, did not underestimate them, provided moral and spiritual support, and greeted patients and families. These behaviors can influence whether patients feel respected and cared for.

The thesis argues that empathy provides opportunities for individualized service and stronger patient relationships. In inpatient care, patients may spend several days in the hospital and interact repeatedly with the same staff. Therefore, small interpersonal behaviors can accumulate into a broader perception of whether the hospital is caring and patient-centered. The strong association observed here supports the need for staff development that emphasizes communication, patience, respectful interaction, and attention to emotional needs in addition to technical competence.

4.7 Relationship between tangibles and patient satisfaction

Table 8. Tangibles and patient satisfaction

Tangibles	Dissatisfied n (%)	Satisfied n (%)	p-value
Poor	25 (67.6)	12 (32.4)	<0.001
Good	12 (25.5)	35 (74.5)	

Tangibles were significantly associated with patient satisfaction (p<0.001). Dissatisfaction reached 67.6% among respondents who rated tangibles as poor, compared with 25.5% among respondents who rated them as good. This result demonstrates that visible and physical aspects of service are not merely cosmetic considerations; they can shape how patients evaluate the overall quality of care.

The tangibles dimension in the study covered staff appearance, information related to medication, and the condition and comfort of the service environment. The thesis discusses the importance of cleanliness and comfort and notes that patients may be less satisfied when waiting or treatment areas do not provide an adequate level of comfort. A clean and organized environment can also communicate that the organization is prepared and attentive to patient needs.

Improvements in tangibles can therefore complement improvements in interpersonal service. A hospital may improve communication and responsiveness, but patients may still be dissatisfied if rooms are uncomfortable, facilities are poorly maintained, or equipment appears incomplete. Conversely, good facilities cannot fully compensate for poor communication or lack of empathy. The significant association in this study reinforces the need for balanced quality improvement across both human and physical components of service.

4.8 Integrated interpretation

All five service-quality dimensions were statistically associated with patient satisfaction. The pattern of the findings suggests that dissatisfaction was consistently more common among patients who rated each dimension as poor. The largest dissatisfaction proportions in the poor-quality categories were observed for tangibles (67.6%), empathy (67.4%), assurance (65.2%), reliability (62.9%), and responsiveness (60.6%). In contrast, dissatisfaction among respondents who rated the corresponding dimensions as good was substantially lower, ranging from 19.5% for empathy to 33.3% for responsiveness.

The results indicate that patient satisfaction should be approached as a multidimensional outcome. Reliability and responsiveness relate strongly to the organization of service processes and the timeliness of staff responses. Assurance relates to professional confidence and trust. Empathy represents the interpersonal and individualized experience of care. Tangibles represent the physical evidence through which patients observe the readiness and comfort of the service environment. Weakness in any one dimension can therefore affect the overall experience.

From a management perspective, the findings support the thesis recommendation that Dr. Rasidin Padang Hospital should improve all five dimensions rather than concentrating on only one. Quality improvement can begin with routine measurement of patient feedback, identification of recurring complaints, review of administrative waiting times, reinforcement of communication standards, and monitoring of physical facilities. Staff should also be encouraged to provide explanations before procedures, respond respectfully to patients and families, and demonstrate individualized attention.

The results should nevertheless be interpreted in light of the study design. The cross-sectional approach measures exposure and outcome at the same general period and cannot determine whether poor service quality causes dissatisfaction over time. The sample was also limited to 84 inpatient respondents from one hospital, so the findings should not automatically be generalized to all hospitals or patient populations. Even with these limitations, the study provides useful local evidence because it directly captures patients' perceptions of five established service-quality dimensions.

5. CONCLUSION

The study found that 56.0% of respondents were satisfied with inpatient services at Dr. Rasidin Padang Hospital, while 44.0% were dissatisfied. Poor service-quality perceptions were reported for reliability by 41.7%, responsiveness by 39.3%, assurance by 38.1%, empathy by 51.2%, and tangibles by 44.0% of respondents.

All five service-quality dimensions were significantly associated with patient satisfaction. Reliability was associated with satisfaction at $p=0.007$, responsiveness at $p=0.025$, assurance at $p=0.014$, empathy at $p<0.001$, and tangibles at $p<0.001$. The findings indicate that satisfaction is closely related to the combined experience of accurate service, timely response, professional confidence, individualized attention, and a comfortable physical environment.

Hospital management should strengthen all five dimensions of service quality. Priority areas include improving communication and information delivery, reducing unnecessary waiting and administrative delays, strengthening professional assurance, promoting empathetic and respectful interactions, and maintaining clean, comfortable, and adequately equipped inpatient facilities. Future researchers may examine the same topic using different designs, larger samples, or additional variables to obtain a broader understanding of the determinants of patient satisfaction.

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