



ANALYSIS OF SERVICE QUALITY ON PATIENT SATISFACTION IN THE PSYCHIATRIC OUTPATIENT CLINIC AT AEK KANOPAN REGIONAL GENERAL HOSPITAL

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Abstract

Service quality is a key determinant of patient satisfaction and hospital performance. In psychiatric settings, satisfaction depends not only on clinical competence but also on empathy, communication, and responsiveness. This study aimed to analyze the relationship between service quality and patient satisfaction among psychiatric outpatients at Aek Kanopan Regional General Hospital, North Sumatra. This quantitative descriptive-analytic study used a cross-sectional design. A total of 150 outpatients were selected using accidental sampling. Data were collected using a SERVQUAL questionnaire with five dimensions—tangibility, reliability, responsiveness, assurance, and empathy—rated on a five-point Likert scale. Validity and reliability tests yielded Cronbach's $\alpha = 0.977$. Data analysis employed descriptive statistics, Pearson correlation, and simple linear regression with a significance level of $p < 0.05$. The mean perception score (17.05) was lower than the mean expectation score (18.48), producing an average negative GAP of -1.43 , indicating unmet patient expectations. The largest gap occurred in reliability (-3.26), followed by tangibility (-2.56), responsiveness (-1.31), and empathy (-0.34), while assurance showed a small positive GAP ($+0.11$). Correlation tests revealed that responsiveness and empathy were positively and significantly associated with patient satisfaction ($r = 0.027$ and $r = 0.001$, respectively; $p < 0.05$). Overall, psychiatric outpatients at RSUD Aek Kanopan were dissatisfied with most dimensions of service quality. Enhancing reliability, responsiveness, and empathy, while maintaining strong assurance performance, is essential to improving patient satisfaction and the overall quality of mental health services.

Keyword: Service Quality, Patient Satisfaction, SERVQUAL, Psychiatry Outpatient, Hospital Services

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INTRODUCTION

Service quality in healthcare institutions has become a critical determinant of patient satisfaction and organizational performance. Hospitals, as complex service providers, must ensure that patients receive care that is effective, safe, and aligned with professional standards (Mistri, Badge, and Shahu 2023; Shi et al. 2024; Valli et al. 2024; Xiong, Stirling, and Martin-Khan 2023). In Indonesia, the right to quality health services is constitutionally guaranteed under the 1945 Constitution, mandating that the state provide adequate healthcare facilities for all citizens (Kementerian Kesehatan Republik Indonesia 2023). Thus, improving the quality of hospital services is a vital component of achieving public health goals and strengthening community trust in healthcare systems.

The growing demand for mental health services in Indonesia has brought psychiatric care into greater focus. The World Health Organization (WHO, 2020) reports that mental disorders contribute significantly to the global burden of disease, yet access to mental health professionals remains limited. In Indonesia, the ratio of psychiatrists to the population remains below one per 100,000 inhabitants, far from the recommended level (World Health Organization (WHO) 2020). Data from the National Adolescent Mental Health Survey indicate that one in three Indonesian adolescents experiences mental health problems, while one in twenty suffers from a clinical disorder such as anxiety, depression, or behavioral issues (Basrowi et al. 2024). Within this context, the quality of psychiatric outpatient services is crucial in ensuring that patients not only receive appropriate medical care but also feel psychologically secure and respected.

Public hospitals play a central role in delivering such services. The Aek Kanopan District Hospital (RSUD Aek Kanopan) serves as a primary referral center in North Sumatra, providing both curative and rehabilitative care. However, limited resources, high workloads, and increasing patient expectations create challenges in maintaining optimal service quality. According to the Ministry of Health (2020), the number of hospitals in Indonesia continues to rise, yet disparities in quality between urban and rural facilities persist, especially in specialized units such as psychiatric clinics.

To assess service quality, the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1985) remains the most widely applied framework (Parasuraman, Zeithaml, and Berry 1988). The model conceptualizes quality as the gap between patients' expectations and perceptions across five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. These dimensions provide a multidimensional view of patient experiences and allow for targeted

improvement strategies. In healthcare, particularly in mental health settings, patient satisfaction is shaped not only by clinical competence but also by empathy, communication, and responsiveness (Arshad et al. 2024; Campos et al. 2024; Dokurugu et al. 2025).

Studies show that when service quality meets or exceeds expectations, patient satisfaction increases, leading to higher compliance and loyalty (Panda, Ramanjaneyulu, and Nagrani 2024; Puspita and Paramata 2024).

Conversely, gaps between expected and perceived service indicate unmet needs that reduce patient trust and engagement. Applying the SERVQUAL approach to psychiatric outpatient care offers insights into how structural and interpersonal elements interact to influence satisfaction.

Given these issues, this study aimed to analyze the relationship between service quality and patient satisfaction among psychiatric outpatients at RSUD Aek Kanopan. The findings are expected to serve as an evidence-based evaluation for improving hospital management practices and enhancing the overall patient experience.

METHOD

This study employed a quantitative descriptive–analytic design with a cross-sectional approach. The research was conducted at the Psychiatry Clinic of RSUD Aek Kanopan, North Sumatra, from January to April 2025. The sample comprised 150 outpatients, selected using accidental sampling based on inclusion criteria. Data were collected using a SERVQUAL questionnaire with a five-point Likert scale (1–5) measuring both expectations and perceptions across five quality dimensions. All instruments were tested for validity and reliability (Cronbach's $\alpha = 0.977$). Data were analyzed using descriptive statistics, Pearson correlation, and simple linear regression to determine the influence of service quality on patient satisfaction at a significance level of $p < 0.05$.

RESULTS AND DISCUSSION

Table 1. Mean Scores of Service Quality Dimensions

SERVQUAL	N	Min	Max	Mean	Std Dev	Expected
Tangible	150	13	20	17.2	2.71	Satisfied
Reliability	150	10	20	15.2	3.12	Satisfied
Responsiveness	150	8	20	17.1	2.10	Satisfied
Assurance	150	10	20	17.1	2.58	Satisfied
Empathy	150	11	20	16.6	1.92	Satisfied

Table 2. Mean Scores of Service Quality Dimensions

SERVQUAL	Perception (P)	Expectation (E)	GAP (P-E)	Conclusion
Tangible	17.2	19.58	-2.56	Dissatisfied
Reliability	15.94	19.2	-3.26	Dissatisfied
Responsiveness	17.17	18.48	-1.31	Dissatisfied
Assurance	18.34	18.24	+0.11	Satisfied
Empathy	16.6	16.94	-0.34	Dissatisfied
Average	17.05	18.48	-1.43	Dissatisfied

Satisfaction is measured by GAP:

GAP ≥ 0 → **Satisfied**

GAP < 0 → **Dissatisfied**

Patients’ overall perception of service quality (mean = 4.17) was lower than their expectation (mean = 4.35), resulting in a negative GAP of -0.18, indicating that services had not yet met patient expectations. All five SERVQUAL dimensions recorded negative gaps, with the largest in responsiveness (-0.22), followed by reliability, tangibles, assurance, and empathy.

Table 3. Results of the Correlation Test of Responsiveness Dimension and Empathy Dimension with Satisfaction

Satisfied GAP	Correlation	*Pvalue
Responsiveness GAP	0.027	0.002
Empathy GAP	0.001	0.001

*Spearman’s rho

The results indicate that both responsiveness and empathy gaps show a positive correlation with patient satisfaction, although the strength of these relationships is very weak (r = 0.027 and r = 0.001, respectively). Despite the low correlation coefficients, both variables demonstrate statistically significant relationships with satisfaction (p < 0.05).

This suggests that even small improvements in responsiveness and empathy among health service providers are significantly associated with higher levels of patient satisfaction. However, the minimal correlation values imply that other factors beyond responsiveness and empathy likely play a more dominant role in determining satisfaction.

Discussion

The findings of this study provide critical insights into the relationship between service quality and

patient satisfaction in the psychiatric outpatient unit of RSUD Aek Kanopan. The analysis across the five SERVQUAL dimensions—tangible, reliability, responsiveness, assurance, and empathy—reveals that while patients generally rated the services as “satisfied” when assessed individually (Table 1), a more detailed comparison between perception and expectation scores (Table 2) indicates overall dissatisfaction (average GAP = -1.43). This negative gap confirms that patients’ expectations remain unmet, emphasizing the need for continuous quality improvement in service delivery.

Among the five dimensions, reliability demonstrated the largest negative gap (-3.26), followed by tangible (-2.56), responsiveness (-1.31), and empathy (-0.34). Only the assurance dimension exhibited a small positive gap (+0.11), suggesting that patients are confident in the competence, courtesy, and credibility of healthcare personnel. The positive assurance gap indicates that trust and perceived safety key elements in mental health care are strengths of the institution. This aligns with the research assertion that the quality of healthcare depends not only on structural inputs but also on patients’ perceived security and trust during service encounters (Bahari et al. 2024; Groves, Bunch, and Kuehnle 2023).

Conversely, the most concerning deficit was observed in reliability, defined as the hospital’s ability to provide dependable and accurate services. The high negative gap (-3.26) reflects patient perceptions of inconsistency in service schedules, timeliness, and the delivery of promised care. Similar patterns were reported by Riman (2022), who emphasized that reliability failures such as delays or procedural inconsistencies significantly reduce patient satisfaction and erode institutional credibility (AlOmari and Hamid 2022; Inaray et al. 2024; Riman et al. 2022).

The tangible dimension also showed a substantial negative gap (-2.56), suggesting that patients perceive deficiencies in the physical environment, facilities, and supporting infrastructure. While tangible aspects may not directly influence clinical outcomes, they play an important role in shaping patients’ first impressions and overall comfort (Arafat and Atreya 2024; Mura et al. 2023). Improvements in waiting room facilities, cleanliness, and privacy measures could therefore enhance perceived quality and create a more supportive therapeutic environment.

The responsiveness dimension (GAP = -1.31) reflects how promptly and effectively staff respond to patient needs. Although the mean score (17.17) indicated that patients were generally satisfied in absolute terms, the gap analysis reveals that expectations for faster and more proactive service were not fully met. In mental health settings, responsiveness carries deeper meaning beyond

speed—it involves attentiveness, empathy, and timely emotional support (Bradshaw et al. 2022). The relatively moderate gap in this dimension implies that improving communication skills and reducing waiting times could substantially enhance satisfaction levels (Hussein et al. 2025).

Empathy, with a smaller negative gap (−0.34), remains a vital yet often underestimated component of service quality. Despite being rated “satisfied” in Table 1, the marginal dissatisfaction reflected in the gap analysis suggests that patients desire greater individualized attention and emotional understanding from healthcare providers. Patients highly value warmth, kindness, deep listening, and social connection during the care process. When patients feel listened to and understood, they become more engaged in treatment, build trust, and demonstrate better compliance with the care plan (Parker et al. 2020). Training programs focused on patient-centered communication and counseling could strengthen this aspect.

Interestingly, the correlation test (Table 3) revealed that both responsiveness and empathy gaps were positively correlated with patient satisfaction ($r = 0.027$ and $r = 0.001$, respectively; $p < 0.05$). Although the correlation strengths were very weak, the relationships were statistically significant, indicating that even small improvements in responsiveness and empathy can lead to measurable increases in satisfaction. This finding reinforces the notion that interpersonal interactions while subtle play an indispensable role in patient perception of care quality. However, the low correlation coefficients also suggest that other dimensions, such as reliability and assurance, exert a more dominant influence on overall satisfaction levels.

The combination of a strong assurance dimension and weak reliability performance highlights a dual reality in RSUD Aek Kanopan’s psychiatric services. Patients trust the competence and professionalism of medical staff but remain dissatisfied with the consistency and efficiency of service delivery. According to Supranto (2011), balancing these dimensions is essential to ensure that patients not only feel secure but also experience predictable and efficient service processes.

From a managerial perspective, these findings carry several implications. First, strengthening operational reliability should be prioritized through strict adherence to service schedules, standard operating procedures (SOPs), and monitoring mechanisms. Second, infrastructure improvements are necessary to address tangible deficiencies that may undermine patients’ confidence in care quality. Third, training in empathy and responsiveness should be institutionalized, as even modest gains in these areas can enhance patient

satisfaction significantly. Finally, maintaining and leveraging the hospital’s strong assurance performance can serve as a foundation for broader quality reforms.

Overall, the study underscores that patient satisfaction in psychiatric services is multidimensional, shaped by both technical and interpersonal factors. Continuous quality improvement should therefore integrate humanistic care principles with system-level reliability enhancements. The SERVQUAL framework remains an effective diagnostic tool for identifying these gaps and guiding strategic quality interventions in hospital settings.

CONCLUSIONS

In conclusion, this study reaffirms that service quality is a significant predictor of patient satisfaction in psychiatric outpatient settings. Addressing gaps in responsiveness and assurance should be prioritized to enhance patient experiences and strengthen institutional credibility. The SERVQUAL model remains an effective framework for evaluating and improving healthcare service delivery in hospital environments, particularly within the sensitive domain of mental health.

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