



QUALITY OF SERVICE AND ACCESSIBILITY OF HEALTH SERVICES AND ITS IMPLICATIONS ON PATIENT COMPLIANCE THROUGH PATIENT SATISFACTION AS AN INTERVENING VARIABLE IN THE MEDICAL REHABILITATION POLYCLINIC OF KEPULAUAN MERANTI DISTRICT HOSPITAL

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Article Info

ABSTRACT

This study is driven by the need to improve healthcare service quality to achieve patient satisfaction and compliance, particularly in medical rehabilitation, which plays a key role in restoring function for patients with chronic illnesses, disabilities, or injuries. Service quality includes promotive, preventive, curative, and rehabilitative aspects as mandated by Law No. 44/2009. Previous studies show that the SERVQUAL dimensions strongly influence satisfaction and patient behavior. At Kepulauan Meranti Regional Hospital, low patient compliance and declining outpatient visits remain major issues, worsened by limited rehabilitation facilities. Using a quantitative method with an associative and cross-sectional design, this study examined the effect of service quality and accessibility on patient satisfaction and adherence. The results indicated that service quality had a significant positive effect on satisfaction, while accessibility did not. Satisfaction significantly influenced adherence and acted as an intervening variable. Overall, the model explained only 25.7% of the variation in patient adherence.

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1. INTRODUCTION

According to Law No. 44 of 2009, a hospital is a healthcare institution that provides comprehensive individual healthcare services, including inpatient, outpatient, and emergency care. Comprehensive healthcare services encompass promotive, preventive, curative, and rehabilitative care (Law No. 44, 2009). Hospitals are required to provide optimal care to patients. Patient satisfaction is not solely measured by cure rates but also by other aspects, including patient care (Sondakh et al., 2023).

Service quality is the extent to which healthcare services improve desired outcomes based on current professional skills and knowledge. Several important factors influence patient assessments of medical services, including staff attitudes, the medical environment, and other factors (Sondakh et al., 2023). By understanding the quality of hospital services, management can conduct future evaluations of related issues. One indicator for assessing the quality of patient care is patient satisfaction. Patient satisfaction is the patient's assessment of the overall quality of medical services received (Lin, et al., 2021).

Parasuraman, Zeithaml, and Berry (1985) argued that there are five dimensions known as the SERVQUAL model of service quality: tangibility (the appearance of staff, equipment, and available facilities), reliability (the ability to provide accurate and reliable service), responsiveness (responsiveness in providing service), assurance (the ability to gain customer trust and confidence), and empathy (personal attention given to customers) (Anjayati, S., 2021). This finding is confirmed by research conducted by Wong in 2020, which analyzed patient satisfaction during treatment at healthcare facilities. Factors influencing patient satisfaction during hospital visits include medical services, communication with patients, waiting time, patient age, perception of their health condition, and patient education (Wong, et al., 2020).

Patient satisfaction is the extent to which patients are satisfied with the services provided by a hospital. Satisfaction with services can influence patient intention to return. Providing quality service can create positive perceptions and satisfy patients, thereby increasing trust. Patient revisit intentions are influenced by their experience based on the quality of care they received. Research conducted by Yani et al. in 2024 showed a significant relationship between reliability, assurance, tangibility, and responsiveness and readmission intentions at Rantauprapat Regional General Hospital. However, empathy was not significantly related to revisits. Therefore, this study recommends improving service quality, such as more informative doctor and nurse visit schedules (Yani, F. A., Agustina, D., & Gurning, F. P. 2022).

High-quality service is expected to increase patient satisfaction. Therefore, every area of the hospital must implement the highest quality of service. One hospital service that must continually improve its quality is medical rehabilitation. The medical rehabilitation clinic plays a role in improving the function of patients with disabilities, accidents, and certain diseases. The medical rehabilitation clinic plays a role in managing physiotherapy, speech therapy, and occupational therapy.

Based on research conducted by Kottke, Lehmann et al., only 50% of patients adhere to chronic disease treatment programs. In cases seen in medical rehabilitation services, ineffective treatment results in disability, ultimately limiting the patient's ability to carry out daily activities and productivity, resulting in a loss of income (Kottke, F.J., 1990).

A study conducted by Kasimbara et al. at Dr. Soepraoen Class II Hospital in Malang, involving 85 physiotherapy patients, showed a relationship between physiotherapy services and patient compliance. In this study, 6% of respondents reported poor compliance with physiotherapy appointments due to dissatisfaction with the facilities and equipment provided and a lack of empathy from the physiotherapists. Patient dissatisfaction with the facilities and infrastructure in this study was more related to the cleanliness and comfort of the rooms, the cleanliness and availability of medical and non-medical equipment, and the cleanliness of the bathrooms. Furthermore, the length of therapy also influenced respondents' perceptions of the quality of physiotherapy services. This is the basis for conducting research on the quality of medical rehabilitation services at the Meranti Islands Regency Hospital (Kasimbara, R.P., Abdullah, A., & Fau, Y.D. 2021).

Meranti Islands Regency, a regency in Riau Province, was established in 2009 and consists of three large islands: Merbau, Rangsang, and Tebing Tinggi, surrounded by hundreds of other smaller islands. The population of the Meranti Islands Regency in 2024 was 213,730 people. According to the poverty rate reported by the Central Statistics Agency (BPS), as of November 30, 2024, 23.15 percent, or 44,840,000 residents, were still living in poverty, the highest rate in Riau Province. As of 2025, the Meranti Islands Regency only had one hospital, the Meranti Islands Regency General Hospital (RSUD) (BPS).

The Meranti Islands Regency General Hospital (RSUD) is a Technical Implementation Unit (UPT) of the Meranti Islands Regency Health Office, classified as a Class C general hospital, providing professional healthcare services. RSUD is the only hospital in the easternmost regency of Riau Province. Currently, RSUD Kep. Meranti has a medical rehabilitation polyclinic with a schedule from Monday to Wednesday, and one medical rehabilitation specialist doctor for the past year with the status of a contract doctor for the Regional Public Service Agency (BLUD).

Based on data obtained from the Meranti Regency Health Office, there has been a decline in the number of outpatient visits to the Meranti Islands Regional General Hospital. This undoubtedly poses a challenge for the quality of healthcare services in the region. Data obtained from 2021 showed 30,712 people seeking treatment at the Meranti Islands Regional General Hospital, a 31% decrease in 2022. Total medical payments in 2021 were 26,592 BPJS payments, 3,715 certificates of poverty, and 5,920 general payments. This decline was felt across all aspects of the outpatient clinic. Since the hospital's establishment, medical rehabilitation services have not been able to provide financial support for outpatient services due to the lack of a specialist in medical rehabilitation. Instead, services have focused solely on inpatient care and physiotherapists. Therefore, there are still many needs to be addressed in the management of various diseases, especially in island areas far from adequate healthcare facilities (Meranti Islands Regency Health Office, 2024). The results of the 2020 Indonesian population census published by the Central Statistics Agency (BPS) showed that Indonesia's population was 270.2 million, with

9.78% of the elderly population. This indicates an increase in the number of elderly people compared to the previous year, and Indonesia is entering an aging population phase, with the percentage of elderly people exceeding 10% of the total population. The elderly population is vulnerable to health problems and disorders, one of which is stroke. Globally, 5.5 million people die from stroke, and stroke cases are expected to increase gradually to 21.9% by 2030 (BPS, 2021).

2. RESEARCH METHODS

This quantitative study uses an associative approach to determine the influence of service quality and service accessibility on patient satisfaction and compliance. The research design used was cross-sectional, where data was collected simultaneously at a specific point in time to determine the relationship between variables.

The reliability of a questionnaire for a research variable was tested using the Cronbach's Alpha coefficient. Nunnally, as cited in Ghazali and Priyatno (2013: 30), states that "a measuring instrument can be considered reliable if its reliability value is >0.600 ." Therefore, in this study, an instrument is considered reliable if its Cronbach's Alpha coefficient is >0.600 . The formula outlined above, including data processing, testing, and analysis to verify reliability, were performed using SPSS version 20 for Windows.

3. RESULT AND ANALYSIS

The concept of service quality is a vital component in various sectors, justifying an organization's success in meeting customer expectations. Generally, service quality is defined as the comparison between customer perceptions of the service received and their initial expectations. This aligns with the definition proposed by Parasuraman, Zeithaml, and Berry in 1988, who developed the SERVQUAL model to evaluate service quality based on five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Cahyaditya & Permadi, 2024).

Most studies show that service quality has a significant impact on customer satisfaction. For example, Pradipta et al. reported that health service quality positively and significantly influenced community satisfaction at the Klungkung I Community Health Center (UPTD Puskesmas Klungkung I) (Pradipta et al., 2024). A similar study by Rahayu and Wati revealed that service quality directly impacts customer satisfaction and has implications for customer loyalty (Rahayu & Wati, 2020). This suggests that organizations that focus on improving service quality are more likely to attract loyal and satisfied customers.

Furthermore, the factors that shape service quality also vary. A study by Mahendra et al. emphasized the importance of responsiveness and reliability in public services, where both elements are expected to improve service efficiency and user satisfaction (Mahendra et al., 2024). Research by Cesariana et al. emphasized that service quality and product quality significantly influence consumer decisions, strengthening the link between service quality and purchasing behavior (Cesariana et al., 2022). In the context of e-government, Sellfia et al. showed that digital-based service quality involves elements of support, capacity, and value that contribute to public assessments of government services (Sellfia et al., 2022).

Conversely, several studies also illustrate gaps in service quality. Yahya and Anugera showed that although service quality at the Pekanbaru Immigration Office was considered good, there were still shortcomings that needed to be addressed to further enhance public satisfaction (Yahya & Anugera, 2023). This implies that regular evaluation of service quality is crucial to continuously adapt to customer expectations and needs.

Furthermore, innovation in service delivery is also a determinant of quality. Pujilestari et al. found that tax and tax penalty awareness, with service quality as a moderating factor, contributed to taxpayer compliance (Pujilestari et al., 2021). This finding suggests that improving service quality not only impacts satisfaction but also influences the public's compliance behavior with their obligations.

In the healthcare context, Oktari et al. noted that good service quality can increase patient satisfaction levels using the Indonesia Healthy Card (KIS) system and is closely related to expectations regarding the services provided (Oktari et al., 2020). This suggests that service quality in the healthcare sector requires special attention, given its impact on public well-being.

Overall, service quality is a crucial aspect that must be a primary focus for organizations in their efforts to meet and even exceed customer expectations. Comprehensive analyses, such as those conducted in these studies, demonstrate that service quality can be categorized not only from an outcome perspective, but also from a process perspective and the ongoing development of innovations to meet the demands of the times and the needs of society.

The measurement of service quality is recognized in the SERVQUAL model introduced by Parasuraman, Zeithaml, and Berry, which includes five elements: tangibles, reliability, responsiveness, assurance, and empathy.

These dimensions play a crucial role in assessing how customers perceive the service provided and its impact on the user experience (Anjayati, 2021).

The first dimension, tangibles, refers to the physical aspects of the service, including facilities, equipment, and the appearance of staff. Research by Cahyono et al. shows that the appearance and physical condition of public services positively influence customer satisfaction (Cahyono et al., 2023). Users' experience of services is often influenced by these visual aspects, which can be attractive to customers.

Next, reliability is the ability to deliver promised services consistently and accurately. According to Júnior et al., the importance of reliability in the context of health insurance in Brazil indicates that customers tend to be more satisfied when they can rely on the service provided (Júnior et al., 2021). Other research also emphasizes that reliability is a key factor in building long-term relationships with customers (Zygiaris et al., 2022).

Responsiveness is a dimension that describes a service provider's responsiveness in responding to customer requests and complaints. This is particularly relevant in the context of public services, where service providers must be able to act quickly to meet customer expectations (Parantri et al., 2023). Ejdys and Gulg state that responsiveness to client needs is a key determinant in assessing service quality (Ejdys & Gulg, 2020).

The fourth dimension, assurance, encompasses the knowledge, skills, and ethics of service personnel, which can instill a sense of trust in customers. Research by Parasuraman et al. Research has shown that assurance or confidence can significantly increase user satisfaction, particularly in the healthcare sector (Anjayati, 2021). Similarities have been found in the real estate industry in Manila, where human resource management practices act as a mediator between service quality and customer satisfaction (Pascua & Japos, 2023).

Finally, empathy encompasses the attention given to each customer. Saliba and Zoran state that empathy is particularly important in higher education and healthcare contexts, where attention to individual student needs can enhance their experience and optimize satisfaction (Saliba & Zoran, 2023). This approach is also evident in research conducted by Oktari et al., which shows that the empathy dimension is crucial in the healthcare context (Oktari et al., 2020).

More than just dimensions, service quality is also influenced by various external and internal factors that interact within a broader context. Service quality is expected to maximize an inclusive measure of client well-being. Quality, as the level of excellence produced and documented in the diagnostic and therapeutic process, is based on the best knowledge derived from the sciences and humanities. Assessment of the quality of health services is carried out using 3 approaches, namely through the structural or input, process and results approaches (Donabedian, 1968).



Figure 1. Donabedian Theory Scheme

According to Figure 1, Donabedian defines service quality through three approaches: structural quality, process quality, and outcome quality. To ensure service quality, policies are necessary. These include improving the capacity and quality of healthcare services, establishing and implementing standards, improving human resource quality, implementing quality assurance, accelerating accreditation, enhancing cooperation and coordination, and enhancing community participation.

The results showed that service quality (X1) had a positive and significant effect on patient satisfaction (Z), with a regression coefficient of 0.345 and a significance level of 0.002 (<0.05). This finding indicates that the better the quality of service provided by the Medical Rehabilitation Polyclinic at the Meranti Islands Regency Hospital, the higher the level of patient satisfaction.

These results align with the SERVQUAL theory (Parasuraman, Zeithaml & Berry, 1988), which states that tangibles, reliability, responsiveness, assurance, and empathy are the primary indicators shaping perceptions of service quality. In the context of medical rehabilitation services, the availability of physiotherapy equipment, the friendliness of medical personnel, and the accuracy of therapy schedules are the factors that most influence patient perceptions.

Conceptually, this finding also supports Donabedian's (1968) Service Quality Model, which emphasizes that health care quality can be viewed from three main aspects: structure (facilities, resources), process (service process), and outcome (results/level of satisfaction and improvement in patient condition). Improved quality in service structure and process will positively impact outcomes in the form of patient satisfaction. These results are in line with previous research conducted by Ardhiangtyas et al (2024) which explains that good communication and empathy allow patients to feel more appreciated and cared for, which can increase their level of compliance with treatment programs.

Based on the results of multiple linear regression tests, it was found that the Service Quality variable (X1) has a positive but insignificant influence on the Patient Compliance variable (Y), with a regression coefficient (B)

value of 0.091 and a significance value of 0.345 (> 0.05). These results indicate that improving service quality does not directly increase patient compliance significantly at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital.

DISCUSSION

This section is also a significant part of the research articles and is also usually the longest part of an article. A discussion of the research presented in this section is the result of the process of data analysis, such as statistical calculations or other methods for the achievement of its study. Please present the discussion narratively.

If the article presents direct quotations, excerpts from transcripts, or interview, use this format:

Use these questions as guidelines in formulating synthesis/discussion: Are the claims in this section supported by the results, do they seem reasonable? 2) Have the authors indicated how the results relate to expectations and earlier research? 3) Does the article support or contradict previous theories?

Referencing in the body of the article uses braces: (...); an example with one author: (Ilham, 2018); two authors: (Ilham & Firman, 2017), and three to five authors: (Ilham, Firman, & Iksan, 2018) for the first mention and (Ilham et al., 2018) for the subsequent mentions. Names of authors can also be mentioned outside the braces, e.g., Ilham & Efendi (2017), following the writing style. For direct quotation or particular facts, the page number (numbers) is needed; e.g.: (Nurgiyantoro & Efendi, 2017: 144), (Nurgiyantoro & Efendi, 2017: 144-146). It is advised not to use too many direct quotations. Should one be used, it is written in the (".....") format in the paragraph for the quote of fewer than 40 words. For a direct quote of more than 40 words, it is written in a separate block (outside the paragraph), half an inch indented from the left margin, with no quotation marks, and followed by (name of the author, year: page number). For a core statement taken from several references, all the sources should be acknowledged in alphabetical order using a semicolon (;); e.g. (Firman, 2012; Ilham, 2012; Iksan, Hisbullah, & Burhan, 2018). For translated sources, the author of the sourcebook, year of the translation, and title of the sourcebook are mentioned. In the case of referencing two sources with the same author and year, the lower-case letters are used after the year, e.g.: (Syihab, 2012a) and Syihab (2012b).

4. CONCLUSION

Based on the results of data analysis and hypothesis testing that have been conducted, this study concludes that the variable Service Quality (X1) is proven to have a positive and significant influence on Patient Satisfaction (Z), which means the better the quality of service provided, the higher the level of patient satisfaction. Conversely, the variable Service Accessibility (X2) does not show a significant influence on Patient Satisfaction, so that ease of access has not been a major factor determining satisfaction in the context of this study. In addition, Patient Satisfaction (Z) is proven to have a positive and significant influence on Patient Compliance (Y), indicating that the more satisfied patients are with the services received, the higher their level of compliance with recommendations or treatment from health workers. Meanwhile, Service Quality (X1) and Service Accessibility (X2) do not have a direct influence on Patient Compliance (Y), but Service Quality has an indirect influence through Patient Satisfaction as an intervening variable. Simultaneously, the three variables, namely Service Quality, Service Accessibility, and Patient Satisfaction, have a significant effect on Patient Compliance, although the coefficient of determination (R^2) value of 0.257 indicates that the model is only able to explain 25.7% of the Patient Compliance variable, while the remaining 74.3% is influenced by other factors not included in this study.

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