Patient Satisfaction And Its Socio-Demographic Correlates In Zainoel Abidin Hospital, Indonesia: A Cross-Sectional Study

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Article Info

Abstract

Patient satisfaction based on a patient's opinion is the main criterion and can be one of the best ways to measure the quality of healthcare services. In this study, we determined patient satisfaction in hospital healthcare services at Zainal Abidin Hospital (RSUZA) and the socio-demographic factors associated with patient satisfaction. A cross-sectional study was conducted, and participants were recruited using purposive and accidental sampling techniques. The validity of the questionnaire was tested using Pearson's test, reliability was assessed using Cronbach's Alpha test, and descriptive statistics were performed. The questionnaire used in this study is valid ($p < 0.000$) and reliable (Cronbach's Alpha = 0.785). The study revealed that 89.5% (809 out of 904) of respondents expressed satisfaction with the healthcare services provided by RSUZA. There was no difference on respondent in the gender category ($p = 0.309$), the age category ($p = 0.095$), and the respondent type ($p = 0.377$). Sociodemographic factors such as age ($p < 0.000$), education ($p < 0.000$), and occupation ($p < 0.000$) were significantly related to the level of patient satisfaction. It can be concluded that the majority of respondents (89.5%) are satisfied with the healthcare services provided by RSUZA. Healthcare providers need to focus on the patient's age, educational level, and occupation to increase patient satisfaction, which is a benchmark for the quality of a healthcare service.

INTRODUCTION

The hospital is a healthcare service institution that provides healthcare services. The implementation of these services is influenced by the development of health science and technological advances, which must still be able to improve quality services and affordable by the community.

Quality of healthcare service is very important to note in healthcare service. Healthcare services need to be evaluated periodically so that the quality of these services is according to the expected standards. One way to evaluate healthcare

services is through a patient satisfaction survey. Patient satisfaction based on a patient's opinion is the main criterion and can be one of the best ways to measure the quality of healthcare services. Several indicators can be employed to evaluate the quality of health service, include service satisfaction, procedure satisfaction, time efficiency, cost satisfaction, healthcare worker competence, healthcare worker attitude, complaint handling, responsiveness, and facility satisfaction (Al-Abri and Al-Balushi, 2014; Alsayali et al., 2019).

Several previous studies evaluated hospital healthcare services through patient satisfaction (Chandra et al., 2019; Fang et al., 2019; Liu and Fang, 2019). A study stated that there is a relationship between health costs, the number of doctors and nurses, and the age of patients and patient satisfaction (Xesfingi and Vozikis, 2016). Further, another study also mentioned that patient satisfaction in hospital healthcare services is strongly associated with the services provided by nurses. Increasing the capacity of nurses will also improve the hospital work environment and increase patient satisfaction (Aiken et al., 2018).

Furthermore, another study also stated that the highest patient satisfaction was found in empathy given from healthcare workers, and the lowest was in hospital tangibility. Therefore, efforts to improve the appearance of healthcare workers, facilities (e.g., waiting areas), and hospital hygiene need to be addressed. In addition, twice-yearly evaluation of patient satisfaction is recommended, and the results are used to provide a platform for the reform of healthcare services in hospitals (Umoke et al., 2020). The evaluation process is important because healthcare providers have a direct impact on patient satisfaction (Salehi et al., 2018).

This study aimed to assess patient satisfaction in hospital healthcare services at Zainal Abidin Hospital (RSUZA) and the socio-demographic factors associated with patient satisfaction. The study results are expected to help RSUZA and other hospitals in determining healthcare service improvement strategies and improving the quality of healthcare services in the following years to achieve expected patient satisfaction.

METHOD
Study Design and Setting
A cross-sectional study was conducted at RSUZA from July 1 to October 19, 2020. RSUZA is the main and largest referral hospital in Aceh Province, Indonesia. The respondents in this study were the patients or their families. With the patient's consent, the patient's family can become respondents if the patient is unable to answer the questions in the questionnaire.

Study Population
The population for this study consisted of 2,096 people, distributed across different units as follows: 402 from the inpatient unit, 1,521 from the intensive care unit, 40 from the operating room unit, 56 from the installation support, and 77 from the outpatient unit.

Respondent and Sampling Technique
The number of respondents in this study was 904 people. In detail, the number of respondents from the inpatient unit is 196, 39 from the intensive care unit, 242 from the operating room unit, 74 from the installation support, and 353 from the outpatient unit. The number of respondents for each unit in this study using the principal quota sampling. The binomial proportion is used to determine the total number of respondents that must be taken in each unit (Daniel and Cross, 2013). The binomial proportion formula is as follows:

$$n = \frac{N . Z^2{}_{1-a/2} . p . (1-p)}{(N-1) . MOE^2 + Z^2{}_{1-a/2} . p . (1-p)} \quad (1)$$

where n is the number of respondents, $Z_{(1-a/2)}$ represents the value of the standard normal distribution ($\alpha = 5\%$), p denotes the proportion in the population (50%), MOE stands for the margin of error (5%), and N refers to the number of populations in each unit.

For respondent selection, purposive sampling was used in the inpatient and intensive care units, while accidental sampling was used in the outpatient care, operating room unit, and installation support. These two techniques were used to accommodate varying patient conditions within each unit. The criteria are differentiated by the unit, as shown in Table 1.

Instrument for Data Collection
The instrument used in this study consisted of 10 questions (Q1–Q10) that are indicators in testing satisfaction, referred to the Regulation of the Minister of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia regarding guidelines for compiling a satisfaction survey Number 14 of 2017. There are 10 elements, namely requirements in managing a type of service, both technical and administrative requirements; systems, mechanisms, and procedures; completion time; costs or tariffs; product specifications for the type of service; implementing competence; implementing behavior; handling

Table 1. Respondent Criteria

No	Unit	Inclusion Criteria	Exclusion Criteria
1	Respondents in the inpatient unit	Inpatients who have been hospitalized for at least 2 days. The patient is conscious and able to communicate	Patients under 15 years old and over 62 years old
2	Respondents in the outpatient unit	Outpatients at RSUZA	Patients under 15 years old and over 62 years old
3	Respondents in the operating room unit	Patients or their families who are receiving services or undergoing examinations in the operating room	Patients or their families under 15 years old and over 62 years old
4	Respondents in the intensive care unit	The patient's family who accompanies the patient for more than 2 days	None
5	Respondents in the installation support	Patients who receive services or treatment in the installation support or their families	Patients or their families under 15 years old and over 62 years old

complaints, suggestions, and inputs; facilities and infrastructure; and implementing responsibilities.

The questionnaire was developed by the authors in Bahasa (Indonesia Language). The questionnaire was then piloted with a convenient sample of n = 50 respondents among the study population. Data collection was carried out using self-administered questionnaire that consists of two parts, namely respondent information and respondent satisfaction. The respondent satisfaction index in this study is a subjective perception value: satisfied (4), quite satisfied (3), less satisfied (2), and not satisfied (1), which refers to the Likert scale (Jebb et al., 2021) and becomes the outcome of the study.

The respondent information question consists of 6 variables: gender (1 = male, 2 = female), age (1 = 15–20 years, 2 = 21–26 years, 3 = 27–32 years, 4 = 33–38 years, 5 = 39–44 years, 6 = 45–50 years, 7 = 51–56 years, and 8 = 57–62 years), education (1 = no formal education, 2 = elementary school, 3 = junior high school, 4 = senior high school, 5 = vocational education, 6 = bachelor's degree, 7 = masters, and 8 = doctorate), occupation (1 = no formal job, 2 = student, 3 = government employee, 4 = private employee, 5 = entrepreneur, and 6 = other), respondent type (1 = patient and 2 = patient's family), and patient room (1 = operating room unit, 2 = installation support, 3 = outpatient unit, 4 = intensive care unit, 5 = inpatient unit).

Any information obtained from the respondents was kept confidential. All patients had gave their informed consent and participated in the study voluntarily. This was conveyed and explained before the consent was made and written in the informed consent for each respondent. Then, each respondent's name on the questionnaire was replaced with an ID code. This was done to keep the respondent's information confidential.

Instrument for Data Collection

In this study, statistics is the main method used to generalize the study results (Earlia et al., 2021; Idroes et al., 2020, 2021; Idroes, Husna, et al., 2019; Idroes, Noviandy, et al., 2019). Data were analyzed using R-4.1.0 software. First, the questionnaire was tested for validity using Pearson's test and reliability using Cronbach's Alpha test. Then, descriptive statistics was performed in this study. Marginal frequencies and percentages were calculated. The chi-square test of independence was used to analyze the difference in each answer on each variable. The Kendall tau correlation was used to explore the correlation between social demographic variables and the total patient satisfaction value. Next, logistic regression was performed to analyze the relationship between the social demographic variables and the patient satisfaction.

Ethical Approval

The study has been approved by the Health Research Ethics Committee of the Faculty of Medicine at Universitas Syiah Kuala and the Dr. Zainoel Abidin General Hospital (RSUZA), Banda Aceh (KEPPKN Registration number: 167/EA/FK-RSUDZA/2020).

RESULT AND DISCUSSION

Based on the result of validity and reliability test, the questionnaire is valid (p < 0.000)

Table 2. Socio-Demographic Distribution of Respondents (n = 904)

	Frequency	Marginal Percentage	p-value
Gender			
Male	385	42.6%	0.309
Female	519	57.4%	
Age			
15–20 years	67	7.4%	0.095
21–26 years	148	16.4%	
27–32 years	121	1.4%	
33–38 years	163	18.0%	
39–44 years	123	13.6%	
45–50 years	99	11.0%	
51–56 years	75	8.3%	
57–62 years	108	11.9%	
Education			
No formal education	16	1.8%	0.004
Attended Elementary School	77	8.5%	
Attended Junior High School	121	13.4%	
Attended Senior High School	357	39.5%	
Attended Vocational Education	75	8.3%	
Attended Bachelor's Degree	232	25.7%	
Attended Master	25	2.8%	
Attended Doctorate	1	1%	
Occupation			
No Formal Job	178	19.7%	0.026
Student	89	9.8%	
Government Employee	98	10.8%	
Private Employee	87	9.6%	
Entrepreneur	120	13.3%	
Other	332	36.7%	
Respondent Type			
Patient	327	36.2%	0.377
Patient's Family	577	63.8%	
Patient Room			
Operating Room Unit	242	26.8%	0.013
Installation Support	74	8.2%	
Outpatient Unit	353	39.0%	
Intensive Care Unit	39	4.3%	
Inpatient Unit	196	21.7%	

and reliable (Cronbach's Alpha = 0.785). Furthermore, 519 respondents (57.4%) are females, and 385 respondents (42.6%) are males. Furthermore, 163 respondents aged 33–38 years had the highest frequency in this study (18%), followed by 148 respondents aged 21–26 years (16.3%), 123 respondents aged 39–34 years (13.6%), 121 respondents aged 27–32 years (13.3%), and 67 respondents aged 15–20 years (0.7%). Most respondents (357 respondents, 39.4%) belong to the senior high school education group, followed by the bachelor's degree group (232 respondents,

Table 3. Distribution of Respondents' Satisfaction (n = 904)

	Question	Marginal Percentage			
		NS	LS	QS	S
Q1	How satisfied are you with the terms of service for the type of service you availed of?	0.4%	4.6%	20.5%	744%
Q2	How satisfied are you with the service procedures provided by the RSUZA healthcare workers?	0.9%	5.9%	21.2%	72.2%
Q3	How satisfied are you with the time efficiency for RSUZA healthcare workers in completing the entire service process?	4.5%	5.9%	21.2%	72.2%
Q4	How satisfied are you with the rates or fees set for the type of service you availed of?	0.3%	5.3%	19.6%	74.8%
Q5	How satisfied are you with the service received?	0.3%	5.3%	19.6%	74.8%
Q6	How satisfied are you with the ability or competence of RSUZA healthcare workers in providing services?	1.0%	4.0%	20.5%	74.6%
Q7	How satisfied are you with the attitude or behavior of RSUZA healthcare workers in providing services?	0.7%	6.9%	18.6%	73.9%
Q8	How satisfied are you with the way RSUZA handled your complaint or grievance?	1.2%	7.3%	17.4%	74.1%

25.7%). Table 4. Distribution of Respondents' Satisfaction Levels (Q1–Q10; n = 904).

A total of 332 respondents (37.7%) belonged to the "other" category in terms of the occupation, whereas only 87 respondents (9.7%) were private employees. Furthermore, 577 respondents (63.8%) belonged to the patient's family respondent type, and 327 respondents (36.2%) were the patients. The socio-demographic distribution of respondents can be seen in Table 2.

Based on the results of the descriptive analysis, of the 10 questions given to respondents, indicators related to the time efficiency for RSUZA healthcare workers in completing the entire service process are indicators that get the most patient dissatisfaction (41 respondents, 4.5%). Furthermore, there are 11 respondent (1.2%) were not satisfied with the way RSUZA handled complaint or grievance. The distribution of respondents' satisfaction is shown in Table 3.

The study's findings show that respondents were satisfied with the medical services provided by RSUZA. An overwhelming majority of 809 respondents (89.5%) out of the 904 people polled said they were satisfied with the services provided by RSUZA. It's impressive that only one respondent voiced unsatisfied with the healthcare services. These conclusions were reached after a thorough patient satisfaction analysis considering numerous variables. Table 4 shows the distribution of respondents' degrees of satisfaction, giving a clear picture of the overall satisfaction levels. The results were further examined, and it was discovered that several demographic factors were highly correlated with the degree of patient satisfaction. The respondents' satisfaction with the healthcare services at RSUZA was significantly influenced by age, education, and occupation, as shown by the p-values (0.000). This suggests that service satisfaction levels vary among age groups, educational levels, and job classifications. As shown in Table 5, additional variables like gender, respondent type, and patient room were discovered statistically insignificant on patient satisfaction. These findings shed important light on the precise demographic variables that may impact the satisfaction of individuals getting healthcare services.

This study use visualization to improve the understanding of the association between various variables and patient satisfaction, enabling decision-making based on the best available evidence and additional investigation in the area of healthcare service improvement. As illustrated in Figure 1, this studyused regression lines and bubble plots to visually represent the frequency and trends of the relationship between variables to provide a thorough depiction of the patterns and relationships. As demonstrated by other studies conducted by Nadia et al. (2019), Maulana et al. (2020), and Sasmita et al. (2020), this approach helps researchers, healthcare practitioners, and policymakers in comprehending the intricate interplay between variables and patient satisfaction.

Figure 1 (a)-(c) showed the spread of patient satisfaction for patient's age, education level,

and occupation. Bubbles that become larger tend to increase as the values on the vertical scale increase. Based on the bubble plot in Figure 1, the bigger the bubble and the lower the intensity of color, the greater the frequency of the data. Further, the tendency of their correlation can also be seen from the line of interaction.

Figures 1 (a) - (c) showed the distribution of centralized data above the number 30. Figure 1 informed that every category of patient's age, education level, and occupation is satisfied with the health services provided by RSUZA generally. In addition, there is a positive correlation between age and patient satisfaction. The older the respondent, the higher the level of satisfaction given. It can be seen in Figure 1(a). This is different from the education level and patient satisfaction in Figure 1(b). There is a negative correlation

Table 4. Distribution of Respondents' Satisfaction Levels (Q1–Q10; n = 904)

How satisfied are you with the healthcare services of RSU-ZA?	Frequency	Marginal Percentage
Not Satisfied	1	0.1%
Less Satisfied	2	0.2%
Quite Satisfied	92	10.2%
Satisfied	809	89.5%

Table 5. Correlation of Patient Satisfaction

Variable	p-value	τ
Gender	0.079	−0.051
Age	0.000	0.111
Education	0.000	−0.162
Occupation	0.000	0.099
Respondent Type	0.196	0.037
Patient Room	0.609	0.013

between education level and patient satisfaction, meaning that the lower the respondent's education level, the higher the level of satisfaction given is given. Furthermore, in Figure 1 (c), there is a positive correlation between occupation and patient satisfaction, in which was the higher the respondent's occupation index chosen, the higher the satisfaction given.

Next, based on the correlation results, only age, education, and occupation show correlations with patient satisfaction. Because of that, we focused solely on these social demographic variables for the logistic regression analysis.

Based on the Table 6, the parameter estimates of the logistic regression model are displayed in Table 6. In this analysis, the "satisfied" category serves as the reference against which the effects of Age, education, and occupation on the other satisfaction categories ("not satisfied," "less satisfied," and "quite satisfied") are compared. By using the "satisfied" category as a baseline, we can assess the impact of age, education, and occupation on individuals' likelihood of belonging to each of the other satisfaction categories. The comparison allows us to understand how these predictor variables contribute to different levels

of satisfaction among the study participants.

The "not satisfied" category, age, education, and occupation do not show statistically significant effects on individuals' level of satisfaction. For age, the coefficient is -1.011, and the corresponding Wald test results in a non-significant p-value of 0.235, indicating that age does not have a significant impact on being "not satisfied." Similarly, for education and occupation, the coefficients are 0.961 and -0.664, respectively, with Wald test p-values of 0.214 and 0.242, suggesting that neither education nor occupation significantly influence the odds of being "not satisfied."

For the "less satisfied" category, age, education, and occupation do not show consistent and statistically significant effects on individuals' level of satisfaction. For age, the coefficient is -0.074, and the corresponding Wald test yields a non-significant p-value of 0.639, indicating that age does not have a significant impact on being "less Satisfied." Similarly, for education, the coefficient is 0.086, with a non-significant Wald test p-value of 0.740, suggesting that education does not play a significant role in determining the odds of being "less Satisfied." While occupation has a coefficient of -0.319, with a marginally signi-
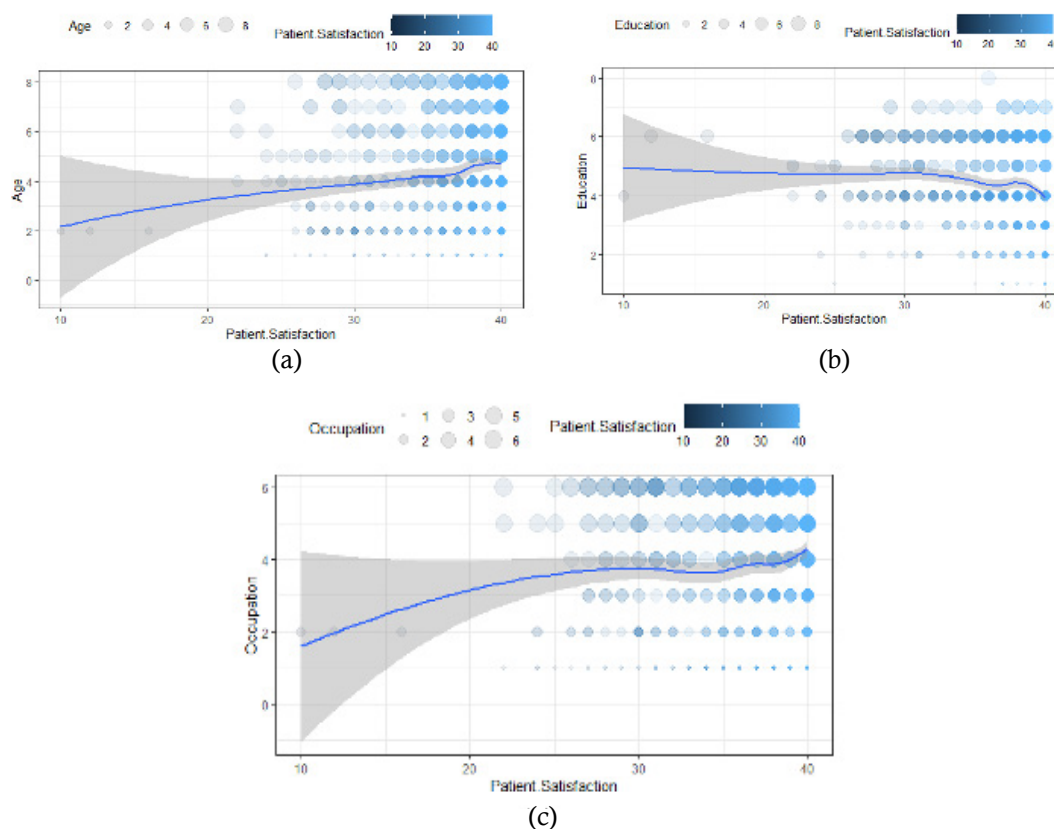
Figure 1. (a) bubble plots of age and patient satisfaction, (b) bubble plots of education and patient satisfaction, and (c) bubble plots of occupation and patient satisfaction

ficant Wald test p-value of 0.079, it implies that occupation might have a modest negative effect on the odds of being "less satisfied," but the significance level is borderline.

In the case of "quite satisfied" category, the results show distinct and statistically significant effects of age, education, and occupation on individuals' level of satisfaction. For age, the coefficient is -0.115, and the corresponding Wald test yields a highly significant p-value of 0.005, suggesting that age has a significant negative effect on the odds of being "quite satisfied." For every one-unit increase in age, individuals are approximately 11% less likely to be "quite satisfied" compared to the reference category, holding other predictors constant. In contrast, education has a significant positive effect, with a coefficient of 0.277 and an extremely low Wald test p-value of 0.000, indicating that individuals are approximately 31.9% more likely to be "quite satisfied" for every one-unit increase in education, while other predictors are held constant. For occupation, although the coefficient is -0.071, the Wald test p-value of 0.099 is not statistically significant, suggesting that occupation may not have a significant effect on the odds of being "quite sa-

tisfied." Overall, the logistic regression analysis in indicate that in the "not satisfied" and "less satisfied" categories, these predictor variables do not demonstrate statistically significant effects on individuals' level of satisfaction. However, in the "quite satisfied" category, age shows a significant negative impact, while education has a significant positive effect on satisfaction levels. Occupation's influence on the odds of being "quite satisfied" is not statistically significant. participants.

The main objective of hospitals is to guarantee patient satisfaction by offering top-notch medical care. The degree to which people are satisfied with the care they receive from healthcare providers can be determined by patient satisfaction (Manzoor et al., 2019). According to Xesfingi and Vozikis (2016), it provides essential insights into the effectiveness and efficiency of hospital services by demonstrating the degree to which patients' expectations and needs are met. The importance of patient happiness goes beyond specific experiences because it is essential to healthcare organizations' overall success and reputation. With the increased focus on patient-centered care, hospitals are realizing the value of prioritizing patient satisfaction and incorporating

Table 6. Parameter Estimate of Logistic Regression

Satisfication[a]		B	Std. Error	Wald	Sig.	Exp(B)
Not Satisfied	Intercept	-5.684	3.398	2.798	0.094	
	Age	-1.011	0.851	1.411	0.235	0.364
	Education	0.961	0.774	1.543	0.214	2.615
	Occupation	-0.664	0.568	1.369	0.242	0.515
Less Satisfied	Intercept	-3.317	1.358	5.971	0.015	
	Age	-0.074	0.157	0.220	0.639	0.929
	Education	0.086	0.259	0.110	0.740	1.090
	Occupation	-0.319	0.182	3.083	0.079	0.727
Quite Satisfied	Intercept	-1.755	0.369	22.571	0.000	
	Age	-0.115	0.040	8.027	0.005	0.892
	Education	0.277	0.063	19.295	0.000	1.319
	Occupation	-0.071	0.043	2.724	0.099	0.931

a. The Reference Category is Satisfied

$$g_1(x) = -5.684 - 1.011\,Age + 0.961\,Education - 0.664\,Occupation \quad (2)$$

$$g_2(x) = -3.317 - 0.074\,Age + 0.086\,Education - 0.319\,Occupation \quad (3)$$

$$g_3(x) = -1.755 - 0.115\,Age + 0.277\,Education - 0.071\,Occupation \quad (4)$$

it into their healthcare delivery strat.

In many areas of healthcare, patient satisfaction has gained attention and relevance (Kruse et al., 2017). This includes not only the medical care provided but also the entire patient experience, which includes contact with medical staff, accessibility to services, communication, and the hospital's physical environment. Healthcare organizations are increasing their efforts to improve various aspects of service delivery to meet changing patient expectations as they realize that patient satisfaction is multifaceted. This requires implementing patient-centered strategies, strengthening communication channels, fostering a respectful and empathetic environment, and continuously assessing and improving service quality. Hospitals hope to improve patients' healthcare experience by embracing these innovations, ultimately leading to better health outcomes and general well-being. The impact of several demographic characteristics on patient satisfaction was looked at in this study. The demographic factors included respondent type, gender, age, education, occupation, and patient room. Based on gender,

age, and respondent type, there were statistically insignificant in patient satisfaction (p = 0.309, 0.095, and 0.377, respectively), according to the study's findings. These findings imply that the amount of satisfaction experienced by individuals was not significantly influenced by gender, age, or whether or not the responder was a patient.

However, based on the respondent's level of education, line of work, and patient room, the study did find substantial disparities in patient satisfaction. The particular reasons contributing to these discrepancies were explored through more investigation and comparisons across these categories. This study sought to learn more about the subtle nuances of healthcare delivery that may influence people's overall satisfaction levels by examining the impact of education, occupation, and patient room on patient satisfaction. Based on their educational background, line of work, and the room assigned during their hospital stay, these findings can offer valuable insights for healthcare providers and policymakers in tailoring services and interventions to address various patient groups' specific needs and preferences.

In addition to the dissatisfaction expressed regarding the time taken to complete healthcare services, respondents in the study also highlighted the need for service providers to evaluate and improve several other indicators. These indicators serve as crucial areas of focus for enhancing the overall quality of healthcare services at RSUZA. One such indicator that garnered high satisfaction from respondents was the sense of responsibility exhibited by RSUZA healthcare workers. Recognized as a pivotal element in service quality, responsibility plays a vital role in establishing patient trust and confidence in healthcare providers. Therefore, it is imperative for RSUZA to actively engage in activities aimed at improving and continually enhancing this aspect to meet patient expectations and deliver high-quality healthcare services.

To address the concerns raised by respondents regarding the time taken for healthcare services, RSUZA should prioritize strategies that streamline processes and minimize wait times. This could involve implementing efficient appointment systems, optimizing resource allocation, and enhancing coordination among healthcare professionals. By addressing these issues, RSUZA can improve patient satisfaction and ensure a positive healthcare experience. Furthermore, efforts should be made to enhance the overall service quality on all the identified indicators. By continuously evaluating and refining their services, RSUZA can not only meet patient expectations but also build a reputation as a trusted healthcare provider in the community.

This study demonstrated that age has a positive association with patient satisfaction, which is in accordance with previous studies (Adhikari et al., 2021; Djordjevic and Vasiljevic, 2019; Xesfingi and Vozikis, 2016). According to some literature, patient education level also has an association with the level of patient satisfaction (Alsayali et al., 2019; Bahrampour and Zolala, 2005; Jafari Kelarijani et al., 2014). Apart from these two factors, occupation also has implications for patient satisfaction (Adhikari et al., 2021; Djordjevic and Vasiljevic, 2019). These three factors need to be a concern for healthcare service providers at RSUZA in increasing patient satisfaction as one of the benchmarks for the quality of services provided.

As with any study, there are certain limitations that need to be acknowledged to provide a comprehensive understanding of the research findings. One notable limitation is the composition of the respondents, which predominantly consisted of patient family members. While their perspectives and insights are valuable, it is impor-

tant to recognize that they may not fully represent the experiences and viewpoints of the actual patients themselves. Therefore, to obtain a more holistic understanding of the healthcare services provided by RSUZA, future studies should aim to include a larger proportion of patient responders.

By including a diverse range of patients as respondents, researchers can gain a more accurate understanding of the specific needs, preferences, and concerns of those directly receiving healthcare services. This can help identify areas for improvement that may have been overlooked when relying solely on the perspectives of patient family members. Furthermore, including patient responders can offer valuable insights into the quality of care from the patient's perspective, shedding light on aspects such as communication, empathy, and patient-centeredness.

To overcome this limitation in future studies, researchers can enhance patient participation through methods like collecting direct feedback from patients. This can be achieved through surveys or interviews conducted during or immediately after their healthcare experience. It is also important to include a diverse range of patient responders, encompassing various demographics, medical conditions, and treatment settings.

CONCLUSION

This study aimed to assess patient satisfaction in hospital healthcare services at RSUZA and examine the socio-demographic factors associated with patient satisfaction. The majority of respondents were satisfied with healthcare services. However, time efficiency for healthcare workers in completing services received the lowest satisfaction scores. The study also revealed that age, education level, and occupation significantly correlated with patient satisfaction, while gender, respondent type, and patient room did not have a significant correlation. Further analysis using the logistic regression indicates that age, education, and occupation do not show statistically significant effects on satisfaction levels in the "not satisfied" and "less satisfied" categories. However, in the "quite satisfied" category, age has a significant negative impact, while education has a significant positive effect. Occupation, on the other hand, does not significantly influence the odds of being "quite satisfied."

These findings highlight the importance of considering demographic factors when addressing patient satisfaction and improving healthcare services. The study recommends that RSUZA prioritize strategies to streamline processes and minimize wait times to address concerns related

to time efficiency. Additionally, efforts should be made to enhance the overall service quality in terms of responsibility, service procedures, attitude and behavior of healthcare workers, and handling complaints.

DISCLOSURE

The author reports no conflicts of interest in this work.

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