



Public Service Interactions and Patient Satisfaction: The Influence of Healthcare Worker Performance at Masohi Regional General Hospital, Central Maluku Regency

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ABSTRACT

Purpose of the Study: This study examines the influence of healthcare worker performance on patient satisfaction at Masohi Regional General Hospital, Central Maluku Regency, by positioning hospital care as a public service interaction shaped by social relations, patient perceptions, communication, and trust.

Methodology: This study used a quantitative explanatory design. Data were collected from 50 patients through accidental sampling using a structured questionnaire measured with a five-point Likert scale. Validity and reliability testing, simple linear regression, t-test, and coefficient of determination analysis were conducted using statistical software.

Main Findings: The findings show that healthcare worker performance has a positive and statistically significant influence on patient satisfaction. This result indicates that patient satisfaction is not only a managerial indicator, but also a social expression of trust, perceived fairness, respect, responsiveness, and the quality of interaction between citizens and public service providers. In a regional public hospital, timely service, empathy, clear communication, and professional behavior shape patients' experiences of access, dignity, and confidence in public institutions.

Novelty/Originality of This Study: This study contributes to social science and public administration literature by interpreting patient satisfaction as a social outcome of public service relations rather than merely a medical service indicator. It provides contextual evidence from a regional public hospital in eastern Indonesia, where resource limitations, post-pandemic pressures, and unequal access shape patient experiences and expectations.

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1. INTRODUCTION

Hospitals are public service institutions that connect the state, professionals, patients, and families in situations of uncertainty, vulnerability, and urgent need. In social science, health services are not simply technical procedures or clinical transactions, but relational processes through which people evaluate dignity, fairness, responsiveness, and institutional responsibility [1]-[4]. Patients enter hospitals not only as individuals seeking treatment, but also as citizens and social actors who interpret service encounters based on their expectations, previous experiences, cultural values, and trust in public institutions [5]-[7]. Therefore, patient satisfaction has

social meaning because it reflects how people experience public service quality, whether they feel respected, and whether the hospital is perceived as accountable to the community.

Service is generally understood as an intangible interaction process designed to meet the needs, expectations, and perceptions of service users [8], [9]. In hospital settings, service quality is produced through direct encounters between healthcare workers and patients, including communication, waiting time, responsiveness, empathy, professional behavior, and clarity of information [10]-[12]. These interactions are socially important because they shape power relations between professionals and patients. Patients often depend on healthcare workers for information and access to treatment; therefore, poor communication or unfriendly treatment can create feelings of exclusion, anxiety, and distrust [13]-[15].

Health services are also a form of public service because they are closely related to safety, welfare, and the right to receive proper care [16]-[18]. Public hospitals are expected to provide accessible, equitable, and patient-oriented services regardless of social background, income level, or geographic location. From a public administration perspective, healthcare workers function as frontline public servants who translate institutional rules into everyday service experiences [19], [20]. Their performance determines whether citizens encounter the hospital as a responsive public institution or as a bureaucratic space marked by delay, distance, and unequal treatment.

The performance of healthcare workers refers to the ability, behavior, discipline, responsiveness, communication, technical competence, and responsibility shown in carrying out professional duties [21]-[23]. In health service delivery, performance cannot be separated from social interaction. Patients do not only assess whether medical actions are completed, but also whether healthcare workers listen, provide explanations, respond to complaints, and treat them with empathy [24]-[27]. Thus, healthcare worker performance becomes a bridge between formal service standards and patients' subjective experiences of care.

Patient satisfaction refers to patients' evaluation of whether the services received meet their expectations [28]-[30]. In social terms, satisfaction is an expression of perceived justice, trust, and recognition in service encounters. When patients feel that healthcare workers are responsive and respectful, satisfaction may strengthen public trust and willingness to use hospital services. Conversely, dissatisfaction may indicate not only weak service performance, but also strained relations between citizens and public service providers [31]-[33].

Masohi Regional General Hospital is an important public hospital in Central Maluku Regency and serves as a referral institution for communities in the surrounding region. As a regional public hospital in eastern Indonesia, it operates within structural constraints such as limited facilities, medicine availability, budget capacity, medical personnel, and high service demand. These conditions affect how healthcare workers deliver services and how patients perceive the fairness, speed, and reliability of hospital care. Complaints about waiting time, medicine shortages, limited information, and uneven responsiveness show that patient satisfaction is connected to broader issues of access, public trust, and service interaction.

Previous studies have examined the relationship between healthcare worker performance, service quality, and patient satisfaction. For example, Yuliana and Wahyuni [1], Rahmawati and Hadi [5], Pertiwi and Arifin [8], and Handayani [14] found that service quality and healthcare worker performance influence patient satisfaction in hospital contexts. Batbaatar et al. [16] emphasized determinants of patient satisfaction in a broader review, while Kwame and Petrucka [34] highlighted the importance of patient-centered communication in nurse-patient interactions. However, most of these studies focus on service quality as a managerial or clinical variable and do not sufficiently interpret patient satisfaction as a social outcome of public service relations.

The research gap addressed in this study lies in the limited attention given by previous studies to patients as social actors and to hospital services as relational public services. Existing research by Yuliana and Wahyuni [1], Rahmawati and Hadi [5], Pertiwi and Arifin [8], and Handayani [14] mainly explains satisfaction through performance, service quality, or technical dimensions, while studies such as Batbaatar et al. [16] and Kwame and Petrucka [34] emphasize determinants and communication in general healthcare settings. These contributions are important, but they have not specifically examined how healthcare worker performance shapes patient satisfaction in a regional public hospital in eastern Indonesia where service limitations, social perceptions, and unequal access place pressure on patient-provider relations. Therefore, this study fills a social research gap by connecting worker performance, public service interaction, patient perception, and institutional trust in a resource-limited regional hospital.

The novelty of this research lies in its effort to reinterpret patient satisfaction as a social and public service indicator rather than only a technical measure of hospital service quality. This study positions healthcare workers as frontline actors whose performance shapes citizens' experiences of state presence, fairness, and responsiveness in health services. The urgency of the study is strengthened by post-pandemic service pressures, limited resources in eastern Indonesian hospitals, and the need to improve public trust through better service interactions. Based on these considerations, this study aims to analyze the influence of healthcare worker performance on patient satisfaction at Masohi Regional General Hospital, Central Maluku Regency.

2. RESEARCH METHOD

2.1 Research Design and Approach

This study employed a quantitative research design using an explanatory approach. Quantitative research was selected because the study measured variables numerically and tested the relationship between healthcare worker performance and patient satisfaction using statistical analysis [35], [36]. The explanatory approach was appropriate because the study aimed to determine whether the independent variable significantly influenced the dependent variable. This design allowed the researcher to examine how patients' perceptions of healthcare worker performance were associated with their satisfaction with public hospital services.

2.2 Research Location and Time

The research was conducted at Masohi Regional General Hospital, Central Maluku Regency. This location was selected because the hospital serves as an important regional public hospital and receives patients from various social and geographic backgrounds. The hospital context is relevant for examining public service interaction because patients encounter healthcare workers in situations shaped by limited resources, service demand, and institutional expectations. The research was carried out after the proposal approval stage, with the schedule adjusted to hospital conditions and respondent availability.

2.3 Population, Sample, and Sampling Technique

The population of this study consisted of patients receiving healthcare services at Masohi Regional General Hospital during the research period. A total of 50 patients were selected as respondents using accidental sampling. This sampling technique was used because respondents were chosen based on their availability, willingness, and direct experience in receiving hospital services at the time of data collection [37]. The sample was considered relevant because the respondents were able to evaluate healthcare worker performance and patient satisfaction based on actual service encounters.

2.4 Research Instruments, Measurement Scale, and Data Sources

The main research instrument was a structured questionnaire developed from indicators of healthcare worker performance and patient satisfaction. The questionnaire used closed-ended statements measured with a five-point Likert scale ranging from strongly disagree to strongly agree. Primary data were obtained directly from patients, while secondary data were collected from hospital documents, service procedures, patient visit information, and relevant academic literature. The instrument grid was developed to ensure that variables, indicators, and questionnaire items were aligned with the research objectives.

Table 1. Research Instrument Grid

Variable	Indicators	Item Numbers	Number of Items
Healthcare Workers' Performance (X)	Discipline, responsiveness, service speed, communication clarity, empathy, professionalism, accuracy, responsibility	1-10	10
Patient Satisfaction (Y)	Perceived service quality, comfort, trust, fairness, information clarity, emotional support, willingness to reuse services	11-20	10

2.5 Data Collection and Data Analysis Techniques

Data were collected through direct distribution and retrieval of questionnaires in hospital service areas. Before analysis, the instrument was tested for validity and reliability using Pearson correlation and Cronbach's Alpha to ensure measurement accuracy and consistency. Classical assumption testing, including normality and linearity tests, was conducted before regression analysis. The effect of healthcare worker performance on patient satisfaction was analyzed using simple linear regression with the equation $Y = a + bX$, followed by t-test and coefficient of determination analysis.

2.6 Research Procedures

The research procedure was conducted systematically to ensure methodological clarity and data reliability. The stages began with problem identification, literature review, instrument development, and proposal approval. After the instrument was prepared, questionnaires were distributed to respondents, followed by data coding, tabulation, validity and reliability testing, regression analysis, interpretation, and report writing. The procedure is presented in Figure 1.

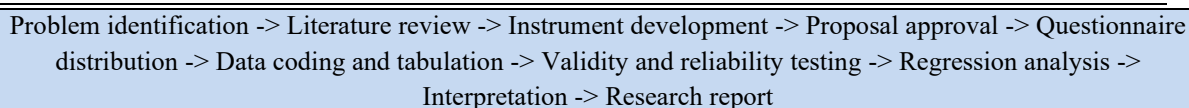


Figure 1. Research Procedure Flowchart

3. RESULTS AND DISCUSSION

This section presents the results of the analysis of the influence of healthcare worker performance on patient satisfaction at Masohi Regional General Hospital, Central Maluku Regency. Data were obtained from 50 respondents through structured questionnaires and analyzed using simple linear regression, t-test, and coefficient of determination. Beyond statistical interpretation, the discussion also explains the social meaning of patient satisfaction as a reflection of public service relations, trust, and interaction between healthcare workers and patients.

3.1 Healthcare Worker Performance as Public Service Interaction

The findings show that healthcare worker performance is experienced by patients through everyday service interactions. Respondents evaluated performance not only through technical ability, but also through communication, waiting time, responsiveness, empathy, and willingness to provide clear information. This confirms that in public hospitals, healthcare workers act as the visible representatives of public service institutions. When they respond quickly, explain procedures clearly, and treat patients respectfully, patients are more likely to perceive the hospital as accountable and trustworthy.

This interpretation is consistent with patient-centered care literature, which emphasizes that communication and respectful treatment influence patient experience and perceived quality [30], [34], [38]. From a public service perspective, healthcare worker performance shapes the relationship between citizens and the state because the hospital is one of the institutions through which people directly experience public responsibility. Therefore, patient satisfaction should be understood as a social indicator of whether patients feel heard, recognized, and served fairly.

3.2 Simple Linear Regression Analysis

Simple linear regression analysis was conducted to determine the direction and magnitude of the influence of healthcare worker performance (X) on patient satisfaction (Y). The results are presented in Table 2.

Table 2. Simple Linear Regression Analysis Results

Variable	Regression Coefficient (B)	Standard Error	t-value	Significance
Constant	11.832	2.103	5.625	0.000
Healthcare Workers' Performance (X)	0.712	0.094	7.574	0.000

Based on Table 2, the regression equation is $Y = 11.832 + 0.712X$. This equation indicates that every one-unit increase in healthcare worker performance is associated with a 0.712-unit increase in patient satisfaction. The positive coefficient demonstrates that better performance by healthcare workers tends to improve patient satisfaction. In social terms, this means that discipline, responsiveness, clarity of information, and empathy are not only administrative behaviors but also interactional practices that shape patients' perceptions of fairness and trust.

3.3 Partial Significance Test (t-Test)

The t-test was used to examine whether healthcare worker performance has a statistically significant effect on patient satisfaction. The results are shown in Table 3.

Table 3. t-Test Results for Healthcare Worker Performance

Variable	t-count	t-table	Significance	Decision
Healthcare Workers' Performance (X)	7.574	2.011	0.000	Significant

Table 3 shows that the t-count value of 7.574 is greater than the t-table value of 2.011, while the significance value of 0.000 is lower than 0.05. Therefore, the alternative hypothesis is accepted, meaning that healthcare worker performance has a significant partial effect on patient satisfaction. This result indicates that patient satisfaction is strongly shaped by how patients experience direct service encounters with healthcare workers. In a regional public hospital, the quality of these encounters may influence not only satisfaction but also public confidence in hospital management and government health services.

3.4 Coefficient of Determination

The coefficient of determination was used to measure how much variation in patient satisfaction can be explained by healthcare worker performance. The results are presented in Table 4.

Table 4. Coefficient of Determination Results

Model	R	R Square (R ²)	Adjusted R Square	Standard Error
1	0.754	0.568	0.559	3.102

Table 4 shows that the R Square value is 0.568, meaning that 56.8% of the variation in patient satisfaction can be explained by healthcare worker performance. The remaining 43.2% is influenced by other factors not examined in this study, including hospital facilities, medicine availability, administrative procedures, waiting rooms, management systems, and individual patient characteristics. The R value of 0.754 indicates a strong positive relationship between healthcare worker performance and patient satisfaction. This finding confirms that performance improvement is a strategic pathway for strengthening patient satisfaction, but it also shows that hospital service quality cannot be reduced to worker performance alone.

3.5 Discussion: Social Meaning of Patient Satisfaction

The results of this study support previous research showing that service quality, professional behavior, and communication influence patient satisfaction [1], [5], [8], [14], [16]. However, this study extends those findings by emphasizing that satisfaction in a public hospital is also a social response to service interaction. Patients evaluate whether they are treated with respect, whether information is accessible, and whether healthcare workers are responsive to their complaints. Thus, satisfaction reflects both service performance and the perceived quality of social relations inside the hospital.

The findings also align with studies on patient-centered communication, which argue that effective interaction between healthcare providers and patients can reduce uncertainty, increase trust, and support better care experiences [30], [34], [38], [39]. At Masohi Regional General Hospital, this is particularly important because resource limitations may intensify patient anxiety and increase the need for clear communication. When medicines are unavailable, facilities are limited, or waiting time is long, healthcare workers' explanations and empathetic responses become crucial for maintaining trust and reducing frustration.

From the perspective of public administration, healthcare workers can be understood as frontline public servants. Their performance translates hospital rules, service procedures, and government health policy into lived experiences for patients [19], [20], [40]. This means that the quality of interaction at the service counter, emergency room, outpatient unit, or inpatient ward becomes a practical measure of public service legitimacy. Good performance may strengthen citizens' confidence in the hospital, while poor performance may produce complaints and weaken trust.

The study also highlights the social vulnerability of patients in regional hospitals. Patients in resource-limited areas often have fewer choices of healthcare providers, limited financial capacity, and restricted access to referral services. In such contexts, dissatisfaction is not only an individual emotional response but also a sign of unequal access and institutional pressure [41]-[43]. Therefore, improving healthcare worker performance should be accompanied by improvements in facilities, medicine supply, staffing, workload management, and administrative transparency.

3.6 Research Impact and Limitations

The practical impact of this study is that hospital management can use the findings to strengthen performance development programs for healthcare workers. Training should not only focus on technical competence but also on communication, empathy, complaint handling, and patient-centered service behavior [44]-[47]. Performance evaluation should include patient experience indicators because satisfaction reflects how public services are socially perceived. Strengthening healthcare worker performance can help improve public trust, reduce complaints, and support more humane service interactions [48]-[50].

This study has several limitations. First, it was conducted in a single public hospital, so the results cannot be generalized to all regional hospitals. Second, the sample size was limited to 50 respondents and used accidental sampling, which may not fully represent all patient groups. Third, the study used a quantitative design, which can measure the strength of relationships but cannot fully capture deeper narratives of patient experience. Future studies should apply mixed-method or qualitative approaches, include larger samples, and compare hospitals across regions to better understand how social relations, service access, and institutional trust shape patient satisfaction.

4. CONCLUSION

This study concludes that healthcare worker performance has a positive and statistically significant influence on patient satisfaction at Masohi Regional General Hospital, Central Maluku Regency. The regression

equation $Y = 11.832 + 0.712X$ indicates a positive relationship between the two variables, while the t-test confirms that the effect is statistically significant. The coefficient of determination shows that healthcare worker performance explains 56.8% of the variation in patient satisfaction, indicating that performance is an important factor in shaping patients' service experiences.

The findings also show that patient satisfaction has broader social meaning. Satisfaction reflects how patients experience public service relations, including respect, empathy, clarity of information, responsiveness, fairness, and trust. Therefore, improving healthcare worker performance should be understood not only as a managerial strategy but also as an effort to strengthen humane and accountable public services. Future research is recommended to examine additional variables such as hospital facilities, medicine availability, waiting time, public trust, and patient participation using mixed-method and comparative designs across regional hospitals.

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