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Article Title

Responsiveness of Outpatient Care from Patient Perspectives: An Analysis of Administrative Governance and Physical Infrastructure

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ABSTRACT

The responsiveness of non-medical services is a crucial indicator in determining the governance quality of referral healthcare facilities. The phenomenon of disparities in administrative service performance and the limitations of supporting infrastructure remain operational constraints affecting public satisfaction levels. This study aims to explore and analyze outpatient care responsiveness based on the direct experiences of patients at the Regional General Hospital of Syekh Yusuf, Indonesia. This qualitative study with a descriptive case study design employed a purposive sampling technique involving ten informants, primarily comprising patients as the main data source. Primary data were collected through in-depth interviews, which were validated through source triangulation and non-participant field observations. The thematic analysis revealed five fundamental weaknesses in the service system. First, patients experienced inefficiencies in waiting times due to network information system constraints and bureaucratic complexities in the insurance system. Second, there was a discrepancy in interpersonal communication standards, characterized by fluctuating attitudes and the unfriendliness of the registration counter staff. Third, although the verbal delivery of procedural information was considered adequate, the availability of visual guidance facilities was very limited. Fourth, the cramped and narrow waiting room layout significantly degraded physical comfort standards. Fifth, patients' smooth physical mobility was compromised by broken escalators and by overlapping elevator use. These empirical findings conclude that the failure to meet service responsiveness expectations stems from institutional managerial oversight deficiencies, rather than medical clinical capabilities. Therefore, management is recommended to immediately upgrade the information system's operational capacity, establish standard operating procedures for frontline staff etiquette, redesign waiting room capacities, and prioritize maintenance of building accessibility infrastructure for vulnerable patient groups.

Keywords: *Administrative Governance; Hospital Infrastructure; Outpatient Care; Patient Experience; Service Responsiveness.*

INTRODUCTION

Hospitals are healthcare institutions that play a central role in providing comprehensive medical services to the public (Kamran & Syahrul, 2024). The operational success of a hospital is not solely measured by clinical healing aspects. Administrative governance in delivering administrative services also significantly determines the quality of these healthcare facilities (Fitri et al., 2025). The quality of healthcare governance is strongly correlated with service user satisfaction (Musa, 2022; Permana et al., 2023). A hospital's failure to maintain its service quality will decrease public trust. This decline in trust ultimately harms the operational sustainability of healthcare providers.

An essential indicator of hospital governance quality is the level of health system responsiveness (Sartika & Fauziah, 2024). According to the framework by WHO (2000) and a contemporary study by Orianti et al. (2022), responsiveness is the ability of healthcare providers to meet public expectations regarding the non-medical aspects of a service. These non-medical aspects include the friendliness of registration staff, the efficiency of queue waiting times, the clarity of information flow, the ease of physical accessibility, and the comfort of the healthcare facility's environment. Responsiveness focuses on how patients are treated and supported during hospital service delivery.

Meeting patient expectations for service responsiveness is currently a performance benchmark for both primary and referral healthcare facilities across various developing countries (Negash et al., 2022; Ahmadpour et al., 2023). A low level of responsiveness indicates a discrepancy between service providers' governance capacity and the community's actual needs. The failure of healthcare facilities to respond promptly to patient complaints and aspirations reflects the organization's managerial weaknesses. Therefore, evaluating the responsiveness of healthcare facilities is an urgency in public health policy administration.

The dynamics of outpatient care services in Indonesia frequently encounter bureaucratic obstacles and limitations in supporting physical infrastructure. The efficiency of waiting times for administrative queuing and medication dispensing remains a crucial operational constraint. This waiting time issue significantly affects patient satisfaction across various healthcare facilities in the Makassar region and its surroundings (Fajrin et al., 2021). Such operational conditions necessitate a more systematic review of outpatient care installation units. The outpatient care unit serves as the initial point of direct interaction between the general public and hospital management.

Similar issues regarding disparities in administrative service performance have also been identified at the Regional General Hospital (*Rumah Sakit Umum Daerah*, hereafter referred to as RSUD) Syekh Yusuf in Gowa Regency. According to Nurjaman and Saad (2023), the level of public service responsiveness at this hospital has not reached an optimal point, despite routine coordination efforts by the management. Various fundamental complaints related to the fulfillment of the community's non-medical aspirations have not been comprehensively mapped by the administrators. Limitations in operational resources and constraints in administrative governance remain the primary barriers delaying progressive improvements in service quality.

Based on literature reviews and field problem identification, an academic gap exists regarding the evaluation framework for service responsiveness. Many previous studies have tended to evaluate service satisfaction quantitatively or have placed too much emphasis on the clinical performance of medical personnel (Kosassy et al., 2020; Fajrin et al., 2021; Alhayat et al., 2023; Purwitasari et al., 2023; Fachri, 2024). Qualitative studies specifically evaluating patients' subjective experiences in navigating administrative systems and physical infrastructure are still highly limited. An in-depth assessment from the patient's perspective as a service user is necessary to unravel the complexities of outpatient care governance. This study was designed to fill this literature gap by establishing patients' empirical perceptions as the foundation for evaluation.

Based on these gaps, this study aims to explore and analyze the responsiveness of outpatient care based on the direct experiences and perceptions of patients at the RSUD. Specifically, this study dissects the dynamics of administrative service interactions and the reliability of supporting physical infrastructure through an in-depth evaluation of waiting time efficiency, the quality of registration staff friendliness, the clarity of procedural information, the level of waiting room comfort, and the ease of physical accessibility. The findings of this study are expected to provide practical benefits, including strategic recommendations for hospital management in designing governance improvement policies. Furthermore, this research provides specific theoretical contributions to public health administration by expanding the responsiveness framework, uniquely synthesizing the evaluation of physical infrastructure and human administrative interactions through a phenomenological lens of patient experience.

METHOD

This study employed a qualitative approach with a descriptive case study design (Creswell, 2013). This approach was considered the most precise instrument for uncovering the complex dynamics of public service governance, particularly in capturing the subjective experiences and empirical perceptions of healthcare facility service users. The research was conducted at the Outpatient Care Installation of RSUD Syekh Yusuf, Gowa Regency. Field data collection was carried out intensively from late 2023 to early 2024. The selection of this location was based on the strategic urgency of the outpatient care installation as the first point of contact for the provision of individual healthcare services, where administrative interactions and the utilization of physical infrastructure occur on a massive scale daily.

Primary data were collected through in-depth interviews using a structured interview guide (Sugiyono, 2019). Informants were selected through purposive sampling, resulting in a total of 10 participants. The composition included one registration staff member as a supporting informant and nine main informants, comprising the Head of the Outpatient Care Installation and eight outpatient care patients. Data saturation was reached by the eighth patient, with no new themes emerging during the interviews. For the purpose of data presentation in the results section, five of these eight patients were specifically designated as key informants. The proportion of informants, dominated by patients, was intentionally determined to extract the pure empirical experiences of service users. This data collection design strictly limited the evaluation to administrative service interactions and the reliability of physical infrastructure; therefore, assessments of clinical medical procedures were excluded from the scope of this study.

In addition to primary data, this study collected secondary data to support the empirical analysis. Secondary data were obtained by examining authentic institutional documents of the hospital. These documents included patient visit demographic records, standard operating procedures (SOPs) for outpatient care registration, and internal draft reports on building facility complaints. The use of institutional secondary data complemented the field interviews and ensured that each managerial governance analysis was grounded in robust administrative data.

To ensure the validity of qualitative data, this study applied multiple layers of source triangulation and technique triangulation. Source triangulation was conducted by cross-referencing the patient group's claims or complaints with clarifications from administrative staff and the Head of the Installation. Meanwhile, triangulation of techniques was conducted by confirming the results of verbal interviews through direct, non-participant observation at the research site. These field observations focused on the density of queue counters, the availability of visual information media, the cleanliness of waiting rooms, and the operational functionality of mobility facilities such as escalators and elevators.

The field information was processed using an interactive model of qualitative data analysis, which followed a circular process (Miles et al., 2014). The analytical stages began with raw data collection and continued with data condensation. During the condensation stage, researchers filtered and focused the interview transcripts into five central responsiveness themes: waiting time efficiency, administrative staff friendliness, information clarity, waiting room comfort, and ease of physical accessibility. The subsequent stage involved data display, constructed into narrative matrices and thematic tables to facilitate problem mapping. This analytical cycle concluded with drawing conclusions, synthesizing field findings into formulated recommendations for governance improvements for the hospital management.

Since this study evaluated only administrative governance and physical infrastructure, without any clinical or medical interventions, formal clinical ethical clearance was waived. Informed consent was obtained from all informants before they participated in the interviews, ensuring the strict confidentiality and anonymity of their responses.

RESULTS AND DISCUSSION

A. Waiting Time Efficiency in the Administrative System and Pharmacy

The evaluation of outpatient care responsiveness at the RSUD positions waiting time efficiency as a crucial indicator. Waiting times at registration counters and pharmacy dispensaries are operational factors that significantly shape patients' initial perceptions. Empirical data indicate that queue durations

frequently exceed reasonable standards for public service timeframes. Delays in the administrative completion process are generally triggered by the high volume of daily visits and technical constraints within the hospital's information system, as revealed by R and DT as key informants representing outpatients, as follows:

> *"It takes a long time from the registration counter to the polyclinic because they are not just serving one person at a time. Since we also work in the service sector, we understand that."*

> *"The waiting time here depends on how many people are there."*

These informants' complaints were factually validated through field observations regarding the density of the waiting room areas. Administrative delays stem from the complexity of the health insurance document verification process and periodic technical disruptions in the registration system software. The hospital management has provided Self-Registration Kiosks (*Anjungan Pendaftaran Mandiri*) to address the buildup of counter queues. However, the lack of procedural socialization has led to these facilities being rarely used by service users. Field observations indicate that this underutilization is further exacerbated by technological barriers, particularly among elderly patients who struggle with the kiosk's digital interface and still rely heavily on conventional, face-to-face assistance. This operational condition aligns with previous research findings that bureaucratic barriers to registration—compounded by the ineffective implementation of digital solutions—are the institutional weaknesses that most frequently degrade the quality of outpatient care (Fajrin et al., 2021; Askarila & Kholidah, 2024). Slow administrative wait times are proven to significantly reduce patient comfort.

The accumulation of delays at this initial registration stage causes a cascading effect, leading to subsequent queue buildups at the pharmacy unit. The disproportionate workload of administrative staff relative to the number of daily visits further exacerbates this queuing service cycle. The operational sluggishness in this administrative system serves as empirical evidence of the suboptimal performance of healthcare facility services in general (Nurjaman & Saad, 2023). Therefore, reducing response time during the registration stage is an absolute prerequisite for improving service satisfaction (Fachri, 2024). Ultimately, a strict evaluation of administrative completion time efficiency also demands a review of the quality of interactions and the attitudes of frontline service staff.

B. Patient Perceptions Regarding the Friendliness of Registration Staff

Following the dynamics of queuing administration completion, the quality of communication interactions by registration counter staff emerges as the next determining dimension in measuring service responsiveness. Frontline staff play

a vital role as institutional representatives, shaping patients' initial perceptions. Fundamentally, every staff member is required to apply good public service communication standards, such as smiling, providing a friendly greeting, and being responsive to all service user complaints (Syukur et al., 2024; Wei & Arisani, 2024). However, qualitative field investigations revealed a significant discrepancy between the ideal service standards and the actual attitudes of the registration staff, as articulated by informant RA below:

> *"... it depends on the service, some are fast to respond, but some are also unfriendly ... how should I say it, when there are a lot of people, they become unfriendly and usually get angry."*

Complaints about fluctuations in staff attitudes reflect the lack of behavioral standard operating procedures (SOPs) consistently implemented in the administrative area. The unfriendly demeanor and staff's tendency to express frustration when faced with a surge in queues indicate poor interpersonal communication skills. This rigid frontline service condition directly affects patient satisfaction and trust (Kosassy et al., 2020). The inability of staff to manage their workload without sacrificing service etiquette indicates weak oversight of human resources within the outpatient care unit.

Healthcare facilities that neglect the empathy and responsiveness aspects of their administrative staff will experience a drastic decline in service quality (Alhayat et al., 2023). Staff professionalism must not be compromised by the high volume of patient visits on any given day. Periodic performance evaluations of counter staff are mandatory for management to ensure the fulfillment of patients' rights to humane services. Improvements in interpersonal interaction etiquette must be implemented immediately to prevent failure to deliver procedures and service information to patients.

C. Availability and Clarity of Service Procedure Information

Beyond the quality of interpersonal interactions, communication effectiveness is also highly determined by the availability and clarity of service procedure information. The delivery of comprehensive information is a fundamental right for every patient. Based on the interview results, service users generally appreciated the clarity of the verbal information provided by hospital staff, both during initial registration and when receiving further explanations in the polyclinic rooms, as confirmed by the following patient statements (DT and A):

> *"... they explained it well during the service until we understood, everything was good, especially since the doctor has been treating me for a long time."*

> *"... it is very easy to understand, especially the doctors, if they want to convey something, they do it in a friendly and kind manner."*

Patients' appreciation for the clarity of oral information is a positive finding. However, an in-depth evaluation of non-verbal infrastructure aspects revealed a weakness in communication governance. The successful transfer of information should not rely solely on oral explanations by individual registration counter staff or medical personnel at the polyclinic. An ideal health system responsive to health needs demands the availability of visual communication media, such as registration flow guide brochures and strategically installed directional signage (Orianti et al., 2022). Field observations indicate that these visual support facilities are minimal and inadequate within the outpatient care area.

The absence of these independent informational instruments has the potential to confuse new patients and will ultimately overburden the counter staff with repetitive procedural questions. Fulfilling the right to clear and independently accessible information is a crucial element in building a responsive healthcare facility service experience (Ahmadpour et al., 2023). Hospital management needs to recognize that optimal service education requires a combination of effective interpersonal communication and adequate support for information infrastructure. Optimizing these procedural information facilities will be rendered meaningless if patients continue to experience physical discomfort while waiting in the service area.

D. Evaluation of the Comfort and Cleanliness Levels of Waiting Room Facilities

The successful governance of procedural information during the registration stage must be supported by an adequate physical environment. The tangible aspects of service facilities, or the completeness of physical amenities, are directly evaluated by patients' senses. The evaluation of this physical comfort indicator focused on seating capacity at the outpatient care registration counter. The empirical data extraction revealed specific findings regarding the fulfillment of this waiting facility capacity, as evidenced by the experiences shared by DT, SW, and RA:

> *"... at the counter, I have never failed to get a seat ..."*

> *"... it is good at the counter, it is enough, there are quite a lot, it is decent ..."*

> *"The chairs are sufficient, the facilities are good, everything is complete ... I have never missed getting a seat, but we are crammed closely together."*

Acknowledgments from the informants confirm that, in terms of quantity, the number of seats provided by the hospital management is sufficient to accommodate all patients. However, complaints about cramped seating indicate that the room's spatial ratio is not proportional to the volume of daily visits. The

accumulation of patients in a narrow area significantly degrades the standard of comfort. The fulfillment of tangible service aspects, which encompasses the comfort of the waiting room layout, has a vital influence on shaping overall patient satisfaction (Permana et al., 2023).

This densely packed waiting room, lacking an optimal layout, also frequently triggers issues related to environmental cleanliness. An overcrowded, congested service space makes it extremely difficult for housekeeping staff to maintain ideal sanitation in the area during operational hours. Narrow spatial infrastructure and a poorly organized physical environment have been shown to directly correlate with public discomfort when accessing public services (Purwitasari et al., 2023; Ginting et al., 2024). The management must redesign the waiting room layout to ensure proportional movement space for each patient. A comprehensive evaluation of this spatial comfort is an initial stage that must be addressed before discussing the smoothness of patients' physical mobility within the hospital building.

E. Accessibility and Building Physical Infrastructure Constraints

Following the evaluation of the waiting room layout, the responsiveness parameter shifts to the ease of accessibility. In the context of outpatient care services, accessibility is frequently interpreted dually by patients: the ease of meeting healthcare professionals promptly, and the ease of physical mobility to the service location. Patients' assessments regarding the punctuality of medical service schedules indicate a highly positive response, as reaffirmed by DT and RA as follows:

> *"... there are no doctor delays, they are easy to meet ..."*

> *"... as for the doctors here, they are always available, I never have to wait for the doctor, it's just the queue [that takes time] ..."*

These informants' statements indicate a point of success regarding the punctuality of healthcare professionals' attendance in the polyclinic rooms. However, the timely presence of doctors in the examination rooms is merely the final endpoint of a service chain. Holistic ease of accessibility highly depends on the smoothness of patients' physical mobility from the ground floor to the polyclinic area. Based on secondary data identification and general field complaints, the governance of building facilities emerges as the most critical bottleneck. The unaddressed breakdown of escalator facilities and the mixed use of elevators between outpatient and inpatient care patients have practically paralyzed patient circulation.

Building infrastructure conditions that impede mobility are highly detrimental to service users, particularly for vulnerable patient groups such as

the elderly or persons with disabilities, who cannot possibly be directed to use emergency stairs. Excellent physical accessibility is a primary determinant of patients' interest in reusing services at the healthcare facility (Ningsih et al., 2021; Nur'aini et al., 2024). Structural barriers to the smooth mobility of building facilities not only degrade comfort but also lower public perception of overall service quality (Musa, 2022). Improving the governance of building facility maintenance is a non-negotiable operational prerequisite for management to ensure inclusive, accessible healthcare services (Adhikari et al., 2024).

Managerially, the series of problems originating from registration bureaucratic barriers, staff unfriendliness, minimal visual information infrastructure, overcrowded waiting rooms, and up to the breakdown of building accessibility facilities confirms the suboptimal responsiveness of the health system as a whole. The inability to respond to patient expectations across various non-medical aspects reflects a weakness in strategic governance, which remains a classic challenge for many healthcare facilities in developing countries (Negash et al., 2022). The management of RSUD Syekh Yusuf is urged to immediately evaluate and reconstruct its operational management policies to realize a public service system genuinely centered on fulfilling community needs.

CONCLUSIONS AND SUGGESTIONS

Based on the in-depth exploration and analysis of patient experiences, this study concludes that the responsiveness level of outpatient care at the RSUD remains suboptimal. The systemic failure to fulfill the community's non-medical expectations is rooted in weak administrative governance and unreliable physical infrastructure. Patients consistently experience inefficiencies in waiting times due to constraints in the registration network system and bureaucratic barriers. This operational condition is further exacerbated by the counter staff's low interpersonal communication competence during daily queue surges. Furthermore, although the delivery of verbal information by medical personnel and staff is considered adequate, the absence of visual guide facilities severely limits patient independence. The cramped waiting room layout and the breakdown of building mobility facilities, such as escalators and elevators, ultimately paralyze overall service accessibility. This series of empirical findings unequivocally confirms that the root of the service problem lies not in the clinical capabilities of the medical personnel, but rather in the deficiency of managerial oversight at the institutional level.

Drawing on these conclusions, this study formulates several policy implications and concrete follow-up actions for hospital management. The administration is urged to immediately upgrade the operational capacity of the Hospital Management Information System (HMIS) to accelerate initial registration durations. Management must establish

standard operating procedures (SOPs) for frontline staff communication etiquette, accompanied by periodic evaluation instruments. Regarding the tangible aspects of the building, spatial layout policy interventions must be realized immediately to alleviate capacity density in the waiting areas. The allocation of facility maintenance budgets must also prioritize the repair of escalators and the separation of elevator routes to ensure the smooth mobility of vulnerable patient groups. Academically, this study makes theoretical contributions to the importance of infrastructure evaluation in health responsiveness studies. Future research is recommended to develop quantitative designs to measure the extent to which the effectiveness of these managerial governance improvements directly impacts the community's future service reuse loyalty.

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