



The Influence of Public Service Quality in the Health Sector on Public Satisfaction at the Lateri Village Community Health Center, Baguala District, Ambon City

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ABSTRACT

Purpose of the study: This study aims to analyze the effect of public service quality in the health sector on community satisfaction as service users at the Lateri Village Community Health Center, Baguala District, Ambon City. From a public administration perspective, healthcare services are positioned as an integral part of public service delivery, which constitutes the government's responsibility in fulfilling citizens' basic rights and in promoting responsive and accountable governance.

Methodology: A quantitative explanatory design was employed using simple linear regression analysis. Data were collected from 80 service users through a structured questionnaire based on a five-point Likert scale. Service quality indicators were adapted from established healthcare quality frameworks and reinterpreted within a public service governance perspective. Statistical analysis was conducted using SPSS after validity, reliability, and classical assumption testing.

Main Findings: The findings indicate that public healthcare service quality has a positive and significant effect on community satisfaction. Improvements in accessibility, efficiency, humane interaction, and service reliability contribute to more favorable citizen evaluations of public service performance. These results suggest that service quality functions not only as an operational standard but also as a governance mechanism that shapes public trust and institutional legitimacy at the local level.

Novelty/Originality of this study: This study provides empirical contributions to the development of public administration by integrating health service quality dimensions into a public service analysis framework. It enriches the social science literature, particularly in the study of public service quality and community satisfaction in primary healthcare services. Furthermore, the study offers practical implications for improving the performance of public sector organizations, especially Community Health Centers (Puskesmas) as public service providers in eastern Indonesia.

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1. INTRODUCTION

In modern public administration research, scholars increasingly recognize that citizens' evaluations of government performance extend beyond formal compliance to encompass the substantive quality of service delivery, where dimensions of service quality—such as reliability, responsiveness, assurance, and empathy—are

empirically linked to higher levels of citizen satisfaction and perceived effectiveness of public services [1], [2]. In contemporary public administration, the evaluation of government performance has expanded beyond mere procedural compliance to include an emphasis on service outcomes, citizens' perceptions, and satisfaction. Recent empirical studies indicate that core service quality dimensions—such as reliability, responsiveness, assurance, and empathy—significantly influence citizens' satisfaction, making these factors essential for evaluating the effectiveness of public service delivery across sectors [3], [4]. Within contemporary governance research, empirical evidence increasingly indicates that citizen satisfaction serves as a meaningful indicator of institutional performance and democratic legitimacy, reflecting how public service delivery outcomes shape citizens' attitudes toward government effectiveness and regime support [5].

Governance reforms emphasize accountability, transparency, responsiveness, and public value creation as essential components of effective public institutions [6], [7]. Evaluations increasingly focus on how public institutions deliver services that are fair, reliable, and responsive to citizen needs — factors that are strongly linked to public trust in government systems. Public organizations are no longer assessed solely by internal efficiency metrics, but by their ability to generate socially recognized value and meet community expectations [8]. Consequently, service quality functions not merely as an operational measure, but as a strategic governance instrument that shapes public trust, institutional credibility, and state–society relations [9].

Empirical research demonstrates that quality of public services — including digital service quality — significantly influences both public trust and citizen satisfaction [10]. Trust serves as a critical foundation for democratic stability, compliance with policy, and civic engagement [11]. When public services meet or exceed expectations, citizens are more likely to perceive institutions as legitimate and responsive; conversely, poor service delivery can weaken institutional credibility and reduce public confidence. Therefore, measuring and improving service quality constitutes a central element of public sector reform and governance strengthening [12].

Within the healthcare sector, primary healthcare institutions represent frontline public organizations where direct interactions between citizens and government authorities occur. Healthcare delivery thus embodies both clinical and administrative dimensions embedded within public governance structures. The assessment of healthcare quality has traditionally relied on a systemic framework linking organizational structure, service delivery processes, and service outcomes [13]. This framework underscores that outcomes are influenced not only by technical competence but also by organizational capacity and procedural performance.

International policy standards further conceptualize quality healthcare as services that are effective, safe, people-centered, timely, efficient, equitable, and integrated [14]. As governance structures evolve, the integration of service quality principles within primary healthcare has been shown to correlate with both institutional performance and health outcomes [15]. These dimensions align closely with broader principles of good governance and democratic service delivery.

In public sector settings, service quality must also be understood through the lens of administrative accountability and institutional performance. Quality is reflected in how public organizations manage public resources responsibly, ensure procedural fairness, uphold transparency, and deliver services efficiently within governance frameworks [16]. These governance-oriented dimensions are particularly relevant in decentralized administrative systems, where local public institutions bear direct responsibility for frontline service provision and citizen interaction. Citizen satisfaction theory explains that satisfaction arises from the comparison between expectations and perceived performance [17], [18]. In public services, expectations are shaped not only by personal experience but also by normative standards regarding the role of the state in fulfilling citizens' rights. Satisfaction therefore represents an evaluative judgment regarding whether public institutions have fulfilled their social and administrative responsibilities. Higher perceived service quality has been empirically associated with stronger satisfaction levels, increased institutional trust, and improved perceptions of government effectiveness [19], [20].

Studies in governance and democratic theory further indicate that effective public service delivery contributes to broader democratic consolidation and social capital formation [21], [22]. When frontline institutions perform effectively, citizens are more likely to develop positive attitudes toward public authorities and participate constructively in governance processes [23]. In contrast, inadequate service quality may undermine institutional legitimacy and weaken public engagement [24], [25].

Despite the substantial body of literature on healthcare management and public administration, many empirical studies examine these domains separately. Healthcare research often concentrates on clinical effectiveness and operational performance, while public administration studies focus on bureaucratic reform and governance mechanisms. Limited research explicitly integrates healthcare service quality within a comprehensive public service and governance framework, particularly in local government contexts within developing regions.

This study addresses this gap by analyzing the influence of public service quality in the health sector on public satisfaction at the Lateri Village Community Health Center, Baguala District, Ambon City. By conceptualizing healthcare explicitly as a form of public service embedded within governance structures, this research contributes to the development of public administration scholarship. It reinforces the understanding that citizen satisfaction in healthcare is not merely a reflection of medical outcomes, but an indicator of institutional responsiveness, accountability, and democratic performance.

This study is novel because it explicitly integrates healthcare service quality within a comprehensive public governance framework, positioning citizen satisfaction not merely as an outcome of clinical performance but as a measurable indicator of institutional accountability, responsiveness, and democratic governance. While prior studies have examined healthcare quality and public administration separately, limited empirical research has analyzed primary healthcare institutions as frontline public organizations embedded within decentralized governance systems, particularly in local government contexts of developing regions.

This research is urgent because primary healthcare centers constitute the most immediate point of interaction between citizens and the state, where perceptions of service quality directly shape institutional trust and democratic legitimacy. In regions where public service capacity and governance effectiveness remain critical development challenges, understanding the relationship between service quality and citizen satisfaction becomes essential for strengthening public sector reform, improving local institutional performance, and enhancing public confidence in government.

2. RESEARCH METHOD

2.1 Type of Research and Research Design

This study adopts a quantitative social science approach to examine public service quality in a primary healthcare institution. In public administration, healthcare services are conceptualized as an essential component of public service delivery and a core governmental function in fulfilling citizens' basic rights, particularly the right to health, while also ensuring transparent and accountable governance. Recent governance research emphasizes that public authorities are obligated to organize and manage health services to guarantee equitable access and quality care as part of their responsibility toward citizens' fundamental needs [26], [27]. Therefore, this research is conceptually grounded in public service theory, which emphasizes responsiveness, accountability, transparency, and citizen orientation.

A quantitative approach enables systematic measurement of citizens' perceptions as empirical indicators of institutional performance [28]. In governance research, perception-based evaluation has been widely applied to assess trust, service effectiveness, and accountability within public institutions [29]. Citizen satisfaction is increasingly recognized as a key performance indicator in public administration, reflecting not only service outcomes but also broader governance capacity [30].

2.2 Population and Sample

The population of this study consists of all community members who have received healthcare services at the Lateri Village Community Health Center, Baguala District, Ambon City. As a primary-level government healthcare institution, the health center represents a frontline public service organization where direct interaction between citizens and the state occurs.

In this study, respondents are defined as community members and users of public health services who have directly experienced the service delivery process at the institution. Within the New Public Service perspective, citizens are not merely clients but evaluators of public value created by government institutions. Their perceptions reflect how effectively public organizations implement governance principles such as fairness, accessibility, and procedural justice [31].

The sample comprises 80 respondents selected using accidental sampling, a non-probability sampling technique in which respondents are chosen based on their availability during the data collection period. This technique ensures that the data reflect the real experiences of public service users.

2.3 Data Research Instruments and Techniques

Table 1. Data Research instrument Grid

Variable	Indicator	Item Numbers	Number of Items	Scale
Healthcare Service Quality (X)	Accessibility	1-3	3	Likert (1-5)
	Effectiveness	4-6	3	Likert (1-5)
	Efficiency	7-9	3	Likert (1-5)
	Humanity	10-12	3	Likert (1-5)
	Safety	13-15	3	Likert (1-5)
Community Satisfaction (Y)	Expectation Conformity	16-18	3	Likert (1-5)
	Overall Satisfaction	19-21	3	Likert (1-5)
	Reuse Intention	22-24	3	Likert (1-5)
	Willingness to Recommend	25-27	3	Likert (1-5)

Primary data were collected using a structured questionnaire containing closed-ended statements related to healthcare service quality and community satisfaction. The instrument employed a five-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Agree, 4 = Agree, and 5 = Strongly Agree. The Likert scale is widely used in social science research to measure attitudes and perceptions in a systematic and quantifiable manner.

The measurement of healthcare service quality refers to well-established dimensions in healthcare and public service literature, including accessibility, efficiency, effectiveness, patient-centeredness, and safety [32], [33]. These dimensions describe how services are available, responsive, and capable of meeting citizens' medical and administrative needs. Accessibility ensures that services can be reached without unnecessary barriers, while effectiveness and efficiency relate to the optimal use of resources to achieve positive health outcomes. Patient-centeredness and safety emphasize ethical treatment, respect, and risk prevention, which are crucial for maintaining public trust. Together, these dimensions align with governance-based service delivery principles that prioritize citizen-oriented performance and accountability.

Community satisfaction is defined as citizens' evaluative judgment regarding public service performance. Satisfaction theory explains that individuals compare expected service standards with perceived outcomes [34]. In public sector contexts, satisfaction also serves as an indicator of institutional legitimacy and public trust [35]

Secondary data were obtained from academic books, peer-reviewed journals, and relevant regulations to strengthen the theoretical framework and interpretation of findings. These sources were used to provide conceptual clarity regarding public service quality, governance principles, and citizen satisfaction theory. Academic literature ensured that the study was grounded in established scholarly debates, while regulatory documents provided normative context for public service implementation. The integration of these secondary sources enhanced the analytical depth and theoretical consistency of the research.

Instrument validity was tested using Pearson Product Moment correlation to determine the degree to which each item accurately measured the intended construct. An item was considered valid if the significance value was less than 0.05, indicating a statistically meaningful correlation between the item score and the total construct score. Reliability testing was conducted using Cronbach's Alpha to assess the internal consistency of the measurement instrument. A coefficient of ≥ 0.60 was used as the threshold for acceptable reliability, reflecting adequate consistency among items within each variable. These procedures ensured that the research instrument met established statistical standards before proceeding to further data analysis.

2.4 Variables and Indicators

1. Independent Variable (X): Healthcare Service Quality

Conceptually, service quality in public sector healthcare institutions reflects the alignment between citizens' expectations and their perceptions of service delivery outcomes [36]. In healthcare institutions, quality is understood through structural and procedural dimensions that influence service outcomes. Indicators used to assess the quality of health services in a healthcare which include accessibility, effectiveness, efficiency, humanity, and safety.

2. Dependent Variable (Y): Community Satisfaction

In this study, indicators of community satisfaction include expectation conformity, overall satisfaction, intention to reuse services, and willingness to recommend. These indicators capture both cognitive and behavioral aspects of satisfaction, which are widely used in governance research to evaluate whether public institutions successfully generate perceived public value and trust [37].

2.5 Data Analysis Techniques

Data analysis was conducted using IBM SPSS software. Hypothesis testing employed simple linear regression analysis to examine the effect of healthcare service quality on community satisfaction.

The regression model used in this study is formulated as:

$$Y = a + bX \quad \dots(1)$$

Where:

Y= Community Satisfaction

a= Constant

b= Regression Coefficient

X= Healthcare Service Quality

Prior to regression analysis, classical assumption tests were performed, including normality and linearity tests, to ensure that the model satisfied statistical requirements. Regression analysis is widely applied in public administration research to test causal relationships between governance-related variables and citizen outcomes [38].

2.6 Research Procedures

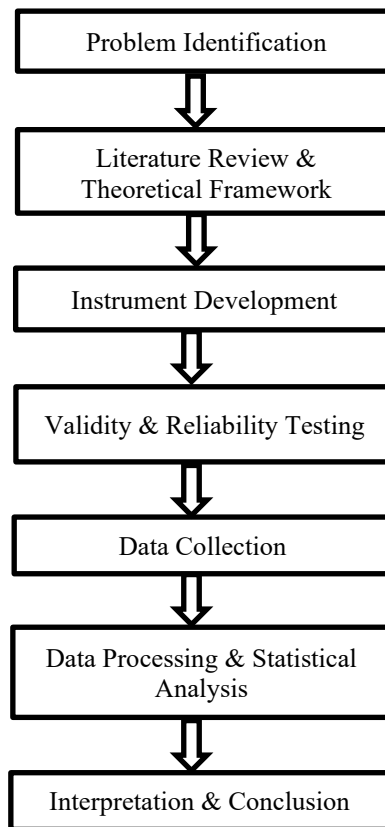


Figure 1. Research Procedure Flowchart

This study followed a systematic quantitative social research procedure to ensure methodological rigor and replicability. The research began with the identification of issues related to public service quality and community satisfaction in primary healthcare services, particularly within the local public service context of the Lateri Village Community Health Center. Based on this initial problem identification, a comprehensive review of relevant literature on public service governance, healthcare service quality, and citizen satisfaction was conducted to establish a solid theoretical foundation. This stage ensured that the research variables were conceptually grounded in public administration theory.

Subsequently, a structured questionnaire was developed based on the established theoretical framework to measure healthcare service quality as the independent variable and community satisfaction as the dependent variable. The instrument consisted of Likert-scale statements adapted from established service quality and satisfaction constructs. Prior to full data collection, validity testing was conducted using Pearson Product Moment correlation, while reliability testing employed Cronbach's Alpha to ensure internal consistency.

Data were collected directly from community members who accessed services at the health center during the research period. Accidental sampling was applied to select respondents who had direct experience with the healthcare services provided. The collected data were then processed using IBM SPSS software. Classical assumption tests were performed before conducting hypothesis testing. Simple linear regression analysis was employed to examine the effect of healthcare service quality on community satisfaction.

Finally, the results of the statistical analysis were interpreted within the framework of public service governance and public value theory to determine whether service quality significantly influences community satisfaction.

3. RESULTS AND DISCUSSION

3.1. Data Analysis

Data analysis was conducted through several stages of statistical testing to obtain a comprehensive understanding of the relationships among the research variables. From a public service perspective, the fulfillment of statistical assumptions strengthens the credibility of the findings, ensuring that conclusions regarding healthcare service performance are based on reliable empirical evidence. Methodological rigor is essential in public administration research to support accountability and transparency in evaluating government institutions.

3.2 Linearity Test

The linearity test results show a significance value of 0.000 (< 0.05) for the Linearity component and 0.809 (> 0.05) for Deviation from Linearity. This indicates that the relationship between healthcare service quality and community satisfaction is linear and does not deviate from linearity assumptions.

Socially, this linear relationship implies that improvements in healthcare service quality are consistently followed by increases in community satisfaction. In the context of public service governance, this suggests that service improvement policies implemented by the health center have a predictable and measurable impact on citizens' perceptions. This strengthens the argument that service quality is a strategic variable in improving public sector performance.

Table 2. Results of the Linearity Test

Component	Sum of Squares	df	Mean Square	F	Sig.
Linearity	1278.984	1	1278.984	90.327	0.000
Deviation from Linearity	244.795	24	10.200	0.720	0.809

Source: SPSS Output Version 30.0

Based on the results of the linearity test presented in Table 2, the significance value for the Linearity component is 0.000 (< 0.05), indicating a significant linear relationship between service quality and community satisfaction. This finding is supported by the calculated F-value of 90.327, which suggests that the linear relationship model strongly represents the association between the two variables. Meanwhile, the significance value of the Deviation from Linearity is 0.809 (> 0.05), indicating no significant deviation from linearity. Therefore, the relationship between the variables is considered linear, and the simple linear regression model is appropriate for further analysis.

The existence of a linear relationship means that every improvement in service quality is followed by a proportional increase in community satisfaction. In terms of public service performance, this finding confirms that service quality functions as a direct determinant of citizen satisfaction. This implies that managerial improvements—such as faster service procedures, more responsive health personnel, and improved facility conditions—can systematically enhance public trust and satisfaction toward primary healthcare institutions.

3.3. Simple Linear Regression

Table 3. Simple Linear Regression Test Results

Variable	B	Std. Error	Beta	t	Sig.
(Constanta)	13.576	3.395	—	3.999	.000
Community Satisfaction	0.565	0.057	0.748	9.941	.000

The regression results show a constant value of 13.576 and a regression coefficient of 0.565. The regression equation obtained is:

$$Y = 13.576 + 0.565X$$

The regression analysis indicates that Y represents the dependent variable, namely community satisfaction as recipients of services at the Lateri Health Center, Ambon City. The constant value of 13.576 implies that if the Health Service Quality variable were assumed to be zero, community satisfaction would still remain at a baseline level of 13.576. Furthermore, the regression coefficient of 0.565 is positive, indicating that an increase in health service quality is associated with a corresponding increase in community satisfaction. This positive coefficient demonstrates a direct and proportional relationship between service quality and the level of satisfaction perceived by the community.

The positive regression coefficient indicates that each unit increase in healthcare service quality leads to an increase of 0.565 units in community satisfaction. This finding demonstrates a direct and proportional relationship between the quality of services provided and the level of satisfaction perceived by the community. In other words, improvements in healthcare service delivery are likely to contribute meaningfully to higher public satisfaction levels. Moreover, the significance value of 0.000 (< 0.05) confirms that this effect is statistically significant, meaning that the relationship is not due to random chance. Therefore, it can be concluded that healthcare service quality has a positive and statistically significant influence on community satisfaction at the Lateri Health Center, Ambon City.

Beyond statistical significance, this result has important social implications. The positive coefficient demonstrates that service quality is not merely a technical administrative variable but a determinant of how citizens evaluate government performance. In public administration theory, citizen satisfaction reflects institutional

legitimacy and public trust. Therefore, improving healthcare service quality directly contributes to strengthening the credibility of public institutions at the local level.

For the Lateri Village Community Health Center, this finding suggests that enhancing dimensions such as accessibility, efficiency, staff responsiveness, and patient safety will significantly influence how the community perceives public healthcare services. Improvements in these dimensions are likely to strengthen public trust and reinforce positive evaluations of service performance. When healthcare services are easily accessible, delivered efficiently, and supported by responsive and professional staff, patients tend to feel more valued and respected. This, in turn, contributes to higher levels of community satisfaction and supports the broader goal of improving public service performance. Therefore, continuous efforts to improve service quality dimensions should become a strategic priority for the health center.

3.4 Hypothesis Test

Before testing the research hypothesis, the initial step is to conduct a statistical analysis to determine whether the independent variable, namely the quality of health services, has a significant effect on the dependent variable, community satisfaction. Hypothesis testing is carried out to verify the initial assumption regarding the relationship between these variables through the application of statistical tests. The hypothesis test is performed using the t-test to examine the partial effect of the independent variable on the dependent variable and to assess the significance of this effect. The results of the t-test serve as the basis for determining the strength of the relationship between the variables and for accepting or rejecting the research hypothesis.

The t-test is conducted to assess the extent to which each independent variable partially influences the dependent variable. This test is based on the significance value (p-value), according to the following criteria:

1. The decision in hypothesis testing is based on the significance value. If the Sig. value < 0.05 , the null hypothesis (H_0) is rejected and the alternative hypothesis (H_a) is accepted, indicating a significant effect of the independent variable on the dependent variable.
2. Conversely, if the Sig. value ≥ 0.05 , the independent variable is considered to have no significant effect.

Table 4. of t-Test Results (Partial)

Model	B	Std. Error	t	Sig.
Quality of Health Services → Community Satisfaction	0.565	0.057	9.941	0.000

The t-test results show a calculated t-value of 9.941, which is greater than the t-table value of 1.991, with a significance value of 0.000. Therefore, the alternative hypothesis (H_a) is accepted, and the null hypothesis (H_0) is rejected. This confirms that healthcare service quality has a positive and significant effect on community satisfaction.

This finding reinforces the theoretical assumption that service quality functions as a core driver of citizen satisfaction in public institutions. In the context of primary healthcare services, satisfaction is not only an emotional response but also a performance indicator reflecting the alignment between public expectations and institutional service delivery. When public institutions are able to meet or exceed citizens' expectations, satisfaction levels tend to increase, indicating effective service governance. Conversely, gaps between expectations and actual service performance may reduce public trust and weaken institutional legitimacy. Therefore, improving service quality should be regarded as a strategic mechanism for strengthening both citizen satisfaction and overall public sector performance.

The statistical significance confirms that service quality is a strategic factor in shaping community satisfaction. In the broader context of public administration, this finding reinforces the principle that citizen satisfaction is a key performance indicator of public institutions. The Lateri Village Health Center's ability to improve service quality directly influences public perceptions of governmental effectiveness at the primary healthcare level. Therefore, strengthening service dimensions is essential not only for operational improvement but also for enhancing public sector credibility.

3.5 Coefficient of Determination (R^2)

The coefficient of determination (R^2) is used to measure the extent to which the independent variable can explain the variation in the dependent variable. In this study, the R^2 value indicates the contribution of service quality in explaining changes in community satisfaction levels, with a range from 0 to 1, where a value closer to 1 indicates a stronger explanatory power of the model.

Table 5. Coefficient of Determination Test Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.748	0.559	0.553	3.597

a. Predictors: (Constant), Quality of Health Services

b. Dependent Variable: Community Satisfaction

The coefficient of determination (R^2) value of 0.559 indicates that 55.9% of the variation in community satisfaction can be explained by healthcare service quality. This suggests that service quality plays a substantial role in shaping how the community evaluates public healthcare services. However, the remaining 44.1% of the variation is influenced by other factors not included in the model, such as individual expectations, socio-demographic characteristics, communication effectiveness, or institutional trust. This implies that while service quality is a key determinant, community satisfaction is also shaped by broader contextual and organizational variables. Therefore, future research may consider incorporating additional variables to provide a more comprehensive explanation of citizen satisfaction in public healthcare settings.

From a governance perspective, this percentage demonstrates that service quality is a dominant explanatory factor in shaping citizen satisfaction. However, the remaining unexplained variance suggests that other aspects such as socio-economic background, prior service experiences, or external policy factors—may also influence public perceptions. This highlights the multidimensional nature of public service evaluation.

Citizen satisfaction is increasingly recognized as a key performance indicator in public administration, reflecting not only service outcomes but also broader governance capacity [39], [40]. Empirical research demonstrates that perceived service quality significantly influences public trust in government institutions [41], [42]. When citizens perceive that services are delivered fairly, transparently, and responsively, their trust in public institutions increases. This trust contributes to institutional legitimacy and strengthens the credibility of government performance. Therefore, improving service quality should be positioned as a strategic governance priority aimed at reinforcing accountability and sustaining public confidence.

This finding is consistent with public service performance theory, which emphasizes that citizens' evaluations of service delivery reflect broader governance capacity [43], [44]. In healthcare settings, quality dimensions such as accessibility, responsiveness, and assurance have been shown to directly affect patient satisfaction and perceived institutional credibility [45], [46]. These dimensions represent fundamental elements of effective public service provision, particularly in primary healthcare institutions where direct interaction between providers and citizens frequently occurs. When these service aspects are managed effectively, they contribute not only to higher levels of patient satisfaction but also to strengthened institutional trust and legitimacy.

The positive and significant regression coefficient found in this study aligns with previous empirical research indicating that service quality improvements lead to measurable increases in public satisfaction levels [47], [48]. This consistency with prior studies strengthens the validity of the present findings and confirms the robustness of the relationship between service quality and citizen satisfaction. Furthermore, satisfaction contributes to strengthening public trust, which is a fundamental component of democratic governance. When citizens perceive that public institutions deliver services effectively and fairly, their confidence in government performance tends to increase. Therefore, enhancing service quality should be regarded not only as an operational objective but also as a strategic effort to reinforce public trust and democratic legitimacy.

The R^2 value of 0.559 indicates substantial explanatory power. However, public service satisfaction is multidimensional and may also be influenced by contextual and socio-demographic variables. Public value theory argues that institutional performance must be assessed not only through efficiency but also through citizen-centered outcomes. Therefore, improving service quality at the primary healthcare level is not merely an operational matter but a strategic governance effort aimed at enhancing public value creation and institutional legitimacy. In the context of public administration, service delivery represents the most visible form of government performance experienced directly by citizens. When healthcare institutions consistently provide accessible, responsive, and safe services, they contribute to the creation of tangible public value. This value is reflected in higher citizen satisfaction, stronger public trust, and greater institutional credibility. Consequently, service quality improvement should be positioned as a long-term governance strategy rather than a short-term administrative adjustment.

3.6 Discussion

This study demonstrates that service quality has a positive and significant effect on community satisfaction. This study demonstrates that service quality has a positive and significant effect on community satisfaction at the primary healthcare level. Beyond statistical confirmation, this finding addresses the fundamental question of why public service quality is a primary determinant of citizen satisfaction. From the perspective of New Public Service (NPS), citizens are not merely customers, but holders of rights who evaluate the public value generated by the government [49].

Satisfaction arises because service quality—evidenced by staff responsiveness and empathy—serves as a tangible manifestation of the state's presence in fulfilling basic rights and promoting accountable governance [50]. When the Health Center provides transparent and efficient services, it validates the normative expectations of citizens regarding the government's role in delivering excellence. This alignment between service performance and public expectations strengthens the perception that the institution is functioning effectively and responsibly. As a result, citizens are more likely to develop trust and positive evaluations toward the healthcare provider. Therefore, service quality in primary healthcare settings not only influences individual satisfaction but also reflects broader principles of good governance and public accountability.

The findings of this study are consistent with and support previous research which emphasizes that the dimensions of reliability and assurance are the strongest predictors of patient satisfaction in primary health facilities. Several studies in the Indonesian context have also confirmed that improving the quality of health human resources and infrastructure directly correlates with an increase in the public satisfaction index. This alignment reinforces the theory that standardized service delivery is a universal prerequisite for achieving high satisfaction across different demographic profiles in Indonesia.

These service perceptions deeply shape public trust, which serves as the critical foundation for democratic stability and policy compliance [51]. As a frontline organization, the Community Health Center represents the "face" of the government that interacts most frequently with the public, where every technical interaction reflects the overall quality of public governance [52]. If citizens perceive they are treated with procedural fairness and competence, their trust in institutional legitimacy increases, particularly through transparent access to information and modern service delivery [53]. Conversely, poor service quality is not merely an operational failure but an erosion of state credibility in the eyes of the people.

From a social science perspective, this research contributes to the understanding of how micro-level interactions in health clinics aggregate into macro-level social phenomena. Improving service quality is an instrument for strengthening the legal and institutional frameworks that protect civil rights [54]. In the context of Eastern Indonesia, satisfied communities tend to participate more actively in community health programs, which in turn increases village social capital and resilience [55]. Collectively, high satisfaction levels reflect social recognition of the local government's performance in distributing social justice through primary healthcare services. Collectively, high satisfaction levels reflect social recognition of the local government's performance in distributing social justice through primary healthcare services.

In terms of policy recommendations, the government must prioritize the digital transformation of health administration to reduce wait times and increase transparency. It is also recommended to implement a periodic "Citizen Report Card" to ensure that the voices of the community are directly integrated into the health center's strategic planning. Future primary healthcare reforms must integrate accountability and transparency as core pillars to restore and maintain public trust in government, especially within a decentralized healthcare system.

Despite its contributions, this research has several limitations. The study was conducted in a specific geographic location (Lateri Village), which may limit the generalizability of the findings to more remote or urbanized regions with different socio-economic dynamics. Additionally, the quantitative approach used may not fully capture the depth of individual patient experiences. Future research should consider a mixed-methods approach to explore the qualitative nuances of patient-provider interactions and their long-term impact on community health behavior.

Despite the contributions of this study, several limitations should be acknowledged. First, this research is limited to the local public service context, as it was conducted in a single primary-level government healthcare institution in Ambon City. Therefore, the findings reflect conditions specific to a community health center and may not be generalizable to other government institutions at different administrative levels or regions with different socio-administrative characteristics.

Second, this study employs a cross-sectional design that captures citizens' perceptions at a single point in time. While this approach is appropriate for examining relationships between variables, it does not allow for longitudinal assessment of changes in institutional performance or evolving public expectations. Future research is therefore encouraged to conduct comparative studies across multiple public service institutions or regions, as well as longitudinal analyses, in order to provide broader insights into governance performance and citizen satisfaction in decentralized healthcare systems.

4. CONCLUSION

This study successfully analyzed the influence of public service quality in the health sector on community satisfaction at the Lateri Village Community Health Center, Baguala District, Ambon City. Aligning with the main objective of this research, the findings demonstrate that healthcare service quality has a positive and significant impact on community satisfaction. These results confirm that improvements in accessibility, efficiency, humane interaction, and service reliability directly contribute to more favorable citizen evaluations of public service performance. From a public administration perspective, the delivery of high-quality healthcare represents a

fundamental governmental responsibility in fulfilling citizens' basic rights and serves as a critical governance mechanism to build public trust and institutional legitimacy at the local level.

As a recommendation for further research, it is suggested that future studies expand the analytical scope by conducting comparative assessments across multiple primary healthcare facilities or employing mixed-method approaches to gain a more comprehensive understanding of qualitative patient experiences and the socio-administrative dynamics influencing satisfaction within decentralized healthcare systems.

REFERENCE

- [1] L. Setyaningsih, T. M. B. Virgawenda, and A. R. P. Barusman, "The quality of public services and its influence on the public satisfaction index at Sukoharjo District Office, Pringsewu Regency in 2024," *J. Manag., Bus. & Social Sci.*, vol. 2, no. 2, pp. 46–58, May 2024.
- [2] A. P. Ningrum and R. A. Wicaksana, "The effect of public service quality on community satisfaction in the analysis of systematic literature review," *DIA: J. Administrasi Publik*, vol. 22, no. 2, pp. 187–198, Dec. 2024, doi: 10.30996/dia.v22i02.9975.
- [3] A. H. Krogh and P. Triantafillou, "Developing new public governance as a public management reform model," *Public Manage. Rev.*, vol. 26, no. 10, pp. 3040–3056, 2024, doi: 10.1080/14719037.2024.2313539.
- [4] T. L. Aranas, "Mainstreaming cooperative governance practices to elevate citizen centered service delivery," *Acad. J. Interdiscip. Stud.*, vol. 14, no. 6, pp. 115–127, Nov. 2025, doi: 10.36941/ajis20250087.
- [5] S. Lukman and A. Hakim, "Agile governance, digital transformation, and citizen satisfaction moderated by political stability in Indonesia's socio-political landscape," *J. Ethnic Cult. Stud.*, vol. 11, no. 1, pp. 210–228, 2024, doi: 10.29333/ejecs/2001.
- [6] N. Fauziyah, "Realizing good governance in improving public services: a literature study," *IRPIA J. Ilmu Pemerintahan*, vol. 1, no. 2, pp. 1–12, 2025, doi: 10.47134/irpia.v1i2.296.
- [7] C. Pollitt, *Managerialism and the Public Services: The Anglo-American Experience*. Oxford, U.K.: Blackwell, 1993.
- [8] M. H. Moore, *Creating Public Value: Strategic Management in Government*. Cambridge, MA, USA: Harvard Univ. Press, 1995.
- [9] OECD, *OECD Survey on Drivers of Trust in Public Institutions – 2024 Results: Building Trust in a Complex Policy Environment*. Paris, France: OECD Publishing, 2024, doi: 10.1787/9a20554b-en.
- [10] T. Taufiqurokhan, E. Satispia, A. Andriansyah, M. Muroda, and E. Sulastria, "The impact of e-service quality on public trust and public satisfaction in e-government public services," *Int. J. Data Netw. Sci.*, vol. 8, pp. 765–772, 2024, doi: 10.5267/j.ijdns.2024.1.002.
- [11] P. Norris, *Democratic Deficit: Critical Citizens Revisited*. Cambridge, U.K.: Cambridge Univ. Press, 2011.
- [12] G. A. Boyne, K. J. Meier, L. J. O'Toole, and R. M. Walker, *Public Service Performance: Perspectives on Measurement and Management*. Cambridge, U.K.: Cambridge Univ. Press, 2006.
- [13] A. Donabedian, "The quality of care: How can it be assessed?," *JAMA*, vol. 260, no. 12, pp. 1743–1748, 1988.
- [14] World Health Organization, *Quality of Care: A Process for Making Strategic Choices in Health Systems*. Geneva, Switzerland: WHO Press, 2006.
- [15] G. Dove, A. Craig, B. Harris-Roxas, and A. Kelly-Hanku, "Governance of public-private partnerships for primary healthcare in low- and lower-middle-income countries, 2000–2023: A systematic review," *Int. J. Health Policy Manage.*, 2025, Art. no. 8442, doi: 10.34172/ijhpm.8442.
- [16] OECD, *Government at a Glance 2023*. Paris: OECD Publishing, 2023.
- [17] R. L. Oliver, "A cognitive model of the antecedents and consequences of satisfaction decisions," *J. Mark. Res.*, vol. 17, no. 4, pp. 460–469, 1980, doi: 10.1177/002224378001700405.
- [18] R. L. Oliver, *Satisfaction: A Behavioral Perspective on the Consumer*. New York, NY, USA: McGraw-Hill, 1997.
- [19] A. Parasuraman, V. A. Zeithaml, and L. L. Berry, "SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality," *J. Retail.*, vol. 64, no. 1, pp. 12–40, 1988.
- [20] J. J. Cronin and S. A. Taylor, "Measuring service quality: A reexamination and extension," *J. Mark.*, vol. 56, no. 3, pp. 55–68, 1992, doi: 10.1177/002224299205600305.
- [21] R. D. Putnam, *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton, NJ, USA: Princeton Univ. Press, 1993.
- [22] M. Bevir, *Democratic Governance*. Princeton, NJ, USA: Princeton Univ. Press, 2010.
- [23] H. G. Frederickson, *The Spirit of Public Administration*. San Francisco, CA, USA: Jossey-Bass, 1997.
- [24] J. E. Lane, *Public Administration and Public Management*. London, U.K.: Routledge, 2000.
- [25] E. Ostrom, *Governing the Commons: The Evolution of Institutions for Collective Action*. Cambridge, U.K.: Cambridge Univ. Press, 1990.
- [26] S. Meriam, Sangkala, N. Nara, and M. A. Ibrahim, "Public Services in the Health Sector Based on the Principles of Human Centered Governance in Jenepono Regency," *KnE Social Sci.*, vol. 10, no. 18, pp. 1141–1155, Sept. 2025, doi: 10.18502/kss.v10i18.1954.

- [27] S. P. Osborne, *The New Public Governance*. London, U.K.: Routledge, 2010.
- [28] J. W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 4th ed. Thousand Oaks, CA, USA: SAGE, 2014.
- [29] OECD, *Drivers of Trust in Public Institutions*. Paris: OECD Publishing, 2022.
- [30] W. H. Greene, *Econometric Analysis*, 7th ed. Upper Saddle River, NJ, USA: Pearson, 2012.
- [31] T. R. Tyler, *Why People Obey the Law*, 2nd ed. Princeton, NJ, USA: Princeton Univ. Press, 2006.
- [32] A. Noviyani and P. Viwattanakulvanid, "Service quality as a driver of perceived value, satisfaction and revisit intention in Indonesia," *Sci. Rep.*, vol. 15, Art. no. 43363, Nov. 2025, doi: 10.1038/s41598-025-29414-3.
- [33] B. Alfrian, S. H. Tjokro, R. B. Kristiani, and F. Erindia, "The relationship between healthcare service quality and patient satisfaction among outpatients at an Internal Medicine Clinic," *Lentera Perawat*, vol. 6, no. 4, pp. 517–534, Oct.–Dec. 2025, doi: 10.52235/lp.v6i4.599.
- [34] A. S. Harefa, "Kualitas pelayanan dan kepuasan pasien: tinjauan literatur tentang hubungannya dalam pelayanan kesehatan," *J. Penelit. Keperawatan Kontemporer*, vol. 5, no. 5, pp. 517–534, Dec. 2025, doi: 10.59894/jpkk.v5i5.1122.
- [35] A. Legas and J. Abagissa, "Innovating public service quality assessment: contextual validation of Grönroos's service quality model," *J. Public Sector Innov.*, vol. 10, no. 1, pp. 13–26, Nov. 2025, doi: 10.26740/jpsi.v10n1.p13-26.
- [36] S. Rahmatia, M. Basri, I. Ismail, S. Adi, N. Nasrullah, and A. Ahmad, "Service quality in hospital inpatient care: SERVQUAL model approach," *Health SA Gesondheid*, vol. 30, a3055, Sept. 2025, doi: 10.4102/hsag.v30i0.3055.
- [37] I. Permata Sari, D. Lanin, B. Saputra, and B. G. da Cruz Fernandes, "Transformative Service and Public Satisfaction: Insights from Indonesia's Public Service Malls," *J. Administrasi Publik (Public Admin. J.)*, vol. 15, no. 1, pp. 40–52, Jun. 2025, doi: 10.31289/jap.v15i1.13244.
- [38] L. J. O'Toole Jr. and K. J. Meier, "Public management, context, and performance," *J. Public Adm. Res. Theory*, vol. 25, no. 1, pp. 237–261, 2014, doi: 10.1093/jopart/muu011.
- [39] S. Grimmelikhuijsen and A. Knies, "Validating a scale for citizen trust in government organizations," *Int. Rev. Admin. Sci.*, vol. 83, no. 3, pp. 583–601, 2017, doi: 10.1177/0020852315585950.
- [40] G. Cepiku and M. Mastrodascio, "Equity in public services: A systematic literature review," *Public Adm. Rev.*, vol. 81, no. 6, pp. 1019–1032, 2021, doi: 10.1111/puar.13402.
- [41] M. Rothstein and D. Stolle, "The state and social capital: An institutional theory of generalized trust," *Compar. Politics*, vol. 40, no. 4, pp. 441–459, 2008.
- [42] OECD, *Trust in Government: Drivers and Outcomes*. Paris: OECD Publishing, 2024.
- [43] R. Rusli, K. Kamaruddin, and R. Abqa, "Public satisfaction with the performance of public services: Evidence from Peusangan Selatan sub district services," *Ekonomika: J. Ekonomi dan Pembangunan*, vol. 16, no. 2, pp. 29–34, Sept. 2024, doi: 10.51179/eko.v16i2.2892.
- [44] G. Bouckaert and J. Halligan, *Managing Performance: International Comparisons*. London, U.K.: Routledge, 2008.
- [45] A. M. Alshahrani, "Predictors of patients' satisfaction with primary health care services in the kingdom of Saudi Arabia: a systematic review," *Healthcare (Basel)*, vol. 11, no. 22, art. 2973, Nov. 2023, doi: 10.3390/healthcare11222973.
- [46] M. Alfatafta, N. Alsubahi, H. Alfatafta, A. Alshawabka, A. McGarry, A. Ahmad, E. Derkacs, B. Molics, et al., "Assessing service quality and its impact on patient experience and satisfaction in prosthetics and orthotics: a SERVQUAL based cross sectional study," *BMC Health Serv. Res.*, vol. 25, art. 985, July 2025, doi: 10.1186/s12913-025-13172-z.
- [47] A. Parasuraman, V. A. Zeithaml, and L. L. Berry, "A conceptual model of service quality," *J. Mark.*, vol. 49, no. 4, pp. 41–50, 1985.
- [48] A. Parasuraman, V. A. Zeithaml, and L. L. Berry, "SERVQUAL," *J. Retail.*, vol. 64, no. 1, pp. 12–40, 1988.
- [49] J. V. Denhardt and R. B. Denhardt, *The New Public Service: Serving, Not Steering*, 4th ed. New York, NY, USA: Routledge, 2015.
- [50] M. H. Moore, *Creating Public Value: Strategic Management in Government*. Cambridge, MA, USA: Harvard Univ. Press, 1995.
- [51] OECD, *Trust in Government*. Paris, France: OECD Publishing, 2021.
- [52] B. G. Peters and J. Pierre, *The Next Public Administration: Debates and Dilemmas*. London, U.K.: SAGE, 2017.
- [53] S. Setiawan and D. Nugroho, "Citizen satisfaction as a measure of public service performance," *J. Manajemen Pelayanan Publik*, vol. 10, no. 2, pp. 45–56, 2022.
- [54] R. Wulandari, "Patient perception of healthcare quality and institutional trust," *J. Ilmiah Kesehatan*, vol. 15, no. 1, pp. 12–24, 2023.
- [55] R. D. Putnam, *Bowling Alone: The Collapse and Revival of American Community*. New York, NY, USA: Simon & Schuster, 2000.