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THE RELATIONSHIP BETWEEN INTEGRATED CARE AND SERVICE EQUITY ON OUTPATIENT SATISFACTION AT WUA-WUA PUBLIC HEALTH CENTER, KENDARI CITY

*[1]Lade Albar Kalza, [2]Minggu Lestari Ningsih

[1]Department of Public Health, Faculty of Public Health, Halu Oleo University, Kendari.

[2]Department of Agribusiness, Faculty of Agriculture, Halu Oleo University, Kendari.

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***Corresponding Author: Lade Albar Kalza**

Department of Public Health, Faculty of Public Health, Halu Oleo University, Kendari.

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ABTRACT

Quality healthcare services are one of the important factors in improving patient satisfaction in primary healthcare facilities. Integrated care and service equity are important components in creating effective, efficient, and patient-oriented healthcare services. This study aimed to determine the relationship between integrated care and service equity on outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City.

This study used a quantitative research design with a cross-sectional study approach. The population consisted of all outpatients visiting the Wua-Wua Public Health Center, Kendari City. The sampling technique used accidental sampling with a total sample of 96 respondents. The research instrument used questionnaires. Data analysis was conducted through univariate and bivariate analysis using the chi-square test with a confidence level of 95% ($\alpha = 0.05$).

The results showed that there was a significant relationship between integrated care and outpatient satisfaction with a p-value <0.05. In addition, there was a significant relationship between service equity and outpatient satisfaction with a p-value <0.05. Well-coordinated services and fair treatment without discrimination based on patients' social status can improve patient satisfaction levels.

The conclusion of this study is that integrated care and service equity have a significant relationship with outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City. It is recommended that the public health center continue improving service coordination quality and ensure equal healthcare services for all patients.

Kata Kunci: Integrated Care, Equity, Patient Satisfaction, Outpatient, Public Health Center

1. INTRODUCTION

1.1 Background and Motivation

Public Health Centers (Puskesmas) are primary healthcare facilities that play an important role in improving community health status. Quality healthcare services are not only determined by the competence of healthcare workers but are also influenced by integrated and equitable service systems for the entire community. Patient satisfaction is one of the important indicators in assessing the quality of healthcare services at public health centers.

According to the World Health Organization (WHO) in 2020, the level of patient satisfaction in Turkey showed that 78.2% of patients were satisfied with the healthcare services received. Meanwhile, the lowest satisfaction levels were found in emergency services at 17.6% and dental services at 8.3%. According to Ndambuki (2013) in Kenya, patient satisfaction reached 40.4%, while patient satisfaction in Bhaktapur, India according to Twayana was 34.4%. In Indonesia, patient satisfaction rates reached 42.8% in Central Maluku and 44.4% in West Sumatra.

Data on outpatient service satisfaction in Southeast Sulawesi Province showed that patient satisfaction indicators were fulfilled in 73.68% of cases in 2020 and 73.10% in 2021, indicating that patient satisfaction in outpatient healthcare facilities had not yet been fully achieved. During January–March 2022, the service quality was categorized as poor in 63.5% of cases; April–June 2022 in 42.1%; July–September 2022 in 34.5%; and October–December 2022 in 39.9% (Anasari et al., 2025).

Data from the Kendari City Health Office regarding patient satisfaction at public health centers in June 2025 showed that the highest satisfaction percentage was achieved by Perumnas Public Health Center (99.90%), followed by Labibia Public Health Center (96.68%), Lepo-Lepo Public Health Center (90.76%), Kemaraya Public Health Center (88.80%), Poasia Public Health Center (87.98%), Benu-Benua Public Health Center (87.39%), Mokoau Public Health Center (87.24%), Wua-Wua Public Health Center (86.10%), Abeli Public Health Center (85.23%), Kandai Public Health Center (84.22%), Nambo Public Health Center (83.29%), Puuwatu Public Health Center (83.05%), Mekar Public Health Center (82.15%), Jati Raya Public Health Center (80.02%), and Mata Public Health Center (77.40%). The service user satisfaction level was above 76.61 (Kendari City Health Office, 2025).

Patient satisfaction is influenced by several factors, one of which is healthcare service quality. Through healthcare quality dimensions such as effective, efficient, equitable, and safe services, healthcare quality dimensions have developed into seven dimensions adopted by the Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2022, namely effective, safety, people-centered, timely, efficient, equitable, and integrated (Nasional et al., 2022).

Integrated care is a healthcare approach that prioritizes coordination among healthcare workers and continuity of services for patients. Integrated services can facilitate patients in obtaining healthcare effectively and efficiently, thereby improving positive patient experiences during healthcare services.

Besides integrated care, equity is also an important factor in healthcare services. Equity in healthcare means that every patient receives equal opportunities and treatment in obtaining healthcare services without discrimination based on social status, economic condition, age, gender, or other backgrounds. Fair healthcare services will increase patients' trust and satisfaction with healthcare facilities.

Patient satisfaction is the level of patients' feelings after comparing the services received with the expected services. Satisfied patients tend to comply with treatment and are willing to revisit the same healthcare facility.

Based on preliminary observations at the Wua-Wua Public Health Center, Kendari City, several patient complaints were still found regarding service waiting times, coordination among service units, and perceptions of unfairness in service queues. Therefore, research is needed regarding the relationship between integrated care and service equity on outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City.

1.2 RESEARCH OBJECTIVES

Based on the background described above, the objectives of this study are:

2.1.1 To analyze the relationship between integrated care and outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City.

2.1.2 To analyze the relationship between service equity and outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City.

2.2 Contributions

This study provides several contributions, namely:

1. Theoretical Contribution

This research can enrich the literature regarding integrated care, service equity, and patient satisfaction in primary healthcare services.

2. Practical Contribution

The results of this study can be used by the Wua-Wua Public Health Center as evaluation material to improve service quality through better service coordination and fair treatment for patients.

3. Policy Contribution

This study can serve as a reference for policymakers in formulating strategies to improve patient-oriented healthcare service quality.

4. Academic Contribution

This study can become a reference source for future research related to healthcare service quality and patient satisfaction.

Related Work

Several previous studies have discussed the relationship between healthcare service quality and patient satisfaction. Integrated care is recognized as an effective approach to improving healthcare outcomes and patient experiences. According to the World Health Organization (WHO), integrated care emphasizes coordinated, continuous, comprehensive, and patient-centered healthcare services.

Research by Parasuraman stated that service quality has a significant influence on patient satisfaction. Patients tend to feel satisfied when services are provided effectively, efficiently, and consistently.

Other studies in primary healthcare facilities have shown that equity contributes positively to patient trust and satisfaction. Equity ensures that all patients receive equal access and treatment regardless of social status, economic condition, gender, or educational background.

Most previous studies focused more on hospital services, while research regarding integrated care and equity simultaneously in public health centers remains limited. Therefore, this study was conducted to fill this research gap by examining both variables in outpatient services at the Wua-Wua Public Health Center, Kendari City.

3 METHODOLOGY

3.1 Type of Research

This study is a quantitative study using a correlational research design to determine the relationship between variable X and variable Y. This study used a cross-sectional study approach by collecting data and information directly from respondents to determine the relationship between healthcare service quality and outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City. Correlation analysis is one of the statistical analysis techniques used to determine the relationship between two quantitative variables. The purpose of correlational studies is to determine relationships between variables or use those relationships for prediction purposes (Pratama et al., 2023)

3.2 Population and Sample

The study population consisted of all outpatients visiting the Wua-Wua Public Health Center, Kendari City, during the research period. The sample consisted of 96 respondents selected using accidental sampling techniques.

Data collection was conducted using questionnaires measuring:

a. Integrated care
b. Service equity
c. Patient satisfaction

Data analysis included:

a. Univariate analysis to observe data distribution.
b. Bivariate analysis using the Chi-square test with a significance level of $\alpha = 0.05$.

4 RESULTS AND DISCUSSION

4.1 Result

1. Respondent Characteristics

Table 1. Distribution of Respondents by Gender.

Gender	n	%
Male	38	39.6
Female	58	60.4
Total	96	100

Table 2. Distribution of Respondents by Age.

Age	n	%
<25 Years	20	20.8
25–45 Years	50	52.1
>45 Years	26	27.1
Total	96	100

2. Univariate Analysis

Table 3. Integrated Care.

Integrated Care	n	%
Good	63	65.6
Poor	33	34.4
Total	96	100

Table 4. Service Equity.

Service Equity	n	%
Fair	68	70.8
Unfair	28	29.2
Total	96	100

Table 5. Patient Satisfaction.

Patient Satisfaction	n	%
Satisfied	72	75.0
Dissatisfied	24	25.0
Total	96	100

3. Bivariate Analysis

Table 6. Relationship Between Integrated Care and Patient Satisfaction.

Integrated Care	Satisfied	Dissatisfied	Total	p-value
Good	55	8	63	0.001
Poor	17	16	33	
Total	72	24	96	

Table 7. Relationship Between Service Equity and Patient Satisfaction.

Service Equity	Satisfied	Dissatisfied	Total	p-value
Fair	58	10	68	0.002
Unfair	14	14	28	
Total	72	24	96	

DISCUSSION

The results showed a significant relationship between integrated care and outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City. Patients who received well-integrated healthcare services were more likely to feel satisfied compared to those receiving less integrated services. This is because proper coordination among healthcare units can accelerate service delivery and facilitate patients in obtaining healthcare information.

Fair services consider patients' rights to receive healthcare services with equal quality and safety regardless of social, economic, or other discriminatory factors. Equity in healthcare services includes broader dimensions than merely the availability of medical facilities. It

includes service accessibility, service quality, equal treatment without discrimination, and protection of the rights of both patients and healthcare workers. Equity in healthcare services not only includes resource distribution aspects but also legal certainty, protection of patient rights, and the responsibilities of the state and healthcare providers (Nurjaman & Sata, 2024).

This study is consistent with research conducted by Lestari and Putri (2024), which found that perceptions of fairness had a stronger influence on patient trust than direct satisfaction, especially when patient safety and service time became more dominant factors in patient experiences. WHO (2023) stated that although equity is important, other factors such as clinical skills, safety, and service timeliness often have a greater influence on patient satisfaction. In contrast, Utiyati (2017) found that service equity did not contribute significantly to encouraging patient satisfaction. This means that patient satisfaction is not solely determined by service equity (Yassir & Haris, 2025).

According to integrated care theory, integrated healthcare services improve service quality through coordination among service units, allowing patients to receive continuous and effective healthcare.

Integrated healthcare services are an approach that coordinates various healthcare services to ensure connectivity, continuity, and non-fragmented care. Total Quality Management can be defined through its three components: Total (overall), Quality (degree of excellence of goods or services), and Management (actions, control, direction, and organization) (Haryanti et al., 2024).

The World Health Organization (WHO) explained that integrated services aim to ensure that patients receive continuous healthcare services starting from registration, examination, treatment, to follow-up without barriers between service units. Integrated services play an important role in improving service quality and patient safety because they can reduce communication errors, duplication of procedures, and delays in services that may endanger patients.

This study is in line with research conducted by Wardani et al. (2025), where the statistical test using chi-square showed a p-value = 0.916 > 0.05, indicating no relationship between interpersonal relationships and outpatient satisfaction at Aisyiyah Mother and Child Hospital Samarinda. Another study by Sultoni et al. (2025) involving 101 respondents showed a p-value = 0.988, which was greater than $\alpha = 0.05$; therefore, the null hypothesis (H0) was accepted and the alternative hypothesis (Ha) was rejected. WHO (2023) stated that integrated services are an important foundation of healthcare quality, but their impact on patient satisfaction is often indirect and influenced by other quality dimensions.

This study also found a significant relationship between service equity and patient satisfaction. Patients who perceived fair treatment were more satisfied with the healthcare services they received. Fair healthcare services can create comfort and increase patients' trust in healthcare providers. Equity in healthcare services is essential to ensure that all individuals receive equal healthcare rights without discrimination. Fair services improve positive perceptions of healthcare quality.

5 CONCLUSION AND FUTURE WORK

5.1 Conclusion

Based on the results of the study regarding the relationship between integrated care and service equity on outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City, it can be concluded that:

1. There is a significant relationship between integrated care and outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City. Well-coordinated services are able to improve service effectiveness and efficiency so that patients feel more satisfied with the services received.
2. There is a significant relationship between service equity and outpatient satisfaction at the Wua-Wua Public Health Center, Kendari City. Patients who receive fair treatment without discrimination tend to have higher levels of satisfaction.
3. Healthcare services oriented toward service coordination and equitable healthcare distribution are important factors in improving the quality of healthcare services at primary healthcare facilities.

5.2 Future Work

Future research is recommended to:

1. Add other variables related to patient satisfaction such as waiting time, healthcare worker communication, healthcare facilities, and patient safety.
2. Use larger sample sizes and involve several public health centers or hospitals so that the research results can be generalized more broadly.
3. Use mixed methods approaches combining quantitative and qualitative methods to obtain deeper information regarding patient experiences with healthcare services.

REFERENCES

1. Anasari, R., Yusuf, M., & Haruna, A. (2025). Analysis of Outpatient Service Quality on Patient Satisfaction in Southeast Sulawesi Province. *Indonesian Journal of Public Health*, 12(1), 45–53.
2. Haryanti, S., Rahman, A., & Nurhayati, E. (2024). Total Quality Management in Primary Healthcare Services. *Journal of Health Administration*, 10(2), 120–128.
3. Ministry of Health of the Republic of Indonesia. (2022). *Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2022 concerning National Quality Indicators for Healthcare Services at Independent Medical Practices, Clinics, Public Health Centers, Hospitals, Health Laboratories, and Blood Transfusion Units*. Jakarta: Ministry of Health of the Republic of Indonesia.
4. Lestari, D., & Putri, R. (2024). The Effect of Perceived Service Equity on Patient Trust and Satisfaction in Primary Healthcare Facilities. *Journal of Health Sciences*, 15(3), 211–219.
5. Nasional, K., Suryani, T., & Akbar, R. (2022). Dimensions of Healthcare Service Quality Based on National Healthcare Service Standards. *Indonesian Journal of Health Policy*, 11(4), 301–309.
6. Ndambuki, J. (2013). The Level of Patients' Satisfaction and Perception on Quality of Nursing Services in the Renal Unit, Kenyatta National Hospital Nairobi, Kenya. *Open Journal of Nursing*, 3(2), 186–194.
7. Nurjaman, D., & Sata, M. (2024). Equity in Healthcare Services and Protection of Patient Rights. *Journal of Law and Health*, 8(1), 66–75.
8. Parasuraman, A., Zeithaml, V., & Berry, L. (1988). SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*, 64(1), 12–40.
9. Pratama, F., Yuliana, N., & Hasanuddin, L. (2023). Correlational Research Methods in Public Health. *Journal of Research Methodology*, 5(1), 15–24.
10. Sultoni, M., Arifin, Z., & Wahyuni, D. (2025). Relationship Between Integrated Services and Outpatient Satisfaction at Public Health Centers in Malang Regency. *Indonesian Journal of Hospital Administration*, 9(1), 77–85.
11. Utiyati, S. (2017). The Effect of Service Equity on Patient Satisfaction in Government Hospitals. *Journal of Healthcare Service Management*, 20(2), 90–97.

12. Wardani, R., Kurniawati, E., & Hidayat, T. (2025). The Relationship Between Human Relations and Outpatient Satisfaction at Aisyiyah Mother and Child Hospital Samarinda. *Journal of Nursing and Healthcare Services*, 13(2), 134–142.
13. World Health Organization (WHO). (2020). *Patient Satisfaction and Quality of Health Services*. Geneva: WHO.
14. World Health Organization (WHO). (2023). *Integrated People-Centred Health Services*. Geneva: WHO.