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Servicescape assessment and consumer satisfaction in blood transfusion services at a regional Indonesian public hospital

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ABSTRACT

This study aimed to assess servicescape conditions and consumer satisfaction in blood transfusion and related healthcare services at RSUD Lubuk Basung, Indonesia. A quantitative descriptive design involved 74 respondents from the Blood Transfusion and Pulmonary Units. Data were collected using a five-point Likert questionnaire comprising 19 indicators and 40 sub-indicators and analysed using the Transformed Criteria Rate and SWOT framework. Results showed that building aesthetics had the lowest score (39.73%), followed by building access (46.69%), maintenance (49.41%), internal access (49.46%), indoor comfort (49.62%), views and lighting (52.16%), and green space (53.24%). Conversely, social and organisational relations reached 80.80%, while community support achieved 92.57%. The study concludes that several physical servicescape dimensions require substantial improvement despite strong organisational and community support. These findings provide an empirical basis for prioritising targeted facility improvements and systematically evaluating feasible redevelopment alternatives to enhance patient experience and regional healthcare service delivery.



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Introduction

Healthcare facilities in Indonesia are undergoing substantial transformation driven by expanding national health insurance coverage, regulatory reform, rising patient expectations, and increasing competition among healthcare providers. Within this changing environment, the physical setting in which healthcare services are delivered has become increasingly important for shaping patients' perceptions and experiences. Servicescape, originally conceptualised by Bitner (1992), encompasses the physical environmental elements surrounding service encounters and influencing the cognitive, emotional, and physiological responses of customers and employees. In healthcare settings, these elements extend beyond basic clinical infrastructure to include architectural design, spatial layout, accessibility, wayfinding, thermal and acoustic comfort, lighting, aesthetic quality, and green space. Hightower and Shariat (2009) further emphasised ambient, social, and design dimensions, while Pizam and Tasci (2019) expanded this perspective through the concept of "experienscape," which considers the broader environment shaping stakeholder experiences. More recent healthcare evidence confirms that servicescape quality contributes to interaction quality, perceived service quality, and subsequent behavioural intentions (Han et al., 2018; An et al., 2023). Nevertheless, empirical evidence remains comparatively limited regarding how

these environmental dimensions are experienced within regional Indonesian public hospitals, particularly in specialised blood transfusion service settings.

The relevance of servicescape assessment is reinforced by Indonesia's evolving healthcare regulatory framework, which increasingly emphasises facility adequacy, patient comfort, accessibility, privacy, and service quality. The National Health Insurance programme under Presidential Regulation No. 82 of 2018 established requirements for healthcare service provision, while Minister of Health Regulation No. 40 of 2022 specifies technical standards for hospital buildings, infrastructure, and medical equipment. More recently, Presidential Regulation No. 59 of 2024 introduced the Standard Inpatient Class (KRIS), incorporating specific criteria related to spatial adequacy, environmental comfort, accessibility, and patient privacy. These regulatory developments position the physical service environment as an important component of healthcare quality rather than merely an architectural consideration. Accordingly, examining servicescape conditions in regional public hospitals is necessary to identify gaps between users' experiences, existing physical environments, and contemporary service requirements, while providing an empirical basis for facility improvement and strategic development.

RSUD Lubuk Basung is the sole regional public hospital serving Agam Regency, West Sumatra, with a population exceeding 400,000. International evidence from blood-service research reinforces the stakes of this evaluation: prior studies among Spanish blood transfusion centres found that donation-process service quality was a key driver of donor satisfaction, trust, and loyalty, and that donor-oriented service quality sustains active donors' intention to continue donating, underscoring that the physical and procedural environment of blood transfusion facilities carries consequences well beyond individual patient experience. Demand for the hospital's services has increased consistently: pulmonary unit patient volume peaked at 8,624 in 2019 and reached 7,819 in 2022, whilst blood transfusion recipients grew from 426 in 2018 to 728 in 2023, a 71% increase over five years. Table 1 presents the demand trends that underscore the urgency of this evaluation.

Table 1. Patient Demand Trends, RSUD Lubuk Basung (2018-2023)

Year	Pulmonary Unit Visits	Blood Transfusion Recipients
2018	7,200*	426
2019	8,624	490*
2020	6,500*	515*
2021	6,800*	580*
2022	7,819	650*
2023	7,500*	728

* Estimated from reported annual growth trend.

This study pursues four objectives: (1) to assess and quantify the internal servicescape dimensions of the BTU building against established satisfaction thresholds; (2) to identify external opportunities and threats relevant to future physical development; (3) to determine institutional strengths that can be leveraged in a development strategy; and (4) to generate evidence-based strategic recommendations through SWOT analysis. The remainder of this article synthesises the theoretical basis for servicescape and patient satisfaction, describes the study's quantitative descriptive design, presents the resulting demographic, servicescape, and SWOT findings, and closes with strategic implications for regional hospital development.

The servicescape concept was formally introduced by Bitner (1992) in her foundational paper examining the impact of physical surroundings on customers and employees. Her framework identified three core dimensions: ambient conditions (background environmental characteristics including temperature, noise, lighting, and colour), spatial layout and functionality (the arrangement of machinery, equipment, and furniture), and signs, symbols and artefacts (explicit and implicit environmental signals that communicate norms and guide behaviour). Hightower and Shariat (2009) extended Bitner's framework through hierarchical factor analysis, introducing three complementary dimensions ambient, social, and design while Lovelock et al. (2010) applied servicescape theory within services marketing strategy, emphasising the role of physical environmental cues in consumer positioning and differentiation. Pizam and Tasci (2019) subsequently proposed the 'experienscape' concept, expanding servicescape to encompass multi-stakeholder dimensions of the total service experience. Within healthcare specifically, Han et al. (2018) synthesised these theoretical strands into a unified framework for clinical environments, while An et al. (2023) provided empirical confirmation that servicescape quality directly shapes both interaction quality and patients' intention to revisit, extending the construct's relevance into regulated clinical settings.

Consumer satisfaction in healthcare is understood as the degree of positive or negative feeling generated when patients compare their service expectations against the experience actually received (Kotler & Keller, 2016). Donabedian's Patient Satisfaction Theory frames satisfaction through three evaluative dimensions:

structure (physical facilities and human resources), process (patient-provider interaction), and outcome (recovery and health improvement), establishing physical facilities as a primary satisfaction determinant alongside clinical process quality. This relationship has been repeatedly confirmed in developing-country hospital settings: Andaleeb (2001) found that tangible service-quality dimensions were among the strongest predictors of patient satisfaction in Bangladeshi hospitals, and Dagger et al. (2007) similarly established a hierarchical model in which the physical environment functions as a foundational determinant of overall perceived health-service quality. Sahoo and Ghosh (2016) extended this line of research by identifying ambience, facility design, and location as core 'healthscape' motives driving satisfaction in private healthcare, while Rauf et al. (2024) demonstrated in a Pakistani hospital sample that servicescape quality operates through patients' pleasure and satisfaction to shape both re-patronage and recommendation intentions. Research in healthcare design has further shown that natural views, daylight access, and green space exposure are associated with reduced stress and shorter recovery trajectories, establishing evidence-based design principles as a direct health determinant rather than merely a comfort amenity.

SWOT analysis provides a structured framework for evaluating both internal capability (strengths and weaknesses) and external environmental factors (opportunities and threats) relevant to strategic decision-making (Mosteanu & Faccia, 2021). Van Wijngaarden et al. (2012) caution, however, that conventional SWOT procedures must be adapted for the healthcare sector, where professional network structures and multiple stakeholder expectations blur the boundary between internal and external factors; the present study addresses this by grounding each SWOT element directly in measured Transformed Criteria Rate (TCR) scores and demographic evidence rather than unstructured expert opinion. In the healthcare facility context, SWOT enables systematic translation of servicescape assessment findings into strategic development pathways, providing decision-makers with evidence-based options ranked by urgency and potential impact.

Method

This study employed a quantitative descriptive design to assess servicescape conditions and consumer satisfaction at the Blood Transfusion Unit (BTU) and Pulmonary Unit of RSUD Lubuk Basung, Agam Regency, West Sumatra, Indonesia. The descriptive design was selected to quantify respondents' evaluations of the physical service environment without inferring causal relationships between servicescape and consumer satisfaction. The study population comprised individuals who had previously received services at either unit. Respondents were eligible if they had completed at least one visit and had direct experience with the physical environment of the facility. A probability-sampling approach was applied, resulting in a final sample of 74 respondents. Data were collected through structured questionnaires administered directly at the facility and electronically using the same items, response scales, and eligibility criteria to maintain consistency across data-collection modes.

Servicescape was measured using an instrument comprising 19 indicators and 40 sub-indicators adapted from established servicescape frameworks (Bitner, 1992; Pizam & Tasci, 2019; Carneiro et al., 2021; Li, 2021). The indicators covered relevant aspects of the external and internal service environment, including aesthetics, accessibility, maintenance, indoor comfort, spatial access, views and lighting, green space, quietness, privacy, and social and organisational relations. The instrument was reviewed by an expert panel to assess its contextual relevance to the Indonesian public hospital setting. Responses were recorded using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Descriptive statistics were used to summarise respondent characteristics and indicator scores, while mean values were converted into Transformed Criteria Rate (TCR) scores using $TCR = (\text{Mean}/5) \times 100\%$. Scores were interpreted as Very Good (81–100%), Good (61–80%), Moderate (41–60%), Poor (21–40%), and Very Poor (0–20%) following Arikunto (2010).

The TCR results were subsequently integrated with relevant institutional and external contextual information to develop the SWOT matrix. Low-performing internal servicescape dimensions were considered potential weaknesses, whereas higher-performing internal attributes were examined as potential strengths. External factors, including community support, service demand, competition, and technological developments, were considered separately as opportunities or threats based on their contextual relevance. The resulting strengths, weaknesses, opportunities, and threats were combined to formulate SO, ST, WO, and WT strategic alternatives. Because no quantitative strategy-prioritisation technique, such as IFAS–EFAS weighting or QSPM, was applied, the SWOT analysis was used to formulate strategic alternatives rather than to establish statistically validated rankings among development strategies.

Results and Discussions

Table 2 presents the demographic profile of the 74 respondents across three key dimensions. Gender distribution was precisely equal (50% male and female). The dominant age group was 41-50 years (29.73%), followed by 20-30 years (28.38%), indicating that the primary patient population comprised working-age adults with established healthcare expectations. Half of respondents held senior high school qualifications, and 51.35% reported monthly incomes between IDR 1.5-3 million.

Table 2. Respondent Demographics (n=74)

Demographic	Attribute	% (n=74)
Age	20-30 years	28.38%
	31-40 years	24.32%
	41-50 years	29.73%
	51-60 years	13.51%
	> 60 years	4.05%
Gender	Male	50.00%
	Female	50.00%
Education	Senior High School	50.00%
	Diploma/Bachelor/Postgraduate	25.68%
	Junior High School	18.92%
	Primary School	5.41%
Marital Status	Married	72.97%
	Single	27.03%
Monthly Income	< IDR 1.5 million	28.38%
	IDR 1.5-3 million	51.35%
	IDR 3-4.5 million	14.86%
	> IDR 4.5 million	5.41%
Unit Visited	Pulmonary Unit	55.41%
	Blood Transfusion Unit	44.59%
Visit Frequency	Once	31.08%
	Twice	44.59%
	Three times	22.97%
	> Four times	1.35%

Turning to the external servicescape factors, community support for new BTU building development recorded the highest TCR in the study at 92.57%, comprising support for general healthcare facility development (91.62%) and specific support for the BTU and pulmonary unit construction (93.51%). Both scores substantially exceed the 81% 'Very Good' threshold, confirming this as a dominant and actionable opportunity. Community visit intent likewise scored 89.64%, with word-of-mouth referral intent achieving 91.62%. Despite the critically low satisfaction scores recorded for physical servicescape dimensions, the community maintains strong intent to continue using and recommending the facility. This suggests that satisfaction with clinical process quality especially nursing empathy at 93.24% compensates for physical environment dissatisfaction, but represents a fragile equilibrium that cannot be relied upon indefinitely.

Table 3 presents the TCR assessment of the nine internal servicescape dimensions measured in this study.

Table 3. Internal Servicescape Dimensions TCR Assessment

Internal Servicescape Dimension	Mean	TCR (%)	Category
Building Aesthetics	1.99	39.73%	Poor
Access to Building	2.33	46.69%	Moderate
Building Maintenance	2.47	49.41%	Moderate
Indoor Comfort	2.48	49.62%	Moderate
Internal Building Access	2.47	49.46%	Moderate
Views and Lighting	2.61	52.16%	Moderate
Green Space	2.66	53.24%	Moderate
Quietness	3.10	62.09%	Good
Patient Privacy	3.53	70.66%	Good
Social & Organisational Relations	4.04	80.80%	Very Good

Building Aesthetics (TCR: 39.73%) registered the most critically deficient score, the only dimension classified as 'Poor' under Arikunto's (2010) schema; building colour scheme scored 36.76% and building form/mass 38.11%, both approaching the 'Very Poor' threshold. In healthcare settings, unattractive buildings reinforce negative associations with institutional neglect and low quality of care, compounding patient anxiety and reducing confidence in the institution's capacity to deliver competent clinical services (Hightower, 2010; Liu et al., 2018). This pattern is consistent with foundational servicescape research showing that facility aesthetics shape emotional responses and behavioural intentions well before any service interaction occurs (Wakefield & Blodgett, 1996; Ryu & Jang, 2008), and with Batra and Taneja's (2022) finding, in Indian corporate hospitals, that both the direct and emotion-mediated pathways from servicescape to satisfaction were fully supported, reinforcing that aesthetic deficiencies cannot be dismissed as merely cosmetic.

Access to Building (TCR: 46.69%) and Internal Building Access (TCR: 49.46%) reveal systemic wayfinding and accessibility deficiencies: wayfinding signage scored 41.62% and directional clarity scored 42.74%, directly implicating Bitner's (1992) signs, symbols and artefacts dimension. Comparable quality-improvement interventions in Indian public hospitals have shown that structured, multilingual signage systems can substantially raise patient-rated wayfinding satisfaction (Sahoo et al., 2024), suggesting a concrete low-cost remediation pathway for this dimension. Building Maintenance (TCR: 49.41%) and Indoor Comfort (TCR: 49.62%) confirm that the interior spatial environment fails to meet basic comfort standards across multiple dimensions simultaneously, directly contravening the 12-criteria KRIS framework mandated under Presidential Regulation No. 59 of 2024. Views and Lighting (TCR: 52.16%) and Green Space (TCR: 53.24%) are dimensions with demonstrated therapeutic implications: outdoor garden visibility scored 48.65% and window view quality 42.43%, indicating that patients have minimal access to natural visual environments during their care experience, a finding that research consistently links to impaired recovery and elevated patient stress. Table 4 presents the most critical sub-indicator scores across all dimensions.

Table 4. Key Sub-indicator Scores Across Servicescape Dimensions

Sub-indicator	Mean	TCR (%)	Classification
Unattractive building colour scheme	1.84	36.76%	Poor
Uninspiring building form/mass	1.91	38.11%	Poor
Inadequate room accessories	1.97	39.46%	Poor
Poor wall and ceiling colour	2.03	40.54%	Poor
Inadequate wayfinding signage	2.08	41.62%	Moderate
Low window view quality	2.12	42.43%	Moderate
Unclear directional indicators	2.14	42.74%	Moderate
Insufficient furniture (diagnostic rooms)	2.16	43.24%	Moderate
Poor building physical condition	2.18	43.51%	Moderate
Difficult information centre discovery	2.19	43.78%	Moderate
Substandard cleanliness	2.39	47.84%	Moderate
Information centre location unclear	2.39	47.84%	Moderate
Limited outdoor garden visibility	2.43	48.65%	Moderate
Nursing empathy (highest scorer)	4.66	93.24%	Very Good
Medical visit satisfaction	4.22	84.32%	Very Good
Physician communication quality	4.07	81.35%	Very Good

These quantified findings were consolidated into a SWOT matrix (Table 5), synthesising internal and external servicescape results, from which four strategic development pathways were derived (Table 6).

Table 5. SWOT Matrix — Integrated Servicescape Assessment

Category	Code	Factor	Score/Information
Strengths (S)	S1	Social & organisational relations	80.80%
	S2	Institutional experience	37 years
	S3	Qualified medical personnel	424 personnel
	S4	Strategic urban location	
Weaknesses (W)	W1	Building aesthetics	39.73% — Critical
	W2	Access to building	46.69%
	W3	Building maintenance	49.41%
	W4	Indoor comfort	49.62%
	W5	Internal building access	49.46%
	W6	Views and lighting	52.16%

Category	Code	Factor	Score/Information
Opportunities (O)	W7	Green space	53.24%
	O1	Community support	92.57%
	O2	Visit intent	89.64%
Threats (T)	O3	Rising BTU & pulmonary demand	
	T1	Private hospital & inter-district competition	
	T2	Industry 4.0 technological disruption	
	T3	High cost of AI/IoT implementation	

Table 6. Strategic Development Matrix — Four SWOT Pathways

Strategy	Focus	Key Action
SO Strategy	Leverage strengths + opportunities	Upgrade medical equipment & expand specialist services to meet rising community demand
ST Strategy	Use strengths to counter threats	Enhance clinical quality, communication, and responsiveness to outcompete private providers
WO Strategy (Primary)	Convert weaknesses into opportunities	Construct new purpose-built BTU & Pulmonary Unit building aligned with KRIS and Permenkes 40/2022
WT Strategy	Minimise weaknesses + threats	Adopt IoT, AI, and big data systems to modernise operations and address the technology gap

The WO Strategy constructing a new purpose-built building for the BTU and Pulmonary Units is identified as the primary and most urgent development imperative. The breadth, severity, and systematic nature of physical servicescape deficiencies documented across eight dimensions cannot be meaningfully resolved through incremental maintenance or cosmetic refurbishment. A new facility designed in full compliance with the technical requirements of Permenkes No. 40/2022 and the KRIS criteria of Perpres No. 59/2024 is the only pathway capable of systematically addressing identified weaknesses whilst capitalising on confirmed community support (92.57%) and the rising demand trajectory documented in Table 1.

The SO Strategy recommends targeted upgrading of medical equipment and specialist service capacity to translate institutional human-resource strengths and community demand momentum into enhanced clinical service outcomes. The ST Strategy prescribes comprehensive service-quality improvement programmes, including patient communication protocols and clinical process standardisation, to maintain competitive positioning against private hospital alternatives. The WT Strategy advocates adoption of IoT, AI, and big data platforms to simultaneously address internal system inefficiencies and mitigate technological competitive threats. Taken together, the four pathways offer decision-makers a staged roadmap: immediate service-quality reinforcement (SO/ST) alongside the capital-intensive but decisive physical redevelopment (WO) that this study identifies as the primary imperative.

The findings reveal substantial variation across the assessed servicescape dimensions, with physical attributes receiving considerably lower evaluations than interpersonal and organisational aspects. Building aesthetics emerged as the weakest dimension (TCR = 39.73%), followed by access to the building (46.69%), building maintenance (49.41%), internal building access (49.46%), indoor comfort (49.62%), views and lighting (52.16%), and green space (53.24%). These results indicate that dissatisfaction is concentrated primarily in the tangible characteristics of the healthcare environment rather than being uniformly distributed across the service experience. This pattern is theoretically consistent with the servicescape framework, which positions ambient conditions, spatial layout, functionality, and environmental cues as important components through which users interpret service settings. In healthcare environments, physical surroundings are particularly relevant because patients often use visible and tangible attributes to form perceptions of service quality and institutional credibility (Bitner, 1992; Han et al., 2018; An et al., 2023).

Building aesthetics represented the most pronounced physical weakness, with the overall dimension scoring 39.73%, while building colour scheme (36.76%), building form and mass (38.11%), and room accessories (39.46%) recorded particularly low evaluations. Although aesthetic characteristics do not directly represent clinical competence, they contribute to patients' emotional responses and overall assessment of the service environment. The findings therefore suggest that visual deterioration and poorly perceived architectural characteristics may weaken the overall patient experience even when clinical services remain functional. Previous research has similarly demonstrated that tangible environmental characteristics contribute to patient satisfaction and perceptions of healthcare quality, while servicescape quality can operate through emotional responses in shaping subsequent behavioural intentions. Accordingly, aesthetic improvement should be viewed

as part of patient-centred service design rather than merely as cosmetic refurbishment (Amin et al., 2016; Dagger et al., 2007; Rauf et al., 2024).

Accessibility and environmental comfort constitute another important area requiring attention. Access to the building (46.69%) and internal building access (49.46%) were evaluated only moderately, while inadequate wayfinding signage (41.62%), unclear directional indicators (42.74%), and difficulty locating information services (43.78%) indicate practical navigation problems within the facility. Similarly, relatively low scores for views and lighting (52.16%) and green space (53.24%) suggest limited environmental support for a comfortable healthcare experience. These findings are important because healthcare servicescapes involve more than visual appearance; they also include functional accessibility, spatial organisation, environmental comfort, and natural elements that facilitate service encounters. Previous studies have associated healthcare servicescape characteristics, including accessibility, ambience, facility design, natural elements, and spatial functionality, with patient satisfaction and perceived service quality (Sahoo & Ghosh, 2016; Han et al., 2018; Sahoo et al., 2024).

In contrast to the physical deficiencies, social and organisational relations achieved a substantially higher TCR of 80.80%, while nursing empathy reached 93.24%, medical visit satisfaction 84.32%, and physician communication quality 81.35%. Community support (92.57%) and visit intention (89.64%) were similarly high. This contrast suggests that favourable interpersonal experiences may coexist with weaknesses in the physical service environment; however, the descriptive design does not establish that interpersonal quality compensates statistically for deficient physical conditions. The finding remains important in the blood-service context because service quality is multidimensional and includes both tangible and interpersonal components. Research on blood donation services has demonstrated that perceived service quality is closely associated with satisfaction, trust, recommendation, and continued participation, highlighting the importance of maintaining strong interpersonal service while improving tangible service conditions (Melián-Alzola & Martín-Santana, 2020; Martín-Santana et al., 2021).

The SWOT synthesis translates these findings into four strategic pathways, but the results support a differentiated rather than singular development response. The documented weaknesses in aesthetics, accessibility, maintenance, comfort, lighting, and green space provide an empirical basis for prioritising physical-environment improvements, while strong community support and organisational relations provide favourable contextual conditions for future development. Nevertheless, construction of a new purpose-built facility should be interpreted as a strategic alternative rather than an empirically proven superior option because the present analysis did not employ quantitative strategy prioritisation or compare redevelopment with renovation alternatives. Strategic decisions should therefore combine the servicescape evidence with technical feasibility, regulatory compliance, financial capacity, and stakeholder priorities. Such caution is consistent with healthcare applications of SWOT, where strategic alternatives should be interpreted within the complexity of organisational and stakeholder environments rather than treated as automatically ranked outcomes (Van Wijngaarden et al., 2012).

Conclusions

This study concludes that the servicescape of the Blood Transfusion and Pulmonary Units at RSUD Lubuk Basung requires improvement, particularly in building aesthetics, accessibility, maintenance, indoor comfort, lighting, and green space. Despite these physical limitations, strong organisational relationships and community support provide important foundations for service development. The SWOT analysis identifies strategic alternatives that integrate institutional strengths, external opportunities, physical-environment weaknesses, and emerging challenges. Overall, the findings provide an empirical basis for improving the servicescape and evaluating appropriate facility development strategies to enhance patient experience and support sustainable healthcare service delivery.

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