

The Relationship Between the Quality of HIV Care and Patient Satisfaction at the Pasar Minggu Community Health Center in 2025

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Keywords:	Abstract
Quality of service; Patient satisfaction; HIV.	Service quality is a crucial indicator in determining patient satisfaction, particularly in sensitive HIV services that require long-term therapy continuity. HIV patient satisfaction not only reflects perceptions of service quality but is also closely related to treatment success, patient retention, and reduced disease burden. This study aims to determine the quality of HIV services, the level of patient satisfaction, the relationship between demographic characteristics and patient satisfaction, and to analyze the relationship between the quality of HIV services and patient satisfaction at the Pasar Minggu Community Health Center. This study used a quantitative design with a cross-sectional approach. A sample of 79 respondents was selected using a purposive sampling technique. Data were collected through a SERVQUAL and Grönroos-based questionnaire that had been tested for validity and reliability. Data analysis was performed using the chi-square test and multiple logistic regression. Results showed that 87.3% of respondents rated service quality as good, and 77.2% expressed satisfaction. No significant relationship was found between demographic characteristics and patient satisfaction ($p > 0.05$). However, a significant relationship was identified between service quality and patient satisfaction ($p = 0.038$; $OR = 4.308$). Service quality has a significant influence on HIV patient satisfaction. Therefore, improving the quality of service can be improved by focusing on improvements in the competence of medical personnel, timeliness of service, and ease of patient access; while maintaining strength in the responsiveness of nurses and professionalism of doctors, this is very important in increasing satisfaction and success of HIV patient treatment at the primary care level.

INTRODUCTION

Patient satisfaction is an important indicator of healthcare service quality because it reflects patients' perceptions of the services they receive. Satisfaction is influenced by various factors, including healthcare provider availability, service responsiveness, medication access, facility quality, communication, and patient-centered care. Low satisfaction may reduce trust, treatment adherence, and patients' willingness to continue using healthcare services. Patient satisfaction is generally defined as the comparison between patients' expectations before receiving care and their actual experiences after receiving services (Malinda & Azhar, 2020). In addition to technical aspects, satisfaction also involves psychological and social dimensions related to patients' feelings of being respected and valued during treatment (Afrioza & Baidillah, 2021).

In HIV services, patient satisfaction plays a critical role because it is closely associated with adherence to antiretroviral therapy (ART) and long-term treatment outcomes. Previous studies have demonstrated that higher satisfaction with healthcare services contributes to better patient retention and treatment adherence. Therefore, improving service quality is essential to support effective HIV management and improve patients' quality of life. However, challenges such as long waiting times, inadequate communication, limited healthcare resources, and stigma remain significant barriers affecting patient experiences and treatment continuity (Armini et al., 2024; Cernasev et al., 2021; Fujioka et al., 2025; Quinlivan et al., 2023; Schwarz et al., 2022).

Healthcare service quality is closely related to patient satisfaction because it reflects the ability of healthcare facilities to meet patient expectations through reliable, responsive, and empathetic services. Service quality assessment is commonly conducted through patient satisfaction evaluations, which serve as indicators of healthcare effectiveness and efficiency. In primary healthcare facilities, including community health centers (Puskesmas), maintaining service quality is particularly important because these facilities serve as the first point of access for many patients (Afiyah & Ayuningtyas, 2023; Puspitasari & Rachmat, 2025; Sukmaningsih et al., 2026).

Pasar Minggu Community Health Center, South Jakarta, provides HIV services but still faces several challenges affecting patient satisfaction. Initial observations identified issues related to waiting times, limited HIV-specific healthcare personnel, inadequate consultation facilities, privacy concerns, and confidentiality issues regarding patient information. These conditions may influence patient comfort, trust, and adherence to long-term HIV treatment.

Several studies have examined the relationship between service quality dimensions and patient satisfaction in various healthcare contexts. For instance, Ahmad & Napitupulu (2021) and Matondang et al. (2019) found that reliability, responsiveness, and empathy significantly influenced patient satisfaction in outpatient settings. In HIV-specific services, research from Ethiopia (Aferu et al., 2021; Nigussie et al., 2020), Rwanda (Abdou et al., 2021), and Nigeria (Israel et al., 2023; Osinaike et al., 2024) has shown that perceived quality of care, including provider communication, privacy, and waiting times, strongly predicts patient satisfaction. A systematic review by Endalamaw et al. (2023) also confirmed that client satisfaction in HIV/AIDS services is determined by multiple dimensions, including interpersonal relationships, technical competence, and facility accessibility.

Previous studies have shown that healthcare service quality dimensions, including reliability, responsiveness, and empathy, significantly influence patient satisfaction. However, most existing studies focus on general healthcare services or hospital-based HIV care, while research examining the relationship between HIV service quality and patient satisfaction in primary healthcare settings remains limited. This gap highlights the need for further investigation within community health centers. Therefore, this study aims to examine the relationship between HIV service quality and patient satisfaction at Puskesmas Pasar Minggu in 2025. The findings are expected to provide evidence for

improving HIV healthcare services, strengthening patient-centered care, and supporting better treatment outcomes through enhanced service quality.

METHOD

Types and Design of Research

This research was a quantitative study using a cross-sectional approach. This approach examines the dynamics of the correlation between risk factors and effects through simultaneous observation and data collection at a specific point in time (Notoadmodjo, 2012). There will be no interventions in this study, and data collection will only be conducted once. Data collection will be conducted simultaneously, followed by a correlation analysis of the two variables.

This study used a cross-sectional research design because it was conducted within the same time period to determine whether there was a significant relationship between the quality of HIV services and patient satisfaction at the Pasar Minggu Community Health Center.

Place and Time of Research

This research was conducted at the Pasar Minggu Community Health Center (Puskesmas) in Pasar Minggu District, South Jakarta. This location was chosen because it is a primary healthcare facility providing treatment and counseling for HIV patients and has a high number of HIV patient visits, making it a suitable location for this research.

The research implementation period was from June to July 2025, which included the preparation stage, instrument preparation, data collection, data analysis, and preparation of the research results report.

Population and Sample

A population is a group of subjects who are the object or target of research, possessing certain characteristics, and are determined by the researcher to draw conclusions (Notoatmodjo, 2017). The population in this study was all HIV patients who received treatment and counseling services at the Pasar Minggu Community Health Center. The population in this study was all 226 HIV patients. This population was chosen because it is a group that directly experiences the quality of HIV services at the community health center and can provide an assessment of their satisfaction as service users.

According to Sugiyono, a sample is a portion of the number and characteristics of a population (Sugiyono, 2017). A sample is a portion of the subjects in the population being studied, which is certainly capable of representing the population (Nurdin, 2019). The sample in this study was determined using a purposive sampling technique, namely a method of taking samples intentionally by considering certain characteristics or criteria that are considered relevant and able to provide information in accordance with the research objectives. This technique was used to ensure that only respondents who truly meet the requirements and have sufficient experience in receiving HIV services at the Pasar Minggu Community Health Center will be used as data sources. The respondent criteria are as follows:

1. Inclusion Criteria

Inclusion criteria are criteria where research subjects in a research sample meet the requirements as a sample.

- a. Patients who have received HIV services at least twice, so that respondents have sufficient direct experience in assessing the quality of services.
- b. Aged 18 years or older, as the adult age limit to ensure the respondent's ability to understand and decide on the contents of the questionnaire and provide answers independently.
- c. Willing to participate in research, as evidenced by signing the informed consent form.
- d. Able to communicate effectively and make assessments without any disability interference (deaf, mute, blind, mentally retarded)

2. Exclusion Criteria

- a. Exclusion criteria are criteria where the research subjects do not represent the sample because they do not meet the research requirements.
- b. HIV patients who come to the Community Health Center for the first time, because they do not have enough experience in receiving services.
- c. Patients with cognitive or mental disorders that hinder the ability to understand and complete questionnaires independently.
- d. Patients in critical health conditions, who are physically or emotionally unable to participate in the data collection process.

The sample size in this study was determined based on the Lemeshow formula. Because the population size is known, the sample size formula uses the Lemeshow (1997) sample search formula:

$$n = \frac{N \cdot Z^2 \cdot \left(1 - \frac{a}{2} \cdot p \cdot q\right)}{d^2 \cdot (N - 1) + Z^2 \cdot \left(1 - \frac{a}{2} \cdot p \cdot q\right)}$$

$$n = \frac{217,05}{2,74}$$

$$n = 79,21532$$

Information:

p = proportion of respondents estimated to have a certain characteristic (if unknown, use 0.5 for maximum results)

$Z^2 \cdot 1 - \frac{a}{2}$ = Z statistic ($Z = 1.96$, for $\alpha = 0,05$)

d = precision or margin of error (generally used 0.1 or 10%)

N = population of 226

n = minimum sample size

q = 1-p

After calculating based on the formula, the sample size was 79.21532, rounded up to 79 respondents.

Data collection

1. Instrument Preparation

In the initial stage, researchers developed a questionnaire instrument based on theoretical studies and research variables. For the HIV service quality variable, questionnaire items were designed based on three main dimensions: outcome-related (patient-perceived outcomes), process-related (procedures and interactions in the service), and image-related (the image of the service facility). Meanwhile, for patient satisfaction, the questionnaire referred to the five dimensions of SERVQUAL: reliability, responsiveness, assurance, tangibles, and empathy. Each item was presented in the form of an attitude statement that could be answered using a Likert scale.

2. Validation and Reliability Testing

After the questionnaire instrument was developed, the next step was to conduct a trial run on a number of respondents with similar characteristics to the main sample but not included in the study population. The goal was to test the validity of the statement items through item-total correlation tests and to measure the instrument's reliability or internal consistency using Cronbach's Alpha calculations. Only items deemed valid and reliable were used in the main data collection.

3. Administrative and Ethical Preparation

Researchers prepared administrative aspects by obtaining research permits from the Health Office and the Pasar Minggu Community Health Center. Informed consent forms were also prepared and distributed to potential respondents. These sheets included information on the research objectives, benefits, participation procedures, confidentiality assurance, and the respondent's right to withdraw from the study at any time without consequence. The consent form was signed before respondents completed the questionnaire.

4. Explanation to Respondents

Before distributing the questionnaires, the researchers provided a direct explanation to respondents. This explanation covered the background and purpose of the study, the importance of their participation, and instructions for completing the questionnaire. The researchers also emphasized that there were no right or wrong answers, and that all responses would be kept confidential and used solely for scientific purposes.

5. Self-administered Questionnaire

After providing an explanation, the researchers distributed questionnaires directly to respondents. The questionnaires were provided in printed format and self-administered. This technique was chosen to allow respondents to feel more free and comfortable in providing answers, especially given the sensitive and personal nature of the topic of HIV.

6. Questionnaire Completion by Respondents

Respondents were asked to complete the questionnaire in a quiet, private setting. Researchers provided a space where they could complete the questionnaire without distractions, allowing them to think clearly and answer honestly. The questionnaire took between 10 and 20 minutes to complete, depending on the number of items and the individual's pace.

7. Recollection and Examination of Questionnaires

After completion, the researcher collected the questionnaires and immediately conducted a preliminary check. This step was taken to ensure there were no missing sections, inconsistent answers, or unreasonable responses. Incomplete or problematic questionnaires were noted and may be excluded from the data analysis process.

8. Data Processing and Entry

Questionnaires deemed suitable for analysis were then input into a statistical program such as SPSS or Excel. Each response was coded using a Likert scale (e.g., 1 = strongly disagree, 5 = strongly agree) and organized into a data matrix. The data entry process was carried out carefully to avoid input errors that could affect the analysis results.

Research Ethics

This research was conducted in accordance with ethical research principles to protect the rights, dignity, and safety of participants. The research ethics upheld in this study include:

1. Informed Consent

Prior to data collection, each respondent was given a clear explanation of the research's purpose, procedures, benefits, risks, and rights. Respondents were only included if they voluntarily agreed to participate by signing an informed consent form.

2. Data Confidentiality and Anonymity

Respondents' personal identities will not be included in the research instruments or research reports. All data collected will be kept confidential and used solely for academic purposes and scientific analysis. Each respondent will be assigned a unique code to maintain anonymity.

3. Freedom and Right to Refuse

Respondents have the full right to refuse or withdraw from the study at any time without any pressure or consequences. Researchers ensure that participation is completely voluntary.

4. Justice and Non-discrimination

Researchers treated all respondents fairly without distinction of social status, gender, age, or other background. There was also no discrimination or difference in the services provided after respondents completed their assessment or declined to participate in the study. All respondents who met the inclusion criteria had an equal opportunity to participate in the study.

5. Approval from Relevant Institutions

This research will obtain a research permit and ethical approval from the authorized agency or ethics committee before carrying out data collection in the field.

Research Questionnaire

A research questionnaire is a type of closed questionnaire or survey, because respondents only need to mark one of the answers they consider correct. A research instrument is a tool used by someone conducting a study to measure a phenomenon that has occurred. The data collection instrument in this study used a questionnaire, namely a list of written statements that aims to obtain data in the form of respondents' answers (Sugiyono, 2018). The preparation of the questionnaire in this study is based on the theory and research on the quality of health services according to Grönroos (2001) in Ljip-tono and Chandra (2011) and patient satisfaction according to Njilele et al (2012) .

Data Processing and Analysis Techniques

Data processing in this study was carried out through several stages, namely validity testing, reliability testing, and univariate, bivariate, and multivariate data analysis. Validity testing was conducted to assess the ability of each item in the questionnaire to measure the variables of health service quality and patient satisfaction. Testing was conducted using Pearson Product Moment correlation on 30 respondents at different community health centers from the research location. Items were declared valid if the correlation value was greater than r table (0.361). Based on the test results, several items that did not meet the validity criteria were not used in further analysis, while valid items were retained as research instruments.

A reliability test was conducted to determine the consistency of the research instrument using the Cronbach's Alpha method. An instrument is considered reliable if the Cronbach's Alpha value is greater than 0.60. The test results showed that the health service quality variable had a Cronbach's Alpha value of 0.810 and the patient satisfaction variable a Cronbach's Alpha of 0.832, indicating that both variables have good internal consistency and are suitable for use in research.

Data analysis was conducted in three stages. First, univariate analysis was used to describe the characteristics of respondents and the distribution of each research variable, including quality of health services, patient satisfaction, and respondent characteristic factors such as age, gender, education, occupation, cost payer, patient group, and mode of transmission. Second, bivariate analysis was conducted to determine the relationship between the independent variable (quality of health services) and the dependent variable (patient satisfaction), as well as the relationship between respondent characteristic factors and patient satisfaction using the Chi-Square test with a significance level of $\alpha = 0.05$ and a confidence level of 95%. The relationship between variables was also assessed using the Odds Ratio (OR) value to see the magnitude of the probability of occurrence.

Third, a multivariate analysis was conducted using multiple logistic regression to determine the most dominant factors associated with patient satisfaction after controlling for other variables. This analysis produced an adjusted odds ratio (aOR) value, which was

used to determine the contribution of each predictor variable, such as service quality, age, gender, education, occupation, and payer, to patient satisfaction at the Pasar Minggu Community Health Center.

RESULTS AND DISCUSSION

Univariate Analysis

The results showed that the majority of patients receiving HIV services at Pasar Minggu Health Center were satisfied with the services provided. A total of 61 respondents (77.2%) reported satisfaction, while 18 respondents (22.8%) reported dissatisfaction.

Table 1. Distribution of Patient Satisfaction

Patient Satisfaction	n	%
Satisfied	61	77.2
Dissatisfied	18	22.8
Total	79	100

Source: Primary data processed, 2025

The overall satisfaction score was categorized as fairly satisfactory, with an average score of 2.52. Among the five service quality dimensions, responsiveness obtained the highest score (2.63), followed by reliability (2.56), empathy (2.52), tangibles (2.47), and assurance (2.45). These findings indicate that patients appreciated the responsiveness of healthcare providers, particularly their ability to respond to complaints and provide assistance.

However, several aspects still require improvement. In the assurance dimension, patients showed lower confidence regarding the ability of doctors to provide recovery and the quality of nursing care. In the tangibles dimension, administrative staff appearance received a lower evaluation compared with medical personnel. Meanwhile, the empathy dimension indicated that communication and attentiveness from nurses and staff should be strengthened to improve patient-centered care.

Regarding HIV service quality, most respondents perceive the service quality as good. A total of 69 respondents (87.3%) assessed HIV services as good, while 10 respondents (12.7%) assessed them as poor.

Table 2. Distribution of HIV Service Quality

HIV Service Quality	n	%
Good	69	87.3
Poor	10	12.7
Total	79	100

Source: Primary data processed, 2025

The overall quality score of HIV services was 2.69, indicating a fairly good level of service quality. The process-related dimension achieved the highest score (2.71), demonstrating that patients valued the responsiveness and willingness of healthcare

workers to listen to their complaints. Meanwhile, improvements are needed in doctor expertise related to HIV/AIDS management, service punctuality, and accessibility of healthcare facilities.

The characteristics of respondents showed that most patients were aged 18–31 years (49.4%), male (58.2%), had low education levels (41.8%), and were mostly non-BPJS users (51.9%). The largest patient group was men who had sex with men (MSM) (48.1%), while heterosexual transmission (HSL) represented the most common transmission route (50.6%). These characteristics indicate that HIV services must accommodate diverse patient backgrounds and specific healthcare needs.

Bivariate Analysis

The analysis demonstrated a significant relationship between HIV service quality and patient satisfaction. Among respondents who perceived HIV service quality as good, 56 patients (81.2%) reported satisfaction, whereas 13 patients (18.8%) reported dissatisfaction. Meanwhile, among respondents who perceived poor service quality, satisfaction and dissatisfaction were equally distributed (50%).

Table 3. Relationship Between HIV Service Quality and Patient Satisfaction

Service Quality	Satisfied n (%)	Dissatisfied n (%)	OR (95% CI)	p-value
Good	56 (81.2)	13 (18.8)	Reference	0.043
Poor	5 (50.0)	5 (50.0)	4,308 (1,085–17,100)	

Source: Primary data processed, 2025

The statistical test produced a p-value of 0.043, indicating a significant association between HIV service quality and patient satisfaction. The odds ratio of 4.308 indicates that patients who perceived poor service quality had a 4.3 times higher risk of experiencing dissatisfaction compared with those who perceived good service quality.

These findings emphasize that service quality is a key determinant of patient satisfaction in HIV care. Improvements in healthcare provider communication, treatment consistency, responsiveness, and patient trust are essential to strengthen long-term engagement in HIV treatment. A patient-centered approach is particularly important because satisfaction may influence treatment adherence and continuity of care.

Overview of HIV Service Quality at Pasar Minggu Health Center

The results showed that 87.3% of HIV patients perceived the service quality at Pasar Minggu Health Center as good. This finding indicates that most patients had a positive perception of healthcare services, including healthcare provider professionalism, communication, and service processes.

Based on the Grönroos service quality model, healthcare quality is reflected through three dimensions: outcome-related, process-related, and image-related. The findings indicate that process-related aspects, particularly responsiveness and willingness of healthcare workers to listen to patient complaints, were the strongest components. However, improvements are still required in doctor expertise related to HIV management, service punctuality, privacy, and accessibility.

These results support previous studies indicating that HIV service quality is not determined solely by clinical competence but also by interpersonal communication, empathy, and patient trust. A patient-centered approach is therefore essential because HIV care involves not only medical treatment but also psychological and social challenges.

Overview of Patient Satisfaction with HIV Services

The study found that 77.2% of respondents were satisfied with HIV services at Pasar Minggu Health Center, while 22.8% were dissatisfied. This indicates that most patients considered the services provided to be in accordance with their expectations.

Patient satisfaction was assessed through SERVQUAL dimensions, including tangibles, reliability, responsiveness, assurance, and empathy. The results suggest that communication, attention from healthcare workers, and a supportive service environment contributed significantly to positive patient experiences. However, dissatisfaction among some patients indicates the need for continuous improvement, particularly in service efficiency, information delivery, and responsiveness.

In HIV care, satisfaction is an important indicator because it may influence treatment adherence, continuity of care, and patient retention in antiretroviral therapy programs. Therefore, periodic evaluation of patient experiences is necessary to ensure that services remain responsive to patient needs.

Relationship Between Patient Characteristics and Satisfaction

The analysis showed that age, gender, education level, occupation, and payment status were not significantly associated with patient satisfaction. These findings indicate that satisfaction was not primarily determined by demographic characteristics but rather by the quality of services received.

Age was not significantly related to satisfaction ($p > 0.05$), suggesting that patients across different age groups had similar perceptions of HIV services. Similarly, gender differences did not produce significant variations in satisfaction, indicating that services were relatively equitable for male and female patients.

Education level and occupation also showed no significant relationship with satisfaction. This suggests that healthcare providers were able to deliver services that were acceptable across different social backgrounds. Although patients with higher education may have higher expectations, service quality remains the dominant factor influencing their perceptions.

Likewise, payment status (BPJS and non-BPJS) was not associated with satisfaction. This finding indicates that patients generally perceive services equally regardless of financing mechanisms. Nevertheless, maintaining equitable access and administrative convenience remains important to prevent potential disparities in future service experiences.

Determinants of Patient Satisfaction Based on Multivariate Analysis

The multivariate analysis demonstrated that service quality was the only significant determinant of patient satisfaction. Patients who perceived HIV service quality

as poor had a 4.3 times higher risk of dissatisfaction compared with patients who perceived service quality as good (OR=4.308; p=0.038).

This finding confirms that service quality plays a central role in shaping patient satisfaction, even after controlling for education and payment status. The results are consistent with the Donabedian model, which emphasizes that healthcare quality is influenced by service structure, processes, and outcomes.

Therefore, improving HIV service quality should become the main strategy for increasing patient satisfaction. Priority areas include strengthening healthcare communications, maintaining service consistency, improving responsiveness, and ensuring patient-centered care. Although demographic and socioeconomic factors were not significant predictors, future studies should consider additional factors such as stigma, psychological conditions, social support, and previous healthcare experiences.

CONCLUSION

This study concludes that the majority of HIV patients at Pasar Minggu Health Center perceived the quality of HIV services as good and expressed satisfaction with the services received. The process-related dimension was identified as the strongest contributor to service quality, while responsiveness was the dominant dimension influencing patient satisfaction. These findings indicate that patients appreciated the responsiveness and attention of healthcare providers, although improvements are still needed in areas such as HIV clinical competence, service punctuality, facility accessibility, and strengthening patient confidence in treatment. The statistical analysis showed that demographic characteristics, including age, gender, education, occupation, and payment status, were not significantly associated with patient satisfaction. This indicates that patient satisfaction was not primarily determined by sociodemographic factors but by the quality of services experienced by patients. Furthermore, the multivariate analysis demonstrated that HIV service quality was the only significant determinant of patient satisfaction. Patients who perceive poor service quality have a higher risk of dissatisfaction compared with those who perceive good service quality. Therefore, improving the quality of HIV services through patient-centered care, effective communication, responsive healthcare delivery, and continuous service evaluation should be prioritized to enhance patient satisfaction and support sustainable HIV care at the primary healthcare level.

REFERENCES

- Abdou, N., Habtu, M., Marete, O., Mochama, M., Rutayisire, E., & Dida, G. (2021). Health care services satisfaction and associated factors among people living with HIV/AIDS at Kibuye Referral Hospital, Rwanda. *International Journal of Community Medicine and Public Health*, 8(12), 5782. <https://doi.org/10.18203/2394-6040.ijcmph20214567>
- Aferu, T., Gebretekle, G., & Fenta, T. (2021). Patient satisfaction with HIV/AIDS services in health centers of East Shoa Zone, Oromia, Ethiopia: A cross-sectional study. *Health Services Insights*, 14. <https://doi.org/10.1177/11786329211003106>

- Afiyah, N., & Ayuningtyas, D. (2023). Factors influencing the implementation of health service quality governance in puskesmas: Systematic review. *Asian Journal of Healthy and Science*, 2(3), 130–147.
- Afrioza, S., & Baidillah, I. (2021). Hubungan tingkat kepuasan pasien terhadap pelayanan kesehatan di Puskesmas Sepatan. *Journal of Nursing Practice and Education*, 1(2), 169–180. <https://doi.org/10.34305/jnpe.v1i2.305>
- Ahmad, H., & Napitupulu, M. (2021). Hubungan mutu pelayanan kesehatan terhadap tingkat kepuasan pasien rawat jalan di Puskesmas Mangasa Kota Makassar. *Jurnal Kesehatan Ilmiah Indonesia (Indonesian Health Scientific Journal)*, 6(2), 193–204. <https://doi.org/10.51933/health.v6i2.546>
- Ahmad, M. (2019). Faktor-faktor yang berhubungan dengan mutu pelayanan terhadap kepuasan pasien. *Jurnal Ilmu Kesehatan Masyarakat*, 5(4), 198–204. <https://doi.org/10.33221/jikm.v5i4.297>
- Armini, L. N., Setiawati, E. P., Arisanti, N., & Hilmanto, D. (2024). Patient perspective on the elimination mother-to-child transmission of HIV, syphilis, and hepatitis B in Bali, Indonesia: A qualitative study. *BMC Public Health*, 24(1), 2258.
- Cernasev, A., Hohmeier, K. C., Frederick, K., Jasmin, H., & Gatwood, J. (2021). A systematic literature review of patient perspectives of barriers and facilitators to access, adherence, stigma, and persistence to treatment for substance use disorder. *Exploratory Research in Clinical and Social Pharmacy*, 2, 100029.
- Endalamaw, A., Gilks, C., Ambaw, F., Chatfield, M., & Assefa, Y. (2023). Dimensions, social and healthcare setting determinants of client satisfaction for HIV/AIDS services: A systematic review. *medRxiv*. <https://doi.org/10.1101/2023.07.10.23292462>
- Fujioka, J. K., Walker, M., Rajab, D., & Bartels, S. A. (2025). A mixed-methods analysis of negative patient experiences in emergency department care: Identifying challenges and evidence-informed strategies across the care continuum. *Journal of Patient Experience*, 12, 23743735251323796.
- Israel, E., Chikosolu, N., & Chidinma, W. (2023). Patients' perceived quality of the care provided during the management of HIV/AIDS in a tertiary care setting in Nigeria. *African Health Sciences*, 23(4), 247–255. <https://doi.org/10.4314/ahs.v23i4.27>
- Malinda, R., & Azhar, A. (2020). Hubungan kualitas pelayanan dan fasilitas terhadap kepuasan pasien di Puskesmas Kota Kuala Simpang Kabupaten Aceh Tamiang tahun 2019. *Jurnal EDUKES (Jurnal Penelitian Edukasi Kesehatan)*, 1–9. <https://doi.org/10.52136/edukes.v3i1.21>
- Matondang, M., Madjid, T., & Chotimah, I. (2019). Faktor-faktor yang berhubungan dengan mutu pelayanan kesehatan di Puskesmas Karadenan Kecamatan Cibinong Kabupaten Bogor tahun 2018. *Promotor*, 2(4), 276–284. <https://doi.org/10.32832/pro.v2i4.2240>
- Napitu, J. (2020). Pengaruh perencanaan keperawatan terhadap kepuasan pasien. *OSF Preprints*. <https://doi.org/10.31219/osf.io/d6htb>
- Nigussie, T., Aferu, T., Mamo, Y., & Feyisa, M. (2020). Patient satisfaction with HIV and AIDS services in Mizan-Tepi University Teaching Hospital, Southwest Ethiopia. *HIV/AIDS—Research and Palliative Care*, 12, 403–410. <https://doi.org/10.2147/HIV.S254744>
- Njilele, A. C., Ukwe, C. V., Okonta, J. M., & Ekwunife, O. I. (2012). Development of a patient satisfaction questionnaire for HIV/AIDS patients in Nigeria. *International*

- Journal of Clinical Pharmacy*, 34, 98–104.
- Notoatmodjo. (2013). *Pendidikan dan perilaku kesehatan*. Rineka Cipta.
- Osinaike, A., Ekundayo, A., Omotosho, A., Adefala, N., Bamidele, F., Gbadebo, A., ... Ogunkoya, J. (2024). Patients' satisfaction with services in HIV clinic at a public tertiary health institution in Ogun State, Nigeria: Patients-providers perspectives. *Babcock University Medical Journal*, 7(1), 138–146. <https://doi.org/10.38029/babcockuniv.med.j..v7i1.344>
- Puspitasari, T., & Rachmat, B. (2025). Analysis of the relationship between service quality, healthcare facilities, patient satisfaction, and the intention to migrate BPJS patients to other healthcare facilities at Wonokusumo Health Center: Analisis hubungan antara kualitas layanan, fasilitas kesehatan, kepuasan pasien, dan niat untuk memindahkan pasien BPJS ke fasilitas kesehatan lain di Pusat Kesehatan Wonokusumo. *JBMP (Jurnal Bisnis, Manajemen dan Perbankan)*, 11(2), 261–272.
- Quinlivan, L., Gorman, L., Monaghan, E., Asmal, S., Webb, R. T., & Kapur, N. (2023). Accessing psychological therapies following self-harm: Qualitative survey of patient experiences and views on improving practice. *BJPsych Open*, 9(3), e62.
- Schwarz, T., Schmidt, A. E., Bobek, J., & Ladurner, J. (2022). Barriers to accessing health care for people with chronic conditions: A qualitative interview study. *BMC Health Services Research*, 22(1), 1037.
- Sukmaningsih, W. R., Widiyanto, W. W., Subekti, M. A., & de Carvalho, J. G. (2026). Determinants of outpatient satisfaction based on health service quality dimensions in primary health care. *Infokes: Jurnal Ilmiah Rekam Medis dan Informatika Kesehatan*, 16(1), 16–24.