



Exploring patients' perspectives on healthcare service quality in outpatient settings at a public hospital in Palembang, Indonesia: A qualitative study

Alvera Noviyani^{1,2}  and Pramon Viwattanakulvanid^{1*} 

¹ College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand

² Faculty of Public Health, Sriwijaya University, Indonesia

Abstract

Background: In recent decades, the service sector has become a crucial driver of economic growth globally. However, research highlights the need for implementing a patient-centered design in hospital services and notes the limited literature on patient perceptions of healthcare service quality in Indonesia.

Objective: This study aimed to explore patients' perceptions of healthcare service quality in outpatient settings at a public hospital in Palembang, Indonesia.

Methods: The study employed a qualitative descriptive design, conducting face-to-face, in-depth interviews with 50 outpatients (ages ranging from 34 to 56 years) between October and November 2023. Purposive sampling was used to recruit participants, and thematic analysis was utilized for data analysis.

Results: The following themes emerged regarding patient perspectives on healthcare service quality: patients' perceived service quality, perceived value, satisfaction, and revisit intention. Factors influencing patient perceptions included the appearance of hospital staff, the quality of facilities and equipment, staff responsiveness, knowledge, courtesy, and empathy. Additionally, word-of-mouth significantly impacted patients' perceived value of care. Emotional factors, complaints, and trust were found to be crucial in shaping patient satisfaction, while the patient-provider relationship played a significant role in influencing revisit intention.

Conclusion: The research emphasizes the critical role of building strong patient-provider relationships to enhance overall service quality. It highlights the need for healthcare providers and nurses to focus on improving patient engagement and understanding how perceived service quality affects patient loyalty. Strengthening these areas is essential for advancing comfort, safety, and the overall quality of healthcare services.

*Corresponding author:

Pramon Viwattanakulvanid, Ph.D.
Assistant Professor

College of Public Health Sciences,
Chulalongkorn University,
Sabbasastravivaya Building, Soi
Chulalongkorn 62, Phayathai
Rd, Pathumwan, Bangkok 10330, Thailand
Email: pramon.v@chula.ac.th

Article info:

Received: 27 August 2024

Revised: 25 September 2024

Accepted: 31 October 2024



This is an Open Access article distributed under the terms of the [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/), which allows others to remix, tweak, and build upon the work non-commercially as long as the original work is properly cited. The new creations are not necessarily licensed under the identical terms.

E-ISSN: 2477-4073 | P-ISSN: 2528-181X

Keywords

patient perspective; service quality; patient satisfaction; outpatients; Indonesia; public hospitals; qualitative study

Background

In recent years, evaluating patients' perceptions of healthcare service quality has become a critical component of healthcare assessment (Iversen et al., 2012; Labarere et al., 2001; Nguyen et al., 2021). Historically, quality assessments focused solely on clinical perspectives, often neglecting patient feedback. However, contemporary evaluation frameworks increasingly prioritize patient views, moving away from relying solely on clinical effectiveness (Kuipers et al., 2019; Yu et al., 2023). Patients offer valuable insights into service quality that traditional monitoring methods may miss (Labarere et al., 2001). Several researchers have highlighted the need to listen to, understand, and learn from patient experiences (Kuipers et al., 2019; Rand et al., 2019).

Moreover, the need for healthcare arises from the desire to enhance one's well-being and is influenced by individual

preferences and requirements. Recent research has highlighted that patients might not perceive a service issue as significant, even if staff members view it as subpar (Dorsey et al., 2022; Willems & Ingerfurth, 2018). This highlights the importance of healthcare providers adopting patient-centered approaches to ensure effective and continuous care. Current healthcare policies emphasize "consumer-driven" care, where patient needs and preferences are central. Overall, the role of patients has shifted from being passive recipients to active participants in their care (National Academies of Sciences Engineering and Medicine, 2018).

Healthcare administrators and physicians have long endeavored to provide high-quality services. However, research reveals a gap in the literature regarding patient-centered design, which reflects the discrepancy between patient expectations and their actual perceptions of the service received (Dorsey et al., 2022; Oliver, 1980, 1993). Experts

recommend that adopting a patient-centered approach can significantly improve patient experiences and the value of care. This approach can assist healthcare managers and policymakers in making informed investments in the most effective aspects of care (De Man et al., 2002; Yu et al., 2023), supports the development of problem-solving and quality improvement strategies (Alrubaiee & Alkaa'ida, 2011; Grover et al., 2022), and ensures effective resource allocation to enhance patient satisfaction. Additionally, evaluating service quality allows providers to identify and address specific, often unmet patient needs and service delivery issues, which can foster patient loyalty (Arab et al., 2012; Kwame & Petrucka, 2021).

Despite the growing body of research on patient experiences of healthcare service quality in developing countries, there is a lack of comprehensive qualitative studies focused on Indonesia. Existing research in this area tends to focus on specific attributes of service quality rather than exploring patients' holistic perceptions (Liew & Gardner, 2014). Firstly, most studies have analyzed isolated variables such as patient satisfaction. For example, Basri et al. (2023) investigated a single dimension—patient satisfaction—using a quantitative approach, which, while establishing a relationship between service quality dimensions and outpatient satisfaction, did not provide in-depth insights from the patient's point of view. This highlights the need for qualitative research to understand how and why service quality impacts patient satisfaction from the patients' perspective.

Secondly, Suhita et al. (2023) examined determinant factors of patient satisfaction using standardized guidelines for community satisfaction surveys in public service contexts. However, this research did not adopt a patient-centered design, which is crucial for capturing the context of patients' experiences and perceptions. Addressing this limitation requires research prioritizing the patients' voices in evaluating service quality.

Additionally, Firdaus and Samadhi (2014) proposed a conceptual model to reduce waiting times, yet their work lacked a direct exploration of patients' perspectives on service quality. Our study intends to bridge this gap by offering a qualitative exploration of what patients perceive as essential aspects of service quality, particularly in outpatient settings.

Another study by Sholeh and Chalidyanto (2021) focused on the correlation between digital marketing, customer satisfaction, and loyalty. While they highlighted the significant influence of service quality on loyalty through patient satisfaction, they did not explore the underlying reasons or patient-driven explanations. This points to a broader need for research that unpacks how service quality influences satisfaction and loyalty from the patient's perspective.

Overall, while existing research provides valuable insights into the importance of service quality, most studies emphasize single factors or employ quantitative methods. These quantitative methods are limited in capturing the complexity and context-specific nature of patient experiences, as service quality perceptions often require deeper qualitative exploration to yield actionable insights (Hilligoss et al., 2021).

To address these gaps, our study aimed to explore patients' perceptions of healthcare service quality in outpatient settings at a public hospital in Indonesia. Specifically, we seek to ascertain the patients' perceived

factors contributing to healthcare service quality assessment and explore alternative interventions and approaches to improve hospital service quality. By employing a qualitative approach, our research would provide a richer understanding of patients' experiences and inform targeted policy interventions. Our findings are expected to guide healthcare providers and policymakers in designing patient-centered strategies that enhance service quality, thereby contributing to improving Indonesia's healthcare system. This evidence-based, qualitative exploration will address the shortcomings of prior research by capturing the complexities of patient experiences and offering detailed recommendations for healthcare practice and policy.

Methods

Study Design

This study utilized a qualitative descriptive design, which is widely applied in healthcare and public health research. Qualitative study is often used to explain a phenomenon in the research area, interpret unexpected results, or explore certain results in greater detail (Creswell & Plano Clark, 2007). Such design enables the data collected in the study to provide a broad view of service quality in the hospital according to the patient's perspective area. Thus, this study considered qualitative research as an effective approach to achieving the objectives of this study; by gaining an in-depth understanding of the patient's perspective about the service quality provided by the academic hospital, the patient's perceived value and satisfaction could be seen as a variable toward their revisit intention.

This study was conducted at the general public hospital, Dr. Mohammad Hoesin, in Palembang City, Indonesia, from September to October 2023. This hospital is a national central public hospital and an academic hospital for Sriwijaya University, making it more important to explore the patient's perspective in this hospital to provide the best quality services in alignment with increasing the public health status.

Study Participants

The participants comprised 50 outpatients who were regular outpatients at the time of study and were treated in different departments in the academic hospital. The study's participant pool consisted of outpatients who satisfied the inclusion criteria, which included utilizing the hospital services more than once, being a national insurance user, and expressing a willingness to participate. To ensure the diversity of patients' demographic characteristics and align with the criteria in the study objective, this study used a purposive sampling technique with exit interviews (Creswell, 2015).

Data Collection

The data were collected through direct contact with the outpatient using an exit interview scheme. The participants were interviewed about receiving treatment and provided services by the hospital employees, who were staff, nurses, and physicians during the process. This study approached and informed each department nurse about the study. In-person, in-depth interviews were scheduled with volunteered participants after receiving the treatment. In this study, the

data were collected using a qualitative approach, in-depth interviews that collected comprehensive and detailed insights from the participants (Creswell, 2015; Polit & Beck, 2017). Interviews were audio recorded, conducted in Bahasa, and later translated into English using the backward translation method. As part of the linguistic validation, it is essential to ensure the quality of the interview results by using more than one language (Brislin, 1970). Hence, the backward translation method by Brislin was used to ensure the quality of the survey in the Indonesian language (Bahasa) version.

Moreover, verbatim transcription of the recordings was performed to facilitate data analysis. The interviews focused on capturing participants' perspectives about the hospital's service quality before and after receiving the services. Each interview lasted 10-30 minutes and was conducted from August to October 2023. The guidelines from theory and published literature were used to develop interview questions for the purpose of this study.

We developed the interview questions by thoroughly reviewing relevant theories about service quality from patients' perspectives, related scholarly literature about variables related to service quality, and consultation and discussion with subject matter experts while considering the scope and aim of this research. This method can explain patients' perspectives more deeply and demonstrates that healthcare providers should employ patient-centered designs. As the variable related to the service quality from patients' perspective is how they perceived and received the service from the hospital, a question about patient-perceived value was formulated (Cengiz & Kirkbir, 2007; Lijiao et al., 2019; Qian et al., 2011; Yubing et al., 2020; Zifko-Baliga & Krampf, 1997). Since the evaluation needed for the service quality provided and one of the indicators of the overall service quality provided is how the patient feels about the services, a question about patient satisfaction was formulated (Kotler & Keller, 2007; Lin & Yin, 2022; Marshall & Hays, 1994; Wilson et al., 2012). Hence, the interview guide development consisted of three major themes. The questions provide: 1) how is the service quality? 2) how is the patient's perceived value of the hospital service quality? 3) how is patient satisfaction with the service provided?

Data Analysis

The data were analyzed using thematic analysis to find patterns in data meaning and create themes (Braun & Clarke, 2006). The approach involves identifying different categories, themes, and patterns within the dataset, allowing for valuable insight extraction from the data. The data were manually analyzed using printouts of interview transcripts, using Braun and Clarke's six-phase theme analysis methodology. Initially, all the verbatim transcribed interviews were reviewed for accuracy. The first phase was thematic analysis, where the researcher engaged closely with the data by collecting, transcribing, reading, and re-reading the transcripts while recording preliminary ideas. In the second phase, initial codes were developed to identify information pertinent to the study, highlighting potential patterns across the transcribed interview data. In the third phase, the researcher analyzed and organized initial codes to identify and classify potential themes from the data. In the fourth phase, the identified potential themes were assessed in relation to the dataset to ensure they aligned with the study's objectives. In the next phase, the

identified themes were refined and titled to reflect their core, offering detailed insights into each theme. Finally, the study's findings were compiled in the last phase, and the analysis was synthesized (Braun & Clarke, 2006).

Rigor

The quality of this research was ensured by employing study rigor. In this study, the researcher engaged in self-reflection on their position and role throughout the study. According to Lincoln and Guba (1985), to maintain rigor in their study, qualitative researchers must ensure trustworthiness throughout the research process. Consequently, the researcher adhered to four inclusion criteria for trustworthiness: confirmability, credibility, dependability, and transferability (Lincoln & Guba, 1985). To uphold credibility, the researcher remained engaged with the data over an extended period during the analysis. Transferability was supported by the ongoing critical analysis and reflection of the research findings within the context of this study. Dependability was achieved through continuous review of the data during collection and analysis. Finally, this study kept a comprehensive audit trail of the entire process to ensure confirmability.

Ethical Considerations

This study was approved by the Institutional Review Board of Sriwijaya University (342/UN9.FKM/TU.KKE/2023). All methods were carried out in accordance with the relevant guidelines and regulations in the Declaration of Helsinki. Informed consent was obtained from the participants prior to the conduct of the study. Privacy and voluntary participation were upheld throughout the study, and all data was securely stored. Participants were informed that they could withdraw from the research at any time after data collection was concluded.

Results

Characteristics of the Participants

The study included 50 participants with a diverse range of demographic characteristics. Regarding age distribution, the majority of participants (56%) were between 34 and 44 years old, while the remaining 44% were aged between 45 and 56 years. In terms of gender, there was a slightly higher proportion of female participants, making up 54% of the sample, compared to 46% who were male. Regarding education level, a significant majority (60%) of participants held a bachelor's degree or higher, whereas 40% had an education level below a bachelor's degree. This demographic profile provides a balanced view of gender and a range of age and education levels among the participants in the study.

Thematic Findings

After dividing the resulting text from each interview into meaning units, the researchers summarized, abstracted, coded, and labeled the text. Subsequently, the codes were grouped into themes and subthemes based on their similarities. The first theme was outpatients' perceived service quality, which comprised three subthemes: 1) the appearance of a hospital employee, facility, and equipment; 2) the hospital employee's responsiveness, knowledge, and courtesy; and 3)

the hospital employee's empathy. The second theme was outpatients' perceived value, which consisted of two subthemes: 1) meeting patient expectations and building loyalty and 2) word of mouth. The third theme was outpatients' satisfaction, comprising three subthemes: 1) patient's

emotions, 2) patient's complaints, and 3) patient's trust. The fourth theme was outpatients' revisit intention, which comprised one subtheme: provider-patient relationship (see **Figure 1**).

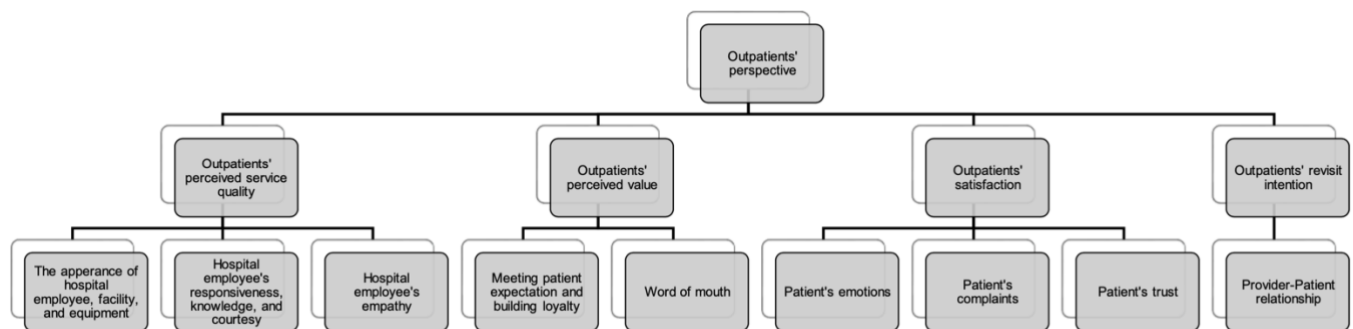


Figure 1 Study themes

Theme 1: Outpatients' Perceived Service Quality

According to the theory by [Parasuraman et al. \(1985\)](#), service quality is the comparison between customer's expectations and perceived service performance. Moreover, following the service quality theory, in this research, the Outpatients' perceived quality indicated the patients' perspective on the quality of services provided by the hospital. They have specified that the following factors had a significant role in the excellent service quality: the appearance of the hospital employee, physical facilities and equipment, the responsiveness of the hospital employee, knowledge and courtesy of the employee, and their empathy to the patient.

Subtheme 1.1: The appearance of hospital employees, facility, and equipment

The participants in this study highlighted the significance of hospital credibility, which is reflected in the tangibility dimension, such as the hospital's appearance. One of the outpatients stated, "I think having a neat appearance is important, and that can instill our confidence too as a patient" (Outpatient-3, male 34 years old, ENT department). Another patient stated, "Having a professional appearance and up-to-date equipment and facilities in the hospital are the qualities that the patient seeks after" (Outpatient-11, female 46 years old, Surgery department). Another patient added, "If the hospital facilities have visually appealing, modern equipment and nice employees, it can boost our trust in the services provided" (Outpatient-17, male 53 years old, Orthopedic department).

To explain further, one of the patients stated, "Hospital will be able to instill confidence in the patient if the hospital employee has a proper look and manner during their working time and having complete facilities is important" (Outpatient-45, male 39 years old, internal medicine department). This was supported by another patient's answer, "One of the excellent service factors is having the complete equipment and facility to handle patients' needs" (Outpatient-27, female, 48 years old, dental department).

Based on the information provided, outpatients believe that high service quality is reflected in the professional appearance of hospital staff, modern equipment, and comprehensive facilities.

Subtheme 1.2: Hospital employee's responsiveness, knowledge, and courtesy

The participants emphasized the significance of the hospital staff's caring attitude throughout the process. They also noted that the staff's expertise and courtesy were vital in enhancing their confidence in the healing process. To explain further, one of the patients stated, "The hospital employee is able to instill confidence in the patient if the hospital employee has the knowledge to answer patients' questions about their needs in the hospital" (Outpatient-46, male 35 years old, eye department). This was supported by another patient's answer, "One of the excellent service factors is having the ability to handle patients' problems" (Outpatient-26, female 50 years old, neurology department).

In addition, another patient stated, "Introducing themselves and telling the patient about what procedures they are going through is crucial, other than courtesy, the nurse and doctor shows the hospital quality" (Outpatient-8, female 44 years old, surgery department). Similarly, another patient said, "Showing responsiveness to the patient by helping them during the hospital visit and providing the attention needed are very important" (Outpatient-1, female 55 years old, internal medicine department).

The staff's responsiveness, shown through their expertise and politeness, enhances patients' confidence and improves the overall quality of service.

Subtheme 1.3: Hospital employee's empathy

The most common concern among outpatients was the fear of not experiencing a good quality of life and lacking support from those around them. This statement highlights the importance of empathy, particularly from those providing treatment during the patient's healing process and hospital visit. One of the patients stated, "Knowing what kind of procedure, how long that will take the time, and the side effects are great" (Outpatient-50, male 51 years old, eye department). Another explained, "Getting enough information of medical condition and treatment shows how the nurse and doctor care about us, a patient" (Outpatient-39, male 38 years old, ENT department).

In addition, another patient said, "Having trustworthy professionals like nurses and doctors who show genuine care

during the treatment process is reassuring and boosts hope" (Outpatient-13, male 52 years old, neurology department).

According to the information, outpatients perceive high service quality, as evident in the hospital staff's empathy and attentive and caring approach during hospital visits.

Theme 2: Outpatients' Perceived Value

The perceived value in this study is about the customers' evaluation of product and service utility, which are based on their views of what they offer and receive in return. The results of this study mentioned the importance of patient-perceived value as an indicator of high service quality. The value patients perceive from their expectations of hospital service quality influences their overall satisfaction and intention to return, critical aspects of customer loyalty. Earning patients' trust enhances the hospital's reputation and increases its perceived value. This theme revealed the patients' expectations of the hospital and the value of their efforts.

Subtheme 2.1: Meeting patient expectations and building loyalty

One of the patients mentioned this, "I expect the service quality in the hospital is good and my efforts are worth it in the end" (Outpatient-9, female 37 years old, dermatology department). Another patient explained, "A great hospital that provides good services will offer good value for patient's money and time" (Outpatient-4, female 43 years old, eye department). In addition, an outpatient stated, "I agree with the term high level of satisfaction achieved by meeting the patient expectation" (Outpatient-31, male 54 years old, general surgery department). Aligned with this statement, another patient added, "If the expectation before going to the hospital is met, other than satisfaction, the hospital shows their quality and gains customer loyalty" (Outpatient-23, male 52 years old, orthopedic department).

Thus, the perceived value aspect from the patient perspective revolves around how patients view the quality of service provided by hospitals, their expectations regarding the value of their time and money, and the impact of meeting these expectations on satisfaction and loyalty.

Subtheme 2.2: Word of mouth

Positive word of mouth can enhance a hospital's reputation, attract new patients, and build trust within the community, while negative word of mouth can have the opposite effect. One of the patients stated, "I believe having a positive recommendation plays a crucial role in shaping the reputation and success of hospitals" (Outpatient-29, male 46 years old, internal medicine department). Another patient explained, "As a compelling form of evidence, hearing about others' positive treatment experiences significantly impacts my decision to seek care." (Outpatient-41, male 55 years old, internal medicine department). Recognizing the influence of word of mouth and utilizing it effectively is crucial for hospitals to uphold high service standards, enhance patient satisfaction, and build lasting loyalty.

Theme 3: Outpatients' Satisfaction

Subtheme 3.1: Patient's emotions

Patient satisfaction is defined as the difference between patients' expectations and the actual performance of services

received by patients. Recognizing and valuing patients' feelings is crucial for tailoring care to individual needs and ensuring a holistic approach to health and recovery. The participants also emphasized that high satisfaction is essential in determining the quality of healthcare services and contributing to the hospital's excellent or poor reputation. One of the patients stated, "I have a good feeling about my condition after receiving the treatment provided, so it shows how great the hospital quality is" (Outpatient-16, female 36 years old, dental department). Another patient stated, "Long wait times and lack of personalized care can contribute to overall satisfaction about the provided services" (Outpatient-5, male 42 years old, surgery department). In addition, one of the patients added, "Patient dissatisfaction with hospital services often arises from a perceived lack of attention during their care" (Outpatient-10, female 45 years old, ENT department).

Feeling satisfaction can profoundly influence a patient's engagement with their care, adherence to treatment plans, and overall well-being. By acknowledging and addressing these emotional responses, healthcare providers can enhance the quality of care, foster stronger patient-provider relationships, and create a more supportive and empathetic healthcare environment.

Subtheme 3.2: Patient complaints

Understanding and analyzing patient complaints allows healthcare providers to identify areas for improvement, enhance patient care, and build trust within the community. By systematically addressing and resolving complaints, healthcare organizations can foster a more responsive and patient-centered approach to care. One of the patients highlighted, "The ignorance from the professional staff about the waiting time or a waiting room for the outpatient creates a dissatisfaction" (Outpatient-44, male 51 years old, internal medicine department). Another patient explained, "The difficulty in obtaining prescriptions at the pharmacy department needs to be addressed. However, I believe this issue is likely due to staff shortages and the high volume of patients each day" (Outpatient-6, female 42 years old, neurology department).

Patient complaints are a critical aspect of healthcare management, reflecting the experiences and concerns of individuals receiving medical services. Addressing these complaints effectively is essential for improving service quality, patient satisfaction, and overall healthcare outcomes. Complaints can range from issues with treatment and communication to concerns about facility conditions and staff behavior.

Subtheme 3.3: Patient trust

Building and maintaining patient trust is fundamental to providing high-quality healthcare. Trust between patients and healthcare providers fosters open communication, enhances patient satisfaction, and improves adherence to treatment plans. One patient stated, "The way professional teams show their competence and empathy can build and reinforce patient trust" (Outpatient-20, male 38 years old, dental department). Another patient explained, "I trust this hospital because the staff makes me feel valued and confident in their care" (Outpatient-19, female 34 years old, eye department). Additionally, one of the patients added, "Patients must receive

detailed information and maintain clear communication with experts" (Outpatient-22, female 47 years old, surgery department).

Hence, establishing and nurturing patient trust is pivotal for delivering exceptional healthcare. Trust facilitates open dialogue, boosts patient satisfaction, and promotes adherence to treatment regimens. As highlighted by patient feedback, the demonstration of competence and empathy by healthcare professionals plays a significant role in building trust.

Theme 4: Outpatients' Revisit Intention

Subtheme 4.1: Provider-patient relationship

The last factor contributing to the outpatients' perspectives on healthcare service quality was their intention to revisit. Patient revisit intention is a crucial aspect of healthcare delivery that reflects a patient's likelihood to return to a specific provider or facility for future care. This intention is influenced by a range of factors, including the quality of care received, overall patient satisfaction, and the effectiveness of the provider-patient relationship. One of the patients stated, "Patient revisit intention is a critical indicator of healthcare quality and patient satisfaction. It reveals how effectively a provider meets patient needs and builds trust" (Outpatient-7, male 49 years old, orthopedic department). Aligning with this statement, another patient said, "By understanding and addressing the factors that influence a patient's decision to return, healthcare providers can improve their services" (Outpatient-33, female 55 years old, dermatology department). In addition, one of the patients also mentioned, "If the healthcare provider offers effective treatment, it can ultimately enhance patient outcomes and increase their likelihood of returning in the future" (Outpatient-15, female 46 years old, internal medicine department).

Understanding and fostering revisit intention is essential for healthcare providers to ensure continuity of care, improve patient retention, and enhance long-term outcomes.

Discussions

Principal Findings

The research investigated the outpatient's perspective on healthcare service quality. According to the findings of this study, the outpatient perceived service quality is based on the appearance of hospital employees, facilities, and equipment, as well as hospital employees' responsiveness, knowledge, courtesy, and empathy towards the patient during the hospital visit. The perceived value of hospital service quality is demonstrated by how well it aligns with patients' expectations and the positive recommendations from their peers. This, in turn, improves patient loyalty. When discussing the results related to outpatient satisfaction, patients' emotions, complaints, and trust emerged as key factors influencing their overall experience and satisfaction. The provider-patient relationship is critical in determining a patient's intention to revisit a healthcare facility.

The outpatients emphasized the importance of the hospital's physical attributes, including the appearance of staff, facilities, and equipment. Patients perceive a well-maintained, professional environment as indicative of high-quality care. Kitapci et al. (2014) investigated the significance

of physical facilities, staff appearance, and hospital equipment as tangible aspects in evaluating hospital service quality. Research indicates that the hospital staff's ability to make a positive impression during patient interactions greatly influences the quality of care. The presentation and attire of professional staff affect how patients perceive the care they receive (Cha et al., 2004; Chang et al., 2011; Khojah et al., 2022). Consistent with these findings, previous studies have examined how the initial impression formed by patients regarding a healthcare provider's attire plays a crucial role in shaping the doctor-patient relationship. Patients are more likely to comply with treatment and share sensitive personal information when they perceive their doctors as professional, empathetic, and competent during consultations (Rehman et al., 2005). Assessing service quality involves the appearance of hospital staff and the condition of hospital equipment and facilities. Medical equipment is crucial for providing high-quality healthcare services and diagnosing and treating illnesses. In support of this, previous research has shown that the physical facilities, equipment, and appearance of doctors and staff also significantly impact patient satisfaction (Alghamdi, 2014). Thus, this indicates how a visually appealing hospital with updated facilities enhances patient trust and satisfaction, reflecting a commitment to quality and care.

Responsiveness, expertise, and politeness of hospital staff were frequently mentioned as crucial to patient satisfaction. Patients value knowledgeable and courteous staff, as these traits contribute significantly to their overall confidence and comfort during treatment. This finding aligns with earlier research, which indicates that a willingness to assist patients and deliver prompt services enhances patient satisfaction with healthcare (Mostafa, 2005; Ramez, 2012; Raposo et al., 2009). This highlights how these qualities affect patients' perceptions of service quality. Empathy involves how a hospital provides its services, creating an environment that is attentive and responsive to patients' needs and expectations (Alanazi et al., 2023). Research shows that healthcare professionals with high levels of empathy perform more effectively in facilitating therapeutic change (Moudatsou et al., 2020). Consistent with these findings, Wandebori and Pidada (2017) discovered that patients who perceive a hospital's genuine concern for their well-being are likelier to demonstrate loyalty and intention to return. This underlines the importance of provider responsiveness and empathetic interactions in improving patient experiences, encouraging loyalty, and revisiting intentions.

Additionally, the quality of medical services directly influences the perceived value (Lijiao et al., 2019). In medical treatment, perceived value is a crucial measure of how well patients' health needs are met (Yubing et al., 2020). The overall perception of the medical treatment process impacts this perceived value (Wartiningsih et al., 2020). Therefore, when assessing perceived value, patients consider both what they gain (such as the quality of care, their emotional experience during treatment, and their view of the healthcare provider's reputation) and what they forgo (such as transaction costs and other monetary and non-monetary expenses, including time) (Petrick, 2002; Zeithaml, 1988). A study by Pentescu et al. (2014) highlights that the perceived quality of healthcare services, service rates, and personal factors

determine patient satisfaction, affecting patient loyalty, adherence to treatment, and positive Word of Mouth (WOM). Another systematic review found that negative reviews tend to have a greater impact than positive ones, with service quality being a major reason for negative WOM (Pauli et al., 2023). Additionally, WOM is crucial in shaping a hospital's reputation and success. As a powerful form of communication, WOM involves the informal sharing of experiences and recommendations, which can significantly influence how potential patients perceive and choose a hospital.

Patient satisfaction is a major determinant of the quality of healthcare outcomes. Several studies have examined an association between emotion and perceived service quality (Kocabulut & Albayrak, 2019; Pornpitakpan et al., 2017). Previous studies examined how patients' happiness influences their perception of service quality through their mood, finding that individuals in a positive mood are more likely to evaluate service quality favorably (Hellén & Sääksjärvi, 2011; White, 2006). Furthermore, it is believed that higher levels of service are necessary to meet customer satisfaction (Fatima et al., 2018; Marzo et al., 2021). Positive perceptions of service quality enhance healthcare providers' trust, subsequently improving patient satisfaction (Abidova et al., 2021; Chang et al., 2013). Supporting this, other research indicates that service quality is a multidimensional construct essential for achieving satisfaction, which is reinforced through trust and leads to greater loyalty (Moreira & Silva, 2015). Hence, managing patient emotions and trust effectively can reduce compliance and improve their overall service quality assessment. This relationship underscores the importance of addressing emotional factors to enhance patient satisfaction and service quality.

Finally, patients' intention to revisit reflects their overall satisfaction and trust in the healthcare provider. Factors influencing this intention include the quality of care received and the effectiveness of the provider-patient relationship. This viewpoint is supported by various studies indicating that patient engagement is a fundamental aspect of quality care (Coulter, 2005; Say & Thomson, 2003) and a primary objective for healthcare organizations. Traditionally, this engagement has concentrated on the interaction between patients and providers in decision-making or improving patients' management of their own care (Coulter, 2005). Revisit intention is a crucial quality measure, with effective treatment increasing the likelihood of patients returning. This highlights the importance of addressing factors influencing patients' decisions to seek future care.

Limitation of the Study

Although the study was conducted at the central public hospital or the province referral hospital, further research must be undertaken to thoroughly investigate this topic in more detail as the generalizability of this study's findings was limited. However, to obtain comprehensive knowledge about the patient's perspective, a rigorous methodology through in-depth interviews was applied. Also, to avoid any biases from the patient side, the exit interview was conducted to minimize the recall bias.

Implication of the Study

Our study's results may inform healthcare providers, policymakers, hospitals, and nursing staff about the source of patient dissatisfaction and disloyalty, enabling them to avoid the sources and work collaboratively and better to meet the perspective of the patient as the recipients of the treatments and services. Additionally, the results can guide the development of appropriate interventions to enhance the service quality provided at the hospital, improving the service and avoiding problems according to the patient-centered design. In addition, the hospitals in this study and similar institutions can review and adjust their policies and procedures accordingly.

Conclusion

This study showed that patient-perceived service quality, value, satisfaction, and revisit intention were critical factors in evaluating healthcare service quality from a patient-centered perspective. The study found that factors such as the appearance of hospital staff, facility and equipment quality, staff responsiveness, knowledge, courtesy, and empathy impact patients' views on hospital service quality. Additionally, beyond tangible aspects, word-of-mouth also affects patients' perceived value of care. Emotional factors, complaints, and trust were vital elements influencing patient satisfaction with service quality. The research underscores the importance of fostering strong patient-provider relationships, which contribute to overall service quality. Consequently, the study emphasizes the need for healthcare providers to improve patient engagement and understand the impact of perceived service quality on patient loyalty. Enhancing these aspects is crucial for promoting comfort, safety, and higher quality in healthcare services.

Declaration of Conflicting Interest

The authors declared no conflicts of interest with respect to the research, authorship, or publication of this article.

Funding

The ASEAN Scholarship funded this study as part of a PhD program at the College of Public Health, Chulalongkorn University. Recipient: Alvera Noviyani.

Acknowledgment

The authors would like to thank all the participants in this study.

Authors' Contributions

Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data [AN, PV]; Drafting the manuscript [AN]; revising it critically for important intellectual content [PV]; Final approval of the version to be published [AN, PV]; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved [AN, PV].

Authors' Biographies

Alvera Noviyani, MSc, is a PhD candidate at the College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand, and a teaching staff at the Faculty of Public Health, Sriwijaya University, Indonesia.

Pramon Viwattanakulvanid, PhD, is an Assistant Professor at the College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand.

Data Availability

The supporting data analyzed during the current study are available from the corresponding author upon reasonable request.

Declaration of Use of AI in Scientific Writing

There is nothing to declare.

References

- Abidova, A., da Silva, P. A., & Moreira, S. (2021). The mediating role of patient satisfaction and perceived quality of healthcare in the emergency department. *Medicine*, 100(11), e25133. <https://doi.org/10.1097/MD.00000000000025133>
- Alanazi, E., Alanazi, H., Alanazi, M., Alsadoun, A., Asiri, S., & Bahari, G. (2023). Quality perceptions, expectations, and individual characteristics among adult patients visiting primary healthcare centers in Saudi Arabia: A cross-sectional study. *Healthcare*, 11, 208. <https://doi.org/10.3390/healthcare11020208>
- Alghamdi, F. S. (2014). The impact of service quality perception on patient satisfaction in Government Hospitals in Southern Saudi Arabia. *Saudi Medical Journal*, 35(10), 1271-1273.
- Alrubaiee, L., & Alkaa'ida, F. (2011). The mediating effect of patient satisfaction in the patients' perceptions of healthcare quality-patient trust relationship. *International Journal of Marketing Studies*, 3(1), 103-127.
- Arab, M., Tabatabaei, S. M. G., Rashidian, A., Forushani, A. R., & Zarei, E. (2012). The effect of service quality on patient loyalty: A study of private hospitals in Tehran, Iran. *Iranian Journal of Public Health*, 41(9), 71-77.
- Basri, M., Syakur, R., & Pakingki, O. (2023). Analysis of the quality of health services on outpatient satisfaction at the Outpatient Clinic of Kolodale Regional Hospital, North Morowali Regency, Indonesia. *Jurnal Penelitian Pendidikan IPA*, 9(12), 11342-11350. <https://doi.org/10.29303/jppipa.v9i12.6080>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, 1(3), 185-216. <https://doi.org/10.1177/135910457000100301>
- Cengiz, E., & Kirkbir, F. (2007). Customer perceived value: The development of a multiple item scale in hospitals. *Problems and Perspectives in Management*, 5(3), 252-268.
- Cha, A., Hecht, B. R., Nelson, K., & Hopkins, M. P. (2004). Resident physician attire: Does it make a difference to our patients? *American Journal of Obstetrics and Gynecology*, 190(5), 1484-1488. <https://doi.org/10.1016/j.ajog.2004.02.022>
- Chang, C.-S., Chen, S.-Y., & Lan, Y.-T. (2013). Service quality, trust, and patient satisfaction in interpersonal-based medical service encounters. *BMC Health Services Research*, 13, 22. <https://doi.org/10.1186/1472-6963-13-22>
- Chang, D.-S., Lee, H., Lee, H., Park, H.-J., & Chae, Y. (2011). What to wear when practicing oriental medicine: Patients' preferences for doctors' attire. *The Journal of Alternative and Complementary Medicine*, 17(8), 763-767. <https://doi.org/10.1089/acm.2010.0612>
- Coulter, A. (2005). What do patients and the public want from primary care? *BMJ*, 331(7526), 1199-1201. <https://doi.org/10.1136/bmj.331.7526.1199>
- Creswell, J. W. (2015). *A concise introduction to mixed methods research*. California: SAGE Publications.
- Creswell, J. W., & Plano Clark, V. L. (2007). Choosing a mixed methods design In *Designing and conducting mixed methods research* (pp. 58-88). SAGE Publications.
- De Man, S., Gemmel, P., Vlerick, P., Van Rijk, P., & Dierckx, R. (2002). Patients' and personnel's perceptions of service quality and patient satisfaction in nuclear medicine. *European Journal of Nuclear Medicine and Molecular Imaging*, 29, 1109-1117. <https://doi.org/10.1007/s00259-002-0869-3>
- Dorsey, R., Claudio, D., Velázquez, M. A., & Petersen, P. (2022). Identifying service quality gaps between patients and providers in a Native American outpatient clinic. *BMC Health Services Research*, 22(1), 165. <https://doi.org/10.1186/s12913-022-07538-w>
- Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *International Journal of Quality & Reliability Management*, 35(6), 1195-1214. <https://doi.org/10.1108/IJQR-02-2017-0031>
- Firdaus, O. M., & Samadhi, T. (2014, 2014). Conceptual model for reducing outpatient care waiting times in teaching hospital in Indonesia. IEEE International Conference on Management of Innovation and Technology, Singapore.
- Grover, S., Fitzpatrick, A., Azim, F. T., Ariza-Vega, P., Bellwood, P., Burns, J., Burton, E., Fleig, L., Clemson, L., & Hoppmann, C. A. (2022). Defining and implementing patient-centered care: An umbrella review. *Patient Education and Counseling*, 105(7), 1679-1688. <https://doi.org/10.1016/j.pec.2021.11.004>
- Hellén, K., & Sääksjärvi, M. (2011). Happy people manage better in adverse services. *International Journal of Quality and Service Sciences*, 3(3), 319-336. <https://doi.org/10.1108/17566691111182861>
- Hilligoss, B., Tanenbaum, S. J., Paul, M. H., Ferrari, R. M., & Song, P. H. (2021). What makes health services usable?: Insights from a qualitative study of caregivers of children with disabilities. *Health Care Management Review*, 46(2), 111-122. <https://doi.org/10.1097/HMR.0000000000000249>
- Iversen, H. H., Holmboe, O., & Bjertnæs, Ø. A. (2012). The Cancer Patient Experiences Questionnaire (CPEQ): Reliability and construct validity following a national survey to assess hospital cancer care from the patient perspective. *BMJ Open*, 2(5), e001437. <https://doi.org/10.1136/bmjopen-2012-001437>
- Khojah, I. M., Alghamdi, M. K., Alahmari, B. M., Alzahrani, M. A., Alshehri, H. G., Farahat, J. S., Merdad, G. A., & Aalam, A. (2022). Patients' impression of health care providers' attire in the emergency department. *Cureus*, 14(12), e32844. <https://doi.org/10.7759/cureus.32844>
- Kitapci, O., Akdogan, C., & Dorytol, İ. T. (2014). The impact of service quality dimensions on patient satisfaction, repurchase intentions and word-of-mouth communication in the public healthcare industry. *Procedia-Social and Behavioral Sciences*, 148, 161-169. <https://doi.org/10.1016/j.sbspro.2014.07.030>
- Kocabulut, Ö., & Albayrak, T. (2019). The effects of mood and personality type on service quality perception and customer satisfaction. *International Journal of Culture, Tourism and Hospitality Research*, 13(1), 98-112. <https://doi.org/10.1108/IJCTHR-08-2018-0102>
- Kotler, P. T., & Keller, K. L. (2007). *A framework for marketing management* (3rd ed.). London: Pearson.
- Kuipers, S. J., Cramm, J. M., & Nieboer, A. P. (2019). The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting. *BMC Health Services Research*, 19, 13. <https://doi.org/10.1186/s12913-018-3818-y>
- Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. *BMC Nursing*, 20(1), 158. <https://doi.org/10.1186/s12912-021-00684-2>
- Labarere, J., Francois, P., Auquier, P., Robert, C., & Fourny, M. (2001). Development of a French inpatient satisfaction questionnaire. *International Journal for Quality in Health Care*, 13(2), 99-108. <https://doi.org/10.1093/intqhc/13.2.99>
- Liew, H.-P., & Gardner, S. (2014). Determinants of patient satisfaction with outpatient care in Indonesia: A conjoint analysis approach. *Health Policy and Technology*, 3(4), 306-313. <https://doi.org/10.1016/j.hlpt.2014.08.003>
- Lijiao, W., Qi, Z., Yue, C., & Shan, Z. (2019). Patients' perceptions of nursing service quality: A literature review. *International Journal of Engineering Science Invention (IJESI)*, 8(8), 6-10.
- Lin, W., & Yin, W. (2022). Impacts of service quality, brand image, and perceived value on outpatient's loyalty to China's private dental clinics with service satisfaction as a mediator. *PLoS One*, 17(6), e0269233. <https://doi.org/10.1371/journal.pone.0269233>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. California: Sage Publications.
- Marshall, G. N., & Hays, R. D. (1994). *The patient satisfaction questionnaire short-form (PSQ-18)* (Vol. 7865). Santa Monica, CA: RAND.

- Marzo, R. R., Bhattacharya, S., Ujang, N. B., Naing, T. W., Fei, A. T. H., Chun, C. K., & Ting, C. P. X. (2021). The impact of service quality provided by health-care centers and physicians on patient satisfaction. *Journal of Education and Health Promotion*, 10(1), 160. https://doi.org/10.4103/jehp.jehp_979_20
- Moreira, A. C., & Silva, P. M. (2015). The trust-commitment challenge in service quality-loyalty relationships. *International Journal of Health Care Quality Assurance*, 28(3), 253-266.
- Mostafa, M. M. (2005). An empirical study of patients' expectations and satisfactions in Egyptian hospitals. *International Journal of Health Care Quality Assurance*, 18(7), 516-532. <https://doi.org/10.1108/09526860510627201>
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukoulis, S. (2020). The role of empathy in health and social care professionals. *Healthcare*, 8, 26. <https://doi.org/10.3390/healthcare8010026>
- National Academies of Sciences Engineering and Medicine. (2018). *Health-care utilization as a proxy in disability determination*. Washington DC: National Academies Press.
- Nguyen, N. X., Tran, K., & Nguyen, T. A. (2021). Impact of service quality on in-patients' satisfaction, perceived value, and customer loyalty: A mixed-methods study from a developing country. *Patient Preference and Adherence*, 2523-2538. <https://doi.org/10.2147/PPA.S333586>
- Oliver, R. L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Research*, 17(4), 460-469. <https://doi.org/10.1177/002224378001700405>
- Oliver, R. L. (1993). A conceptual model of service quality and service satisfaction: Comparative goals, different concepts. *Advances in Service Marketing and Management*, 2, 65-85.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, 49(4), 41-50. <https://doi.org/10.1177/002224298504900403>
- Pauli, G., Martin, S., & Greiling, D. (2023). The current state of research of word-of-mouth in the health care sector. *International Review on Public and Nonprofit Marketing*, 20(1), 125-148. <https://doi.org/10.1007/s12208-022-00334-6>
- Pentescu, A., Orzan, M., Ștefănescu, C. D., & Orzan, O. A. (2014). Modelling patient satisfaction in healthcare. *Economic Computation & Economic Cybernetics Studies & Research*, 48(4), 145-158.
- Petrick, J. F. (2002). Development of a multi-dimensional scale for measuring the perceived value of a service. *Journal of Leisure Research*, 34(2), 119-134. <https://doi.org/10.1080/00222216.2002.11949965>
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Philadelphia: Wolters Kluwer Health.
- Pornpitakpan, C., Yuan, Y., & Han, J. H. (2017). The effect of salespersons' retail service quality and consumers' mood on impulse buying. *Australasian Marketing Journal*, 25(1), 2-11. <https://doi.org/10.1016/j.ausmj.2016.12.003>
- Qian, H., Li, G.-b., Chen, H.-x., & Zhang, D.-l. (2011). An exploratory research of patient perceived value in China. *Journal of Medical Marketing*, 11(4), 277-283. <https://doi.org/10.1177/1745790411424969>
- Ramez, W. S. (2012). Patients' perception of health care quality, satisfaction and behavioral intention: An empirical study in Bahrain. *International Journal of Business and Social Science*, 3(18), 131-141.
- Rand, L., Dunn, M., Slade, I., Upadhyaya, S., & Sheehan, M. (2019). Understanding and using patient experiences as evidence in healthcare priority setting. *Cost Effectiveness and Resource Allocation*, 17, 20. <https://doi.org/10.1186/s12962-019-0188-1>
- Raposo, M. L., Alves, H. M., & Duarte, P. A. (2009). Dimensions of service quality and satisfaction in healthcare: A patient's satisfaction index. *Service Business*, 3, 85-100. <https://doi.org/10.1007/s11628-008-0055-1>
- Rehman, S. U., Nietert, P. J., Cope, D. W., & Kilpatrick, A. O. (2005). What to wear today? Effect of doctor's attire on the trust and confidence of patients. *The American Journal of Medicine*, 118(11), 1279-1286. <https://doi.org/10.1016/j.amjmed.2005.04.026>
- Say, R. E., & Thomson, R. (2003). The importance of patient preferences in treatment decisions—challenges for doctors. *BMJ*, 327(7414), 542-545. <https://doi.org/10.1136/bmj.327.7414.542>
- Sholeh, M., & Chalidyanto, D. (2021). The effect of service quality on loyalty through patient satisfaction in outpatient of hospital X, Malang. *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)*, 10(2), 148-157. <https://doi.org/10.18196/jmmr.v10i2.10239>
- Suhita, B. M., Fajriah, A. S., & Acob, J. R. U. (2023). The determinant factors of patient satisfaction among outpatient and inpatient services in A Type B Hospital in Indonesia. *Jurnal Keperawatan Soedirman*, 18(1), 43-51. <https://doi.org/10.20884/1.jks.2023.18.1.7280>
- Wandebori, H., & Pidada, I. (2017). Revisit intention to hospital: Factors unveiled from a case study of balimed hospital. *Jurnal Manajemen Teori dan Terapan*, 10(3), 205-216.
- Wartiningih, M., Supriyanto, S., Widati, S., Ernawaty, E., & Lestari, R. (2020). Health promoting hospital: A practical strategy to improve patient loyalty in public sector. *Journal of Public Health Research*, 9(2). <https://doi.org/10.4081/jphr.2020.1832>
- White, C. J. (2006). Towards an understanding of the relationship between mood, emotions, service quality and customer loyalty intentions. *The Service Industries Journal*, 26(8), 837-847. <https://doi.org/10.1080/02642060601011624>
- Willems, J., & Ingerfurth, S. (2018). The quality perception gap between employees and patients in hospitals. *Health Care Management Review*, 43(2), 157-167. <https://doi.org/10.1097/hmr.0000000000000137>
- Wilson, A., Zeithaml, V., Bitner, M. J., & Gremler, D. (2012). *Services marketing: Integrating customer service across the firm* (2nd ed.). UK: McGraw Hill.
- Yu, C., Xian, Y., Jing, T., Bai, M., Li, X., Li, J., Liang, H., Yu, G., & Zhang, Z. (2023). More patient-centered care, better healthcare: The association between patient-centered care and healthcare outcomes in inpatients. *Frontiers in Public Health*, 11, 1148277. <https://doi.org/10.3389/fpubh.2023.1148277>
- Yubing, G., Ye, Z., Xin, X., & Xiaoqin, L. (2020). Exploring the relationship between service quality of private hospitals and patient loyalty from the perspective of health service. *Iranian Journal of Public Health*, 49(6), 3361. <https://doi.org/10.18502/ijph.v49i6.3361>
- Zeithaml, V. A. (1988). Consumer perceptions of price, quality, and value: A means-end model and synthesis of evidence. *Journal of Marketing*, 52(3), 2-22. <https://doi.org/10.1177/002224298805200302>
- Zifko-Baliga, G. M., & Krampf, R. F. (1997). Managing perceptions of hospital quality. *Marketing Health Services*, 17(1), 28-35.

Cite this article as: Noviyani, A., & Viwattanakulvanid, P. (2024). Exploring patients' perspectives on healthcare service quality in outpatient settings at a public hospital in Palembang, Indonesia: A qualitative study. *Belitung Nursing Journal*, 10(6), 703-711. <https://doi.org/10.33546/bnj.3594>