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Research Article

Analysis of the Quality of Registration Counter Services Based on the SERVQUAL Model (Case Study at Kaimana Hospital)

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Abstract: Registration counter services as the main gateway for patient interaction with hospitals play a crucial role in shaping public perception of the quality of health services. However, Kaimana Hospital faces challenges such as long queues, limited physical facilities, and reliance on coordination between units, which have the potential to reduce patient satisfaction. This study aims to analyze the gap between patients' expectations and perceptions of the quality of registration counter services using the SERVQUAL model, focusing on five dimensions: Reliability, Assurance, Tangibles, Empathy, and Responsiveness (responsiveness). The qualitative-descriptive method is applied through direct observation during the workday, semi-structured interviews and analysis of secondary documents. The results of the study showed that officers were considered competent in providing Assurance information and showed spontaneous empathy for the Empathy vulnerable group. However, the Reliability dimension is hampered by long queues and reliance on the availability of medical personnel, while Tangibles is limited to physical facilities that are less adaptive during visitor density. Responsiveness is also influenced by fluctuations in the number of patients and coordination between units that are not optimal. The main gap lies in the absence of a digital queuing system, structured inclusive protocols, and standardization of officer competencies. Strategic recommendations include certification-based HR training, integration of digital queue technology, infrastructure optimization, and strengthening operational coordination. This research emphasizes the importance of a holistic approach to create an inclusive, efficient, and sustainable service ecosystem, as well as a reference for regional hospitals in improving the quality of services based on the SERVQUAL model.

Keywords: Gap, Inclusive, Kaimana Hospital, Patient Satisfaction, Service

1. INTRODUCTION

Health services are a vital component in a country's health system, where the quality of services is the main determinant of public satisfaction and trust in health institutions(Nisa et al. 2024). Hospitals, as the spearhead of health services, are required to provide services that are not only medically effective but also humane and responsive in terms of administration (Mustofa, A et al. 2019). The registration counter, as the first gateway of interaction between the patient and the hospital, plays a crucial role in shaping the initial perception of the patient. The quality of service at this counter is often an indicator of the hospital's success in providing a satisfactory experience(Dewi et al. 2021). However, in many hospitals in Indonesia, including Kaimana Hospital, challenges such as long queues, limited physical facilities, and reliance on coordination between units are still frequent problems(Widjaja and Sijabat 2025). This encourages the need for in-depth evaluations to identify gaps between patient expectations and perceptions, so that improvements can be made in a targeted manner. The SERVQUAL model, developed by Zeithaml and Parasuraman, is present as the right analytical tool to measure service quality through its five main dimensions, namely Reliability, Assurance, Tangibles, Empathy, and Responsiveness. This study aims to analyze the quality

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of registration counter services at Kaimana Hospital using this model, as well as provide strategic recommendations based on the findings obtained.

The background of this research departs from the increasing public demand for holistic health service quality. In the modern era, patients want not only physical healing, but also a comfortable, fast, and humane service experience(All 2019). Kaimana Hospital, as a regional public hospital, has a great responsibility in serving people with diverse socio-economic backgrounds. Unfortunately, the increase in the number of visitors is not always balanced with an increase in service capacity, thus causing problems such as orderly queues, inadequate facilities, and dependence on external factors such as the availability of doctors. This condition has the potential to reduce public trust in health institutions and hinder access to services for vulnerable groups(Angita et al. 2025). Therefore, evaluating the quality of services through a scientific approach is an important step to systematically map problems and design sustainable solutions.

The SERVQUAL theory was chosen as the cornerstone of the research because of its ability to measure the gap between the expectations of service users and their perception of the services received. This model not only focuses on the technical aspects of service, but also emphasizes the importance of human interaction and a supportive physical environment. SERVQUAL's five dimensions provide a comprehensive framework for evaluating every aspect of service. The Reliability dimension measures the consistency and accuracy of services, Assurance assesses the competence and professionalism of officers, Tangibles evaluates physical facilities, Empathy measures attention to individual needs, and Responsiveness assesses the speed of response to requests or complaints. By analyzing these five dimensions, this study can identify areas that need priority improvement, both in terms of human resources, infrastructure, and operational management.

The purpose of this study is to provide an objective overview of the quality of registration counter services at Kaimana Hospital based on user perceptions, as well as to identify gaps between expectations and service reality. In addition, this study aims to formulate strategic recommendations that can be implemented by hospitals to improve service quality. The recommendations are expected not only to solve technical problems such as adding facilities or officers, but also to strengthen management systems, HR training, and technology integration. Thus, the results of this research are expected to be a reference for Kaimana Hospital and other hospitals in creating a more efficient, humane, and sustainable service system.

This research also has practical and theoretical significance. Practically, the research findings can be used by the management of Kaimana Hospital to make operational improvements, such as adding physical facilities, training officers, or implementing a digital queue system. On the theoretical side, this study enriches the application of the SERVQUAL model in the context of health services in Indonesia, especially in regional hospitals that often face budget and resource constraints. By analyzing the five dimensions of SERVQUAL in depth, this study also contributes to understanding the dynamics of interaction between patient expectations and the capacity of health institutions to meet these expectations.

In addition, this research is expected to be the basis for further research related to health service innovations, such as the integration of information technology in queue management or the development of inclusive service protocols. Thus, efforts to improve service quality are

not only reactive to problems that arise, but also proactive in anticipating future needs. Through a holistic approach that combines technical, human, and managerial aspects, Kaimana Hospital can be an example for other hospitals in realizing patient satisfaction-oriented health services.

In the social context, improving the quality of services at the registration counter also has an impact on increasing the accessibility of health services for the community, especially vulnerable groups such as the elderly, disabled, or patients from low economic backgrounds(Pratidina 2022). Fast, comfortable, and empathetic service can reduce the psychological burden on patients and families, thus supporting a more optimal healing process(Esterilita et al. 2024). Therefore, this research focuses not only on the administrative aspect, but also on the broader social impact of the quality of health services.

2. METHOD

This study uses a qualitative-descriptive approach to analyze the quality of Kaimana Hospital registration counter services based on the SERVQUAL model, focusing on five dimensions:*Reliability* (reliability in timeliness and consistency of procedures), *Assurance*(competence and professional attitude of officers),*Tangible*(adequate physical facilities such as waiting seats and queue systems),*Empathy*(attention to individual needs), and*Responsiveness*(speed of response of officers). The scope of the study includes users of registration counter services in the last three months, with the main object being administrative interaction at Kaimana Hospital, West Papua Regency, which was chosen as the research location due to the high volume of visits (±150-200 patients/day) and the complexity of operational challenges. Data collection techniques include direct observation during working hours to map service processes and facility conditions, semi-structured random interviews with structured questions based on SERVQUAL dimensions, as well as secondary data documentation (visitor reports, facility photos) for validation. Data were analyzed thematically through transcription, categorization by dimension, identification of expectation-perception gaps, and triangulation between sources (observations, interviews, documents) to ensure the accuracy of the findings. The ethical aspect is maintained through the confidentiality of the respondent's identity, written permission from the hospital, and transparency of the research objectives. The main limitation lies in the specific geographical scope (one hospital) and the limited sample size, but the depth of qualitative analysis is expected to be able to provide evidence-based recommendations for continuous improvement of the quality of care.

3. RESULT

Quality Of Registration Counter Service At Kaimana Hospital

The SERVQUAL theory developed by Zeithaml and Parasuraman is used to evaluate the quality of services by measuring the gap between users' expectations and their perception of the services received. This analysis focuses on five main dimensions: Reliability, Assurance, Tangibles, Empathy, and Responsiveness. The following is an in-depth discussion based on the responses of the interviewees at the registration counter of Kaimana Hospital, while maintaining the integrity of the original data without modification.

Reliability Dimension

The Reliability dimension refers to the ability of a service provider to provide accurate, consistent, and consistent services in accordance with promises(Naharuddin and Widiyarta 2025). Based on the interview, participants assessed that the timeliness of services at the Kaimana Hospital registration counter was quite good, with procedures carried out according to the rules. However, there are important notes related to the density of visitors who come en masse and impatience in queuing, which causes the counter to seem crowded and less orderly. This indicates that although the officer tries to comply with procedures, external factors such as the high volume of visitors affect the reliability performance of the service. Participants also acknowledged that the registration process is generally completed within the promised time, but the main obstacle lies in the dependence on the availability of doctors. If doctors are absent or the number is limited, the administrative process becomes hampered. This indicates that the reliability of the service does not only depend on counter staff, but also on coordination between units in the hospital. The main gap in this dimension lies in the inability to optimally manage queues and the reliance on external factors such as the availability of medical personnel, which reduces the consistency of services.

Assurance Dimension

The Assurance dimension is related to the competence, attitude, and ability of officers in building user trust through professional service(Stuart 2016). Interview participants assessed that the competence of counter officers was quite good, especially in providing clear information on the registration mechanism. They mentioned that officers are able to handle complaints patiently and informatively, for example by providing directions when administrative errors occur. This attitude strengthens the user's trust in the credibility of the officer. However, there were no responses indicating any specific training or certification that officers had, raising questions about formal competency standards. Although in practice officers are considered capable of carrying out their duties, the absence of formal evidence such as certification or specific training can create doubts about the quality of human resources. Provision of training on essential services as a basis in the bureaucracy(Yuanita et al. 2022) . The gap in this dimension is evident from users' expectations of professionalism supported by written competency standards, while their perceptions are based solely on first-hand experience without formal evidence support.

Tangible Dimension (Physical Evidence)

Tangibles Dimension includes physical and environmental facilities that support the user's comfort during the service process(Suryantoro and Kusdyana 2020). Participants admitted that the registration counter facilities were generally quite adequate, such as waiting chairs, and information boards. However, they criticized the limited number of seats when visitors burst in, which caused discomfort. Some participants suggested the addition of a fan to reduce the feeling of sultry, especially during long queues. In addition, the information board is considered to need to be improved to make it clearer and easier to understand. Existing queue systems, such as queue numbers or information screens, are considered fairly

easy to understand, but there are no integrated digital mechanisms to minimize visitor confusion

Figure 1. Queue Conditions at Kaimana Hospital

Source : researcher

The above condition illustrates how it is necessary to provide infrastructure in queue services such as the addition of waiting room seats. The provision of digital queues is also important in digitalization to speed up services(Feriandi et al. 2023). The gap in this dimension lies in the expectations of users for more complete facilities and adaptive to crowding situations, while current physical conditions are still limited and less responsive to fluctuations in the number of visitors. The existing infrastructure has not fully supported optimal efficiency and comfort.

Dimension of Empathy

The Empathy dimension measures the extent to which the officer shows concern and understands the individual needs of the user(Andrianto et al. 2025). Interviewees stated that counter staff are very attentive to special needs, such as elderly patients, disabilities, or emergency conditions, by practicing the principle of inclusivity. The officer's response when visitors felt confused or difficult during the registration process was also rated positive, where the officer helped with pleasure, informative, and friendly. However, there is no indication that hospitals have specific protocols or training related to the handling of vulnerable groups, so the response is more spontaneous than structured. Services provided conditionally also have a positive impact on the community(Hidayatullah 2024). The gap in this dimension arises from user expectations for services that are not only friendly but also systematic in meeting specific needs, while current practices still rely on individual initiatives of officers without clear policy support.

Responsiveness Dimension

The *Responsiveness dimension* relates to the speed and readiness of officers in responding to user requests or complaints. Participants assessed that the response of the officers was quite fast, although the speed was highly dependent on the number of patients and the availability of doctors. They also acknowledged that there are efforts to deal with long queues, such as adding counter officers and improving waiting room infrastructure. However, participants suggested the need to increase the number of officers and the readiness of doctors to speed up services. The gap in this dimension can be seen from the expectations of users for consistently fast services without being affected by external factors, while the reality

is that the speed of service still fluctuates depending on the operational conditions of the hospital. In addition, despite the efforts to fix it, the solutions implemented have not completely addressed the root cause of the long queue problem.

Supporting Factors and Inhibiting the Running of Services at Kaimana Hospital

This study revealed that the quality of the service of the registration counter at Kaimana Hospital is influenced by a number of supporting and inhibiting factors that interact with each other. Among the supporting factors, the competence of officers in providing information and handling complaints patiently is the main asset. Even without formal certification, officers are considered able to carry out their duties effectively, especially in situations of visitor confusion. The empathic attitude shown spontaneously towards vulnerable groups, such as the elderly or emergency patients, is also an added value that strengthens the humanist image of the hospital. Basic amenities such as waiting chairs, and information boards, although limited, contribute to the initial comfort of patients. In addition, the community's appreciation for the efforts of Kaimana Hospital as the best hospital in the district is a social capital that encourages trust and active participation in providing feedback.

However, structural challenges are a significant bottleneck. The imbalance between the volume of daily visits (±150-200 patients) and the capacity of the infrastructure leads to long queues and uninterruptedness, especially during peak hours. Limited waiting seats, lack of a digital queue system, and poorly defined information boards exacerbate patient discomfort. Reliance on the availability of external medical personnel also hinders the consistency of services, where administrative processes are often halted if doctors are absent. This factor shows weak coordination between units and resource management. On the human resources side, although officers are considered competent in practice, the absence of formal training or certification raises doubts about professionalism standards. The pressure due to high workload has the potential to reduce the consistency of officer-friendly attitudes, especially without the support of a rotation system or psychological assistance.

The absence of a structured inclusive protocol is another obstacle. Officers' empathic responses to vulnerable groups are still incidental, not the result of systematic policies, so services for those groups are inconsistent. On the technology side, lagging behind in adopting a digital queuing system or real-time information integration slows down administrative efficiency and increases the risk of manual errors. External factors such as fluctuations in the number of patients and instability in the availability of medical personnel further complicate the dynamics of services, creating dependency that is difficult for hospitals to control.

This interaction between supporting and inhibiting factors forms a paradoxical service experience. On the one hand, positive efforts such as officer initiatives and improvements to infrastructure facilities show the hospital's commitment. On the other hand, challenges such as limited capacity, lack of standardization, and the absence of technology erode the potential for service optimization. Implicitly, patient satisfaction often depends on a balance between the officer's humanistic attitude and tolerance for structural discomfort. These findings confirm that improving service quality requires a holistic approach, combining strengthening human resources through training and certification, modernizing infrastructure with digital queue technology, and more solid coordination between units. Without integrated interventions, the gap between expectations and service realities will remain an ongoing challenge for Kaimana Hospital in meeting inclusive and responsive healthcare standards.

4. CONCLUSION

This study aims to analyze the quality of registration counter services at Kaimana Hospital through the SERVQUAL model, focusing on five dimensions*: Reliability, Assurance, Tangibles, Empathy, and Responsiveness*. The results showed that although Kaimana Hospital has made efforts to provide adequate services, there is a significant gap between users' expectations and their perception of the services received. In the Reliability dimension, the timeliness and consistency of administrative procedures are considered quite good, but long queues and reliance on the availability of medical personnel are the main inhibiting factors. This indicates that the reliability of the service depends not only on the performance of counter officers, but also on coordination between units and the management of hospital resources. Fluctuations in the number of visitors that are not balanced by operational capacity lead to queue disorder, which has the potential to reduce public trust in institutions.

Dimension Assurance revealed that counter officers are considered competent in providing information and handling complaints patiently. However, the absence of formal evidence such as certification or specific training casts doubt on the standards of professionalism. The public expects quality assurance that is not only based on empirical experience, but also on a structured HR development system. In the Tangibles dimension, physical facilities such as waiting seats, fans, wheelchairs, and information boards are considered adequate under normal conditions, but less responsive when there is a density of visitors. Limited seats, the absence of a digital queue system, and the lack of clarity in written information are factors that reduce patient comfort. These findings confirm that physical infrastructure needs to be optimized to support service efficiency and adaptability.

The Empathy dimension shows that officers have shown an empathetic attitude, especially in dealing with vulnerable groups such as the elderly and the disabled. However, the response is more spontaneous than supported by clear protocols or policies. The community expects services that are not only friendly, but also systematic in meeting special needs. Meanwhile, in the Responsiveness dimension, the speed of service is affected by external factors such as the availability of doctors and the number of officers. Improvement efforts such as the addition of infrastructure facilities and officers have been made, but have not completely addressed the root cause of the long queue problem. This gap reflects the need for a holistic approach that combines HR capacity building, technology integration, and more dynamic operational management. Overall, this study confirms that the quality of service at the registration counter of Kaimana Hospital still faces multidimensional challenges. The gap between patient expectations and perceptions stems not only from limited infrastructure or human resources, but also from the complexity of coordination between units and the absence of an integrated support system. These findings are in line with SERVQUAL's theory which emphasizes the importance of a comprehensive approach in evaluating service quality. The social implications of this study are that improving the quality of services not only impacts patient satisfaction, but also on the accessibility of healthcare services for vulnerable groups. Thus, improvement efforts must be oriented towards creating an inclusive, responsive, and sustainable service ecosystem.

5. Conclusions

Based on the findings of the research, the following are strategic recommendations to improve the quality of registration counter services at Kaimana Hospital:

1. **Strengthening Human Resource Capacity**

Counter officers need to receive periodic training related to technical competencies and soft skills, such as empathic communication and conflict management. The training should be accompanied by official certification to provide quality assurance and increase public trust. In addition, it is necessary to establish special training modules to deal with vulnerable groups, such as patients with disabilities or the elderly, so that the response of officers is not only spontaneous, but also structured based on clear protocols (Empathy). Human resource capacity building also includes the procurement of psychological support teams to reduce the emotional burden of officers when facing long queues or complex complaints.

2. **Optimization of Physical Infrastructure and Technology**

To reduce the gap in the Tangibles dimension, Kaimana Hospital needs to increase the number of waiting chairs, fans, and easily accessible digital information boards. Conventional queuing systems can be improved by adopting technologies such as queue management systems (QMS) based on digital queue numbers or mobile applications. This system not only speeds up the administrative process, but also minimizes visitor confusion (reliability). In addition, it is necessary to renovate the waiting room to ensure good air circulation and ergonomic comfort, especially during peak hours. The installation of real-time information about doctors' schedules and estimated waiting times can also improve service transparency.

3. **Improved Inter-Unit Coordination and Operational Management**

Coordination between the registration counter, medical unit, and hospital management should be strengthened through regular meetings and an integrated communication system. For example, creating an operational dashboard that displays real-time data on doctor availability and the number of patients can help anticipate a surge in visitors (responsiveness). Kaimana Hospital also needs to develop emergency protocols for extreme crowd situations, such as adding officer shifts or cooperating with surrounding clinics to reduce the burden on patients. In addition, it is necessary to implement an officer rotation system to avoid work fatigue that has the potential to reduce service quality.

4. **Inclusive and Empathy-Based Policy Development**

Kaimana Hospital needs to formulate a special policy that ensures inclusive services for vulnerable groups. For example, the provision of priority routes for elderly patients, disabilities, or emergency conditions, accompanied by trained companions (Empathy). The policy must be clearly communicated through informative posters or videos in the waiting room. In addition, hospitals can establish patient feedback forums to accommodate the community's aspirations on a regular basis. This forum is not only a means of evaluation, but also a medium to build a humanist relationship between patients and institutions.

5. **Technology Integration in Queue Management**

The implementation of an application-based digital queue system or SMS gateway can be a long-term solution to reduce physical queues (Reliability and Responsiveness). This system allows patients to take queue numbers virtually, monitor queue progress from home, or receive notifications via mobile phones. Integration with hospital information systems (SIMRS) can also speed up the data validation process and reduce administrative errors. To

ensure sustainability, technical training for officers and socialization to the public is needed through local media or posters in the hospital environment.

6. Advanced Research and Continuous Evaluation

Kaimana Hospital needs to conduct periodic evaluations using the SERVQUAL model to monitor the progress of service improvements. Further research can be focused on analyzing the impact of technology application on patient satisfaction or comparative studies with other hospitals in the West Papua region. Additionally, it is important to explore the officers' perspectives through in-depth interviews to understand operational challenges that have not been revealed in this study. The results of the evaluation can be the basis for more adaptive and data-based policy formulation.

7. Collaboration with External Stakeholders

Improving the quality of service cannot be done independently by Kaimana Hospital. It is necessary to build cooperation with local governments, the private sector, or non-profit institutions to obtain funding support, training, or technical assistance. For example, collaboration with technology companies can facilitate the procurement of digital queuing systems, while collaboration with universities can open up internship opportunities for public health students to help at the registration counter. This synergy not only eases the operational burden, but also strengthens the network of hospitals in the regional health ecosystem.

By implementing the recommendations above, Kaimana Hospital can overcome service quality gaps systematically and sustainably. These measures not only focus on technical improvements, but also on strengthening the humanist values that are at the core of health services. In the long term, this effort is expected to increase public trust, reduce disparities in access to services, and make Kaimana Hospital a model of a regional hospital that excels in service innovation.

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