Indonesian Marketing Journal Vol. 4, No. 1, April 2024
Faculty of Economics and Business
Pelita Harapan University

THE RELATION BETWEEN WAITING TIME, FACILITY AVAILABILITY, AND HEALTHCARE WORKERS' ATTITUDE ON PATIENT SATISFACTION IN PRIMARY HEALTHCARE FACILITIES IN CURUG, TANGERANG: A CROSS-SECTIONAL STUDY

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ABSTRACT

Patient satisfaction is a crucial indicator of healthcare quality, particularly in primary healthcare facilities, where service efficiency and accessibility play a key role. This study focuses on analyzing the impact of waiting time, facility availability, and healthcare worker attitude on patient satisfaction at primary level healthcare facilities in Curug, Tangerang. A cross-sectional study was conducted using a Google Form questionnaire, collecting 373 responses from randomly selected patients (healthcare recipients). The results indicate that all three factors significantly influence patient satisfaction (physical facilities had a positive coefficient of 0.545, p = 0,000; service time showed a significant impact with a coefficient of 0.564, p = 0.000; healthcare worker's attitude also had a coefficient of 0.564, p = 0.000). These findings emphasize the need for improved facility conditions, efficient service time management, and enhanced healthcare worker training to optimize patient satisfaction. Strengthening these areas in primary healthcare settings can enhance public trust and utilization of primary care services, ultimately contributing to overall public health improvement.

Keywords: Attitude; Availability of Facilities; Healthcare Worker; Patient Satisfaction; Primary Level Healthcare; Waiting Time

INTRODUCTION

Patient satisfaction is an indicator of feelings that arise after evaluating the difference between the services provided to the patient and the expectations or hopes given by the health worker to the patient (Wang et al., 2023). Patient satisfaction is a factor that influences loyalty, compliance with instructions from medical personnel, overall outcomes medical care, to reduce the level of malpractice that has the potential to occur (Eisenberg, 2020). Every factor involved in health services, such as health worker-patient interactions, health facilities, how to dress, and communicating with patients influences the expectations of patients, the expectations of health workers themselves, along the course of the disease, and the outcome of handling complaints patient (Wang et al., 2023; Eisenberg, 2020).

According to data from the Indonesian Ministry of Health in 2015, approximately 67% of patients expressed dissatisfaction with the healthcare services they received. Patient dissatisfaction while receiving treatment can be caused by various factors such as misidentification, especially in the intensive care unit, operating room, and emergencies. Poor communication is a key factor contributing to public dissatisfaction with healthcare services, leading to a decline in public trust in healthcare workers and facilities (Tiwary et al., 2019).

The Community Health Center is a healthcare facility focused on public health initiatives and primary individual health services, with an emphasis on promotion, and prevention within its service area (*Kementrian Kesehatan Republik Indonesia*, 2016). This level of satisfaction is closely linked to the outcomes of healthcare services, including both medical and non-medical factors, such as patient adherence to treatment, comprehension of medical information, and continuity of care. The common complaints experienced by patients at community health centers cannot be separated from the unavailability of adequate health personnel and medicines, unavailability of facilities, long waiting times, as well as the behavior and attitudes of staff towards patients, where this results in a low level of patient trust regarding the services provided, causing a decline in public interest in obtaining services at primary health facilities (Kusumawati et al., 2023).

This study examines how waiting time, facility availability, and healthcare worker attitudes affect patient satisfaction at primary healthcare facilities. The findings of this research are intended to offer suggestions for enhancing services at primary healthcare facilities.

LITERATURE REVIEW

According to Law No. 36 of 2014 of the Republic of Indonesia on Health Workers, health workers are individuals who commit themselves to the healthcare sector and possess knowledge and/or skills gained through education in this field, with certain roles requiring the authority to perform healthcare activities. The goal of health services is to enhance awareness, progress, and the ability to live healthily for all individuals, ultimately achieving the highest standard of public health as an investment in the economy.

Health workers themselves have an obligation to deliver services that adhere to established professional standards and ethical guidelines. Quality health services are expected to produce a positive effect on patients and society. The level of healthcare quality according to patients is assessed by the way health workers empathize and respect patients, where this is considered a need and influences patient satisfaction (Amir & Noerjoedianto, 2017).

Patient satisfaction is a crucial measure of healthcare service quality and is influenced by various factors, including facility availability, waiting time, and healthcare worker attitudes. This study adopts the SERVQUAL Model (Service Quality Model) as the theoretical

foundation, which evaluates service quality based on five key dimensions: Tangibles, Reliability, Responsiveness, Assurance, and Empathy. In the context of this research**,** facility availability aligns with the tangibles dimension, as well-maintained facilities, equipment, and cleanliness play a vital role in shaping patient experiences. Waiting time is closely related to **responsiveness**, where shorter waiting periods enhance satisfaction, whereas excessive delays contribute to dissatisfaction. Meanwhile, healthcare worker attitudes correspond to the assurance and empathy dimensions, as professional, courteous, and compassionate interactions foster trust and improve patient perceptions of care. By utilizing the SERVQUAL framework, this study aims to assess how these independent variables impact patient satisfaction at primary healthcare facilities in Curug, Tangerang. Understanding these relationships can provide valuable insights into improving service quality and optimizing patient experiences in primary care settings (Jonkisz et al., 2022).

1. **Waiting Time**
   Waiting time can be defined as the duration it takes for a patient to receive health services, starting from the registration process to obtaining medication (Paramesthi & Prayoga, 2023). In service, waiting time is an important factor, which is the initial stage that determines the first impression for the patient and plays a big role in creating a good experience (Fitri & Hidayati, 2021). Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 129/Menkes/SK/IV/2008, the standard waiting time for outpatient services is a maximum of 60 minutes. Long waiting times can have a negative impact on patient satisfaction with health services, as well as contributing to increased mismanagement or ineffective treatment, reducing patient loyalty and causing patients to seek services from other providers (Wijayanti et al., 2023). Therefore, waiting time is a component that needs to be considered for smooth service and patient satisfaction.
2. **Facilities Availability**
   Patient satisfaction is influenced by various types of factors. The availability and quality of facilities also contribute to building a comfortable atmosphere, which will influence client perceptions and assessments (Ferreira et al., 2023). External factors, such as the availability of parking spaces, and cleanliness of facilities also affect patient satisfaction levels (Alibrandi et al., 2023). Apart from that, patients in a work environment with good facilities also have a higher potential to provide good assessments of health facilities, which ultimately contributes to patient loyalty and satisfaction. Facility maintenance, including the condition of the building and medical equipment, is critical to patient safety. In addition, the patient room layout of beds provides comfort, maintains privacy, reduces stress for the patient's family, which also affects patient safety and satisfaction (Ferreira et al., 2023).
3. **Attitude of Healthcare Workers**
   Health facilities provide medical services, care, and other medical support to the community through available health personnel, with the aim of meeting health needs in the community. For this reason, the factors that influence the need for quality health services in the community need to be understood by health workers. The attitude of health workers greatly influences patient satisfaction, and it is crucial for them to always show an empathetic, caring, and professional attitude in every interaction to create a satisfying service experience for patients (Kalaja, 2023). In a study by Peratiwi et al. (2021), it is found that empathetic relationship between health workers and patients shows high significance in patient satisfaction parameters. A meta-analysis by Rahayuningsih & Cahyaningrum, (2023) also showed similar results. Various research results also show that the friendliness of health workers contributes to patient compliance in following medical instructions, supports patient openness, and encourages patient loyalty to continue having

examinations in the same place, which highlights the influence of the attitude of health workers toward patient satisfaction (McCauley et al., 2021; Barker et al., 2023).

4. Patient Satisfaction

The satisfaction level can be interpreted as the difference between perceived performance and customer expectations. If performance is below expectations, customers will feel disappointed, and vice versa (Muphimin & Djaddang, 2024). Indicators of community satisfaction are measured by health service recipients who receive health services, either directly or indirectly by health workers. Patient satisfaction has an important role in assessing the quality of health services and the overall outcomes of institutions that provide health services (Rahayuningsih & Cahyaningrum, 2023). Several factors such as age, gender, education, ethnicity, marital status, and socioeconomic status can influence patient satisfaction with health services. The study found that older patients had lower expectations compared to younger patients. Gender is also reported to contribute to service expectations, with women having lower expectations compared to men (Kalaja, 2023). Effective communication and good collaboration between doctors and patients play an important role in increasing patient satisfaction (Iman & Lena, 2017). Patients have their expectations regarding the attitude shown by medical personnel, where doctors and nurses are expected to be able to communicate, be friendly, and provide explanations that are easy to understand and precise regarding test results, diagnosis, treatment, and health patterns that must be followed. Studies found that the better the quality of communication felt by the patient, the higher the level of satisfaction (Peratiwi et al., 2021). Based on the service aspect, a study from Ghosh (2014) hypothesizes that providing effective training to nurses, doctors and support staff related to good interpersonal and communication skills can increase patient satisfaction. Therefore, the provision of service quality has a major influence on all components of health services.

RESEARCH METHOD

This type of research is quantitative research with the study used being an observational analytical study with data collection methods using a cross-sectional design. The sample obtained using a random sampling technique was 373 people, where respondents were selected randomly using a number generator from list of patients who had received services at primary healthcare facilities in Curug, Tangerang. This sampling method ensures each patient had an equal chance of being chosen which minimizes selection bias and to ensure a representative sample. The number of samples was determined using the Cochrane Method. Data collection will be taken through distributing questionnaires on Google Forms. The questionnaire used has been prepared with questions that reflect the research subjects' answers related to service satisfaction, waiting time, the attitude of health workers, and availability of facilities. The data will be processed using a computer statistical program to see the distribution of the data. The statistical test used is Chi Square test to know the relationship of independent variables, namely waiting time, facilities availability, and health workers' attitude on a dependent variable, namely patient satisfaction, then continued with a regression test to see how significant each variable contributes to patient satisfaction.

RESULTS AND DISCUSSION

Univariate Analysis Test Results

1. Patient Satisfaction (Y)

Table 1. Frequency Distribution of Respondents Based on Patient Satisfaction (Y)

Patient Satisfaction (Y)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Safe enough	4	1.1	1.1	1.1
	Safe	76	20.4	20.4	21.4
	Very safe	293	78.6	78.6	100.0
	Total	373	100.0	100.0	

Source: Processed Primary Data (2024)

Based on the data presented, the level of patient satisfaction in Curug, Tangerang who received treatment/service at primary health facilities shows that the majority of patients feel very safe, with a frequency of 293 people (78.6% of the total respondents). 76 people (20.4%) stated that the service felt safe and 4 people (1.1%) rated the service as safe enough.

2. Physical Facilities (X1)

Table 2. Frequency Distribution of Respondents Based on Physical Facilities (X1)

Physical Facilities (X1)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not good	3	.8	.8	.8
	Good enough	7	1.9	1.9	2.7
	Good	90	24.1	24.1	26.8
	Very good	273	73.2	73.2	100.0
	Total	373	100.0	100.0	

Source: Processed Primary Data (2024)

Based on the results, the physical facilities felt by patients in Curug, Tangerang who were treated/served at primary health facilities showed that the majority of patients felt very good, with a frequency of 273 people (73.2% of the total respondents). As many as 90 people (24.1%) stated that the physical facilities felt good, 7 people (1.9%) rated the physical facilities as quite good, and 3 people (0.8%) rated the physical facilities as not good.

3. Service Time (X2)

Table 3. Frequency Distribution of Respondents Based on Service Time (X2)

Service Time (X2)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not very good	1	.3	.3	.3
	Not good	3	.8	.8	1.1
	Good enough	6	1.6	1.6	2.7
	Good	76	20.4	20.4	23.1
	Very good	287	76.9	76.9	100.0
	Total	373	100.0	100.0	

Source: Processed Primary Data (2024)

From the data shown, the service time felt by patients in Curug, Tangerang who seek treatment/served at primary health facilities shows that the majority of patients feel very good, with a frequency of 287 people (76.9% of the total respondents). A total of 76 people (20.4%) stated that the service time felt good, 6 people (1.6%) rated the service time as fair, only 3 people (0.8%) rated the service time as not good, and only 1 person (0.3%) rated the service time as very not good.

4. Attitude of Healthcare Worker (X3)

Table 4. Frequency Distribution of Respondents Based on Attitude of Worker (X3)

Attitude of Healthcare Worker (X3)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not good	6	1.6	1.6	1.6
	Good enough	1	.3	.3	1.9
	Good	79	21.2	21.2	23.1
	Very good	287	76.9	76.9	100.0
	Total	373	100.0	100.0	

Source: Processed Primary Data (2024)

As shown by the table, the attitude felt by patients in Curug, Tangerang who are treated/served at primary health facilities shows that the majority of patients feel very good, with a frequency of 287 people (76.9% of the total respondents). As many as 79 people (21.2%) stated that the attitude felt good, 1 person (0.3%) rated the attitude as quite good, and 6 people (1.6%) rated the attitude as not good.

Bivariate Analysis Test Results

1. Chi Square Test of the Relation between Physical Facilities and Patient Satisfaction

Table 5. Cross Tabulation of Patient Satisfaction with Physical Facilities

Crosstab							
			Physical Facilities (X1)				
			Not good	Good enough	Good	Very good	Total
Patient Satisfaction (Y)	Safe enough	Count	2	1	1	0	4
		% within Patient Satisfaction (Y)	50.0%	25.0%	25.0%	0.0%	100.0%
	Safe	Count	1	5	41	29	76
		% within Patient Satisfaction (Y)	1.3%	6.6%	53.9%	38.2%	100.0%
	Very safe	Count	0	1	48	244	293
		% within Patient Satisfaction(Y)	0.0%	0.3%	16.4%	83.3%	100.0%
Total		Count	3	7	90	273	373
		% within Patient Satisfaction(Y)	0.8%	1.9%	24.1%	73.2%	100.0%

Source: Processed Primary Data (2024)

Based on the data above, the cross tabulation table contains information on the relation between the patient satisfaction variable and the physical facilities of patients in Curug, Tangerang who seek treatment/served at primary health facilities. Patients in Curug, Tangerang who seek treatment/service at primary health facilities in the category of patient satisfaction are safe enough for 2 people (50.0%) with poor physical facilities, 1 person (25.5%) with fair physical facilities, 1 person (25.0%) with good physical facilities, and 0 people (0.0%) with very good physical facilities.

Patients in Curug, Tangerang who seek treatment/served at primary health facilities in the category of safe patient satisfaction were 1 person (1.3%) with poor physical facilities, 5 people (6.6%) with fair physical facilities, 41 people (53.9%) with good physical facilities, and 29 people (38.2%) with very good physical facilities.

Patients in Curug, Tangerang who seek treatment/served at primary health facilities (Puskesmas) in the category of very safe patient satisfaction were 0 people (0.0%) with poor physical facilities, 1 person (0.3%) with fair physical facilities, 48 people (16.4%) with good physical facilities, and 244 people (83.3%) with very good physical facilities.

Statistical hypothesis:

H0: There is no relation between physical facilities and patient satisfaction in Curug, Tangerang who are treated/served at primary health facilities.

H1: There is a relation between physical facilities and patient satisfaction in Curug, Tangerang who are treated/served at primary health facilities.

Table 6. Chi Squared Test of Physical Facilities on Patient Satisfaction

Chi-Square Tests						
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	202.039[a]	6	.000	.000		
Likelihood Ratio	85.919	6	.000	.000		
Fisher's Exact Test	87.657			.000		
Linear-by-Linear Association	99.586[b]	1	.000	.000	.000	.000
N of Valid Cases	373					
a. 7 cells (58.3%) are expected to count less than 5. The minimum expected count is .03.						
b. The standardized statistic is 9.979.						

Source: Processed Primary Data (2024)

The table shows that there are 7 (58.3%) expected cells less than 5, which means that the requirements for using the Pearson Chi Square Test are not met thus Fisher's Exact test is used. Based on the results, the Fisher's Exact significance value is 0.000. Because the significance value is less than the alpha value (<0.05), H0 is rejected, this shows that there is a relation between physical facilities and patient satisfaction in Curug, Tangerang who seek treatment/are served at primary health facilities. This means that the level of physical facilities is related to patient satisfaction in Curug, Tangerang who seek treatment/are served at primary health facilities. This also shows that there is a significant effect of physical facilities on patient satisfaction in Curug, Tangerang who seek treatment/are served at primary health facilities.

2. Chi Square Test of the Relation between Waiting Time and Patient Satisfaction

Table 7. Cross Tabulation of Patient Satisfaction with Waiting Time

Crosstab								
			Waktu Pelayanan (X2)					
			Very Poor	Poor	Fair	Good	Very Good	Total
Patient Satisfaction (Y)	Safe enough	Count	1	1	2	0	0	4
		% within Patient Satisfaction (Y)	25.0%	25.0%	50.0%	0.0%	0.0%	100.0%
	Safe	Count	0	2	4	35	35	76

		% within Patient Satisfaction (Y)	0.0%	2.6%	5.3%	46.1%	46.1%	100.0%
	Very safe	Count	0	0	0	41	252	293
		% within Patient Satisfaction (Y)	0.0%	0.0%	0.0%	14.0%	86.0%	100.0%
Total		Count	1	3	6	76	287	373
		% within Patient Satisfaction (Y)	0.3%	0.8%	1.6%	20.4%	76.9%	100.0%

Based on the output above, the cross-tabulation table contains information on the relation between the patient satisfaction variable and service waiting time for patients in Curug, Tangerang who seek treatment/are served at primary health facilities. Patients in Curug, Tangerang who seek treatment/are served at primary health facilities in the category of patient satisfaction are safe enough category include 1 person (25.0%) with very poor service waiting time, 1 person (25.0%) with poor service waiting time, 2 people (50.0%) with fair service waiting time, 0 people (0.0%) with good service waiting time, and 0 people (0.0%) with very good service waiting time.

Patients in Curug, Tangerang who seek treatment/are served at primary health facilities in the safe patient satisfaction category include 0 people (0.0%) with very poor service waiting time, 2 people (2.6%) with poor service waiting time, 4 people (5.3%) with fair service waiting time, 35 people (46.1%) with good service waiting time, and 35 people (46.1%) with very good service waiting time.

Patients in Curug, Tangerang who seek treatment/are served at primary health facilities in the very safe patient satisfaction category include 0 people (0.0%) with very poor service waiting time, 0 people (0.0%) with poor service waiting time, 0 people (0.0%) with fair service waiting time, 41 people (14.0%) with good service waiting time, and 252 people (86.0%) with very good service waiting time.

Statistical Hypotheses:

H0: There is no relation between Service Waiting Time and Patient Satisfaction for patients in Curug, Tangerang treated/served at primary health facilities.

H1: There is a relation between Service Waiting Time and Patient Satisfaction for patients in Curug, Tangerang treated/served at primary health facilities.

3. Chi Square Test of the Relation between Healthcare Workers Attitude and Patient Satisfaction

Table 8. Cross Tabulation of Patient Satisfaction with Attitudes

Crosstab					
	Attitude (X3)				
	Not good	Good enough	Good	Very good	Total

Patient Satisfaction (Y)	Safe enough	Count	2	1	1	0	4
		% within Patient Satisfaction (Y)	50.0%	25.0%	25.0%	0.0%	100.0%
	Safe	Count	4	0	35	37	76
		% within Patient Satisfaction (Y)	5.3%	0.0%	46.1%	48.7%	100.0%
	Very safe	Count	0	0	43	250	293
		% within Patient Satisfaction(Y)	0.0%	0.0%	14.7%	85.3%	100.0%
Total		Count	6	1	79	287	373
		% within Patient Satisfaction (Y)	1.6%	0.3%	21.2%	76.9%	100.0%

Source: Processed Primary Data (2024)

Based on the output above, it is known that the cross tabulation table contains information on the relation between the patient satisfaction variable and the Attitude of patients in Curug, Tangerang who seek treatment/served at primary health facilities. Patients in Curug, Tangerang who seek treatment/service at primary health facilities in the category of Patient Satisfaction are quite safe as many as 2 people (50.0%) with a bad attitude, 1 person (25.0%) with a fairly good attitude, 1 person (25.0%) with a good attitude, and 0 people (0.0%) with a very good attitude.

Patients in Curug, Tangerang who seek treatment / are served at primary health facilities safe patient satisfaction category are 4 people (5.3%) with a not good attitude, 0 people (0.0%) with a fair attitude, 35 people (46.1%) with a good attitude, and 37 people (48.7%) with a very good attitude.

Patients in Curug, Tangerang who seek treatment/served at primary health facilities (Puskesmas) patient satisfaction category is very safe as many as 0 people (0.0%) with a not good attitude, 0 people (0.0%) with a fair attitude, 43 people (14.7%) with a good attitude, and 250 people (85.3%) with a very good attitude.

Statistical hypothesis:

H0: There is no relation between attitudes towards patient satisfaction in Curug, Tangerang who are treated/served at primary health facilities.

H1: There is a relation between attitudes toward patient satisfaction of patients in Curug, Tangerang who are treated/served at primary health facilities.

Table 9. Chi Square Test of Attitudes Toward Patient Satisfaction

Chi-Square Tests						
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability

Pearson Chi-Square	203.224[a]	6	.000	.000		
Likelihood Ratio	73.277	6	.000	.000		
Fisher's Exact Test	74.688			.000		
Linear-by-Linear Association	83.839[b]	1	.000	.000	.000	.000
N of Valid Cases	373					
a. 8 cells (66.7%) are expected to count less than 5. The minimum expected count is .01.						
b. The standardized statistic is 9.156.						

Source: Processed Primary Data (2024)

The table shows that there are 8 (66.7%) expected cells less than 5, which means that the requirements for using the Pearson Chi Square Test are not met, so the Fisher's Exact test is used as an alternative test. Based on the output results, the Fisher's Exact significance value is 0.000. The significance value is less than the alpha value (<0.05), so H0 is rejected. This shows that there is a relation and significant influence between attitudes towards patient satisfaction in Curug, Tangerang who are treated/served at primary health facilities. This means that the level of Attitude is related to patient satisfaction in Curug, Tangerang who are treated/served at primary health facilities.

Simple Regression Analysis Test Results

Simple regression analysis was conducted to determine the influence of variable X on variable Y. The following are the results of simple regression:

1. Significance Test of Individual Parameters (t-Statistic Test)

Table 10. Significance Test of Individual Parameters (t-Statistic Test)

Influence of Variables	Regression Coefficient	t-count	*P-value*	Conclusion
Physical Facilities (X1) -> Patient Satisfaction (Y)	0.543	15.438	0.000	There is a correlation
Service Time (X2) -> Patient Satisfaction (Y)	0.564	17.274	0.000	There is a correlation
Attitude (X3) -> Patient Satisfaction (Y)	0.564	15.281	0.000	There is a correlation

Source: Processed Primary Data (2024)

Several things can be concluded from the test result above as follows:

a) Testing the influence between Physical Facilities (X1) on Patient Satisfaction (Y) obtained a coefficient value of 0.543 with a significance value of 0.000, because the significance value <0.05, there is a significant influence between Physical Facilities (X1) on Patient Satisfaction (Y). Given that the coefficient is positive indicates that the relation between the two is positive, the higher the respondents perceive Physical Facilities (X1) will result in higher Patient Satisfaction (Y), and vice versa.

b) Testing the influence between Service Time (X2) on Patient Satisfaction (Y) obtained a coefficient value of 0.564 with a significance value of 0.000, because the significance value <0.05, there is a significant influence between Service Time (X2) on Patient Satisfaction (Y). Given that the coefficient is positive and indicates that the relation between the two is positive, the higher the respondents perceive Service Time (X2) will result in higher Patient Satisfaction (Y), and vice versa.

c) Testing the influence between Attitude (X3) on Patient Satisfaction (Y) obtained a coefficient value of 0.564 with a significance value of 0.000, because the significance value <0.05 then there is a significant influence between Attitude (X3) on Patient Satisfaction (Y). The positive coefficient indicates that the relation between the two is positive, meaning that the higher the respondent perceives Attitude (X3) will result in higher Patient Satisfaction (Y), and vice versa.

Coefficient of Determination Test

The coefficient of determination (R2) is used to determine the magnitude of the contribution value or influence between independent variables, namely Physical Facilities (X1), Service Time (X2), and Attitude (X3) on the dependent variable, namely on the Patient Satisfaction variable (Y). The coefficient of determination (R2) value is as follows:

Table 11. Determination Coefficient Test

Influence of Variables	Determination Coefficient	Determination Coefficient (%)
Physical Facilities (X1) -> Patient Satisfaction (Y)	0.391	39.10%
Service Time (X2) -> Patient Satisfaction (Y)	0.446	44.60%
Attitude (X3) -> Patient Satisfaction (Y)	0.386	38.60%

Source: Processed Primary Data (2024)

Part of the result of the multiple linear regression test is shown in the table above which can be referred to as the Coefficient of Determination Analysis (R2). This analysis is used as a measure of the influence of Physical Facilities (X1), Service Time (X2), and Attitude (X3) on the dependent variable, namely Patient Satisfaction (Y). The table above shows that the R Square (R2) value is 0.391, 0.446, and 0.386 which can be concluded that Physical Facilities (X1), Service Time (X2), and Attitude (X3) influence 39.1%, 44.6%, and 38.6% while the remaining 60.9%, 55.4%, and 61.4% are influenced by other variables not examined by researchers.

CONCLUSION

This study reinforces the critical role of facility availability, waiting time, and healthcare workers' attitudes in shaping patient satisfaction at primary healthcare facilities. The findings reveal that improving facility conditions ($\beta = 0.543$, $p = 0.000$), reducing waiting times ($\beta = 0.564$, $p = 0.000$), and fostering positive healthcare worker interactions ($\beta = 0.564$, $p = 0.000$) significantly enhance patient satisfaction. These results highlight the necessity for healthcare administrators to prioritize infrastructure improvements, streamline service delivery, and invest in staff training to optimize patient experiences. This research has limitations such as the sample may also not fully represent all patient demographics in Curug, Tangerang, potentially limiting the generalization of the findings to other regions or populations, so we recommend that future researchers consider conducting the same research in other areas or on several primary level health facilities.

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