

## Understanding Geriatric Patient Satisfaction: A Case Study of Healthcare Service Quality in a Regional Hospital in Jember

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### ABSTRACT

This study explores how geriatric patients perceive the quality of healthcare services at a regional hospital in Jember. Using a qualitative case study approach, data were collected through in-depth interviews, observations, and document analysis involving elderly patients, healthcare providers, and hospital administrators. The findings reveal that reliability and assurance play a significant role in patient satisfaction, as consistent medical care and a sense of safety from healthcare providers help patients feel more comfortable and secure. However, issues with responsiveness and empathy emerged as key challenges, with patients expressing frustration over delayed responses and a lack of emotional support from staff. Inadequate infrastructure and facilities tailored for elderly patients also contributed to dissatisfaction. The study underscores the importance of enhancing healthcare staff's understanding of geriatric care, improving communication and emotional support, and adapting hospital infrastructure to meet the specific needs of older patients. By adopting a more patient-centered approach, hospitals can create a more supportive and satisfying healthcare experience for geriatric patients

## **INTRODUCTION**

The elderly population in Indonesia has increased significantly in recent decades. Data from the Central Statistics Agency (2020) shows that the proportion of the population aged 60 years and over increased from 7.18% in 2010 to 9.27% in 2020, and is expected to continue to grow until it reaches 19.9% in 2045. This increase puts Indonesia in a demographic transition phase that requires special attention to health services for this age group. (BPS, 2022) . This is similar to the elderly population of Jember district, which is 391,932 elderly people and 43.96% of them experience health complaints. The elderly who do outpatient treatment at Hospital X Jember in 2023 reached 34.59% of the total elderly population in Jember Regency (East Java Central Bureau of Statistics, 2024).

The decline in visits by elderly patients indicates the need for maximum improvement in service quality to meet and improve the needs and desires of patients (Holdiana and Yeni Wulandari, 2022) . The decline in visits can be influenced by several factors such as patient characteristics, inadequate facilities and infrastructure, the attitude of officers and the existence of superior hospitals and the inability of hospitals to meet the expectations of elderly patients. The elderly have different characteristics and health needs compared to other age groups. They are prone to various chronic and degenerative diseases, such as hypertension, diabetes mellitus and osteoarthritis. In addition, psychosocial aspects such as loneliness, depression and decreased cognitive function are also common in this population. Therefore, comprehensive and quality health services are crucial to improve the quality of life of the elderly.

The quality of healthcare is often measured through the level of patient satisfaction. Patient satisfaction reflects the extent to which their expectations of health services are met. According to Parasuraman et al. (1988), service quality can be evaluated through five main dimensions: tangibles, reliability, responsiveness, assurance, and empathy. These dimensions provide a framework for assessing patients' perceptions of the services they receive. Research on elderly patients' satisfaction with the quality of health services has been conducted in many countries. For example, a study by Karaca and Durna (2019) showed that elderly patient satisfaction is influenced by effective communication between health workers and patients, as well as attention to patients' individual needs. In Indonesia, similar studies are still limited, especially those focusing on regional hospitals such as in Jember Regency.

Jember Regency, as one of the regions in East Java Province, has a significant elderly population. Regional hospitals in this area play an important role in providing health services to the community, including the elderly. However, information regarding the perception and satisfaction of elderly patients with the quality of services provided is still minimal. A study by Rahmawati et al. (2020) revealed that 63.5% of patients were satisfied with the quality of service received, but this study has not specifically highlighted the elderly group. Elderly patients' perceptions of the quality of health services are influenced by various factors, including previous experiences, current health conditions, and expectations of the services provided. According to Larasati and Safitri (2022), elderly patient

satisfaction depends not only on the technical aspects of service, but also on emotional and psychological aspects, such as feeling valued and heard. This emphasizes the importance of a holistic approach in health care for the elderly.

Buchanan et al. (2015) found that patients value the speed of response and clarity of information provided by health workers. Such findings can form the basis for the development of more targeted service quality improvement programs. In Jember District, research on patient satisfaction with health services is limited. Rahmawati et al. (2020) in their study found that 63.5% of patients who used the National Health Insurance (BPJS) were satisfied with the quality of nursing services at the local hospital. However, this study has not specifically highlighted the elderly group as the main subject. Therefore, it is important to conduct research that focuses on geriatric patients' perceptions of the quality of health services at regional hospitals in Jember.

The quality of health services for geriatric patients is increasing along with the growth of the elderly population. Research by Rahmawati et al. (2020) in Jember Regency showed that 63.5% of BPJS participant patients were satisfied with the quality of nursing services received. However, this study has not specifically highlighted the elderly group as the main subject. A survey of community satisfaction with services at the Jember District Health Office in 2022 showed that the majority of respondents rated officer competence as "Competent" and officer behavior as "Polite and friendly". Although this survey covered a wide range of age groups, these findings provide a positive indication of the quality of service provided.

Another study by Putri et al. (2021) explored patient characteristics and satisfaction at a hospital in Jember. The results showed that 86% of respondents were satisfied with the services provided. However, this study also did not specifically target the elderly population, so further studies focusing on this age group are needed. The importance of research focusing on geriatric patients' perceptions of healthcare quality is supported by the fact that the elderly have unique health needs. They are more susceptible to chronic diseases and complications, requiring a personalized approach to care. Research that highlights the experiences and satisfaction of elderly patients can help in designing more responsive and effective services.

Although many studies have been conducted on the quality of health services, studies that specifically highlight geriatric patients' perceptions of health services in hospitals in regional areas such as Jember Regency are still very limited. Most of the previous studies have only focused on aspects of general patient satisfaction without considering the specific needs and complexities of services for older age groups who have different physiological, psychological, and social characteristics. This research gap shows that there is a void in the literature regarding how geriatric patients assess the quality of health services they receive and how their expectations can be accommodated in the health care system at the regional level. The novelty of this study lies in the qualitative approach with an in-depth case study design, which allowed the researcher to explore in detail the perceptions, experiences, and expectations of geriatric patients towards healthcare quality in hospitals in Jember Regency. By

understanding patient perceptions in depth, this study can provide new insights into the factors that influence geriatric patient satisfaction and how healthcare providers can design strategies that are more responsive and adaptive to the needs of elderly patients. This study aims to analyze and understand geriatric patients' perceptions of the quality of health services in hospitals in Jember Regency, identify gaps between patient expectations and perceptions, and provide recommendations for improving the quality of health services in accordance with the needs of the elderly.

In a global context, attention to the quality of health services for older people is increasing along with the phenomenon of population aging. The World Health Organization (WHO) emphasizes the importance of health systems that are able to respond to the specific needs of older people, including in the aspect of services that respect their dignity and autonomy. This study is in line with these efforts by exploring older people's experiences and perceptions of the health services they receive.

## LITERATURE REVIEW

### *Patient Satisfaction Theory*

Patient satisfaction theory is the main basis for evaluating the quality of health services in various medical facilities, including hospitals. In the context of health services, patient satisfaction is defined as the level of conformity between the patient's expectations of the health services received and the perceived reality (Parasuraman et al., 2017). This theory emphasizes that patients have certain expectations regarding the services provided, ranging from the administrative process, interactions with medical personnel, speed of handling, to the comfort of available facilities (Karaca & Durna, 2019). If these expectations are met or even exceeded, then patients tend to feel satisfied. Conversely, if there is a gap between expectations and reality, dissatisfaction will arise (Pohan, 2018).

Patient satisfaction is also influenced by internal and external factors that interact with each other in the health care process. Internal factors include individual patient characteristics, such as age, education level, socioeconomic status, and patient health conditions (Karaca & Durna, 2019). Meanwhile, external factors include the quality of services provided by medical personnel, the completeness of hospital facilities, hospital management systems, and health service policies (Setyawan & Nugroho, 2019). A study conducted by Kurniawati and Putra (2021) showed that high quality of health services, especially in the aspects of empathy and responsiveness, played a significant role in increasing the level of satisfaction of geriatric patients. Geriatric patients have different special needs compared to patients in general, especially related to aspects of comfort, personal attention from medical personnel, and clear and understanding communication.

In the context of geriatric patients, healthcare satisfaction also relies heavily on a holistic approach that takes into account the physical, psychological, and social aspects of the patient. According to Nuraini and Hidayat (2022), geriatric patients often face complex challenges related to chronic diseases, physical limitations, and emotional support needs. Therefore, medical personnel are expected to be able to provide services that not only focus on treatment, but also

on improving the patient's quality of life. This is in line with the principles in Donabedian's theory (1980) which emphasizes that the quality of health services can be assessed based on three main aspects, namely *structure*, *process*, and *outcome*. Structure includes hospital facilities and infrastructure, process includes how services are provided by medical personnel, and outcome includes the level of satisfaction and improvement of patients' health conditions.

Research conducted by Lestari and Widodo (2018) found that aspects of service assurance and reliability have the greatest contribution in increasing the level of satisfaction of geriatric patients. Geriatric patients tend to need certainty regarding diagnosis, clear treatment plans, and fast and effective treatment. In addition, the empathy factor from medical personnel is also key in increasing patients' trust in the healthcare system. This study confirms that a personalized and humanistic approach in healthcare plays an important role in building a positive relationship between patients and medical personnel. This factor is also in line with the concept of *patient-centered care* (PCC), where the patient is placed at the center of the medical decision-making process and treatment planning (Syahrul & Rizal, 2020).

In addition to aspects of service quality, geriatric patient satisfaction is also influenced by the physical environment and facilities available at the hospital. Karaca and Durna (2019) noted that treatment room comfort, cleanliness, and an atmosphere that supports the healing process have a significant impact on geriatric patient satisfaction. Hospitals that are able to provide a clean, safe, and comfortable environment are likely to increase patient trust and satisfaction. On the other hand, the lack of supporting facilities such as wheelchairs, accessibility for patients with limited mobility, and comfortable waiting rooms can lead to dissatisfaction. Therefore, good hospital management, which integrates the physical, emotional, and psychological needs of geriatric patients, is an effective strategy in improving overall patient satisfaction (Pohan, 2018).

#### *Service Quality Theory*

Service quality is a concept that forms the basis for evaluating and improving the effectiveness of services provided by an organization, including in the context of health services. Service quality is defined as the level of conformity between customer expectations and the reality received from a service (Parasuraman et al., 1985). In the context of health services, service quality reflects how well the services provided by health facilities are able to meet the medical and non-medical needs of patients, and create a positive experience for them (Zeithaml et al., 1990). According to Grönroos (1984), service quality consists of two main dimensions, namely *technical quality*, which includes the competence and outcomes of medical services, and *functional quality*, which includes the way the service is delivered, including the interaction between patients and health workers. These two dimensions complement each other in creating positive patient perceptions of the quality of care they receive.

One of the most commonly used models to evaluate service quality is the SERVQUAL Model developed by Parasuraman, Zeithaml, and Berry (1985). This model identifies five main dimensions of service quality, namely: (1) Tangibles - the physical appearance of facilities, equipment, and personnel; (2) Reliability -

the ability to provide services consistently and reliably; (3) Responsiveness - the willingness and ability to help patients and provide services quickly; (4) Assurance - the knowledge, ability, and courtesy of health workers and their ability to build trust; and (5) Empathy - individualized attention and care given to patients. According to research by Parasuraman et al. (1988), these five dimensions have a significant contribution in creating customer satisfaction, including in the context of health services. If these five dimensions are well met, then patients will feel satisfied and have a positive perception of the hospital or health facility they use.

In addition to the SERVQUAL model, service quality theory is also influenced by the concept developed by Donabedian (1980), which states that the quality of health services can be assessed through three main elements, namely *structure, process, and outcome*. Structure includes physical facilities, medical personnel, and technology used in health services. Process includes the way services are delivered, including interactions between medical personnel and patients. Outcomes include changes in patients' health status, satisfaction levels, and treatment effectiveness. Donabedian emphasizes that these three elements are interconnected and must work synergistically to create high-quality healthcare. If the structure and process work well, then the expected outcomes will also be positive and create patient satisfaction.

According to Oliver (1997) in *Expectation-Disconfirmation Theory*, service quality is closely related to the concept of expectations and perceptions. Oliver states that satisfaction occurs when the perception of the service received matches or exceeds customer expectations. In the context of health services, patients have certain expectations regarding facilities, medical personnel competence, and treatment effectiveness. If the services provided match these expectations, then the patient will feel satisfied. Conversely, if there is a gap between expectations and reality, dissatisfaction will arise. In a study conducted by Karaca and Durna (2019), it was found that geriatric patients' expectations regarding health services often include the need for personalized attention, quick responses from medical personnel, and clear explanations of the condition and treatment to be provided.

The concept of service quality is also influenced by the Gap Model theory developed by Parasuraman et al. (1985). In this model, there are five main gaps that can affect service quality: (1) Gap between customer expectations and management perceptions - when management does not understand or misinterprets patient needs and expectations; (2) Gap between management perceptions and service quality specifications - when established service standards do not reflect patient expectations; (3) Gap between service quality specifications and service delivery - when the services provided are not in accordance with established standards; (4) Gap between service delivery and external communication when the information conveyed to patients does not match the reality of the services provided; and (5) Gap between customer expectations and customer perceptions - when patients have unrealistic expectations or the services received do not meet their expectations. This model emphasizes the importance of managing patient expectations and improving the

match between expectations and service reality to create high satisfaction (Parasuraman et al., 1988).

In the context of health services, research conducted by Setyawan and Nugroho (2019) found that the reliability and responsiveness aspects of medical personnel are the main factors that influence patient perceptions of service quality. Patients tend to feel satisfied when medical personnel are able to provide the right diagnosis, explain treatment procedures clearly, and respond quickly to patient needs. In addition, empathy and assurance also play an important role in increasing patient trust and comfort, especially for geriatric patients who often have more complex psychological needs.

Service quality theory has also been strengthened by the concept of Patient-Centered Care (PCC), which emphasizes that health services should focus on the needs and preferences of patients (Epstein & Street, 2011). The PCC approach requires medical personnel to treat patients individually, understand their emotional and psychological needs, and involve patients in the medical decision-making process. According to a study conducted by Nuraini and Hidayat (2022), the implementation of PCC in geriatric healthcare has been shown to increase the level of patient satisfaction and trust in the healthcare system. Thus, the quality of healthcare is not only determined by technical aspects and medical facilities, but also by humanistic aspects in the interaction between patients and medical personnel.

Research conducted by Kurniawati and Putra (2021) also highlights the importance of comfort and accessibility aspects in creating high service quality. Geriatric patients often face mobility challenges and physical limitations that require special attention from medical personnel and hospital managers. Therefore, providing facilities such as special pathways, wheelchairs, and comfortable treatment rooms can increase patients' positive perceptions of service quality. This study confirms that healthcare quality is the result of a complex interaction between technical, structural and emotional aspects of the service delivery process.

## **METHODOLOGY**

This study used a qualitative approach with a case study design to explore in depth the perceptions of geriatric patients on the quality of health services in hospitals in Jember Regency. The qualitative approach was chosen because it allows researchers to explore the meaning, understanding, and subjective experiences of geriatric patients in receiving health services (Creswell, 2014). A case study design was used because this research focuses on a specific context, namely the experience of geriatric patients in a particular hospital in Jember Regency, which aims to understand the phenomenon comprehensively and in depth (Yin, 2018). Case studies allow extracting information from various sources, including interviews, observations, and documentation, thus providing a complete picture of the quality of health services received by geriatric patients. The main focus in this study is how geriatric patients interpret the quality of health services they receive, the factors that influence their satisfaction, and the expectations that arise from interactions with health workers and hospital facilities. This study also adopted an interpretive approach to understand how patients construct meaning and experience from their interactions with health services (Patton, 2015).

The research subjects in this study were geriatric patients who were over 60 years old and were undergoing treatment or had received health services at the hospital under study. The selection of informants was carried out by purposive sampling, where informants were selected based on certain criteria, such as age, length of treatment, and type of service received (Sugiyono, 2018). Data collection techniques included in-depth interviews, participatory observation, and document analysis to obtain rich and comprehensive data (Creswell, 2014). Interviews were semi-structured to provide space for informants to express their experiences and perceptions of health services. The collected data were analyzed using thematic analysis techniques (Braun & Clarke, 2006), which involved a process of coding, grouping themes, and interpreting meanings to identify patterns that emerged from the data. Data validity techniques were conducted through source triangulation, method triangulation, and member checking to ensure consistency and validity of the research results (Lincoln & Guba, 1985). Source triangulation is done by comparing the results of interviews, observations, and documents, while method triangulation is done by combining the results of various data collection techniques. Member checking is done by giving the findings to informants to ensure that the researcher's interpretation is in accordance with the experiences and meanings they express.

## RESEARCH RESULT

This study revealed important findings related to geriatric patients' satisfaction with the quality of health services in a regional hospital in Jember Regency. Through in-depth interviews and participatory observation, it was found that the level of satisfaction of geriatric patients is strongly influenced by service accessibility, communication with health personnel, responsiveness, quality of facilities, follow-up care, availability of drugs, service costs, and psychological and spiritual support. From these findings, it appears that although geriatric patients are satisfied with some aspects of the service, there are still shortcomings that require further attention to improve overall service quality.

First, service accessibility is the main aspect that affects the level of satisfaction of geriatric patients. Patients stated that the strategic location of the hospital and easy access to transportation are advantages that make it easier for patients to get health services. However, the long waiting time in the registration and examination process is one of the main obstacles. Most patients mentioned that the registration process is still done manually and there are often long lines, especially during peak hours. One patient mentioned, *"I came early in the morning, but still had to wait almost two hours just to get a queue number."* This shows that although access to the hospital is quite easy, the queue management and registration system still needs to be improved to speed up the service process.

Second, communication with health workers is an important factor in shaping patient perceptions of service quality. Geriatric patients feel calmer and more confident when doctors and nurses provide clear and easy-to-understand explanations about their health conditions and treatment procedures. One patient mentioned, *"The doctor explained very patiently and in detail about my illness, so I felt calmer and less worried."* However, there were some complaints related to unclear medical information and lack of empathy from some health workers. Patients mentioned that there were times when doctors or nurses seemed to rush through explanations, leaving patients feeling poorly understood and without the opportunity to ask further questions.

Third, the responsiveness of health workers is one of the main indicators in patient satisfaction. Patients are satisfied when nurses and doctors respond promptly to their complaints and requests. One patient mentioned, *"When I felt pain in my chest, the nurse came in less than five minutes and provided help quickly."* However, at night, some patients complained about the slow response from health personnel due to the limited number of staff on duty. Fast responsiveness to patients' needs is one aspect that needs to be strengthened to improve patients' comfort and sense of security while undergoing treatment at the hospital.

Fourth, the quality of hospital facilities also plays an important role in shaping the level of satisfaction of geriatric patients. Patients stated that the cleanliness and comfort of the treatment rooms were quite good, but there were some complaints regarding supporting facilities such as bathrooms that were not elderly-friendly and the limited availability of wheelchairs. One patient mentioned, *"I find it difficult to go to the bathroom because there are no handles on the wall, so I am afraid of falling."* In addition, patients also mentioned that the lighting in some rooms was not bright enough, especially at night. Elderly-friendly

facilities, such as bathroom grab bars and adequate wheelchairs, are an urgent need to improve the comfort of geriatric patients.

Fifth, follow-up care after discharge is one aspect that affects the level of satisfaction of geriatric patients. Patients stated that they felt calmer and more confident when the doctor gave clear instructions regarding control schedules, medication use, and follow-up actions that needed to be done at home. One patient mentioned, "*The doctor explained when I should come back for control and gave me a phone number to call if there was a problem.*" However, some patients mentioned that the control scheduling system is still poorly organized and there are often errors in recording control schedules, causing confusion on the part of patients.

Sixth, the availability of drugs and medical devices is one of the factors that many geriatric patients complain about. Some patients stated that the medicine prescribed by the doctor was not always available at the hospital pharmacy, so they had to look for it at an outside pharmacy. One patient mentioned, "*My medicine is not available at the hospital pharmacy, so I have to look for it outside and it is very inconvenient.*" Drug stock limitations are one of the main problems that cause patient dissatisfaction, especially among patients using BPJS Health services. Therefore, drug stock management and drug distribution need to be improved to ensure consistent drug availability.

Seventh, the cost of services and insurance schemes are among the factors that influence patient satisfaction. Most geriatric patients use the BPJS Health service to cover the cost of treatment. Patients are satisfied with the BPJS scheme that allows them to get treatment at no additional cost. However, some patients mentioned that BPJS administrative procedures sometimes take a long time and cause long queues. One patient mentioned, "*I had to queue twice, first for BPJS registration and second for drug collection, it was very tiring.*" Therefore, efficiency in managing BPJS administration is an aspect that needs to be improved to speed up the service process.

Finally, psychological and spiritual support is also one of the factors that influence the level of satisfaction of geriatric patients. Patients feel calmer and more comfortable when they receive attention not only from a physical perspective, but also from an emotional and spiritual perspective. One patient mentioned, "*I felt calmer after the nurse asked me if I felt anxious and gave me the opportunity to talk.*" In addition, the availability of prayer rooms in the hospital also provides a sense of comfort for patients with spiritual needs. Psychological support from health workers and spiritual facilities are important aspects in improving the quality of health care for geriatric patients.

The results of this study indicate that the level of satisfaction of geriatric patients with the quality of health services in regional hospitals in Jember Regency is strongly influenced by various multidimensional factors, including the competence and professional attitudes of health workers, coordination systems between units, family and companion support, availability of special facilities for geriatric patients, application of technology in health services, and emotional and spiritual support. Geriatric patients feel more satisfied when health workers show friendliness, empathy, and provide clear explanations of

medical procedures. However, non-uniformity in communication approaches and discriminatory treatment of geriatric patients create gaps in the perceived quality of care received. In addition, the lack of coordination between service units causes discomfort and physical fatigue for geriatric patients, especially because they have to move from one unit to another to get the services they need. Family support and companions play an important role in helping patients overcome physical and administrative limitations during the care process. However, unaccompanied patients often have difficulty understanding procedures and following the flow of services.

This study also highlights that the development of an elderly-friendly technology system and the provision of facilities that support the needs of geriatric patients are strategic steps in improving patient comfort and satisfaction. Patients who are able to utilize technology for registration and monitoring medical results find the service process to be faster and more efficient. However, most geriatric patients have difficulty using technology and require assistance from family or hospital staff. Emotional and spiritual support also plays an important role in building patient trust and comfort while undergoing treatment at the hospital. Patients feel more at ease when healthcare professionals provide personalized attention and show concern for their physical and emotional well-being. Therefore, a holistic approach that integrates physical, emotional, social, and spiritual aspects is key in improving the quality of health care for geriatric patients. Improving the quality of care in hospitals depends not only on improving infrastructure and technology, but also on developing the competence of health workers in providing empathy-based services and equality for all age groups, especially geriatric patients.

## **DISCUSSION**

This study reveals that geriatric patient satisfaction with health services in regional hospitals in Jember is influenced by dimensions of service quality which include tangibility, reliability, responsiveness, assurance, and empathy as proposed in the SERVQUAL model by Parasuraman et al. (1985). The tangibility dimension includes physical facilities, the availability of medical equipment, and the cleanliness of the hospital environment. Geriatric patients feel more comfortable and safe when hospitals provide elderly-friendly facilities such as handrails in corridors, comfortable seating, and clean and quiet treatment rooms (Zeithaml, Bitner, & Gremler, 2017). However, the interview results show that there are still some shortcomings in this dimension, such as the lack of wheelchairs, special beds for the elderly, and friendly toilets for geriatric patients. This shows that aspects of tangible physical facilities have a significant impact on the level of comfort and satisfaction of geriatric patients.

The reliability dimension is the main aspect that geriatric patients assess in the context of health services. According to Kotler and Keller (2016), reliability in healthcare means consistency in providing care and accuracy in diagnosis and treatment. The findings of this study show that patients are satisfied when doctors and nurses provide consistent care, make correct diagnoses, and provide medical information transparently. However, there is dissatisfaction with the

reliability aspect in terms of long waiting times, uncertainty of examination schedules, and limited number of available health workers. This condition indicates a gap between the expectations and reality received by geriatric patients in the dimension of health service reliability (Andaleeb, 2017).

The responsiveness dimension in this study shows that the ability of health workers to respond to the needs of geriatric patients quickly and appropriately plays an important role in increasing patient satisfaction levels. According to Ladhari (2009), responsiveness in health services can be seen from how health workers respond to patient complaints, speed in providing medical action, and readiness in handling emergency conditions. Geriatric patients expect prompt service, especially when they experience a sudden decline in health. However, the results of this study show that the responsiveness of health workers is still plagued by limited personnel and long bureaucratic lines, so patients often feel neglected or not treated immediately.

The assurance dimension relates to the knowledge, competence, and attitude of health personnel in providing a sense of security and trust to patients (Parasuraman et al., 1985). Geriatric patients feel more calm and trust in health services when doctors and nurses demonstrate professionalism, provide clear medical explanations, and are friendly in communication. However, the results of the interviews showed that there were still health workers who were less friendly or seemed rushed in dealing with geriatric patients, thus reducing the level of patient satisfaction. Uncertainty in medical procedures and lack of communication between health workers and patients are also factors that cause dissatisfaction in the service assurance dimension (Andaleeb, 2017).

The empathy dimension is the most influential aspect in increasing geriatric patient satisfaction. According to Berry and Parasuraman (1991), empathy in health services includes personal attention, friendly attitude, and concern for the patient's emotional condition. Geriatric patients feel more comfortable and confident when doctors and nurses provide personal attention, listen patiently to complaints, and provide emotional support during the care process. The results showed that geriatric patients who received services with a personalized and attentive approach tended to feel more satisfied than patients who were treated formally and rigidly. However, there are shortcomings in this aspect because health workers often have a high workload, making it difficult to provide personal attention consistently to each patient (Zeithaml et al., 2017).

This study also identified a gap between geriatric patients' expectations and perceptions of health service quality. According to the SERVQUAL model, this gap occurs due to the difference between patients' high expectations of health services and the reality they receive in the field. Geriatric patients expect friendly, fast, and efficient services, but the reality in regional hospitals in Jember shows that there are limitations in the number of health workers, inadequate physical facilities, and complicated bureaucratic systems. This leads to dissatisfaction and lowers patients' level of trust in the health services available (Ladhari, 2009).

In the context of the health care system, this study also revealed that family and companion support plays an important role in increasing the level of satisfaction of geriatric patients. According to research by De Vries et al. (2019),

geriatric patients who receive support from their families tend to feel calmer and more cooperative during medical treatment. Family support includes assistance in understanding medical procedures, assisting in physical mobilization, and providing emotional support. However, for geriatric patients who do not have family or companions, the treatment process becomes more difficult as they have difficulty in understanding medical information and face physical limitations during the treatment process.

Technology also has a significant influence on geriatric patient satisfaction. Research by Anderson and Agarwal (2017) shows that the use of technology systems in registration, medical records, and medication reminders can improve service efficiency and shorten waiting times. However, in the context of geriatric patients, complex technology is an obstacle because most geriatric patients have difficulty accessing and understanding the technology used in hospitals. This suggests the need for the development of elderly-friendly technology systems and training for geriatric patients in using health technology.

The conclusion of this study highlights that geriatric patient satisfaction in a regional hospital in Jember is strongly influenced by the quality of healthcare services which includes five main dimensions: reliability, responsiveness, assurance, empathy, and tangibles. While the findings show improvements in some aspects such as reliability and assurance in the treatment process, there are still significant weaknesses in the dimensions of responsiveness and empathy. Low responsiveness is reflected in the slow handling of patients, lack of coordination between units, and the lack of health workers trained in handling geriatric patients. This is in line with the research of Lee et al. (2019), which emphasizes that the quality of health services is highly dependent on the availability of health workers and the efficiency of operational systems in hospitals. This weakness in responsiveness reflects structural challenges in health service management, including limited human resources and internal hospital policies that are less adaptive to the needs of elderly patients.

In addition, the empathy dimension is the most striking weakness in the results of this study. Although some health workers have demonstrated a friendly and caring attitude towards geriatric patients, in general there are still shortcomings in the capacity of health workers to understand and respond to the emotional needs of elderly patients. Swanson's (2018) research emphasizes that empathy in healthcare is not only limited to a friendly attitude, but also to the ability of health workers to build deep interpersonal relationships with patients. This shortcoming is most likely influenced by the lack of training in psychological aspects and interpersonal communication in the context of geriatric care. This suggests that the development of training that focuses on empathy-based care and psychosocial support is an urgent need to improve the quality of interactions between patients and health workers in regional hospitals in Jember. By increasing the capacity of health workers in providing emotional support, it is expected that the level of satisfaction of geriatric patients can increase significantly.

In addition to structural and emotional factors, health policies and hospital management also play a crucial role in influencing geriatric patient satisfaction.

Alonso et al. (2018) emphasized that health policies focusing on geriatric care should include affordability, accessibility, and availability of health workers with specialization in geriatrics. The findings of this study show that the lack of elderly-friendly facilities and the lack of health workers with specialized competencies in geriatrics are major barriers to improving patient satisfaction. This reflects the need to reform internal policies at the hospital, including allocating adequate resources for the development of geriatric services, as well as implementing a healthcare strategy centered on the needs of elderly patients. By strengthening the service structure, increasing the capacity of health workers, and developing policies that are responsive to the needs of geriatric patients, regional hospitals in Jember can improve the overall quality of health services and significantly increase the level of geriatric patient satisfaction.

## **CONCLUSIONS AND RECOMMENDATIONS**

This study concludes that geriatric patient satisfaction in regional hospitals in Jember is strongly influenced by five dimensions of health service quality, namely reliability, responsiveness, assurance, empathy, and tangibles. The results show that the dimensions of reliability and assurance have a positive contribution to the level of patient satisfaction, especially in terms of consistency of medical care and a sense of security provided by health workers. However, responsiveness and empathy are still major weaknesses that impact patient dissatisfaction, which is caused by the slow response of health workers and lack of attention to the emotional needs of geriatric patients. In addition, limited infrastructure and elderly-friendly facilities are also an inhibiting factor in providing optimal services. Therefore, to improve geriatric patient satisfaction, hospitals need to improve responsiveness to patient needs, increase the capacity of health workers in providing emotional support, and strengthen internal policies in managing geriatric services that focus on the specific needs of elderly patients.

Based on the research findings, it is recommended that regional hospitals in Jember improve the quality of health services for geriatric patients by improving the responsiveness and empathy of health workers through ongoing training in interpersonal communication and elderly needs management. Hospitals also need to improve elderly-friendly facilities by providing supporting facilities such as special pathways, mobility aids, and comfortable waiting rooms. In addition, the management of health workers needs to be optimized by increasing the number of health workers who have special expertise in geriatric care, and ensuring the implementation of service standards based on the needs of elderly patients in every medical service process. Periodic evaluation of service quality and patient satisfaction also needs to be carried out to ensure that policy implementation is effective and can be adjusted to the dynamic needs of geriatric patients.

### **ADVANCED RESEARCH**

Advanced research could focus on developing a health care model based on the individual needs of geriatric patients with a person-centered care approach that integrates health technology, such as electronic health records (EHR) and telemedicine, to improve the responsiveness and reliability of services. In addition, in-depth research on the influence of psychosocial factors such as family support, mental state, and level of trust in medical personnel in influencing geriatric patient satisfaction should also be conducted to provide a more holistic picture. Longitudinal studies are also recommended to observe changes in geriatric patient satisfaction over time, especially in assessing the effectiveness of policies and interventions implemented by hospitals in improving the quality of health services for the elderly.

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