



Analysis of Patient Satisfaction Levels After Caesarean Section Surgery

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Abstract

This study employed a quantitative cross-sectional design, which is a research design that simultaneously measures or observes the independent and dependent variables. This study was conducted at Samaritan General Hospital, Palu, Central Sulawesi Province, with a sample of 36 patients. The sample selection method used consecutive sampling, where each patient who met the inclusion criteria was sequentially selected. The results of this study indicate that each of the five SERVQUAL dimensions has a significant relationship with patient satisfaction levels after Caesarean section surgery at Samaritan General Hospital, Palu. The Tangibles dimension had the strongest correlation with an r value of 0.556, which is considered moderate. The other dimensions had weak but still significant correlations. Overall patient satisfaction was in the satisfactory category, with an average score of 4.08, and no patients were dissatisfied. This study indicates that Samaritan Hospital, Palu, has provided good post-operative care to patients, but there is still room for improvement, particularly in the Empathy dimension, which is useful for achieving optimal satisfaction and encouraging more patients to reach the very satisfied category.

Introduction

Quality healthcare services are a fundamental right of every patient and, at the same time, a primary responsibility of hospitals in providing services that are safe, effective, and oriented toward patient needs. One of the indicators frequently used to assess the success of healthcare services is the level of patient satisfaction (Ferreira et al., 2023; Alibrandi et al., 2023; Banda et al., 2023). Patient satisfaction reflects the extent to which patients' expectations are consistent with the services they receive during the care process. When patients are satisfied, they are more likely to return to use the same healthcare services. Conversely, dissatisfaction may reduce patient loyalty and lead to a decline in public trust in the quality of hospital services (Maila, 2021; Shan et al., 2016; Shie et al., 2022; Chen et al., 2024; Akanyako, 2024).

The assessment of patient satisfaction plays an important role in efforts to improve the quality of healthcare services. In addition to serving as an indicator of service quality, the level of patient satisfaction also influences the image and competitiveness of hospitals. As users of healthcare services, the public not only expects physical recovery but also desires services that are delivered professionally, courteously, and responsively. The competence of healthcare personnel, staff attitudes, the availability of facilities and infrastructure, and the comfort of the service environment are aspects that also determine the level of patient satisfaction. Therefore, service quality needs to be continuously improved so that hospital services can operate more effectively and efficiently and meet public expectations (Elna & Arma, 2024; Al-Assaf et al., 2024; Kalaja & Krasniqi, 2022; Amanah & Mulka, 2026).

Delivery through Sectio Caesarea (SC) is one of the most commonly performed obstetric surgical procedures in hospitals. This procedure is performed by opening the abdominal wall and uterus to deliver the fetus. In recent years, Sectio Caesarea surgery has increasingly been chosen as a method of delivery because some mothers consider normal delivery to involve greater risks and a higher level of difficulty. Nevertheless, Sectio Caesarea remains a surgical procedure that carries various risks of complications for both the mother and the baby when performed without appropriate indications (Wardhani et al., 2024; Alamsyah & Sulastri, 2026). The World Health Organization (WHO) recommends that the rate of Sectio Caesarea deliveries at the population level should not exceed 10–15% of all live births. However, in reality, Sectio Caesarea delivery rates in various countries remain above this recommendation (Fatimah et al., 2024; Angolile et al., 2023; Thomaidi et al., 2025; Syakurah et al., 2025; Veparala et al., 2025).

The rate of deliveries through Sectio Caesarea (SC) in Indonesia shows a relatively high tendency. The percentage of Caesarean deliveries in government hospitals ranges from 20–25% of total births, whereas in private hospitals it reaches 30–80%. The high rate of SC procedures has resulted in an increased need for high-quality, comprehensive, and patient-safety-oriented postoperative care (Zubair et al., 2026). Patients after SC surgery require special care, including pain management, surgical wound care, support for breastfeeding, and adequate health education during the recovery period. Meeting these needs is very important to accelerate the healing process, prevent complications, and improve patient satisfaction with the services provided by the hospital (Aliwu, 2024; Bhati et al., 2023; Sharma, 2025; Mithany et al., 2023; Adams et al., 2025).

Patient satisfaction with healthcare services can be analyzed using the SERVQUAL model, which consists of five main dimensions (Ali et al., 2024; Verma et al., 2022; Wu et al., 2024). The first dimension is responsiveness, which refers to the ability of staff to provide services promptly and to convey information clearly and accurately. The second dimension is reliability, which describes the ability of staff to provide services accurately, consistently, and in accordance with established standards. The third dimension is assurance, which includes the knowledge, skills, courtesy, and ability of staff to foster patients' trust and sense of security. The fourth dimension is Empathy, which refers to staff attention and concern for the individual needs and conditions of patients. The fifth dimension is tangible, which includes the condition of facilities, completeness of equipment, environmental cleanliness, and comfort of service rooms that can be directly experienced by patients (Elna & Arma, 2024; Santoso et al., 2024; Waroka et al., 2026).

Samaritan General Hospital Palu is one of the private hospitals located in Palu City, Central Sulawesi Province, and provides various healthcare services, including delivery services through Sectio Caesarea. As a healthcare institution oriented toward improving service quality, evaluating the level of satisfaction among patients after Sectio Caesarea surgery is very important. The results of such evaluations can be used to identify various strengths and weaknesses in the service process and serve as a basis for developing strategies for continuous quality improvement (Wijono, 2022; Endalamaw et al., 2024; Al Wahid et al., 2024; Vuong & Nguyen, 2022).

The high rate of Sectio Caesarea deliveries in Indonesia, particularly in private hospitals where it reaches 30–80% of total births, indicates that the need for high-quality postoperative care is increasing. This figure also far exceeds the WHO recommendation, which sets the ideal limit at 10–15%. This condition has resulted in a continued increase in the number of patients requiring post-Sectio Caesarea care, requiring hospitals to be able to provide optimal services, ranging from pain management and wound care to health education. In this context, patient satisfaction is an important indicator that reflects the quality of services provided by hospitals. A low level of satisfaction may lead to decreased trust among patients and the public in healthcare facilities (Topuz et al., 2025; Shie et al., 2022; Tessema et al., 2024).

Based on the results of preliminary observations conducted at Samaritan General Hospital Palu, variations were found in patients' assessments of the services they received after undergoing Sectio Caesarea surgery. Some patients reported that several aspects of the services had not fully met their expectations, particularly regarding the speed of staff responses, the clarity of information concerning surgical wound care, and the comfort of inpatient room facilities. These findings indicate the need for a more in-depth study of the level of satisfaction among patients after Sectio Caesarea surgery based on the five SERVQUAL dimensions at Samaritan General Hospital Palu.

Methods

Research Type and Design

This study employs a quantitative approach using a cross-sectional design. A cross-sectional design is a research framework in which measurements or observations of independent and dependent variables are conducted simultaneously within a single data collection period. This design enables researchers to efficiently identify and analyze the relationships between the variables under study without requiring repeated observations over an extended timeframe (Sugiyono, 2022).

The cross-sectional approach was selected because it aligns with the study's objective: to analyze the relationship between service quality—based on the five SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles—and the satisfaction levels of patients who underwent a Caesarean section at Samaritan General Hospital, Palu. Through this approach, data regarding service quality and patient satisfaction can be obtained simultaneously, allowing for the analysis of the relationships between the variables at the same time (Sugiyono, 2022).

Research Flow

The research flow consisted of a series of systematic stages conducted from the preparation stage to the preparation of the final research report. The preparation stage included submitting the research title, preparing the research proposal, conducting the proposal seminar, and obtaining research permission. The data collection stage involved identifying respondents according to the inclusion and exclusion criteria, providing an explanation of the study and informed consent, and collecting data through questionnaires completed by the respondents. The data processing stage included editing to check data completeness, coding to assign codes to the data, entering the data into statistical software, and cleaning the data to ensure that there were no errors or duplicate data. Subsequently, data analysis was conducted using statistical tests appropriate to the research objectives and the type of data obtained. The final stage involved preparing the research report, including the research findings, discussion, conclusions, and recommendations.

Research Location and Time

This study was conducted at Samaritan General Hospital (RSU Samaritan Palu), located in Palu City, Central Sulawesi Province. The location was selected because Samaritan General Hospital Palu is one of the private hospitals that provides delivery services through Sectio Caesarea and has an adequate number of postoperative patients to support the implementation of the study. The study was conducted starting in March 2026 until all research activities were completed. The research activities included proposal preparation, obtaining research permits, data collection, data processing and analysis, and preparation of the final research report.

Population and Sample

The population is the entire group of subjects or individuals who possess certain characteristics and become the target of a study. The population is used as the basis for obtaining data that are

subsequently used to answer the research objectives. Thus, the population is a group of individuals whose characteristics will be observed and analyzed by the researcher (Duarsa, 2021). The population in this study consisted of all post-Sectio Caesarea patients who received treatment at Samaritan General Hospital Palu. Based on patient visit data in 2024, the average number of post-Sectio Caesarea patients treated at Samaritan General Hospital Palu was 40 patients per month. This population became the target of the study to analyze the level of patient satisfaction with the quality of services received during the treatment period (Duarsa, 2021).

A sample is a portion of the population selected to represent the characteristics of the population in a study. The use of a sample aims to obtain data that can describe the overall condition of the population so that the research findings can be used to draw conclusions relevant to the population being studied (Ahmad et al., 2023). The sample in this study consisted of post-Sectio Caesarea patients who received treatment at Samaritan General Hospital Palu. Sample selection was conducted using purposive sampling, which is a sampling method based on certain criteria and considerations established by the researcher according to the research objectives. This technique was selected to ensure that the respondents involved had characteristics appropriate to the needs of the study so that they could provide relevant information regarding the level of satisfaction among post-Sectio Caesarea patients (Ahmad et al., 2023).

Determining the sample size is one of the important stages in research because it affects the validity and accuracy of the research findings. The sample size used must be able to represent the population so that the data obtained can accurately describe the condition of the population. The calculation of the sample size is adjusted to the research design, population characteristics, and type of data to be collected (Ahmad et al., 2023). In this study, the sample size was determined using the Slovin formula because the population size was known. The Slovin formula was used to determine a representative sample size from a population with a certain margin of error, so that the sample obtained could represent the characteristics of the population being studied. In the formula, n represents the sample size, N represents the population size, and e represents the level of error in the study, which was 0.05 or 5%. The calculation resulted in 36.36, which was rounded to 36. Therefore, it can be concluded that the sample in this study consisted of 36 patients.

The sampling technique used in this study was consecutive sampling. This technique was conducted by sequentially selecting all patients who met the inclusion criteria during the research period until the predetermined sample size was fulfilled. Consecutive sampling was selected because it provides an equal opportunity for every subject who meets the criteria to become a research respondent, so that the sample obtained is expected to represent the characteristics of the population being studied.

The sample selection criteria in this study were determined based on inclusion and exclusion criteria. These criteria were established to ensure that the selected respondents had characteristics required in the study so that the data obtained would be more valid and relevant to the research objectives (Notoatmodjo, 2020). The inclusion criteria included patients who had undergone Sectio Caesarea surgery at Samaritan General Hospital Palu, patients who had received treatment for at least 1×24 hours after surgery, patients who were fully conscious and able to communicate well, patients who were willing to become respondents by signing informed consent, and patients aged ≥ 18 years (Notoatmodjo, 2020). The exclusion criteria included patients who required intensive care and were therefore unable to complete the questionnaire, patients who experienced severe postoperative complications, patients who were unable to read and write, and patients who refused to participate in the study (Notoatmodjo, 2020).

Research Procedure

The research procedure consisted of a series of systematic steps undertaken by the researcher to obtain data consistent with the objectives of the study. Prior to conducting the research, the researcher submitted a request for research permission to the Director of Samaritan General Hospital Palu and obtained ethical approval from the Research Ethics Committee. The researcher then identified prospective respondents who met the inclusion criteria based on medical records and information provided by nurses working in the treatment ward. Prospective respondents were approached and provided with explanations regarding the objectives, benefits, procedures, and their rights during participation in the study. Respondents who agreed to participate were asked to sign an informed consent form and were subsequently provided with a validated SERVQUAL questionnaire to complete independently. When necessary, the researcher provided assistance during questionnaire completion without influencing the respondents' answers. Completed questionnaires were then collected and checked for completeness through the editing process, after which the data were subjected to coding, data entry, and statistical analysis in accordance with the research objectives.

Data Collection

Data collection in this study involved both primary and secondary data obtained from sources relevant to the research objectives. Primary data were obtained directly from the research respondents through a structured questionnaire containing questions regarding patients' assessments of service quality based on the five SERVQUAL dimensions, namely reliability, responsiveness, assurance, Empathy, and Tangibles, as well as the level of satisfaction among post-Sectio Caesarea patients. Secondary data were obtained from previously available sources to support the implementation of the study. In this research, secondary data were obtained from documents and medical records at Samaritan General Hospital Palu, including the number of post-Sectio Caesarea patients, patients' demographic characteristics, and general information regarding the hospital profile.

Data Processing

The collected data were processed through several stages to ensure their quality and accuracy before statistical analysis. The first stage was editing, which involved re-examining all questionnaires completed by the respondents to assess the completeness of responses, clarity of the information provided, consistency between responses, and the possibility of errors or incomplete data. The second stage was coding, in which numerical codes or symbols were assigned to each variable and category of respondents' answers to facilitate data grouping, tabulation, and statistical analysis. The third stage was data entry, which involved entering the coded data into the Statistical Package for the Social Sciences (SPSS). This process was conducted carefully to minimize data entry errors, and all entered data were subsequently verified against the original questionnaire data to ensure accuracy and consistency. The final stage was data cleaning, which involved examining the entered data to detect and correct possible coding errors, entry errors, duplicate data, or data outside the predetermined value range. Frequency distributions for each variable were also examined to ensure that the data were ready for statistical analysis.

Data Testing and Data Analysis

Validity testing was conducted to assess the extent to which the research instrument was capable of measuring what it was intended to measure. An instrument was considered valid when the questionnaire items appropriately represented the variables under investigation. In this study, validity was assessed through content validity by evaluating each question item contained in the questionnaire. Instrument testing was conducted among respondents with characteristics similar to those of the study respondents, involving 36 participants in the validity test (Notoatmodjo, 2010).

Reliability testing was conducted to assess the consistency of the instrument in producing stable data when used repeatedly. A reliable instrument is expected to generate relatively similar measurement results when administered at different times under the same conditions. In this study, reliability testing was conducted using Cronbach's Alpha coefficient with the assistance of SPSS. The instrument was considered reliable when the reliability coefficient was greater than 0.75 (Notoatmodjo, 2012).

Univariate analysis was used to descriptively describe the characteristics of each research variable. This analysis aimed to determine the frequency distribution and percentage of the independent variables, consisting of the five SERVQUAL dimensions, as well as the dependent variable, namely the level of patient satisfaction. The results were presented in frequency distribution tables accompanied by narrative explanations. This analysis provided an initial description of the data characteristics before further analyses were conducted (Sugiyono, 2022).

Bivariate analysis was conducted to determine the relationship between the independent and dependent variables. Both variables in this study were measured using an ordinal scale; therefore, the Spearman Rank test (Spearman Rho) was used. This test was employed to measure the strength and direction of the relationship between two ordinal variables without requiring the data to follow a normal distribution. The results were considered statistically significant when the p-value was <0.05 at a 95% confidence level (Dharma, 2021). Multivariate analysis was conducted to determine the independent variable most dominantly associated with the level of patient satisfaction. The statistical test used was Ordinal Logistic Regression. Variables with a p-value <0.25 in the bivariate analysis were included in the multivariate model. This analysis aimed to determine the most influential factor among the SERVQUAL dimensions in relation to the satisfaction of post-Section Caesarea patients at Samaritan General Hospital Palu.

Data Presentation

The research findings were presented systematically to facilitate understanding of the characteristics of the data and the relationships among the variables investigated. The results were presented using tables accompanied by supporting narratives to provide clearer and more structured information (Sugiyono, 2022). Frequency distribution tables were used to describe respondent characteristics and the distribution of each independent and dependent variable, while bivariate analysis tables were used to demonstrate the relationship between the independent variables, namely the SERVQUAL dimensions, and the dependent variable, namely patient satisfaction. Written narratives and explanations were also provided to strengthen and clarify the findings presented in the tables and to provide a more comprehensive understanding of the research results.

Research Ethics

The application of research ethics is an important aspect of health and nursing research to ensure that the entire research process is conducted according to moral principles and does not cause harm to respondents. Failure to appropriately implement research ethics may have negative consequences for both respondents and the quality of the research findings. In this study, the ethical principles applied were based on the research ethics concepts proposed by Duarsa (2021), including confidentiality, beneficence, justice, non-maleficence, and informed consent.

Confidentiality was maintained by ensuring that all information obtained from respondents was properly protected by the researcher. Respondents' identities were not included in either the questionnaires or the research report to maintain anonymity, and the data obtained were used solely for research purposes and were not disclosed to parties outside academic or scientific purposes. Beneficence was applied by maximizing the potential benefits of the research while

minimizing possible risks to respondents. The risks involved in this study were minimal because data collection was conducted only through questionnaires without medical intervention or procedures that could endanger respondents. Justice was implemented by treating all respondents equally and without discrimination, providing each respondent with an equal opportunity to participate in the study, and ensuring that adequate explanations regarding the research objectives and procedures were provided. The principle of non-maleficence required the researcher to ensure that no physical, psychological, or social harm was caused to respondents during the research process. Informed consent was implemented by providing prospective respondents with complete information regarding the objectives, procedures, benefits, and risks of the study before they agreed to participate. Participation was voluntary and occurred only after respondents had understood the information provided by the researcher.

Result and Discussion

Respondent Characteristics

The characteristics of the respondents in this study comprise several aspects: age, education level, and occupation. These three characteristics serve to outline the general profile of the respondents and provide relevant baseline information for the analysis of the research data.

Respondent Characteristics Based on Age

Table 1. Frequency Distribution of Respondents' Age

Age (Years)	Frequency	Percentage
18 – 25	10	27,8%
26 – 35	18	50,0%
36 – 45	8	22,2%
Total	36	100%

Source: Researcher's Processed Data, 2026

Based on the table, the characteristics of respondents according to age show that 10 respondents (27.8%) were aged 18–25 years, 18 respondents (50%) were aged 26–35 years, and 8 respondents (22.2%) were aged 36–45 years. Thus, the largest age group among the respondents in this study was 26–35 years, accounting for 50% or 18 respondents

Respondent Characteristics Based on Education

Table 2. Frequency Distribution of Respondents Based on Education Level

Education	Frequency	Percentage (%)
SD	2	5,6
SMP	4	11,1
SMA	16	44,4
S1/D3	12	33,3
S2	2	5,6
Total	36	100%

Source: Researcher's Processed Data, 2026

Based on the research results, the frequency distribution of respondents according to education level shows that 2 respondents (5.6%) had elementary school education, 4 respondents (11.1%) had junior high school education, 16 respondents (44.4%) had senior high school education, 12 respondents (33.3%) had Diploma III/Bachelor's education, and 2 respondents (5.6%) had Master's degree education. Thus, the most dominant education level among the respondents was senior high school, comprising 16 respondents or 44.4%.

Respondent Characteristics Based on Occupation

Table 3. Frequency Distribution of Respondent Characteristics Based on Occupation

Occupation	Frequency	Percentage
PNS	4	11,1%
Wiraswasta	6	16,7%
Karyawan Swasta	8	22,2%
Ibu Rumah Tangga	18	50%
Total	36	100%

Source: Researcher's Processed Data, 2026

Based on the table, the frequency distribution of respondent characteristics according to occupation shows that 4 respondents (11.1%) worked as Civil Servants, 6 respondents (16.7%) were entrepreneurs, 8 respondents (22.2%) were private employees, and 18 respondents (50%) were housewives. Thus, the most dominant occupational group among post-Sectio Caesarea patients was housewives, comprising 18 respondents or 50%.

Respondent Characteristics Based on Length of Hospital Stay

Table 4. Frequency Distribution of Respondent Characteristics Based on Length of Hospital Stay

Length of Hospital Stay	Number	Percentage
1 – 2 Hari	12	33,3%
3 – 4 Hari	20	55,6%
> 4 Hari	4	11,1%
Total	36	100%

Source: Researcher's Processed Data, 2026

Based on the frequency distribution table of respondent characteristics according to length of hospital stay, it was found that 12 post-Sectio Caesarea patients (33.3%) were hospitalized for 1–2 days, 20 patients (55.6%) for 3–4 days, and 4 patients (11.1%) for more than 4 days. Thus, the majority of respondents underwent treatment for 3–4 days, comprising 20 respondents or 55.6%.

This study was conducted at Samaritan General Hospital Palu involving 36 respondents who were post-Sectio Caesarea patients. The respondent characteristics analyzed included age, education level, occupation, and length of hospital stay. These characteristics constitute an important part of the study because they may influence how patients assess and respond to the quality of services received during the postoperative treatment process.

Based on the analysis of age characteristics, the largest group of respondents was in the age range of 26–35 years, comprising 18 respondents (50%). This finding indicates that most patients were in the productive age group and still within the active reproductive period. This condition illustrates that deliveries using the Sectio Caesarea method commonly occur at the optimal reproductive age, approximately 20–35 years (Fatimah, 2024).

Furthermore, based on education level characteristics, most respondents had a senior high school education, comprising 16 respondents (44.4%), followed by Diploma/Bachelor's degree education, comprising 12 respondents (33.3%). The level of education is associated with patients' ability to receive and understand information provided by healthcare personnel regarding medical procedures, treatment, medications, and other supporting aspects. Patients with higher levels of education tend to more easily understand explanations provided by healthcare personnel and have more critical assessments of the quality of services they receive (Wijono, 2022).

The analysis of the satisfaction level of post-Section Caesarea patients at Samaritan General Hospital Palu was conducted based on the five dimensions of service quality in the SERVQUAL model. Each dimension was used to assess patients' perceptions of the quality of services received during the treatment period. The results of this analysis are subsequently described for each dimension as follows:

Satisfaction Level of Post-Section Caesarea Patients at Samaritan General Hospital Palu Based on the Responsiveness Dimension

The reliability dimension is an aspect that assesses the hospital's ability to provide services accurately, on time, and in accordance with established procedural standards. This dimension also includes the accuracy of medical interventions, the timeliness of medication administration, and the clarity of information provided to patients.

The analysis results showed that, from the four statement indicators in the reliability dimension, a mean score of 4.09 was obtained, which was included in the satisfied category. The indicator with the highest score was the timeliness of medication administration, with a mean score of 4.31, indicating that pharmacy and nursing services had performed well in terms of timeliness. Meanwhile, the indicator of services being provided according to procedures obtained a mean score of 3.89, indicating that some respondents still perceived variations in the implementation of service procedures.

The reliability dimension demonstrated good service performance; however, improvements are still needed in terms of consistency in implementing standard operating procedures so that service quality becomes more evenly distributed. The Spearman Rho test showed a correlation coefficient of $r = 0.064$ with a $p\text{-value} = 0.035$ ($p < 0.05$), which means that there was a statistically significant relationship between the reliability dimension and patient satisfaction, although the strength of the relationship was weak. This indicates that service reliability contributes to patient satisfaction but has not yet become a dominant factor in determining the satisfaction level of post-Section Caesarea patients at Samaritan General Hospital Palu.

Satisfaction Level of Post-Section Caesarea Patients at Samaritan General Hospital Palu Based on the Assurance Dimension

The assurance dimension in this study describes aspects of service related to the ability of healthcare personnel to foster patients' trust, including professional competence, courteous attitudes, a sense of security during treatment, and the ability of staff to explain patients' health conditions clearly and convincingly.

The analysis results showed that the assurance dimension obtained the highest mean score compared with the other SERVQUAL dimensions, namely 4.13, and was in the satisfied category. For the staff competence indicator, the mean score obtained was 4.14, with the majority of respondents providing positive assessments, namely 58.3% agreeing and 27.8% strongly agreeing, indicating that patients had a good level of confidence in the abilities of healthcare personnel at Samaritan General Hospital Palu. Meanwhile, the indicator of staff politeness and friendliness obtained a mean score of 4.11, with 63.9% of respondents stating that they agreed.

Based on the Spearman Rho test results, a correlation coefficient of $r = 0.351$ with a $p\text{-value} = 0.026$ ($p < 0.05$) was obtained, indicating a statistically significant relationship between the assurance dimension and patient satisfaction level. The strength of this relationship was in the weak category and tended to approach moderate. In addition, among respondents who provided a very good assessment, 31.2% also stated that they were very satisfied. Overall, these results indicate that the assurance dimension plays a role in shaping patient satisfaction, particularly through increasing patients' sense of security, comfort, and trust during post-Section Caesarea treatment at Samaritan General Hospital Palu.

Satisfaction Level of Post-Sectio Caesarea Patients at Samaritan General Hospital Palu Based on the Empathy Dimension

The empathy dimension in this study describes the extent to which healthcare personnel are able to provide individualized attention to patients, including personal care, emotional support, understanding of the specific needs of post-Sectio Caesarea patients, and respect for patient privacy during the treatment process.

The analysis results showed that the empathy dimension obtained a mean score of 4.06 and was included in the satisfied category. The indicator of understanding the specific needs of post-Sectio Caesarea patients obtained the highest score of 4.14, indicating that healthcare personnel had been sufficiently able to recognize and respond to patients' needs individually. Meanwhile, the emotional support indicator obtained the lowest score of 3.94, indicating that the aspect of psychological support still relatively needs to be improved, particularly in providing emotional attention to patients during the recovery period. This condition is important considering that post-Sectio Caesarea patients are generally still in a physically vulnerable condition and may also experience psychological pressure; therefore, emotional support from healthcare personnel plays a significant role in the recovery process.

Based on the Spearman Rho test results, a correlation coefficient of $r = 0.218$ with a p-value $= 0.017$ ($p < 0.05$) was obtained, indicating a statistically significant relationship between the empathy dimension and patient satisfaction level, although the strength of the relationship was weak. Among respondents who rated empathy as very good, 22.2% stated that they were very satisfied. In general, although the correlation was not strong, personal attention, emotional support, and respect for privacy remain important elements that contribute to patient satisfaction, particularly among post-Sectio Caesarea patients who require holistic attention during the treatment period.

Satisfaction Level of Post-Sectio Caesarea Patients at Samaritan General Hospital Palu Based on the Tangibles Dimension

The tangibles dimension in this study refers to the physical evidence of services that can be directly observed by patients, including the condition of treatment rooms, the availability and completeness of medical equipment, the appearance of healthcare personnel, and inpatient room facilities used during the treatment process.

The analysis results showed that the tangibles dimension obtained a mean score of 4.10 and was in the satisfied category. The staff appearance indicator obtained the highest score of 4.22, with 55.6% of respondents agreeing and 33.2% strongly agreeing, indicating that the appearance of healthcare personnel was considered to be in accordance with the standard operating procedures implemented at Samaritan General Hospital Palu. Meanwhile, the completeness of medical equipment indicator obtained a score of 4.17, while the cleanliness of treatment rooms and completeness of room facilities each obtained a mean score of 4.00. In general, all aspects of physical evidence received positive assessments from respondents, indicating that hospital facilities were able to meet patients' expectations.

Based on the Spearman Rho test results, a correlation coefficient of $r = 0.556$ with a p-value $= 0.046$ ($p < 0.05$) was obtained, indicating a statistically significant relationship between the tangibles dimension and the level of satisfaction among post-Sectio Caesarea patients at Samaritan General Hospital Palu. The strength of the correlation in this dimension was in the moderate category and was the highest compared with the other SERVQUAL dimensions. This indicates that physical aspects of service, such as cleanliness of treatment rooms and completeness of facilities, have a relatively strong contribution to shaping patient satisfaction levels.

Significant Relationship Between Service Quality Based on SERVQUAL Dimensions and the Satisfaction Level of Post-Section Caesarea Patients at Samaritan General Hospital Palu

In general, the research results indicate that service quality at Samaritan General Hospital Palu was relatively stable and showed a uniform assessment pattern across all SERVQUAL dimensions measured. The assurance dimension was recorded as the dimension with the highest score, namely 4.13, while the responsiveness dimension obtained the lowest score of 3.94. This difference indicates that the responsiveness and speed of service remain areas that require greater attention from hospital management, particularly in efforts to improve service responses to patients' needs more quickly and appropriately.

Based on the overall measurement of satisfaction, of the 36 respondents, 30 respondents (83.3%) were in the satisfied category, while 6 respondents (16.7%) were in the very satisfied category. No respondents were found in the quite satisfied, dissatisfied, or very dissatisfied categories. In aggregate, the total mean score obtained was 81.28 out of a maximum score of 100, with a mean score per item of 4.08, which was included in the satisfied category.

These findings indicate that, overall, services at Samaritan General Hospital Palu have been implemented well and have been able to meet the expectations of the majority of post-Section Caesarea patients, although certain aspects, particularly the responsiveness dimension, can continue to be improved to achieve more optimal service quality.

Research Limitations

The results of this study cannot provide a general description of patient satisfaction with services at Samaritan General Hospital Palu because this study focused only on services provided to post-Section Caesarea patients.

Conclusion

The results of the study indicate that all SERVQUAL dimensions have a statistically significant relationship with the level of satisfaction among post-Section Caesarea patients at Samaritan General Hospital Palu. However, the strength of the relationships among the dimensions varies. The tangibles dimension was recorded as having the highest correlation coefficient, with an r value of 0.556, which falls into the moderate category, while the other dimensions showed weaker correlations although they remained statistically significant. In general, the level of patient satisfaction was in the satisfied category with an average score of 4.08, and no respondents were found to be dissatisfied. This condition indicates that the services provided by the hospital have been able to meet the expectations of the majority of postoperative patients. Nevertheless, these results also indicate that there is room for improvement in several aspects, particularly in the empathy dimension related to individual attention and emotional support for patients. Strengthening these aspects is important to improve the overall quality of the patient experience and to encourage an increase in the proportion of patients who reach the very satisfied category in the future.

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