



Evaluation of the Quality Services at the Kapas Bojonegoro Community Health Center Based on Public Criticism: A SERVQUAL Study on Waiting Times and Staff Communication

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ABSTRACT

This study aims to evaluate the quality of services at the Kapas Bojonegoro Community Health Center based on public criticism using the SERVQUAL approach, particularly in the dimensions of responsiveness and empathy. Public criticism through digital reviews highlights issues such as waiting times, service flow, and staff communication. This study uses a descriptive quantitative method with random sampling techniques on 110 respondents who are users of general clinic services. Data were collected through a SERVQUAL questionnaire using a 1–5 Likert scale and analyzed using validity and reliability tests, as well as gap analysis to compare patient perceptions and expectations. The gap analysis shows that the responsiveness dimension has a negative value of -0.39 , indicating that service speed and clarity of information do not meet patient expectations, while the empathy dimension has a positive value of 0.11 , indicating that staff friendliness and attentiveness are considered good. A 99% conformity rate indicates that overall service quality is close to public expectations, although improvements in waiting time management are still needed. Based on the results of this study, the quality of services at the Kapas Bojonegoro Community Health Center can be improved through ongoing training for health workers, improvements to the queuing system, and the use of digital public criticism as a routine evaluation tool, thereby optimizing service effectiveness, patient satisfaction, and service management processes.

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INTRODUCTION

Public services are a fundamental component of state responsibility in ensuring community welfare, including the provision of quality, equitable, and accessible public services as mandated by UU Nomor 25 Tahun 2009. Health services are a crucial form of public service because they directly affect the fulfillment of individuals' basic right to optimal health care, making service quality a central issue in public sector performance. (Ramdhan et al., 2023).

Community health centers (puskesmas) are the primary providers of health services for the Indonesian people. Each puskesmas must maintain patient trust and prevent patients from switching to other health facilities. One important step is to continuously improve the quality and standard of service so that patients feel satisfied and confident with the services they receive (Anggit & Setyorini, 2022). Community health centers are government-owned public health facilities that operate at the regional level and provide basic health services to the community in their working area. (Ekasari et al., 2017). In the health care system, community health centers serve as centers for the implementation of health services that develop various programs and provide comprehensive and integrated health services to the community. (Wulandari et al., 2024).

Although community health centers play a strategic role as primary health care providers, the quality of their services is frequently criticized by the public, particularly regarding staff responsiveness and communication. At the Kapas Bojonegoro Community Health Center, such criticism is widely expressed through digital platforms such as Google Reviews. Public feedback posted between October 2024 and April 2025 highlights long waiting times without clear information, service cancellations due to equipment limitations without prior notice, non-transparent changes to queuing, unfriendly staff attitudes, and administrative service refusals related to residential address issues.

These issues indicate a clear gap between public expectations and actual service experiences, particularly in service speed and staff communication. This condition is reflected in formal performance evaluations, where the Bojonegoro Health Office reported a decline in service performance at the Kapas Community Health Center from 80.62% in 2023 to 69.88% in 2024 (LKJIP, 2024). Although the Community Satisfaction Index in the 2025 Bakorwil Bojonegoro survey remained in the "Good" category at 84.96, several service aspects continued to show weaknesses, especially in complaint handling, service completion time, and clarity of service information. This discrepancy highlights the gap between administratively recorded performance indicators and actual service experiences reported by citizens.

Previous studies have consistently confirmed that service quality is a strategic determinant of service utilization and patient loyalty in health facilities. At Padangan Regional General Hospital in Bojonegoro, service utilization is influenced by perceptions of service quality, as reflected in the Bed Occupancy Rate, although the correlation is relatively low ($r = 0.111$) (Nur Kusuma Hati & Fithri, 2024). Similarly, patients who perceive higher inpatient service quality at Sumberrejo General Hospital are significantly more likely to make repeat visits. (Amelia et al., 2022). These studies primarily rely on institutional assessments and structured survey methods, which may not fully reflect spontaneous public experiences and dissatisfaction expressed through digital public criticism platforms such as online reviews. However, these studies show that service quality plays an important role in shaping patient behavior.

This condition indicates that a more comprehensive and experience-based evaluation of service quality in public health centers is needed to ensure alignment between institutional performance and community expectations. The SERVQUAL model, developed by Parasuraman, Zeithaml & Berry (1988) is a widely used framework for assessing service quality in five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Among these dimensions, responsiveness and empathy are particularly important in primary health care, as they reflect operational issues frequently reported by service users, including

long waiting times, lack of transparent information, and ineffective communication by health workers. Therefore, SERVQUAL provides a relevant analytical framework for capturing patient experience and technical service performance.

Previous studies applying the SERVQUAL model consistently demonstrate that service quality significantly influences patient satisfaction at community health centers. While certain dimensions, such as reliability, often show substantial service gaps, responsiveness and empathy frequently emerge as critical determinants of patient perceptions, particularly in relation to waiting times and staff attitudes (Setiawan et al., 2023). Supporting this, a systematic review highlights that key drivers of satisfaction include health worker competence, service timeliness, facility adequacy, and interpersonal communication (Langi & Winarti, 2024). These findings underscore the central role of responsiveness and empathy in shaping public experiences of health services.

Another study found a significant relationship between service quality and outpatient satisfaction ($p=0.040$). The two main problems identified were long service times and unfriendly behavior by medical staff. (Septyaningrum et al., 2024). In addition to technical aspects, other studies emphasize the importance of health communication through public health relations. The results show that effective communication between health workers and patients not only increases satisfaction but also builds public image and trust in health care institutions. (Paramita et al., 2019).

Based on previous research, SERVQUAL is useful in determining the quality of health center services. Both components are always considered important by the community. The two main components, waiting time (responsiveness) and staff communication (empathy), have not been widely studied. Both continue to emerge as major problems that are always faced by the community. The use of public criticism through digital media as a source to describe the community's experience directly is still rarely done in academic research. Instead, previous studies still rely on conventional surveys. This study focuses on the use of public criticism as the main source of data, rather than relying solely on internal surveys conducted on patients. The study focuses on two SERVQUAL indicators that are considered most relevant in the context of health center services. These indicators are waiting time and staff communication. This study was conducted at the Kapas Bojonegoro Health Center, which has rarely been used in studies on the quality of health services.

Based on the above description, the research problem can be formulated into the following question: "How is the quality of service at the Kapas Bojonegoro Community Health Center based on public criticism using the SERVQUAL approach, particularly in terms of waiting time and staff communication?" This study aims to evaluate the quality of service at the Kapas Bojonegoro Community Health Center based on public criticism using the SERVQUAL approach, with a focus on the indicators of waiting time and staff communication. The results of this study are expected to contribute theoretically to the development of literature on the quality of public services in the health sector and provide practical recommendations for improving the quality of community health center services in Indonesia.

METHODS

This study uses a descriptive quantitative method with a survey approach. According to Sugiyono (2013), quantitative research is based on positivist philosophy, used to examine a specific population or sample using research instruments, and analyzed statistically to test hypotheses. According to Sugiyono (2013), quantitative research is based on positivist philosophy, used to examine a specific population or sample using research instruments, and analyzed statistically to test hypotheses. The population of this study was 5,898 people who had received services at the Kapas Community Health Center General Clinic, Bojonegoro Regency, in the past year. To determine the sample size, the following Slovin formula was used:

$$n = \frac{N}{1 + N(e)^2}$$

Description:

- n: number of samples sought
- N: Population size (5,898)
- e: Margin of error value of 5%

The sampling technique used was accidental sampling, which is the selection of respondents based on anyone who had received general medical services at the health center and was willing to fill out the questionnaire. Based on Slovin's calculation, the ideal sample size was actually larger, but adjustments were made considering field conditions, such as limited data collection time, variations in the number of patients who came each day, and the fact that not all patients were willing to be respondents. Therefore, the sample size was set at 110 respondents, which was considered to meet the minimum size for descriptive quantitative research and to be able to provide a representative picture of patients' perceptions of service quality.

The research instrument used the SERVQUAL questionnaire with a 1-5 Likert scale to measure perception; a score of 1 indicates strongly disagree, and a score of 5 indicates strongly agree. For measuring expectations, a score of 1 means not very important, and a score of 5 means very important. This scale was used to compare patients' expectations and perceptions of service quality. The research focused on two main aspects, namely waiting time and staff communication. Data analysis was carried out in several stages, namely validity testing using Pearson Product-Moment correlation, reliability testing using Cronbach Alpha, SERVQUAL gap analysis to calculate the difference between patient perceptions and expectations, and descriptive analysis through tables and narrative descriptions to provide a comprehensive picture of service quality at the Kapas Community Health Center.

RESULTS AND DISCUSSION

The results of the study show that all questionnaire items consisting of two measurements, namely expectations and perceptions, are valid. This is evidenced by the calculated r value being greater than the table r value (0.195). Thus, the two main dimensions of responsiveness and empathy can be used to measure service quality in accordance with the characteristics of the questionnaire statements, such as staff alertness, clarity of information, friendly attitude, staff attention, and ability to understand patient needs. The results of the validity test analysis are summarized in Table 1 below.

Table 1. Validity Test Results

Indicator	R Calculated P	R Calculated E	Table R	Decision
P1	0,6545	0,4661	0,1576	Valid
P2	0,6517	0,5953	0,1576	Valid
P3	0,7437	0,6419	0,1576	Valid
P4	0,6949	0,5822	0,1576	Valid
P5	0,7937	0,4597	0,1576	Valid
P6	0,7087	0,5422	0,1576	Valid
P7	0,7087	0,6052	0,1576	Valid
P8	0,7280	0,6411	0,1576	Valid
P9	0,7549	0,5452	0,1576	Valid
P10	0,8089	0,5802	0,1576	Valid
P11	0,7573	0,5117	0,1576	Valid
P12	0,7667	0,5151	0,1576	Valid

Source: Data Processing (2025)

Next, a reliability test was conducted to determine the consistency of the research instrument. The results showed that all items in the questionnaire were reliable and could be used in the study. The Cronbach Alpha values for the variables of expectation and perception were 0.798 and 0.920, respectively. Both values were greater than the minimum value of 0.70. The reliability test results are shown in the following table:

Table 2. Reliability Test Results

Reliability Statistics				
Variable	Cronbach's Alpha	N of Items	Criteria	Decision
PERCEPTION (P)	0,920	12	< 0.70	Reliabel
EXPECTATION (E)	0,798	12	< 0.70	Reliabel

Source: Data Processing (2025)

After the instruments were declared valid and reliable, a SERVQUAL gap analysis was conducted to compare the community's perceptions and expectations of the services provided by the Kapas Bojonegoro Community Health Center. This analysis was carried out by calculating the difference between the average perception and expectation scores for each indicator. A negative gap value indicates that the service has not met the respondents' expectations, while a positive gap value indicates that the service has exceeded expectations. The calculation of the gap value based on the SERVQUAL dimensions produced the gap value calculation results shown in Table 3.

The gap analysis results show that the responsiveness dimension has an expected value of 26.90 and a perceived value of 26.51, resulting in a gap of -0.39. This indicates that the waiting time and responsiveness of officers in assisting Kapas Community Health Center patients are still not in line with community expectations, especially in terms of service speed, clarity of the queuing process, and accuracy of information provided. However, the empathy dimension has an expected value of 26.32 and a perceived value of 26.43, each with a gap value of 0.11. This positive gap indicates that the service is considered to have met or slightly exceeded patient expectations in terms of friendliness, staff attention, and the quality of interpersonal communication.

Table 3. Gap Results Based on Servqual Dimensions

Indicator	expectations	perceptions	GAP
<i>Responsiveness</i> (ketanggapan)	26,90	26,51	-0,39
<i>Empathy</i> (Empati)	26,32	26,43	0,11

Source: Data Processing (2025)

The level of conformity between patients' expectations and perceptions based on the scores given by respondents to the questionnaire about expectations and reality can be seen in Table 4. Based on Table 4, which shows the total scores given by respondents on the perception aspect of 5.823 and the expectation aspect of 5.854, the level of conformity obtained is 99%. This score indicates that, in general, the services provided by the Kapas Community Health Center are very close to the community's expectations. However, this result has not reached 100%, which means that there is still a gap in certain service aspects, particularly in terms of service speed and clarity of information, such as service procedures, waiting times, and complaint handling.

Table 4. Conformity Table

number of respondents	Number x	perception scores	expectation scores	level of conformity
110	12	5823	5854	99%

Source: Data Processing (2025)

The level of suitability is calculated to determine the extent to which the services received (perception) have met patient expectations. Thus, suitability is obtained using the following suitability level formula.

$$\begin{aligned}
 TKi \text{ Total} &= \frac{\text{perceptions}}{\text{expectations}} \times 100\% \\
 &= \frac{5823}{5854} \times 100\% \\
 &= 99\%
 \end{aligned}$$

Overall, the results of this study indicate that the quality of service provided by the Kapas Community Health Center has reached a good level, although responsiveness still needs improvement. This is in line with public criticism emphasizing complaints about long waiting times, lack of explanation about procedures, and inconsistency in the information provided. Therefore, a better queuing system, standard procedures for delivering information, and quick responses from staff are essential to improve the overall quality of service.

Based on the results of the study, it appears that the quality of service in two dimensions, namely responsiveness and empathy, has not fully met patient expectations. The responsiveness dimension has a negative gap value of -0.39, indicating that the speed of service, clarity of queues, and staff readiness are still below patient expectations. This gap shows that the patient experience still does not meet health service quality standards, even though some aspects of service are rated well. This is in line with public criticism that highlights long waiting times, unclear service flows, and delays in staff responding to patient complaints and questions. In accordance with the SERVQUAL concept, service quality is determined by how well the services received meet or exceed customer expectations (Zeithaml & Berry, 1988).

In the empathy dimension, there was a positive gap of 0.11. These results indicate that interpersonal interactions such as friendliness, politeness, staff attentiveness, and the ability to provide clear information have met patient expectations. Other studies emphasize that effective communication between healthcare personnel and patients increases patient satisfaction and perception of healthcare services (Paramita et al., 2019). Thus, despite complaints about communication through the system or service flow, direct interaction between patients and staff still provides a positive experience. Compared to previous studies, the results show that the reliability dimension has the largest gap, but the responsiveness and empathy dimensions show a fairly high level of patient satisfaction. Despite the negative gap in the reliability dimension, patient satisfaction levels remain quite high in both dimensions (Setiawan et al., 2023). The quality of health center services greatly affects patient satisfaction. The main factors include the competence of medical personnel, the availability of facilities, waiting times, and the attitude of medical personnel (Langi & Winarti, 2024).

Overall, a compliance rate of 99% indicates that the services provided by the Kapas Community Health Center almost fully meet the expectations of the community. However, this compliance rate is still less than 100%, which means that there are still some areas that need improvement, particularly in terms of service accuracy and staff response speed. This supports previous research stating that waiting time is a major factor affecting patient satisfaction in health facilities. Therefore, this study not only confirms the results of previous studies but also provides new insights into how public criticism can be used as an initial indicator to evaluate service quality, particularly in terms of waiting times and staff communication. This study highlights the importance of improving staff responsiveness and interpersonal communication to enhance overall service quality.

CONCLUSION

This study demonstrates that the quality of service at the Kapas Community Health Center in Bojonegoro has generally met public expectations, with a compliance rate of 99%, although it has not yet fully achieved the expected service standards. The responsiveness

dimension continues to exhibit gaps, particularly in service speed, clarity of the queuing system, and consistency of information, which aligns with public criticism regarding prolonged waiting times and service uncertainty. In contrast, the empathy dimension has met and slightly exceeded patient expectations, reflecting the strengths of staff communication, friendliness, and attentiveness in enhancing public satisfaction. The results of the study indicate that efforts to improve the queuing system and waiting time management at the Kapas Community Health Center need to focus on developing a more efficient and transparent service flow for patients. During periods of high visitor numbers, optimizing the number of staff and organizing the distribution of tasks are strategic steps to speed up the service process. Strengthening staff communication skills also needs to be done through public service training so that the delivery of information related to procedures and service changes can be clear, consistent, and easy to understand. In addition, the use of digital public criticism as a means of continuous evaluation is important to ensure that every community complaint can be handled quickly and appropriately. In order to gain a more comprehensive understanding of the quality of health services, further research is recommended to expand the scope of the SERVQUAL dimensions or to conduct comparative analyses between service units. This study contributes to the development of public administration and health service research by demonstrating that digital public criticism is an additional source of empirical data for assessing the quality of SERVQUAL services in primary health facilities.

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