

The Quality of Health Service Towards Patient Satisfaction in Liquidoe Health Centre, Aileu Municipality, Timor-Leste

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ABSTRACT

Patient satisfaction is influenced by factors like service quality, accessibility, and personal experience, which significantly affect the choice between private and public healthcare facilities. Factors affecting healthcare quality include technical competence, access, effectiveness, and interpersonal relationships. The study aimed to determine the impact of quality service on patient satisfaction. The methods used were quantitative with a cross-sectional approach. The sample in this study was patients who received health services at the Lequidoe Community Health Center. Data collection was conducted using a questionnaire designed to contain a series of questions related to the quality of health service on patient satisfaction. A data analysis test using Pearson's product-moment correlation was performed on the relationship between the variables. The finding of the quality of health service on patient satisfaction classified Tangibles and Responsiveness as having a strong correlation with patient satisfaction. Reliability is classified as having a strong enough correlation with patient satisfaction. Empathy and Assurance are classified as having enough correlation with patient satisfaction. The patient's capacity to receive timely and appropriate care, while taking into consideration available resources and survival prospects, has a substantial influence on their perception of the healthcare environment and the aspects that form their experiences during their visit. Policymakers should prioritize educating patients about basic healthcare at health facilities

INTRODUCTION

Patient satisfaction is influenced by a variety of factors, including service quality, accessibility, and personal experience, and has a significant impact on the choice between private and public healthcare facilities. A thorough literature review revealed that patient satisfaction levels differ significantly across private and public healthcare systems, with multiple studies demonstrating these differences. A comprehensive patient satisfaction survey found that while many patients chose public facilities for perceived efficiency and responsiveness, others preferred private facilities for greater service quality and shorter wait times. (Adewole et al., 2022). In contrast, Akande et al. found that a significant percentage of clients in public health facilities reported levels of patient satisfaction compared with private facilities, suggesting that public facilities can sometimes outperform private facilities in patient satisfaction metrics. (Akande et al., 2022). This sentiment is in line with a study in Bangladesh, where patients in private hospitals reported higher levels of satisfaction despite higher costs for these facilities and attributed their satisfaction to better service quality and responsiveness from healthcare providers. (Begum et al., 2022).

Quality of service is defined as the degree of efficient and effective service delivery per professional standards, standards of service implemented comprehensively in response to patient needs, the use of appropriate technology, and the development of health or nursing services to achieve optimal health levels. (Nguyen et al., 2021). Examined the effects of service quality characteristics, including emotion, function, social influence, and trust, on inpatient satisfaction, perceived value, and customer loyalty in the private healthcare sector. The study found that most of these dimensions significantly impacted perceived value and satisfaction, with social influence emerging as a powerful factor. (Nguyen et al., 2021).

According to Timor Leste National Health Strategy II Edition 2020-2030, improving efficiency in the utilization of services by strengthening the referral system is key to improving the quality and credibility of the health services at all levels. Ensuring timely access to the appropriate level of services in case of life-threatening complications will result in more individuals/patients making more use of lower-level facilities as opposed to higher-level facilities and in the reduction of self-referrals. Accordingly, the facilitation role of the managers of all facilities involved becomes central. The process requires good communication accompanying patients in both directions: upward (describing presenting problems at the lower tier facility and requesting specific help) and downward (information back to the lower tier facility describing findings, actions taken, and follow-up needed), (NHSSP II 2020-2030, 2020). Factors that can affect the quality of health care include technical competence (ability, skills, and presentation of services), access or affordability of services, effectiveness, and interpersonal relationships (interactions between providers and patients, healthcare team colleagues and patients, and subordinates). Good human interactions promote trust, mutual respect, confidentiality, and care. Other factors that can affect the quality of health care include the efficiency of human resources and the continuity of services that ensure patients receive adequate care. Lack of

continuity of services reduces the efficiency and quality of interpersonal interactions.

However, the existence of Lequidoe Community Health Center can also help the community facilitate development activities in the health sector in the area to meet the health needs of the community. This is proven by the fact that this government health facility can absorb 26 health workers at Lequidoe Community Health Center, consisting of 6 Doctors, 4 Health Nurses, 1 Field, 2 Pharmacists, 2 Laboratory Analysis Technicians, 6 Nurses, 1 Dentist Technician, 1 Nutrition Coordinator, 1 Malaria Coordinator, 1 Statistical Information System or Administration and 1 Head of Lequidoe Community Health Center, according to their respective expertise and abilities, (Statistical Data Lequidoe Community Health Center, 2018). From these data, health workers are still lacking in providing health services because the health workers who can serve the community in the target area (7), Villages, and 9522 population. However, some health professionals at Lequidoe Community Health Centers are not doing their duties appropriately, as evidenced by a lack of enthusiasm for the job. There are also health professionals who come late because their houses are too far away from health facilities, do not arrive on time, or leave the room during working hours, and health facilities are insufficient; this is also evidenced by patient complaints about health workers' unpleasant attitudes. People in need of services at community health centers are dissatisfied because health workers have not met the government's employment standards, notably those set by the Ministry of Health of Timor-Leste.

Family Health Posts are the interface between the community and the Community Health Centres. They are expected to organize and coordinate structured, permanent dialogue and interaction with families and individuals within a community, by undertaking: Curative, Rehabilitative, Preventive, Promotive activities, Electronic health registration (health profile) of the population in the catchment area, Records-keeping and reporting on activities, Micro-planning to ensure all communities in the catchment area are receiving essential package of PHC services (NHSSP II 2020-2030, 2020). These efforts are expected to achieve the goals of health development, namely the realization of awareness, desire, and ability to live healthily, so that everyone can realize optimal health levels. To overcome this, a health worker must be skilled in carrying out extermination actions to fulfill their roles, functions, duties, and obligations in providing health services under established standards.

LITERATURE REVIEW

Quality of Health Service

According to (World Health Organization, OECD & Bank, 2018) Quality is a complex and multifaceted concept that requires the design and simultaneous deployment of combinations of discrete interventions. The development, refinement, and execution of a national quality policy and strategy is a growing priority as countries strive to systematically improve health system performance. Most approaches to national quality strategy development involve one or more of the following processes: 1) A quality policy and implementation strategy as part of the formal health sector national plan; 2). A quality policy document developed as a stand-alone national document, usually within a multistakeholder process, led or supported by the Ministry of Health; 3). A national quality implementation strategy - with a detailed action agenda - which includes a section on essential policy areas; 4). enabling legislation and regulatory statutes to support the policy and strategy. The study also clarifies that the Service Quality provided by the hospital had a direct influence on the patients' satisfaction and loyalty. (Asnawi et al., 2019). To measure service quality, scholars have also developed the SERVQUAL model to help service providers identify and effectively improve their service delivery. The SERVQUAL model categorizes service quality into five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. (Haidar & Science, 2025; Liu & Chen, 1985; Nguyen et al., 2021).

Patient Satisfaction

Healthcare service providers aim to achieve a level of patient satisfaction that will ensure that they have a good reputation. Overall patient satisfaction is defined as satisfaction with the series of interactions that occur during the delivery of a healthcare service. Patient satisfaction is considered to be the result of care in itself, and thus it stands as a primary contributor to better patient compliance, which resultantly provide improved clinical results. (Lim et al., 2018). Patient satisfaction is best understood as a multi-attribute model with completely different aspects of care decisive overall satisfaction (Hoxha et al., 2019). Patient satisfaction occurs when healthcare providers exceed their expectation in the delivery of quality health services, (Wu et al., 2021).

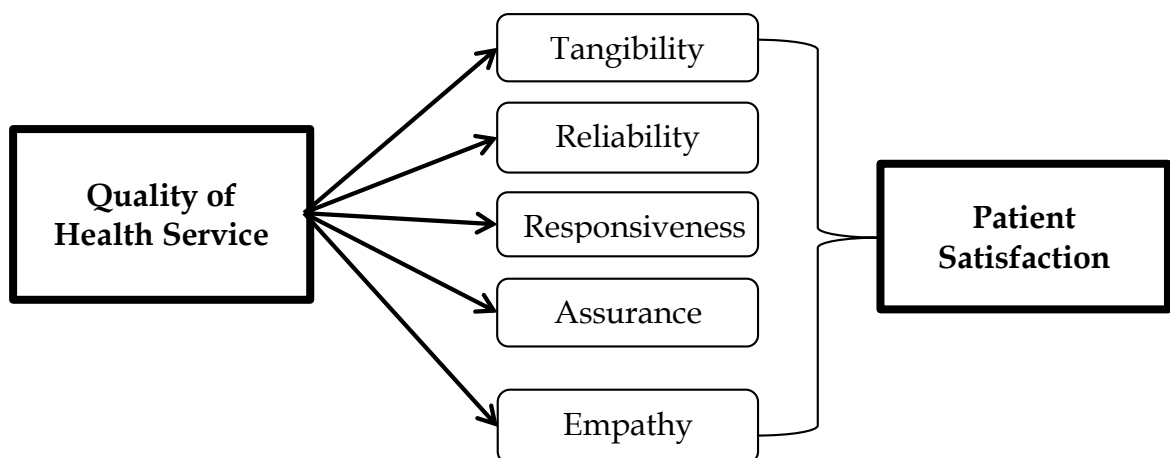


Figure 1. Theoretical Framework

METHODOLOGY

This study used quantitative research with a cross-sectional approach. The population used in this study is a definite Population. A Definite Population is a population whose number can be counted or a population whose quantitative boundaries are clear because it has limited characteristics, such as area, number of sufferers, number of students, and number of toddlers (Adiputra et al., 2021). The sample in this study was patients who received health services at the Lequidoe Community Health Center, which consisted of 25 patients. The sampling technique used in this research is the Incidental Sampling technique. According to Sugiyono, accidental sampling is a sampling technique based on coincidence, meaning that anyone who happens to meet the researcher can be used as a sample, if the person he meets by chance is considered suitable as a data source (Adiputra et al., 2021). Data collection was conducted using a questionnaire designed to contain a series of questions related to the quality of health service on patient satisfaction. A data analysis test using Pearson's product-moment was performed to determine the relationship between the variables.

RESULTS

Descriptive Analysis

The results of the study conducted at the Lequidoe Health Center, Aileu Regency, with the distribution of respondent characteristics in this study consisting of gender, age, education level, and employment status of respondents, as in the following table:

Table 1. Descriptive Analysis for the Characteristics of Respondents

Sex	Frequency	Percentage (%)
Men	14	56
Women	11	44
Aged		
20-29	11	44
30-39	9	36
40-49	3	12
50-59	2	8
Education level		
Analphabet	10	40
Elementary school	5	20
Junior high school	4	16
Senior high school	5	20
Bachelor's degree	1	4
Employment Status		
Unemployed	12	48
Employee	6	24
Business	7	28
Total	25	100

Based on the results of descriptive analysis, the majority of respondents based on gender are male as many as 56%, respondents aged between 20-29 years as many as 44%, the majority of education level is Analphabet as many as 40%, and employment status is unemployed as many as 48%.

Bivariate Analysis

Table 2. Bivariate Analysis of the Influence of the Quality of Health Service on Patient Satisfaction

Quality of Health Service	Correlations	Patient Satisfaction
Tangibles	Pearson Correlation	0.527**
	Sig. (2-tailed)	0.007
Reliability	Pearson Correlation	0.374
	Sig. (2-tailed)	0.066
Responsiveness	Pearson Correlation	0.515**
	Sig. (2-tailed)	0.008
Empathy	Pearson Correlation	0.247
	Sig. (2-tailed)	0.234
Assurance	Pearson Correlation	0.21
	Sig. (2-tailed)	0.314
	N	25
**. Correlation is significant at the 0.01 level (2-tailed).		
*. Correlation is significant at the 0.05 level (2-tailed).		

Based on the results showed that the influence of the quality of health service on patient satisfaction in indicators of Tangibles is classified as a strong correlation with a value is $r=0.527$. The size of the contribution from Tangibles to patient satisfaction is shown in the determinants of coefficients $r^2 \times 100\% = 0.525 \times 100\% = 27.8\%$. The Reliability is classified as a strong enough correlation with a value is $r=0.374$. The size of the contribution from reliability to patient satisfaction is shown in the determinants of coefficients $r^2 \times 100\% = 0.374 \times 100\% = 14\%$. Responsiveness is classified as a strong correlation with a value is $r=0.515$. The size of the contribution from Responsiveness to patient satisfaction is shown in the determinants of coefficients $r^2 \times 100\% = 0.515 \times 100\% = 26.5\%$. Empathy is classified as having enough correlation with a value is $r=0.247$. The size of the contribution from reliability to patient satisfaction is shown in the determinants of coefficients $r^2 \times 100\% = 0.247 \times 100\% = 6.1\%$. Assurance is classified as having enough correlation with a value is $r=0.21$. The size of the contribution from reliability to patient satisfaction is shown in the determinants of coefficients $r^2 \times 100\% = 0.247 \times 100\% = 4.4\%$.

DISCUSSION

According to the (NHSSP II 2020-2030, 2020), the Government is determined to improve access to and equity of essential health care services and to ensure that the health sector plays its essential role in the realization of SDP 2030 goals. As a signatory of the Agenda 2030 with its internationally defined Sustainable Development Goals (SDGs), Timor-Leste has expressed its commitment to reach these targets in the remaining ten years by incorporating these and other national targets into the annual operational plans to inform and guide priority interventions and resource allocation.

Based on the results showed that the influence of the quality of health service on patient satisfaction classified the quality of health service as Tangibles, Reliability, Responsiveness, Empathy, and Assurance. Tangibles are classified as having a strong correlation with patient satisfaction. The size of the contribution from Tangibles to patient satisfaction is 27.8%. Reliability is classified as having a strong enough correlation with patient satisfaction. The size of the contribution from reliability to patient satisfaction is 14%. Responsiveness is classified as having a strong correlation with patient satisfaction. The size of the contribution from Responsiveness to patient satisfaction is 26.5%. Empathy is classified as correlating with patient satisfaction. The size of the contribution from reliability to patient satisfaction is 6.1%. Assurance is classified as having enough correlation with patient satisfaction. The size of the contribution from reliability to patient satisfaction is 4.4%.

The results of a study showed that patients in private and government hospitals had a favorable experience with good quality of service, and in private hospitals had better performance in all parameters. Patient feedback can help identify and improve concerns about the quality of health services, resulting in higher-quality health care and improved patient satisfaction (Alharbi, 2023). Compared with the study from Begum et al., found that two-thirds of patients at tertiary care hospitals are pleased with their inpatient service, with higher satisfaction percentages in private hospitals. However, the lowest levels of satisfaction were seen in the hospital environment and patient family care. Patient satisfaction could be increased by improvements to patient-centered treatment and the hospital environment. Outpatients' primary need for quality healthcare is to meet their information needs, with patient diagnoses and investigations being the least communicated (Begum et al., 2022).

Outpatients generally appreciate the quality of pharmaceutical services, but two aspects (guarantee and reliability) are rated negatively. To enhance service quality, managers should provide more training to pharmacists, the government should develop guidelines on patient information, and hospitals should use efficient procurement and outpatient management methods. This will help improve service quality and patient satisfaction (Kassa et al., 2021). To enhance service quality and family satisfaction, healthcare providers must prioritize effective and regular communication with family members. Keeping them well-informed on the patient's condition and treatment plan is essential (Liyew et al., 2024). Primary health care facilities offer lower-quality health services to people who want to seek health care that meets their expectations. The study recommends

that the Government Authorities in Tanzania strengthen the monitoring and evaluation of health service delivery in more comprehensive public health facilities (Msacky, 2024). Nurses and decision makers in the ED will be provided with information on evidence-based strategies to improve triage quality and factors needed to improve service effectiveness (Ouellet et al., 2023). The study highlights the importance of developing care concepts to improve patient safety and ensure timely care delivery, considering available resources and survival chances. It also emphasizes raising patient awareness of available healthcare services and their effectiveness. Healthcare practitioners can use these findings to build interventions that improve treatment quality and minimize waiting times by raising patient understanding of accessible primary care services (Alnaeem et al., 2024).

This study found that improving the quality of health services requires an organization that refers to every effort made in groups in an organization to maintain and improve the health of individuals, families, groups, or the entire community. One of these health efforts is implemented through primary health services, which are the focus of community development and provide good, equitable, and easy accessibility for the community by involving the community effectively and efficiently.

CONCLUSIONS AND RECOMMENDATIONS

The study reveals that patient satisfaction in healthcare is influenced by factors such as tangibles, reliability, responsiveness, empathy, and assurance. Tangibles and Responsiveness are highly correlated with patient satisfaction, while reliability is strongly correlated. Empathy and assurance are moderately correlated. The study suggests that patients' access to timely and appropriate care influences their understanding of the health facility environment and their experience. Policymakers should focus on improving patient knowledge about primary care service utilization and referral in health institutions, supported by investment in resources and training.

FURTHER STUDY

Further research needs to be conducted the research more about the health types of equipment, health facilities and community accessibility to the community Health Center in Rural area.

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