Jurnal Ilmiah STIKES Yarsi Mataram
http://journal.stikesyarsimataram.ac.id/index.php/jik
p-ISSN: 1978-89-40 | e-ISSN: 2807-940X
Vol. XVI, No. 2, Juli 2026, pp. 252-263

Comparative Analysis of Perceived Service Quality among Prolanis Participants in Urban and Rural Primary Health Centers in the Malang Region

Ika Cahyaningrum[1], Arifen Leihu Pajojang[2], Karolus Sandiwan Canggang[3]
[1,2,3]Nursing Department, Faculty of Health Science, Tribhuwana Tunggadewi University Malang, Indonesia
ikacahyaningrum86@unitri.ac.id, arivenpajoja98@gmail.com, canggangkarolus@gmail.com

Article History:
Received : 11-11-2025
Revised : 30-07-2026
Accepted : 30-07-2026
Online : 31-07-2026

Keyword:
Primary Health Facilities; Quality of Health Services; Chronic Disease Programs; Accessibility of Services

ABSTRACT

Non-communicable diseases (NCDs), particularly hypertension and diabetes mellitus, remain a significant public health problem in Indonesia. The Chronic Disease Management Program (Prolanis) was developed to improve participants' health status through continuous care at Primary Health Care (PHC). The quality of care is one of the factors influencing participants' perceptions of Prolanis services. However, differences in regional characteristics, social conditions, and resource availability between urban and rural community health centers (Puskesmas) have the potential to influence participants' perceptions of service quality. Therefore, this study aims to analyze differences in Prolanis participants' perceptions of service quality between urban and rural Puskesmas in the Malang region. This study employed a comparative design with a cross-sectional approach, conducted at one urban community health center and one rural community health center. The study sample consisted of 145 Prolanis participants (73 from the urban community health center and 72 from the rural community health center), selected using consecutive sampling (adjust to the correct method if consecutive sampling was not used). The research instrument used the SERVQUAL questionnaire, which covers five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Data were analyzed using the Mann–Whitney test because the data distribution was not normal. The results of the study indicate that there is a difference in perceptions of service quality between Prolanis participants at urban and rural community health centers ($p<0.001$; effect size $(r)=0.58$). Participants at rural community health centers had a higher perception of service quality compared to participants in urban areas. Significant differences were found in the dimensions of tangibles, responsiveness, assurance, and empathy, while the reliability dimension did not show any significant differences.

ABSTRAK

Penyakit tidak menular (PTM), khususnya hipertensi dan diabetes melitus, masih menjadi masalah kesehatan masyarakat yang signifikan di Indonesia. Program Pengelolaan Penyakit Kronis (Prolanis) dikembangkan untuk meningkatkan status kesehatan peserta melalui pelayanan berkelanjutan di fasilitas kesehatan tingkat pertama (FKTP). Kualitas pelayanan merupakan salah satu faktor yang memengaruhi persepsi peserta terhadap layanan Prolanis. Namun, perbedaan karakteristik wilayah, kondisi sosial, dan ketersediaan sumber daya antara Puskesmas perkotaan dan pedesaan berpotensi memengaruhi persepsi peserta terhadap kualitas pelayanan. Oleh karena itu, penelitian ini bertujuan menganalisis perbedaan persepsi peserta Prolanis terhadap kualitas pelayanan antara Puskesmas perkotaan dan pedesaan di wilayah Malang. Penelitian ini menggunakan desain komparatif dengan pendekatan cross-sectional yang

dilaksanakan di satu Puskesmas wilayah perkotaan dan satu Puskesmas wilayah pedesaan. Sampel penelitian terdiri atas 145 peserta Prolanis (73 peserta dari Puskesmas wilayah perkotaan dan 72 peserta dari Puskesmas wilayah pedesaan) yang dipilih menggunakan teknik consecutive sampling (sesuaikan dengan metode yang benar apabila bukan consecutive sampling). Instrumen penelitian menggunakan kuesioner SERVQUAL yang meliputi lima dimensi, yaitu tangibles, reliability, responsiveness, assurance, dan empathy. Data dianalisis menggunakan uji Mann–Whitney karena distribusi data tidak normal. Hasil penelitian menunjukkan terdapat perbedaan persepsi kualitas pelayanan antara peserta Prolanis di Puskesmas perkotaan dan pedesaan ($p<0,001$; effect size (r)=0,58). Peserta di Puskesmas wilayah pedesaan memiliki persepsi kualitas pelayanan yang lebih tinggi dibandingkan peserta di wilayah perkotaan. Perbedaan signifikan ditemukan pada dimensi tangibles, responsiveness, assurance, dan empathy, sedangkan dimensi reliability tidak menunjukkan perbedaan yang signifikan.

A. INTRODUCTION

Non Communicable Diseases (NCDs) are a global public health threat that significantly contributes to morbidity and mortality rates (Kemenkes, 2023). In East Java Province, the number of people with hypertension remains high, reaching 6,896,624, with 69,180 cases in Malang City and 219,306 cases in Malang Regency. Meanwhile, the number of people with diabetes mellitus in East Java stands at 882,315, comprising 19,805 cases in Malang City and 39,148 cases in Malang Regency (Dinkes Provinsi Jawa Timur, 2025).

As part of its strategy to improve the health status of people with chronic diseases, the government, in collaboration with BPJS Kesehatan, has developed the Chronic Disease Management Program (Prolanis). Prolanis is a healthcare system that involves the active participation of enrollees, healthcare facilities, and BPJS Kesehatan in the delivery of integrated services at Primary Healthcare Facilities, such as community health centers with the aim of maintaining enrollees' health status and preventing disease complications (BPJS, 2024). The success of Prolanis implementation depends, in part, on participants' level of adherence to routine program activities, as sustained participation is a prerequisite for achieving optimal health outcomes.

Participants' adherence to the Prolanis program is closely linked to their perceptions of the quality of health care provided by health facilities. The findings of a study by A'aqoulah et al. (2022) indicate that patients' perceptions of the quality of health care are one of the key determinants influencing satisfaction, utilization of health services, and continued use of those services. According to the Donabedian model, the quality of healthcare services is the result of the interaction between structural components such as human resources, medication availability, and infrastructure and process components such as the interaction between healthcare providers and patients, as well as the timeliness of care provided. Differences in structural components between community health centers (Puskesmas) in urban and rural areas have the potential to cause variations in service processes, which ultimately influence patients' perceptions of service quality based on the five dimensions of SERVQUAL: tangibles, reliability, responsiveness, assurance, and

empathy (Teddy et al., 2020). The SERVQUAL model assesses service quality based on the gap between patients' expectations prior to receiving the service and their perceptions after receiving it. A service is considered to be of high quality if the service received meets or exceeds the patient's expectations. Consequently, the success of healthcare services is determined not only by the quality of the service provided, but also by the alignment between patients' expectations and their actual experience of the service (Nadi et al., 2016).

In general, there remains a disparity in the quality of healthcare services between urban and rural healthcare facilities (World Health Organization, 2021). People in rural areas face several obstacles, such as structural barriers for example, a shortage of healthcare professionals, inadequate facilities, and low levels of income and education (Anggraini, 2023). These factors can influence the expectations that rural communities have of healthcare facilities compared to their urban counterparts; consequently, even when Community Health Centres provide adequate services, rural communities still rate the quality of those services as good.

Although the quality of healthcare services at Community Health Centres has been extensively studied, the majority of research still focuses on the general patient population characterised by one-off visits. There are still few studies analysing the differences in the quality of care specifically experienced by vulnerable populations requiring long-term treatment programmes and repeated interactions (long-term care) particularly Prolanis participants between urban and rural areas in Indonesia. This gap is crucial to examine, given the disparities in the distribution of healthcare personnel and the allocation of infrastructure between urban and rural Community Health Centres in the Malang region.

The urgency of this research is reinforced by the findings of a preliminary study, which showed that the participation rate among Prolanis participants had not yet reached the 80 per cent target, in either urban or rural community health centres. Of the 10 Prolanis participants interviewed at the urban community health centre, 5 felt that staff were not responsive enough in providing services, whilst the other 5 felt that staff did not show sufficient individual attention (empathy). Meanwhile, at the rural community health centre, out of 10 Prolanis participants, 3 stated that the speed of service was still lacking and 4 felt that nurses rarely provided special attention. These initial findings indicate problems relating to responsiveness and empathy at both community health centres, albeit in different contexts.

In light of the background context, theoretical framework and research gaps outlined above, it is important to conduct a comparative analysis of Prolanis participants' perceptions of the quality of care provided by urban and rural community health centres in the Malang region. The aim of this study is to analyse differences in Prolanis participants' perceptions of the quality of healthcare provided by urban and rural community health centres in the Malang region.

B. METHODS

This study employed a comparative design using a cross-sectional approach to analyse differences in the perceptions of participants in the Prolanis regarding the quality of healthcare services at urban and rural community health centres in the Malang region. The cross-sectional approach was chosen because all variables were measured simultaneously

at a single point in time. This design is considered effective and efficient for evaluating Prolanis participants' perceptions of the quality of care received whilst taking part in routine Prolanis activities, without providing any intervention to the respondents.

The study was conducted from January to February 2024 at one community health centre in the city of Malang, representing an urban area, and one community health centre in Malang Regency, representing a rural area. The study population comprised all active Prolanis participants at both community health centres, namely 90 participants at the urban community health centre and 88 participants at the rural Community Health Centre. The inclusion criteria for this study comprised Prolanis participants who had been registered for at least four months, had been diagnosed with hypertension and/or diabetes mellitus, had regularly attended Prolanis activities at least three times in the last four months, and were able to communicate effectively and were willing to act as respondents. The sample size was determined using the Slovin formula, resulting in 73 respondents from the urban Community Health Centre and 72 respondents from the rural Community Health Centre. The sampling technique used was consecutive sampling, whereby all participants who met the inclusion criteria and were present at the regular monthly Prolanis activities were recruited in sequence until the required sample size for each group was reached.

The research instrument used the Indonesian version of the SERVQUAL (Service Quality) questionnaire developed by Parasuraman, Zeithaml and Berry (1988) (Herawan et al, 2017). The questionnaire consists of 22 items that measure five dimensions of service quality, namely tangibles, reliability, responsiveness, assurance and empathy. The validity of the instrument was tested on 30 Prolanis participants at other community health centres with characteristics similar to the research location. The results of the validity test, using Pearson's product-moment correlation, showed that all 22 items were deemed valid as they had a calculated r value greater than the table r value (0.349) at a significance level of $\alpha = 0.05$. The reliability test yielded a Cronbach's Alpha value of 0.780, indicating that the instrument possesses good internal consistency and is reliable for use in research.

Data analysis began with a normality test using the Kolmogorov–Smirnov test. The test results indicated that the data were not normally distributed, with a significance value of 0.001 (Asymp. Sig. 2-tailed < 0.05). Consequently, the analysis of differences in perceptions of service quality between Prolanis participants at urban and rural community health centres was conducted using the non-parametric Mann–Whitney U test to compare two unpaired groups. This study adhered to the principles of research ethics, including respect for persons, beneficence, non-maleficence and justice. Prior to data collection, all respondents were provided with an explanation of the study's objectives and procedures, after which they gave their written consent via an informed consent form.

C. RESULT AND DISCUSSION

Result

The Following are data on respondent characteristics at urban and rural health centres.

Tables 1. Respondent characteristics at urban and rural health centres

	Urban Health Centre	**Rural Health Centre**

Respondent Characteristics	Category	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Age	36-45 years	4	5.5	27	37,5
	46-55 years	6	8.2	25	34,7
	56-65 years	34	46.6	15	20,8
	More than 65 years	29	39.7	5	6,9
Total		73	100	72	100
Gender	Man	25	34.2	25	34,7
	Woman	48	65.8	47	65,3
Total		73	100	72	100
	Elementary school	28	38,4	10	13,9
Education	Junior high school	26	35,6	30	41,7
	Senior high school	14	19,2	25	34,7
	Associate Degree	1	1,4	1	1,4
	Bachelor degree	4	5,5	5	6,9
	Magister			1	1,4
Total		**73**	**100**	**72**	**100**
Work	Teacher	1	1,4	3	4,2
	Housewife	38	52,1	37	51,4
	Retired person	8	11,0	5	6,9
	Farmer	7	9,6	17	23,6
	Civil servant	1	1,4	1	1,4
	Entrepreneur	18	24,5	9	12,5
Total		**73**	**100**	**72**	**100**

The following are the characteristics of Prolanis participants at urban health centres. Nearly half of the participants were aged between 56 and 65 years and over 65 years, namely 34 people (46.6%) and 29 people (39.7%) respectively. The majority are female, namely 48 people (65.8%). The educational level of participants is mostly at the primary and junior high school levels, with 28 people (38.4%) and 26 people (35.6%) respectively. Meanwhile, in terms of occupation, most participants are housewives, with 38 people (52.1%).

Meanwhile, the characteristics of Prolanis participants at health centres in rural areas show that almost half of the participants are in the 36–45 and 46–55 age groups, with 27 people (37.5%) and 25 people (34.7%) respectively. The majority of participants are female, namely 47 people (65.3%). Nearly half of the participants have a junior high school education, namely 30 people (41.7%). In addition, more than half of the participants work as housewives, namely 37 people (51.4%).

The following are the comparison of dimension service quality between urban and rural Health Centres.

Tabel 2 Comparison of Dimension Service Quality Between Urban and Rural Health Centres.

Variable	Urban (n=73) Mean ± SD	Rural (n=72) Mean ± SD	*p-value*	Effect size (r)
Tangibles	4.41±0.49	3.57±0.89	<0.001	0,50

Reliability	3.39±0.63	3.49±0.79	0.307	0,08
Responsiveness	1.80±0.66	3.16±0.76	<0.001	0,70
Assurance	1.84±0.59	3.31±0.82	<0.001	0,72
Empathy	1.97±0.53	3.24±0.86	<0.001	0,66

Table 2 shows a comparison of perceptions of service quality based on the five SERVQUAL dimensions amongst Prolanis participants at urban and rural community health centres in the Malang region. In the Tangibles dimension, the average perception score at urban Puskesmas (4.41 ± 0.49) was higher than at rural Puskesmas (3.57 ± 0.89), with a statistically significant difference ($p < 0.001$) and a large effect size ($r = 0.50$). Conversely, in the Reliability dimension, no significant difference was found between urban (3.39 ± 0.63) and rural (3.49 ± 0.79) health centres ($p = 0.307$; $r = 0.08$), indicating that perceptions of service reliability were relatively similar in both groups. In the dimensions of Responsiveness, Assurance and Empathy, Prolanis participants at rural Puskesmas had higher average perception scores compared with those at urban Puskesmas, at 3.16 ± 0.76 versus 1.80 ± 0.66 ($p < 0.001$; $r = 0.70$), 3.31 ± 0.82 versus 1.84 ± 0.60 ($p < 0.001$; $r = 0.72$), and 3.24 ± 0.86 versus 1.97 ± 0.53 ($p < 0.001$; $r = 0.66$). These results indicate that there are significant differences in the perception of service quality across the four SERVQUAL dimensions tangibles, responsiveness, assurance and empathy whilst the Reliability dimension showed no significant difference between Prolanis participants at urban and rural community health centres.

Table 3 shows that the average value of the perception of the quality of urban community health centre services is highest for the tangibles indicator and lowest for the responsiveness indicator, as is the case with rural community health centres.

Table 4. Differences in Perceptions of Service Quality at Urban and Rural Community Health Centres.

Perception of Service Quality	Mean Rank	Asymp. Sig. (2-tailed)	effect size (r)
Urban Health Centre	48.99	<0.001	0,58
Rural Health Centre	97.34		

The results of the Mann–Whitney test showed an Asymp. Sig. (2-tailed) value of < 0.001, indicating that there was a significant difference in perceptions of service quality between Prolanis participants at urban and rural community health centres in the Malang region. The mean rank for the rural health centre group was 97.34, which was higher than that of the urban health centre group, which was 48.99. These results indicate that Prolanis participants at rural health centres have a better perception of service quality than those at urban health centres. Furthermore, the effect size (r) of 0.58 indicates that the difference found represents a large effect.

Discussion

Generally, there are factors that influence the public's perception of service quality. The research findings show that the majority of respondents, both at urban and rural community health centres, were housewives. The findings indicate that employment status is linked to perceptions of quality. People who are not in employment tend to be more satisfied with the quality of service than those in employment or the self-employed;

according to the findings, employment status influences views on service quality, particularly in terms of time constraints and expectations regarding efficiency (Dwi et al., 2024).

In addition, the age of the research participants showed that almost half of the Prolanis participants at the Urban Health Centre were aged 56-65 (elderly) and > 65 (senior citizens), namely 34 (46.6%) and 29 (39.7) respectively. At the Rural Health Centre, the study showed that nearly half of the Prolanis participants were aged 36-45 (late adulthood) and 46-55 (early elderly) years old, with 27 people (37.5%) and 25 people (34.7%) respectively. The results of this study indicate that age is a factor related to chronic diseases suffered by patients. Age is also a factor that influences the community's perception of service quality. The results show that younger respondents (rural respondents) tend to have a higher perception of service quality than older respondents (urban respondents). This is in line with several previous studies that show a significant relationship between age and perceptions of health service quality (Harahap & Utami, 2021). Age is one of the characteristics associated with patients' perception of satisfaction with healthcare services (Kurniati & Mustikawati, 2023). Younger individuals may have different expectations or standards, be more active in evaluating services, or be more adaptive to the services provided. Conversely, older individuals may have higher expectations or be more critical of service quality, resulting in a lower average perception.

Another factor associated with the public's perception of service quality is educational attainment. Based on the research findings in Table 1, the majority of respondents at community health centres in rural areas had completed primary and lower secondary education, whilst respondents at community health centres in urban areas were predominantly lower secondary and upper secondary school graduates. These findings indicate that the educational level of respondents in urban areas is relatively higher than in rural areas, meaning that the public's demands and expectations regarding the quality of healthcare services also tend to be higher. According to Kurnia Sari et al (2024) there is a significant relationship between educational level and patients' perceptions of service quality, whereby the higher a person's level of education, the more critical they are in assessing the quality of healthcare services. However, these results differ from the findings of Pasinringi et al (2021), who stated that there was no significant relationship between educational attainment and the public's perception of the quality of healthcare services. Thus, the results of this study indicate that educational attainment cannot be viewed as the sole factor determining the public's perception of service quality. Other factors must also be taken into account when assessing patients' perceptions and satisfaction with services at community health centres

This study describes the perceptions of service quality among Prolanis participants or their perceived quality of service at both urban and rural community health centres in the Malang region, covering the indicators of tangibles, reliability, responsiveness, assurance and empathy. The quality of service perceived by patients reflects their perspective on the quality of service provided by healthcare facilities. The following factors play a significant role in delivering excellent service: staff appearance, physical facilities and equipment, responsiveness, staff knowledge and friendliness, and their empathy towards patients (Noviyani & Viwattanakulvanid, 2024).

The results of the study indicate that there are differences in perceptions of service quality between Prolanis participants at urban and rural community health centres in the Malang region across the four dimensions of SERVQUAL, namely tangibles, responsiveness, assurance and empathy, whilst the reliability dimension did not show any statistically significant differences. In the tangibles dimension, Prolanis participants at urban community health centres had a higher perception than those at rural community health

centres. The results of the analysis indicate that this difference is statistically significant and has a strong practical impact, suggesting that the quality of physical facilities is a significant factor in shaping participants' perceptions of the quality of healthcare services. This suggests that the condition of facilities and infrastructure, the cleanliness of rooms, the availability of medical equipment, and the comfort of physical facilities at urban Puskesmas were rated more highly by participants than those at rural Puskesmas. Physical facilities are the initial component that shapes patients' perceptions of service quality before they receive clinical care. A clean, comfortable and well-organised service environment, supported by adequate equipment, can enhance participants' trust and confidence in the quality of the service provided. These findings are consistent with the research by Wijaya et al. (2026) which states that the 'tangibles' dimension contributes to an improvement in the perception of service quality and patient satisfaction in primary health care.

In this study, the dimensions of responsiveness, assurance and empathy showed significant differences between Prolanis participants at urban and rural community health centres. Across all three dimensions, Prolanis participants at rural community health centres gave higher ratings than those at urban community health centres. These differences were statistically significant, and all three dimensions had large effect sizes, indicating that these differences have a strong impact in practice, thus reflecting real differences in participants' experiences regarding staff responsiveness, service assurance, and the attention and care provided by healthcare workers in the two groups of health centres. Of these three dimensions, 'Assurance' has the largest effect size, suggesting that participants' trust in the competence of healthcare staff, their sense of security during care, and the professionalism of staff are the aspects that most distinguish perceptions of service quality between the two groups (Gu et al, 2022).

In terms of responsiveness, the higher perceptions of Prolanis participants at rural community health centres indicate that participants consider healthcare workers at their centres to be quicker in providing services, responsive to patients' needs, and easy to contact when participants require assistance. Research by Gu et al (Gu et al, 2022), also shows that healthcare workers' communication skills have a positive influence on perceptions of service quality and patient trust in primary healthcare. These findings indicate that effective communication has the potential to support an improvement in patients' perceptions of the responsiveness dimension, as healthcare workers' ability to provide clear information, listen to patients' complaints, and respond appropriately to patients' needs is an important part of responsive care.

Meanwhile, regarding the assurance dimension, the high level of perception among Prolanis participants at rural community health centres indicates that participants have a higher level of trust in the competence of healthcare workers, the staff's ability to instil a sense of security, and their professionalism throughout the service delivery process. This situation is likely to have arisen due to more intensive and sustained interaction between healthcare workers and Prolanis participants, thereby enhancing trust in the services provided. This finding is consistent with Bas and Syahria (Bas & Syahria, 2025), who state that the assurance dimension is one of the SERVQUAL dimensions that plays a role in shaping perceptions of service quality and patient satisfaction.

Unlike the other four dimensions, the reliability dimension did not show any significant differences between urban and rural community health centres. These results indicate that Prolanis participants in both groups have relatively similar perceptions regarding the reliability of the services provided. Furthermore, the average scores for both groups (urban Puskesmas = 3.39 ± 0.63; rural Puskesmas = 3.49 ± 0.79) suggest that participants rated the

reliability of services as 'good'. Consequently, the ability of staff to provide services that are accurate, consistent, in accordance with procedures, and trustworthy was assessed as having been met in both urban and rural Puskesmas. According to Wijaya (2026), the ability of healthcare workers to provide consistent, timely, and procedurally sound services can enhance patients' trust in the quality of care.

The research findings in Table 2 also show that respondents' perceptions of service quality were highest in the 'tangibles' dimension. This indicates that patients are satisfied with the quality of service, particularly in the 'tangibles' dimension, which includes modern/up-to-date medical equipment, comfortable (clean and well-maintained) and attractive health centre facilities, staff dressed appropriately and with a neat appearance, and physical facilities at the health centre that are appropriate for the type of service provided, particularly in relation to services for Prolanis participants. Therefore, the community health centres need to maintain their performance on these indicators. Given that both community health centres studied have achieved full accreditation, their infrastructure and the types of services provided are already in line with accreditation standards. According to Utama et al. (2018), the majority of patients are satisfied with community health centres that have achieved full accreditation, based on the 'tangibles' dimension. Patients felt reasonably satisfied with the physical facilities, equipment, comfort and cleanliness of the outpatient service areas at these community health centres. This indicates a relationship between the accreditation status of community health centres and the level of patient satisfaction (Yewen et al., 2019)(Baetti & Umniyatun, 2024). The presence of full accreditation is also a determining factor in achieving this positive perception. Accreditation encourages community health centres to meet standards for infrastructure, the suitability of medical equipment, and the aesthetics of the working environment in line with the principles of excellent service.

Furthermore, the lowest-rated indicator among Prolanis participants at both Community Health Centres was responsiveness. From these results, it can be concluded that patient satisfaction with this indicator remains low. The responsiveness indicators examined in the study included notification that Community Health Centre services were to be provided, the speed of service delivery by staff, staff willingness to assist patients, and staff responses to patients' requests or needs. According to Hutauruk et al (2017), a small proportion of patients perceive responsiveness in healthcare services to be lacking. Based on these research findings, it is hoped that both community health centres can improve responsiveness in their services, as this aspect can influence the overall quality of care.

The results of the study show that the mean rank of Prolanis participants' perceptions of service quality at rural community health centres was higher than at urban community health centres. The results of the Mann Whitney test also revealed a significant difference between the two groups, indicating that Prolanis participants at rural community health centres gave a more positive assessment of the quality of service received. This finding is consistent with a study (Li et al., 2024), which reported that patients in rural hospitals have a better perception of service quality than those in urban hospitals, particularly regarding the service environment, communication with doctors and nurses, communication

regarding treatment, the responsiveness of healthcare staff, and their overall assessment of the service.

In accordance with Expectation Confirmation Theory (ECT), which states that a positive perception of a service is formed when the service experience received meets or exceeds the user's initial expectations (Yirga, 2026). Conversely, if the service received falls short of expectations, negative disconfirmation will occur, leading to a decline in the perception of service quality. In the context of this study, the higher perception of service quality among Prolanis participants at rural community health centres may indicate that the service they received was better able to meet their expectations compared to participants at urban community health centres. In other words, participants at rural community health centres tended to experience expectation confirmation, that is, a situation where the service experience they received matched their expectations of the Prolanis service.

Urban communities typically have easier access to a range of healthcare services, including clinics and private or public hospitals, and consequently tend to have higher expectations of the services provided. Urban residents tend to be more critical and demand more modern healthcare facilities. This is evident from the fact that their perceived quality of community health centres tends to be lower. The findings of this study are consistent with research by Zhao et al. (2021)which showed that although healthcare facilities in urban areas are generally better, urban residents actually report worse service experiences compared to those in rural areas. Patients in urban areas report more negative experiences than those in rural areas (Li et al., 2024).

Patients' perceptions of the quality of care influence their loyalty to healthcare facilities (Guo et al., 2020). High levels of patient satisfaction with the quality of care can increase patient engagement, encouraging them to seek healthcare services repeatedly and to choose that medical institution again (Ng JHY, 1019). Consequently, if the loyalty or willingness of Prolanis participants to use Community Health Centres increases and they actively participate in the Prolanis programme, the programme's success can be achieved, thereby preventing morbidity and complications arising from chronic diseases. Therefore, improving the quality of service at Community Health Centres, particularly in urban areas, is a key priority that must be addressed to meet the high expectations of the community. Efforts to improve services can be directed towards enhancing the responsiveness of healthcare staff, ensuring good communication, and providing comfortable and professional facilities. The aim is to ensure that the services provided not only meet technical standards but also align with patients' expectations and needs.

D. CONCLUSION AND SUGGESTIONS

This study shows that there are differences in the perception of service quality among Prolanis participants at urban and rural community health centres in the Malang region. The results of the Mann–Whitney test indicate a significant difference with a large effect size, whereby Prolanis participants at rural community health centres have a higher perception of service quality compared to participants at urban community health centres. Based on an analysis of the five SERVQUAL dimensions, there were significant differences in the tangibles, responsiveness, assurance and empathy dimensions. The tangibles dimension scored higher at urban community health centres, whilst the responsiveness,

assurance and empathy dimensions scored higher at rural community health centres. Meanwhile, the reliability dimension showed no significant difference between the two groups, indicating that Prolanis participants at both urban and rural Puskesmas have relatively similar perceptions of service reliability.

Community health centres in urban areas need to prioritise improving the quality of service in terms of responsiveness, assurance and empathy when providing family planning services, through training in effective communication, enhancing staff's ability to respond promptly to participants' needs, ensuring professional service delivery, and strengthening patient-centred care.

Community health centres in rural areas need to maintain their strengths in the dimensions of responsiveness, assurance and empathy, whilst simultaneously improving the quality of tangible aspects through the provision and maintenance of service facilities and infrastructure. Furthermore, the standardisation of operational procedures and ongoing training for healthcare staff remain essential to maintain consistent service quality across all service units. Additionally, for future researchers, it is recommended to conduct studies covering a wider geographical scope, involving more than one community health centre in each region.

E. ACKNOWLEDGEMENT

We would like to express our gratitude to one of the community health centres in the urban and rural areas of Malang, which allowed researchers to collect data.

F. REFERENCES

A'aqoulah, A. et al. (2022). *Exploring the Gap Between Patients ' Expectations and Perceptions of Healthcare Service Quality*. *March*, 1295–1305.

Anggraini, N. (2023). Healthcare Access and Utilization in Rural Communities of Indonesia. *Journal of Community Health Provision*, *3*(1), 14–19. https://doi.org/10.55885/jchp.v3i1.214

Baetti, G. N., & Umniyatun, Y. (2024). Gambaran Kepuasan Pasien Puskesmas Akreditasi Paripurna Kecamatan neglasari Kota Tangerang Tahun 2024. *Indonesian Journal of Science*, *1*(5), 1175–1181.

Bas, A. G., & Syahria, N. (2025). Analisis Persepsi Pasien Mengenai Kualitas Pelayanan Rumah Sakit Berdasarkan Pendekatan Servqual : Literature Review. *Prepotif : Jurnal Kesehatan Masyarakat*, *9*, 10482–10489.

BPJS. (2024). *Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 3 Tahun 2024 Tentang Pelayanan Skrining Riwayat Kesehatan, Pelayanan Penapisan Atau Skrining Kesehatan Tertentu, Dan Peningkatan Kesehatan Bagi Peserta Penderita Penyakit Kronis Dalam Program Ja*.

Dinkes Provinsi Jawa Timur. (2025). Profil Kesehatan Provinsi Jawa Timur 2024. In *Profil Kesehatan Provinsi Jawa Timur*.

Dwi, I. N., Atmaja, J., Virginia, F., Dewi, S., Pande, I. K., Putra, P. W., Putra, A. S., Pebriana, I., & Metha, P. (2024). Hubungan Karakteristik Pasien Terhadap Persepsi Kualitas Pelayanan Kesehatan di RSUD Kota Mataram. *Empiricism Journal*, *5*(2), 195–213.

Gu et al. (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*(255), 1–10. https://doi.org/10.1186/s12875-022-01826-4

Harahap & Utami. (2021). Persepsi Masyarakat Terhadap Kualitas Pelayanan Kesehatan pada Masa Pandemi COVID-19 di Kota Binjai Desy Ramadhani Harahap. *Jurnal Penelitian Kesehatan Suara Forikes*, *12*(2), 162–165.

Hutauruk et al. (2017). Analisis Responsiveness Pelayanan Kesehatan Di Instalasi Rawat Inap

Rumah Sakit Nasional Diponegoro Semarang. *Jurnal Kesehatan Masyarakat*, *5*(1).

Kemenkes. (2023). Indonesian Health Survey 2023: Non-Communicable Diseases. *Buletin Jendela Data Dan Informasi Kesehatan*, 67–87. https://drive.google.com/file/d/1MvZMg8euyXZ0LIbcuSA5CPTpU8gDU0Qx/view

Kurnia Sari, W., Idris, H., & Misnaniarti, M. (2024). Pengalaman Dan Tingkat Pendidikan Pasien JKN Terhadap Persepsi Pelayanan Kesehatan. *Prepotif : Jurnal Kesehatan Masyarakat*, *8*(3), 5491–5496. https://doi.org/10.31004/prepotif.v8i3.36466

Kurniati, N. E., & Mustikawati, I. S. (2023). Analisis Faktor Karakteristik yang Berhubungan dengan Persepsi Kepuasan Pasien di Klinik Bayi Tabung Morula IVF Tangerang Tahun 2023. *Jurnal Kesehatan Tambusai*, *4*(3), 3356–3363.

Li, Z., Ho, V., Merrell, M. A., & Hung, P. (2024). Trends in patient perceptions of care toward rural and urban hospitals in the United States: 2014-2019. *Journal of Rural Health*, *40*(3), 565–573. https://doi.org/10.1111/jrh.12813

Nadi, A., Shojaee, J., Abedi, G., & Siamian, H. (2016). *Patients ' Expectations and Perceptions of Service Quality in the Selected Hospitals*. *70*(2), 135–139. https://doi.org/10.5455/medarh.2016.70.135-139

Noviyani, A., & Viwattanakulvanid, P. (2024). Exploring patients' perspectives on healthcare service quality in outpatient settings at a public hospital in Palembang, Indonesia: A qualitative study. *Belitung Nursing Journal*, *10*(6), 703–711. https://doi.org/10.33546/bnj.3594

Pasinringi, S. A., Rivai, F., Arifah, N., & Rezeki, S. F. (2021). The relationship between service quality perceptions and the level of hospital accreditation. *Gaceta Sanitaria*, *35*, S116–S119. https://doi.org/10.1016/j.gaceta.2021.10.009

Teddy, C., Stefani, C., & Layla, H. (2020). Service Quality, Consumer Satisfaction, Dan Consumer Loyality : Tinjauan Teoritis. In *Angewandte Chemie International Edition, 6(11), 951–952.*

Utama, A., Paripurna, D. A. N., & Kota, D. I. (2018). Analisis Perbedaan Tingkat Kepuasan Pasien Terhadap Mutu Pelayanan Rawat Jalan Puskesmas Berstatus Akreditasi Utama Dan Paripurna Di Kota Semarang. *Jurnal Kesehatan Masyarakat (e-Journal)*, *6*(5), 124–134.

Wijaya. (2026). The Influence of Service Quality Dimensions (SERVQUAL) on Patient Satisfaction. *Jurnal Keperawatan Florence Nightingale (JKFN)*, *9*(1), 169–175. https://doi.org/10.52774/jkfn.v9i1.509

World Health Organization. (2021). WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas. In *World Health Organization*. https://iris.who.int/bitstream/handle/10665/341130/9789240025318-eng.pdf#:~:text=This guideline is an update of the 2010,to a skilled and motivated rural health workforce.

Yewen, M. R., Korompis, G. E. C., Kolibu, F. K., Kesehatan, F., Universitas, M., & Ratulangi, S. (2019). Hubungan Antara Status Akreditasi Puskesmas Dengan Tingkat Kepuasan Pasien Di Kota Sorong Provinsi Papua Barat. *Kesmas*, *7*(5).

Yirga, S. A. (2026). *How service quality drives patient loyalty : testing a satisfaction - mediated model in healthcare settings in public hospitals in Sidama Regional State , Ethiopia*. 1–14.

Zhao, D., Zhou, Z., Shen, C., Nawaz, R., Li, D., Ren, Y., Zhao, Y., Cao, D., & Zhai, X. (2021). Rural and urban differences in patient experience in China: a coarsened exact matching study from the perspective of residents. *BMC Health Services Research*, *21*(1), 1–13. https://doi.org/10.1186/s12913-021-06328-0