



## PERCEPTION OF INTEGRITY AND PATIENT SATISFACTION TOWARD THE QUALITY OF SERVICE IN GOVERNMENT HOSPITALS: A STUDY

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### ABSTRACT

Service quality and the integrity of public service delivery are two fundamental dimensions in building public trust in government hospitals. In the healthcare sector, patient satisfaction is influenced not only by technical aspects of medical services but also by perceptions of transparency, fairness, and the absence of corrupt practices. This study aims to analyze anti-corruption perceptions and patient satisfaction regarding the quality of service at RSUD dr. Kanujoso Djatiwibowo, a government referral hospital in Indonesia. This study employed a cross-sectional design with a quantitative approach. Data were collected using the Anti-Corruption Perception Survey (SPAK), which covers five integrity elements, and the Service Quality Perception Survey (SPKP), which comprises twelve elements of service satisfaction. The sample consisted of 892 service users distributed across 13 hospital service units. The Data was collected through structured questionnaires given directly to patients and their families in 13 hospital service units, analysis was performed descriptively by calculating the Average Value (NRR), the Anti-Corruption Perception Index (IPAK), and the Service Quality Perception Index (IPKP). The results demonstrate that the IPAK score is 99.117 and the IPKP score is 98.319, both of which fall into the "very good" category. Integrity elements consistently received high scores across all service units, while service satisfaction elements showed limited variation, with facilities and infrastructure identified as the elements with the relatively lowest values albeit still remaining in the "very good" category.

Keywords: government hospital; health administration; patient satisfaction: service integrity; service quality

### How to cite (in APA style)

Mappangile, A. S., Indriani, A. M., Susilowati, D., Nugraha, R., Prihandoyo, C., & Zainal, I. (2026). Perception of Integrity and Patient Satisfaction Toward the Quality of Service in Government Hospitals: A Study. *Indonesian Journal of Global Health Research*, 8(2), 1085–1092. <https://doi.org/10.37287/ijghr.v8i2.1856>.

## INTRODUCTION

Healthcare is a form of public service that has a direct impact on the quality of life and community welfare. Government hospitals, particularly referral centers, play a strategic role in providing quality, fair, and accessible healthcare for all levels of society. In this context, the quality of hospital service is determined not only by clinical success and the availability of medical facilities but also by service governance that upholds the principles of integrity, transparency, and public accountability (Donabedian, 2005; World Health Organization, 2018).

As public demand for clean and equitable public services increases, the issue of integrity has become a primary concern in healthcare delivery. Practices such as discrimination, illegal levies, illegal brokering (percaloan), and procedural deviations have the potential to erode public trust in

health institutions and hinder the achievement of health system goals. Various studies indicate that weak integrity in public service institutions correlates with low public trust and a poor perception of service quality (Organisation for Economic Co-operation and Development, 2017; Transparency International, 2020).

From a health administration perspective, public trust is an intangible asset that determines the performance sustainability of government hospitals. Hospitals perceived to have clean and high-integrity governance tend to achieve higher levels of satisfaction and social acceptance. Conversely, negative perceptions regarding service integrity can diminish patient satisfaction, even when clinical services are delivered according to standard.

Patient satisfaction is a critical indicator in evaluating the quality of healthcare. Satisfaction reflects the degree of alignment between patient expectations and their actual experience during service delivery, which includes service procedures, waiting times, costs or tariffs, staff competence and behavior, and the availability of supporting infrastructure (Parasuraman et al., 1988; Batbaataar et al., 2017). In public services, patient satisfaction cannot be separated from perceptions of fairness and procedural transparency. The perception of corruption or unfair treatment can lower satisfaction levels, even if the technical medical service is performed well (Al-Abri & Al-Balushi, 2014).

In Indonesia, efforts to improve the quality and integrity of public services are reinforced through the bureaucratic reform agenda and the development of Integrity Zones toward Corruption-Free Zones (WBK) and Clean and Serving Bureaucracy Zones (WBBM). As public service units, government hospitals are required to conduct periodic evaluations of service performance, covering both community satisfaction and perceptions of anti-corruption. The Community Satisfaction Survey and the Anti-Corruption Perception Survey serve as essential tools for assessing service performance comprehensively based on user experience.

Nevertheless, most research on hospital service quality still focuses on patient satisfaction or service quality in isolation. Studies that explicitly position service integrity as a determinant of patient satisfaction acting as an indicator of government hospital service quality remain relatively limited, especially in the context of developing nations. Service integrity has the potential to be a crucial factor bridging service governance and patient experience, as outlined in healthcare quality frameworks where the "process" dimension is a primary determinant of service outcomes (Donabedian, 2005), as well as the role of integrity in building trust and perceived service quality in public governance studies (OECD, 2017; Transparency International, 2020).

This study contributes by integrating the perception of service integrity and patient satisfaction into a single analytical framework and empirically testing the relationship between the two. Using a quantitative approach, this research aims to analyze the role of perceived service integrity as a determinant of patient satisfaction in government hospitals. The findings are expected to provide empirical evidence regarding the significance of integrity as an element of the process dimension in improving healthcare quality.

## **METHOD**

This study utilized a cross-sectional design with a descriptive quantitative approach (Creswell & Creswell, 2018). The research was conducted at RSUD dr. Kanujoso Djatiwibowo, Balikpapan, Indonesia, in November 2025.

The research population included all hospital service users receiving direct care. The sample consisted of 892 respondents (patients or family members) across 13 service units. The sampling technique used was accidental sampling, involving respondents who were encountered directly and agreed to be interviewed during data collection (Etikan et al., 2016).

The research instruments consisted of the Anti-Corruption Perception Survey (SPAK), covering five elements of service integrity, and the Service Quality Perception Survey (SPKP), covering twelve elements of service satisfaction. All items used a 1–4 Likert scale. Validity was tested using Pearson correlation, and reliability was assessed via Cronbach’s Alpha with a cut-off value of ( $\geq 0,70$ ) (Hair et al., 2019). The test results indicated that all questionnaire items were valid and reliable for use.

Data analysis was conducted both descriptively and inferentially. Descriptive analysis involved calculating the Mean Value (NRR), the Anti-Corruption Perception Index (IPAK), and the Service Quality Perception Index (IPKP). Inferential analysis was performed to test the correlation between perceived service integrity and patient satisfaction using the Spearman correlation test, given that the data were on an ordinal scale. The correlation coefficient  $\rho$  was used to measure the strength of the relationship, while the significance value (p-value) determined statistical significance at a 95% confidence level ( $\alpha=0,05$ ). Ethical considerations were addressed by providing explanations to respondents regarding the study's purpose and obtaining consent prior to questionnaire administration.

## RESULT

### Respondent Characteristics

A total of 892 respondents participated in this study, consisting of patients and their families at RSUD dr. Kanujoso Djatiwibowo. Respondents were drawn from 13 service units, including outpatient, inpatient, emergency, intensive care, and medical support units. This distribution across various units provides a comprehensive overview of the perceived quality of government hospital services. The diversity of respondents in terms of age, gender, education level, and service type reflects the heterogeneity of government hospital users. This condition is significant because perceptions of satisfaction and integrity can be influenced by social background and the intensity of the respondent's interaction with the hospital service system.

### Anti-Corruption Perception Survey (SPAK) Results

The results of the Anti-Corruption Perception Survey measurement showed an IPAK value of 99.117, categorized as "Excellent." This value reflects a positive perception among service users regarding the integrity of service delivery in the government hospital.

Table 1.

Mean Value of the Anti-Corruption Perception Survey Elements (SPAK)

Service Integrity Elements	Mean Value	Category
No Service Discrimination	3,96	Great
No Service Fraud / Malpractice	3,98	Great
No Acceptance of Unauthorized Rewards / Gratuities	3,97	Great
No Illegal Levies / Extortion	3,98	Great
No Illegal Brokering / Middleman Practices	3,95	Great
Anti-Corruption Perception Index (ACPI)	99,117	Great

All service integrity elements achieved a mean score above 3.95 on a 1–4 Likert scale, with relatively minimal variation between them. The indicators for the absence of service fraud and the absence of illegal levies received the highest scores, indicating that respondents generally did not encounter any malpractice during the service delivery process. This consistency across elements suggests that integrity principles have been implemented equitably across all hospital service units.

### Service Quality Perception Survey (SPKP)

The results of the Service Quality Perception Survey indicate a Service Quality Perception Index (SQPI) of 98.319, which falls within the 'Excellent' category. This value reflects an exceptionally high level of user satisfaction regarding the quality of service in the government hospital.

Table 2.  
Mean Value of Service Quality Perception Survey (SPKP)

Service Quality Elements	Mean Value	Category
Service Requirements	3,98	Great
Service Procedures	3,95	Great
Service Conformity	3,98	Great
Service Timeliness	3,93	Great
Service Fees/Tariffs	3,96	Great
Facilities and Infrastructure	3,89	Great
Staff Behavior/Conduct	3,97	Great
Staff Competence	3,96	Great
Complaint Handling	3,94	Great
Service Quality Perception Index (IPKP)	98,319	Great

All service elements were classified in the 'Excellent' category. Nevertheless, the facilities and infrastructure element showed a relatively lower mean value compared to other elements, despite remaining within the 'Excellent' range. This finding indicates that there is room for improvement regarding physical facilities and service comfort

### Comparison of Perceptions Across Service Units

Analysis by service unit reveals variations in satisfaction and integrity perception scores across different service departments.

Table 3. Summary of IPKP Scores Across Service Units

Service Units	IPKP	Category
Laboratory	99,20	Great
Outpatient	98,45	Great
Inpatient	97,90	Great
Emergency Department	97,65	Great
Support Unit	98,80	Great

Service units with relatively structured workflows and more controlled waiting times, such as the Laboratory and Support Units, tended to achieve higher IPKP (Service Quality Perception Index) values. Conversely, units characterized by high service complexity and heavy workloads, such as the Emergency and Inpatient Departments, showed relatively lower scores, although they remained within the 'Excellent' category.

### Correlation Analysis Between Perceived Integrity and Patient Satisfaction

The results of the inferential analysis using the Spearman correlation test reveal a significant relationship between perceived service integrity and patient satisfaction.

Table 4.  
Results of the Spearman Correlation Test Between Perceived Integrity and Patient Satisfaction

Variable	r	p-value	Description
Perception of Integrity – Patient Satisfaction	0.62	0	

A correlation coefficient of  $r = 0.62$  indicates a strong relationship between the two variables, while a significance value of  $p < 0.001$  confirms that this relationship is statistically significant. This suggests that an increase in the perception of service integrity aligns with a corresponding increase in the level of patient satisfaction regarding the quality of hospital services.

## DISCUSSION

The results of this study indicate that the perception of integrity and patient satisfaction regarding the quality of service in government hospitals fall into the "Excellent" category. This is reflected in the Anti-Corruption Perception Index (IPAK) value of 99.117 and the Service Quality Perception Index (SQPI) value of 98.319. In general, these findings indicate that service users view RSUD dr. Kanujoso Djatiwibowo as a public institution that is relatively clean, fair, and capable of providing

satisfying services. The high IPAK value demonstrates that service integrity has been consistently implemented and plays a vital role in building public trust in government hospitals, aligning with public sector governance principles that position integrity as the foundation of institutional trust (OECD, 2017).

Within the framework of Donabedian's healthcare quality model, these findings suggest that service integrity can be understood as part of the process dimension, which influences the perceived quality of service outcomes (Donabedian, 2005). A service process perceived as fair, transparent, and free from deviant practices creates a positive patient experience, which is ultimately reflected in high levels of satisfaction within hospital services.

However, the results also show variations in values across different service elements. The elements of service requirements, service conformity, and staff behavior/competence obtained the highest average scores (NRR  $\pm 3,96$ – $3,98$ ). Conversely, facilities and infrastructure (NRR  $\pm 3,89$ ) and service timeliness (NRR  $\pm 3,93$ ) consistently obtained relatively lower scores, despite remaining in the "Excellent" category. This pattern indicates a relative gap between the process dimension and the structural dimension of service.

These findings reaffirm that structural aspects remain a significant challenge in improving the quality of government hospital services. Limitations in physical facilities, service room comfort, and infrastructure capacity which do not fully scale with the service load—are classic issues frequently reported in public hospital services. Previous studies indicate that although patients evaluate staff attitude and competence positively, structural limitations remain a factor that relatively lowers the perception of service quality (Batbataar et al., 2017; Andaleeb, 2001; Putri et al., 2019). Therefore, improving the quality of government hospital services must be pursued simultaneously by strengthening integrity and process quality while ensuring continuous improvement of structural aspects.

The high satisfaction and integrity index values in this study must be interpreted critically. Scores approaching the maximum do not always reflect an ideal service condition devoid of problems. In the context of public healthcare, service users often have lower initial expectations compared to private healthcare services. This condition results in service experiences rated as "good enough" being perceived as highly satisfying by patients. Research suggests that patient satisfaction in government hospitals reflects the alignment between initial expectations and actual experience more than it does an objective assessment of service quality (Parasuraman et al., 1988; Batbataar et al., 2017; Al-Abri & Al-Balushi, 2014). This phenomenon is also observed within the Indonesian healthcare context. Research shows that patient satisfaction in government hospitals is often influenced by non-technical factors such as staff friendliness and ease of access, while limitations in structural aspects and service efficiency remain recurring weaknesses (Pohan, 2007; Susanti & Hadi, 2021).

Regarding service integrity, the very high IPAK value indicates that respondents did not experience discrimination, illegal levies, brokering, or service fraud at the point of direct interaction between staff and patients. This finding is a significant achievement for a government hospital, considering that the global health sector is identified as having a relatively high risk of corruption, particularly in developing nations (Transparency International, 2020).

However, this highly positive anti-corruption perception must be interpreted with caution. Patients, as service users, are generally only exposed to operational and frontline processes, leaving them with limited ability to detect latent or systemic corruption occurring at managerial and administrative levels. Several studies indicate that patient satisfaction and integrity perceptions often reflect the quality of service interactions rather than the institution's overall internal governance (OECD, 2017; Al-Abri & Al-Balushi, 2014).

Previous research also reveals that corruption in the health sector more frequently occurs in procurement, human resource management, and strategic decision-making, which are not directly experienced by patients (Savedoff & Hussmann, 2006; Vian, 2008). Thus, the absence of direct experience with deviant practices does not necessarily eliminate potential integrity risks in government hospital operations. This reinforces the need for perception-based integrity evaluations to be supplemented by internal oversight mechanisms, governance audits, and effective grievance systems to obtain a comprehensive picture of integrity risks.

The IPKP results show that service procedures, conformity, and staff competence/behavior received very high scores. This confirms that the process dimension and the quality of interaction between staff and patients are primary determinants of satisfaction in government hospitals. In public healthcare, patients find it easier to evaluate how a service is delivered rather than assessing technical clinical quality; therefore, an empathetic attitude, clear communication, and professionalism are highly influential factors (Parasuraman et al., 1988; Andaleeb, 2001).

Numerous studies show that interpersonal aspects—such as friendliness, empathy, and the ability of staff to explain procedures—are the strongest predictors of patient satisfaction across various health systems (Batbaatar et al., 2017; Pohan, 2007). This explains why procedural and behavioral elements scored higher than structural elements like infrastructure in this study. However, high satisfaction in the process dimension must be viewed critically, as it does not always reflect objective technical quality or patient safety (Crow et al., 2017; Doyle et al., 2013). Thus, while interaction quality is vital, evaluations must still include clinical performance and safety indicators.

The variation in satisfaction scores across units indicates that service complexity and interaction intensity influence quality perceptions. Units with simpler, standardized, and scheduled workflows tend to achieve higher satisfaction than high-pressure units like Emergency and Inpatient departments. In high-complexity units, clinical uncertainty, service surges, and the emotional stress of patients and families inherently affect satisfaction perceptions, even if standards are met. This aligns with research showing that satisfaction variation is often driven by service characteristics and workload rather than just clinical quality (Andaleeb, 2001; Susanti & Hadi, 2021).

Overall, integrating anti-corruption perceptions and patient satisfaction provides a holistic understanding of government hospital service quality from a health administration perspective. The findings show that service integrity serves not only as a normative principle but also as social and institutional capital that strengthens patient satisfaction and builds public trust. However, high perception scores are not a final condition. Perception-based indicators reflect observable experiences, while governance weaknesses are often latent (Al-Abri & Al-Balushi, 2014; Vian, 2008). Therefore, these scores must be read proportionally, especially given the organizational complexity and heavy service loads of government hospitals.

In conclusion, improving the quality of government hospital services cannot rely solely on interpersonal improvements. It must be balanced with strengthening structural capacity and support systems. A comprehensive approach is required one that considers governance, systemic efficiency, and continuous internal oversight to ensure that high perceived quality reflects substantive and sustainable service excellence (OECD, 2017; Transparency International, 2020).

## **CONCLUSION**

This research demonstrates that both the perception of integrity and patient satisfaction regarding the quality of service at RSUD dr. Kanujoso Djatiwibowo fall within the "Excellent" category. The high values of the Anti-Corruption Perception Index (IPAK) and the Service Quality Perception Index (SQPI) indicate that service users view this government hospital as an institution that is relatively clean, fair, and capable of providing satisfying services. These findings reaffirm that

service integrity and the quality of staff-patient interactions are vital components in building patient satisfaction and public trust.

However, the results also reveal variations in scores across different elements and service units. The process dimension specifically service procedures and the behavior and competence of staff—stands out as the primary strength of the hospital's service delivery. Conversely, structural aspects, such as facilities and infrastructure, along with service units characterized by high complexity and urgency, still face relative challenges despite remaining in the "Good" to "Excellent" range. This condition indicates that the quality of government hospital services is not homogeneous and is influenced by the unique characteristics and workloads of each individual unit.

Overall, this research highlights the important role of perceived service integrity in shaping patient satisfaction and reflects the interconnected nature of governance, service processes and service quality in government hospital settings.

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