BUSINESS AND APPLIED MANAGEMENT JOURNAL
Vol. 4 No. 2 (2026), p. 260-275
Available online at https://serambi.org/index.php/bamj

Translating Good Governance into Patient Satisfaction: The Mediating Role of Service Quality in Indonesian Primary Healthcare

Putu Essa Kana Putri*, Ida Bagus Teddy Prianthara
Universitas Pendidikan Nasional, Indonesia

DOI: https://doi.org/10.61987/bamj.v4i2.2297

Article History:
Received: 9 May 2026
Revised: 7 July 2026
Accepted: 15 July 2026

Keywords:
Good Governance, Service Quality, Patient Satisfaction, Primary Healthcare

**Correspondence Address:*
kanaputriessa@gmail.com

Abstract :
Patient satisfaction is a critical indicator of public healthcare performance, particularly in primary healthcare facilities where patients directly experience governance practices through service procedures, communication, waiting time, and complaint handling. This study examines how good governance influences patient satisfaction through service quality in Indonesian primary healthcare. The study was conducted at *Puskesmas* IV Denpasar *Selatan* using a quantitative explanatory design. Data were collected through structured questionnaires distributed to 370 patients selected using proportional random sampling. The data were analyzed using Partial Least Squares Structural Equation Modeling with SmartPLS 4.0. The results show that good governance has a positive and significant effect on service quality ($\beta = 0.785$, $t = 26.484$, $p < 0.001$) and patient satisfaction ($\beta = 0.174$, $t = 3.168$, $p = 0.002$). Service quality also has a positive and significant effect on patient satisfaction ($\beta = 0.684$, $t = 13.610$, $p < 0.001$). Furthermore, service quality partially mediates the relationship between good governance and patient satisfaction ($\beta = 0.537$, $t = 11.485$, $p < 0.001$). These findings indicate that governance practices contribute more strongly to patient satisfaction when translated into better service structures, processes, and outcomes. Theoretically, this study advances public administration and healthcare management literature by integrating Governance Theory, Donabedian's healthcare quality model, and the SERVQUAL framework into a single empirical model. Practically, primary healthcare facilities should strengthen transparency, accountability, queue management, complaint handling, and empathetic communication to improve patient satisfaction.

INTRODUCTION

Good governance has become a central issue in public administration, particularly in sectors that directly affect citizens' basic needs, such as healthcare. In public healthcare services, governance is not only related to administrative compliance but also to transparency, accountability, responsiveness, equity, and public trust. The quality of governance determines how public institutions manage resources, communicate service procedures, respond to complaints, and ensure fair access to healthcare services. Public service governance becomes increasingly important when service institutions are

required to be transparent, adaptive, accountable, and responsive to citizens' expectations in both conventional and digital service environments (Restianti & Subaidi, 2024; Wardana & Prabawati, 2024). In primary healthcare facilities, these governance principles are especially important because patients interact directly with frontline service providers and experience the practical consequences of public service management.

Primary healthcare plays a strategic role in improving community health by serving as the first point of contact between citizens and the healthcare system. In Indonesia, community health centers or *Puskesmas* are expected to provide accessible, affordable, responsive, and equitable healthcare services. Studies on public primary healthcare show that *Puskesmas* readiness, service accessibility, infrastructure, service procedures, and health worker capacity are essential factors in determining the quality of healthcare delivery at the community level (Arsyad et al., 2022; Rahmadhani et al., 2023; Triyanto et al., 2021). Public healthcare services still face various challenges, including long waiting times, unclear service information, limited patient involvement, and inconsistent communication between healthcare workers and patients. This issue is also reflected in the local context of Denpasar. The 2024 Community Satisfaction Index (*Indeks Kepuasan Masyarakat*/IKM) indicated that several community health centers, including *Puskesmas* IV Denpasar *Selatan*, still received patient complaints regarding service speed, communication by healthcare workers, and openness in service information (Health Office, 2025). These conditions show that although governance principles have been adopted in public healthcare services, their implementation has not fully translated into improved patient experience and satisfaction.

Patient satisfaction is one of the most important indicators of healthcare service performance. Satisfaction reflects patients' assessment of whether the services they receive meet their expectations regarding physical facilities, reliability, responsiveness, assurance, and empathy. Patient satisfaction is closely related to healthcare service quality because patients assess services through tangible facilities, service delivery, administrative transparency, accessibility, communication, and staff interaction (Aniharyati et al., 2025; Duc Thanh et al., 2022; Rauf et al., 2024). In this sense, patient satisfaction is not merely an emotional response but also a reflection of service quality and institutional performance. Patient satisfaction also influences trust, loyalty, repatronage intention, and willingness to recommend healthcare services, indicating that satisfaction has both managerial and public value implications (Ai et al., 2022; Al-hilou & Suifan, 2023; Nur Ullah & Shaulin, 2025). When patients perceive that procedures are clear, officers are accountable, services are delivered on time, and communication is respectful, their satisfaction tends to increase.

The relationship between good governance and patient satisfaction can be explained through service quality. Good governance may create a better service environment by strengthening institutional structure, improving service procedures, and encouraging accountability in healthcare delivery. Empirical studies have shown that good governance and healthcare service standards contribute to patient satisfaction because governance practices influence how services are organized, delivered, evaluated, and perceived by patients (Halawa et al., 2022; Santosa et al., 2025; Sudarmini et al., 2022). Donabedian's model explains that healthcare quality is formed through three interrelated components: structure, process, and outcome. A well-managed structure, such as adequate facilities, competent health workers, and clear procedures, supports better service processes, while service processes eventually influence service outcomes,

including patient satisfaction (Ghofrani et al., 2024; JK, 2024; Moayed et al., 2022; Tossaint-Schoenmakers et al., 2021). Service quality can therefore be positioned as a mechanism through which governance practices are translated into patient experience.

Previous studies have shown that good governance contributes to better public service delivery by promoting transparency, accountability, participation, effectiveness, and fairness. Good governance in healthcare encourages institutions to provide clearer information, more accountable services, better complaint handling, and more equitable access to care (Nuraeni et al., 2024; Restianti & Subaidi, 2024; Triyanto et al., 2021). Other studies have also demonstrated that healthcare service quality significantly influences patient satisfaction, particularly through dimensions such as reliability, responsiveness, assurance, empathy, tangibles, infrastructure, service environment, and staff communication (Barkur & G, 2023; Qiu et al., 2024; Rachamati et al., 2022; Rauf et al., 2024). Healthcare service quality also plays a central role in shaping trust, loyalty, medication adherence, and patients' behavioral intentions, which confirms that quality improvement is not only a technical issue but also a relational and managerial concern (Fattah et al., 2021; AlOmari, 2022; Nur Ullah & Shaulin, 2025).

Several gaps remain in the literature. Many studies have examined the direct relationship between good governance and public or patient satisfaction, but fewer have explained the mechanism through which governance affects patient satisfaction. Studies on healthcare service quality have also frequently focused on hospitals, private clinics, and large healthcare institutions, while research on primary healthcare facilities remains relatively limited (Amankwah et al., 2022; Halawa et al., 2022; Santosa et al., 2025). The mediating role of service quality in the relationship between good governance and patient satisfaction has not been widely tested using an integrated quantitative model. This gap is important because recent healthcare studies increasingly show that mediation mechanisms, such as service quality, patient trust, satisfaction, and perceived healthcare environment, can explain how institutional and service factors shape patient outcomes (Bentum-Micah et al., 2024; Gu et al., 2022).

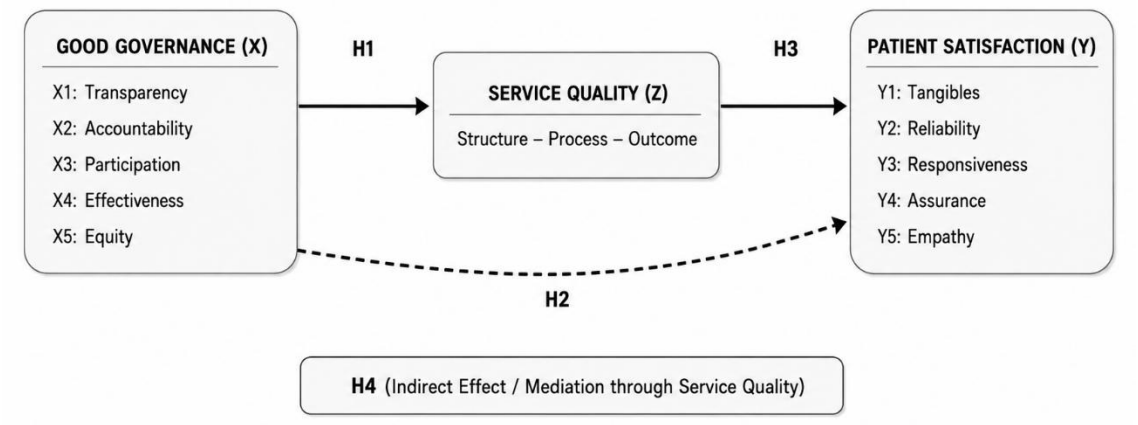

Figure 1. Conceptual Framework

The novelty of this study lies in positioning service quality as a mediating mechanism that explains how good governance influences patient satisfaction in primary healthcare. This study integrates governance theory, Donabedian's healthcare quality model, and the SERVQUAL framework into a single empirical model (Donabedian, 2002; Parasuraman et al., 1988; UNDP, 1997). This integration is relevant because governance

theory explains institutional principles; Donabedian's model explains healthcare quality through structure, process, and outcome; and SERVQUAL explains patient-perceived service experience through tangible and relational dimensions (Aniharyati et al., 2025; Moayed et al., 2022; Tossaint-Schoenmakers et al., 2021). This research not only examines whether good governance affects patient satisfaction but also explains how governance practices are transformed into better patient experiences through service quality. This approach provides a broader understanding of patient satisfaction as an outcome of both institutional governance and service delivery performance.

The empirical context of this study is *Puskesmas* IV Denpasar *Selatan*, a primary healthcare facility that represents the practical implementation of public healthcare services at the local level. Local healthcare performance data indicate that health services in Denpasar continue to require improvement in service speed, communication, information openness, and patient-centered service delivery (Arini, 2023). This context is relevant because primary healthcare facilities are expected to provide accessible and responsive services while maintaining accountability, fairness, and public trust. Patient engagement is also increasingly important because patients' involvement, feedback, and perceived well-being can strengthen service quality and improve healthcare outcomes (Keelson et al., 2024; Xavier et al., 2024).

This study aims to examine the effect of good governance on patient satisfaction in primary healthcare and to analyze the mediating role of service quality in this relationship. Specifically, this study investigates whether good governance affects service quality, whether service quality affects patient satisfaction, whether good governance directly affects patient satisfaction, and whether service quality mediates the relationship between good governance and patient satisfaction. Based on theoretical arguments and empirical findings, this study proposes four hypotheses: good governance positively affects service quality; good governance positively affects patient satisfaction; service quality positively affects patient satisfaction; and service quality mediates the relationship between good governance and patient satisfaction.

Based on this theoretical foundation, the conceptual framework of this study places service quality as a mediating variable between good governance and patient satisfaction. Good governance is expected to improve service quality by strengthening transparent procedures, accountable service delivery, patient participation, effective service processes, and equitable access. Service quality is then expected to increase patient satisfaction through better facilities, reliable services, responsiveness, assurance, and empathy. The proposed relationships are presented in the conceptual framework before the hypotheses are formulated.

H1: Good governance has a positive and significant effect on service quality.

H2: Good governance has a positive and significant effect on patient satisfaction.

H3: Service quality has a positive and significant effect on patient satisfaction.

H4: Service quality mediates the relationship between good governance and patient satisfaction.

RESEARCH METHOD

This study employed a quantitative approach with an explanatory research design to examine the causal relationships among good governance, service quality, and patient satisfaction in primary healthcare. The study was conducted at *Puskesmas* IV Denpasar *Selatan*, Denpasar City, Bali, Indonesia, from March 2 to April 9, 2026. This location was selected because it is a primary healthcare facility that provides direct public health services and has implemented governance-based service practices, including transparency of service information, performance accountability, and patient satisfaction surveys.

The population consisted of all patients who received healthcare services at *Puskesmas* IV Denpasar *Selatan* during the research period. Based on service visit data, the population was estimated at approximately 4,800 patients. The sample size was determined using the Slovin formula with a 5% margin of error, resulting in 370 respondents. To strengthen sample adequacy for PLS-SEM analysis, the sample size was also considered sufficient based on the 10-times rule, as it exceeded the minimum requirement for the model's most complex structural relationship. Respondents were selected using proportional random sampling to ensure that patients from different service units, including general outpatient care, dental care, maternal and child health services, and laboratory, had proportional opportunities to participate in the study.

Primary data were collected using a structured questionnaire with a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The instrument was developed based on three theoretical frameworks. Good governance was measured through transparency, accountability, participation, effectiveness, and equity. Service quality was measured using Donabedian's model, consisting of structure, process, and outcome. Patient satisfaction was measured using the SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy.

Table 1. Measurement of Constructs

Construct	Dimensions	Number of Items	Theoretical Basis
Good Governance (X)	Transparency, accountability, participation, effectiveness, equity	12	Restianti & Subaidi (2024); Nuraeni et al. (2024)
Service Quality (Z)	Structure, process, outcome	10	Moayed et al. (2022); Ghofrani et al. (2024)
Patient Satisfaction (Y)	Tangibles, reliability, responsiveness, assurance, empathy	8	Halawa et al. (2022); Aniharyati et al. (2025)

Before data analysis, item validity was tested using Pearson's Product-Moment correlation, and reliability was assessed using Cronbach's Alpha, with a minimum acceptable value of 0.70. Data were analyzed using descriptive statistics and Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0. The measurement model was evaluated for convergent validity, construct reliability, and discriminant validity using outer loadings, Average Variance Extracted (AVE), Composite Reliability, Cronbach's Alpha, and the Heterotrait–Monotrait Ratio. The structural model was assessed using R-square, Q-square, F-square, path coefficient, t-statistics, and p-values. Hypothesis testing and mediation analysis were conducted using the bootstrapping procedure, with significance determined by t-statistics greater than 1.96 and p-values below 0.05. Ethical considerations were addressed by ensuring voluntary participation, confidentiality, anonymity, and respondents' right to withdraw from the study.

RESULTS AND DISCUSSION

Results

This section presents the empirical findings of the study, including respondent characteristics, measurement model evaluation, structural model evaluation, and hypothesis testing. The data were obtained from 370 patients who received healthcare services at *Puskesmas* IV Denpasar *Selatan*. The analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0.

Table 2. Respondent Characteristics

Characteristic	Dominant Category	Frequency	Percentage (%)
Gender	Female	231	62.43
Age	20–29 years	122	32.97
Education level	Senior high school	147	39.73
Occupation	Private employee	145	39.19
Healthcare financing	BPJS Non-PBI	142	38.38
Frequency of visit	More than 3 times	213	57.57
Type of service received	General examination	195	52.70

As shown in Table 2, female patients were the majority, accounting for 231 respondents (62.43%) of the total sample. Most respondents were in the productive age group, particularly those aged 20–29, with 122 respondents (32.97%). Based on education level, the largest groups were senior high school graduates and bachelor's degree holders. In terms of occupation, most respondents worked as private employees, while BPJS Non-PBI was the most frequently used healthcare financing scheme. Most respondents had visited the health center more than three times, indicating that they had sufficient experience assessing the services provided.

The measurement model was evaluated using convergent validity, construct reliability, and discriminant validity. The results show that all indicators had outer loading values above 0.70, indicating that each item adequately represented its respective construct. The Average Variance Extracted (AVE) values for all constructs were also above 0.50, confirming that the constructs met the criteria for convergent validity. The Cronbach's Alpha and Composite Reliability values were above 0.70, indicating that all constructs were reliable.

Table 3. Measurement Model Evaluation

Construct	Number of Items	Outer Loading Range	AVE	Cronbach's Alpha	Composite Reliability	Result
Good Governance	12	0.715–0.773	0.541	0.923	0.934	Valid and reliable
Service Quality	10	0.727–0.801	0.590	0.923	0.935	Valid and reliable
Patient Satisfaction	8	0.769–0.794	0.610	0.908	0.926	Valid and reliable

The results in Table 3 indicate that the three constructs met the required measurement criteria. Good governance had an AVE value of 0.541, service quality had an AVE value of 0.590, and patient satisfaction had an AVE value of 0.610. These values indicate that each construct explained more than 50% of the variance in its indicators. The reliability values also demonstrate strong internal consistency across all constructs.

Discriminant validity was further assessed using the Heterotrait–Monotrait Ratio (HTMT). This test was conducted to ensure that each latent construct in the model was empirically distinct from the other constructs. The HTMT results are presented in Table 4.

Table 4. Discriminant Validity Using HTMT

Construct	Good Governance	Service Quality	Patient Satisfaction
Good Governance	—	—	—
Service Quality	0.849	—	—
Patient Satisfaction	0.774	0.895	—

As shown in Table 4, all HTMT values were below the commonly accepted threshold of 0.90. The HTMT values were 0.774 between *good governance* and patient satisfaction, 0.849 between *good governance* and service quality, and 0.895 between service quality and patient satisfaction. These results indicate that the three constructs had adequate discriminant validity. Although the HTMT value between service quality and patient satisfaction was relatively high, it remained below the recommended threshold, suggesting that the constructs were conceptually related but empirically distinguishable. Therefore, the measurement model met the discriminant validity requirement and was suitable for evaluating the structural model. Visually, the results of outer loading are shown in Figure 2 below.

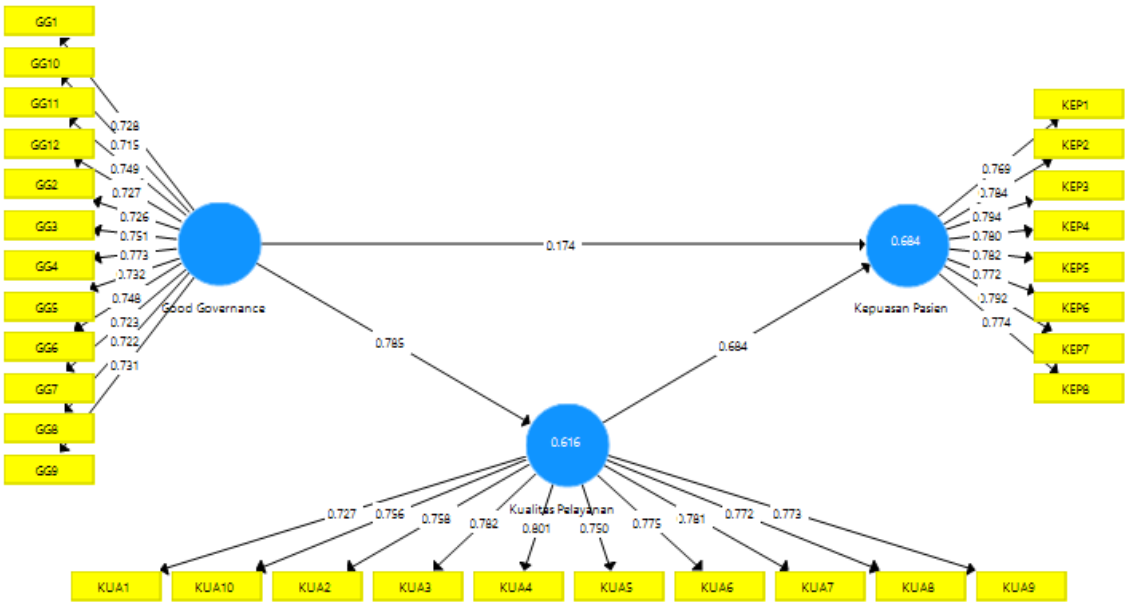

Figure 2. PLS Algorithm Output

The structural model was evaluated using R-square, adjusted R-square, Q-square, and f-square values. R-square and Q-square were used to assess the explanatory and predictive power of the model, while f-square was used to identify the effect size of each exogenous construct on the endogenous constructs.

Table 5. Structural Model Evaluation

Evaluation Aspect	Endogenous Construct / Relationship	Value	Interpretation
R-square	Service Quality	0.616	Moderate explanatory power
Adjusted R-square	Service Quality	0.615	Moderate explanatory power
Q-square	Service Quality	0.358	Predictive relevance
R-square	Patient Satisfaction	0.684	Moderate explanatory power
Adjusted R-square	Patient Satisfaction	0.682	Moderate explanatory power
Q-square	Patient Satisfaction	0.411	Predictive relevance
f-square	Good Governance → Service Quality	1.604	High effect size
f-square	Good Governance → Patient Satisfaction	0.037	Low effect size
f-square	Service Quality → Patient Satisfaction	0.567	High effect size

The results in Table 5 show that good governance explained 61.6% of the variance in service quality, while good governance and service quality jointly explained 68.4% of the variance in patient satisfaction. The Q-square values for service quality and patient satisfaction were greater than zero, indicating that the model had predictive relevance. The f-square values indicate that the practical effects of the relationships in the model were not uniform. Good governance had a strong effect on service quality (f^2 = 1.604), indicating that governance practices substantially contributed to the development of better service structures, processes, and outcomes. Service quality also had a high effect on patient satisfaction (f^2 = 0.567), indicating that improvements in facilities, reliability, responsiveness, assurance, and empathy have meaningful practical implications for increasing patient satisfaction.

In contrast, the direct effect of good governance on patient satisfaction was low (f^2 = 0.037). This suggests that governance has limited direct practical influence on satisfaction when service quality is considered in the model. Therefore, good governance appears to influence patient satisfaction more strongly when it is translated into improved service quality, supporting the importance of service quality as the main operational pathway in the model.

Hypothesis testing was conducted using the bootstrapping procedure in SmartPLS. The results include both direct and indirect effects to determine whether the proposed hypotheses were statistically supported.

Table 6. Hypothesis Testing Results

Hypothesis	Relationship	Effect Type	Path Coefficient	T-Statistics	P-Values	Result
H1	Good Governance → Service Quality	Direct effect	0.785	26.484	0.000	Supported
H2	Good Governance → Patient Satisfaction	Direct effect	0.174	3.168	0.002	Supported
H3	Service Quality → Patient Satisfaction	Direct effect	0.684	13.610	0.000	Supported
H4	Good Governance → Service Quality → Patient Satisfaction	Indirect effect	0.537	11.485	0.000	Supported

The results in Table 6 indicate that all proposed hypotheses were supported. Good governance had a positive and significant effect on service quality, as indicated by a path coefficient of 0.785, a t-statistic of 26.484, and a p-value of 0.000. Service quality also had a positive and significant effect on patient satisfaction, with a path coefficient of 0.684, t-statistic of 13.610, and p-value of 0.000. Although the direct effect of good

governance on patient satisfaction was significant, its coefficient was smaller than the indirect effect through service quality.

The indirect effect of good governance on patient satisfaction through service quality was also significant, with a path coefficient of 0.537, a t-statistic of 11.485, and a p-value of 0.000. This finding confirms that service quality partially mediated the relationship between good governance and patient satisfaction. The higher indirect effect relative to the direct effect indicates that good governance contributes more strongly to patient satisfaction when governance practices translate into better service structures, processes, and outcomes. Visually, the results of the hypothesis test can be seen in Figure 3 below.

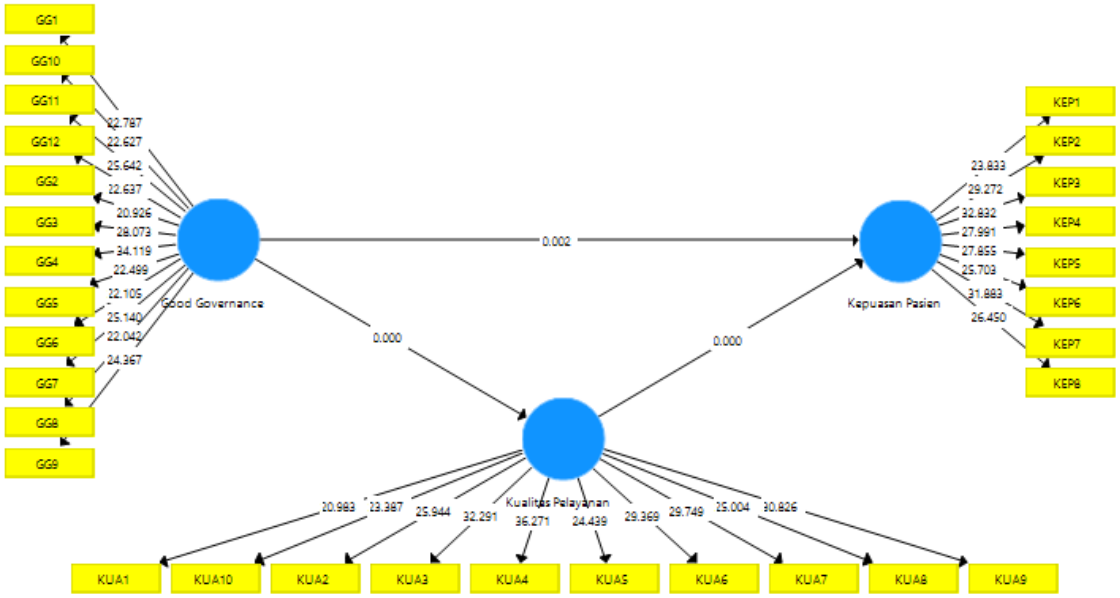

Figure 3. Hypothesis Test Output

Discussion

The findings of this study provide empirical evidence that good governance is an important institutional foundation for improving service quality and patient satisfaction in primary healthcare. The results show that all proposed hypotheses were supported, indicating that governance practices, service delivery quality, and patient satisfaction are interconnected in a coherent structural model. This finding is consistent with previous studies showing that public service governance and healthcare service management influence how patients evaluate service quality and satisfaction (Halawa et al., 2022; Santosa et al., 2025; Sudarmini et al., 2022). The strong explanatory power of the model suggests that patient satisfaction in primary healthcare cannot be understood merely as an individual emotional response to service encounters, but as an outcome shaped by institutional governance, service management, and patient-centered service delivery (Ai et al., 2022; Duc Thanh et al., 2022; Rauf et al., 2024).

The significant effect of good governance on service quality confirms that governance principles are not only normative ideals in public administration but also practical determinants of healthcare service performance. Transparency, accountability, participation, effectiveness, and equity appear to strengthen the organizational conditions that enable better healthcare delivery. The Indonesian health financing context also helps explain why governance practices strongly influence service quality.

Most respondents in this study used public or social health financing schemes, with BPJS Non-PBI representing the largest financing category. In such a context, patients are highly dependent on clear procedures, transparent requirements, predictable service flow, and fair treatment across financing categories. Governance practices therefore become important because they reduce uncertainty in service access and help ensure that patients receive comparable treatment regardless of their payment mechanism (Ahmed et al., 2026; Hussain et al., 2025). When *Puskesmas* manages registration, queue systems, referral procedures, information disclosure, and complaint handling transparently and consistently, patients are more likely to perceive the service as reliable, accountable, and fair (Agyapong et al., 2018; Ampaw et al., 2020). This result supports earlier findings that good governance improves public service quality by strengthening service transparency, administrative accountability, responsiveness, and fairness in healthcare institutions (Nuraeni et al., 2024; Restianti & Subaidi, 2024; Triyanto et al., 2021).

This finding also extends governance theory by demonstrating that good governance affects service quality through operational mechanisms rather than through formal administrative compliance alone. In many public sector organizations, good governance is often interpreted as compliance with regulations, reporting systems, or procedural transparency. However, this study shows that governance becomes meaningful to patients when it translates into visible service improvements. Patients do not evaluate governance through policy documents; they experience governance through waiting time, clarity of information, officer responsibility, complaint handling, and equal treatment. This argument aligns with studies emphasizing that governance-based public services must be reflected in direct service experience, administrative clarity, service responsiveness, and public trust (Rahmadhani et al., 2023; Sudarmini et al., 2022; Wardana & Prabawati, 2024).

The strong relationship between good governance and service quality is consistent with Donabedian's model of healthcare quality. The model emphasizes that service quality is formed through the interaction between structure, process, and outcome. This interpretation is supported by studies showing that healthcare quality depends on structural readiness, service processes, service outcomes, facility preparedness, and organizational capacity (Arsyad et al., 2022; Moayed et al., 2022; Tossaint-Schoenmakers et al., 2021). The significant effect of service quality on patient satisfaction indicates that patients' satisfaction is strongly shaped by their direct experience with the service process. This finding supports previous research showing that service quality dimensions such as reliability, responsiveness, assurance, empathy, and tangibles are significant predictors of patient satisfaction in healthcare settings (Aniharyati et al., 2025; Barkur & G, 2023; Rachamati et al., 2022).

The result also highlights that patient satisfaction in public healthcare is multidimensional. Satisfaction is determined not only by whether patients receive medical treatment but also by how the treatment is delivered. Healthcare service quality studies show that patient satisfaction is shaped by facilities, service delivery results, information transparency, administrative procedures, accessibility, staff interaction, and communication quality (Ai et al., 2022; Duc Thanh et al., 2022; Rauf et al., 2024). This suggests that improving patient satisfaction requires healthcare facilities to manage both technical and interpersonal dimensions of service. The direct effect of good governance on patient satisfaction was positive and significant, although the effect size was smaller than the indirect effect through service quality. This result is supported by studies

showing that good governance, healthcare service standards, and service quality are related to patient satisfaction and trust in healthcare services (Halawa et al., 2022; Santosa et al., 2025; Sudarmini et al., 2022).

The mediation result provides the most important contribution of this study. Service quality partially mediated the relationship between good governance and patient satisfaction, and the indirect effect was stronger than the direct effect. The result supports the argument that governance affects satisfaction not only because patients value transparency or accountability, but because these governance principles improve the service environment, service procedures, and interaction quality. Previous mediation-based healthcare studies also show that service quality can transmit the influence of institutional or service factors into patient satisfaction, trust, loyalty, and behavioral intention (Amankwah et al., 2022; Bentum-Micah et al., 2024).

In practice, the findings suggest that efforts to improve patient satisfaction at *Puskesmas* IV Denpasar *Selatan* should prioritize translating governance principles into service quality improvements. Transparency should not stop at providing information boards or service announcements, but should ensure that patients clearly understand procedures, costs, waiting times, and complaint mechanisms. Accountability should be reflected not only in reports but also in staff responsibility for handling patients' needs and complaints. Participation should be strengthened by using patient feedback to inform service improvement. Equity should be ensured through consistent, non-discriminatory treatment for all patients, including vulnerable groups. These practical implications are consistent with public healthcare studies that emphasize the importance of transparent information, complaint handling, participatory feedback, and equitable access in strengthening service quality and patient satisfaction (Duc Thanh et al., 2022; Nuraeni et al., 2024; Triyanto et al., 2021).

The findings also imply that reducing waiting time and improving communication should become key operational priorities. Although the overall perception of governance and service quality was positive, waiting time remains important because it directly affects patients' evaluations of responsiveness and reliability. Primary healthcare facilities should strengthen queue management, optimize patient flow, improve coordination among service units, and provide real-time information regarding service progress. Communication training for frontline officers and healthcare workers is also necessary to ensure that patients receive explanations in a clear, respectful, and empathetic manner. Studies on healthcare communication and patient trust show that doctor-patient communication, service interaction, staff responsiveness, and empathy are important determinants of satisfaction and trust in healthcare services (Ai et al., 2022; Aniharyati et al., 2025; Gu et al., 2022).

For policymakers, the study suggests that good governance in primary healthcare should be evaluated not only through administrative indicators but also through patient-experienced service indicators. Local health authorities may use this model to develop integrated performance evaluation systems that combine governance indicators, service quality indicators, and patient satisfaction outcomes. Such an approach would allow policymakers to identify whether weak satisfaction results from governance problems, service process problems, or both. This recommendation is consistent with studies suggesting that healthcare performance evaluation should include governance, facility readiness, service delivery, patient experience, and quality outcomes as interconnected dimensions (Arsyad et al., 2022; Qiu et al., 2024; Xavier et al., 2024).

This study has several limitations. First, the research was conducted at a single primary healthcare facility, so the findings may not fully represent all *Puskesmas* or other public healthcare facilities in Indonesia. Second, the study used a cross-sectional design, which limits the ability to capture changes in patient satisfaction over time. Third, the data were collected through self-reported questionnaires, which may be influenced by respondents' perceptions, moods, or recent service experiences. Fourth, the model focused on good governance and service quality. In contrast, other factors such as patient expectations, health literacy, digital service access, staff workload, organizational culture, and patient trust were not included in the analysis. These limitations are important because recent healthcare studies show that satisfaction may also be influenced by trust, digital health experience, healthcare environment, patient engagement, and organizational service climate (AlOmari, 2022; AlOmari & A. Hamid, 2022; Keelson et al., 2024; Xavier et al., 2024).

Future research should test the model across multiple primary healthcare facilities to improve generalizability and compare governance-service quality mechanisms across different institutional contexts. Longitudinal studies are also recommended to examine whether improvements in governance practices lead to sustained increases in service quality and patient satisfaction over time. Future studies may also include additional variables such as patient trust, digital health service quality, organizational culture, patient engagement, medication adherence, or perceived public value. A mixed-methods design could further enrich the findings by capturing patients' lived experiences and frontline workers' perspectives on the implementation of governance in daily healthcare services. These future directions are relevant because healthcare satisfaction research increasingly emphasizes broader models that include service quality, trust, loyalty, patient engagement, digital health, and care outcomes (Barkur & G, 2023; Keelson et al., 2024; Nur Ullah & Shaulin, 2025).

This study confirms that good governance is a critical driver of patient satisfaction in primary healthcare, but its influence becomes stronger when mediated by service quality. The findings suggest that governance should be understood not only as a set of administrative principles but as a service-enabling mechanism that shapes healthcare structures, processes, and patient experiences. Patient satisfaction in public healthcare therefore depends on the extent to which governance principles are translated into reliable, responsive, fair, and empathetic service delivery.

CONCLUSION

This study concludes that good governance significantly improves patient satisfaction in primary healthcare both directly and indirectly through service quality. The findings show that transparency, accountability, participation, effectiveness, and equity contribute to better service quality. In contrast, service quality has a stronger practical role in shaping patient satisfaction through better facilities, reliable services, responsiveness, assurance, empathy, and improved service processes. The mediation result confirms that service quality partially mediates the relationship between good governance and patient satisfaction, indicating that governance practices become more meaningful for patients when they are translated into concrete service improvements. Theoretically, this study contributes by integrating Governance Theory, Donabedian's healthcare quality model, and the SERVQUAL framework into a single empirical model in the context of Indonesian primary healthcare. Practically, *Puskesmas* IV Denpasar *Selatan*

and similar facilities should strengthen service transparency, queue management, complaint handling, staff communication, and fair treatment to improve patient satisfaction.

ACKNOWLEDGEMENT

The author would like to express sincere gratitude to Undiknas Graduate School for academic support during the completion of this research. The author also thanks *Puskesmas* IV Denpasar *Selatan* for granting access and support during the data collection process. Appreciation is also extended to all respondents who voluntarily participated in this study.

REFERENCES

Agyapong, A., Afi, J. D., & Kwateng, K. O. (2018). Examining the Effect of Perceived Service Quality of Health Care Delivery in Ghana on Behavioural Intentions of Patients: The Mediating Role of Customer Satisfaction. *International Journal of Healthcare Management, 11*(4), 276–288. https://doi.org/10.1080/20479700.2017.1326703

Ahmed, S., Ashrafi, D. M., Ahammad, M. F., Rahman, M. K., & Sakib, M. N. (2026). Role of Governance on Patient Safety in Private Hospitals Through the Mediating Effects of Teamwork and Continuous Improvement. *International Journal of Quality & Reliability Management, 43*(2), 406–434. https://doi.org/10.1108/IJQRM-04-2025-0115

Ai, Y., Rahman, M. K., Newaz, M. S., Gazi, M. A. I., Rahaman, M. A., Mamun, A. Al, & Chen, X. (2022). Determinants of Patients' Satisfaction and Trust Toward Healthcare Service Environment in General Practice Clinics. *Frontiers in Psychology, 13*. https://doi.org/10.3389/fpsyg.2022.856750

Al-Hilou, M., & Suifan, T. (2023). The Mediating Effect of Patient Trust on the Relationship Between Service Quality and Patient Satisfaction. *International Journal of Health Care Quality Assurance, 36*(1–2), 1–16. https://doi.org/10.1108/IJHCQA-05-2023-0028

AlOmari, F. (2022). The Mediating Role of Hospital Image: The Impact of Care Cost and Service Quality on Patient Satisfaction. *Journal of Innovation in Business and Economics, 6*(1), 1–16.

AlOmari, F., & Hamid, A. B. A. (2022). Strategies to Improve Patient Loyalty and Medication Adherence in Syrian Healthcare Setting: The Mediating Role of Patient Satisfaction. *PLOS ONE, 17*(11), e0272057. https://doi.org/10.1371/journal.pone.0272057

Amankwah, O., Choong, W.-W., & Boakye-Agyeman, N. A. (2022). Patients Satisfaction of Core Health-Care Business: The Mediating Effect of the Quality of Health-Care Infrastructure and Equipment. *Journal of Facilities Management, 22*(3), 365–381. https://doi.org/10.1108/JFM-12-2021-0154

Ampaw, E. M., Chai, J., Liang, B., Tsai, S.-B., & Frempong, J. (2020). Assessment on Health Care Service Quality and Patients' Satisfaction in Ghana. *Kybernetes, 49*(12), 3047–3068. https://doi.org/10.1108/K-06-2019-0409

Aniharyati, A., Haris, A., Lalu, S., Saimi, S., Menap, M., & Sastrawan, S. (2025). Satisfaction With Health Services Received by Patients in Regional Hospitals Using SERVQUAL. *International Journal of Public Health Science (IJPHS), 14*(3), 1404. https://doi.org/10.11591/ijphs.v14i3.25961

Arini, H. D. (2023). Analysis of Patient Satisfaction with Pharmaceutical Services at *Puskesmas* II South Denpasar. *Acta Holistica Pharmaciana, 5*(1), 30–41. https://doi.org/10.62857/ahp.v5i1.139

Arsyad, D. S., Hamsyah, E. F., Qalby, N., Qanitha, A., Westerink, J., Cramer, M. J., Visseren, F. L. J., Doevendans, P. A., & Ansariadi, A. (2022). The Readiness of Public Primary Health Care (*PUSKESMAS*) for Cardiovascular Services in Makassar City, Indonesia. *BMC Health Services Research, 22*, 1–12. https://doi.org/10.1186/s12913-022-08499-w

Barkur, G., & G, S. (2023). Assessment of Healthcare Service Quality Effect on Patient Satisfaction and Care Outcomes: A Case Study in India. *Cogent Business & Management, 10*(3), 2264579. https://doi.org/10.1080/23311975.2023.2264579

Bentum-Micah, G., Cai, L., Atuahene, S. A., Ameyaw, M. A., Bondzie-Micah, V., & Adu-Yeboah, S. S. (2024). Health Provider Administration Functions, Patient Satisfaction, and Loyalty: Their Mediation by Patient Healthcare Service Quality Perceptions. *Journal of Psychology in Africa, 34*(1), 65–72. https://doi.org/10.1080/14330237.2024.2314365

Donabedian, A. (2002). *An Introduction to Quality Assurance in Health Care*. Oxford University Press.

Duc Thanh, N., My Anh, B. T., Xiem, C. H., Quynh Anh, P., Tien, P. H., Thi Phuong Thanh, N., Huu Quang, C., Ha, V. T., & Thanh Hung, P. (2022). Patient Satisfaction With Healthcare Service Quality and Its Associated Factors at One Polyclinic in Hanoi, Vietnam. *International Journal of Public Health, 67*, 1605055. https://doi.org/10.3389/ijph.2022.1605055

Fattah, F. A. M. A., Dahleez, K. A., & Al Alawi, A. M. M. (2021). Influence of Service Quality on Consumer Loyalty: A Mediation Analysis of Health Insurance. *The TQM Journal, 33*(8), 1787–1805. https://doi.org/10.1108/TQM-09-2020-0219

Ghofrani, M., Valizadeh, L., Zamanzadeh, V., Ghahramanian, A., Janati, A., & Taleghani, F. (2024). Adapting the Donabedian Model in Undergraduate Nursing Education: A Modified Delphi Study. *BMC Medical Education, 24*(1), 1–14. https://doi.org/10.1186/s12909-024-05187-7

Gu, L., Tian, B., Xin, Y., Zhang, S., Li, J., & Sun, Z. (2022). Patient Perception of Doctor Communication Skills and Patient Trust in Rural Primary Health Care: The Mediating Role of Health Service Quality. *BMC Primary Care, 23*(1), 255. https://doi.org/10.1186/s12875-022-01826-4

Halawa, Y. N. E., Ginting, C. N., & Kurnia, M. A. (2022). The Impact of Good Corporate Governance Implementation and the Standard of Medical Care on Patients' Satisfaction in the Inpatient Unit at Medan Haji General Hospital. *Jurnal Kesehatan Komunitas, 8*(3), 496–505.

Hussain, A., Ruowei, W., Xia, X., Jameel, A., Chunhong, S., & Ahmad, S. (2025). A Cross-Sectional Study on the Impact of Administrative Procedures and Medical Staff Services on Patient Satisfaction with Trust in Public Sector Hospitals: The Moderating Role of E-Health Knowledge. *BMC Health Services Research, 25*(1), 1576. https://doi.org/10.1186/s12913-025-13383-4

JK, K. A. O. (2024). Validation of the Donabedian Model of Health Service Quality in Selected States in Nigeria. *Nigerian Journal of Clinical Practice*, 167–173. https://doi.org/10.4103/njcp.njcp

Keelson, S. A., Addo, J. O., & Amoah, J. (2024). The Impact of Patient Engagement on Service Quality and Customer Well-Being: An Introspective Analysis from the Healthcare Providers' Perspective. *Cogent Public Health, 11*(1). https://doi.org/10.1080/27707571.2024.2340157

Health, D. (2025). *Denpasar City Health Office Performance Report 2024*.

Moayed, M. S., Khalili, R., Ebadi, A., & Parandeh, A. (2022). Factors Determining the Quality of Health Services Provided to COVID-19 Patients from the Perspective of Healthcare Providers: Based on the Donabedian Model. *Frontiers in Public Health, 10*. https://doi.org/10.3389/fpubh.2022.967431

Nur Ullah, M., & Shaulin, N. (2025). Examining Citizen Loyalty in Primary Healthcare in Bangladesh: The Role of Service Quality, Trust and Satisfaction. *International Journal of Health Care Quality Assurance, 39*(2), 117–133. https://doi.org/10.1108/IJHCQA-03-2025-0029

Nuraeni, N., Nurhazizah, R., Nursahwa, S., & Apriliani, A. (2024). Creating Good Governance Through Health Services to the Community. *Karimah Tauhid, 3*(2), 2412–2423. https://doi.org/10.30997/karimahtauhid.v3i2.12005

Parasuraman, A., Zeithaml, V. A., & Berry, L. (1988). SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing, 64*(1), 12–40.

Qiu, Y., Xiao, C., & Li, J. (2024). Service Quality Evaluation of County-Level Public Hospitals in Chongqing Under Smart Healthcare. *BMC Health Services Research, 24*(1). https://doi.org/10.1186/s12913-024-11976-z

Rachamati, Y., Daeng GS, A., & Permadi, E. G. (2022). Analysis of the Influence of Service Quality on Patient Satisfaction at the Kedungdoro Health Center. *Journal of Management and Accounting Students, 1*(1), 40–49.

Rahmadhani, W., Laelatul Qomar, U., & Dorji, S. (2023). The Effect of Government Policy Management on the Quality of Health Services. *Disease Prevention and Public Health Journal, 17*(1), 7–12. https://doi.org/10.12928/dpphj.v17i1.5973

Rauf, A., Muhammad, N., Mahmood, H., & Yen, Y. Y. (2024). The Influence of Healthcare Service Quality on Patients' Satisfaction in Urban Areas: The Case of Pakistan. *Heliyon, 10*(18). https://doi.org/10.1016/j.heliyon.2024.e37506

Restianti, A., & Subaidi. (2024). Government Institutions and Management Systems in Building Good Governance. *JKP: Journal of Government, Social and Politics, 10*.

Santosa, D. H., Wole, B. D., & Nenobais, D. I. (2025). The Effect of Good Governance and Service Quality on Patient Satisfaction at HVA Toeloengredjo Pare Kediri Hospital. *Quantum Wellness: Journal of Health Sciences, 2*(1), 46–53.

Sudarmini, N. L. P., Gorda, A. A. N. O. S., & Subanda, I. N. (2022). Antecedent Patient Trust with Patient Satisfaction Mediation: Reflections on Good Governance. *Window of Health: Health Journal*, 441–452.

Tossaint-Schoenmakers, R., Versluis, A., Chavannes, N., Talboom-Kamp, E., & Kasteleyn, M. (2021). The Challenge of Integrating eHealth Into Health Care: Systematic Literature Review of the Donabedian Model of Structure, Process, and Outcome. *Journal of Medical Internet Research, 23*(5). https://doi.org/10.2196/27180

Triyanto, D., Purnawan, H., & Saputra, B. (2021). Application of the Principles of Good Governance in Public Services at the Betungan Health Center, Bengkulu City. *Restorica: Scientific Journal of State Administration and Communication Sciences, 7*(1), 1–6. https://doi.org/10.33084/restorica.v7i1.1922

United Nations Development Programme. (1997). *Governance for Sustainable Human Development*. UNDP.

Wardana, I. G. N. W., & Prabawati, N. P. A. (2024). The Effectiveness of Public Services in the Perspective of Good Governance in the Digital Era. *Socio-Political Communication and Policy Review, 1*(6). https://doi.org/10.61292/shkr.178

Xavier, P. B., Silva, Í. D. S., & Alice, S. (2024). Patient Satisfaction and Digital Health in Primary Health Care: A Scoping Review Protocol. *Frontiers in Public Health*. https://doi.org/10.3389/fpubh.2024.1357688