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Quality of Hospital Services and Satisfaction of Patients with HIV/AIDS Infection: A Cross-Sectional Study

As the number of HIV/AIDS cases continues to rise globally, the demand for healthcare services is also increasing. The government continues to address HIV/AIDS through both prevention and treatment programs. Government policies have also contributed to improving the quality of services for people living with HIV/AIDS (PLWHA). However, the lack of facilities and healthcare services has emerged alongside the growing number of new cases. On the other hand, healthcare providers feel that they have already delivered quality services.

Objective – to determine the relationship between the quality of hospital services and satisfaction of patients with HIV/AIDS.

Materials and methods. This observational research used a cross-sectional approach involving a sample of 682 respondents selected using purposive sampling. The study was conducted from February to December 2024. Primary data were obtained by conducting direct interviews with respondents using a questionnaire. The assessment was based on the five dimensions of the SERVQUAL model with a Cronbach's alpha value of 0.889. Data were analysed using the chi-square test with $\alpha = 0.05$ and the phi coefficient test to see the strength of the relationship.

Results and discussion. The results of the statistical test obtained a p-value of 0.001 ($p < 0.05$) on the dimension of service reliability and a p-value of 0.000 ($p < 0.05$) on the dimension of responsiveness. The results of the statistical test obtained a p-value of 0.001 ($p < 0.05$) on the dimension of service assurance certainty, 0.000 ($p < 0.05$) on the dimension of empathy, and 0.000 ($p < 0.05$) on the dimension of physical appearance

Conclusions. Based on the results of the analysis, there is a significant relationship between reliability, responsiveness, assurance, empathy, physical appearance (tangible), and satisfaction of HIV/AIDS patients. Patients who feel they are served promptly, treated with dignity, provided with clear information, and given adequate facilities tend to report higher levels of satisfaction. Therefore, improving the quality of healthcare services both in terms of technical aspects and humanistic approaches is key to enhancing the satisfaction of HIV/AIDS patients and strengthening the continuity of treatment and their engagement with healthcare services

Keywords

Quality, service, satisfaction, patient, HIV/AIDS.

Health services play an important role in public health, as every citizen has the right to access health services [17]. This is mandated in the Health Law of the Republic of Indonesia Number 36 of 2019 which states that everyone has the same right to access resources in the health sector and to obtain safe, quality and affordable health services [18]. Health services are every effort carried out indi-

vidually or within an organisation to maintain and improve the health of individuals, families, groups and/or communities including patients with HIV/AIDS [9].

Human immunodeficiency virus (HIV) is a virus that attacks and weakens the body's immune system, causing the body to be susceptible to various diseases [31]. Acquired immunodeficiency syndrome

(AIDS) is a series of symptoms or diseases that are caused by the reduction in the function of the body's immune system due to HIV infection [34]. Patients with HIV do not immediately develop AIDS because there is a period of about five to ten years before the patient develops AIDS. HIV/AIDS can infect all age groups, including adolescents [33]. United Nations International Children's Emergency Fund (UNICEF) stated that the number of HIV/AIDS deaths shows an alarming trend among adolescents worldwide, with around 12.1 % of adolescents aged 10–19 years who died from HIV in 2019, which increased to 110,000 people or 15.8 % in 2020 [32]. Globally, the number of patients with HIV/AIDS is 38 million people with the number of AIDS-related deaths reaching 690,000 people (10.7 %) [30]. The prevalence of HIV in Indonesia varies greatly where the highest percentage of HIV infection reaches 62 % for men and 38 % for women. It is estimated that there were 543,100 (18.3 %) people living with HIV and AIDS (PLWHA) in 2020 [12]. The number of HIV cases continuously increases in Indonesia but an article published in *Media Informati* reported that AIDS cases are relatively stable [11]. Based on the 2021 HIV/AIDS and Sexually Transmitted Infections Development Report by the Ministry of Health of the Republic of Indonesia, the cumulative number of HIV cases reported up to March 2021 reached 427,201 (16 %) cases and the number of AIDS cases reported up to March 2021 was 131,417 (12.8 %) cases [13]. This indicates that HIV/AIDS in Indonesia is still quite high. HIV/AIDS infection is a very sensitive problem for some people and is a challenge at the national and global levels. It is undeniable that the public still holds stigma towards patients with HIV [14].

In addition to physical health problems, the common problem for patients with HIV/AIDS is stigma, namely poor social reactions towards patients with HIV/AIDS [6]. This stigma arises because this disease is associated with homosexual behaviour and intravenous drug use, so patients with HIV/AIDS are often considered immoral [5]. Myanmar is a country with a high HIV prevalence and an increasing number of people living with HIV initiating ART. **Methods:** Questionnaires were administered to adults with HIV across 4 Myanmar cities to estimate adherence and its potential determinants, including HIV knowledge, social support, barriers to care, enacted and internalised stigma and engagement in peer-to-peer HIV counselling (PC). Moreover, they lose social support, such as lack of attention from family and society. This is a negative experience for patients with HIV/AIDS, as when they need support, no one helps them so most of them, feel depressed [10].

Good health services including services, for patients with HIV/AIDS, are determinants in achieving patient satisfaction [25]. Patient satisfaction is associated with service quality, price, situation and patient characteristic factors [23]. Patients have the same rights to assess the quality of the services they perceive, as described in various existing regulations and policies [29]. Improving the quality of health services for patients with HIV and AIDS must continue to be implemented to build better services, as the number of people infected with HIV/AIDS is increasing.

Objective – to determine the relationship between the quality of hospital services and the satisfaction of patients with HIV/AIDS.

Materials and methods

Study design and sampling. This study is an analytical survey using a cross-sectional approach. The dependent variable of this study is the satisfaction of patients with HIV/AIDS, and the dependent variable is the quality of service covering reliability, responsiveness, assurance, empathy and physical appearance. The study was conducted from February to December 2024. The population of this study was all patients who visited HIV and AIDS services at hospitals. The sample size was determined using the Slovin formula, and 682 people were selected using a purposive sampling technique.

Questionnaire. Primary data were obtained through direct interviews with respondents using a questionnaire. Secondary data were obtained from hospital medical records. The questionnaire used in this study included a demographic section covering age, gender, education, occupation and marital status. The assessment was based on the five dimensions of the SERVQUAL model by Parasuraman et al. (1998) to evaluate the level of patient satisfaction, consisting of the following items: Tangibles dimension (questions 1–4), Empathy dimension (questions 5–9), Reliability dimension (questions 10–14), Responsiveness dimension (questions 15–18) and Assurance dimension (questions 19–23). The SERVQUAL instrument used in this study was adapted to reflect the local healthcare context and the specific characteristics of HIV-positive patients. Modifications were made to ensure that the language, content and dimensions of service quality were culturally relevant and sensitive to the unique needs and experiences of individuals living with HIV/AIDS. This adaptation aimed to enhance the validity and reliability of the responses by capturing patient perceptions more accurately within their social and clinical realities. The questionnaire was considered valid with an *r*-calculated value of 0.361 (greater than *r*-table) and reliable, with a Cronbach's alpha value of 0.889.

Data Analysis. Data analysis included univariate analysis presented in a frequency distribution tables and bivariate analysis using the chi-square test at a significance level of 0.05. The results of the study are presented in tables and descriptive narratives.

Results

Table 1 shows that the majority of respondents are in the age group of ≤ 20 years (43.40 %). In terms of gender, the respondents are predominantly male, with 392 individuals (57.48 %). Regarding education level, 344 individuals (50.44 %) have completed secondary education. A total of 394 individuals (57.77 %) are unemployed. Moreover, 380 people (55.72 %) are unmarried. A total of 482 patients with HIV/AIDS (70.67 %) reported being satisfied with the hospital services.

Table 2 shows that 468 respondents (68.62 %) assessed the reliability of the service as «good». In terms of responsiveness, 405 respondents (59.38 %) rated it «good». Moreover, in terms of service assurance, 397 respondents (58.21 %) rated it «good». Around 495 respondents (72.58 %) rated the empathy of the service as «good» and 428 respondents (62.76 %) stated that the physical appearance of the service was «good».

Table 3 shows that the statistical test for the reliability dimension yielded a p-value of 0.001 ($p < 0.05$), indicating a relationship between service reliability and the satisfaction of patients with HIV/AIDS. The statistical test for the responsiveness dimension yielded a p-value of 0.000 (< 0.05), indicating a relationship between responsiveness in service and the satisfaction of patients with HIV/AIDS. The statistical test on service assurance obtained a p-value of 0.001 ($p < 0.05$), indicating a relationship between the dimensions of service assurance and HIV/AIDS patient satisfaction. The statistical test for the empathy dimension yielded a p-value of 0.000 ($p < 0.05$), indicating a relationship between the dimension of empathy and the satisfaction of patients with HIV/AIDS. Finally, the statistical test for the physical appearance dimension yielded a p-value of 0.000 ($p < 0.05$), indicating a relationship between the physical appearance dimension and the satisfaction of patients with HIV/AIDS.

Discussion

Health service users provide an assessment of the products or services they perceive [21]. The level of patient satisfaction depends on the appearance of the service offered in relation to their expectations [28]. The level of satisfaction consists of three categories: if the service is below expectations, the patient is not satisfied; if the service meets expecta-

Table 1. Characteristics of respondents

| Characteristics | Number | Percentage |
|------------------------|--------|------------|
| <i>Age</i> | | |
| ≤ 20 years | 296 | 43.40 |
| 21–39 years | 212 | 31.09 |
| ≥ 40 years | 174 | 25.51 |
| <i>Sex</i> | | |
| Male | 392 | 57.48 |
| Female | 290 | 42.52 |
| <i>Education Level</i> | | |
| Primary | 102 | 14.96 |
| Secondary | 344 | 50.44 |
| University | 236 | 34.60 |
| <i>Employment</i> | | |
| Employed | 288 | 42.23 |
| Unemployed | 394 | 57.77 |
| <i>Marital status</i> | | |
| Married | 302 | 44.28 |
| Unmarried | 380 | 55.72 |
| <i>Satisfaction</i> | | |
| Satisfied | 482 | 70.67 |
| Dissatisfied | 200 | 29.33 |

Table 2. Frequency distribution of respondents by satisfaction with HIV/AIDS services

| Characteristics | Number | Percentage |
|----------------------------|--------|------------|
| <i>Reliability</i> | | |
| Good | 468 | 68.62 |
| Poor | 214 | 31.38 |
| <i>Responsiveness</i> | | |
| Good | 405 | 59.38 |
| Poor | 277 | 40.62 |
| <i>Service Assurance</i> | | |
| Good | 397 | 58.21 |
| Poor | 285 | 41.79 |
| <i>Empathy</i> | | |
| Good | 495 | 72.58 |
| Poor | 187 | 27.42 |
| <i>Physical appearance</i> | | |
| Good | 428 | 62.76 |
| Poor | 254 | 37.24 |

tions, the patient is satisfied and if the service exceeds expectations, the patient is very satisfied or happy [28].

In this study, patient satisfaction was measured using five statements. Table 1 shows that 70.67 % of respondents expressed satisfaction with statements that officers provided complete and easy-to-understand information regarding patient complaints, were friendly and attentive, and were patient in serving patients. Meanwhile, 29.33 % of respondents stated that they were less satisfied with with statements about the cleanliness, outside the service room. Patients reported being both satisfied and less satisfied with the service, not only regarding the attitude

Table 3. Relationship between hospital service quality and satisfaction of patients with HIV/AIDS

| Variable | Satisfaction | | | | Total | | p-value |
|----------------------------|--------------|-------|--------------|-------|-------|-----|---------|
| | Satisfied | | Dissatisfied | | n | % | |
| | n | % | n | % | | | |
| <i>Reliability</i> | | | | | | | |
| Good | 355 | 75.85 | 113 | 24.15 | 468 | 100 | 0.001 |
| Poor | 69 | 32.24 | 145 | 67.76 | 214 | 100 | |
| <i>Responsiveness</i> | | | | | | | |
| Good | 386 | 95.30 | 19 | 4.70 | 405 | 100 | 0.000 |
| Poor | 77 | 27.80 | 200 | 72.20 | 277 | 100 | |
| <i>Service assurance</i> | | | | | | | |
| Good | 280 | 70.53 | 117 | 29.47 | 397 | 100 | 0.001 |
| Poor | 102 | 35.79 | 185 | 64.21 | 285 | 100 | |
| <i>Empathy</i> | | | | | | | |
| Good | 405 | 81.82 | 90 | 18.18 | 495 | 100 | 0.000 |
| Poor | 56 | 29.95 | 131 | 70.05 | 187 | 100 | |
| <i>Physical appearance</i> | | | | | | | |
| Good | 358 | 83.64 | 70 | 16.36 | 428 | 100 | 0.000 |
| Poor | 69 | 27.17 | 185 | 72.83 | 254 | 100 | |

and actions of doctors and nurses but also the comfort of the facilities provided.

Reliability is the ability of healthcare workers to provide health services to service users on time and accurately, without errors in taking action, diagnosis or patient care [4]. Table 3 shows more respondents expressed satisfaction in the reliability category, namely 75.85 % than those who expressed dissatisfaction, namely 24.15 %. Some respondents were satisfied with the service received, but others were not due to the long waiting times and complicated service procedures. If patients are less satisfied with the service provided, it can have a negative impact on the health needs of patients with HIV/AIDS. The reliability of the services provided by doctors, nurses and other health workers is expected to improve so that service users will use the HIV/AIDS services again. The statistical test results yielded a p-value of 0.001 ($p < 0.05$), indicating a relationship between the dimensions of service reliability and the satisfaction of patients with HIV/AIDS. The results of this study are in line with a previous study by Noor et al. (2019), which showed a significant relationship between the dimensions of reliability and patient satisfaction (p -value = 0.004, $\phi = 0.05$). Another study revealed that the reliability variable has a positive effect on consumer satisfaction, with a regression coefficient value of 0.321 [8]. Thus, better reliability provides higher satisfaction to its customers.

Service responsiveness refers to the responsiveness of service providers, doctors and nurses in providing assistance when needed by patients, and to avoiding the imposition of medical procedures

without patient consent, including HIV tests, where patients must go through a counselling stage before deciding on testing [26]. Thus, the higher the quality of service, the higher the level of satisfaction. The responsiveness of officers is important in determining patient satisfaction because patients will deal directly and for longer with doctors and nurses than with other service providers, so comfortable contact with them will affect their satisfaction. Table 3 shows that the statistical test yielded a p-value of 0.000 ($p < 0.05$), meaning that there is a relationship between service responsiveness and patient satisfaction. This finding is in line with a previous study by Supratman et al. (2022), which found a significant relationship between responsiveness of health services and the level of satisfaction of outpatients, with a significance level of 0.001 and less than 0.05 [24]. This study is also in line with a previous study in which responsiveness was the most dominant factor in satisfaction with a significant relationship value of $p < 0.05$ [27].

Service assurance in this case refers to how officers maintain patient confidentiality, are careful in giving medicine and are skilled in performing examinations and medical procedures [20]. Health workers, including doctors, nurses or others, must maintain the status of patients, including the diagnosis of patients with HIV/AIDS, so that they receive the same health services as other patients without discrimination from officers or other patients [19]. If doctors and nurses are skilled and agile in using equipment, are careful in providing treatment and can provide explanations of the medical procedures, then respondents tend to

express satisfaction. This is in line with previous study, which stated that there are several factors affecting service assurance, namely: competence (the knowledge and expertise needed to provide services); courtesy (politeness which includes politeness, respect, attention and friendliness of individuals who are directly related to customers) and credibility (trust, honesty, and reputation held by the hospital) [1]. Table 3 shows that the statistical test yielded a p-value of 0.001 ($p < 0.05$), indicating that there is a relationship between the dimensions of service assurance in HIV and AIDS services and patient satisfaction. In addition, the results of this study are in line with a previous study, which yielded a p-value of 0.000 ($p < 0.05$), indicating a relationship between service assurance and patient satisfaction [7]. A relationship was also found between the assurance dimension and patient satisfaction, with a p-value of 0.001 ($p < 0.05$). Service assurance and certainty refer to the ability of health-care workers, including doctors and nurses, to be skilled and agile in order to provide a sense of security to patients, as well as accuracy in providing treatment, including ARV treatment for patients with HIV and AIDS and those with opportunistic infections, which can lead to a positive contribution to patient satisfaction. Thus, patients will revisit the service facilities. This is also in line with a previous study, which found that the behaviour of health service providers is reflected in customer satisfaction. This is based on the results of interviews with patients with HIV and AIDS, who stated that they received good service without discrimination, including the selection of inpatient rooms according to the users' health card class. Behaviour that is oriented towards customer satisfaction is a priority for the success of the hospital [22].

The assessment of the empathy dimension is based on the patient's perception of health workers in providing services, where the officers are present when needed, patient, respectful to both patients and their families, and provide opportunities for patients to consult [15]. Based on the assessment of empathy between doctors and nurses, the respondents' reactions varied. Some respondents disagreed with the statement that the officers always feel the condition experienced by the patient. Table 3 shows that the statistical test yielded a p-value of 0.000 ($p < 0.05$), indicating that there is a relationship between the empathy dimension of HIV/AIDS services and patient satisfaction. This is in line with a previous study, which found that there is a strong relationship between the perception of the quality of nursing services and patient satisfaction, namely 76.7 % [16]. This is also in line with another study, which found a relationship a relationship between

the empathy dimension and patient satisfaction, with a p-value of 0.000 ($p < 0.05$) [3].

Physical appearance is the provision of adequate physical facilities and equipment, for example, a clean, comfortable patient reception room equipped with chairs, ceramic floors, and neat, attractive and clean officer uniforms [36]. Philip Kotler in Supratman explains that physical appearance, equipment and personnel include cleanliness, neatness and comfort of the room, exterior and interior arrangement, completeness, readiness and cleanliness of the tools used. Neatness and cleanliness of the appearance of officers have an impact on the level of patient satisfaction. Therefore, the higher the quality of health services seen from the patient's perception of appearance, the higher the patient's satisfaction level. The statistical test yielded a p-value of 0.000 ($p < 0.05$), meaning that there is a relationship between the dimensions of the physical appearance of HIV/AIDS services and patient satisfaction. This is in line with previous study, which found that the factors related to the level of satisfaction are the behaviour of officers, with a p-value of 0.005 ($p < 0.05$), and physical facilities, with a p-value of 0.005 ($p < 0.05$) [35]. This study revealed that to improve the satisfaction of patients with HIV/AIDS, the quality of services in the hospital needs to be improved [2].

Conclusions

Based on the results of this study, there is a significant relationship between reliability, responsiveness, assurance, empathy and tangible appearance to the satisfaction of patients with HIV/AIDS. Hospitals are expected to maintain and improve the quality of health services to meet users' expectations. They also need to pay more attention to the quality of service in tangible dimensions such as cleanliness, comfort, beauty of the hospital and completeness of medical equipment.

Recommendation. Health workers are expected to facilitate services, especially administrative services with effective waiting times, to introduce themselves before conducting examinations or medical procedures on patients, and to provide non-discriminatory treatment to patients with HIV/AIDS so that the quality of the service assurance dimension contributes better to patient satisfaction.

Study Limitation. This study has several limitations that should be acknowledged. The study employed a cross-sectional design, which restricts the ability to draw causal inferences between hospital service quality and patient satisfaction. Longitudinal studies would be necessary to better understand the causal relationship over time. The research focused solely on patients with HIV/AIDS, which, while

intentional, limits the applicability of the findings to other patient populations with different health conditions and care needs. Lastly, potential cultural social, and psychological factors that might influence

patient satisfaction were not deeply explored in this study. Future research could benefit from a more holistic approach that incorporates these variables for a more comprehensive understanding.

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Conflict of interest. The authors declare that there is no conflict of interest in this study.

Author contributions: conceived the original idea, analyzed sequence data, interpreted data – Rio Dimas Sugiarta; created figures, and drafted the manuscript – Wulan Rahmadhani; performed data analysis and formulated hypotheses – Arnika Dwi Asti; developed the study objectives – Wulan Rahmadhani and Arnika Dwi Asti; conducted the theoretical and literature search and applied statistical and analytical approaches – Pall Chamroen.

Ethics Approval. The study protocol was approved by the Health Research Ethics Committee of Universitas Muhammadiyah Gombong under protocol number 11125000002. The approval was granted under authorization number No: 035.6/II.3.AU/F/KEPK/1/2024, dated January 25, 2024.

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Якість лікарняних послуг та задоволеність пацієнтів, інфікованих ВІЛ/СНІДом: поперечне дослідження

Попит на медичні послуги зростає разом зі збільшенням випадків ВІЛ/СНІДу. Уряд продовжує контролювати випадки ВІЛ/СНІДу як шляхом профілактики, так і лікування. Державна політика дедалі більше покращує якість обслуговування пацієнтів з ВІЛ/СНІДом.

Мета роботи — визначити зв'язок між якістю послуг лікарні та задоволеністю пацієнтів з ВІЛ/СНІДом.

Матеріали та методи. Це спостережне дослідження проводилося за методом поперечного зрізу із залученням 682 респондентів, відібраних методом цілеспрямованої вибірки. Дослідження проводилося з лютого по грудень 2024 року. Первинні дані були зібрані шляхом безпосереднього інтерв'ю з респондентами за допомогою анкети. Оцінювання проводилося за п'ятьма вимірами моделі SERVQUAL, з коефіцієнтом надійності Кронбаха 0.889. Дані були проаналізовані з використанням критерію χ^2 -квадрат при $\alpha = 0.05$ та коефіцієнта Фі для визначення сили зв'язку.

Результати та обговорення. Результати статистичного тесту показали значення $p = 0.001$ ($p < 0.05$) для виміру надійності послуг та $p = 0.000$ ($p < 0.05$) для виміру оперативності. Також отримано значення $p = 0.001$ ($p < 0.05$) для виміру гарантій, 0.000 ($p < 0.05$) для виміру емпатії та 0.000 ($p < 0.05$) для виміру фізичного вигляду.

Висновки. На основі результатів аналізу встановлено значущий зв'язок між надійністю, оперативністю, гарантіями, емпатією, фізичним виглядом (матеріальністю) та задоволеністю пацієнтів з ВІЛ/СНІДом. Пацієнти, які відчують, що їх обслуговують оперативно, ставляться до них з гідністю, надають чітку інформацію та забезпечують належні умови, як правило, мають вищий рівень задоволеності. Отже, підвищення якості медичних послуг як у технічному, так і в гуманістичному аспектах є ключем до підвищення задоволеності пацієнтів з ВІЛ/СНІДом і зміцнення безперервності лікування та залученості до медичних послуг.

Ключові слова: якість, послуги, задоволеність, пацієнт, ВІЛ/СНІД.

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