INTERNATIONAL JOURNAL OF SOCIAL SCIENCE, EDUCATIONAL, ECONOMICS, AGRICULTURE RESEARCH AND TECHNOLOGY (IJSET) | ISSN (E): 2827-766X
Website: https://ijset.org/ | Volumes 5 No. 8 (2026)

ANALYSIS OF HEALTH SERVICE QUALITY BASED ON SERVQUAL DIMENSIONS AT UPTD HEALTH CENTER TEGALBULEUD SUKABUMI REGENCY

Riki Windiansah[1]*, Tuah Nur[2], Yana Fajar FY Basori[3]
Universitas Muhammadiyah Sukabumi
E-mail: rikiwindiansah@ummi.ac.id[1]*, tuahnur@ummi.ac.id[2], yanafajarbasori@ummi.ac.id

Received: 11/06/2026 | **Revised** : 20/06/2026 | **Accepted:** 10/07/2026 | **Published** :16/07/2026

Abstract

Healthcare service quality is a key indicator for evaluating the effectiveness of public service delivery in the health sector. As a primary healthcare facility, the Community Health Center (*Health Center*) is expected to provide high-quality, professional, and patient-oriented services to meet community needs. This study aims to analyze the quality of healthcare services at the UPTD Tegalbuleud Community Health Center, Sukabumi Regency, based on the five SERVQUAL dimensions, namely Tangibles, Reliability, Responsiveness, Assurance, and Empathy, and to identify the supporting and inhibiting factors affecting service quality. This study employed a descriptive qualitative approach. Data were collected through observations, in-depth interviews, and documentation involving the head of the community health center, healthcare professionals, administrative staff, and patients selected using purposive sampling. Data were analyzed using the interactive model of Miles, Huberman, and Saldaña, including data collection, data condensation, data display, and conclusion drawing and verification. Data credibility was ensured through source triangulation, technique triangulation, and member checking. The findings indicate that the overall quality of healthcare services at the UPTD Tegalbuleud Community Health Center has been implemented effectively across all SERVQUAL dimensions. However, several challenges remain, including inadequate waiting room facilities, limited healthcare personnel, and high patient volumes that affect service responsiveness. Supporting factors include healthcare personnel competency, the implementation of standard operating procedures, and organizational commitment to continuous service quality improvement. The findings provide practical implications for healthcare managers and local governments in developing strategies to enhance patient-centered healthcare service quality.

Keywords: Assurance; Healthcare Service Quality; Health Center; Public Service; SERVQUAL.

INTRODUCTION

The quality of health services is one of the main indicators in evaluating the success of the implementation of public services in the health sector. Quality health services not only reflect the effectiveness of service delivery, but are also an important factor in increasing public trust in government health institutions. As public awareness of the right to obtain quality health services increases, health service providers are required to be able to provide services that are fast, precise, safe, transparent, and oriented towards community satisfaction. Therefore, improving the quality of health services is one of the priorities for health development in various countries, including Indonesia (Ahmed et al., 2024; Fatima et al., 2023).

In Indonesia, the government places the Community Health Center (Health Center) as a first-level health service facility that has a strategic role in providing promotive, preventive, curative, and rehabilitative services. The existence of the Health Center is the spearhead of the national health service system because it is in direct contact with the community. Therefore, the quality of services provided by the Health Center is one of the indicators of the government's success in realizing effective, efficient, and community-oriented public services. The improvement of service quality at the Health Center is not only determined by the availability of physical facilities, but also influenced by the competence of health workers, the speed of service, the administrative system, the communication of officers, and the ability of the organization to meet the expectations of patients. Various studies show that quality health services have a positive relationship with patient satisfaction, loyalty of service users, and improving the image of health care institutions.

The most widely used service quality concept in evaluating health services is the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry. This model explains that public perception of service quality is influenced by five main dimensions, namely Tangible, Reliability, Responsiveness, Assurance, and Empathy. These five dimensions are still the most widely used instruments in health care research because they are able to illustrate the gap between patient expectations and the services received. Various international studies show that the SERVQUAL dimension is still relevant to be used as a tool for evaluating the quality of health services in various types of health facilities, including hospitals and health centers.

Although the government continues to make various efforts to improve the quality of services through accreditation of health centers, digital transformation, and strengthening primary services, various health service problems are still found in the field. Systematic research on the quality of health services shows that the largest gaps still occur in the dimensions of Tangibles, Empathy, and Responsiveness, which is shown by limited facilities, long waiting times for services, less than optimal communication between health workers, and low attention of staff to patient needs. This condition shows that improving the quality of service does not only depend on the provision of infrastructure, but also requires strengthening a patient-oriented service culture.

UPTD Tegalbuleud Health Center Sukabumi Regency is one of the first-level health service facilities responsible for providing health services to the community in the Tegalbuleud District area. As a Health Center that has implemented accreditation standards, UPTD Tegalbuleud Health Center is expected to be able to provide services in accordance with the Minimum Service Standards (SPM) in the health sector. However, the results of initial observations show that there are still several phenomena that indicate that the quality of health services is not optimal. Some of the problems found include limited waiting room facilities, damage to service support facilities, inconsistency in doctors' service times, lack of optimal communication between health workers and patients, and public complaints about the attitude of officers who are considered less responsive to patient needs. In addition, various public reviews published through digital media also show dissatisfaction with several aspects of health services provided by the Tegalbulleud Health Center UPTD. This condition shows that the quality of health services still requires a comprehensive evaluation based on the direct experience of service users.

Research on the quality of health services has actually been carried out a lot. Ramadhan et al. (2021) found that limited physical facilities and slow service are still the main causes of low community satisfaction at Health Center. Darmini et al. (2021) explained that the COVID-19 pandemic has caused significant changes to the pattern of primary health services. Nugroho et al. (2023) stated that the implementation of Health Center accreditation is able to improve service standards, but has not completely overcome various operational obstacles in the field. At the international level, the latest systematic review also shows that the majority of research still focuses on the relationship between service quality and patient satisfaction using a quantitative approach, so there has not been much exploration of the experience of service users in depth.

Based on the study, there is still a research gap. Most previous studies used a quantitative approach through patient satisfaction surveys so that it only produced an overview of the level of public satisfaction. The research has not been able to comprehensively explain how the service process takes place, how the community's experience during the service is obtained, as well as the factors that support and hinder the quality of health services at the operational level of the Health Center. In addition, research on the quality of health services at health centers in the Sukabumi Regency area, especially the UPTD Tegalbulleud Health Center, is still relatively limited, so research that is able to provide an empirical picture is needed in accordance with field conditions. Therefore, this study offers novelty in the form of health service quality analysis using a descriptive qualitative approach based on the five dimensions of SERVQUAL by exploring the direct experience of patients, health workers, and the management of the Health Center. This approach allows researchers to obtain more comprehensive information about the quality of health services compared to previous studies that used more quantitative approaches. This study also identifies supporting and inhibiting factors for service quality so that it can provide strategic recommendations for improving the quality of primary health services.

This study aims to analyze the quality of health services at the Tegalbuleud Health Center UPTD based on the dimensions of Tangibles, Reliability, Responsiveness, Assurance, and Empathy, as well as identify factors that support and hinder the implementation of health services. The results of the research are expected to make a theoretical contribution to the development of public administration science, especially in the study of the quality of health services, as well as provide practical contributions for local governments and Health Center managers in developing strategies to improve the quality of health services oriented to community satisfaction.

LITERATURE REVIEW

Public Service Quality in Healthcare

Public services are a series of activities carried out by the government or public service providers in order to meet the needs of the community in accordance with the provisions of laws and regulations. In the health sector, public services are realized through the provision of health services that are easily accessible, quality, safe, and oriented to the needs of the community. Health Center as a first-level health service facility has the responsibility to provide promotive, preventive, curative, and rehabilitative services comprehensively so that they are able to improve the degree of public health.

The quality of health services is the main indicator of the success of health service organizations in meeting community expectations. Quality service will increase patient satisfaction, public trust, service user loyalty, and strengthen the organization's image. On the other hand, poor quality services will cause patient dissatisfaction, increase public complaints, and even reduce trust in government health institutions. A systematic study conducted by Darzi et al. (2023) shows that research on the quality of health services continues to develop and has identified more than 40 dimensions of measuring service quality. However, the SERVQUAL model is still the most widely used instrument because it is able to explain the gap between patients' expectations and perceptions of health services.

In addition to the technical aspects of services, the quality of health services is also influenced by organizational factors such as service culture, competence of health workers, leadership, administrative systems, communication, and the availability of facilities and infrastructure. Therefore, improving the quality of health services requires a holistic approach so that it is not only oriented to physical facilities, but also to improving the quality of human resources and service systems.

Service Quality (SERVQUAL)

The concept of service quality developed by Parasuraman et al. (1988) explains that service quality is the gap between customer expectations (expected service) and perceived service (perceived service). The smaller the gap, the higher the quality of service felt by customers. The SERVQUAL model measures the quality of service through five main dimensions (RATER Model) which are still widely used in health care research in various countries.

1. **Tangibles**
   Tangibles describes all physical aspects of the organization that can be observed by service users, including building conditions, environmental cleanliness, waiting rooms, medical facilities, service technology, equipment completeness, and the appearance of health workers. This dimension forms the first impression of patients on the quality of service provided. In health services, clean, comfortable, safe facilities, and supported by adequate medical equipment will increase the public's positive perception of the quality of service. Instead, the limitations of facilities are often the main cause of patient dissatisfaction.
2. **Reliability**
   Reliability is the ability of an organization to provide services consistently in accordance with the promised standards. This dimension includes the accuracy of service procedures, the accuracy of diagnosis, the consistency of health worker services, the clarity of information, and the ability to complete services correctly from the first time. Reliability is one of the dimensions that most determines the level of patient trust because it is directly related to the professional competence of health workers. Recent research shows that reliability has a significant effect on patient satisfaction and intention to return to health services.
3. **Responsiveness**
   Responsiveness shows the willingness of health workers to help patients quickly, precisely, and responsively. This dimension includes the speed of service, the alertness of the officers handling complaints, the ease of obtaining information, and the ability to provide solutions to patient problems. In primary health services, waiting time is one of the most frequently complained indicators of responsiveness by the public. The faster the service is provided, the higher the public's perception of the quality of health services. Research shows that responsiveness is one of the dominant factors that affect patient satisfaction in health facilities.
4. **Assurance**
   Assurance is related to the ability of health workers to foster trust and security in patients. This dimension includes professional competence, politeness, service ethics, safety of medical measures, the ability to provide medical explanations, and the credibility of the health service organization. Health workers who are able to provide clear information, show professional competence, and treat patients politely will increase public trust in health services. Research shows that assurance has a positive relationship with patient loyalty through increased service satisfaction.

5. **Empathy**
   Empathy is an organization's ability to give individual attention to each patient. This dimension includes the friendliness of the officers, concern for the needs of patients, the ability to listen to complaints, interpersonal communication, and non-discriminatory treatment. In primary health services, the empathy dimension has a huge influence on the patient experience because it is directly related to the interaction between health workers and the community. Humane services will improve patient comfort and strengthen the long-term relationship between the community and health care facilities.

Healthcare Service Quality

Healthcare quality is defined as the ability of a healthcare organization to provide services that meet the medical needs of patients while providing a satisfactory service experience. Measuring the quality of health services does not only consider clinical outcomes, but also patient experience while receiving services.

According to Darzi et al. (2023), the quality of health services consists of four major groups, namely:

1. Servicescape, Includes the physical environment, facilities, and technology of services.
2. Personnel, Includes competence, communication, empathy, and professionalism of health workers.
3. Hospital Administration, including administrative systems, management, service procedures, and organizational efficiency.
4. Patient Perspective, Includes patient perception of service quality, satisfaction, loyalty, and intention to reuse health services.

This approach expands the concept of SERVQUAL by including aspects of service organization so that the evaluation of the quality of health services becomes more comprehensive.

Previous Studies and Research Gap

Various previous studies have shown that the quality of health services has a significant relationship with patient satisfaction, loyalty, and sustainability of health service use. Recent research shows that the dimensions of Reliability, Responsiveness, and Empathy are the most dominant factors in shaping patient satisfaction in healthcare facilities. However, most previous studies used a quantitative approach through patient satisfaction surveys so that they were only able to measure the relationship between variables without describing in depth the community's experience during the acquisition of health services. In addition, previous research has been conducted more on hospitals than health centers, so there is still limited empirical evidence regarding the implementation of service quality in first-level health care facilities. Based on these conditions, this study fills the research gap by using a descriptive qualitative approach to explore the quality of health services at the Tegalbuleud Health Center UPTD through the five dimensions of SERVQUAL and identify supporting and inhibiting factors that affect the quality of services based on the direct experience of patients, health workers, and health center managers.

METHOD

This study uses a qualitative approach with a descriptive method to analyze the quality of health services at the UPTD Tegalbulleud Health Center, Sukabumi Regency. The qualitative approach was chosen because it was able to provide a deep understanding of the phenomenon of health service quality based on the experiences, perceptions, and interpretations of informants in a natural context (Creswell & Poth, 2018). The descriptive method is used to describe the actual condition of health services as they take place in the field without manipulating the research variables (Sugiyono, 2023). The research was carried out at the UPTD Tegalbulleud Health Center, Sukabumi Regency, West Java Province. The research location was chosen purposively because the Health Center is a first-level health service facility that plays an important role in providing services to the community in the Tegalbulleud District area. In addition, the results of initial observations showed that there were still several service problems, such as limited waiting room facilities, damage to some service facilities, inconsistency in doctor's service time, and public complaints about the attitude of officers and the quality of service received. This condition shows that the Tegalbuleud Health Center UPTD is a relevant location to comprehensively assess the quality of health services.

The research informants were selected using the purposive sampling technique, which is a technique to determine informants based on the consideration that they have experience, knowledge, and direct involvement in the implementation and receipt of health services (Patton, 2015). The informants consist of the Head of the Tegalbulleud Health Center UPTD, doctors, nurses, administrative staff, and patients who have received health services. The selection of informants from various groups is intended to obtain diverse perspectives so that they are able to produce comprehensive information about the quality of health services. The main research instrument is the

researcher (human instrument) who plays a role in collecting, interpreting, and analyzing research data (Creswell & Poth, 2018). To support the data collection process, interview guidelines, observation sheets, voice recording devices, cameras, and field notes were used. Primary data was obtained through direct observation of the health service process and *in-depth interviews* with informants, while secondary data was obtained through documentation in the form of Health Center profiles, standard operating procedures, accreditation documents, service reports, photos of facilities, and other documents related to the implementation of health services (Miles et al., 2014).

The analysis of health service quality refers to the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988). This model evaluates service quality based on five dimensions, namely Tangibles, Reliability, Responsiveness, Assurance, and Empathy. The SERVQUAL model was chosen because it is one of the most widely used instruments to measure service quality in the health sector and has been shown to have good validity in various international studies (Fatima et al., 2023). Data analysis was carried out using an interactive analysis model developed by Miles, Huberman, and Saldaña (2014), which includes four stages, namely data collection, data condensation, data display, and conclusion drawing and verification. All data from observations, interviews, and documentation were classified based on the five dimensions of SERVQUAL, then analyzed thematically to identify patterns, relationships, and factors that support and hinder the quality of health services at the UPTD Tegalbulleud Health Center. The validity of the data is guaranteed through the application of source triangulation, triangulation techniques, and member checking. Source triangulation is carried out by comparing information obtained from various groups of informants, while technical triangulation is carried out through comparison of observations, interviews, and documentation. Furthermore, member checking is carried out by asking for confirmation from several informants about the results of the researcher's interpretation so as to increase the credibility and validity of the research findings.

RESULTS AND DISCUSSION

Tangible Dimension

The results of the observation show that the physical condition of the Tegalbuleud Health Center UPTD in general has met the basic needs of health services. The Health Center building looks clean, the service environment is well organized, and the examination room has been equipped with medical equipment that supports the service process. The appearance of health workers also shows neatness in accordance with service standards so as to give a professional impression to the community. However, the observation results show that there are still several facilities that need improvement, especially in the patient waiting room. The number of available seats is not able to accommodate the number of patients during busy service hours, so some patients have to wait in uncomfortable conditions. In addition, some supporting facilities such as bathroom doors and other supporting facilities still need maintenance so that services can take place more optimally. This condition is also strengthened by field documentation which shows that there are several waiting chairs that have been damaged.

The results of the interview with Informant 4 stated:

"In my opinion, the service here is good enough, the officers are also friendly. It's just that the waiting room is still narrow, especially if there are many patients. Sometimes we have to stand because there are not enough seats."

Similar statements were also conveyed by other informants.

"The inspection facilities are quite complete, but some of the waiting room chairs are indeed damaged so it is not comfortable when waiting in line."

From the side of service providers, the Head of UPTD Health Center (informant 1) explained that his party had proposed the addition of service facilities to the Health Office.

"We continue to strive to improve the quality of service facilities. Several proposals for the procurement of waiting room chairs and facility improvements have been submitted to the Health Office, but the implementation is in accordance with the availability of the regional budget."

In addition, one informant 3 said:

"We always keep the service room clean every day. However, the addition of facilities is indeed the authority of the local government, so we are waiting for the realization of the procurement." (Administrative Officer)

Based on the results of these observations, interviews, and documentation, it can be seen that the physical condition of the Tegalbuleud Health Center UPTD in general has supported the implementation of health services. However, there is still a need to improve the aspect of waiting room facilities and several supporting facilities so that the comfort of the community in obtaining health services can be further increased.

Reliability Dimension

The results of the observation show that the health service process has followed the applicable Standard Operating Procedures (SOP). The service flow starts from the registration process, administrative checks, examinations by medical personnel, to pharmaceutical services that take place systematically so that it makes it easier for the community to obtain services.

Most patients stated that the service procedures were relatively easy to understand.

Informant 4 said:

"The procedure is not complicated. From the list until the flow is checked, the flow is clear, the officer also gives directions if there is something we don't understand."

However, informant 5 also stated that there was a delay in service at a certain time.

"Sometimes doctors come a little late so the queue becomes long. If the doctor has come, the service is actually fast."

This statement was strengthened by the results of interviews with health workers (informant 2).

"The number of patients every day is quite large, while the number of doctors is still limited. This condition sometimes causes patient waiting times to be longer." (Doctor of UPTD Health Center)

Informant 3 also explained:

"We try to serve patients according to the SOP. However, if patient visits increase at the same time, the service time becomes a little longer because of the limited manpower available." (Administrative Officer)

The results of the documentation show that all services have followed the procedures set by the Health Center. However, limited human resources are still one of the factors that affect the timeliness of service. Based on these findings, it can be concluded that the Reliability dimension has run quite well because the service procedures have been in accordance with operational standards. However, the consistency of service time still needs to be improved through optimizing the number of health workers so that services can be provided more in a timely manner.

Dimension of Responsiveness

The observation results show that health workers at the Tegalbuleud Health Center UPTD strive to provide services quickly according to the needs of patients. The administrative officer immediately directed the patients who came to the registration counter, while the medical personnel tried to provide services according to the queue order. In addition, health workers are seen actively providing information about the flow of services to patients who are visiting for the first time so that patients do not have difficulties in following service procedures. Based on the results of the interviews, most patients assessed that the officers had a responsive attitude in providing services. Informant 4 said that the officers immediately provided assistance when the patient experienced difficulties during the service process.

"If there is a patient who is confused or has just come, the officer immediately helps and explains the procedure. So we feel helped."

Another informant also revealed that health workers were quite quick to respond to patients' needs when the examination process took place.

"The nurse is quick to respond if the patient needs help. During the examination, they also explained well what to do."

Some patients said that the speed of service has not been completely consistent, especially when the number of patients increases. During certain service hours, the waiting time becomes longer so that patients have to wait before getting an examination by a doctor.

"If there are a lot of patients, the queue is usually quite long. We had to wait a little longer before being examined by a doctor." (Informant 2)

The results of interviews with health workers show that this condition is affected by the limited number of medical personnel compared to the number of patient visits every day.

"We try to provide services as quickly as possible, but when the number of patients increases simultaneously, the service takes a little longer because of the limited manpower available." (Informant 02)

The administrative officer also explained that the Health Center always tries to reduce waiting time by managing the flow of services more effectively.

"We continue to arrange queues so that services run smoothly. If the number of patients increases, we still try to provide information so that the public knows the estimated service time." (Informant 3)

The results of the documentation show that the Health Center already has standard operating procedures regarding service hours. However, its implementation is still influenced by the number of health workers on duty and the high number of patient visits on certain days. In general, the results of the study show that the **Responsiveness**

dimension has run quite well because the officers have shown alertness in providing services and responding to patient needs. However, the speed of service is still affected by limited human resources so that patient waiting times sometimes become longer.

Dimension Insurance

Based on the results of observations, health workers at UPTD Health Center Tegalbuleud provide services according to their respective professional competencies. All officers wear uniforms according to the provisions, maintain service ethics, and communicate with patients using polite language. During the service process, health workers also provide explanations about examination procedures and the use of drugs so that patients get the necessary information.

The results of the interviews showed that most patients felt safe when receiving health services at the Health Center. Patients consider health workers to have good abilities in providing medical services.

"I feel quite confident in the service here because the doctors and nurses explain our health conditions in easy-to-understand language." (Informant 4)

Similar statements were also made by other patients.

"The officers are polite and friendly. Before the action is carried out, they always explain first so that we feel calmer." (Informant 05)

In terms of health workers, one of the doctors explained that each service is provided based on professional standards and operational standards of applicable procedures.

"We always strive to provide services according to health service standards so that patients get safe and appropriate treatments." (Episode 2)

The Head of the UPTD Health Center also explained that improving the competence of health workers is carried out continuously through training and coaching.

"We routinely participate in training and coaching organized by the Health Office so that the quality of service is maintained." (Informant 1)

Based on the documentation, all health workers on duty have competencies according to their respective fields and follow the service standards set by the Ministry of Health. This supports the creation of a sense of security and public trust in the health services provided. Overall, the results of the study show that the assurance dimension has been implemented well. The competence of health workers, professional attitudes, and the ability to provide explanations to patients are factors that support the creation of a sense of security while obtaining health services.

Empathy Dimension

The results of the observation showed that most health workers paid attention to patients in a friendly manner and did not distinguish between social status and type of health financing. The officer was seen trying to listen to the patient's complaints before conducting the examination and gave the patient the opportunity to ask questions about his health condition. The results of the interviews showed that most patients felt well treated by health workers.

"Nurses and doctors listened to our complaints first before taking action. We feel more cared for." (Informant 3)

Other patients also said that the communication carried out by the officers was good enough so that the patient felt comfortable during the examination.

"The way the officer spoke was polite and easy to understand. If something is unclear, we can ask right away." (Informant 4)

However, some informants still conveyed unpleasant experiences related to the attention of officers when the service was busy.

"When patients are crowded, sometimes the officers seem to be in a hurry so we feel less free to ask questions." (Informant 5)

The results of interviews with health workers show that this condition is influenced by the high number of patients who must be served at the same time.

"We try to pay attention to each patient, but as the number of patients increases, the service time becomes more limited so communication sometimes can't last too long." (Informant 2)

The Head of the UPTD Health Center explained that empathy is one of the work cultures that is always emphasized to all health workers.

"We always remind all officers to provide friendly service, respect each patient, and not discriminate against anyone." (Informant 1)

The results of the documentation also show that the Health Center has service standards that emphasize the principles of hospitality, equality of service, and respect for patients' rights. Based on the results of observations, interviews, and documentation, the Empathy dimension has been applied quite well. Health workers show a friendly attitude, respect for patients, and try to understand the needs of each patient. However, the intensity of communication and individual attention is still influenced by the high number of patient visits so that at certain times services cannot be provided optimally to each patient.

Discussion

Tangible Dimensions (Physical Evidence)

The results of the study show that the tangibles dimension at UPTD Health Center Tegalbuleud has generally been well implemented. This can be seen from the clean condition of the Health Center building, the neat appearance of health workers, the availability of service rooms according to the type of service, and the completeness of most medical facilities that support the implementation of health services. This condition gives a positive initial impression to the public as a health service user. However, this study also found several limitations in the aspect of physical facilities, especially the inadequate number of waiting room chairs, some chairs that were damaged, and supporting facilities such as bathroom doors that had not functioned optimally. This condition reduces the comfort of patients when waiting for services.

The findings of this study are in line with the SERVQUAL theory put forward by Parasuraman et al. (1988), which states that physical evidence is the first dimension that affects people's perception of the quality of service. Physical evidence includes the condition of the building, the completeness of facilities, equipment, technology, environmental cleanliness, and the appearance of officers. The better the physical condition of the service organization, the higher the public perception of the quality of services received (Parasuraman et al., 1988). The research findings also support the results of the research of Fatima et al. (2023) who explain that the quality of physical facilities is still one of the main indicators in evaluating the quality of health services. A comfortable, clean service environment, and supported by adequate facilities can increase patient satisfaction and strengthen the image of health care organizations.

On the other hand, the limitation of facilities and infrastructure will reduce public perception of the quality of service even though health workers have provided services professionally. The results of research by Ramadhan et al. (2021) at the Ibun Health Center, Bandung Regency also show that the limited waiting room facilities are one of the causes of low public satisfaction with health services. This condition has similarities with the results of this study, namely that the waiting room capacity is still limited compared to the number of patient visits at a certain time. Therefore, improving physical facilities through the addition of waiting room chairs, improving sanitation facilities, and maintaining service facilities is a step that needs to be prioritized by Health Center managers. Overall, the results of the study show that the tangibles dimension has met most of the service quality indicators, but improvements in facilities and infrastructure are still needed so that the quality of health services is more optimal and able to improve community comfort.

Reliability Dimension

The results of the study show that the Reliability dimension at UPTD Health Center Tegalbuleud has run quite well. This can be seen from the existence of standard operating procedures that are applied consistently starting from the registration process to pharmaceutical services. Most patients stated that the service procedures were easy to understand and the health workers were able to provide services according to the patient's needs. This condition shows that the service has been carried out systematically in accordance with applicable standards. However, this study found that the reliability of services is still affected by the limited number of medical personnel. During certain service hours, there is an increase in waiting time due to the high number of patients compared to the number of doctors on duty. As a result, services that were supposed to take place on schedule were delayed, affecting public perception of the timeliness of services. According to Parasuraman et al. (1988), Reliability is the ability of an organization to provide accurate, consistent, timely, and in accordance with the service promises that have been set. This dimension is one of the main factors that determine public trust in public service organizations. Consistent service will increase community satisfaction because service users gain certainty regarding service procedures and times. The findings of this study are in line with Ahmed et al. (2024) who stated that the reliability of services has a significant influence on patient satisfaction and loyalty. Timely, consistent, and procedural services will increase public trust in health service providers. On the other hand, delays in services due to limited human resources can reduce public perception of service quality even though service procedures have been implemented well. The results

of this study also strengthen the findings of Nugroho et al. (2023) who explained that the successful implementation of health service standards is not only influenced by the existence of standard operating procedures, but also by the adequacy of health workers who carry out these services. Thus, increasing the number of medical personnel is one of the strategies that can be carried out to improve the reliability of services at UPTD Health Center Tegalbuleud. Overall, the Reliability dimension has shown good performance in terms of service procedures, but optimization of human resources is still needed so that services can be provided more consistently and on time.

Responsiveness Dimension

Based on the results of the study, health workers at the UPTD Health Center Tegalbuleud showed a responsive attitude in providing services to the community. Administrative officers provide information about service procedures to patients, while health workers strive to provide assistance and handling according to patient needs. These findings show that officers are committed to providing services quickly and helping the community during the service process. However, the study also found that the speed of service was not fully optimal when the number of patient visits increased. This condition causes the patient's waiting time to be longer so that some people have to wait before getting medical services. This situation is affected by the limited number of health workers compared to the number of patients who come at certain service times. According to Parasuraman et al. (1988), Responsiveness is the willingness of officers to help customers and provide services quickly and responsively to the needs of service users. The speed of service is not only measured by the time of service completion, but also by the ability of officers to provide clear information and respond effectively to community complaints.

The findings of this study are in accordance with the results of a systematic review by Fatima et al. (2023) which show that responsiveness is one of the dimensions that most affect patient satisfaction in primary health services. Patients tend to give positive assessments if the officer is able to provide services quickly, communicatively, and responsive to their needs. In addition, the results of Darmini et al.'s (2021) research also show that the limitations of health workers are the main factor affecting the speed of services at Health Centers. These conditions have similarities with the results of this study so that it shows that the increase in the number of health workers and the management of service queues is an important factor in increasing the dimension of responsiveness.

Assurance Dimension

The results of the study show that the Assurance dimension at UPTD Health Center Tegalbuleud has been implemented well. This is shown by the competence of health workers in providing services in accordance with their areas of expertise, polite and friendly attitude during the service process, and the ability of officers to provide explanations about the patient's health condition and medical procedure procedures. The professional attitude shown by health workers provides a sense of security and increases public trust in the services received. In addition, the use of standard operating procedures (SOPs) in each stage of service also supports the creation of safe and quality services. The findings of this study are in line with the SERVQUAL theory developed by Parasuraman et al. (1988), which states that Assurance is the ability of service providers to build customer trust through competence, politeness, credibility, and the ability to provide a sense of security during the service process. In health services, this dimension is very important because patients leave their safety and health to medical personnel so that trust in the competence of health workers is the main factor in assessing the quality of service.

The results of this study also support the research of Ahmed et al. (2024) who found that the competence of health workers and the ability to build patient trust have a positive effect on patient satisfaction and loyalty. Patients who feel secure in the services they receive tend to have higher levels of satisfaction and are willing to use the same health services again if they need the services in the future. In addition, the research of Fatima et al. (2023) explains that the Assurance dimension is not only influenced by the clinical abilities of health workers, but also by interpersonal communication, service ethics, and the ability of officers to provide information that is easy for patients to understand. The findings are in accordance with the results of this study, where most patients stated that doctors and nurses provide clear explanations of health conditions and medical measures so that patients feel calmer during the examination. However, the results of the interviews also show that as the number of patients increases, the time available to health workers to provide explanations to each patient becomes more limited. This condition has the potential to reduce the quality of communication between health workers and patients. Therefore, increasing the number of health workers and strengthening communication competence are steps that can be taken to further improve the Assurance dimension of health services at UPTD Health Center Tegalbuleud. Based on this description, it can be concluded that the Assurance dimension has made a positive contribution to the quality of health services.

The competence of health workers, professional attitudes, and the ability to build public trust are important factors that support the creation of quality health services.

The Dimension of Empathy

The results of the study show that the Empathy dimension has been applied quite well by health workers at UPTD Health Center Tegalbuleud. Most patients stated that the officers provided services in a friendly, courteous manner, and did not distinguish between social status and the type of health insurance membership. In addition, health workers try to listen to patients' complaints before conducting examinations and provide opportunities for patients to submit questions about their health conditions. This condition shows that there is individual attention given to each patient during the service process. According to Parasuraman et al. (1988), Empathy is the ability of an organization to give individual attention to customers through good communication, concern for customer needs, and fair treatment without discrimination. In the context of health services, empathy is one of the dimensions that has the most influence on the patient experience because it is directly related to the interpersonal relationship between health workers and the community.

The findings of this study are in line with the results of the research of Fatima et al. (2023) which stated that individual attention given by health workers is able to increase patient satisfaction because patients feel valued, listened to, and treated as individuals with special needs. Empathy also plays a role in building long-term relationships between the community and health care facilities. Research by Ramadhan et al. (2021) also explains that the friendliness of health workers is one of the factors that most determine public perception of the quality of Health Center services. The results of the study reinforce the findings of this study that most patients feel comfortable because health workers are friendly and communicative while providing services. Nevertheless, the study found that the quality of interpersonal communication tended to decline as the number of patients increased. This condition causes the interaction between health workers and patients to last longer so that some patients feel that they have not received maximum attention. This phenomenon shows that the application of empathy is not only influenced by the attitude of health workers, but also influenced by the workload and the number of patients that must be served at the same time. Overall, the Empathy dimension has gone well and has become one of the strengths of health services at UPTD Health Center Tegalbuleud. However, improving the quality of interpersonal communication is still necessary so that each patient receives optimal attention without being affected by the high number of service visits.

Supporting Factors for Health Service Quality

The results of the study show that there are several factors that support the implementation of health services at UPTD Health Center Tegalbuleud. The first factor is the competence of health workers. All health workers have an educational background in accordance with their field of duty and regularly participate in training and coaching organized by the Health Office. This condition supports the ability of health workers to provide professional services and in accordance with health service standards. The second factor is the organization's commitment to improving the quality of service. Based on the results of the interviews, the Health Center leaders consistently evaluate services, provide guidance to health workers, and propose improvements to facilities and infrastructure to the local government. This commitment shows that there are continuous efforts to improve the quality of health services. The third factor is the implementation of standard operating procedures (SOPs) and Health Center accreditation standards. The SOP provides clear guidelines for health workers in carrying out each stage of service so that the service process can run more systematically, consistently, and accountably. These findings are in line with Nugroho et al. (2023), who stated that the implementation of accreditation is able to improve health service governance through standardization of service processes.

Factors Inhibiting the Quality of Health Services

In addition to supporting factors, this study also found several factors that still hinder the quality of health services at UPTD Health Center Tegalbuleud. The main factor is the limitation of facilities and infrastructure, especially inadequate waiting rooms and several supporting facilities that need repairs. These limitations affect the patient's comfort level while waiting for services. The next factor is the limited number of health workers, especially doctors. This condition causes the waiting time for services to be longer when the number of patients increases. The high workload also has an impact on the limited time that health workers have to provide more detailed explanations to each patient. In addition, the high number of patient visits at certain times is a challenge in the implementation of health services. Although health workers have tried to provide optimal services, the increase in the number of patients often causes longer queues, affecting public perception of the speed of service. The findings of this study support the

research results of Darmini et al. (2021) and Fatima et al. (2023), who explain that limited human resources and physical facilities are still the main obstacles in improving the quality of health services in primary health care facilities. Therefore, increasing the capacity of human resources, developing facilities and infrastructure, and strengthening the service management system is an important strategy to improve the quality of health services in a sustainable manner.

CONCLUSION

This study shows that the quality of health services at UPTD Health Center Tegalbuleud in general has been carried out quite well based on the five dimensions of SERVQUAL, namely Tangible, Reliability, Responsiveness, Assurance, and Empathy. In the Tangibles dimension, the physical condition of the building, the cleanliness of the environment, and the completeness of most of the service facilities have supported the implementation of health services. However, there are still limitations in waiting rooms, the number of seats, and some supporting facilities that need to be improved to improve patient comfort. In the Reliability dimension, service procedures have been implemented according to operational standards, supported by adequate health worker competence. However, the limited number of medical personnel means that services cannot always be provided in a timely manner, especially when the number of patient visits increases.

The Responsiveness dimension shows that health workers have a good commitment to providing services quickly, providing clear information, and responding well to patient needs. However, the high number of patients at certain times still causes an increase in service waiting times. Furthermore, the Assurance dimension shows that health workers have been able to provide a sense of security to patients through professional competence, polite attitudes, good communication, and the application of service operational standards. Meanwhile, the Empathy dimension shows that health workers provide attention, friendliness, and non-discriminatory services to the community, even though the intensity of interpersonal communication is still influenced by the workload of health workers. This study also identifies that factors that support the quality of health services include the competence of health workers, organizational commitment to improving service quality, the implementation of standard operating procedures, and the implementation of Health Center accreditation standards. On the other hand, factors that hinder service quality include limited facilities and infrastructure, limited number of health workers, and high number of patient visits that affect the speed of service. Therefore, improving the quality of health services needs to be directed at strengthening the capacity of human resources, improving service facilities, optimizing queue management, and maintaining facilities and infrastructure on an ongoing basis. These efforts are expected to improve the quality of health services, strengthen public trust, and realize primary health services that are more effective, efficient, and oriented towards community satisfaction.

The practical implication of this study is the need for the Tegalbuleud Health Center UPTD together with the Sukabumi Regency Health Office to prioritize the improvement of service facilities, the addition of health workers as needed, and the strengthening of a patient-oriented service culture. Academic implications show that the SERVQUAL model is still relevant to be used as a framework for evaluating the quality of health services in first-level health care facilities, as well as providing a basis for further research to develop a service evaluation model that integrates aspects of digital transformation, *patient experience*), and sustainable health service governance. The next research is suggested to develop a study on the quality of health services using a mixed methods or quantitative approach so that it can measure the relationship between variables more objectively and produce findings that can be generalized to a wider population. In addition, the next research can expand the scope of research locations in several Health Centers or other health service facilities in order to obtain a comparison of service quality between regions. The development of a research model can also be carried out by including other variables, such as patient satisfaction, public trust, patient loyalty, quality of health information systems, organizational leadership, organizational culture, or digital transformation of health services, so as to obtain a more comprehensive understanding of the factors that affect the quality of health services in the digital era. Longitudinal research is also recommended to evaluate the effectiveness of continuous health service quality improvement programs and their impact on improving community satisfaction and performance of health service organizations.

REFERENCES

Ahmed, S., Khan, M., & Rahman, M. (2024). The impact of SERVQUAL on consumers' satisfaction, loyalty, and behavioral intention. *Journal of Foodservice Business Research*. Advance online publication. https://doi.org/10.1080/10496491.2024.2372858

Anjayati, S. (2021). Review artikel: Analisis kualitas pelayanan terhadap kepuasan pasien di Health Center. *Nursing Care and Health Technology Journal, 1*(1), 31–38. https://doi.org/10.56742/nchat.v1i1.7

Arnaya, A. A., & Niryana, I. W. (2020). Tingkat kepuasan dan harapan pasien rawat jalan terhadap kualitas pelayanan. *Jurnal Medika Udayana, 10*(9), 82–88. 10.24843/mu.2021.v10.i9.p14

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

Darmini, N. K. S., & Gorda, A. A. O. S. (2021). Menyigi kualitas pelayanan kesehatan di Health Center pada era pandemi. *Media Bina Ilmiah, 16*(2), 6347–6362.

Darzi, M. A., Islam, S. B., Khursheed, S. O., & Bhat, S. A. (2023). Service quality in the healthcare sector: A systematic review and meta-analysis. *LBS Journal of Management & Research, 21*(1), 13–31. https://doi.org/10.1108/LBSJMR-06-2022-0025

Donabedian, A. (2003). *An introduction to quality assurance in health care*. Oxford University Press.

Fatima, T., Abbas, M., & Ali, S. (2023). Service quality in the healthcare sector: A systematic review and meta-analysis. *The TQM Journal*. Advance online publication. https://doi.org/10.1108/TQM-08-2022-0243

Kementerian Kesehatan Republik Indonesia. (2023). *Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan*. Kementerian Kesehatan Republik Indonesia.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Sage Publications.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage Publications.

Nugroho, A. P., Ardani, I., & Effendi, D. E. (2023). Dampak kebijakan akreditasi Health Center dalam upaya peningkatan kualitas pelayanan. *Aspirasi: Jurnal Masalah-Masalah Sosial, 14*(1), 59–82. https://doi.org/10.46807/aspirasi.v14i1.3475

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing, 64*(1), 12–40.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage Publications.

Ramadhan, F., Muhafidin, D., & Miradhia, D. (2021). Kualitas pelayanan kesehatan Health Center Ibun Kabupaten Bandung. *JANE: Jurnal Administrasi Negara, 12*(2), 58–63. https://doi.org/10.24198/jane.v12i2.28684

Sugiyono. (2023). *Metode penelitian kualitatif* (Edisi terbaru). Bandung: Alfabeta.

Trismadi Pranata, T., Lanin, D., & Mubarak, A. (2020). Pelaksanaan kualitas pelayanan kesehatan di Health Center Sitiung. *Jurnal Manajemen dan Ilmu Administrasi Publik, 1*(3), 51–55. https://doi.org/10.24036/jmiap.v1i3.48

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Sage Publications.

Yuliaridha, W. D., Roslan, R., & Darmaja, S. (2023). Analisis kepuasan masyarakat terhadap kualitas pelayanan kesehatan Health Center Cihara. *Jurnal Sehat Mandiri, 18*(2), 24–34. https://doi.org/10.33761/jsm.v18i2.970

Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2021). *Services marketing: Integrating customer focus across the firm* (8th ed.). McGraw-Hill.