



The Relationship between Patient Perception of Service Quality and Polyclinic Revisit Interest

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Abstract

The quality of health services encompasses several factors, such as service speed, diagnostic accuracy, facility comfort, the friendly attitude of medical personnel, and patient satisfaction with the services provided. Patient perceptions of service quality play a vital role in building trust and loyalty toward healthcare institutions. According to the 2024 annual report of Ir. Soekarno Regional General Hospital, while there has been a decline in overall patient visits, the number of returning patients has increased. This study aimed to examine the relationship between patient perceptions of service quality and the interest in outpatient re-visits at Ir. Soekarno Regional General Hospital, Sukoharjo Regency. The research used a descriptive quantitative approach with a cross-sectional design. A total of 146 respondents were selected using accidental sampling, determined through the Lemeshow formula based on specific inclusion and exclusion criteria. Data was collected through a questionnaire using a Likert scale, and analysis was performed using Chi-Square tests. The results indicate a significant relationship between the physical dimension ($p=0.005$) and interest in repeat visits. However, other dimensions such as reliability ($p=0.628$), personal interaction ($p=1.000$), problem solving ($p=1.000$), and policy ($p=0.119$) showed no significant relationship with outpatient re-visit interest. Overall, the perceived service quality was considered less than optimal, as only the physical dimension influenced repeat visit interest, while other aspects did not. Therefore, it is recommended that the hospital maintain its current physical facilities while focusing on improvements in other service dimensions to enhance patient satisfaction and loyalty.

Introduction

Obtaining quality health services is the right of every individual and is one of the important indicators in assessing the performance of health facilities, including hospitals (Riyanto, 2023). The quality of health services includes various aspects, such as speed of service, accuracy of diagnosis, comfort of facilities, friendly attitude of medical personnel, and patient satisfaction with the results of the services provided (Ginting et al., 2021). Patient perceptions of service quality play an important role in building trust and loyalty to health facilities (Suhail & Srinivasulu, 2021). In this case, service quality is assessed based on the congruence between patients' expectations of service provider performance and their actual experience of the services received. A mismatch between the two can affect patients' perceptions of the quality of service provided (Yakob et al., 2024).

According to Toruan quoted from (Layli, 2022), high quality health services are defined as health services that are able to satisfy all patients fairly while adhering to professional ethics and service standards. In fact, Indonesians often seek treatment in America, England, and France, with a patient satisfaction rate of 82.7%, as well as in Malaysia and Singapore, which have a patient satisfaction target of 75%, but 80% of patients report being satisfied with the service (Daniati et al., 2021). This is due to the public perception that the quality of health services in Indonesia is still poor, so many choose to seek treatment abroad.

People still perceive the quality of healthcare in Indonesia as inadequate for several reasons, such as the lack of available facilities, limited number of highly qualified medical personnel, and long waiting times for services (Rahayu & Badruzzaman, 2023). In addition, unpleasant experiences, such as ineffective communication between medical personnel and patients, errors in diagnosis, or lack of attention to comfort, also worsen the image of health services in the country. This encourages some people to choose to seek treatment abroad, which is considered to better meet their expectations (Daniati et al., 2021). In fact, the government has set quality standards through the Minister of Health Regulation Number 30 of 2022, which includes quality measurements in all health facilities. Indicators such as outpatient waiting time, patient and family satisfaction levels, and response to complaints have been regulated to encourage overall service quality improvement.

Patient and family satisfaction is an important quality indicator (Pasinringi et al., 2021). This is because the family plays a role in determining the choice of hospital (Novasyra, 2023). It is emphasized by Puji et al. (2020) that the patient's desire to return to the hospital is strongly influenced by the quality of health services, because if the hospital does not innovate to improve quality, the patient's interest in returning will eventually decrease. However, based on the results of interviews with employees conducted by (Hidayana et al., 2024; Putri et al., 2020) patients are reluctant to seek treatment because they do not trust if they are examined by a duty doctor who replaces the main doctor. Therefore, healthcare facilities should be able to create a plan that encourages patients to make repeat visits.

In addition, to ensure that individuals have a positive perception of receiving health services, it is important to evaluate how they view health service delivery (Rahma Puspita & Mustakim, 2021). To see these perceptions, the dimensions of service quality according to Dabholkar are used, which consist of five main dimensions, namely the physical dimension, reliability, personal interaction, problem solving, and policy (Rafika & Wahyono, 2021). This is supported by research conducted by Aisyah & Wahyono (2021); Awalna et al., (2022) that the 5 dimensions proposed by Dabholkar can be used as a measuring tool for the quality of service of a health facility according to patients or their families. From these two studies, the p value <0.05 was obtained, so it was concluded that there was a relationship between the physical dimension, reliability, personal interaction, and problem solving with interest in repeat visits. However, there are differences in the results of the policy dimension, namely the results of (Rafika & Wahyono, 2021) research that there is a relationship with interest in repeat visits, while Awalna et al. (2022) showed the opposite result.

Based on the annual report of Ir. Soekarno Regional General Hospital in 2024, a decrease in the overall number of patient visits was identified. In the first quarter of 2024, the number of outpatient visits was recorded at 50.1% of visits, while in the second quarter this number decreased to 49.89% of visits. Although there was a decrease in total patient visits, the data showed an increase in the number of visits by existing patients or patients who made repeat visits. The number of old patient visits in the first quarter of 2024 was 49.91% then in the second quarter it was 50%.

This phenomenon indicates that there are factors that influence patients' interest in returning for a visit, despite the decline in new patients. Research on patient perceptions of service quality

is relevant to understand whether patients' perceived service quality contributes to their decision to return. An increase in repeat visits may indicate satisfaction with the service provided, while a decrease in total visits may reflect challenges in attracting new patients or retaining first-time patients. Based on this, the researcher is interested in conducting a study "The Relationship between Patient Perceptions of Service Quality and Interest in Outpatient Revisits at Ir. Soekarno Regional General Hospital." This study is expected to be a reference for Ir. Soekarno Regional General Hospital and other health care facilities to improve the quality of health services, improve marketing strategies, and optimize the overall level of patient visits in the future.

Methods

This study uses descriptive quantitative research with a cross sectional research design . The variables to be studied are patient perception variables regarding service quality and outpatient revisit interest variables. Patient perception variables regarding service quality consist of (1) physical dimensions, (2) reliability dimensions, (3) personal interaction dimensions, (4) problem solving dimensions, (5) policy dimensions. The population in this study were patients or families of outpatients at Ir. Soekarno Regional General Hospital during the study period. The number of samples in this study was 146 respondents who were calculated using the lemeshow formula with inclusion criteria (Outpatients who have visited at least 1 time at Ir. Soekarno Regional General Hospital and the patient's family who are willing to help fill out the questionnaire) and exclusion criteria (patients and their families who refuse to participate in the study). The sampling technique of this study used accidental sampling where all patients and families of outpatients who were visiting Ir. Soekarno Regional General Hospital who by chance met the researchers and were considered to be respondents during the study. This technique was chosen because of the limited research time and the inconvenience of respondents to fill out the questionnaire. Sampling was carried out from August 16 to August 23, 2024 and obtained 146 respondents. Data collection was carried out using a questionnaire instrument with a Likert scale consisting of strongly disagree, disagree, agree, strongly agree. The results of the study were statistically tested using the chi-square test with a confidence degree of 95% and $\alpha = 0.05$. If p-value < 0.05 then H_0 is rejected indicating that there is a meaningful relationship. If the p-value < 0.05 then H_0 is accepted indicating that there is no significant relationship. Ethical permission was obtained from the Health Research Ethics Commission (KEPK) of the Faculty of Health Sciences, Muhammadiyah University of Surakarta, with reference number 822/KEPK-FIK/I/2025.

Result and Discussion

Respondent Characteristics

Respondents in this study were patients of Ir. Soekarno Regional General Hospital who had received outpatient services from start to finish in one day, the patient's family where the patient had agreed and was willing to become a respondent and then asked to be represented by his family. The characteristics of respondents are divided into age groups, types of payment, and reasons for choosing to visit Ir. Soekarno Regional General Hospital. The characteristics of respondents can be seen in the following table:

Table 1. Respondent Characteristics

Characteristics	N	%
Gender		
Female	83	56.8
Male	63	43,2
Age		
Teenagers (12-25 years old)	45	30,81

Mature (26-45 years old)	69	47,26
Early Elderly (46-55 years old)	12	8,21
Late Elderly (56-65 years)	13	8,9
Seniors (>65 years old)	7	4,79
Payment Type		
General	41	28,1
Indonesian National Health Insurance (BPJS)	100	68,5
Other Health Insurance	5	3,4
Reason		
Proximity, facilities, affordability, service	63	43,15
Reference	83	56,8
Total	146	100

Based on the results of the analysis in the table, the characteristics of the respondents show that the majority based on gender are female, with a total of 85 respondents (58.2%). Furthermore, the most dominant age group is adults with an age range of 26-45 years, with 69 respondents (47.26%). In contrast, the age group with the least number of respondents was children in the age range of 5-11 years, with 3 respondents (2.05%). Most of the patients who came to Ir. Soekarno Regional General Hospital were Indonesian National Health Insurance (BPJS) participants, as many as 100 respondents (68.5%). On the other hand, the least number of respondents were other health insurance users, with 5 respondents (3.4%). Based on the reason for the visit, the majority of respondents chose Ir. Soekarno Regional General Hospital for referral reasons, with 83 respondents (56.8%). Meanwhile, other reasons, such as proximity, complete facilities, affordability, and quality of service, were expressed by 63 respondents (43.15%).

Univariate Analysis of Patient Respondents

Univariate analysis refers to the method of analyzing data on a variable separately without relating to other variables. The independent variable in this study is the patient's perception of service quality while the dependent variable is the interest in outpatient revisit . The distribution of each variable can be seen in the following table:

Table 2. Univariate analysis

Variables	Category	Frequency	Proportion (%)
Physical	Good	144	98,6
	Less	2	1,4
Reliability	Good	137	93,8
	Less	9	6,2
Personal Interaction	Good	135	92,5
	Less	11	7,5
Problem Solving	Good	144	98,6
	Less	2	1,4
Policy	Good	137	93,8
	Less	9	6,2
Repeat Visit Interest	Interested	129	88,4
	Not Interested	17	11,6
Total		146	100

Based on the table, in accordance with Dabholkar's theory, there are 5 dimensions, each of which is divided into two categories, namely good and less. In the physical dimension with a good category of 144 respondents (98.6%) while the category is less, namely 2 respondents (1.4%). The reliability dimension with a good category is 137 respondents (93.8%) while the category is less, namely 9 respondents (6.2%). The dimension of personal interaction with a good category of 135 respondents (92.5) while the category is less 11 respondents (7.5%). The problem-solving dimension in the good category is 144 respondents (98.6%) while the deficient category is 2 respondents (1.4%). The policy dimension with a good category was 137 respondents (93.8%) while the category was lacking 9 respondents (6.2%). The majority of patients are interested in making repeat visits, namely 129 respondents (88.4%).

Bivariate Analysis of Patient Respondents

Bivariate analysis involves creating cross-tables to highlight and analyze differences or relationships between two variables. This involves testing whether or not there is a difference or relationship between the variables, namely the independent variable (patient perception of service quality) which is associated with the dependent variable (interest in outpatient revisit) tested using Chi-Square. Based on the cross-sectional test between variables, the following results were obtained:

Table 3. Bivariate Analysis

Patient Perception of Service Quality	Repeat Visit Interest						<i>p-value</i>
	Not Interested		Interested		Total		
	n	%	n	%	n	%	
Physical							0,005
Less	2	100	0	0	2	100	
Good	15	10,4	129	89,6	144	100	
Reliability							0,628
Less	2	22,2	7	77,8	9	100	
Good	15	10,9	122	89,1	137	100	
Personal Interaction							1,000
Less	1	9,1	10	90,9	11	100	
Good	16	11,9	119	88,1	135	100	
Problem Solving							1,000
Less	0	0	2	100	2	100	
Good	17	11,8	127	88,2	144	100	
Policy							0,119
Less	3	33,3	6	66,7	9	100	
Good	14	10,2	123	89,8	137	100	

Statistical test results using chi-square with 95% confidence degree and $\alpha = 0.05$ obtained a p-value of 0.005. Based on the p-value < 0.05 , H_0 is rejected, it shows that there is a significant relationship between patient perceptions of the physical aspects of service with interest in revisiting. Patients who rated the physical aspects of the service in the good category had a high level of interest in revisiting, which amounted to 89.6%, while patients who had a poor perception of the physical aspects showed no interest in returning (0%). In contrast, other factors such as reliability, personal interaction, problem solving, and policy did not show a significant relationship with interest in revisiting (p-value > 0.05). In the aspect of reliability, although patients with poor perception showed 77.8% interest in revisiting, this relationship was not statistically significant (p-value = 0.628). Similarly, for personal interaction, while both patients with favorable and unfavorable perceptions showed high interest in revisiting, the relationship was not significant (p-value = 1.000). Problem solving and policy aspects also showed similar patterns with p-values of 1.000 and 0.119, respectively.

Relationship between Physical Dimensions and Interest in Outpatient Repeat Visits at Ir. Soekarno Regional General Hospital

The physical dimension of health services includes the physical appearance of clean and tidy facilities, a calm examination room atmosphere, complete medical equipment, and neat appearance of health workers as service providers. Based on the results of the study, it was found that patients' perceptions of the physical dimensions that fell into the poor category were 2 respondents and 15 respondents in the good category did not show interest in making repeat visits to Ir. Soekarno Regional General Hospital. The results of statistical tests using chi-square with a 95% confidence level and $\alpha = 0.05$ obtained a p-value of 0.005. Based on the p-value < 0.05 , H_0 is rejected, meaning that there is a significant relationship between physical aspects and interest in re-visiting the outpatient of Ir. Soekarno Regional General Hospital.

This research is strengthened by the findings of (Rafika & Wahyono, 2021) in the working area of Karangdoro Health Center, Semarang City and (Awalna et al., 2022) at Cut Nyak Dhien Hospital, West Aceh Regency, which state that there is a significant relationship between physical evidence and patient revisit interest. Despite the different research locations, these results underscore that well-maintained environmental conditions and professional appearance of staff are major factors in building patient trust and comfort in health facilities, thus supporting similar conclusions in various regions as shown in the study (Atmaja et al., 2024) at Mataram City Hospital. This study is also in line with Dabholkar's theory which states that there is a close relationship between physical dimensions and patient satisfaction. This satisfaction arises from the perception of the quality of service that has been provided (Awalna et al., 2022).

The physical dimension includes the physical appearance and comfort offered by service providers to customers. The results of the services received by patients must be in accordance with the standards of the hospital. However, there are patients who rate the physical dimension as inadequate, and some patients who rate the physical dimension as good, but both do not show interest in making repeat visits. This can be caused by the perception that patient comfort has not been fully considered. This opinion is supported by the results of research (Ratu et al., 2024; Cahya et al., 2024) that patients' perceptions of the quality of the physical dimensions of health facilities, such as cleanliness, tidiness, and environmental comfort, affect their interest in making repeat visits. Inadequate service quality can lead to patient dissatisfaction, which in turn reduces their loyalty (Lin & Yin, 2022).

Some aspects that are considered important for patient comfort include room temperature, both the examination room and waiting room, which is not too hot or too cold, as well as the cleanliness of the hospital environment (Nendissa et al., 2022). From observational observations, it was found that the hospital environment was clean and the appearance of the staff was quite neat. There is one aspect that still needs attention, namely the condition of the examination room. Although the room is physically adequate, the sound from outside the room can still be heard faintly. This has the potential to disrupt focus during the examination process. Thus, improvement efforts are needed, such as increasing sound insulation or adding damping materials, to create a more comfortable and conducive environment in the examination room. Thus, to increase the interest of repeat visits, Ir. Soekarno Regional General Hospital needs to pay attention to and improve the quality of the physical dimensions of the facilities they offer. This includes maintaining cleanliness, tidiness, tranquility, and ensuring patient comfort while in the hospital.

Relationship between Reliability Dimension and Interest in Outpatient Repeat Visit at Ir. Soekarno Regional General Hospital

Reliability in this study is shown through the accuracy of service according to a predetermined schedule, the efficiency of waiting time for medicine, and the responsiveness of health workers

in providing services quickly and responsively to patients. Based on the results of the study, it shows that patient perceptions of the reliability dimension with a category of less as many as 2 respondents are not interested in making repeat visits while the rest with a category of less, namely 7 respondents, are still interested in making repeat visits to Ir. Soekarno Regional General Hospital. The results of statistical tests using chi-square with a 95% confidence level and $\alpha = 0.05$ obtained a p-value of 0.628. Based on the p-value > 0.05 , H_0 is accepted, meaning that there is no significant relationship between the dimensions of reliability and the interest in outpatient re-visits at Ir. Soekarno Regional General Hospital.

Patients who think the reliability dimension is lacking but are still interested in making repeat visits can be caused by several factors. This can occur because patients' expectations of the service reliability dimension are different, so that even though the service is considered insufficient, patients are still interested in returning because other factors are more dominant. The results of the study (Atmaja et al., 2024) show that despite deficiencies in the reliability dimension, other dimensional factors of medical personnel can increase patient interest in revisiting. This shows that other aspects of service quality can influence patients' decision to return, despite deficiencies in reliability. Patients' personal experiences are very influential because each individual has unique perceptions and judgments based on interactions, and their previous experiences will help inform strategies to improve patient-centered care (Wan et al., 2023). Good satisfaction can create strong relationships between patients and health care providers, enabling a better understanding of patient needs (Windarti et al., 2023). Patients' perception of reliability does not match the definition used in the study, which may also be the cause of the absence of a significant relationship between the reliability dimension and patients' interest in revisiting.

The results showed that 15 respondents had a good perception of the reliability dimension, but did not show interest in making repeat visits. Based on observational observations, health workers have shown good responsiveness in serving patients, such as asking for patient serial numbers and immediately processing files so that patients can be served immediately. However, there are external factors that affect patient experience, one of which is the duration of waiting time, especially in the process of taking medicine. Long waiting times are caused by the high volume of patients who require medication every day (Kassa et al., 2021). Hospital pharmacies must handle many prescriptions at once, while the drug preparation process requires careful verification to ensure its safety for patients (Safitri et al., 2024). These findings are in line with the results of research (Arini et al., 2020) that the waiting time for prescription services at the hospital's outpatient pharmacy depot has not fulfilled the Outpatient Service SOP, namely non-reciprocated prescriptions no more than 15 minutes and compounded prescriptions no more than 30 minutes. Factors that influence the waiting time for prescription services at the hospital's outpatient pharmacy depot are the type of prescription, the number of human resources, and the availability of service support infrastructure.

This finding is not in line with research conducted by (Rafika & Wahyono, 2021) in the working area of the Karangdoro Health Center, Semarang City and (Awalna et al., 2022) at the Cut Nyak Dhien Hospital, West Aceh Regency, which states that there is a significant relationship between the reliability dimension and patient re-visit interest. The difference in research results can be caused by several things such as demographic and socio-economic characteristics of respondents in each research area affecting patient perceptions (Rahmah et al., 2023). Differences in the quality and consistency of services provided by each health facility can cause variations in patient perceptions, then perceptions of other health facilities that are used as alternatives, as well as public awareness of the importance of making repeat visits can contribute to differences in these results. This is supported by the results of research (Amri et al., 2024) where satisfaction with services increases the likelihood of patients

returning. Therefore, efforts to improve service quality in health facilities are crucial to ensure patient satisfaction and encourage repeat visits.

On the other hand, research conducted by (Putra Pratama & Harma, 2024) at Lamadukkelleng Regional General Hospital found that there was no significant influence between the reliability dimension variables on the quality of health services in the internal treatment room of Lamadukkelleng Regional General Hospital. Apart from being similar in terms of consistency of service delivery and the same socio-demographic characteristics, the limited choice of health services in terms of close health facilities, Indonesian National Health Insurance (BPJS) membership referrals, and special services that must be carried out routinely at the hospital are the reasons why patients will still make repeat visits even though they think that the aspects of the reliability dimension are still in the category of lack of repeat visits (Cahya et al., 2024). Even so, improving communication and transparency regarding the clarity of schedules and services, including service hours, still needs to be improved.

Relationship between Personal Interaction Dimension and Interest in Outpatient Repeat Visit at Ir. Soekarno Regional General Hospital

Personal interaction is shown by health workers who always motivate patients to continue to be healthy, ask how the patient is doing, memorize the patient's disease problems, and are polite and friendly. Based on the results of the research conducted, it shows that patient perceptions of the dimensions of personal interaction with a category of less as many as 1 respondent are not interested in making a repeat visit while the rest with a category of less, namely 10 respondents, are still interested in making a repeat visit to the Ir. Soekarno Regional General Hospital. The results of statistical tests using chi-square with a 95% confidence level and $\alpha = 0.05$ obtained a p-value of 1.000. Based on the p-value > 0.05 , H_0 is accepted, meaning that there is no significant relationship between the dimensions of personal interaction and the interest in outpatient re-visits at Ir. Soekarno Regional General Hospital.

This study is in line with research conducted by (Putra Pratama & Harma, 2024) at Lamadukkelleng Regional General Hospital, it was found that there was no significant influence between the variable dimensions of personal interaction on the quality of health services in the internal treatment room of Lamadukkelleng Regional General Hospital. Based on observational observations, health workers have provided services in a polite and friendly manner. However, some patients disagree with doctors who memorize the patient's disease problems unless the disease is a chronic disease. This may occur because patients with chronic illnesses tend to have a higher frequency of visits to the same doctor, allowing for a closer relationship between patient and doctor. This opinion is reinforced by research (Agustiawan et al., 2024) which shows that consistent interaction between patients and doctors allows doctors to understand the patient's medical history better. This deeper understanding has a positive impact on improving the quality of care provided and the level of patient satisfaction with the health services received (Hastara Dewi et al., 2024).

A total of 16 respondents showed good perceptions of the health services provided, but had no interest in making repeat visits. This phenomenon can be explained by the uncertainty regarding the guarantee of patient acceptance at the next visit. If health workers do not provide assurance that the patient will be well received, it has the potential to reduce the patient's desire to return. In addition, other factors such as the patient's health condition that can affect the decision to continue treatment, as well as referral procedures that must be passed before making a repeat visit, are also significant considerations (Tinaningsih et al., 2024). The results table also shows that although some patients rated the personal interaction dimension of health services as inadequate, they were still interested in making repeat visits. This is due to the limited choice of health facilities available and the need for special services that can only be provided at the hospital. This finding is in line with the results of research (Daniati et al., 2021)

which shows that despite complaints about service quality, patients still choose to return to the same health facility due to limited access and choice of health services.

This study is not in line with those conducted by (Rafika & Wahyono, 2021) in the working area of the Karangdoro Health Center in Semarang City and (Awalna et al., 2022) at the Cut Nyak Dhien Hospital, West Aceh Regency which states that there is a significant relationship between the dimensions of personal interaction and patient re-visit interest. In certain health centers or hospitals, personal interaction dimensions, such as good communication, empathy, and friendliness of health workers, may play a very important role in shaping perceptions. Therefore, the differences in the results of this study suggest that patient perceptions are highly contextualized and influenced by a range of complex variables that differ across study sites.

Relationship between Problem Solving Dimension and Interest in Outpatient Repeat Visit at Ir. Soekarno Regional General Hospital

The problem-solving dimension is reflected through the willingness of health workers to listen, understand, and assist patients in overcoming their problems. This includes the ability of health workers to explain medical actions taken, provide appropriate treatment recommendations, and convey instructions and procedures in a clear and structured manner. Based on the results of the research conducted, it shows that patient perceptions of the dimensions of problem solving in the category of less, as many as 2 respondents are interested in making a return visit to Ir. Soekarno Regional General Hospital. The results of statistical tests using chi-square with a 95% confidence level and $\alpha = 0.05$ obtained a p-value of 1.000. Based on the p-value > 0.05 , H_0 is accepted, meaning that there is no significant relationship between the problem solving dimension and the interest in re-visiting the outpatient of Ir. Soekarno Regional General Hospital.

This finding is in line with research conducted by (Putra Pratama & Harma, 2024) at Lamadukkelleng Regional General Hospital, it was found that there was no significant influence between the problem solving dimension variables on the quality of health services in the internal treatment room of Lamadukkelleng Regional General Hospital. Many patients consider the problem-solving dimension as a fairness that patients expect from hospitals, so it does not have a significant impact on the decision to return. This relationship can also be influenced by patients' subjective perceptions of their needs. This opinion is outlined in research that discusses the factors that influence patient perceptions of the decision to choose a hospital by (Iqbal, 2019). From observational observations, health workers consistently show a deft attitude in providing assistance to patients who do not understand the flow of services before being called to the examination room. In addition, pharmacy staff also played an important role in providing clear and detailed information regarding the procedure for consuming drugs to patients. They explain in detail the correct way to use the medicine and the appropriate time of consumption. These factors can be used as reasons why patients who think the quality of the problem-solving dimension is lacking still make repeat visits.

This study also found that 17 respondents had a good perception of the services provided, but were still not interested in making repeat visits. This phenomenon may occur because time pressure often makes officers focus on completing services quickly and efficiently, so that aspects such as deeper communication and offering alternatives are neglected (Rahmasari et al., 2024). Another factor that may play a role is the lack of understanding of the importance of a patient-centered care approach, where patients have the right to know all the options available in order to make decisions that suit their conditions and preferences (Fitriani et al., 2024).

Relationship between Policy Dimensions and Interest in Outpatient Repeat Visits at Ir. Soekarno Regional General Hospital

The policy dimension includes aspects of service quality that are directly influenced by policy. The dimensions of the policy in this case such as the location of the hospital, the cost of treatment, especially for general patients, the facilities provided by the hospital, and service procedures do not confuse patients. Based on the results of the research conducted, it shows that patient perceptions of the policy dimension with a category of less as many as 3 respondents are not interested in making a repeat visit while the rest with a category of less, namely 6 respondents, are still interested in making a repeat visit to Ir. Soekarno Regional General Hospital. The results of statistical tests using chi-square with a 95% confidence level and $\alpha = 0.05$ obtained a p-value of 0.119. Based on the p-value > 0.05 , H_0 is accepted, meaning that there is no significant relationship between the policy dimension and the interest in outpatient re-visit at Ir. Soekarno Regional General Hospital.

From observational observation, the location of the hospital is quite strategic and easily accessible, as well as a large parking lot and waiting room. However, the chairs in the waiting room are still not fully ergonomic. This is because there is no cushioning that can improve user comfort, especially for those who have to sit for a long time. The backrests are curved, which can support the back, but the design does not optimally follow the contours of the spine. The width of the chair appears uniform without considering variations in the user's body size, and the armrests appear standard without padding, which can reduce comfort. These ergonomic chair requirements have been included in research (Biomi & Cokorda, 2021). In addition, policies related to relatively affordable costs are supported by respondents' statements which reveal that the costs for making health certificates and drug-free tests at the facility are lower compared to other hospitals. Supporting facilities at the hospital are also available such as ATM (Automated Teller Machines), children's playgrounds, canteens, and minimarkets.

This study is in line with the results of research conducted by (Putra Pratama & Harma, 2024) at Lamadukkelleng Regional General Hospital, it was found that there was no significant influence between the policy dimension variables on the quality of health services in the internal treatment room of Lamadukkelleng Regional General Hospital. Policy dimensions in this case are often considered as basic or prerequisite factors (hygiene factors), which means that their existence only prevents dissatisfaction but is not sufficient to encourage loyalty or repeat visits (Resty et al., 2020). Moreover, customer perceptions of such dimensions can vary widely; for example, strategic location for one customer may be irrelevant for another due to personal preference or accessibility. External factors, such as more attractive alternative options or economic conditions, can also reduce the influence of policy dimensions on repeat visit interest. This opinion is supported by the results of research (Yandi et al., 2023), a person's visiting interest is influenced by external factors. These factors are often exacerbated by the lack of information provided to patients during their wait, which can add to stress levels (Mutfi et al., 2022). As a result, although these two aspects are seen as basic elements, a lack of attention can create a negative experience

Conclusion

Based on the research that has been conducted at Ir. Soekarno Regional General Hospital Sukoharjo Regency, it can be concluded that there is a significant relationship between the physical dimension and the interest in re-visiting outpatients. However, this study also found that there is no significant relationship between the reliability dimension, personal interaction dimension, problem solving dimension, and policy dimension with outpatient revisit interest. This suggests that although the physical dimension has a significant influence, overall service quality can be considered suboptimal because other dimensions, such as reliability, personal

interaction, problem solving, and policy, do not show a significant influence on patients' revisit interest.

The suggestion for Ir. Soekarno Regional General Hospital is to continue to improve the physical facilities that are already good, as well as improve the reliability, personal interaction, problem solving, and policy dimensions through staff training, improving administrative procedures, and evaluating policies that are more flexible and responsive to patient needs. For future researchers, further research is recommended by exploring other variables that may influence repeat visit interest, such as overall patient satisfaction levels, public awareness of the importance of repeat visits, or patient socio-economic factors. The use of additional qualitative methods can also provide deeper insights into patient perceptions of certain service dimensions, so that it can be a more comprehensive reference in improving health services.

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