Service Quality Disparities in Public Healthcare: A Comparative Study of Customer Expectations and Perceptions in Urban and Remote Areas of Indonesia

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Abstract

This study aims to analyze the gap between public expectations and perceptions of healthcare services in Indonesia, with a focus on four regions: DKI Jakarta, DI Yogyakarta, Papua, and Maluku. Employing a qualitative approach, the research is based on secondary data analysis to evaluate both customer expectations and perceived service quality. The findings reveal a significant disparity between what citizens expect and what they experience, particularly influenced by factors such as service quality, communication, infrastructure, and demographic characteristics. Regions with limited geographical accessibility and underdeveloped infrastructure—such as Papua and Maluku—demonstrate notably more negative perceptions compared to more urbanized areas like DKI Jakarta and DI Yogyakarta. The study concludes that addressing this gap requires strategic interventions, including improving healthcare worker competencies, leveraging appropriate technological innovations, and fostering honest and transparent communication between providers and patients. The study recommends continuous professional training for medical personnel, substantial investment in healthcare infrastructure, and the establishment of effective patient feedback mechanisms. These measures are essential to enhance patient satisfaction, build public trust, and strengthen loyalty toward healthcare services in Indonesia.

Introduction

Customer expectation and customer perceived are designed to measure the gap between consumers' expectations of a service and their perceptions of the actual service received, based on five key dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman & Berry, 1988). In the context of healthcare services, managing customer expectations and perceptions is a critical factor in determining service quality and patient satisfaction. Research indicates that the gap between these two elements can significantly impact public satisfaction and loyalty (Fatima et al., 2018; Prakash, 2019).

Indonesia's average national satisfaction index for healthcare services ranges from 83% to 89%, indicating a "good" to "very good" rating in several regions (data.go.id). However, empirical evidence shows that not all regions in Indonesia achieve high public satisfaction levels in healthcare. In areas such as DI Yogyakarta and DKI Jakarta, the public tends to have high expectations for facilities and the competence of medical personnel, which are generally met, resulting in a relatively small gap. Conversely, in Maluku and Papua, limited infrastructure, uneven distribution of medical personnel, and low responsiveness and empathy in service delivery contribute to a persistent gap between public expectations and perceptions. This highlights regional disparities in healthcare service quality across Indonesia.

These healthcare disparities are clearly reflected in the variation of childbirths attended by professional healthcare workers across regions. In Papua, only 64.2% of deliveries are handled by skilled medical personnel, while in Maluku, the figure is also relatively low at around 76.1%. In contrast, more developed regions such as DI Yogyakarta report 97.7%, and DKI Jakarta nearly 99%. The following table presents the data regarding this condition (See Table 1):

Table 1. Comparison of the Percentage of Births Attended by Professional Healthcare Providers and Its Relevance to Customer Expectations and Customer Perceived Approach

Regions	Percentage of Births Attended by Professional Healthcare Providers	Customer Expectation Indication	Customer Perceived Indication
DKI Jakarta	99,0%	Very high expectations for reliability and modern facilities.	Public perception is generally fulfilled (small gap).
DI Yogyakarta	97,7%	High expectations for friendly and quality service.	Perception is relatively aligned with expectations (small gap).
Maluku	76,1%	Expectations are rising, especially in urban areas.	Perception is not fully met (moderate gap).
Papua	64,2%	Low expectations due to limited basic services.	Very low perception; many services are unavailable (large gap).

Source: Ministry of Health, Republic of Indonesia. (2022). National Report on Riskesdas 2022. Jakarta: National Institute of Health Research and Development.

These differences highlight disparities in access to and quality of healthcare services, particularly in the dimensions of reliability and maternal and child safety assurance. In this context, analysis using the concepts of customer expectation and customer perception becomes crucial to identifying the gap between the public's expectations for decent services and their actual experiences. The gap between expectation and perception tends to widen in regions with limited access, indicating the need for locally tailored policy interventions.

Analyzing customer expectations and customer-perceived factors in healthcare services is essential. This is supported by various studies showing that the five dimensions of customer expectation and perception significantly influence satisfaction with public services, including healthcare. Research emphasizes that the application of the SERVQUAL model in evaluating service quality based on patients' expectations and perceptions is indispensable (AYDIN & DİKMETAŞ

YARDAN, 2019). Through this approach, healthcare providers can systematically identify and address service quality gaps, enabling them to implement necessary improvements and enhance overall patient satisfaction.

Studies have revealed significant quality gaps, especially in the reliability dimension, which can lead to patient dissatisfaction when services fail to meet expectations (Sharifirad et al., 2012). Batbaatar et al., (2017) also noted that a comprehensive analysis of expectations and perceptions can assist in tailoring service strategies to meet community needs and expectations. Several studies have underlined the importance of analyzing customer expectation and customer perceived to improve the quality of public services. This study presents a distinct focus by comparatively analyzing the conditions of customer expectation and perception in healthcare services across four regions with contrasting access conditions: DKI Jakarta, DI Yogyakarta, Maluku, and Papua. It also aims to examine how the gap between customer expectation and customer perceived influences the overall quality of healthcare services.

Research Methods

This research is a qualitative study focusing on secondary data analysis to evaluate customer expectations and customer perceptions in healthcare services across four regions with significant disparities in healthcare access: DKI Jakarta, DI Yogyakarta, Maluku, and Papua. The study adopts the five SERVQUAL dimensions; tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman & Berry, 1988), as its analytical framework, represented by the stark differences in the rate of medically assisted deliveries. It also explores how customer expectations and perceptions influence healthcare service performance. Data collection was conducted from June 25 to June to 2 July, 2025, using various sources, including https://www.bps.go.id/id, https://www.scopus.com/sources.uri, and https://scholar.google.com/. The research is further supported by government data obtained from official government websites, which include (see Table 2):

Table 2. Sources of Secondary Data

No.	Sources	Required Data
1.	Riskesdas (National Basic Health Research) of Ministry of Health (Kemenkes), Indonesia.	Service coverage data, facilities, and public complaints
2.	SUSENAS (Statistic Indonesia)	Access to and utilization of healthcare services.
3.	Public Satisfaction Survey	Public service perception data (customizable).
4.	Ministry of Health, Republic of Indonesia – Indonesia Health Profile	Quantitative data on healthcare personnel and facilities.
5.	Indonesia's National Health Insurance Agency (BPJS Kesehatan)	Service utilization data, waiting times, and participant satisfaction.

Source: Processed by the Researcher (2025).

The research was conducted through secondary data analysis sourced from Riskesdas, SUSENAS, Health Profiles, and Public Satisfaction Surveys. According to (Heaton, 2004) Heaton (2012), the use of secondary data allows researchers to re-examine existing data within a contextual framework and address new research questions efficiently. The data were categorized according to the SERVQUAL dimensions and analyzed using a comparative-descriptive approach to map regions with the highest service gaps (See Figure 1). Thematic analysis and analytical matrices, as outlined by Miles et al., (2018) and Ritchie & Spencer, (1994), were employed. This approach provides a robust methodological foundation for uncovering disparities in healthcare access based on public perception and expectation across diverse regional contexts.
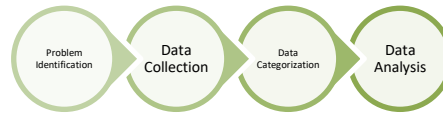
Figure 1. Research Steps**.** Source: Processed by the Researcher (2025).

Results and Discussion

Customer Expectation Analysis of Healthcare Services in DKI Jakarta, DI Yogyakarta, Papua, and Maluku

In the context of healthcare, customer expectation plays a critical role in shaping patient satisfaction and institutional reputation. As public awareness of healthcare quality increases, patient expectations have evolved, often becoming more demanding which presents significant challenges for service providers across regions, including DKI Jakarta, DI Yogyakarta, Papua, and Maluku.

Patient expectations are influenced by prior service experiences, information accessibility, and perceived service standards (Mohammad Mosadeghrad, 2013). These expectations frequently exceed the actual experiences of patients, resulting in dissatisfaction when unmet (Mustika et al., 2019). From a quality management perspective, healthcare expectations are shaped not only by physical infrastructure but also by provider interactions. Health worker behavior, such as politeness and empathy, strongly influences patient satisfaction (Khamis & Njau, 2014). Positive interactions build patient trust, enhance their overall experience, and reduce dissatisfaction. The expectation dimension is also influenced by the availability of accurate information (Senić & Marinković, 2013). In the digital age, access to healthcare information via the internet and social media significantly shapes patient expectations, particularly in metropolitan areas like DKI Jakarta, where digital literacy is high (Puspita et al., 2023).

Identifying patient expectations is a foundational step in designing and delivering quality services (Mohammad Mosadeghrad, 2013). Healthcare providers are thus encouraged to conduct regular satisfaction surveys to understand evolving expectations and align their service goals accordingly (Salam et al., 2024). Tools such as the SERVQUAL model are instrumental in measuring gaps between expected and perceived service quality, helping to identify areas in need of systemic improvement (Agarwal & Singh, 2023; Pinasti Utami et al., 2020).

Analysis of customer expectations in healthcare services across Indonesia reveals significant regional variation, driven by differences in social, economic, and geographic factors. In DI Yogyakarta, research shows a strong correlation between tangible service elements and patient satisfaction (Mustika et al., 2019). In both Jakarta and Yogyakarta, public expectations for healthcare are high, emphasizing professionalism, speed, and digital integration. These expectations are reflected in professional delivery rates, with 99.0% in DKI Jakarta and 97.7% in DI Yogyakarta (Riskesdas, 2018), underscoring high demands for reliability and assurance. Higher health literacy and education levels in these regions also influence expectations for comfortable, patient-centered services. Furthermore, tangible expectations are elevated due to the presence of international-standard hospitals, digital queue systems, and integration with national health insurance (BPJS Kesehatan).

Conversely, in regions like Papua and Maluku, geographic and infrastructural limitations directly affect patient expectations. Service disparities in these areas lead patients to expect basic

accessibility and functional facilities, often unmet in practice (Devita et al., 2019). These challenges drive patients to seek alternative care, exacerbating the strain on under-resourced healthcare systems. In urban Maluku, rising expectations are reflected in a 76.1% rate of professional birth attendance (Kemenkes, 2020), highlighting persistent gaps in perceived reliability and access. In Papua, expectations remain generally low, with only 64.2% of births attended by trained health personnel (Riskesdas, 2023). This is due to difficult terrain, limited health worker availability (only 0.19 doctors per 1,000 population, far below the WHO standard of 1 per 1,000), and a history of weak state presence in essential services. Consequently, expectations in Papua prioritize basic service availability over high-quality care.

These findings underscore significant differences in public expectations across the five SERVQUAL dimensions, tangibles, reliability, responsiveness, assurance, and empathy. They point to the need for locally adapted, need-based policy approaches to ensure equitable and responsive healthcare delivery.

Overall, the analysis of customer expectations in DKI Jakarta, DI Yogyakarta, Papua, and Maluku illustrates the necessity for healthcare providers to fully understand and address patient demands. This involves enhancing service quality, training health personnel, and ensuring clear and adequate information provision. Such strategies are expected to not only increase patient satisfaction but also build long-term loyalty toward healthcare providers (Kondasani et al., 2019).

Customer Perception Analysis of Healthcare Services in DKI Jakarta, DI Yogyakarta, Papua, and Maluku

Customer perception is a critical component in evaluating healthcare service quality. It is shaped by patients' direct experiences, including dimensions such as accessibility, interaction with healthcare personnel, and treatment outcomes. In Indonesia, significant disparities in customer perception across regions reflect the uneven distribution of actual service quality. Regional variations, particularly between DKI Jakarta, DI Yogyakarta, Papua, and Maluku, are influenced by infrastructural differences, educational levels, and socioeconomic conditions.

In urban areas like DKI Jakarta, where healthcare infrastructure is highly developed, patients tend to hold high expectations. According to Nadi et al., (2016), perceptions in Jakarta are strongly associated with the availability of resources and service efficiency. Interactions with healthcare providers play a crucial role; responsive and prompt service delivery fosters positive perceptions. This is mirrored in DI Yogyakarta, where educated populations, such as university students, often have elevated expectations (Senić & Marinković, 2013), which are not always met. Clear communication from providers is thus vital to manage realistic expectations and reduce dissatisfaction (Serrano et al., 2018). Unmet expectations may lead to negative word-of-mouth, influencing future patient choices. Empirical data supports these perceptions. In DKI Jakarta, the 2022 Public Health Center Satisfaction Index (IKM) averaged 88.34%, classified as "very good" (Dinas Kesehatan DKI Jakarta, 2022). This is driven by short wait times (86.7% of patients served within 30 minutes), widespread use of electronic queuing systems, and the presence of both general practitioners and specialists, demonstrating strength in responsiveness, tangibles, and assurance. In DI Yogyakarta, 84.9% of public health center users expressed satisfaction, with empathy and procedural consistency as contributing factors (Dinkes DIY, 2022).

By contrast, in Papua and Maluku, geographic isolation and limited infrastructure significantly shape public perception. Access to quality healthcare is a major challenge, especially in remote areas (Fauk et al., 2021). Negative perceptions are often linked to inadequate facilities, understaffing, and insufficient provider training (Ghildiyal et al., 2022). Stigma and discrimination, particularly against vulnerable populations like those living with HIV, also affect perceived service quality (Geter et al., 2018). For example, in Papua, stigma from healthcare workers has hindered access to care (Fauk et al., 2021). Enhancing provider training on stigma sensitivity is critical, as patients who feel respected report significantly higher satisfaction (Afolabi et al., 2013). In Maluku,

perception levels are similarly low. The 2022 Maluku Health Profile reported only 66.4% of households satisfied with community health center services. Common complaints include long wait times, limited medical personnel, and poor service communication. In regions like the Aru and Southwest Maluku Islands, some clinics are perceived as physically present but non-functional. The situation is more severe in Papua, where only 57.1% of the population seeks formal healthcare when ill, while 42.9% resort to self-medication or traditional methods due to negative service perceptions (Riskesdas, 2022).

Key determinants of negative perceptions in Papua include the long distance to health facilities (often >10 km), the absence of trained personnel in remote clinics, and experiences of slow or discriminatory care. Physician density is alarmingly low, only 0.19 per 1,000 population in Papua, far below the WHO standard of 1 per 1,000 (WHO, 2018), and significantly lower than Jakarta (1.46) and Yogyakarta (1.12) (Kemenkes, 2022). This scarcity undermines perceptions of assurance and reliability. Moreover, limited cultural and linguistic competence among providers leads to poor empathy scores, especially in indigenous communities. These findings confirm that perceptions are shaped not only by clinical outcomes but also by the quality of interpersonal interactions, service efficiency, and infrastructure availability. The stark contrasts between regions underscore the need for locally responsive, customer-centered healthcare policies. Tools like the SERVQUAL model offer structured ways to assess service quality from the patient perspective (Mohammed & Kumar, 2018), and studies across different countries validate the importance of responsiveness, empathy, and assurance in shaping patient evaluations (Duc Thanh et al., 2023).

To improve perceptions, healthcare providers in all four regions must prioritize patient-provider relationship building and service consistency. Infrastructure investment and workforce training, particularly in remote areas are essential to fostering positive perceptions. Overall, customer perception of healthcare services in Indonesia is shaped by a complex interplay of service execution, social stigma, resource availability, and interpersonal dynamics. Identifying and addressing these factors is key to improving patient experience and advancing national healthcare quality.

Discussion

The Impact of Customer Expectation–Perception Gaps on the Quality of Healthcare Services

Healthcare services continue to play a fundamental role in public life. The quality of these services is often assessed based on the gap between what customers expect (*customer expectation*) and what they actually experience (*customer perception*). This expectation–perception gap is a key determinant of patients' satisfaction and perception of service quality. Research indicates that when patient expectations exceed their actual experiences, dissatisfaction tends to occur (Kashf et al., 2019). The SERVQUAL model is widely used to assess this gap, focusing on five core dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy .(AYDIN & DİKMETAŞ YARDAN, 2019) Studies across various healthcare centers show that patients' expectations frequently surpass the level of service they receive. Aligning these two aspects is therefore crucial for improving patient satisfaction. Maintaining consistency in the delivery of high-quality healthcare services is imperative. According to Agarwal & Singh, (2023), timely responses and adherence to clinical protocols significantly enhance patients' perceptions of provider accountability. This perception directly influences how patients value the healthcare they receive, and dissatisfaction often stems from a failure to meet established expectations.

As public awareness and expectations around healthcare services continue to grow, providers must develop a deeper understanding of the factors shaping both expectations and perceptions. Patients' overall experiences, particularly their interactions with medical staff, have a profound impact on their perceptions (Kashf et al., 2019). However, the intangible nature of

healthcare services also presents a challenge in managing expectations (Mishra & Sharma, 2021). A better understanding of patient expectations can guide service improvements and foster stronger patient loyalty. Addressing the expectation–perception gap requires the implementation of strategic service innovations. Innovative service delivery not only enhances patient experiences but also facilitates deeper engagement between patients and providers (Truong et al., 2020). Improvements in service quality are expected to better meet patient expectations, with customer satisfaction serving as a primary indicator of healthcare performance (AYDIN & DİKMETAŞ YARDAN, 2019).

A holistic approach to assessing the patient experience is also essential. Hosen et al., (2021) emphasize that evaluations should cover all aspects of patient interactions with the healthcare system to provide a comprehensive understanding of service quality. By simultaneously analyzing both expectations and perceptions, providers can identify specific areas for improvement and tailor interventions accordingly. The expectation–perception gap also influences patient behavior and decision-making. As noted by Cherouk Amr & Ahmed El, (2022), positive service experiences that align with expectations promote repeat visits and foster loyalty toward healthcare providers. In Indonesia, while patients may express generally positive perceptions of service quality, there remains a persistent desire for more diverse and higher-quality services. Communication plays a central role in shaping patient expectations and perceptions. Clear and transparent information regarding procedures, services offered, and expected outcomes helps align expectations and improves patient satisfaction (Zeithaml et al., 2010). Enhanced provider–patient communication fosters a clearer understanding of what patients can realistically expect from healthcare services.

Furthermore, individual variables, such as demographics and prior healthcare experiences also shape expectations and perceptions. Maheswaran & Ghosh, (2012) argue that understanding these individual differences allows service providers to tailor their approach to diverse patient populations. Younger patients or those with greater knowledge of modern healthcare systems tend to hold higher expectations compared to other groups. In this context, the use of digital technologies in healthcare offers promising solutions for narrowing the expectation–perception gap. Digital applications that provide access to health information, appointment scheduling, and real-time communication with providers can significantly enhance the overall patient experience (Geissler & Rucks, 2011). These tools enable patients to more easily assess whether their expectations align with the services they receive. Persistent gaps between expectation and perception highlight the need for continuous service improvement. Patient feedback mechanisms serve as valuable tools for initiating an ongoing feedback loop, which can support adaptive and sustainable improvements in service delivery (Sun, 2015) A systematic and reflective approach to understanding and addressing this gap is therefore essential for maintaining service quality and institutional performance. In conclusion, healthcare providers must rigorously examine the gap between customer expectations and perceptions as a diagnostic tool for service enhancement. By doing so, they can improve their ability to meet patient needs, enhance service experiences, and foster patient loyalty, ultimately contributing to a more equitable and effective healthcare system.

Conclusion

Healthcare services in Indonesia face a range of challenges stemming from various factors, including geographic conditions, disparities in education levels, and unequal infrastructure development. In this context, public perception of service quality is significantly influenced by dimensions such as physical comfort, reliability, responsiveness, assurance, and empathy of healthcare personnel. The application of the SERVQUAL model reveals a substantial gap between public expectations and actual service experiences, particularly in remote regions and areas with limited healthcare facilities.

In regions such as Maluku and Papua, geographical barriers pose a major obstacle to service delivery. Long distances to healthcare facilities, a shortage of medical personnel, and inadequate infrastructure result in lower levels of satisfaction and a generally negative perception of healthcare services. Beyond physical limitations, the quality of interpersonal interaction plays a crucial role. Friendly, prompt, and empathetic service tends to enhance public perception, while delays or discriminatory treatment can severely undermine trust. In contrast, urban areas such as Jakarta and Yogyakarta generally report higher satisfaction levels due to the availability of comprehensive facilities, professional health workers, and more efficient service systems.

Public expectations themselves are largely shaped by educational attainment and awareness of modern healthcare standards. More educated populations tend to have higher expectations, and any mismatch between these expectations and the actual service received can lead to widespread dissatisfaction. Therefore, transparent and honest communication is essential to manage public expectations realistically and to foster an understanding of the systemic limitations. In efforts to improve service quality, digital technology and health information systems offer viable solutions to bridge existing gaps. Online applications, electronic queuing systems, and telemedicine can facilitate access and improve service efficiency, thus enhancing patient experience.

Equally important is the adoption of a holistic approach in understanding the patient journey, from information provision and service delivery to follow-up care. Training healthcare professionals to deliver empathetic and standardized care is foundational to building public trust and loyalty. By addressing these interconnected dimensions, service quality can improve not only in measurable terms but also in perceptual and emotional value. Ultimately, the success of health sector reform depends on the system's capacity to continuously monitor and improve the factors that shape public perception. Through investment in infrastructure, enhancement of workforce competencies, adoption of appropriate technologies, and effective communication, Indonesia's healthcare services can be expected not only to meet but exceed public expectations. A system that is responsive to real needs and expectations in a human-centered manner will foster greater trust, loyalty, and well-being, laying a strong foundation for a more equitable, inclusive, and high-quality public service delivery in the future.

Recommendation

Improving the quality of healthcare services and public perception requires a comprehensive and multidimensional strategy that integrates institutional reform and human capital development. Continuous training of medical personnel that emphasizes both clinical competence and interpersonal communication is essential for strengthening the relationship between patients and healthcare providers. The implementation of health information technologies, including digital applications, electronic medical records, and queue management systems, contributes to improved efficiency, accessibility, and transparency in service delivery. Capturing public expectations through structured mechanisms such as satisfaction surveys and participatory forums enables evidence-based improvements that are responsive to community needs. Transparent communication regarding service capacity, operational challenges, and institutional limitations is critical for maintaining public trust. In remote and underserved regions such as Papua and Maluku, context-specific policy interventions and targeted capacity-building efforts are necessary to overcome geographic, infrastructural, and sociocultural barriers. A coordinated and adaptive governance approach is therefore fundamental to aligning user expectations with perceived service quality and achieving more equitable health outcomes across diverse regional settings.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgment

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