

Determinants Of Patient Satisfaction With Hospital-Based Homecare Services

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ABSTRACT

Background: Homecare services play an essential role in supporting continuity of care after hospital discharge. Patient satisfaction is widely recognized as a measure of healthcare service quality and effectiveness. **Objective:** This study aimed to analyze the determinants of patient satisfaction with homecare services at a teaching hospital in Indonesia. **Methods:** A cross-sectional study was conducted involving 32 patients who received homecare services between July 2025 and March 2026. Data were collected using a structured questionnaire. Patient satisfaction was treated as the dependent variable, while cost, competence, friendliness, responsiveness, and ease of procedures were included as independent variables. Multiple linear regression analysis was applied to identify significant determinants. **Results:** The model demonstrated strong explanatory power ($R^2 = 0.814$; $p < 0.001$). Competence ($\beta = 0.540$; $p < 0.001$) and friendliness ($\beta = 0.385$; $p = 0.008$) were identified as significant determinants of patient satisfaction. In contrast, cost, responsiveness, and procedural ease were not statistically significant. **Conclusion:** Patient satisfaction in homecare services is primarily influenced by the competence and interpersonal qualities of healthcare providers. Strengthening human resource capacity is essential to improve service quality.

INTRODUCTION

The healthcare system is increasingly oriented toward patient-centred and community-based care. Continuity and coordination of care are central to improving service quality, particularly for patients who require follow-up after hospital discharge (1). Homecare services operationalize this principle by enabling patients to receive continued assessment, treatment, and monitoring at home while maintaining links with hospital-based teams (2).

Internationally, home-based hospitalization and hospital-at-home models have expanded as alternatives or complements to conventional inpatient care (3, 4). These models are supported by multidisciplinary teams, structured clinical pathways, and, increasingly, digital health technologies that facilitate monitoring, communication, and coordination in the home setting (5, 6).

Patient satisfaction is an important indicator of healthcare service quality because it reflects the extent to which services meet patient expectations and needs (7). Patient experience is also associated with clinical safety, effectiveness, and better engagement with treatment processes (8, 9). In homecare settings, patient satisfaction is influenced not only by administrative and financial aspects but also by technical competence, interpersonal communication, responsiveness, and accessibility of services.

Service quality frameworks such as SERVQUAL emphasize that reliability, responsiveness, assurance, empathy, and tangibles contribute to perceptions of service quality (10). In healthcare, systematic reviews and empirical studies have similarly shown that provider competence, communication, interpersonal behaviour, and service responsiveness are important determinants of patient satisfaction (11, 12).

Despite the growing relevance of homecare services in Indonesia, empirical evidence remains limited regarding which service attributes most strongly determine satisfaction in hospital-based homecare. Existing studies commonly focus on general hospital services, while the relative contribution of provider competence, friendliness, responsiveness, procedural ease, and cost in homecare settings remains insufficiently quantified. This evidence gap limits managers' ability to prioritize improvement strategies in homecare service delivery. Therefore, this study aims to identify and quantify the key determinants of patient satisfaction in hospital-based homecare services.

METHODS

This study employed a quantitative cross-sectional design to examine the relationship between service-related determinants and patient satisfaction at a specific point in time [14]. The study was conducted in the homecare service unit of X Hospital from July 2025 to March 2026.

The study population consisted of all patients who received homecare services during the study period. A total sampling technique was applied, in which all eligible patients were invited to participate. The final sample consisted of 32 respondents.

The inclusion criteria were: (1) patients aged 18 years or older; (2) patients who received at least one homecare service visit during the study period; (3) patients who were able to communicate and complete the questionnaire independently or with minimal assistance; and (4) patients who agreed to participate voluntarily. The exclusion criteria were: (1) patients with severe cognitive impairment, acute clinical deterioration, or communication barriers that prevented valid questionnaire completion; (2) patients whose responses were provided entirely by caregivers without patient confirmation; and (3) patients with incomplete questionnaire data.

The dependent variable was patient satisfaction with homecare services, while the independent variables included cost, healthcare provider competence, friendliness, service responsiveness, and ease of procedures. Data were collected using a structured questionnaire administered after respondents received homecare services, with Likert-scale responses where higher scores indicated more positive perceptions of each service dimension.

Data were analyzed using multiple linear regression with IBM SPSS Statistics version 25. A significance level of $p < 0.05$ was applied.

This study utilized minimal-risk survey data and did not involve any intervention. All data were anonymized and contained no personally identifiable information. The study ensured confidentiality, data protection, and voluntary participation of respondents in accordance with ethical principles for human subject research.

RESULT AND DISCUSSION

RESULT

The characteristics of respondents are presented in Table 1. Most respondents were female (65.62%). In terms of education, the majority had a bachelor's degree (43.75%) followed by senior high school (31.25%). Based on occupation, most respondents worked in the private sector (28.13%), followed by civil servants, retirees, and housewives with relatively similar proportions. Most respondents had previous hospitalization experience at X Hospital (75.00%). Table 1, Most respondents were female (65.62%). In terms of education, the majority had a bachelor's degree (43.75%), followed by senior high school (31.25%). Based on occupation, most respondents worked in the private sector (28.13%), followed by civil servants, retirees, and housewives with relatively similar proportions. Most respondents had previous hospitalization experience at X Hospital (75.00%).

Table 1: Distribution of respondent characteristics

Characteristics	N	%
Sex		
Male	11	34.38
Female	21	65.62
Education Level		
Doctoral/Master	6	18.75
Bachelor	14	43.75
Senior High School	10	31.25
Primary/Junior High	2	6.25
Occupation		
Civil servant	5	16.63
Private sector	9	28.13
Entrepreneur	4	12.50
Doctor	2	6.25
Retired	5	15.63
Housewife	5	15.63
Student	2	6.25

Previous Hospitalization		
Yes	24	75.00
No	8	25.00

Overall, respondents provided positive assessments across all service dimensions. In terms of ease of procedures, more than half of respondents perceived the service as very easy (53.12%), while the rest considered it easy (40.62%). Regarding responsiveness, most respondents rated the service as fast (56.25%) or very fast (40.62%). In terms of cost, the majority of respondents perceived the service as affordable (50.00%) or moderately expensive (37.50%). The competence of healthcare providers was also rated positively, with most respondents considering them competent (50.00%) or very competent (43.75%). In addition, all respondents reported positive perceptions of friendliness, indicating that interpersonal interaction in homecare services was highly satisfactory.

Table 2. Evaluation of Homecare Services

Determinant Factors	N	%
Ease of Procedures		
Very easy	17	53.12
Easy	13	40.62
Less easy	2	6.25
Responsiveness		
Fast	18	56.25
Very fast	13	40.62
Less fast	1	3.12
Cost		
Affordable	16	50.00
Moderately expensive	12	37.50
Very affordable	13	9.38
Very expensive	1	3.12
Competence		
Competent	16	50.00
Very competent	14	43.75
Less competent	2	6.25
Friendliness		
Friendly	16	50.00
Very friendly	16	50.00

Most respondents reported being satisfied with the homecare services (56.25%), followed by those who were very satisfied (37.50%). Only a small proportion of respondents reported being less satisfied (6.25%), indicating that overall satisfaction with homecare services was high.

Table 3. Level of Patient Satisfaction

Satisfaction	N	%
Satisfied	18	56.25
Very satisfied	12	37.50
Less satisfied	2	6.25

The regression model showed strong explanatory power ($R^2 = 0.814$; $p < 0.001$), indicating that 81.4% of the variation in patient satisfaction can be explained by the independent variables included in the model.

Table 4. Results of regression analysis on the determinants of patient satisfaction

Variable	Coefficient	p-value	Remarks
Cost	- 0.102	0.195	Not significant
Competence	0.540	0.000	Significant
Friendliness	0.385	0.008	Significant
Responsiveness	-0.072	0.720	Not significant

Ease of procedures	0.196	0.160	Not significant
The regression equation is as follows: $Y = -0.006 - 0.102X_1 (\text{Cost}) + 0.540X_2 (\text{Competence}) + 0.385X_3 (\text{Friendliness}) - 0.072X_4 (\text{Responsiveness}) + 0.196X_5$			
(Ease of procedures)			

The results indicate that competence is the most influential factor affecting patient satisfaction, followed by friendliness. Meanwhile, cost, responsiveness, and ease of procedures were not found to have a statistically significant effect. These findings suggest that patient satisfaction with homecare services is primarily driven by the quality of healthcare providers rather than operational or financial factors.

DISCUSSION

This study found that healthcare provider competence was the most dominant determinant of patient satisfaction with homecare services. In homecare settings, patients and families often rely heavily on the professional judgement, technical skills, and clinical communication of providers because care is delivered outside the conventional hospital environment. Consequently, competence may function as a direct marker of safety, trust, and perceived service quality. This finding is consistent with evidence that technical quality, professional capability, and provider behaviour are central components of healthcare satisfaction (11,12,16).

Friendliness was also significantly associated with patient satisfaction. This indicates that interpersonal quality remains essential in homecare, where providers interact with patients in a more personal environment. Friendly, respectful, and reassuring communication can reduce patient anxiety, strengthen trust, and improve the perceived value of care. Previous studies have shown that patient experience and satisfaction are influenced not only by clinical outcomes, but also by how patients are treated during the care process (7-9,15).

Cost, responsiveness, and ease of procedures were not statistically significant in the adjusted model. This does not necessarily mean that these factors are unimportant. Rather, the non-significant findings may reflect limited variation in respondents' perceptions because most respondents rated these dimensions positively. After accounting for competence and friendliness, the remaining contribution of operational and financial variables may have been smaller in this sample. Similar findings in healthcare satisfaction research suggest that interpersonal and professional aspects can outweigh administrative factors when patients evaluate overall care quality (11,17).

The high R^2 value indicates that the variables included in the model explained a substantial proportion of variation in patient satisfaction. However, this result should be interpreted cautiously because the sample size was small and the study used a cross-sectional design. Statistical significance should be complemented by attention to effect size, clinical relevance, and the plausibility of relationships among variables (18). Future studies should include larger samples, multicentre settings, validated measurement instruments, and longitudinal designs to confirm the determinants of satisfaction in homecare services.

From a managerial perspective, these findings suggest that improvement strategies should prioritize human resource development. Competency-based training, clinical supervision, communication skills training, and structured feedback mechanisms may strengthen patient-centred homecare services. Digital tools and standardized workflows may also support coordination and communication, but their value will depend on how well they strengthen provider-patient interaction and continuity of care (5,6,19).

CONCLUSION

Patient satisfaction with homecare services is significantly influenced by healthcare provider competence and friendliness, with competence identified as the most dominant factor. In contrast, cost, responsiveness, and ease of procedures do not have a significant effect on patient satisfaction. These findings indicate that human resource quality is the key factor in improving patient satisfaction in homecare services. Therefore, healthcare providers are recommended to strengthen professional competence and enhance interpersonal communication skills in order to improve the overall quality of homecare services.

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AUTHOR'S CONTRIBUTION STATEMENT

ENE: Conceptualization, Writing Original Draft, Data collection, Formal analysis, Review and Editing. AN: Conceptualization, Methodology, Manuscript review. DC: Conceptualization, Supervision, Manuscript review.

EP: Data analysis, Validation, Manuscript review. HKR: Validation, Manuscript review.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

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