

## FACTORS INFLUENCING THE IMPROVEMENT OF HEALTH SERVICE QUALITY AT THE MELUR COMMUNITY HEALTH CENTER IN PEKANBARU CITY

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### Abstract

Healthcare service quality is a key factor in increasing public satisfaction and trust in healthcare facilities, including community health centers (Puskesmas). Service quality is a service standard that has been regulated as a guideline in providing services. Service standards are measurements that have been determined as an indicator of good service. This study aims to analyze the factors influencing the improvement of healthcare service quality at Puskesmas Melur, Pekanbaru City, using a descriptive quantitative method. The sampling technique used was accidental sampling, with a total of 100 respondents. The study was

conducted from December 23, 2024, to January 3, 2025, using a questionnaire as the research instrument. The questionnaire adopted from (Nur Rofiah, 2019) measured five SERVQUAL dimensions: tangible (availability of physical facilities), reliability (service dependability), responsiveness (staff responsiveness), assurance (guarantee and trust), and empathy (healthcare workers' concern for patients). The results showed that in the tangible dimension, 58% of respondents rated service quality as good. In the reliability dimension, 52% of respondents rated the service quality as moderate. Meanwhile, in the responsiveness dimension, 58% of respondents also rated the service quality as moderate. For the assurance dimension, 59% of respondents considered the service quality moderate, and in the empathy dimension, 60% of respondents also rated the service quality as moderate. Based on these findings, improving the five SERVQUAL dimensions is essential in efforts to enhance healthcare service quality at Puskesmas. For future research, it is recommended to conduct a more in-depth analysis by examining the relationships between variables in a more specific manner using linear regression or Structural Equation Modeling (SEM).

**Keyword:** Service Quality, SERVQUAL, Puskesmas

### INTRODUCTION

Health is one of the main factors in community welfare. Health is a necessity to meet basic needs. To improve their health, the community requires health services as a health facility (Fachrurrozi, 2023).

Organizations that provide health services, such as hospitals, community health centers, clinics, and others, are providers of health services. As providers of services to the population, these organizations must provide quality services that meet expectations (Meidi et al., 2023).

A Community Health Center (Puskesmas) is a health care facility that provides primary-level public health and individual health services, prioritizing promotive and preventive efforts to achieve the highest possible level of public health in its working area (Sari, 2020). Puskesmas function as a driving force for health-oriented development, a center for family and community empowerment, and a primary-level health care center (Lokan et al., 2023).

The World Health Organization (WHO) states that good health care provides effective, safe, and high-quality services to those who need them, supported by adequate resources (Sabil et al., 2022). Health services are an organization that maintains and improves health, prevents and cures disease, and restores the health of individuals, families, groups, and communities (Fachrurrozi et al., 2023).

The goal of health services is to achieve a level of public health that meets the expectations and needs of the community (consumer satisfaction) through effective services provided by service providers, which will also satisfy the expectations and needs of service providers (provider satisfaction) within service institutions that are managed efficiently (institutional satisfaction) (Wulur et al., 2023).

Service quality is a service standard that has been set as a guideline for service delivery. Service standards are established measures that serve as indicators of good service. Healthcare services for patients are defined as a level of service quality by providing consistent service to meet patient expectations in care. Good patient care can improve service and deliver specific performance within the service performance standards, internal service standards, and external service standards. Providing the best service to patients will impact the quality of healthcare services. Aspects of service quality include order specifications (patient needs), and most importantly, patient contact (personal contact). In the service business (healthcare), patient attitude and service are crucial aspects in determining service quality (Parantri et al., 2023).

## RESEARCH METHODS

This research is a quantitative research using a descriptive research design. It was conducted at the Melur Community Health Center in Pekanbaru City. The population of this study was 998 patients or visitors to the community health center who had received health services at the Melur Community Health Center in Pekanbaru City, based on patient visits over a nine-month period. The sample size for this study was 100 respondents. An accidental sampling technique was used, which involves taking samples without any intention of encountering them at the time. Research Instruments This study used a questionnaire adapted from Nur Rofiah (2019) on service quality using a scoring technique. To determine the level of certainty, this study used a Likert scale

## RESEARCH RESULTS

### Univariate Analysis

#### 1. General Data

**Table 1. Frequency Distribution of Respondents Based on Gender**

Gender	Frequency	Percentage%
Women	70	70.0%
Men	30	30.0%

*Source: Primary Data Analysis 2025*

Based on Table 4.1, the majority of respondents were female, amounting to 70 respondents (70.0%).

**Table 2. Frequency Distribution of Respondents Based on Age**

Age	Frequency	Percentage%
17-25 (Teenage)	24	24.0%
26-35 (Early Adulthood)	32	32.0%
36-45 (Late Adulthood)	17	17.0%
46-55 (Early Elderly)	16	16.0%
56-65 (Late Elderly)	11	11.0%

*Source: Primary Data Analysis 2025*

Based on Table 4.2, 32 respondents (32.0%) were aged 26-35 years.

**Table 3. Frequency Distribution of Respondents Based on Education**

Education	Frequency	Percentage%
Elementary School	9	9.0%
Junior High School	7	7.0%
High School	56	56.0%
D1-S1	28	28.0%

*Source: Primary Data Analysis 2025*

Based on Table 4.3, the results show that 56 respondents (56.0%) had a high school education.

**Table 4. Frequency Distribution of Respondents Based on Occupation**

Occupation	Frequency	Percentage%
Doesn't work	47	47.0%
Work	48	48.0%
Student	5	5.0%

*Source: Primary Data Analysis 2025*

Based on Table 4.4, the results show that 48 respondents (48.0%) were employed.

## 2. Specific Data

**Table 5. Distribution of Health Service Quality In the Tangible Dimension**

Tangible variable category	Frequency	Percentage%
Good	58	58.0%
Enough	35	35.0%
Not enough	7	7.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

*Source: Primary Data Analysis 2025*

Based on Table 4.5, the Tangible dimension above shows that 58 respondents (58.0%) stated that the service quality was good.

**Table 6. Distribution of Health Service Quality Across the Reliability Dimension**

Reliability variable category	Frequency	Percentage%
Good	41	41.0%
Enough	52	52.0%
Not enough	7	7.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

*Source: Primary Data Analysis 2025*

Based on Table 4.6, the Reliability dimension above shows that 52 respondents (52.0%) stated that the service quality was Sufficient.

**Table 7. Distribution of Health Service Quality Across Responsiveness Dimensions**

Responsiveness variable category	Frequency	Percentage%
Good	35	35.0%
Enough	58	58.0%
Not enough	7	7.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

*Source: Primary Data Analysis 2025*

Based on Table 4.7, the Responsiveness dimension above shows that 58 respondents (58.0%) stated that the quality was Sufficient.

**Table 8. Distribution of Health Service Quality In the Assurance Dimension**

Assurance variable category	Frequency	Percentage%
Good	33	33.0%
Enough	59	59.0%
Not enough	8	8.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

*Source: Primary Data Analysis 2025*

Based on Table 4.8, the Assurance dimension above shows that 59 respondents (59.0%) stated that the quality was Sufficient.

**Table 9. Distribution of Health Service Quality Across the Empathy Dimension**

Empathy variable category	Frequency	Percentage%
Good	36	36.0%
Enough	60	60.0%
Not enough	4	4.0%
<b>Total</b>	<b>100</b>	<b>100.0%</b>

*Source: Primary Data Analysis 2025*

Based on Table 4.9, the Empathy dimension above shows that 60 respondents (60.0%) stated that the service quality was Sufficient.

## DISCUSSION

### Univariate Analysis

#### General Data

##### Gender

Based on research results, the majority of respondents were women (70.0%). Gender certainly plays a role in how they access health services. In general, women access health services more frequently than men (Maulany, 2021).

Research conducted by Setianingsih (2020) found no significant relationship between respondent gender and their perception of health services. The analysis showed a PR value of 1.189, meaning that male respondents were 1.189 times more likely to have a positive perception of the quality of health services at the Cilegon Community Health Center compared to female respondents.

According to researchers, gender influences perceptions of the service provided. Women pay more attention to appearance and details of the service, while men pay less attention to such things.

##### Age

Based on the research results, the majority of respondents were aged 26-35 (32.0%). Age is an important factor in determining the type of service and level of patient satisfaction, as each age group has different needs and preferences (Fauzi, 2021).

The results of the description of respondents' answers in the study conducted by Usman (2024) show that increasing age increases the perception of the actual situation, which can lead to positive or negative perceptions. This is supported by their experiences in receiving health services, as older individuals tend to utilize health services more than younger individuals.

According to the researchers' assumptions, the age characteristics of respondents influence the quality of health services. This is because most older patients will take advantage of the available time to ask questions to staff, thus meeting their need for health knowledge and understanding.

##### Education

**The research results showed that the majority of respondents (56 respondents) had a high school education (56.0%). This low level of education results in people being less likely to access health services.** Education level is related to the ability to absorb information and recognize symptoms of a disease, thus increasing a person's desire to use health services and take an active role in addressing their health problems (Dianingati, 2021).

According to the researcher's assumption, education significantly influenced this research. This is in line with the theory that higher levels of education are more critical of the services received, while lower levels of education are more accepting and do not make demands or criticisms.

## Occupation

Based on the research results, it was found that the majority of respondents, 48 respondents (48.0%), were employed. Occupation had a significant relationship with the utilization of health services. Family incomes were more likely to not utilize health services (72%). This indicates that people with high family incomes will influence the decision-making process in seeking better health services to improve their health (Mentari, 2022).

According to researchers' assumptions, employment influences the quality of health services. If someone has a job, they will seek better health services.

## Special Data

### Healthcare Service Quality in the Tangible Dimension

Based on the research results, it was found that in the Tangible dimension, 58 respondents (58.0%) stated that the service quality was Good, 35 respondents (35.0%) stated that it was Adequate, and 7 respondents (7.0%) stated that it was Poor.

Physical appearance (tangibles) influences patient satisfaction. The level of satisfaction with the facilities provided varies greatly depending on the patient's experience with the physical facilities (Yuliaridha, 2023).

According to the researchers' assumptions, improving service quality requires skills and knowledge. Neatness by staff is also crucial in providing services. Facilities are also needed to help patients stay comfortable while waiting and prevent boredom.

### Healthcare Service Quality in the Reliability Dimension

Based on the research results obtained in the Reliability dimension, it can be seen that 41 respondents (41.0%) stated that the service quality was Good, 52 respondents (52.0%) answered Adequate, and 7 respondents (7.0%) answered Poor.

Reliability has a positive impact on patient satisfaction. Reliability relates to the services provided by nurses, including the completeness of information about the disease and medication administration procedures (Gultom et al., 2021).

According to the researchers' assumptions, the ability of healthcare workers to provide promised services accurately and reliably can improve the quality of patient care. Therefore, the researchers believe that punctuality in providing services is necessary to ensure patient satisfaction.

### Healthcare Service Quality in the Responsiveness Dimension

Based on the research results, the Responsiveness dimension shows that 35 respondents (35.0%) stated that the service quality was Good, 58 respondents (58.0%) stated that it was Adequate, and 7 respondents (7.0%) stated that it was Poor.

Responsiveness is the ability of healthcare workers to assist and provide prompt and appropriate services to patients, conveying clear information (Mulyanti et al., 2023).

According to the researchers' assumptions, the responsiveness of staff in addressing problems, their availability to assist patients, and their prioritization of their needs will make them feel

cared for. Therefore, good service will influence the quality of healthcare services. Therefore, the researchers believe that responsiveness is important in healthcare services.

### **Quality of Healthcare Services in the Assurance Dimension**

Based on the research results, it can be seen that in the Assurance dimension, 33 respondents (33.0%) stated that the service quality was Good, 59 respondents (59.0%) responded that it was Adequate, and 8 respondents (8.0%) responded that it was Poor.

Assurance (Guarantee) includes the ability and knowledge of staff in providing services, the friendliness and courtesy of staff in providing services, and the security of services. The service expected by patients matches the service actually received or perceived, resulting in patient satisfaction (Taufik, 2022).

According to the researcher's assumption, the importance of staff friendliness, politeness, and knowledge can impact the quality of service. The better the service provided, the more likely patients will evaluate the health center because it meets their expectations.

### **Quality of Healthcare Services in the Empathy Dimension**

Based on the research results, in the Empathy dimension, 36 respondents (36.0%) stated that the quality of service was Good, 60 respondents (60.0%) stated that it was Adequate, and 4 respondents (4.0%) stated that it was Poor.

The dimension of empathy is the ability of health workers to pay careful attention to what patients experience and provide sensitive services. The responsibility given by health authorities is based on empathy and not coercion (Putri Nur'aini, 2024).

According to the researchers' assumptions, if the services provided by healthcare workers are able to make patients comfortable, address their complaints, and provide advice and support, this will lead to an improvement in the quality of services at the community health center.

## **CONCLUSION**

Based on the research results on Factors Influencing the Improvement of Health Service Quality at the Melur Community Health Center in Pekanbaru City, from December 23, 2024, to January 3, 2025, the following conclusions can be drawn:

The results of this study were obtained from 100 respondents, with the majority being female (70%), with 32 respondents aged 26-35 (32%), 56 respondents with a high school education (56%), and 48 respondents with employment (48%).

The results of this study were obtained from 100 respondents in the Tangible dimension. 58 respondents (58.0%) stated that the service quality was Good. 52 respondents (52.0%) stated that the service quality was Adequate. 58 respondents (58.0%) stated that the service quality was Adequate. 59 respondents (59.0%) stated that the service quality was Adequate. 60 respondents (60.0%) stated that the service quality was Adequate.

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