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Healthcare Experience Satisfaction among Generation Z: Quality, Procedures, and Information Access

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Abstract: User satisfaction is a critical indicator for evaluating the performance of healthcare facilities, particularly as public expectations increasingly emphasize service quality, clear procedures, and accessible information. However, evidence on how these factors jointly shape satisfaction in healthcare settings remains important to clarify. **Objective**: This study aims to analyze the influence of service quality, service delivery procedures, and ease of access to information on satisfaction with the experience of using healthcare facilities. **Methods**: A quantitative survey approach was employed. Data were collected through questionnaires from 60 respondents who had previously used healthcare facilities. The data were analyzed using descriptive statistics and multiple linear regression to examine both partial and simultaneous effects among variables. **Findings**: The results show that service quality has a positive and significant effect on satisfaction ($t = 3.075$; $p = 0.003$). Service delivery procedures also have a positive and significant effect ($t = 3.886$; $p = 0.002$). In addition, ease of access to information has a positive and significant effect on satisfaction ($t = 3.718$; $p = 0.000$). Simultaneously, the three variables significantly influence satisfaction ($F = 43.964$; $p = 0.000$). **Implications**: These findings suggest that healthcare facilities can enhance user satisfaction by strengthening service quality, improving and standardizing service procedures, and ensuring information systems are clear, responsive, and easy to access supporting practical improvements in service management and information governance. **Originality**: This study contributes empirically by integrating service quality, service procedures, and information accessibility within a single model to explain user satisfaction in healthcare facilities, providing added value for user-oriented service improvement initiatives.

Keywords: Service Quality; Service Delivery Procedures; Ease of Information Access; User Satisfaction; Healthcare Facilities

INTRODUCTION

Healthcare services represent one of the most strategic sectors in improving public health outcomes and ensuring social well-being. Along with the increasing awareness of the importance of health, public expectations toward the quality of healthcare services have grown substantially. Patients no longer expect merely clinical recovery, but also demand services that are safe, comfortable, easily accessible, and supported by clear and transparent information systems (Donabedian, 2003; WHO, 2020). Consequently, healthcare facilities

are required to continuously improve their service performance in order to meet these evolving expectations.

Patient satisfaction has become a crucial indicator in evaluating the effectiveness and success of healthcare service delivery. Satisfaction reflects patients' overall evaluation of their healthcare experience, formed through a comparison between prior expectations and the actual services received (Oliver, 2010). In the context of healthcare, patient satisfaction is not only associated with medical outcomes, but also with non-clinical aspects such as service quality, service procedures, and access to information (Andaleeb, 2001; Atinga et al., 2011). When these factors are inadequately managed, dissatisfaction may arise, potentially leading to reduced trust, lower utilization rates, and a negative image of healthcare facilities.

Service quality is widely acknowledged as a fundamental determinant of satisfaction in service-oriented organizations, including healthcare institutions. Parasuraman (Parasuraman et al., 1988) conceptualized service quality through the SERVQUAL model, which encompasses five dimensions: reliability, responsiveness, assurance, empathy, and tangibles. In healthcare settings, these dimensions are reflected in the competence of medical personnel, accuracy of medical procedures, responsiveness to patient needs, empathetic attitudes, and the availability of adequate facilities and infrastructure. Empirical studies have consistently demonstrated that higher perceived service quality leads to greater patient satisfaction and trust (Alrubaiee & Alkaa'ida, 2011; Naidu, 2009).

In addition to service quality, service delivery procedures or service patterns play an essential role in shaping patient experiences. Service procedures refer to the flow, clarity, and consistency of processes that patients must follow to obtain healthcare services. Clear and well-structured service procedures can reduce waiting time, administrative complexity, and uncertainty, thereby enhancing patient comfort and satisfaction. Conversely, complicated or inconsistent procedures may generate frustration and dissatisfaction, even when the medical treatment itself is adequate.

Another increasingly important factor in contemporary healthcare services is the ease of access to information. Information accessibility includes the availability, clarity, and comprehensibility of information related to service procedures, schedules, costs, and patient rights and obligations. According to Kotler and Keller transparent and accessible information reduces perceived risk and uncertainty in service consumption (Kotler & Keller, 2018). In healthcare contexts, easy access to accurate information contributes to

patients' sense of security, autonomy, and confidence in healthcare providers, which ultimately enhances satisfaction (Xesfingi & Vozikis, 2016).

From an academic perspective, students of health sciences, such as those at STIKes Widya Husada Tangerang, represent a unique group of healthcare service users. As future healthcare professionals, they possess both theoretical knowledge and practical exposure to healthcare service standards. Their perceptions and experiences in using healthcare facilities are therefore valuable, as they provide a more informed and critical evaluation of service quality, service procedures, and information accessibility. Studying this group allows for a more objective assessment of how well healthcare services align with established professional standards and patient expectations.

Based on the above considerations, it is essential to examine how service quality, service delivery procedures, and ease of access to information influence satisfaction with healthcare service experiences. This study seeks to address this issue by analyzing the perceptions of users who have experienced healthcare services, with the aim of providing empirical evidence that can support improvements in healthcare service management. The findings of this research are expected to offer constructive insights for healthcare facility managers in enhancing service performance and user satisfaction, while also contributing to the academic literature on healthcare service management and patient satisfaction.

RESEARCH METHOD

Research Design

This study employed a quantitative research design using a survey approach with a descriptive–verificative orientation. The descriptive approach was applied to describe respondents' characteristics and their perceptions of service quality, service delivery procedures, ease of access to information, and satisfaction with healthcare facility usage. Meanwhile, the verificative approach was used to empirically test the causal relationships between the independent variables and the dependent variable through statistical analysis (Creswell, 2014; Sekaran & Bougie, 2016).

Population and Sample

The population of this study comprised all students of STIKes Widya Husada Tangerang who have acquired fundamental knowledge of healthcare services and patient safety. A total of 100 respondents were selected as the research sample using a purposive

sampling technique. Purposive sampling was chosen to ensure that respondents met specific criteria relevant to the research objectives, namely students who had taken or were currently enrolled in courses related to healthcare services. This technique is appropriate when the study requires respondents with particular characteristics and knowledge related to the research context (Etikan et al., 2016).

Data Collection Techniques

Data were collected using a structured questionnaire as the primary research instrument. The questionnaire consisted of closed-ended questions developed based on theoretical frameworks and findings from previous studies. A five-point Likert scale was used to measure respondents' perceptions, ranging from strongly disagree (1) to strongly agree (5). The use of a Likert scale is widely accepted in social science research for capturing attitudes and perceptions in a systematic and quantifiable manner (Likert, 1932),

In addition to the questionnaire, limited observation was conducted to obtain a general understanding of the academic environment and learning processes at STIKes Widya Husada Tangerang related to healthcare service knowledge. This complementary technique helped support the contextual interpretation of the survey results.

Variables and Operational Definitions

This study involved three independent variables and one dependent variable. Service quality (X1) refers to the level of excellence of healthcare services perceived by users based on the congruence between expectations and actual service performance. Service delivery procedures (X2) denote the sequence of procedures, service flow, and mechanisms that users must follow to obtain healthcare services. Ease of access to information (X3) is defined as the extent to which users can easily obtain information related to healthcare procedures, schedules, costs, and available services. The dependent variable, satisfaction with the experience of using healthcare facilities (Y), represents the level of positive feelings experienced by users after comparing their expectations with the actual services received (Parasuraman et al., 1988; Oliver, 2010).

All variables were operationalized using multiple indicators measured through the questionnaire items. The indicators were adapted from established theories and prior empirical studies to ensure content validity.

Instrument Validity and Reliability

Prior to data analysis, the research instrument was tested for validity and reliability. Validity testing was conducted using the product–moment correlation method by comparing the calculated correlation coefficient (r-calculated) with the critical value of r-table at a 0.05 significance level. All questionnaire items were found to be valid, as the r-calculated values exceeded the r-table threshold.

Reliability testing was performed using Cronbach's Alpha coefficient to assess the internal consistency of the instrument. A Cronbach's Alpha value greater than 0.70 indicates acceptable reliability (Hair et al., 2019). The results confirmed that all constructs in this study were reliable and suitable for further analysis.

Data Analysis Techniques

Data analysis was conducted using statistical software and followed several systematic stages, including data editing, coding, tabulation, and statistical testing. Descriptive statistical analysis was first applied to summarize respondents' demographic characteristics and the distribution of responses using mean values, percentages, and standard deviations.

Multiple linear regression analysis was then employed to examine the influence of service quality, service delivery procedures, and ease of access to information on satisfaction with healthcare facility usage. Multiple regression is appropriate for assessing the simultaneous and partial effects of multiple independent variables on a single dependent variable (Gujarati & Porter, 2009).

Classical Assumption Tests

To ensure the validity and robustness of the regression model, several classical assumption tests were conducted. The normality test was used to assess whether the residuals were normally distributed. Multicollinearity was examined by evaluating variance inflation factor (VIF) and tolerance values to ensure that independent variables were not highly correlated. Heteroscedasticity testing was performed to verify the homogeneity of residual variance, while the autocorrelation test was applied to detect any correlation between residuals across observations. These tests are essential to meet the assumptions of the classical linear regression model (Ghozali, 2018).

Hypothesis Testing

Hypothesis testing was carried out using both partial and simultaneous statistical tests. The partial t-test was employed to determine the individual effect of each independent variable on the dependent variable. The simultaneous F-test was used to assess the collective influence of service quality, service delivery procedures, and ease of access to information on satisfaction. A significance level of 0.05 was applied as the decision criterion for hypothesis acceptance or rejection.

Coefficient of Determination

The coefficient of determination (R^2) was calculated to measure the proportion of variance in satisfaction that could be explained by the independent variables included in the model. A higher R^2 value indicates a greater explanatory power of the regression model in explaining variations in user satisfaction with healthcare facilities (Hair et al., 2019).

RESULT AND DISCUSSION

Descriptive Statistical Analysis

Descriptive statistical analysis was conducted to provide an overview of respondents' perceptions regarding each research variable, including service quality, service delivery procedures, ease of access to information, and satisfaction with healthcare facility usage. The analysis presents the minimum and maximum scores, total scores, mean values, and standard deviations for each variable.

Table 1. Descriptive Statistics

Variable	N	Minimum	Maximum	Sum	Mean	Std. Error	Std. Deviation
Service Quality (X1)	100	14	25	2,11	21.10	0.252	2.517
Service Delivery Procedures (X2)	100	9	20	1,616	16.16	0.215	2.150
Ease of Access to Information (X3)	100	11	20	1,663	16.63	0.199	1.988
Satisfaction (Y)	100	12	20	1,689	16.89	0.197	1.974
Valid N (listwise)	100						

Based on the descriptive statistics, the mean score for service quality is 21.10, indicating that respondents generally perceive the quality of healthcare services positively. The service delivery procedures variable has a mean value of 16.16, suggesting that respondents perceive the service flow and procedures to be relatively well organized. The

ease of access to information variable records a mean score of 16.63, reflecting respondents' favorable perceptions regarding the availability and clarity of healthcare-related information. Meanwhile, satisfaction shows a mean value of 16.89, indicating a relatively high level of satisfaction with the experience of using healthcare facilities. The relatively low standard deviation values across all variables indicate that respondents' perceptions are fairly homogeneous, suggesting consistent evaluations of healthcare services among the surveyed respondents.

Validity Test

The validity test was conducted by comparing the calculated correlation coefficient (r-calculated) with the critical value of the correlation coefficient (r-table). The r-table value was determined at a significance level of $\alpha = 5\%$ (0.05) with a total sample size (n) of 100. The degree of freedom (df) was calculated as $df = n - 2 = 98$, resulting in an r-table value of 0.196.

Table 1. Validity Test Results

Variable	Item	r-calculated	r-table	Remarks
Service Quality (X1)	X1.1	0.750	0.196	Valid
	X1.2	0.789	0.196	Valid
	X1.3	0.765	0.196	Valid
	X1.4	0.682	0.196	Valid
	X1.5	0.848	0.196	Valid
Service Delivery Procedures (X2)	X2.1	0.740	0.196	Valid
	X2.2	0.780	0.196	Valid
	X2.3	0.774	0.196	Valid
	X2.4	0.817	0.196	Valid
Ease of Access to Information (X3)	X3.1	0.772	0.196	Valid
	X3.2	0.821	0.196	Valid
	X3.3	0.753	0.196	Valid
	X3.4	0.753	0.196	Valid
Satisfaction (Y)	Y1	0.852	0.196	Valid
	Y2	0.862	0.196	Valid
	Y3	0.840	0.196	Valid
	Y4	0.826	0.196	Valid

Based on Table 1, all questionnaire items have r-calculated values greater than the r-table value (0.196). Therefore, it can be concluded that all items are valid and capable of measuring the constructs of service quality, service delivery procedures, ease of access to information, and satisfaction with the experience of using healthcare facilities among Generation Z.

Reliability Test

The reliability test was conducted to examine the consistency of respondents' answers in measuring each research variable. Reliability was assessed using Cronbach's Alpha coefficient.

Table 2. Reliability Test Results

Research Variable	Cronbach's Alpha	Remarks
Service Quality	0.823	Reliable
Service Delivery Procedures	0.772	Reliable
Ease of Access to Information	0.768	Reliable
Satisfaction	0.865	Reliable

All variables show Cronbach's Alpha values greater than 0.70, indicating that the measurement instruments are reliable. This confirms that respondents provided consistent responses across all questionnaire items measuring service quality, service delivery procedures, ease of access to information, and satisfaction.

Classical Assumption Tests

Data Normality

The regression model is considered to be normally distributed when the plotted data points in the normal probability plot are scattered around the diagonal line and the significance value of the One-Sample Kolmogorov–Smirnov test exceeds 0.005 (Ghozali, 2018). The results show that the plotted points closely follow the diagonal line, indicating that the residuals are normally distributed.

Table 3. Normality Test

One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		100
Normal Parameters[a,b]	Mean	.0000000
	Std. Deviation	1.28123625
Most Extreme Differences	Absolute	.086
	Positive	.086
	Negative	-.077
Test Statistic		.086
Asymp. Sig. (2-tailed)		.063[c]

a. Test distribution is Normal.
b. Calculated from data.
c. Lilliefors Significance Correction.

Based on the results above, it can be seen that the Asymp. Sig. (2-tailed) value is 0.05. Therefore, it can be concluded that the data is normally distributed.

Multicollinearity Test

The multicollinearity test was conducted by examining the Variance Inflation Factor (VIF) and tolerance values for each independent variable. According to Ghozali a regression model is considered free from multicollinearity problems if the tolerance value is greater than 0.10 and the VIF value is less than 10.00.

Table 3. Multicollinearity Test

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	Sig.	Tolerance	VIF
(Constant)	3.004	1.218	–	2.467	0.015	–	–
Service Quality (X1)	0.258	0.084	0.329	3.075	0.003	0.384	2.607
Service Delivery Procedures (X2)	0.158	0.084	0.172	3.886	0.002	0.529	1.890
Ease of Access to Information (X3)	0.354	0.095	0.357	3.718	0.000	0.476	2.101

Dependent Variable: Satisfaction (Y)

The results indicate that the service quality variable has a tolerance value of 0.384 and a VIF value of 2.607, the service delivery procedures variable has a tolerance value of 0.529 and a VIF value of 1.890, and the ease of access to information variable has a tolerance value of 0.476 and a VIF value of 2.101. Since all tolerance values exceed 0.10 and all VIF values are below 10.00, it can be concluded that the regression model is free from multicollinearity issues.

Partial Hypothesis Testing (t-test)

The partial t-test was performed to examine the effect of each independent variable on the dependent variable individually. The test was conducted at a significance level of $\alpha = 0.05$. The t-table value was determined using degrees of freedom ($df = n - k$), where n is the number of observations and k is the number of variables.

Table 4. Results of Partial t-test

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	Sig.
(Constant)	3.004	1.218	–	2.467	0.015
Service Quality (X1)	0.258	0.084	0.329	3.075	0.003

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (Beta)	t-value	Sig.
Service Delivery Procedures (X2)	0.158	0.084	0.172	3.886	0.002
Ease of Access to Information (X3)	0.354	0.095	0.357	3.718	0.000

Dependent Variable: Satisfaction (Y)

The results indicate that:

a. Service quality (X1) has a positive and significant effect on satisfaction, with a t-value of 3.075 (> 1.660) and a significance value of 0.003 (< 0.05).
b. Service delivery procedures (X2) have a positive and significant effect on satisfaction, with a t-value of 3.886 and a significance value of 0.002.
c. Ease of access to information (X3) also has a positive and significant effect on satisfaction, indicated by a t-value of 3.718 and a significance value of 0.000.

Thus, all independent variables individually influence satisfaction with the experience of using healthcare facilities.

Simultaneous Hypothesis Testing (F-test)

The F-test was conducted to examine the simultaneous effect of service quality, service delivery procedures, and ease of access to information on satisfaction.

Table 5. Results of F-test (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	223.275	3	74.425	43.964	0.000
Residual	162.515	96	1.693		
Total	385.790	99			

Dependent Variable: Satisfaction (Y)

The F-test result shows an F-value of 43.964, which is greater than the F-table value of 2.70, with a significance value of 0.000 (< 0.05). This indicates that service quality, service delivery procedures, and ease of access to information simultaneously have a significant effect on satisfaction with healthcare facility usage.

Coefficient of Determination (R^2)

Table 6. Coefficient of Determination

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.761	0.579	0.566	1.301

The coefficient of determination (R^2) value of 0.579 indicates that 57.9% of the variation in satisfaction can be explained by service quality, service delivery procedures, and ease of access to information. The remaining 42.1% is influenced by other factors not included in this study.

CONCLUSION

This study provides empirical evidence regarding the determinants of satisfaction with the experience of using healthcare facilities. The findings demonstrate that service quality, service delivery procedures, and ease of access to information each have a positive and significant effect on user satisfaction. Service quality plays a crucial role in shaping satisfaction, indicating that professionalism, responsiveness, and empathetic attitudes of healthcare personnel strongly influence users' overall perceptions of healthcare services. When services are delivered reliably and with attention to patient needs, satisfaction levels tend to increase. Furthermore, service delivery procedures are shown to significantly affect satisfaction, highlighting the importance of clear, efficient, and well-structured service flows. Simplified administrative processes and consistent service procedures help reduce uncertainty and waiting time, thereby enhancing users' comfort and satisfaction during their healthcare experience. In addition, ease of access to information has a significant positive impact on satisfaction, suggesting that transparent and accessible information regarding procedures, schedules, and services contributes to a sense of security and confidence among healthcare users.

The simultaneous test results confirm that service quality, service delivery procedures, and ease of access to information collectively exert a strong influence on satisfaction. These findings underscore the need for an integrated approach to healthcare service management, where improvements in human resources, service systems, and information delivery are addressed holistically. Overall, this study reinforces the importance of service-oriented strategies in enhancing satisfaction with healthcare facilities and provides valuable insights for healthcare service improvement.

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