The Relationship Between Hospitality Implementation and Individual Characteristics with Patient Satisfaction Regarding Health Services at Community Health Centers Matraman, East Jakarta in 2025

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***Abstract**.*

Hospitality in health services encompasses friendliness, effective communication, empathy, and facility comfort. The policy on Hospitality in health services in DKI Jakarta Province is based on the Decree of the Head of the Jakarta Health Office No. 407 of 2021 concerning Health Service Guidelines that prioritize hospitality. The implementation of this policy requires evaluation to determine the achievement of its objectives. This study aimed to analyze the implementation of the Hospitality policy and individual characteristics in relation to patient satisfaction at Matraman Community Health Center, East Jakarta, in 2025. The research method employed was descriptive analytic with a quantitative approach and cross-sectional design. A total sample of 100 respondents was drawn from the population using the Slovin formula, with inclusion criteria being respondents aged ≥16 years, male or female, and patients or individuals utilizing health services at Matraman Community Health Center. Data were collected through a questionnaire that had undergone validity and reliability testing. Data analysis included univariate, bivariate, and multivariate tests. The results showed that patient satisfaction levels were generally high, with the majority reporting "satisfied" and some "very satisfied." Bivariate analysis indicated significant relationships between friendliness (p = 0.0001; OR = 40.289), communication (p = 0.0001; OR = 19.167), empathy (p = 0.0001; OR = 43.714), and facility comfort (p = 0.0001; OR = 12.500) with patient satisfaction. Individual characteristics showed no significant relationship. Multivariate analysis identified empathy (p = 0.0001; OR = 13.850) as the dominant factor, followed by friendliness (p = 0.002; OR = 11.075). In conclusion, patient satisfaction at Matraman Community Health Center is primarily associated with staff empathy and friendliness.

***Keywords:** Hospitality policy; health services; patient satisfaction and community health center.*

I.   INTRODUCTION

*Hospitality*Hospitality in healthcare encompasses a friendly attitude, effective communication, empathy, and comfortable facilities. Research shows that the implementation of hospitality is associated with patient satisfaction and increases their loyalty to healthcare facilities (Nurhasanah, 2022).Service quality is crucially linked to patient satisfaction because it provides support that helps patients build strong relationships with healthcare institutions. Good service creates a sense of satisfaction among service users. Ideal service quality meets community expectations and impacts patient satisfaction. Good service quality also supports the creation of strong relationships between healthcare institutions and patients. Therefore, this study aims to analyze the relationship between hospitality implementation and patient satisfaction at Community Health Centers (Puskesmas), as a means to improve the quality of primary healthcare services.

Service quality is the effort to meet consumer needs and desires through appropriate delivery, thereby meeting expectations and providing customer satisfaction. In this context, service quality is closely related to customer satisfaction, particularly patient satisfaction (Melky Kindly Suwuh, 2018).   Communication becomes less effective when there are errors in interpreting the received message. These errors can arise from differences in perception between the communicating parties.

This often occurs in healthcare institutions, for example, when patients feel dissatisfied because staff don't understand the intended message. If errors in understanding messages occur repeatedly, this can lead to patient dissatisfaction. This dissatisfaction ultimately impacts the quality of care provided. (Mustikasari, 2006:1) A Community Health Center is a health service facility that provides first-level public health services, prioritizing promotive and preventive efforts.preventive, to achieve the highest possible level of health in the work area. (Ismainar, 2015). Based onAccording to the 2023 profile data of the East Jakarta

City Health Office, there are 83 Community Health Centers in East Jakarta, consisting of 10 non-inpatient Community Health Centers and 73 Assistant Community Health Centers, one of which is the Matraman Community Health Center. (Health Profile of the East Jakarta Health Office, 2023) To improve the quality of health services to the community, the DKI Jakarta Provincial Health Office issued Decree No. 407 of 2021 concerning Health Service Guidelines that prioritize Hospitality in the Special Region of Jakarta Province, which was adopted as a service model across all DKI Jakarta Provincial Health Service Facilities. These activities were implemented through workshops and training for service officers at Community Health Centers in 2022 by the DKI Jakarta Provincial Health Office in collaboration with the DKI Jakarta Provincial Health Training Center.The number of customer complaints at the Matraman Community Health Center in 2023 was 147, decreasing to 98 in 2024. Along with the implementation of Hospitality Services, which include friendliness, empathy, effective communication, and comfortable facilities at the Matraman Community Health Center, further research is needed to determine the effectiveness of this Hospitality implementation.

II.   METHODS

This study used a quantitative cross-sectional design to evaluate the implementation of the Hospitality Services Program at Matraman Community Health Center. Data were collected through a survey using a questionnaire administered to patients/individuals using health services at Matraman Community Health Center.The population in this study were patients/individuals who used health services at the Matraman Community Health Center in June 2025,The average number of patient visits per month is 5519, the number of samples taken using the Slovin formula with a sample size of 100 people. The research sample was taken using a purposive sampling method with inclusion criteria: Patients or individuals who use health services at the Matraman Community Health Center, Aged ≥ 16 years, Willing to be respondents by signing an informed consent, Male and Female gender

III.   RESULT AND DISCUSSION

Univariate Analysis

Age Category	Frequency (n)	Percentage (%)
Teenager	6	6.0%
Mature	82	82.0%
Elderly	12	12.0%

Based on the results of a univariate analysis of the respondents' age distribution, the majority of respondents were adults, namely 82 people (82.0%), while 12 respondents were elderly (12.0%), and 6 respondents were teenagers (6.0%).

Gender	Frequency (n)	Percentage (%)
Man	14	14.0%
Woman	86	86.0%
Total	100	100.0%

The majority of respondents in this study were female, as many as 86 people (86.0%), while there were 14 male respondents (14.0%).

Table 5.1. Distribution of Respondents' Education Level

Level of education	Frequency (n)	Percentage (%)
Low	3	3.0%
Currently	74	74.0%
Tall	23	23.0%
Total	100	100.0%

The majority of respondents (74 people) had a moderate level of education (junior high school–high school). Twenty-three respondents (23.0%) had a high level of education, while three respondents (3.0%) had a low level of education (elementary school).

Table 5.2. Distribution of Respondents' Perceptions of Officers' Friendly Attitudes

Assessment Categories	Frequency (n)	Percentage (%)
Satisfied	54	54.0%
Very satisfied	46	46.0%
Total	100	100.0%

Based on the Table5.4, A total of 54 respondents (54.0%) stated they were satisfied, while 46 respondents (46.0%) stated they were very satisfied. There were no respondents who gave dissatisfied ratings.

Table 5.3. Distribution of Respondents' Perceptions of Officer Communication

Assessment Categories	Frequency (n)	Percentage (%)
Satisfied	53	53.0%
Very satisfied	47	47.0%
Total	100	100.0%

The analysis results showed that the majority of respondents rated the officers' communication as good, with 53 respondents (53.0%) feeling satisfied and 47 respondents (47.0%) feeling very satisfied. No respondents expressed dissatisfaction.

Table 5.4. Distribution of Respondents' Perceptions of Officer Empathy

Assessment Categories	Frequency (n)	Percentage (%)
Satisfied	57	57.0%
Very satisfied	43	43.0%
Total	100	100.0%

The results of the study showed that the majority of respondents felt satisfied with the empathy of the officers, namely 57 people (57.0%), while 43 respondents (43.0%) stated that very satisfied.

Table 5.5. Distribution of Respondents' Perceptions of Facility Comfort

Assessment Categories	Frequency (n)	Percentage (%)
Satisfied	64	64.0%
Very satisfied	36	36.0%
Total	100	100.0%

Based on the research results, the majority of respondents stated that they were satisfied with the comfort of the available facilities, namely 64 people (64.0%), while 36 people (36.0%) stated that they were very satisfied.

Table 5.6. Distribution of Respondent Satisfaction Levels

Satisfaction Category	Frequency (n)	Percentage (%)
Satisfied	58	58.0%
Very satisfied	42	42.0%
Total	100	100.0%

The results showed that the majority of respondents, 58 people, were satisfied with the service they received, while 42 people stated they were very satisfied. No respondents stated they were dissatisfied.

Table 5.7. The Relationship Between Gender and Patient Satisfaction

Gender	Patient Satisfaction				Total		p-value	OR (95% CI)
	Satisfied		Very satisfied					
	n	%	n	%	n	%		
Man	7	50	7	50	14	100		0.686
Woman	51	59.3	35	40.7	86	100	0.717	(0.221-
Total	58	58	42	42	100	100		2.130)

The results of the analysis showed that in the male group (n = 14), 7 respondents (50%) each stated that they were satisfied and 7 respondents (50%) stated that they were very satisfied with the service. In the female group (n = 86), 51 respondents (59.3%) stated that they were satisfied and 35 respondents (40.7%) stated that they were very satisfied. The chi-square test produced a p-value of 0.717 (> 0.05), which means that there is no significant relationship between gender and patient satisfaction. Thus, gender was not proven to be a factor that influences the level of patient satisfaction in this study.

Table 5.8. The Relationship between Education and Patient Satisfaction

Education	Patient Satisfaction				Total		p-value	OR (95% CI)
	Satisfied		Very satisfied					
	n	%	n	%	n	%		
Low	1	33.3	2	66.7	3	100		3,750 (0.293-47,989)
Currently	42	56.8	32	43.2	74	100	0.543	
Tall	15	65.2	8	34.8	23	100		
Total	58	58	42	42	100	100		

Respondents with medium education, as many as 42 respondents (56.8%) stated that they were satisfied and 32 respondents (43.2%) stated that they were very satisfied. In higher education (n = 23), as many as 15 respondents (65.2%) stated that they were satisfied and 8 respondents (34.8%) stated that they were very satisfied. The chi-square test produced a p-value of 0.543 (> 0.05) which means that there is no significant relationship between education level and patient satisfaction.

Table 5.9. The Relationship Between Staff Friendliness and Patient Satisfaction

Staff Friendliness	Patient Satisfaction				Total		p-value	OR (95% CI)
	Satisfied		Very satisfied					
	n	%	n	%	n	%		
Satisfied	49	90.7	5	9.3	54	100		40,289 (12,459-130,279)
Very satisfied	9	19.6	37	80.4	46	100	0.0001	
Total	58	58	42	42	100	100		

Based on the analysis results, patients who gave an assessment of the friendliness of the officers in the satisfied category (n = 54), as many as 49 people (90.7%) stated that they were satisfied and 5 people (9.3%) stated that they were very satisfied. The results of the chi-square test showed a p-value of 0.0001 (<0.05), which means that there is a very significant relationship between the friendliness of the staff and the level of patient satisfaction.

Table 5.10. The Relationship Between Staff Communication and Patient Satisfaction

Patient Communication	Patient Satisfaction				Total		p-value	OR (95% CI)
	Satisfied		Very satisfied					
	n	%	n	%	n	%		
Satisfied	46	86.8	7	13.2	53	100		19,167 (6,383-53,720)
Very satisfied	12	25.5	35	74.5	47	100	0.0001	
Total	58	58	42	42	100	100		

The results of the analysis showed that patients who assessed the communication of officers in the satisfied category (n = 53), there were 46 respondents (86.8%) who stated they were satisfied and 7 respondents (13.2%) who stated they were very satisfied. Patients who assessed the communication of officers in the very satisfied category (n = 47), as many as 12 respondents (25.5%) stated they were satisfied and 35 respondents (74.5%) stated they were very satisfied. The chi-square test produced a p-value of 0.0001 (<0.05), which means there is a significant relationship between officer communication and patient satisfaction.

Table 5.11. The Relationship Between Empathy and Patient Satisfaction

Empathy	Patient Satisfaction				Total		p-value	OR (95% CI)
	Satisfied		Very satisfied					
	n	%	n	%	n	%		
Satisfied	51	89.5	6	10.5	57	100		43,714 (13,555-140,977)
Very satisfied	7	16.3	36	83.7	43	100	0.0001	
Total	58	58	42	42	100	100		

The results of the analysis on patients who rated the empathy of officers in the satisfied category, there were 51 respondents (89.5%) who stated they were satisfied and 6 respondents (10.5%) who stated they were very satisfied. Meanwhile, in patients who rated the empathy of officers in the very satisfied category, 7 respondents (16.3%) stated they were satisfied and 36 respondents (83.7%) stated they were very satisfied. The chi-square test produced a p-value of 0.0001 (<0.05), which means there is a significant relationship between officer empathy and patient satisfaction.

Table 5.12. The Relationship between Facility Comfort and Patient Satisfaction

Comfort Facilities	Patient Satisfaction				Total		p-value	OR (95% CI)
	Satisfied		Very satisfied					
	n	%	n	%	n	%		
Satisfied	50	78.1	14	21.9	64	100		12,500
Very satisfied	8	22.2	28	77.8	36	100	0.0001	(4,672-
Total	58	58	42	42	100	100		33,445)

Based on the analysis results, in the group of patients who rated the comfort of the facilities as satisfied, 50 people (78.1%) felt satisfied and 14 people (21.9%) felt very satisfied.

Meanwhile, in the group that rated the facilities in the very satisfied category, there were 8 respondents (22.2%) who felt satisfied and 28 respondents (77.8%) who felt very satisfied.

The results of the chi-square test showed a p-value of 0.0001 (<0.05), which means there is a significant relationship between facility comfort and patient satisfaction.

Multivariate Analysis

This study aims to determine the relationship between independent variables and dependent variables and determine which variables are most dominant in relation to the dependent variable.

Table 5.13. Results of Selection of Independent Variables with Dependent Variables

Variables	P-value	Information
Gender	0.717	Not a Candidate
Age	0.417	Not a Candidate
Education	0.543	Not a Candidate
Staff Friendliness	0.0001	Candidate
Officer Communication	0.0001	Candidate
Empathy	0.0001	Candidate
Comfort Facilities	0.0001	Candidate

Based on the bivariate test results, the variables gender (p-value = 0.717), age (p-value = 0.417), and education (p-value = 0.543) had p-values above the criterion limit and were therefore not selected as candidates for multivariate analysis. This indicates that these three variables do not have a statistically strong relationship with patient satisfaction levels in the bivariate analysis stage.In contrast, four other variables, namely staff friendliness (p-value = 0.0001), staff communication (p-value = 0.0001), empathy (p-value = 0.0001), and facility comfort (p-value = 0.0001), met the criteria as candidates. The very small p-values indicate a significant relationship between each of these variables and patient satisfaction, making them worthy of inclusion in a multivariate analysis to see their simultaneous effects after being controlled for by other variables.

Table 5.14. Final Model of Multivariate Analysis of Independent Variable Relationships

Variables	P-value	OR	CI 95%
Staff Friendliness	0.002	11,075	2,468-49,701
Officer Communication	0.405	1,946	0.406-9.322
Empathy	0.0001	13,850	3,471-55,272

The dominant variable is the empathy variable

The final modeling results show that of the three variables analyzed, two of them have a significant effect on patient satisfaction, namely officer friendliness and empathy. The officer friendliness variable has a p-value of 0.002 with an Odds Ratio (OR) of 11.075. The empathy variable shows a p-value of 0.0001 with an OR of 13.850. The higher OR value compared to other variables makes empathy the dominant variable in influencing patient satisfaction.Meanwhile, officer communication has a p-value of 0.405, which indicates that there is no statistically significant influence on patient satisfaction in the final model.This research shows that interactions in service, particularly the friendliness and empathy of staff, play a significant role in increasing patient satisfaction. Good empathy helps strengthen emotional bonds, foster trust, and provide a positive experience for patients.

Discussion

Research limitations

The research method uses an analytical survey with a quantitative approach and a cross-sectional design which is carried out simultaneously on independent and dependent variables so that potential bias can occur.

6.2.1 Relationship between age groups (adolescents, adults and elderly) and the level of patient satisfaction with health services

The results of the study showed that the level of patient satisfaction with healthcare services varied across age groups. The adolescent group had the highest proportion of "very satisfied" (66.7%). The adult group was the group with the majority of respondents stating "satisfied" (58.5%), while the elderly group had the highest percentage of "satisfied" (66.7%). The statistical test produced a p-value of 0.417 (> 0.05), indicating no relationship.significant between age groups and patient satisfaction levels.The results of this study align with Wahyuni's (2019) findings, which showed that age does not always determine patient satisfaction. Satisfaction is more influenced by service quality, staff attitude, and facility comfort. Based on this and previous research findings, it can be concluded that patient age is not a primary variable in determining satisfaction with healthcare services.

6.2.2 Relationship between Gender and Patient Satisfaction

The results showed that for male patients, the satisfaction levels were evenly divided (50% each) between the satisfied and very satisfied categories. Meanwhile, for female patients, the majority were satisfied (59.3%), and the remainder were very satisfied (40.7%). The statistical test with a p-value of 0.717 (>0.05), indicating no significant relationship between gender and patient satisfaction with the service. The Odds Ratio (OR) value was 0.686.This study echoes Handayani et al. (2019) and Wulandari (2021), which concluded that gender does not play a significant role in determining patient satisfaction with primary healthcare services. These findings are also supported by research by Fitriani (2018) and Kartika et al. (2021), which showed that gender had no significant influence.on satisfaction at primary health facilities.

6.2.3The Relationship between Staff Friendliness and Patient Satisfaction

This study shows that the friendliness of the staff has a highly significant relationship with patient satisfaction levels (p-value = 0.0001). The highest proportion of satisfaction was found in the group that rated the staff as 'very friendly,' confirming that friendliness is important in building a patient experience.Positive patient outcomes. Friendliness not only creates a more comfortable service atmosphere but also fosters a sense of appreciation and increases patient trust in healthcare services. This finding is consistent with research by Alrubaiee & Alkaa'ida (2011), Handayani et al. (2019), and Yulisetiani (2020), which emphasizes that good interpersonal interactions, including friendliness, have a significant impact on patient satisfaction and loyalty. Theoretically, these results align with the SERVQUAL concept of Parasuraman et al. (1988), which explains that the dimensions of empathy and responsiveness are key elements in shaping customer satisfaction.

6.2.4 The Relationship between Staff Communication and Patient Satisfaction

This study found a significant relationship between the quality of staff communication and patient satisfaction (p-value = 0.0001). Patients who rated staff communication as 'very good' were more likely to be very satisfied compared to patients who rated communication as 'good' (OR = 19.167). These results confirm that effective communication is a fundamental aspect of healthcare services. The staff's ability to convey information clearly, listen to patient complaints, provide easy-to-understand explanations, and respond to patient needs appropriately is crucial in building positive perceptions of service quality. These results are consistent with research by Ong et al. (1995) and Handayani et al. (2019) which found that good communication from healthcare professionals significantly impacts patient satisfaction. Ariffin et al.'s (2018) study also emphasized that effective communication increases patient trust, comfort, and participation in the care process.

6.2.5 Relationship between Staff Empathy and Patient Satisfaction

This study shows a highly significant relationship between staff empathy and patient satisfaction (p-value = 0.0001). Damayanti et al.'s (2021) study supports this by showing that healthcare worker empathy significantly impacts patient satisfaction, particularly in outpatient and primary care settings. Meanwhile, a study by Hidayat and Kurniawan (2020) found that despite limited facilities or long waiting times, patients still reported higher levels of satisfaction when they experienced empathy from healthcare workers.

6.2.6 Relationship between Facility Comfort and Patient Satisfaction

This study shows a significant relationship between facility comfort and patient satisfaction (p-value = 0.0001). This finding confirms that facility comfort, including physical aspects such as cleanliness, lighting, air circulation, seating, and environmental ambiance, is crucial in creating a positive patient experience.This result is consistent with the research of Parasuraman et al. (1988) in the SERVQUAL model which places tangible (physical aspects) as one of the main dimensions of service quality that influences satisfaction.This study aligns with the findings of research by Puspitasari et al. (2020) which showed that waiting room comfort, facility cleanliness, and completeness of facilities are significant factors influencing patient satisfaction in primary care facilities.

IV. CONCLUSION AND SUGGESTIONS

The results of the study indicate that the majority of patients at the Matraman Community Health Center are adults, female, and have a secondary education, with satisfaction levels ranging from satisfied to very satisfied. Further analysis confirmed that friendliness, communication, empathy among staff, and comfort of facilities are significantly related to patient satisfaction, with empathy being the most dominant variable. This study indicates that improving service quality needs to be directed at strengthening empathy and friendliness among staff, managing queues and effectively dividing work shifts, and improving competency through ongoing training. Furthermore, optimizing the use of public media and conducting regular satisfaction surveys is important as a basis for evaluation and continuous improvement strategies in maintaining the quality of health services.

V. THANK-YOU NOTE

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