

Innovation in Medical Services and Service Quality on Patient Satisfaction at Bangsri II Public Health Center

Avika Elianita ¹⁾ & Ibnu Khajar ²⁾

¹⁾ Faculty of Economic, Universitas Islam Sultan Agung (UNISSULA) Semarang, Indonesia, E-mail: avikaelianita.std@unissula.ac.id

²⁾ Faculty of Economic, Universitas Islam Sultan Agung (UNISSULA) Semarang, Indonesia, E-mail: ibnukhajar@unissula.ac.id

Abstract. *This study aims to analyze the effect of medical service quality and administrative service innovation on patient satisfaction at Bangsri II Health Center. Medical service quality was measured using the five SERVQUAL dimensions (empathy, reliability, assurance, tangibles, and responsiveness), while administrative service innovation was assessed through three indicators: use of technology, interaction with consumers, and development of new services. A sample of 100 patients was determined using the Slovin formula from a total population of 40,400 patients with a margin of error of 10%. Data were collected through a closed-ended questionnaire with a five-point Likert scale and analyzed using multiple linear regression with t-test and F-test. The results show that medical service quality (X1) has a positive and significant effect on patient satisfaction, with a t-value of 7.403 > t-table 1.946 and significance < 0.001. Administrative service innovation (X2) also has a positive and significant effect on patient satisfaction. Simultaneously, both variables significantly influence patient satisfaction, as indicated by F-value 52.909 > F-table 3.08 with significance < 0.001. The coefficient of determination (R^2) of 0.522 indicates that 52.2% of patient satisfaction is explained by these two variables, while the remaining 47.8% is influenced by other factors such as drug availability, supporting facilities, and health promotion. This study concludes that medical service quality is the dominant factor affecting patient satisfaction, while administrative service innovation serves as a supporting factor that enhances service effectiveness. Therefore, improving patient satisfaction requires continuous improvement of medical service quality accompanied by the strengthening of technology-based administrative innovations.*

Keywords: *Administrative Service Innovation; Medical Service Quality; Patient Satisfaction.*

1. Introduction

Community Health Centers (Puskesmas), or Community Health Centers (Puskesmas), are first-level health care facilities that play a crucial role in the delivery and coordination of health services within a specific area. The primary function of Puskesmas encompasses promotive, preventive, curative, rehabilitative, and palliative care aimed at improving community health at the primary level. However, the primary focus of Puskesmas services remains on promotive and preventive aspects to foster public awareness of the importance of health and reduce the risk of disease (Mentang et al., 2018). Therefore, Puskesmas are not only treatment centers but also strategic institutions that prioritize prevention and community empowerment in the health sector.

As a healthcare provider, Community Health Centers (Puskesmas) bear a significant responsibility in supporting government programs to achieve quality healthcare services. This responsibility includes providing competent healthcare workers, services that meet standards, and efforts to increase public satisfaction with the services received (Agustina and Sakawati, 2020). However, the reality on the ground shows that the implementation of healthcare services still faces a number of challenges. Some frequently encountered obstacles include a lack of friendliness among healthcare workers in interacting with patients, limited operational funding, and a misalignment between community expectations and the quality of services provided. For example, residents in the Bangsri II Community Health Center work area reported several complaints related to services, including relatively long waiting times, doctors' attitudes perceived as unfriendly and unfriendly, limited medication availability, inadequate waiting room facilities, minimal information about available services, and inflexible service schedules. These conditions indicate that improvements in service management, both in terms of human resources, facilities, and information systems, are urgently needed so that Community Health Centers can provide services that meet quality standards and community expectations.

No.	Aspect Quality of Service	Present condiition	Ideal Conditions	The gap
1	Waiting Time	Average timewait: 60 minutes	Average wait time: 30 minutes	Waiting time must be reduced by half to meet service standards.
2	Drug Availability	The supply of medicine is only enough for a few days	The supply of medicines is sufficient for at least one month.	Need to increase stock drug and inventory management Whichmore efficient to avoid out of stockdrug.
3	Doctor Services	Doctor lack of explanation adequate Andnot asking enough questions	The doctor gaveclear and friendly explanation to every patient	Need communication training for doctors to improve quality interactionwith patients.

Source: Primary data from Basri II Health Center processed (2025).

Table 1 in this study provides a comprehensive overview of the current situation at Bangsri II Community Health Center, compared to the ideal conditions expected by the community regarding the quality of health services. The table reveals a gap between actual services and patient expectations, necessitating strategic steps to improve service quality. The study's findings suggest several key recommendations, such as streamlining the care process to minimize long patient waits, improving the drug inventory management system to ensure drug availability, training medical personnel in communication to be more friendly and responsive, and investing in health information technology to improve service efficiency. The GAP survey not only serves as a mapping tool for emerging issues but also serves as a significant initial tool for driving the transformation of the public health care system to better meet patient needs and expectations. This is in line with the view that improving the quality of health services is the state's responsibility to protect the community and ensure equitable public health services (Hartini, 2017).

Service quality in the context of today's healthcare services is seen as a key factor that not only determines patient satisfaction but also becomes a source of competitive advantage for service providers. In service marketing studies, service quality is used as the main benchmark to assess the extent to which consumer needs are met. Parasuraman et al. (1985) proposed five main dimensions that consumers use to assess service quality, namely: (1) reliability or consistency in providing services, (2) direct evidence (tangible) in the form of the physical appearance of facilities, equipment, and medical personnel, (3) responsiveness which refers to the speed and alertness of health workers, (4) assurance in the form of knowledge, skills, and trust that staff can provide to patients, and (5) empathy which describes personal care and attention to patients. These dimensions become an important conceptual framework for assessing and improving the quality of health services in Community Health Centers.

Various previous studies support a close relationship between service quality and patient satisfaction. A study by Basalamah et al. (2021) showed that service quality contributed 45.0% to patient satisfaction, while the remaining 55.0% was influenced by other factors. Najib (2022) found a different finding, noting that service quality contributed significantly to patient satisfaction at 72.40%, while 27.60% was influenced by other external factors not examined. Comparing these two studies shows that, although the proportions varied, service quality consistently contributed positively and significantly to patient satisfaction. This reinforces the argument that improving service quality must be a priority in efforts to maintain the sustainability and reputation of healthcare facilities, including Bangsri II Community Health Center.

Furthermore, improving the quality of healthcare services is also closely related to patients' desire to continue using the same healthcare facility in the future. According to Setianingsih and Susanti (2021), optimal service quality will encourage patients to return because they feel they are being served effectively and efficiently. In the context of services at the Community Health Center (Puskesmas) level, this effectiveness is also determined by the division of healthcare service areas between villages within its coverage area. However,

there are indications that service responsiveness still shows inequalities, including those related to gender factors. Research by Bariya et al. (2016) confirms that superior service is achieved through providing full attention to patients, rapid responsiveness, and the maintenance of physical facilities, equipment, healthcare personnel, and communication facilities. Therefore, both structural and human resource aspects must be considered to provide a superior service experience.

Several additional studies have provided a deeper understanding of the relationship between service quality and patient satisfaction across healthcare facilities. Supartiningsih (2017), through a quantitative study of 100 outpatients at Salila Fusada Hospital in Sragen, found that the independent variables with the least influence on patient satisfaction were physical evidence and security assurance. Conversely, Jaya and Syarufudin's (2015) study of inpatients at Cipto Mangunkusumo National Hospital in Jakarta showed that service quality had a significant influence on patient satisfaction. Meanwhile, Anjayati (2021) identified the dimension of physical evidence as the most dominant factor influencing patient satisfaction. These differences in findings emphasize that the most important aspects of patient satisfaction can vary depending on the context and conditions of healthcare facilities, making specific evaluations at each community health center (Puskesmas) crucial.

Over time, digital transformation has become a crucial factor shaping the direction of modern healthcare services. According to the WHO (2020), the digitalization of healthcare services is a global trend that plays a significant role in ensuring comprehensive, high-quality services. At Bangsri II Community Health Center, this study explored the impacts and challenges of digital innovation through literature review, interviews with healthcare workers, and field observations. The digital transformation in question encompasses the use of information and communication technology to accelerate service access, improve data accuracy, and facilitate interactions between patients and healthcare professionals (Gunawan and Saragih, 2019a). Digitalization has led to more transparent, efficient, and patient-centered services.

In addition to technological aspects, innovation in administrative services is also an important aspect demanded by patients. Consumers generally desire updates that simplify the service process, so innovation is seen as a key driver of success not only in the industrial sector but also in the healthcare sector (Gunawan and Saragih, 2019b). According to Delafrooz et al. (2013), innovation encompasses various creative actions that produce new products and services, both in the form of improving service quality and procedural efficiency. The concept of service innovation, as explained by Juwita (2024), relates to service design, the development of new services, and the use of the latest technology. Safari Tamba (2023) adds that this type of innovation can accelerate the service process while increasing patient satisfaction because they feel assisted by a simpler and more modern system.

Based on this description, Bangsri II Community Health Center (Puskesmas Bangsri II) needs to consistently maintain patient trust by improving the quality of medical services while simultaneously strengthening innovation in administrative aspects. This effort must be

carried out by adapting to the actual needs of patients so that the services provided not only meet technical standards but also align with the expectations of service users. Determining patient needs can be obtained through regular evaluations, satisfaction surveys, and field research. By building good communication and ongoing relationships with patients, the Puskesmas will more easily identify service improvement priorities. This will ultimately increase satisfaction levels, strengthen community loyalty, and ensure the continuity of the Puskesmas' function as the frontline provider of basic health services.

Table Number of Patient Visits at Bangsri II Community Health Center in the Last 5 Years

Community Health Center	Year				
	2020	2021	2022	2023	2024
Bangsri II	31,476	20,869	25,956	27,009	31,730
Srikandang Public School	2,898	1,492	1,705	1,689	1,899
Papasan Public School	1,523	1,025	1,302	1,274	1,375
Guyangan PKD	1,181	624	907	809	458
Tengguli PKD	4,195	2,147	3,750	3,501	1,276
Kepuk PKD	1,818	891	1,128	1,110	863
Papasan PKD	1,665	1,095	1,102	1,000	1,691
Srikandang PKD	2,549	1,787	1,847	1,671	1,108
Amount	47,305	29,930	37,697	38,153	40,400

Source: Primary data from Bangsri II Health Center processed (2025)

The fluctuation in the number of patient visits at Bangsri II Community Health Center in 2024, as shown in Table 2, indicates a dynamic in the utilization of health services. This condition indicates that there are still factors that influence the level of public trust and satisfaction with the services provided. Based on this phenomenon, the author felt the need to conduct research to gain a deeper understanding of the reality of services at the Community Health Center. Therefore, this study focused on the theme "Medical Service Innovation and Service Quality on Patient Satisfaction at Bangsri II Community Health Center" to provide a comprehensive overview and strategic recommendations for improving the quality of health services.

2. Research Methods

This research design is a cross-sectional research design. Cross-sectional research is research that takes measurements. or simultaneous observation (one time) between risk factors/exposure with disease (Budiarto, 2013). This type of research is a cross-sectional study. quantitative, where research is conducted to find the relationship between variables and causal conclusions are drawn. In addition to case studies that can be used in conducting qualitative research, multi-case studies can be conducted, which is a form of qualitative research that can be used primarily to develop theories that are drawn from several similar research backgrounds, so that theories can be produced that can be transferred to broader situations and more generally in scope.

3. Results and Discussion

3.1. Results Analysis Multiple Linear Regression

The results of the multiple linear regression analysis used to test the hypothesis regarding the influence of the quality of medical services and administrative service innovation on patient satisfaction are presented in Table 2. This analysis aims to determine the extent to which the two independent variables contribute to increasing patient satisfaction at the Bangsri II Community Health Center.

Table Multiple Linear Regression Analysis Test Results

Model	Unstandardized Coefficients	t	Sig.
	B		
(Constant)	4,711	1,226	.223
Quality of Medical Services (X1)	.398	7,403	<,001
Medical Service Innovation (X2)	.396	3,630	<,001

Source: IBM SPSS 30 output. (2025)

Based on the analysis results, the multiple linear regression equation was obtained as follows:

$$Y = 4.711 + 0.398X_1 + 0.396X_2$$

This equation can be interpreted as follows:

1. Constant ($\alpha = 4.711$)

The positive constant value of 4.711 indicates that if the variables of medical service quality (X_1) and administrative service innovation (X_2) are held constant or equal to zero, then the patient satisfaction level is already at 4.711. This indicates a relatively high baseline patient satisfaction level even without the influence of these two variables.

2. Medical service quality coefficient ($\beta_1 = 0.398$)

The calculation results show a regression coefficient of 0.398 with a t-value of 7.403 and a significance level of <0.001 (less than 0.05). This proves that the quality of medical services has a positive and significant effect on patient satisfaction. Therefore, every 1% increase in the quality of medical services will increase patient satisfaction by 0.398%.

3. Administrative service innovation coefficient ($\beta_2 = 0.396$)

The regression coefficient value of 0.396 with a t-value of 3.630 and a significance level of <0.001 (less than 0.05) indicates that administrative service innovation also has a positive and significant influence on patient satisfaction. This means that every 1% increase in administrative service innovation will increase patient satisfaction by 0.396%.

3.1.3. Results of the Determination Coefficient Test

The results of the coefficient of determination test presented in Table 3 show an R value of 0.722. This value indicates a strong relationship between the variables of medical service quality and administrative service innovation on patient satisfaction, with a contribution of

72%. This percentage is categorized as high because it is above 50%. Therefore, it can be concluded that both independent variables play an important role in explaining variations in patient satisfaction. Furthermore, the results of the statistical analysis in more detail can be seen in Table.

Table Results of the Determination Coefficient Test

Model	R	R Square	Adjusted Square	R
1	.722a	.522	.512	

Source: IBM SPSS 30 output. (2025)

The R Square (R^2) value of 0.522 indicates that the level of patient satisfaction at Bangsri II Community Health Center can be explained by the variables of medical service quality (X1) and administrative service innovation (X2) by 52.2%, while the remaining 47.8% is influenced by other factors outside this research model. These results indicate that the two independent variables studied have a significant contribution in explaining variations in patient satisfaction. Thus, the regression model used in this study can be said to have good predictive ability, although there are still other variables that have the potential to provide additional influence on patient satisfaction but have not been included in the analysis.

3.1.4. Test Model Feasibility (F-Test / Simultaneous)

A model fit test (F-test) was conducted to determine whether the estimated regression model was suitable for explaining the relationship between the dependent variable and the independent variables simultaneously. This test was conducted at a 95% confidence level, or $\alpha = 0.05$. In other words, this test was intended to assess whether the variables of medical service quality and administrative service innovation jointly significantly influence patient satisfaction. The complete results of this test are presented in Table.

Table Simultaneous F-Test Results

Model	Mean Square	F	Sig.
Regression			
Residual	344,293	52,909	<,001b
Total			

Source: IBM SPSS 30 output. (2025)

Based on Table, the F test value is 52.909 with a significance level of <0.001 . This value is smaller than the significance level of 0.05, so it can be concluded that H_0 is rejected and H_a is accepted. Thus, the estimated regression model is declared feasible and can be used to explain the influence of medical service quality variables and administrative service innovation simultaneously on patient satisfaction at Bangsri II Community Health Center.

3.1.5. Hypothesis Test (Partial/t-Test)

The t-test was conducted to determine whether each independent variable had a significant partial effect on the dependent variable. This test used a significance level of 0.05, or 5%. The detailed results of the t-test analysis are presented in Table 5.

Table Hypothesis Test Results (t-Test)

Model	t	Sig.
(Constant)	52,909	<,001b
Quality of Medical Services	7,403	<,001
Medical Service Innovation	3,630	<,001

Source: IBM SPSS 30 output. (2025)

The first hypothesis in this study states that there is an influence of medical service quality and administrative service innovation on patient satisfaction at Bangsri II Community Health Center. The t-test results show:

H1: The Sig.t value was obtained $< 0.001 < 0.05$ with t count = 7.403 greater than t table = 1.985. This proves that the quality of medical services has a positive and significant effect on patient satisfaction.

H2: The Sig.t value was obtained $< 0.001 < 0.05$ with t count = 3.630 greater than t table = 1.985. This shows that administrative service innovation also has a positive and significant effect on patient satisfaction.

Thus, both hypotheses proposed in this study can be accepted.

3.2. Influence Service Quality (X1) on Patient Satisfaction (Y)

The results of this study statistically strengthen the findings in the field. The t-test shows that the variable Quality of Medical Services (X1) has a positive and significant effect on Patient Satisfaction (Y), with a t-value of 7.403 $>$ t-table 1.946 and a significance of < 0.001 . This proves that improving the quality of medical services will have a direct impact on increasing patient satisfaction. The magnitude of the influence of the quality of medical services and administrative service innovation on patient satisfaction is also reflected in the coefficient of determination of 0.522 (52.2%), which indicates that more than half of the variation in patient satisfaction can be explained by these two variables. Thus, the quality of medical services is the dominant factor that most influences patient satisfaction, while administrative innovation functions as a supporting factor that strengthens the effectiveness and efficiency of services.

The quality of medical services at Bangsri II Community Health Center can be analyzed through five SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy. In the tangibles dimension, Bangsri II Community Health Center strives to maintain a clean waiting room, provide medication, and equip supporting facilities such as a laboratory and ultrasound. The presence of these facilities provides comfort and increases patient confidence, although obstacles still exist such as the limited availability of generic drugs and a relatively small waiting room. In the reliability dimension, service quality is reflected in the achievements of the KIA, KB, immunization, and nutrition programs, most of which have met the minimum service standards (SPM). This indicates that the services provided are consistent, reliable, and foster public trust in the Community Health Center's performance.

The responsiveness dimension also appears quite strong, with medical personnel providing prompt and accurate services for general examinations, dental services, maternal and child health/family planning (KIA/KB), laboratory services, and emergency services. This responsiveness to patient needs increases patient satisfaction because patients feel they are being served promptly without significant delays. In the assurance dimension, healthcare workers, such as doctors, midwives, nurses, and laboratory analysts, provide professional services with standardized medical explanations. This provides a sense of security for patients and reinforces their belief that they are being cared for by competent medical personnel. Meanwhile, in the empathy dimension, the friendliness of staff, easy-to-understand explanations from doctors, and special attention to high-risk patients (such as pregnant women with low blood pressure and malnourished toddlers) demonstrate a tangible form of patient-centered service. This personal attention fosters emotional closeness and a greater sense of trust among patients.

3.2.1. Influence Administrative Service Innovation (X2) on Patient Satisfaction (Y)

Administrative service innovations implemented at Bangsri II Community Health Center include the use of the Community Health Center Management Information System (SIMPUS) integrated with BPJS P-Care, online and WhatsApp-based patient registration, electronic medical records, a digital queuing system, and internal applications for reporting and monitoring. These innovations simplify administrative processes, increase time efficiency, and reduce queue congestion, a long-standing obstacle to primary healthcare services.

The relationship between this innovation and the research results is clearly evident from statistical tests showing that the Administrative Service Innovation variable (X2) has a positive and significant effect on Patient Satisfaction (Y). Although its influence is smaller than that of the Medical Service Quality variable (X1), administrative innovation remains an important factor because it can strengthen the effectiveness and convenience of healthcare services. Online registration, for example, reduces patient waiting times, thus increasing satisfaction from a comfort perspective. Similarly, a digital queuing system creates order and reduces crowds, thus positively impacting the patient experience. Electronic medical records also make it easier for healthcare workers to access patient histories, resulting in faster and more accurate medical services, ultimately increasing patient satisfaction.

Thus, the results of this study confirm that administrative service innovation at Bangsri II Community Health Center is not merely a technical support, but also has a significant contribution to patient satisfaction levels. This innovation speeds up administrative processes, increases transparency, and provides a better service experience. Therefore, although the quality of medical services is proven to be a more dominant influence on patient satisfaction (thitung 7.403 > ttabel 1.946), the existence of administrative innovation remains important as a reinforcing factor in creating overall patient satisfaction.

The administrative service innovation implemented at Bangsri II Community Health Center has been shown to positively contribute to patient satisfaction. Hypothesis testing results indicate that administrative innovation significantly influences patient satisfaction, although its effect is smaller than that of medical service quality. This suggests that administrative

innovation serves as a reinforcing factor that strengthens the effectiveness of medical services, creating a better patient experience.

The implementation of the Community Health Center Management Information System (SIMPUS) integrated with BPJS P-Care accelerates data input, reduces recording errors, and increases administrative transparency. Consequently, patients feel more confident in the modern, fast, and accurate service system. This innovation supports research findings that indicate that accuracy and reliability of service are important factors in increasing patient satisfaction.

Furthermore, online and WhatsApp-based patient registration has become an innovation that has been greatly benefited by patients. This innovation reduces manual queues at the counter, speeds up registration, and simplifies service access. As a result, patients feel more comfortable due to significantly reduced waiting times, consistent with research findings that speed and responsiveness of service are closely related to satisfaction levels.

The implementation of electronic medical records has also had a significant impact on supporting medical services. This system allows healthcare professionals to quickly access patient histories, enabling more precise and accurate medical decisions. For patients, this fosters a sense of security and confidence that they are being treated professionally. This innovation aligns with research showing that quality assurance is a factor influencing patient satisfaction.

Furthermore, the electronic service queuing system creates order in the service flow, reduces crowding in waiting rooms, and speeds up patient turn times. For patients, this increases comfort and order while waiting for services. These findings support research suggesting that facility comfort and orderliness of service contribute to patient satisfaction.

Finally, an internal reporting and monitoring application streamlines administrative management, monitors medication inventory, and reports patient visits in real time. Consequently, patients receive more efficient care without administrative issues. This is consistent with research showing that the effectiveness of administrative systems contributes to patient satisfaction, albeit to a lesser extent than direct medical care.

Thus, the administrative service innovations implemented by Bangsri II Community Health Center support research findings that patient satisfaction is influenced not only by the quality of medical services but also by an efficient and modern administrative system. Administrative innovations expedite service flow, reduce administrative barriers, and increase convenience, thus contributing significantly to overall patient satisfaction.

3.2.2. The Most Dominant Variable

Based on the significance and t-test values, the Medical Service Quality variable (X1) shows a greater contribution than Administrative Service Innovation (X2). This is understandable because medical services directly impact patients' health, encompassing aspects of medical personnel friendliness, diagnostic accuracy, medication availability, and environmental cleanliness. These factors are key determinants in shaping patient satisfaction perceptions,

as emphasized by service quality theory (Khoirunnisa & Ramadhika, 2024; Lestari et al., 2024).

Conversely, innovation in administrative services is also important, but more complementary in nature. Administrative innovation plays a role in supporting the effectiveness and efficiency of services by improving registration systems, reducing waiting times, and increasing procedural transparency. In other words, administrative innovation enhances the quality of medical services, but it is not the primary factor directly perceived by patients in clinical settings.

3.2.3. Research Recommendations and Implications

a. Research Recommendations

Based on the analysis results, it can be confirmed that the quality of medical services is the most dominant factor in influencing patient satisfaction at Bangsri II Community Health Center. This is evident from the calculated t value of $7.403 > t$ table 1.946 with a significance of <0.001 , indicating a significant influence. Meanwhile, administrative service innovation also proved significant, but its position is more as a supporting factor that strengthens the effectiveness of medical services. The coefficient of determination value of 0.522 indicates that 52.2% of the variation in patient satisfaction can be explained by the quality of medical services and administrative innovation, while 47.8% is influenced by other factors such as drug availability, completeness of facilities, and socialization of health services.

Therefore, practical recommendations that can be submitted to Bangsri II Health Center include:

1. Improving tangible aspects (physical evidence) by improving the comfort of waiting rooms, maintaining environmental cleanliness, and increasing the availability of medicines, especially generic medicines which are much needed by the community.
2. Strengthening reliability by maintaining the achievements of health programs that have met minimum service standards, as well as improving the quality of services in areas that still face challenges such as toddler nutrition.
3. Optimizing responsiveness by shortening waiting times for services, expanding polyclinic services, and increasing the number of medical personnel during peak hours so that patients feel they are being served more quickly.
4. Guarantee assurance (quality assurance) through improving the competence of medical personnel with ongoing training, especially in effective communication with patients.
5. Strengthening empathy by improving the friendliness and interpersonal communication of health workers so that patients feel more personally cared for.
6. Integrating administrative innovation with medical services so that innovations such as SIMPUS, online registration, and digital queues truly support improving the quality of medical services, not just simplifying administration.

b. Research Implications

1. Theoretical Implications the results of this study reinforce the theory of service quality (SERVQUAL), which states that patient satisfaction is strongly influenced by tangible aspects, reliability, responsiveness, assurance, and empathy. These findings are also consistent with previous research (Gunawan & Saragih, 2019; Setianingsih & Susanti, 2021; Safari Tamba, 2023), which states that the quality of medical services is a key factor determining patient satisfaction.

2. Practical Implications Bangsri II Community Health Center can use these findings as a basis for developing a strategy to improve service quality. The primary focus will be on improving the quality of medical services, supported by administrative innovations that facilitate access to services. These improvements are expected to not only increase patient satisfaction but also strengthen the Community Health Center's image as a professional, modern, and responsive healthcare facility to community needs.

3. Policy Implications the Jepara District Health Office can use the results of this study as input in formulating policies to improve the quality of community health center services. Support in the form of providing supporting facilities, providing adequate medication, and strengthening the capacity of health human resources should be prioritized to ensure the sustainability of quality health services at the primary level.

4. Conclusion

1) Based on the results of research conducted at Bangsri II Community Health Center, it can be concluded that the variables of Medical Service Quality (X1) and Administrative Service Innovation (X2) have a positive and significant effect on Patient Satisfaction (Y) both partially and simultaneously. The partial test shows that the quality of medical services has the most dominant influence with a calculated t value of $7.403 > t_{table} 1.946$ and a significance of <0.001 , while administrative innovation is also significant but functions as a supporting factor. The simultaneous test produces an F calculated value of $52.909 > F_{table} 3.08$ with a significance of <0.001 which confirms that both variables jointly influence patient satisfaction. The coefficient of determination (R^2) value of 0.522 indicates that 52.2% of the variation in patient satisfaction is explained by the quality of medical services and administrative service innovation, while the remaining 47.8% is influenced by other factors such as the availability of drugs, completeness of facilities, and the intensity of health service promotion. 2) The quality of medical services is the main factor that determines patient satisfaction., supported by administrative innovations that strengthen service effectiveness and efficiency. Efforts to improve the quality of medical services, particularly in terms of facility cleanliness, staff friendliness, medical explanations, and medication availability, need to be a top priority in the development strategy of the Bangsri II Community Health Center. Meanwhile, administrative innovations such as SIMPUS, online registration, and digital queues must continue to be optimized to support the success of medical services and achieve greater patient satisfaction.

5. References

Journals:

- Agustina, N., & Sakawati, H. (2020). Pengaruh kualitas pelayanan terhadap kepuasan pasien rawat inap di rumah sakit umum bahagia Kota Makassar. *Universitas Negeri Makassar*, 1–21. [http://eprints.unm.ac.id/19254/1/Jurnal Nina Agustina %281665142011%29.pdf](http://eprints.unm.ac.id/19254/1/Jurnal_Nina_Agustina_%281665142011%29.pdf)
- Anjayati, S. (2021). Review Artikel: Analisis Kualitas Pelayanan Terhadap Kepuasan Pasien Di Puskesmas Menggunakan Metode Servqual. *Nursing Care and Health Technology Journal (NCHAT)*, 1(1), 31–38. <https://doi.org/10.56742/nchat.v1i1.7>
- Bariya, U. ., Rosyidah, & Hidayat, M. . (2016). *Pengaruh Mutu Pelayanan Terhadap Kepuasan Pasien Unit Rawat Jalan Di Rumah Sakit: Narative Literatur Review*. 10(4), 1–23.
- Basalamah, K. ., Ahri, R. ., & Multazam, M. (2021). The Influence of Image and Service Quality on Patient Satisfaction and Retention at the Regional General Hospital of Makassar City. *An Idea Health Journal ISSN*, 1(02), 2.
- Batoebara, M. U. (2021). Inovasi Dan Kolaborasi Dalam Era Komunikasi Digital. *Jurnal Prosiding*, 1, 21–29.
- Delafrouz, N., Taleghani, M., & Taghineghad, M. (2013). The impact of service innovation on consumer satisfaction. *International Journals of Marketing and Technology*, 3, 127–144. <https://api.semanticscholar.org/CorpusID:110545703>
- Fatimah, S., & Indrawati, F. (2019). Faktor Pemanfaatan Pelayanan Kesehatan di Puskesmas. *Higeia Journal of Public Health Research and Development*, 1(3), 84–94.
- Gunawan, Y. ., & Saragih, M. (2019a). Pengaruh Kualitas Pelayanan Medis Dan Inovasi Layanan Administrasi Terhadap Kepuasan Pasien Pada Klinik Gracia Bogor. *Sustainability (Switzerland)*, 11(1), 1–14. [http://scioteca.caf.com/bitstream/handle/123456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbeco.2008.06.005%0Ahttps://www.researchgate.net/publication/305320484_SISTEM_P EMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI](http://scioteca.caf.com/bitstream/handle/123456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbeco.2008.06.005%0Ahttps://www.researchgate.net/publication/305320484_SISTEM_P_EMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI)
- Gunawan, Y. I., & Saragih, M. (2019b). Pengaruh Kualitas Pelayanan Medis Dan Inovasi Layanan Administrasi Terhadap Kepuasan Pasien. *Jurnal Manajemen Kewirausahaan*, 16(1), 33. <https://doi.org/10.33370/jmk.v16i1.301>
- Hartini, N. (2017). Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien RSUD Syekh Yusuf Gowa. *Skripsi*, 1–114. [https://repositori.uin-alauddin.ac.id/7105/1/ninging hartini.pdf](https://repositori.uin-alauddin.ac.id/7105/1/ninging_hartini.pdf)
- Jaya, I., & Syarufudin, I. (2015). IPengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Inap Unit Gedung A-RSCM Jakarta. *Jurnal Ilmiah Manajemen Fakultas Ekonomi*, 1(Tahun), 37–41.
- Juwita, A. . (2024). Transformasi Puskesmas Dalam Mewujudkan Pelayanan Kesehatan

- Berkualitas (Studi Kasus Di Puskesmas Kedungtuban). *TESIS Program Studi Magister Manajemen UNISSULA*, 1, 1–84.
- Khoirunnisa, S., & Ramadhika, A. (2024). Pengaruh Kualitas Pelayanan Kesehatan terhadap Kepuasan Pasien di Rumah Sakit Umum Bina Sehat. *AKADEMIK: Jurnal Mahasiswa Ekonomi & Bisnis*, 4(2), 727–735. <https://doi.org/10.37481/jmeh.v4i2.796>
- Koesoemahardja, N. ., Suparwati, A., & Arso, S. . (2016). ANALISIS KESIAPAN AKREDITASI DASAR PUSKESMAS MANGKANG DI KOTA SEMARANG. *Jurnal Kesehatan Masyarakat*, 4(June), 2016.
- Lestari, R. A., Febrian, F., & Mulyana, A. (2024). *Pengaruh Kualitas Pelayanan Medis Terhadap Kepuasan Pasien Serta Dampaknya Pada Loyalitas Pasien di Puskesmas Pasirkuda Kabupaten Cianjur*. 2(3), 150–160.
- Lutfiana, A., Lestari, I. S., Annisa, K., Sarah, Puspita, R., & Rasyid, Y. (2023). Kecamatan Cilandak Dalam Meningkatkan Akreditasi Strategies of the Cilandak Sub-District Community Health Centre (Puskesmas) in Improving Accreditation To the Plenary Level. *Jurnal Administrasi Publik*, 1(1), 1–14.
- Majdina, N. I., Pratikno, B., & Tripena, A. (2024). Penentuan Ukuran Sampel Menggunakan Rumus Bernoulli Dan Slovin: Konsep Dan Aplikasinya. *Jurnal Ilmiah Matematika Dan Pendidikan Matematika*, 16(1), 73. <https://doi.org/10.20884/1.jmp.2024.16.1.11230>
- Mentang, J., Rumayar, A., & Kolibu, F. (2018). Hubungan Antara Kualitas Jasa Pelayanan Kesehatan Dengan Kepuasan Pasien Di Puskesmas Taratara Kota Tomohon. *Kesmas*, 7(5), 1–7.
- Nahak, A., & Korbaffo, A. . (2022). Literatur Review: Faktor yang mempengaruhi Minat Masyarakat dalam melakukan Kunjungan ke Puskesmas. *BJournal of Health Science Community*, 33(1), 1–12.
- Najib, K. (2022). Pengaruh Kualitas Pelayanan Kesehatan terhadap Kepuasan Pasien Rawat Jalan di RSUD Saptosari Gunungkidul D.I. Yogyakarta. *Manajemen, Bisnis Dan Ekonomi*, 1(1), 35. <https://doi.org/10.26798/manise.v1i1.666>
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, 49(4), 41. <https://doi.org/10.2307/1251430>
- Prastica, I. (2019). Pengaruh Mutu Pelayanan Kesehatan Terhadap Kepuasan Pasien Unit Rawat Jalan Di Rumah Sakit Umum Daerah Kota Madiun. In *Tesis* (1st ed., pp. 1–86). Prodi Kesehatan Masyarakat Sekolah Tinggi Ilmu Kesehatan Bhakti Husada Mulia Madiun.
- Safari Tamba, R. (2023). Pengaruh Kualitas Pelayanan dan Inovasi Pelayanan terhadap Kepuasan Pasien di Puskesmas Mekar Mukti Cikarang Utara. *Abiwarra: Jurnal Vokasi* ..., 4(2), 106–113. <http://ojs.stiami.ac.id>
- Sahuri, C., & Helvionita, V. (2016). Sahuri, C., & Helvionita, V. (2016). Kualitas Pelayanan

Rawat Jalan di Rumah Sakit Umum Daerah Kabupaten Natuna (Doctoral dissertation, Riau University). In 1 (Ed.), *Doctoral dissertation, Riau University* (pp. 1–80). Riau University.

Setianingsih, A., & Susanti, A. S. (2021). Pengaruh Kualitas Pelayanan Kesehatan Terhadap Kepuasan Pasien Di Rumah Sakit “S.” *Menara Medika*, 4(1), 22–27.

Books:

Robbins, & Stephen, P. (1994). Stephen.pdf (1st ed.). PT. Prehalindo.