

Patient Satisfaction Based on the Quality of Health Services Through Midwife Performance at the Batalaiworu Public Health Center: Case Study in Maternal and Child Health Clinic for Pregnant Women

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ABSTRACT

Background: The low quality of services in primary health facilities has a direct impact on high maternal and infant mortality rates, as many cases of pregnancy risks are not identified or treated in a timely manner. Therefore, improving the quality of services in the MCH Polyclinic, including improving infrastructure, the competence of health workers, and implementing a patient-centred care approach, is crucial to reducing maternal and infant mortality. The purpose of this study was to determine the relationship between the quality of health services through midwife performance and patient satisfaction at the Batalaiworu Community Health Centre. **Results:** The type of research used is quantitative with a cross-sectional study design. The sample of the study was 51 pregnant women in Sidodadi Village (Batalaiworu Community Health Centre's working area). The sampling technique used saturated sampling. The dependent variable was the satisfaction of pregnant women, and the independent variables were the quality of health services and performance. The data used were primary and secondary data. The research data were analysed using the chi-square test. **Conclusion:** The results of the chi square test obtained a p value of 0.000 ($\sigma < 0.05$), meaning that there is a relationship between the quality of health services and the satisfaction of pregnant women. Researchers recommend organizational commitment and compliance with the code of ethics because these two variables can influence the performance of health workers in improving the quality of health services which directly affects the satisfaction of pregnant women.



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INTRODUCTION

Maternal health is a fundamental component of public health development, as pregnancy and childbirth directly affect maternal survival, neonatal outcomes, and the quality of future generations. Antenatal care (ANC) plays a critical role in maternal health services by providing early detection of pregnancy-related complications, health education, and continuous monitoring of maternal and fetal conditions. In recent years, the delivery of ANC has increasingly emphasized a patient-centered care approach, which prioritizes responsiveness, effective communication, and respect for patients' needs and expectations (Ayele et al., 2019; WHO, 2024).

Despite global efforts to improve maternal health outcomes, preventable maternal and neonatal morbidity and mortality remain significant challenges, particularly in developing regions. In Indonesia, maternal health indicators continue to reflect persistent gaps at the primary healthcare level. National data indicate that pregnancy rates remain relatively high, especially among women aged 19–24 years, highlighting sustained demand for accessible and high-quality maternal health services delivered through community health centers (BPS, 2024; Kemenkes, 2024).

At the regional level, Southeast Sulawesi faces specific maternal health challenges related to geographical conditions, infrastructure limitations, and unequal access to healthcare services. Provincial health data show a substantial proportion of pregnancies occurring among young women, including those aged 16–18 years, indicating increased vulnerability to adverse maternal outcomes if healthcare services are not delivered effectively (Dinas Kesehatan Province Sulawesi Tenggara, 2024). In such settings, the effectiveness of maternal healthcare is determined not only by service availability but also by the quality of care experienced by pregnant women at primary healthcare facilities.

Previous studies have demonstrated that inadequate healthcare service quality characterized by delayed detection of complications, insufficient human resources, limited infrastructure, and weak provider–patient communication significantly increases the risk of maternal and neonatal complications (Junaedy, 2023; UNFPA, 2019). The World Health Organization further emphasizes that poor-quality services at primary healthcare facilities directly undermine maternal health outcomes, as pregnancy-related risks are often not identified or managed in a timely manner (WHO, 2024).

In the Indonesian context, maternal and child health clinics continue to face service quality challenges, including long waiting times, inadequate facilities, and insufficient information provided by healthcare workers (Pratiwi, 2022). Importantly, the quality of maternal health services is closely linked to the performance of midwives as frontline providers of ANC. Midwife performance encompasses not only technical and clinical competence but also non-clinical aspects such as communication skills, empathy, responsiveness, and adherence to service standards. These factors play a crucial role in shaping pregnant women’s satisfaction and their willingness to continue utilizing healthcare services, including facility-based delivery (Dagnaw et al., 2022; WHO, 2023).

Patient satisfaction is widely recognized as a key indicator of healthcare system performance, particularly in maternal health services, as satisfied pregnant women are more likely to comply with ANC schedules, follow medical advice, and maintain continuity of care. However, existing studies in Indonesia predominantly examine general service quality dimensions without sufficiently exploring how midwife performance mediates the relationship between healthcare service quality and patient satisfaction, especially in rural and semi-urban primary healthcare settings.

The Batalaiworu Community Health Center serves a geographically dispersed population in Southeast Sulawesi, where access barriers such as long distances and poor road conditions coexist with varying patient experiences of maternal health services. Preliminary observations among pregnant women in the Batalaiworu working area reveal contrasting perceptions, ranging from positive interpersonal interactions with midwives to challenges related to accessibility and service continuity. These conditions make Batalaiworu an analytically relevant setting for examining how healthcare service quality and midwife performance influence patient satisfaction within a real-world primary healthcare context.

Therefore, this study aims to analyze the relationship between healthcare service quality and pregnant women’s satisfaction through midwife performance at the Maternal and Child Health Clinic of the Batalaiworu Community Health Center in Southeast Sulawesi, Indonesia.

METHODS

This study employed a quantitative approach using a cross-sectional design, which is an observational method that measures independent and dependent variables simultaneously within

a defined period to examine associations between variables without establishing causal relationships (Notoatmodjo, 2023). The study was conducted in the working area of the Batalaiworu Community Health Center, specifically in Sidodadi Village, Southeast Sulawesi, Indonesia. This location was selected because it represents a primary healthcare service area with varying levels of antenatal care (ANC) compliance, geographic accessibility challenges, and a sufficient number of pregnant women receiving maternal health services, making it analytically relevant for examining service quality and patient satisfaction in a real-world primary healthcare context.

The study population consisted of all pregnant women registered in the working area of the Batalaiworu Community Health Center during the study period, totaling 51 individuals. Given the relatively small population size (<100), a saturated sampling technique was applied, whereby the entire population was included as the study sample to minimize sampling error and enhance internal representativeness within the study setting (Sugiyono, 2020). Inclusion criteria were pregnant women aged 18–45 years, with gestational age between 14–40 weeks (second and third trimesters), who had attended ANC services at the Maternal and Child Health (MCH) Clinic and were present during the data collection period. Exclusion criteria included pregnant women who had never attended ANC services at the health center and those unwilling to provide informed consent.

The dependent variable in this study was pregnant women's satisfaction, defined as the perceived fulfillment of expectations regarding maternal health services received at the MCH Clinic. The independent variable was healthcare service quality, operationalized based on Donabedian's framework through two main dimensions: structure and process. The structure dimension included the availability and condition of facilities, adequacy of equipment, cleanliness of the service environment, and availability of health personnel, while the process dimension encompassed service procedures, waiting time, communication quality, responsiveness, empathy, and adherence to service standards by midwives during ANC delivery. Midwife performance was embedded within the process dimension, reflecting both technical competence and interpersonal behaviors demonstrated during service provision.

Data were collected using a structured questionnaire adapted from previous maternal health service quality and patient satisfaction instruments. The questionnaire consisted of closed-ended items measured using categorical response options. Prior to data collection, the instrument underwent validity and reliability testing, with all items demonstrating acceptable validity (item correlation coefficients $\rho > 0.05$) and good internal consistency, as indicated by Cronbach's alpha values exceeding 0.70 for both healthcare service quality and patient satisfaction domains. Primary data were collected through guided interviews conducted by the principal investigator, while secondary data were obtained from health center records and administrative documents (Notoatmodjo, 2023). To reduce potential social desirability bias, respondents were informed that participation was voluntary, responses were confidential, and their answers would not affect the services they received.

Ethical approval for this study was obtained from the Research and Community Service Institute of Karya Persada University, Muna, and formal research permission was granted by the Batalaiworu Community Health Center prior to data collection. All participants provided informed consent before participating in the study. The research adhered to ethical principles of respect for autonomy, beneficence, justice, confidentiality, and data protection in accordance with national research ethics guidelines (Komite Nasional Etik Penelitian Kesehatan, 2020).

Data analysis was conducted using univariate and bivariate statistical techniques. Univariate analysis described respondent characteristics and study variables, while bivariate analysis employed the chi-square test to examine the association between healthcare service quality and pregnant women's satisfaction. A significance level of $\rho < 0.05$ was used to determine statistical significance (Notoatmodjo, 2023). Due to the limited sample size, multivariable analysis was not performed. Potential confounding factors such as parity, distance to the health facility, socioeconomic status, and transportation barriers were not statistically controlled and are acknowledged as limitations of the study. Additionally, the cross-sectional design limits causal

inference, and the use of self-reported data may introduce recall and social desirability bias; therefore, the findings should be interpreted with caution.

RESULTS

Univariate Analysis

Univariate analysis was conducted to describe respondents' sociodemographic characteristics and the distribution of the main study variables. As presented in Table 1, most respondents were aged 31–35 years (39.2%), had attained a bachelor's degree (51.0%), and were housewives (36.4%). More than half of the respondents had experienced their first or second pregnancy (56.9%), indicating that the majority had prior exposure to antenatal care (ANC) services.

Regarding the main study variables, 68.6% of pregnant women reported being satisfied with the maternal health services received at the Maternal and Child Health (MCH) Clinic, while 72.5% perceived the quality of healthcare services as good. Although these findings indicate generally favorable service perceptions, a notable proportion of respondents reported dissatisfaction (31.4%) and perceived poor service quality (27.5%), suggesting variability in service experiences within the same healthcare facility.

Table 1. Frequency Distribution of Respondents Based on Characteristics and Research Variables (n=51)

Variables	Category	n	%
Age of Pregnant Women (years)	25–30	18	35.3
	31–35	20	39.2
	36–40	13	25.5
Education Level	High School	15	29.4
	Diploma (D3)	10	19.6
	Bachelor's Degree	26	51.0
Occupation	Civil Servant	17	30.9
	Trader	14	25.5
	Housewife	20	36.4
Pregnancy History	1st–2nd pregnancy	29	56.9
	>2nd pregnancy	22	43.1
Patient Satisfaction	Satisfied	35	68.6
	Not satisfied	16	31.4
Healthcare Service Quality	Good	37	72.5
	Poor	14	27.5

Bivariate Analysis

Bivariate analysis was performed to examine the association between healthcare service quality and pregnant women's satisfaction. The results of the chi-square analysis are shown in Table 2. Among respondents who perceived healthcare service quality as good, the majority reported being satisfied (58.8%), although a smaller proportion remained dissatisfied (13.7%). In contrast, among respondents who perceived service quality as poor, dissatisfaction was more prevalent (17.6%) than satisfaction (9.8%).

The chi-square test indicated a statistically significant association between healthcare service quality and patient satisfaction ($p < 0.001$), demonstrating that differences in perceived service quality were meaningfully related to satisfaction levels. To complement the p-value and assess the magnitude of the association, Cramer's V was calculated, yielding a value of 0.44, which indicates a moderate strength of association.

Importantly, the presence of dissatisfied respondents despite reporting good service quality suggests that patient satisfaction is influenced not only by structural and procedural aspects of

care but also by other unmeasured factors, such as individual expectations, administrative efficiency, or access-related barriers (e.g., distance and transportation). Conversely, a small number of respondents reported satisfaction despite perceiving poor service quality, which may reflect adaptive expectations or limited alternative healthcare options in the study area.

Overall, these findings indicate that healthcare service quality is a significant determinant of pregnant women’s satisfaction; however, the relationship is not absolute, highlighting the potential role of contextual and individual-level factors that warrant further investigation.

Table 2. Association Between Healthcare Service Quality and Pregnant Women’s Satisfaction at Batalaiworu Community Health Center (n = 51)

Healthcare Service Quality Patient Satisfaction			
	Satisfied	%	Not Satisfied
Good (n = 37)	30	58.8	7
Poor (n = 14)	5	9.8	9
Total	35	68.6	16

Statistical Indicator	Value
p-value (ρ)	< 0.001
Cramer’s V	0.44

Source: Primary data, 2025

Note: Cramer’s V indicates a moderate association between healthcare service quality and patient satisfaction.

DISCUSSION

This study found that most pregnant women were satisfied with maternal health services at the Batalaiworu Community Health Center, with a satisfaction rate of 68.6%. This level of satisfaction is broadly comparable to findings reported in other primary healthcare settings in Indonesia and similar contexts, where satisfaction rates for antenatal care services range from moderate to relatively high (Zulfahmidah & Resky, 2021; Sumanti et al., 2024). The predominance of satisfaction suggests that, overall, the services provided at the Maternal and Child Health (MCH) Clinic meet many of the expectations of pregnant women, particularly in terms of facility conditions, service procedures, and basic communication.

However, a substantial proportion of respondents (31.4%) reported dissatisfaction, and 27.5% perceived the quality of healthcare services as poor. These findings indicate heterogeneity in service experiences and suggest that favorable structural conditions alone do not guarantee patient satisfaction. Although many respondents perceived the physical environment and service procedures positively, dissatisfaction persisted among some women, which may reflect unmet expectations related to administrative efficiency, responsiveness, or interpersonal communication. This interpretation aligns with evidence that patient satisfaction is shaped not only by tangible service attributes but also by subjective perceptions of attention, empathy, and respect during care interactions (Pohan, 2020; Nadya, 2022).

The significant association observed between healthcare service quality and pregnant women’s satisfaction supports the notion that better perceived service quality is related to higher satisfaction levels. Nevertheless, this relationship should be interpreted cautiously, as the cross-sectional design does not allow causal inference. The moderate strength of association suggests that service quality is an important, but not exclusive, determinant of satisfaction. Other contextual factors such as distance to the health facility, transportation barriers, parity, and prior service experiences may influence satisfaction but were not statistically controlled in this study. Similar studies have emphasized that patient expectations and access-related constraints can shape satisfaction independently of measured service quality indicators (Sumanti et al., 2024; Thanh et al., 2022).

An important finding of this study is the presence of dissatisfied respondents despite reporting good service quality. This apparent contradiction highlights a potential gap between standardized service delivery and individual patient expectations. In the context of maternal

healthcare, midwife performance extends beyond technical competence to include communication style, emotional support, and responsiveness to patient concerns. Previous studies indicate that friendly, empathetic, and attentive behavior from health workers plays a central role in shaping patient satisfaction, even when infrastructure and clinical procedures are adequate (Arifuddin et al., 2023; Akin, 2025). Therefore, dissatisfaction in this study may reflect perceived shortcomings in interpersonal aspects of care rather than structural deficiencies.

These findings are consistent with Donabedian's framework, which conceptualizes patient satisfaction as an outcome of both structural and process dimensions of healthcare services (Hussen & Worku, 2022). While the structural aspects at the Batalaiworu Community Health Center were generally perceived as adequate, variations in the process dimension particularly communication, responsiveness, and patient engagement may explain differences in satisfaction levels. This underscores the importance of strengthening midwife performance in delivering patient-centered care, especially in primary healthcare settings serving geographically dispersed populations.

From a practical perspective, the results suggest that efforts to improve maternal health services should not focus solely on physical infrastructure or procedural compliance. Enhancing midwives' interpersonal communication skills, empathy, and responsiveness through continuous training and supportive supervision may help address dissatisfaction among pregnant women. At the policy level, integrating patient feedback mechanisms into routine service evaluation could support more responsive and adaptive maternal healthcare delivery.

Several limitations should be acknowledged when interpreting these findings. The use of saturated sampling within a single health center limits the generalizability of the results to other settings. Self-reported data may be subject to recall and social desirability bias, particularly given that data collection occurred within the healthcare facility. Additionally, the absence of multivariable analysis limits the ability to account for potential confounding factors. Despite these limitations, this study provides context-specific evidence on the relationship between healthcare service quality, midwife performance, and patient satisfaction in a primary healthcare setting in Southeast Sulawesi.

Overall, the findings highlight that while healthcare service quality is significantly associated with pregnant women's satisfaction, satisfaction is shaped by a complex interaction of structural, procedural, and interpersonal factors. Addressing these dimensions holistically may enhance the effectiveness and acceptability of maternal health services and support sustained utilization of antenatal care.

CONCLUSION

This study demonstrates a significant association between healthcare service quality and pregnant women's satisfaction at the Maternal and Child Health Clinic of the Batalaiworu Community Health Center. Pregnant women who perceived healthcare services as having better structural conditions and service processes tended to report higher levels of satisfaction. However, the presence of dissatisfaction among some respondents despite reporting good service quality indicates that patient satisfaction is not determined solely by physical facilities or procedural compliance, but is also influenced by interpersonal and contextual factors.

The findings suggest that variations in midwife performance particularly in communication, responsiveness, and empathetic engagement may play an important role in shaping pregnant women's service experiences. As such, improving maternal health service quality requires not only maintaining adequate infrastructure and standardized procedures but also strengthening patient-centered care practices at the frontline level.

From a practical perspective, Public Health Center leadership is encouraged to implement continuous capacity-building programs for midwives that emphasize interpersonal communication skills, empathy, and patient engagement during antenatal care visits. Routine supervision and the integration of patient feedback mechanisms may further support quality improvement efforts and help identify service gaps that are not captured by structural indicators

alone. At the policy level, maternal health programs should incorporate service quality monitoring frameworks that balance technical performance with patient experience indicators.

For future research, longitudinal or mixed-methods studies are recommended to explore causal pathways between service quality, midwife performance, and patient satisfaction, as well as to examine the influence of contextual factors such as access barriers, parity, and socioeconomic conditions. Expanding the study to multiple primary healthcare facilities would also enhance the generalizability of findings and provide a broader evidence base for maternal health service improvement.

Author's Contribution Statement: **Rasniah Sarumi:** Conceptualization, Methodology, and Data Collection, **Albert:** Data curation and Writing Original draft preparation, **Elna Sari:** Data analysis, translating and proofreading article. **Hartati:** Supervision and Finalization the article, **Astie Trisnawati:** Validation and writing-reviewing and editing.

Conflict Of Interest: In conducting this research, the researcher had no conflicts of interest. The entire research process, from planning and data collection to analysis and report preparation, was conducted independently without intimidation or intervention from any party that could influence the objectivity of the research results. The researcher also has no financial, professional, or personal relationship with any institution that could bias the results of this research and adheres to applicable research ethics principles.

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