

**ANALYSIS OF SERVICE QUALITY AT CEMPAKA PUTIH  
COMMUNITY HEALTH CENTER, CENTRAL JAKARTA**

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**ABSTRACT**

Health services are an important form of public service in improving the welfare of the community. Community health centers (Puskesmas) as primary health facilities are expected to be able to provide quality services to the community. This study aims to analyze the quality of services at the Cempaka Putih Community Health Center, Central Jakarta, based on the perceptions of the community. This study uses a quantitative approach with a survey method by distributing questionnaires to 88 respondents who are users of Puskesmas services. Service quality is measured using the five dimensions of SERVQUAL, namely tangibles, reliability, responsiveness, assurance, and empathy with the SERVPERF approach. The results show that the dimensions of assurance and empathy have a positive and significant effect on service quality. Meanwhile, the dimensions of tangibles, reliability, and responsiveness did not show a significant effect. This indicates that the competence of health workers, a sense of security, and the attention of staff are important factors in improving service quality at the Puskesmas.

**Keywords: Service quality, SERVQUAL, SERVPERF, Community Health Center**

## **ABSTRAK**

*Pelayanan kesehatan merupakan salah satu bentuk pelayanan publik yang penting dalam meningkatkan kesejahteraan masyarakat. Puskesmas sebagai fasilitas kesehatan tingkat pertama diharapkan mampu memberikan pelayanan yang berkualitas kepada masyarakat. Penelitian ini bertujuan untuk menganalisis kualitas pelayanan di Puskesmas Cempaka Putih, Jakarta Pusat berdasarkan persepsi Masyarakat. Penelitian ini menggunakan pendekatan kuantitatif dengan metode survei melalui penyebaran kuesioner kepada 88 responden yang merupakan pengguna layanan Puskesmas. Pengukuran kualitas pelayanan menggunakan lima dimensi SERVQUAL, yaitu tangibles, reliability, responsiveness, assurance, dan empathy dengan pendekatan SERVPERF. Hasil penelitian menunjukkan bahwa dimensi assurance dan empathy memiliki pengaruh positif dan signifikan terhadap kualitas pelayanan. Sementara itu, dimensi tangibles, reliability, dan responsiveness tidak menunjukkan pengaruh signifikan. Hal ini menunjukkan bahwa kompetensi tenaga kesehatan, rasa aman, serta perhatian petugas menjadi faktor penting dalam meningkatkan kualitas pelayanan di Puskesmas.*

**Kata Kunci:** Kualitas pelayanan, SERVQUAL, SERVPERF, Puskesmas.

## INTRODUCTION

Healthcare is a form of public service that plays a strategic role in improving the quality of life for the community. Health is viewed not only as a basic individual need but also as a vital asset in supporting productivity and social well-being (World Health Organization, 2010). In the context of national development, the level of public health contributes to the success of overall human development, as reflected in the Human Development Index (United Nations, 2015). However, access to adequate health care remains a challenge, particularly regarding the equitable distribution of facilities, the availability of medical personnel, and the quality of services (Ministry of Health of the Republic of Indonesia, 2020).

These conditions can increase the population's vulnerability to disease, raise morbidity and mortality rates, and hinder the achievement of sustainable development goals (World Health Organization, 2010). Therefore, the government has a responsibility to ensure the availability of equitable, affordable, and quality health services as part of fulfilling the basic rights of citizens, as mandated by Law No. 36 of 2009 on Health. Thus, the aspects of availability, affordability, and quality of health services are key indicators in assessing the effectiveness of public service delivery in the health sector

(United Nations, 2015; Ministry of Health of the Republic of Indonesia, 2020).

Health care is a series of efforts undertaken individually or collectively to improve and maintain health, prevent and cure diseases, and restore the health of the community. These services encompass promotive, preventive, curative, rehabilitative, and palliative activities (Sanjaya, 2023 in Agustini et al., 2024: 26). The right to health care is also guaranteed in Article 28H(1) of the 1945 Constitution, which affirms the state's obligation to ensure that every citizen has access to adequate health care.

As primary healthcare facilities, Community Health Centers (Puskesmas) play a strategic role in providing equitable, accessible, and high-quality healthcare services. This aligns with Law No. 17 of 2023 on Health, which emphasizes the importance of safe, high-quality, and community-oriented healthcare services. However, in practice, Puskesmas still face various challenges that can affect the quality of care, such as limited facilities, high patient volumes, and limited human resources.

The Cempaka Putih Community Health Center in Central Jakarta was selected as the study site because it is a healthcare facility with a high volume of patient visits, making it

representative of the quality of public services in the urban healthcare sector. Based on initial observations through user reviews on digital platforms such as Google Maps, various public complaints were identified, including limited facilities, long waiting times for services, and staff attitudes perceived as unfriendly and unresponsive. Additionally, there remains a need to enhance the competencies of healthcare workers through continuous training. Several user reviews also indicate unsatisfactory service experiences, such as slow service and a lack of responsiveness from staff.

**Figure 1. Review of Cempaka Putih Community Health Center in Google Maps**



Source: Google Maps review of Cempaka Putih Community Health Center (2025)

This can be seen in Figure 1, which displays examples of public reviews regarding services at the

Cempaka Putih Community Health Center. This phenomenon illustrates that there is still a gap between the quality of service expected by the community and what is actually experienced.

Service quality is a key factor in determining the level of public satisfaction and trust in healthcare institutions. Various studies indicate that the quality of facilities, human resources, and service responsiveness are the primary determinants of healthcare service quality (Ministry of Health of the Republic of Indonesia, 2020; World Health Organization, 2010). To measure service quality, one commonly used model is SERVQUAL, developed by Parasuraman, Zeithaml, and Berry (1988), which encompasses five main dimensions: tangibles, reliability, responsiveness, assurance, and empathy.

However, this study employs the SERVPERF (service performance) approach developed by Cronin and Taylor (1992), which assesses service quality based on users' direct perceptions of performance without comparing them to expectations. This approach is considered simpler and has better predictive power. In this study, the tangibles dimension relates to physical facilities and staff appearance; reliability describes the dependability of service; responsiveness indicates the speed and responsiveness of staff;

assurance relates to safety guarantees and competence; and empathy reflects attention and concern for patients.

Based on the above discussion, this study aims to analyze the quality of service at the Cempaka Putih Community Health Center in Central Jakarta, based on community perceptions, using the SERVQUAL dimensions through the SERVPERF approach. The results of this study are expected to provide an empirical overview of the quality of health services and serve as a foundation for efforts to improve the quality of public services in the health sector.

## **THEORETICAL FRAMEWORK**

### **a. Service Quality**

Service quality is a measure of the extent to which a service meets users' needs and expectations. According to Gronroos (1988) as cited in Sigit and Soliha (2017), service quality is determined by the comparison between expected service and perceived service. In the context of healthcare, service quality is assessed not only by the final outcome but also by the service process, staff attitudes, speed, and the comfort experienced by service users.

### **b. Health Services**

Health care is a form of public service that plays a strategic role in improving public health. It

encompasses promotive, preventive, curative, and rehabilitative efforts aimed at maintaining and improving public health (Mustofa et al., 2020). In its implementation, health care has specific characteristics, namely uncertainty, asymmetry of information, and externalities (Astaqauliyah, 2008). Therefore, the management of health services must be carried out professionally, effectively, and with a focus on quality (Nadarsyah & Priyanto, 2022).

### **c. The SERVQUAL and SERVPERF Models**

The SERVQUAL model is one of the most frequently used models for analyzing service quality. This model was developed to determine the extent to which the services provided by an organization meet the expectations of service users. Furthermore, Parasuraman, Zeithaml, and Berry (1988) introduced the SERVQUAL model as an approach to measuring service quality based on five main dimensions namely, tangibles, reliability, responsiveness, assurance, and empathy. The tangibles dimension relates to physical facilities; reliability to the dependability of service; responsiveness to the responsiveness of staff; assurance to guarantees of competence and safety; and empathy

to attention to the needs of service users.

SERVPERF (Service Performance) is a service quality measurement model developed by James J. Cronin Jr. and Steven A. Taylor in 1992 as an improvement of the SERVQUAL model previously introduced by Parasuraman, Zeithaml, and Berry. This model emphasizes that service quality should be measured based on the actual performance perceived by customers, without comparing it to expectations. In the context of this research, SERVPERF is used to analyze the service quality at Puskesmas Cempaka Putih based on patients' perceptions of the five dimensions of service quality. This approach was chosen because it is more suitable for directly measuring service performance.

## **RESEARCH METHOD**

This study employs a quantitative approach to analyze service quality at the Cempaka Putih Community Health Center in Central Jakarta, based on the perceptions of the community as service users. Service quality measurement refers to the five dimensions of SERVQUAL, namely tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988), using the SERVPERF approach developed by Cronin and Taylor (1992).

The population in this study consisted of all patients who used the services at the Cempaka Putih Community Health Center. The sampling technique used was accidental sampling. The sample size was determined using the Slovin formula with a 10% margin of error, resulting in a sample of 88 respondents from an average of approximately 700 daily visits.

The data used consists of primary and secondary data. Primary data was collected through the distribution of questionnaires to respondents, while secondary data was obtained from official documents and relevant literature. Data collection was conducted directly using Google Forms.

The data analysis technique employed quantitative descriptive analysis by calculating the mean for each dimension of service quality. The results of the analysis were then interpreted using a Likert scale (1–5) to classify the level of service quality.

## **RESULTS AND DISCUSSION**

### **Descriptive Statistics**

Descriptive statistics are used to provide an overview of the data obtained from the questionnaire. This analysis describes respondents' perceptions of each research indicator using statistical measures such as minimum, maximum, mean, and

standard deviation, allowing for a clear understanding of service quality patterns at the Cempaka Putih Community Health Center.

**a. Descriptive Statistics of Tangibles**

Based on the descriptive statistics results for the Tangibles variable in Table 2 it can be observed that all indicators have a minimum value of 1 and a maximum value of 5. This indicates that respondents utilized the entire range of the Likert scale when providing their responses.

**Table 2. Descriptive Statistics of Tangibles**

INDICATORS OF TANGIBLES	STATISTICS (N = 88)			
	MIN	MAX	MEAN	STANDARD DEVIATION
I feel that Cempaka Putih Community Health Center has complete health service facilities (TA1).	1	5	3.545	1.117
I feel that the health center waiting room is comfortable and clean (TA2).	1	5	3.727	1.019
I feel that the medical personnel have a neat and clean appearance (TA3).	1	5	3.898	1.077

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

The TA1 indicator, which measures respondents' perceptions regarding the completeness of health service facilities at the Cempaka Putih Community Health Center, obtained a mean value of 3.545 with a standard deviation of 1.117. This result shows that respondents generally have a fairly positive perception of the availability of facilities, although the relatively higher

standard deviation indicates that there is still variation in respondents' assessments.

The TA2 indicator, related to the comfort and cleanliness of the waiting room, has a mean value of 3.727 and a standard deviation of 1.019. This suggests that respondents tend to perceive the waiting room conditions as good and adequate, with a moderate level of variation in responses.

Meanwhile, the TA3 indicator shows the highest mean value of 3.898 with a standard deviation of 1.077. This indicates that respondents gave the most positive assessment to the neat and clean appearance of medical personnel compared to other indicators within the tangibles dimension.

Overall, the results indicate that the tangibles dimension of service quality at the Cempaka Putih Community Health Center is perceived positively by respondents, particularly in terms of the appearance of medical personnel, although improvements in several physical facility aspects can still be considered.

**b. Descriptive Statistics of Reliability**

Based on the descriptive statistical results on the Reliability variable, all indicators show a minimum value of 1 and a maximum value of 5. This indicates that respondents used the entire range of the Likert scale in evaluating the reliability

aspect of the service at Puskesmas Cempaka Putih.

**Table 3. Descriptive Statistics of Reliability**

INDICATORS OF RELIABILITY	STATISTICS (N = 88)			
	MIN	MAX	MEAN	STANDARD DEVIATION
I feel that the medical staff provided services as promised (RE1).	1	5	3.261	0.872
I feel that the medical personnel provide accurate information (RE2).	1	5	3.205	1.002
I feel that the medical personnel provide services quickly (RE3).	1	5	3.068	0.998

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

Indicator RE1 related to the alignment of service with the promises made received the highest average score of 3.261 with a standard deviation of 0.872. These provided services as promised. Additionally, the relatively smaller standard deviation suggests that respondents' evaluations of this indicator tend to be more consistent.

Next, the RE2 indicator regarding the ability of medical personnel to provide accurate information has an average score of 3.205 with a standard deviation of 1.002. This average score indicates that respondents consider the information provided by medical personnel to be quite good, but the larger standard deviation suggests there is variation in respondents' perceptions regarding the accuracy of the information provided.

Meanwhile, the RE3 indicator related to service speed received the lowest average score of 3.068 with a standard deviation of 0.998. This indicates that although the service was rated quite well, the aspect of service speed is still relatively lower compared to other reliability indicators.

Overall, the analysis results show that the Reliability dimension of the service at Puskesmas Cempaka Putih is rated quite well by the respondents. However, there are several aspects that can still be improved, especially in terms of service speed so that the quality of the service provided can become more optimal.

### c. Descriptive Statistics of Responsiveness

Based on the results of the descriptive statistical analysis on the Responsiveness variable, it was found that all indicators have a minimum value of 1 and a maximum value of 5. This indicates that the respondents utilized the entire range of the assessment scale in evaluating the responsiveness level of the service provided by the medical staff at Puskesmas Cempaka Putih.

**Table 4. Descriptive Statistics of Responsiveness**

INDICATORS OF RESPONSIVENESS	STATISTICS (N = 88)			
	MIN	MAX	MEAN	STANDARD DEVIATION
I feel that the medical staff responded to my request quickly (RES1)	1	5	2.898	0.812
I feel that the medical personnel accommodate the requests and needs of patients (RES).	1	5	3.261	0.885

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

On the RES1 indicator, which relates to the speed of medical personnel in responding to patient requests, an average score of 2.898 was obtained with a standard deviation of 0.812. These results indicate that respondents' assessment of the speed of medical personnel in responding to requests is still considered adequate.

Next, the RES2 indicator related to the ability of medical personnel to meet and adjust services to patient needs received an average score of 3.261 with a standard deviation of 0.885 which shows that respondents consider the ability of medical personnel to accommodate patient needs to be quite good. Overall, these results indicate that respondents consider the responsiveness aspect at the Cempaka Putih Community Health Center to be quite good.

**d. Descriptive Statistics of Assurance**

Based on Table 5, the descriptive statistical results on the Assurance variable show that all

indicators have a minimum value of 1 and a maximum value of 5, which means respondents used the entire range of the Likert scale in evaluating the service assurance aspect at Puskesmas Cempaka Putih.

**Table 5. Descriptive Statistics of Assurance**

INDICATORS OF ASSURANCE	STATISTICS (N = 88)			
	MIN	MAX	MEAN	STANDARD DEVIATION
I feel that the medical team has extensive knowledge related to their services (AS1).	1	5	2.443	0.736
I feel safe when interacting with medical personnel at the health center. (AS2).	1	5	2.591	0.717

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

On indicator AS1, which relates to the medical staff's knowledge regarding the services provided, an mean score of 2.443 with a standard deviation of 0.736 was obtained. The mean score indicates that respondents' perceptions tend to lean toward disagreement to neutral regarding the statement that medical staff have extensive knowledge related to the services provided. This suggests that some respondents still doubt the level of knowledge possessed by medical personnel. Meanwhile, the standard deviation value indicates that there are variations in respondents' perceptions when assessing this aspect.

Next, the AS2 indicator received an average score of 2.591 with a standard deviation of 0.717. This result shows that respondents'

perceptions regarding their sense of safety when interacting with medical personnel tend to be moderate and close to neutral. In other words, respondents do not fully perceive a strong sense of safety when interacting with medical staff at the Cempaka Putih Community Health Center. However, the slightly smaller standard deviation compared to the previous indicator indicates that respondents' answers are relatively more consistent.

Overall, the descriptive statistical analysis of the Assurance variable shows that the assurance aspect of healthcare services at the Cempaka Putih Community Health Center has not been fully perceived as optimal by respondents, both in terms of medical staff knowledge and the sense of safety felt during interactions with medical personnel.

**e. Descriptive Statistics of Empathy**

Based on the results of the descriptive statistical analysis on the Empathy variable show that all indicators have a minimum value of 1 and a maximum value of 5, which means respondents used the entire range of the Likert scale in assessing the aspect of empathy in healthcare services at Puskesmas Cempaka Putih.

**Table 6. Descriptive Statistics of Empathy**

INDICATORS OF EMPATHY	STATISTICS (N = 88)			
	MIN	MAX	MEAN	STANDARD DEVIATION
I feel that the medical personnel pay attention to each patient's needs (EM1).	1	5	3.852	1.072
I feel that the medical staff sincerely prioritize the interests of patients (EM2).	1	5	3.727	1.105

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

On the EM1 indicator, which relates to the medical staff's attention to each patient's needs, an average (mean) score of 3.852 was obtained with a standard deviation of 1.072. This average score indicates that respondents tend to give a fairly good assessment of the medical staff's attention in understanding patients' needs. Additionally, the relatively small standard deviation suggests that respondents' perceptions of this indicator are quite uniform.

Meanwhile, the EM2 indicator has an average value of 3.727 with a standard deviation of 1.105. These results indicate that respondents generally believe that medical staff have sufficiently prioritized patient interests in providing services. However, the slightly higher standard deviation compared to the previous indicator suggests variability in the assessments among respondents.

Overall, the descriptive statistical results on the Empathy variable indicate that the aspect of

empathy in healthcare services at Puskesmas Cempaka Putih is rated quite well by respondents, as reflected in the average scores of both indicators which fall into the tend to agree category.

**f. Descriptive Statistics of Service Quality**

Based on the results of the descriptive statistical analysis on the Service Quality variable show that each indicator has a different range of values in the respondents' assessment of the service quality at Puskesmas Cempaka Putih.

**Table 7. Descriptive Statistics of Service Quality**

INDICATORS OF SERVICE QUALITY	STATISTICS (N = 88)			
	MIN	MAX	MEAN	STANDARD DEVIATION
I feel that the overall quality of services meets my expectations (SQ1).	2	5	3.818	0.911
I am satisfied with the overall quality of services at the health center. (SQ2).	1	5	3.955	0.865

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

On the SQ1 indicator, a minimum value of 2 and a maximum value of 5 were obtained, with a mean value of 3.818 and a standard deviation of 0.911. The average value indicates that respondents tend to assess that the quality of service provided has met their expectations. Additionally, the relatively small standard deviation shows that respondents' assessments of

the conformity of service quality are quite consistent.

Next, on the SQ2 indicator, which measures satisfaction with the overall quality of service at the health center, a minimum value of 1 and a maximum value of 5 were obtained, with an average value of 3.955 and a standard deviation of 0.865. The higher average value compared to the SQ1 indicator indicates that the respondents' satisfaction level with the overall quality of service is relatively better. Meanwhile, the lower standard deviation value also indicates that the respondents' perceptions of service satisfaction are relatively more uniform.

Overall, the Service Quality variable can be categorized as having a fairly good assessment, as seen from the average scores of both indicators approaching the agree category and the relatively low variation in respondents' answers. This indicates that the service quality at Puskesmas Cempaka Putih has generally been positively assessed by the respondents.

**MEASUREMENT MODEL (OUTER MODEL)**

Measurement Model (Outer Model) aims to evaluate the quality of indicators in measuring the construct of latent variables used in this research. The outer model testing is conducted to ensure that each indicator has an

adequate level of validity and reliability in representing the measured variable.

### a. Convergent Validity

Convergent validity is used to assess whether indicators within a construct are strongly correlated and represent the same concept. In this study, convergent validity was evaluated using outer loading and Average Variance Extracted (AVE) values through SmartPLS. Indicators are considered valid if they have an outer loading  $\geq 0.70$  and an AVE value  $> 0.50$ , indicating that the construct adequately explains the variance of its indicators.

**Table 8. Outer Loading and AVE Values**

VARIABLE	CODE	INDICATOR	OUTER LOADING	AVE	DESCRIPTION
Tangibles	TA1	Availability of service facilities	0.825	0.753	VALID
	TA2	Cleanliness and comfort of the environment	0.892		VALID
	TA3	The neatness and professionalism of the officers' appearance	0.884		VALID
Reliability	RE1	Accuracy of service according to procedures	0.928	0.903	VALID
	RE2	Accuracy of the information provided	0.966		VALID
	RE3	Consistency of service time	0.957		VALID
Responsiveness	RES1	The speed of the officers in responding to request	0.967	0.894	VALID
	RES2	Promptness in handling complaints	0.924		VALID
Assurance	AS1	The knowledge and ability of officers in providing services	0.963	0.930	VALID
	AS2	Sense of security regarding services	0.965		VALID
Empathy	EM1	Friendly and attentive staff	0.898	0.841	VALID
	EM2	The ability of officers to understand the needs of service users	0.936		VALID
Service Quality	SQ1	Overall, the quality of services meets my expectations.	0.885	0.776	VALID
	SQ2	I am satisfied with overall quality of services at the health center.	0.877		VALID

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

The results of convergent validity testing indicate that all indicators meet the required criteria, with outer loading values exceeding 0.70 and Average Variance Extracted (AVE) values above 0.50. This shows that all indicators are valid and capable of representing their respective constructs.

Each variable demonstrates strong validity. The tangibles, reliability, responsiveness, assurance, and empathy variables all have high outer loading values across their indicators, indicating a strong relationship between indicators and constructs. Additionally, all variables have AVE values above 0.50, reflecting that each construct is able to explain the majority of variance in its indicators. Similarly, the service quality variable also meets the criteria, with all indicators having outer loading values above 0.70 and an AVE value exceeding 0.50.

Overall, these results confirm that all variables and indicators in this study have met the convergent validity requirements and are suitable for further analysis.

### b. Construct Reliability and Validity

Reliability testing aims to assess the consistency of research instruments in measuring a construct. In this study, reliability was evaluated using Composite Reliability (CR) and

Cronbach's Alpha. A construct is considered reliable if the Composite Reliability value is greater than 0.70 and the Cronbach's Alpha value exceeds 0.60, indicating that the indicators have adequate internal consistency in measuring the same construct.

**Table 9. Cronbach's Alpha and Composite Reliability Result**

VARIABLE	COMPOSITE RELIABILITY	CRONBACH'S ALPHA	DESCRIPTION
AS	0.964	0.925	RELIABLE
EM	0.914	0.813	RELIABLE
RE	0.966	0.948	RELIABLE
RES	0.944	0.886	RELIABLE
SQ	0.874	0.711	RELIABLE
TA	0.901	0.839	RELIABLE

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

Based on the reliability test results, all variables in this study showed Composite Reliability and Cronbach's Alpha values that met the specified criteria, with Composite Reliability above 0.70 and Cronbach's Alpha above 0.60. The variables of Assurance, Empathy, Reliability, Responsiveness, and Tangibles each have good internal consistency, indicating that the indicators used are able to measure the constructs in a stable and reliable manner. Thus, it can be concluded that all variables in this study are reliable and the research instrument is suitable for use in further analysis.

## HYPOTHESIS

Hypothesis testing was conducted using path coefficient analysis on the structural model through the bootstrapping method in SmartPLS. This analysis aims to examine the significance and direction of the relationship between variables, where coefficient values range from -1 to 1. The significance of the relationship is determined based on the T-statistics value, with a threshold of 1.659. A hypothesis is accepted if the T-statistics value exceeds 1.659, indicating a significant effect.

**Table 10. Hypothesis Testing**

VARIABLE	F EFFECT	T-Statistics (O/STDEVI)	P VALUES	Interpretation	Hypothesis
TA → SQ	0.009	0.751	0.453	Positive, Not Significant	NOT ACCEPTED
RE → SQ	0.072	2.732	0.006	Positive, Significant	ACCEPTED
RES → SQ	0.001	0.266	0.790	Positive, Not Significant	NOT ACCEPTED
AS → SQ	0.017	1.378	0.168	Positive, Not Significant	NOT ACCEPTED
EM → SQ	0.081	2.023	0.043	Positive, Significant	ACCEPTED

Source : Output of SmartPLS4 and Researcher Processed Result (2026)

The test results indicate that not all variables have a significant effect on service quality. The variables tangibles, responsiveness, and assurance have positive coefficients, but they are not significant because the T-statistics values are < 1.659 and the P-values are > 0.05; thus, hypotheses H1, H3, and H4 are rejected. This indicates that the physical aspects, responsiveness, and assurance have not yet become primary factors in determining service quality at

the Cempaka Putih Community Health Center.

Conversely, the reliability and empathy variables have a positive and significant influence on service quality, with T-statistics values  $> 1.659$  and P-values  $< 0.05$ ; thus, hypotheses H2 and H5 are accepted. This indicates that the reliability of service, as well as the attention and care provided by healthcare workers, are the primary factors influencing the public's perception of service quality.

## **CONCLUSION**

The study entitled "Analysis of Service Quality at Cempaka Putih Community Health Center, Central Jakarta" aims to analyze service quality based on the perceptions of the community as health service users using the SERVQUAL approach and service performance measurement (SERVPERF).

Based on the results of data analysis and hypothesis testing conducted in this study regarding service quality at the Cempaka Putih Community Health Center, the results indicate that not all dimensions of service quality have a significant influence on overall service quality. Among the five dimensions analyzed, namely tangibles, reliability, responsiveness, assurance, and empathy, only the assurance and empathy variables show a significant

positive effect on service quality. This means that the competence of medical personnel, the sense of security felt by patients, and the attention given to patients play an important role in shaping patient perceptions of service quality.

The variables tangibles, reliability, and responsiveness do not show a significant influence on service quality. This indicates that aspects such as physical facilities, service accuracy, and the speed of service are not the main factors influencing patient assessments in this study. However, these aspects remain important components that support the overall quality of healthcare services.

Based on the descriptive statistical analysis, most respondents generally gave fairly positive assessments of the services provided at the Cempaka Putih Community Health Center. This shows that the services delivered have met patient expectations to some extent, although there are still differences in perceptions among respondents.

Overall, this study shows that aspects related to trust, professionalism, and attention from medical personnel are key factors that influence patient perceptions of healthcare service quality.

## SUGGESTIONS

- a. It is recommended that the health center continue to improve the quality of services, especially in aspects related to assurance and empathy. Medical personnel are expected to maintain professionalism, increase patient trust, and provide more attentive and patient-centered services.
- b. Although the tangibles, reliability, and responsiveness variables were not significant in this study, improvements in service facilities, service consistency, and response speed still need to be carried out to support better healthcare services.
- c. Future researchers are expected to develop this study by adding other variables that may influence service quality, increasing the number of respondents, or using different research methods to obtain more comprehensive results.

## REFERENCES

- Cronin, J. J., & Taylor, S. A. (1992). Measuring Service Quality: A Reexamination And Extension. *Journal Of Marketing*, 56(3), 55–68.
- Grönroos, C. (1988). Service quality: The six criteria of good perceived service. *Review of Business*, 9(3), 10–13.
- Ministry of Health of the Republic of Indonesia. (2020). *Indonesia health profile 2019*. Ministry of Health of the Republic of Indonesia.
- Mustofa, A., Roekminiati, S., & Lestari, D. S. (2020). *Administrasi Pelayanan Kesehatan Masyarakat*.
- Nadarsyah, N. N., & Priyanto, H. P. (2022). Decentralization Of Policy In Health Services Through The Public And Private Partnership. In *Regulating Human Rights, Social Security, And Socio-Economic Structures In A Global Perspective*. <https://doi.org/10.4018/978-1-6684-4620-1.Ch007>
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A Multiple-Item Scale For Measuring Consumer Perceptions Of Service Quality. *Journal Of Retailing*, 64(1), 12–40.
- Republik Indonesia. (1945). *Undang-Undang Dasar Negara Republik Indonesia Tahun 1945*.

- Republik Indonesia. (2009). *Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan*.
- Republik Indonesia. (2023). *Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan*.
- Sigit, K. N., & Soliha, E. (2017). Kualitas Produk Dan Kualitas Layanan Terhadap Kepuasan Dan Loyalitas Nasabah. *Jurnal Keuangan Dan Perbankan*, 21(1), 157–168. <https://doi.org/10.26905/jkdp.v21i1.1236>
- United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development*. United Nations.
- World Health Organization. (2010). *The world health report: Health systems financing: The path to universal coverage*. World Health Organization.