

Service Quality, Waiting Time, Therapeutic Communication and Infrastructure on Patient Satisfaction

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ABSTRACT

This study aims to analyze the influence of service quality, waiting time, therapeutic communication, and infrastructure on the satisfaction of outpatients participating in BPJS at Gantiwarno Community Health Center, Klaten Regency. The study used a quantitative approach with a survey method. The study population was outpatients participating in BPJS with an average of 2,000 visits over the past three months. The study sample consisted of 100 respondents selected using probability sampling techniques with a random sampling method. Data collection was carried out through distributing questionnaires, while data analysis used multiple linear regression. The results of the study show Based on the results of data analysis and hypothesis testing, it can be concluded that work discipline and transfers have a positive and significant effect on job satisfaction and employee performance at the Surakarta Class IA Religious Court. In addition, job satisfaction is also proven to have a positive and significant effect on employee performance. The results of the study indicate that job satisfaction acts as a mediating variable that is able to positively and significantly mediate the effect of work discipline on employee performance, as well as positively and significantly mediate the effect of transfers on employee performance.

Keywords: service quality, waiting time, therapeutic communication, infrastructure, patient satisfaction.

INTRODUCTION

The Community Health Center is a health service institution that is closest and easily accessible to the wider community.(Supandi & Imanuddin, 2021)Primary healthcare services, especially community health centers (Puskesmas), play a crucial role in the national healthcare system. Quality healthcare is one of the basic needs of the community to achieve optimal health. Patient satisfaction is a key indicator in assessing the quality of healthcare services, particularly in outpatient care at primary healthcare facilities such as Puskesmas. Patient satisfaction not only reflects patients' perceptions of service quality but also influences their loyalty and continued use of these services.Yuliana et al., (2025)Patient satisfaction reflects their perception of the quality of service they receive, from technical aspects and interpersonal interactions to supporting facilities. Several factors proven to influence outpatient satisfaction include service quality, waiting time, communication between healthcare workers and patients, and the availability of facilities and infrastructure.Imran et al., (2021).

According toRamadhani et al., (2024)Patient satisfaction is greatly influenced by various aspects of service directly experienced by patients, such as staff communication, waiting times, and the condition of facilities and infrastructure.

Patient satisfaction levels are a key indicator in assessing service quality and the effectiveness of healthcare facility management. According to Bernato et al., (2025) Satisfaction levels can reflect the success of healthcare services, particularly in outpatient and inpatient care. High levels of satisfaction will impact patient loyalty and enhance the positive image of the hospital or community health center in question.

Health services are health initiatives carried out by individuals or groups within organizations with the aim of maintaining and improving the health of individuals, families, groups or communities, preventing and treating diseases, and restoring health according to Syahrani Purba et al., (2024) Service quality is a key dimension in shaping patient satisfaction. Ayu et al. (2020) explain that service quality in the healthcare context consists of five dimensions according to the SERVQUAL model: tangibles, reliability, responsiveness, assurance, and empathy. Service quality is central to service companies because it influences customer satisfaction. Customers will be satisfied if they receive the best quality service. Companies can win the competition when they are able to create value and satisfy customers by providing quality products and services. The quality of healthcare services is inseparable from customer or patient satisfaction. Quality healthcare services can increase patient satisfaction with the services provided. Good service quality will build patient trust and increase their loyalty and satisfaction with healthcare facilities. Professional Care Providers (PPA), namely healthcare workers who directly interact and provide services to patients, such as doctors, nurses, midwives, and other healthcare workers at community health centers, have a professional responsibility to provide safe, quality, and patient-oriented healthcare. The PPA staff have met the Job Analysis (ANJAB) and Workload Analysis (ABK) requirements of the community health center. PPA provide services with professional standards consistent with their competencies. To increase capacity, the community health center provides opportunities for PPA to participate in seminars, training, and workshops, either independently or facilitated by the Health Office or the community health center. However, in practice, complaints from the public regarding the quality of community health center services continue to be found, which impacts patient perceptions and experiences.

On the other hand, waiting times are a significant concern for outpatients. Long waits without clear information are often a source of patient complaints. Bernardo et al., (2025) stated that waiting time efficiency has a significant influence on patient satisfaction levels in health care facilities, and improving the queuing system and scheduled services are solutions that can be implemented. Supandi & Imanuddin (2021) stated that patient waiting time is one of the components that potentially causes dissatisfaction. Patients will perceive poor health services if their illness does not improve, there are long queues and the health workers are unfriendly even though they are professional. Community health centers set a maximum waiting time of 30 minutes calculated from the time the patient registers until they are called to receive service by the PPA. However, the results of the Community Satisfaction Index (IKM) of the community health center only scored 75/C, which is still lacking, even

though the overall IKM score of the community health center is 77.58/B. Long waiting times are often a source of public complaints about health services at the community health center. Patients who feel they have to wait too long will perceive the service provided as inefficient and lacking attention to patient comfort. This has the potential to reduce the level of satisfaction and trust in the community health center as a public service provider.

Therapeutic communication is also a key factor in healthcare. Good interpersonal relationships between healthcare professionals and patients can create a comfortable atmosphere, a sense of trust, and patient involvement in medical decision-making. Zamli et al. (2024) demonstrated that empathetic and educational therapeutic communication significantly increases patient motivation and satisfaction in primary care. According to Bernato et al., (2025) Patient trust in medical personnel and healthcare institutions is a key factor in the healing process and successful therapy. In daily practice at community health centers, communication between healthcare workers and patients remains a frequent source of complaints. Some patients complain of unfriendly attitudes from healthcare workers, difficult explanations, or a lack of empathy during service. This is also evident in the IKM results, which received a score of 75/C. Good therapeutic communication can be practiced and developed. Excellent Service training was held approximately five years ago, so it needs to be refreshed.

Facilities and infrastructure significantly impact a patient's experience at a healthcare facility. Physical conditions such as waiting areas, cleanliness, availability of chairs, accessibility to the disabled, and comfort in examination rooms are all part of the tangible dimension that shapes perceptions of service quality. Putri et al., (2025) revealed that good infrastructure greatly supports the creation of patient comfort and satisfaction, especially in outpatient services.

In addition to physical aspects, the availability of supporting facilities, such as integrated information systems and pharmaceutical services, is also a crucial indicator. Research shows that service delays due to poor systems can reduce patient satisfaction, even when medical personnel provide optimal care. Therefore, hospitals and community health centers need to ensure that their facilities are always in good condition and meet minimum service standards (SPM).

Gantiwarno Community Health Center, one of the first-level healthcare facilities in Klaten Regency, serves the majority of BPJS (Social Security Agency) patients through outpatient services. Observations and community feedback indicate that complaints persist regarding waiting times, staff communication, and facility comfort. Therefore, it is important to analyze the factors influencing BPJS outpatient satisfaction at Gantiwarno Community Health Center so that the results can be used to improve service quality.

RESEARCH METHODS

This study uses a quantitative descriptive approach. In this quantitative descriptive study, the author focuses on the quality of service, waiting time,

therapeutic communication, and infrastructure on the satisfaction of outpatients participating in BPJS at the Gantiwarno Community Health Center. This study was used to see the effect of service quality, waiting time, therapeutic communication, and infrastructure at the Gantiwarno Community Health Center by collecting data using a questionnaire. Gantiwarno Community Health Center, Klaten Regency, Jl. Raya Jabung, Gantiwarno District, Klaten Regency, Central Java, 57455. In conducting this study, the time required was 6 months starting from observation to the preparation of data results and research conclusions. The population in this study were BPJS participants who received treatment at the Gantiwarno Community Health Center with an average of 2,000 visits in the last 3 months. The sample taken in this study was 100 patients. In this study, a probability sampling approach was used. The sampling technique in this study used random sampling of 100 people.

The data analysis technique in this study uses Multiple Linear Regression.

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$$

Information :

Y = Employee Performance

α = constant

$\beta_1, \beta_2, \beta_3$ = coefficient of magnitude of regression/influence

X1, = Training

X2, = Information Technology

X3 = Independence

X4 = Objectivity

e = error

RESULTS AND DISCUSSION

Multiple Linear Regression Test

Table 1 Multiple Linear Regression Results

No	Variables	Unstandardized B	Information
1	(Constant)	0.645	Positive
2	Quality of Service	0.368	Positive
3	Waiting Time	0.253	Positive
4	Therapeutic Communication	0.180	Positive
5	Infrastructure	0.184	Positive

Source: Appendix VII

Based on the table above, it can be seen that the regression equation formed is:

$$Y = 0.645 + 0.368 X_1 + 0.253 X_2 + 0.180 X_3 + 0.184 X_4$$

From this equation it can be explained that:

a. Constant (a)

This means that if the quality of service, waiting time, therapeutic communication, and infrastructure are considered constant, then patient satisfaction is positive.

b. Service Quality Coefficient (b1)

This means that if the quality of service increases, patient satisfaction will increase.

c. Waiting Time Coefficient (b2)

This means that if waiting time increases, patient satisfaction increases.

d. Therapeutic Communication Coefficient (b3)

This means that if therapeutic communication increases, patient satisfaction will increase.

e. Infrastructure Facilities Coefficient (b4)

This means that if infrastructure improves, patient satisfaction will increase.

Model Feasibility Test

Table 2. Model Testing Results

Model	F count	Ftable	Sig.	Standard	Information
Regression	24,024	2,699	0,000	0.05	Eligible Model

Source: Appendix VII

From the results of the model feasibility test, $F_{hitung} > F_{tabel}$ was obtained at $24.024 > 2.699$ with a significance of 0.000, meaning that this analysis is significant with a significance level of less than 0.05, so H_0 is rejected and H_a is accepted. In other words, there is an intermediate influence equality of service, waiting time, therapeutic communication, and infrastructures simultaneously and significantly on patient satisfaction in Gantiwarno Community Health Center, Klaten Regency and meets the model feasibility test.

Hypothesis Testing

Table 3. Hypothesis Testing Results

Hypothesis	thitung	table	Sig.	Standard	Information
H1	4,349	>1,661	0,000	0.05	Ha Accepted
H2	3,472	>1,661	0.001	0.05	Ha Accepted
H3	2,863	>1,661	0.005	0.05	Ha Accepted
H4	2,849	>1,661	0.005	0.05	Ha Accepted

Source: Appendix VII

Based on the results of the t-test in the table above, it can be explained in the following form:

a. The Influence of Service Quality on Patient Satisfaction

The service quality variable has a value $t_{hitung} > t_{table}$ ($4,349 > 1,661$) and significance $0.000 < 0.05$ then H_0 is rejected and H_a is accepted. It can be concluded that there is a positive and significant influence on service quality on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

b. The Effect of Waiting Time on Patient Satisfaction

The Waiting Time variable has a value $t_{hitung} > t_{table}$ ($3,472 > 1,661$) and significance $0.001 < 0.05$ then H_0 is rejected and H_a is accepted. It can be concluded that there is a positive and significant influence of competence on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

c. The Influence of Therapeutic Communication on Patient Satisfaction

Therapeutic communication variables have $t_{hitung} > t_{table}(2,863 > 1,661)$ and significance $0.005 < 0.05$ then H_0 is rejected and H_a is accepted. It can be concluded that there is a positive and significant influence of discipline on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

d. The Influence of Facilities and Infrastructure on Patient Satisfaction

The infrastructure variable has a $t_{hitung} > t_{table}(2,849 > 1,661)$ and significance $0.005 < 0.05$ then H_0 is rejected and H_a is accepted. It can be concluded that there is a positive and significant influence of the work environment on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

Coefficient of Determination Test (R^2)

Table 4. Results of the Determination Coefficient

<i>Model</i>	<i>R</i>	<i>R Square</i>	<i>Adjusted R Square</i>	<i>Standard Error of the Estimate</i>
1	0.709	0.503	0.482	1,652

Source: Appendix VII

Based on the calculation results, the adjusted R square value was 0.482. This means that the variable quality of service, waiting time, therapeutic communication, and infrastructure contributed 48.2% to patient satisfaction, while the remaining 51.8% was explained by other variables not proposed in this study, such as: location, ease of access, financing, etc.

DISCUSSION

1. The influence of service quality on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

The results of the hypothesis testing in Table 3 show a calculated t-value $> t_{table}$ of $4.349 > 1.661$ with a significance level of 0.000, indicating that service quality has a positive and significant effect on patient satisfaction. This study aligns with the research of Ayu et al. (2020) and Rulia et al. (2025) that found that service quality influences patient satisfaction. This finding confirms that service quality is a significant determinant in the formation of patient satisfaction in the context of primary healthcare. Theoretically, this result strengthens the expectation-confirmation theory approach, which explains that satisfaction is formed through the patient's cognitive evaluation process of the match between initial expectations and the service performance received. In the context of healthcare, service quality acts as a multidimensional construct that includes aspects of reliability, responsiveness, assurance, empathy, and tangibles, which collectively shape the overall perception of quality. As perceptions of service quality increase, the gap between expectations and actual experiences tends to decrease, resulting in higher satisfaction. This finding also indicates that patient satisfaction is not only outcome-oriented but also the result of interactive experiences during the service process. Thus, service quality not only

functions as a technical-operational factor, but also as a psychological variable that influences patients' subjective evaluation of health care institutions.

2. The effect of waiting time on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

The results of the hypothesis testing in table 3 show that the calculated $t > t_{table}$ is $3,472 > 1,661$ with a significance of 0.001 indicating that waiting time has a positive and significant effect on patient satisfaction. This research aligns with research by Immanudin & Supandi (2021) and Marsepa & Dewi (2021) that waiting time affects patient satisfaction. These findings confirm that waiting time is a key determinant of patient satisfaction with healthcare services at Gantiwarno Community Health Center in Klaten Regency. Therefore, the hypothesis that waiting time influences patient satisfaction is accepted. Conceptually, these findings suggest that patient satisfaction is influenced not only by clinical quality and the final outcome of care, but also by the perceived efficiency of the service process during the patient's interaction with the healthcare system. Waiting time represents the accessibility and responsiveness dimensions of care, which directly influence patient perceptions of the organization's ability to meet service needs quickly and accurately. Therefore, waiting time can be understood as a service performance indicator that has strategic value in shaping the patient experience. From the perspective of expectation-confirmation theory, the effect of waiting time on satisfaction can be explained through the patient's evaluation of the match between expectations and actual experiences. Patients generally expect to receive healthcare services within a reasonable timeframe. When the wait time is shorter or meets expectations, positive confirmation occurs, leading to satisfaction. Conversely, a longer-than-expected wait time has the potential to lead to dissatisfaction because it creates a gap between expectations and the reality of the service received. Furthermore, these findings indicate that perceptions of waiting time are not solely related to the objective duration spent by patients, but also relate to psychological perceptions of service efficiency. In the context of healthcare, long waiting times are often associated with low organizational responsiveness, suboptimal management of service flows, and limited available resources. As a result, patients tend to form negative perceptions of overall service quality even when other aspects of the service have been provided well. This suggests that waiting time has effects that extend beyond operational aspects and contribute to the formation of service image in the eyes of patients. These findings demonstrate that waiting time management is a universal issue in healthcare management and is highly relevant in improving the quality of patient-centered care. Therefore, waiting time can be viewed as an indicator of service quality that deserves special attention in efforts to improve patient satisfaction. These findings demonstrate that improving the quality of healthcare services needs to be understood comprehensively, not only oriented towards clinical aspects, but also includes aspects of the service process that are directly felt by patients while receiving services.

3. The influence of therapeutic communication on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

The results of the hypothesis testing in Table 3 show that the calculated t value $> t$ table value is $2.863 > 1.661$ with a significance level of 0.005, indicating that therapeutic communication has a positive and significant effect on patient satisfaction. This research is in line with the research of Zamli et al. (2024) and Dolofah et al. (2014) that therapeutic communication influences patient satisfaction. Thus, the hypothesis that therapeutic communication influences patient satisfaction is accepted. The results of this study indicate that therapeutic communication is an important factor influencing patient satisfaction. The better the communication between healthcare professionals, the higher the patient's satisfaction with the services received. Effective therapeutic communication enables a good relationship between healthcare professionals and patients, so that patients feel cared for, understood, and valued throughout the healthcare process. Therapeutic communication not only serves as a means of conveying information about the patient's health condition but also as a medium for building trust and creating a sense of comfort. The healthcare professional's ability to listen to patients' complaints, provide clear explanations, demonstrate empathy, and provide emotional support are important aspects that can increase patient satisfaction. When patients receive easily understood information and feel involved in the care process, their positive perception of service quality will increase. Theoretically, the results of this study align with the concept of therapeutic communication, which emphasizes the importance of interpersonal relationships between healthcare professionals and patients in supporting the success of healthcare services. Effective communication can improve patients' understanding of their health condition, reduce anxiety, and strengthen trust in healthcare professionals. These conditions ultimately contribute to increased patient satisfaction with the services received. Communication quality is a crucial indicator in assessing the quality of healthcare services. Therefore, improving the communication skills of healthcare workers is crucial in efforts to improve service quality and patient satisfaction.

4. The influence of infrastructure on patient satisfaction at Gantiwarno Community Health Center, Klaten Regency.

The results of the hypothesis testing in table 3 show that the calculated $t > t$ table is $2.849 > 1.661$ with a significance of 0.005 indicating that infrastructure has a positive and significant effect on patient satisfaction. This research is in line with the research of Bernato et al. (2025) and Agustina et al. (2024) that Facilities and infrastructure influence patient satisfaction. Thus, the hypothesis that facilities and infrastructure influence patient satisfaction can be accepted.

The results of this study indicate that infrastructure is a key factor in shaping patient satisfaction. Adequate facilities, a clean environment, comfortable service rooms, and well-functioning equipment can provide a more positive service experience for patients. Conversely, inadequate infrastructure can cause discomfort and impact patient perceptions of the quality of service received.

Theoretically, these findings align with the concept of service quality, which places tangible dimensions or physical evidence as a crucial element in shaping

customer satisfaction. In the SERVQUAL model, the condition of physical facilities, the completeness of equipment, and the comfort of the service environment are indicators used by customers to assess service quality. In healthcare facilities, good infrastructure not only supports a smooth service process but also increases patient comfort and trust in the services provided.

These findings indicate that the quality of physical facilities is a factor that consistently influences patient satisfaction levels across various healthcare facilities. Patients tend to rate services more favorably when they are supported by a comfortable, clean, safe environment and adequate facilities.

CONCLUSION AND SUGGESTIONS

Based on the results of data analysis and hypothesis testing, it can be concluded that work discipline and transfers have a positive and significant effect on job satisfaction and employee performance at the Surakarta Class IA Religious Court. In addition, job satisfaction has also been shown to have a positive and significant effect on employee performance. The results of the study indicate that job satisfaction acts as a mediating variable that is able to positively and significantly mediate the effect of work discipline on employee performance, as well as positively and significantly mediate the effect of transfers on employee performance. These findings indicate that improving work discipline and implementing appropriate transfers can increase job satisfaction, which ultimately has an impact on improving employee performance at the Surakarta Class IA Religious Court. Based on the research results, it is recommended that the leadership of the Surakarta Class IA Religious Court implement a transparent and periodic internal mutation pattern with reference to the policies of the Supreme Court of the Republic of Indonesia, and prioritize employee placement based on competency assessment results to match the capabilities and needs of the organization. In addition, leaders need to develop a more supportive supervisory pattern through coaching rather than a punitive approach, arrange a proportional workload distribution to reduce the risk of work stress, and integrate the achievement of performance targets as one of the main requirements for job promotions. These efforts are expected to increase job satisfaction, motivation, productivity, and employee performance in a sustainable manner.

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