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Investigating Patient Satisfaction in Wound Care at NCI Clinic Samarinda

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Abstract:
Wound care is a critical aspect of healthcare, particularly in communities facing an increasing prevalence of chronic and post-surgical wounds. In Samarinda, East Kalimantan, the growing demand for specialized wound care services highlights the need to understand patient satisfaction as a vital indicator of healthcare quality. This study aimed to investigate the factors influencing patient satisfaction at NCI Wound Care Clinic, which provides both in-clinic and home-care wound management. A qualitative case study approach was employed, involving eight informants: four who received treatment at the clinic and four who received home-care services. Data were collected through semi-structured in-depth interviews, direct observations, and field notes, and were analyzed thematically. The findings identified seven latent variables that influenced satisfaction: engaging interpersonal communication, accessibility from home, perceived clinical competence of nurses, detailed pricing, accommodation of personal needs, and two negative factors—ineffective registration and scheduling processes. The results indicate that empathy, professionalism, transparency, and flexibility contribute significantly to patient satisfaction. Conversely, administrative inefficiencies negatively affect satisfaction and perceptions of service quality. The study concludes that improving interpersonal communication, cost transparency, and digitalized administrative systems can enhance both patient satisfaction and the overall quality of wound care services.
KeyWords: wound care, patient satisfaction, case study, Indonesia

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INTRODUCTION

Wound care is a critical component of healthcare, particularly in settings where chronic wounds, post-surgical wounds, and other forms of complex injuries are prevalent (Lindholm & Searle, 2016; Sandy-Hodgetts et al., 2025; Sinha, 2019). In Samarinda, a growing city in Indonesia, the demand for specialized wound care services has been on the rise. This increase is attributed to several interrelated factors, including the city's aging population, the rising prevalence of diabetes and other chronic conditions, and an overall growth in public healthcare awareness. Understanding patient satisfaction within this context is essential, as it serves as a key indicator of healthcare quality and directly influences treatment adherence and clinical outcomes.

At the national level, Indonesia continues to face a growing burden of chronic wounds, including diabetic foot ulcers, venous leg ulcers, and pressure ulcers. The *Survei Kesehatan Indonesia* (SKI) 2023 reported that the prevalence of diabetes among individuals aged 15 years and older was 2.2% based on physician diagnosis and 11.7% based on blood glucose examination, reflecting a substantial and increasing public health concern. Global clinical evidence indicates that approximately 15–25% of individuals with diabetes will develop a foot ulcer at some point in their lifetime, underscoring the serious impact of diabetic wound complications in Indonesia (Ministry of Health of the Republic of Indonesia, 2023; Armstrong, Boulton & Bus, 2017).

In East Kalimantan, diabetes prevalence has risen sharply in the last decade, linked to lifestyle transitions, diet changes, and rising obesity rates (IDF, 2023). In Samarinda specifically, the combination of a growing elderly population and limited specialist availability—there are very few wound care specialists in the province—has created gaps in access to timely and high-quality wound treatment.

The growing prevalence of chronic wounds has become a major public health issue in Indonesia, particularly in rural and economically disadvantaged regions where access to specialized care remains limited (Ministry of Health of the Republic of Indonesia, 2023). Wound care specialists and clinics play a pivotal role in addressing this gap by improving treatment outcomes and ensuring cost-effective management of chronic wounds (Jais et al., 2024). However, patient satisfaction remains a critical concern, as it significantly influences treatment adherence, continuity of care, and healing outcomes (Probst et al., 2025; Sheehan et al., 2022).

The concept of patient satisfaction in wound care is shaped by multiple interconnected factors, including clinical quality, effective communication, service efficiency, and the overall care environment. Empathetic and patient-centered communication enhances adherence, emotional well-being, and satisfaction, ultimately improving wound healing outcomes (Probst et al., 2025). In Indonesia, Ong and Antonio (2025) found that clinicians' sustained use of hemostatic wound products depends on the interplay between brand perception, professional experience, and multidimensional value—emphasizing affordability, functionality, and education as key to patient trust and continuity of care. Internationally, studies reaffirm these findings: empathetic communication, cultural sensitivity, and provider continuity strengthen satisfaction and adherence (Probst et al., 2025), while digital innovations like the Wound Care Command Centre improve access, reduce hospital visits, and elevate patient experience (Barakat-Johnson et al., 2025).

In Indonesia, however, research on wound care remains limited and primarily clinician-focused. For instance, a recent study by Ong and Antonio (2025) explored the synergy between brand competence, perceived value, and clinician experience in sustaining the use of hemostatic wound dressings. While this provides valuable insights into clinical practice and product utilization, it does not address the patient's perspective on wound care services or their satisfaction with the care process.

Moreover, cultural factors in Indonesia play a significant role in shaping patient expectations and satisfaction. In many parts of Indonesia, there is a strong reliance on traditional healing practices, which can sometimes conflict with modern medical advice. This cultural dynamic can impact how patients perceive the care they receive in wound care clinics and their overall satisfaction with the treatment process (Pourkazemi et al., 2020). Addressing these cultural nuances is crucial for improving patient satisfaction and outcomes in wound care.

In Samarinda, the delivery of wound care services faces persistent challenges, including limited healthcare resources, variable health literacy among patients, and socioeconomic disparities. These factors can significantly influence patient satisfaction and, in turn, affect the overall effectiveness of wound management. Recent evidence from Indonesia indicates that individuals from lower socioeconomic backgrounds and rural areas often experience reduced

access to specialized diabetic and wound care services, leading to delayed treatment and poorer outcomes (Ministry of Health of the Republic of Indonesia, 2023; Jais et al., 2024).

While there is a growing body of literature on wound care practices and patient satisfaction globally, there remains a clear gap in studies focusing specifically on patient satisfaction within wound care clinics in Samarinda or comparable mid-sized Indonesian cities. Most existing studies have centered on larger urban areas and hospital-based care, with limited attention to community-based or clinic-level contexts. Recent Indonesian research has primarily addressed clinical and economic aspects of diabetic wound management (Jais et al., 2024), while international studies have emphasized interpersonal and cultural dimensions of care that are equally relevant to patient experience (Probst et al., 2025; Kaihlanen et al., 2019). This underscores the need for locally grounded investigations into how sociocultural and economic factors shape patient satisfaction in wound care settings across Indonesia.

International benchmarks show that structured, multidisciplinary wound centers can achieve extremely high patient satisfaction. For example, Waterbury Hospital in the U.S. reported ≥96% satisfaction in 2025, while Rush Oak Park Hospital consistently scores in the high 90s, highlighting the effectiveness of patient-centered, standardized care models (Waterbury Hospital, 2025; Rush University, 2025). These findings provide useful comparisons for Indonesian clinics striving to improve patient experience.

This study seeks to address these gaps by specifically examining patient satisfaction within wound care clinics in Samarinda, focusing on the factors that contribute to patient perceptions of care quality, the challenges they face, and their overall experiences. By doing so, this research aims to provide a more nuanced understanding of patient satisfaction in the context of wound care in Samarinda and offer insights that could help improve care practices and outcomes.

The findings of this study are expected to offer valuable recommendations for healthcare providers and policymakers to enhance patient satisfaction, improve clinical practices, and ultimately deliver better health outcomes for patients in the region. This could involve strategies such as increasing patient education, improving access to care, and implementing more patient-centered care practices in wound care clinics.

NCI Wound Care Clinic in Samarinda operates with limited resources, consisting of 3 beds, 1 general practitioner, 4 trained nurses, 1 administrator, and 1 pharmacist. The clinic serves around 5–7 patients daily and provides home care treatment for approximately 6 patients. Its services include wound assessment, debridement, diabetic foot ulcer management, post-surgical wound care, infection control, and patient education on wound self-care, as well as home-based treatment for patients with mobility limitations. Despite these comprehensive services, the clinic faces several challenges that affect the quality and efficiency of care. Located within a 5–10 km radius of five larger hospitals, the clinic encounters competition and coordination issues that can influence patient flow and continuity of care. Ensuring consistent quality between in-clinic and home care services is also difficult, given the limited staff, patient compliance variability, and differing home environments. Furthermore, maintaining effective communication, delivering comprehensive patient education, and ensuring continuous monitoring are challenging under time and resource constraints. The clinic must also navigate

logistical issues in home care, such as transportation, supply management, and ensuring uniform standards of hygiene and treatment effectiveness across diverse patient conditions.

Operational and sustainability challenges further complicate the clinic's performance. With only two administrators managing scheduling, billing, records, and coordination between in-clinic and home care services, inefficiencies or administrative errors may arise. The single pharmacist is responsible for medication preparation, dispensing, and counseling, which could lead to bottlenecks in patient service delivery. Financial and structural limitations pose additional barriers to scaling operations or improving service quality, particularly as patient demand grows. These constraints underscore the importance of optimizing the clinic's processes to maintain both quality and sustainability. Considering these issues, the study aims to identify the key factors influencing patient satisfaction at NCI Wound Care Clinic and to explore how these factors can enhance the overall patient experience and care outcomes. Specifically, the research seeks to answer two central questions: what factors contribute to patient satisfaction at NCI Wound Care Clinic, and how these factors can support improvements in service quality and patient-centered care.

RESEARCH METHODOLOGY

The study employed a qualitative approach to explore patient satisfaction in wound care based on the lived experiences of patients at NCI Wound Care Clinic, Samarinda. This approach is particularly suited to understanding complex healthcare phenomena influenced by emotional, interpersonal, and systemic factors, providing rich insights beyond what quantitative methods can capture. The research adopted a case study strategy focusing on a single bounded case—NCI Wound Care Clinic—to deeply investigate the factors influencing patient satisfaction through multiple perspectives and data sources. Eight patients were purposively selected, comprising four in-clinic and four home care participants of various ages, genders, and treatment durations. Data were collected through semi-structured interviews, observations, and field notes, conducted both in the clinic and at patients' homes. The interview guide was developed from prior literature, allowing flexibility for participants to express their experiences freely, while confidentiality and voluntary participation were emphasized throughout the process.

Data analysis followed Saldana's (2013) framework, beginning with transcription, thematic coding, categorization, and pattern identification, resulting in the emergence of themes such as communication quality, emotional support, accessibility, and clinical competency. Reflective memoing was also used to ensure objectivity and enhance interpretive credibility. The findings were developed into propositions about patient satisfaction and validated through triangulation and continuous comparison with existing literature to strengthen theoretical contributions. To ensure trustworthiness, the study applied Lincoln and Guba's (1985) criteria: credibility through triangulation and member checking, transferability through detailed contextual descriptions, and dependability via consistent documentation and audit trails. Overall, the study provided both theoretical contributions to understanding patient satisfaction in wound care and practical implications for enhancing the quality of healthcare services in similar clinical settings.

RESULT AND DISCUSSION

Introduction

This chapter presents the research findings based on interviews conducted with eight patients of NCI Wound Care Clinic. Through thematic analysis, several latent variables were identified that influence patient satisfaction with wound care services. These themes are discussed in depth, supported by direct quotes from informants, and interpreted in the context of existing literature. Each theme also leads to the development of a research proposition.

Definition of Latent Variables

1. Engaging Interpersonal Communication (V1)

Engaging interpersonal communication refers to the ability of healthcare providers to establish rapport, demonstrate empathy, and communicate in a way that patients find respectful and supportive. It extends beyond the transfer of information to include emotional presence, active listening, and patient involvement in decision-making. Effective communication has been consistently linked to higher levels of trust, adherence, and satisfaction, as it fosters a therapeutic alliance between patients and providers (O'Hagan et al., 2014; Alam et al, 2023). Recent studies emphasize that communication quality is among the most modifiable predictors of patient satisfaction, with clear explanations and empathetic interactions significantly improving patients' perceptions of care (Chen et al., 2025; Aytekin et al., 2025). Furthermore, the development of innovative tools, such as wearable sensors to measure provider–patient interaction, highlights the increasing recognition of communication as a measurable and critical dimension of healthcare quality (Wang et al., 2024).

2. Accessibility from Home (V2)

Accessibility encompasses the ease with which patients can obtain care, including timeliness, convenience, and availability of services such as home care and digital follow-up. For many patients, particularly those with chronic wounds or reduced mobility, accessible services reduce physical and psychological burdens, while ensuring continuity of treatment. Accessibility is closely related to Donabedian's quality framework, particularly the dimension of responsiveness, which emphasizes minimizing barriers to care (Donabedian, 1988). Evidence suggests that accessible care, such as prompt home visits and reliable communication channels like WhatsApp, improves adherence and enhances satisfaction (Alam et al, 2023). In addition, patient-centered accessibility strengthens the perceived responsiveness of healthcare institutions, which is vital in home-based settings where convenience and reliability directly impact treatment outcomes (Papanicolas et al, 2018)

3. Perceived Clinical Competence of Nurse (V3)

Perceived clinical competence refers to patients' evaluation of a provider's technical skills, professionalism, and expertise in performing medical procedures. It is a crucial determinant of trust, particularly in specialized fields such as wound care where technical proficiency is directly linked to healing outcomes. Patients often equate competence with careful procedures, confidence, and evidence-based decision-making. Multiple studies have confirmed that higher levels of perceived competence among nurses and physicians significantly increase satisfaction and trust in healthcare services (López Hernández et al., 2025). Furthermore, communication quality has been found to reinforce perceptions of

competence, suggesting that relational and technical skills operate synergistically to shape patient experiences (Aytekin et al, 2025). In home care contexts, competence is especially salient, as patients rely heavily on provider expertise delivered outside the traditional clinical environment.

4. Detailed Pricing (V4)

Detailed pricing refers to transparency, clarity, and fairness in the financial aspects of care. Patients increasingly expect upfront disclosure of costs, itemized billing, and consistency between quoted and final prices. Transparent pricing reduces information asymmetry and builds trust between patients and providers (Papanicolas et al, 2018). However, research has highlighted significant challenges in implementing price transparency policies, as patients often find hospital price lists difficult to interpret (Malik et al., 2024). A recent review showed that while transparency policies can reduce variation and encourage consumer choice, their effectiveness depends on whether pricing information is accessible and understandable (Malik et al., 2024). In the context of home care, detailed pricing is especially important, as patients must evaluate the trade-off between convenience and cost, making transparency a key determinant of perceived fairness and satisfaction.

5. Accommodating to the patient's personal needs (V5)

Accommodating patient needs refers to the personalization of care, where services are adapted to the unique circumstances, preferences, and values of each patient. This includes flexible scheduling, cultural sensitivity, family involvement, and adjustments to individual routines. Personalized care embodies the principles of patient-centeredness, ensuring that individuals are not treated as mere cases but as partners in their healthcare journey (Betancourt et al., 2005). Recent studies have emphasized that personalized nursing care improves patient satisfaction by enhancing respect, involvement, and a sense of control (Alam et al, 2023). In home care contexts, where family participation and household routines strongly influence treatment, accommodating personal needs fosters trust, comfort, and adherence, thereby becoming an indispensable element of service quality (Betancourt et al., 2005).

6. Effective Patient Registration Process (V6)

An effective patient registration process refers to the streamlined and accurate collection of demographic, clinical, and financial information at the point of entry into healthcare services, ensuring minimal waiting times, reducing identification errors, and providing reliable data for continuity of care. Efficiency in registration reduces patient frustration, enhances the first impression of service quality, and strengthens trust between patients and providers, while also supporting patient safety by preventing record duplication and medical errors (Joint Commission International, 2019). Studies have shown that the integration of digital health solutions—such as electronic health records, self-service kiosks, and mobile pre-registration platforms—improves workflow efficiency and patient satisfaction (Kruse et al., 2016). More recently, Aytekin et al. (2025) highlighted that streamlined registration and transparent intake communication are directly associated with higher levels of patient trust and satisfaction, underlining the importance of registration as the patient's first point of contact with the healthcare system.

7. Effective Scheduling Process (V7)

An effective scheduling process ensures that patients can access healthcare services at times that are convenient and appropriate to their needs, while also minimizing waiting periods and optimizing resource utilization. A well-organized scheduling system balances patient demand with provider availability, reduces missed appointments, and contributes to continuity of care. By offering flexible options such as online booking, reminders, and the ability to reschedule easily patients experience greater autonomy and reduced anxiety about accessing services. This efficiency not only improves operational workflow but also directly enhances patient satisfaction, as timely access to care is a critical determinant of perceived service quality (Haggerty et al., 2003). Recent studies emphasize that digital scheduling platforms, integrated with electronic health records and communication tools, significantly increase adherence and patient engagement (Zhang et al., 2022). More recently, Aytekin et al. (2025) reported that effective scheduling, particularly when combined with transparent communication about waiting times, improves trust and overall satisfaction by demonstrating responsiveness to patient needs.

8. Patient Satisfaction (V8)

Patient satisfaction represents a comprehensive evaluation of healthcare experiences, reflecting the degree to which patient expectations are met or exceeded. It is an outcome variable that captures not only the technical quality of care but also the interpersonal, emotional, and organizational aspects of service. Satisfaction has been shown to positively correlate with patient loyalty, adherence to treatment, and improved health outcomes (Alrubaiee & Alkaa'ida, 2011; Chen et al., 2025). Recent studies highlight that communication and cleanliness strongly influence satisfaction through the mediation of trust, reinforcing its role as a key outcome measure for evaluating healthcare quality (Aytekin et al., 2025). In wound care specifically, satisfaction is shaped by both technical outcomes, such as healing, and process elements, such as empathy, clarity, and responsiveness, underscoring its multidimensional nature.

Propositions

Based on the analysis of the interview results and the seven latent variable found in this study, several propositions were constructed. Each proposition reflects how certain factors positively influence patient satisfaction at NCI Wound Care Clinic. The propositions are supported by narratives from informants, followed by interpretation in the context of the research findings.

1. Proposition 1 (P1): Engaging interpersonal communication (V1) contributes positively towards patient satisfaction (V8).

Most patients reported being satisfied with the interpersonal communication provided, noting that the friendliness, empathy, and clarity of explanations made them feel more comfortable and cared for during treatment. When asked about what kind of engaging interpersonal communication, the informants were saying:

a) Informant 1: "The nurse was very friendly. She greeted me first, introduced herself, and then explained the procedure that would be carried out. She was not in a rush, explained clearly, and gave me the chance to ask questions. That made me feel respected."

b) Informant 2: "What helped the most was the way the nurse explained things. She would say in advance what she was going to do, like, 'I will open the bandage, then clean it a bit. It might sting, but I will do it slowly, ma'am.' That sentence prepared me mentally, so I wasn't shocked."
c) Informant 3: "But the way the nurse explained things made me more prepared. For example, she said, 'When it's being cleaned, you might feel some stinging, but I'll do it slowly.' That helped me anticipate it."
d) Informant 4: "When I first came, the nurse greeted me warmly. Before taking any action, she always asked for permission first, like, 'Ma'am, may I open the bandage?' or, 'Ma'am, I'll clean it now, it might sting a little.' That made me feel respected and cared for."
e) Informant 5: "The nurse was very kind, Doctor. She greeted me first, asked about my condition, and then started slowly. I felt she was very patient. If I said it hurt, she would pause for a moment and ask if I wanted to rest first. That made me feel cared for."
f) Informant 6: "She was very polite, Doctor. She introduced herself right away and asked how I had been since my last check-up. It felt like personal attention. Even before touching the wound, she asked for permission first. That made me feel treated with respect."
g) Informant 7: "The nurse was very friendly, introduced herself, and asked about my condition. It felt like more than just a duty, but real concern. Secondly, they explained the procedure in detail, so I knew what would be done and didn't feel like I was just being 'worked on' without explanation."
h) Informant 8: "The nurse asked which place was most comfortable for me. Usually, it was in my room, not the living room. They were always polite and made sure I didn't feel disturbed."

These quotes demonstrate how engaging interpersonal communication, characterized by empathy and attentiveness, creates emotional security in patients. Patients felt that being treated with respect and understanding enhanced their overall experience during both in-clinic and home care visits. This aligns with McCabe (2004), who emphasized that empathy and clear communication are central to patient-centered care and satisfaction. Furthermore, O'Hagan et al. (2014) noted that effective clinician–patient communication strengthens trust and contributes to better health outcomes. More recently, Chen et al. (2025) found that engaging communication practices, particularly those involving active listening and clear explanations, were strongly associated with higher patient satisfaction scores in clinical settings.

2. Proposition 2 (P2): Accessibility from home (V2) contributes positively towards patient satisfaction (V8).

Most patients reported being satisfied with the accessibility provided, noting that the convenience of receiving care without extensive travel and the ease of reaching services made them feel less burdened and more supported. When asked about what kind of accessibility they valued most, the informants highlighted timely services, strategically located facilities, and the ability to easily contact healthcare providers when needed. The informants were saying:

a) Informant 2: "…And also the reason I chose this location is because it is very strategic, close to my house."

b) Informant 3: "Good morning, Doctor. Actually, I found out about this clinic from an advertisement on social media. Coincidentally, its location is near my office, so it's practical. That was the main reason I came here."
c) Informant 4: "I chose this clinic because it is easy to access, close to my house, and I heard it has a good reputation from a neighbor who was also treated here. So I trusted it."

The above responses highlight the value of having clinics in strategic locations, which removes logistical barriers, especially for patients with limited mobility. This convenience supports sustained treatment adherence and satisfaction. Previous research also supports this; according to Stall et al. (2014), accessible health services improve adherence to treatment plans and reduce healthcare inequalities. Similarly, Shepperd et al. (2008) found that accessible care models significantly enhance patient satisfaction by reducing the physical and emotional burden of travel. More recently, Alam et al. (2023) emphasized that accessibility through strategically located facilities and timely, patient-centered services plays a crucial role in sustaining engagement and improving satisfaction outcomes in community-based healthcare.

3. Proposition 3 (P3): Perceived clinical competence of nurse (V3) contributes positively towards patient satisfaction (V8).

Most patients reported being satisfied with the perceived clinical competence of nurses, noting that their professionalism, skill in wound care, and knowledgeable explanations made them feel safe and confident in the treatment provided. When asked about what aspects of competence they valued most, the informants highlighted careful procedures, clear guidance about their condition, and the nurse's ability to respond effectively to their concerns. The informants were saying:

a) Informant 1: "I received a complete explanation of how to take care of the wound at home. They even showed me pictures, which made it clearer. That really helped me to be more careful."
b) Informant 2: "I was given an explanation of how to clean the wound at home, what things need to be maintained, and what kinds of food should be avoided so that the wound heals faster. I was even given a leaflet with pictures to make it easier to remember. That was very helpful, because at home I could follow those instructions."
c) Informant 3: "I was given lifestyle advice. For example, which foods are good for wound healing, the importance of getting enough rest, and keeping things clean. I was even advised to stop smoking for a while, because it could interfere with the healing process. That made me realize wound care is not only about the bandage, but also about daily lifestyle."
d) Informant 4: "The education was thorough, Doctor. I was taught how to clean the wound at home, how to change the dressing, and what to avoid. I was even told the signs of infection, so I could come back quickly if there was a problem. That made me more independent."
e) Informant 5: "…But it turned out the nurse came with complete equipment, even more organized than I expected. That made me more confident."
f) Informant 6: "During every visit, I was always given updates. For example, 'today the wound has started to shrink, which is a good sign of healing,' or 'there's still a little pus, so we'll clean it more thoroughly.' I came to understand my condition, instead of just sitting in silence."

g) Informant 7: "…Secondly, they explained the procedure in detail. So I knew what would be done, and I didn't feel like I was just being 'worked on' without explanation."
h) Informant 8: "The education was very clear. I was given explanations about how to clean the wound in between visits, and I was also sent a short video guide via WhatsApp. That was very helpful for me and my family to understand the steps."

Patients trusted the team's capabilities more when they experienced reduced pain or observed improvements. Knowledgeable explanations further enhanced this perception, demonstrating the role of professional expertise in shaping satisfaction. This resonates with findings by Gittell et al. (2000), who argued that clinical competence and communication together foster trust and reduce patient anxiety. Additionally, Alrubaiee and Alkaa'ida (2011) reported that perceived expertise is a strong predictor of patient loyalty and satisfaction in healthcare settings. More recently, López Hernández et al. (2025) found that clinical competence, particularly in demonstrating technical skills and confidence, significantly enhances patient satisfaction, confirming its role as a critical determinant of positive healthcare experiences.

4. Proposition 4 (P4): Detailed Pricing (V4) contributes positively towards patient satisfaction (V8).

Most patients reported being satisfied with the detailed pricing provided, noting that clear explanations of costs and transparent billing helped them plan their expenses and reduced feelings of uncertainty. When asked about what aspects of pricing they valued most, the informants highlighted upfront cost information, the absence of hidden charges, and consistency between quoted and final costs. The informants were saying:

a) Informant 1: "Before the procedure, the costs were already explained. So far, there have been no sudden additional charges. That makes me feel calmer because everything is clear from the start."
b) Informant 2: "Every time I asked, they explained how much it would cost. There were no unexpected extra charges. So I didn't feel burdened."
c) Informant 3: "I was always informed about the costs before the procedure. There were no sudden additional charges. That was very important for me because I could manage my finances."
d) Informant 4: "The costs were always explained before the procedure. I also felt that the prices were consistent, not changing arbitrarily. So I could manage my expenses."
e) Informant 5: "The costs were explained before the scheduled visit. There was even a breakdown of the nurse's transportation fees and the materials used."
f) Informant 6: "From the beginning, there was an explanation of how much the visit cost, the material costs, and if there would be any additional charges."
g) Informant 7: "The costs were always transparent, Doctor. Before starting, they explained how much the fee per visit would be."
h) Informant 8: "Very clear. Everything was already listed in detail on WhatsApp before the scheduled visit. So I knew exactly how much I had to pay, including any extra costs if new materials were needed.

Clarity in cost explanation allowed patients to plan their expenses and avoided feelings of uncertainty. This openness contributed to a more trusting and less stressful care environment.

The importance of financial transparency is supported by Papanicolas et al (2018), who found that clear communication about costs reduces patient stress and enhances trust in healthcare providers. Similarly, Dusheiko et al. (2011) demonstrated that financial predictability is closely associated with greater patient satisfaction and reduced care avoidance. More recently, Malik et al. (2024) highlighted that detailed and accessible pricing information strengthens patient decision-making and confidence, underscoring transparency as a central factor in improving satisfaction and reducing healthcare-related anxiety.

5. **Proposition 5 (P5): Accomodating to the patient's personalized needs (V5) enhances trust and increase patient satisfaction (V8).**

Most patients reported being satisfied with the way their personal needs were accommodated, noting that flexibility in scheduling, attention to comfort, and respect for their preferences made them feel valued and respected. When asked about what aspects of accommodation they appreciated most, the informants highlighted the involvement of family members, adjustments to their physical condition, and the provider's willingness to adapt care to their individual circumstances. The informants were saying:

a) Informant 1: "The nurse usually asked first whether my position was comfortable. It may seem small, but it's important. I felt respected as a patient."
b) Informant 2: "The nurse always made sure I was comfortable. Sometimes I preferred lying on my side instead of on my back, and they allowed it. It may seem trivial, but it made me feel valued."
c) Informant 3: "I'm the type of person who likes to have a moment to calm down before a procedure. And the nurses here usually don't rush. They give me time to adjust my position first, and that made me feel respected."
d) Informant 4: "I felt that the nurses were quite sensitive to my comfort. For example, I felt more comfortable being treated by a female nurse, and they immediately adjusted. That was very important for me because it made me feel calmer during treatment."
e) Informant 5: "I once asked to reschedule because I had a religious activity, and the nurse was able to adjust. That made me feel respected, because my personal needs were also taken into account."
f) Informant 6: "I once asked to move the appointment to the afternoon because of a family event, and they immediately adjusted. It really felt like a service that considered my needs, not me having to adjust to them."
g) Informant 7: "Very flexible. Once I asked to move the schedule forward because of a religious service, and they were able to arrange it." "I'm usually treated in my room, not in the living room. The nurse always makes sure the door is closed. Even when I requested to be handled only by a male nurse, the clinic immediately adjusted."
h) Informant 8: "Very clear. Everything was already detailed on WhatsApp before the scheduled visit. So I knew how much I had to pay, including any extra costs if new materials were needed."

The clinic's responsiveness to cultural and gender-based concerns made patients feel respected. This culturally sensitive approach fostered stronger therapeutic relationships. Betancourt et al. (2005) emphasized that cultural competence in healthcare delivery enhances patient satisfaction and adherence to treatment. Furthermore, Kaihlanen et al. (2019) noted that

acknowledging patients' cultural values strengthens trust and improves engagement with medical services.

6. **Proposition 6 (P6): (Lack of) Effective patient registration process (V6) contributes negatively towards patient satisfaction (V8).**

Most patients reported feeling dissatisfied when the patient registration process was ineffective, noting that long waiting times, repeated data entry, and errors in personal information caused frustration and reduced their confidence in the service. When asked about what aspects of registration they found most problematic, the informants highlighted delays at the front desk, lack of clear guidance, and the inconvenience of inaccurate or missing records. The informants were saying:

a) Informant 1: "In my opinion, what could be improved is the queue system. Sometimes I arrive according to schedule, but still have to wait a while because the previous patient hasn't finished yet. If there were an integrated online queue system, perhaps patients could arrive right on time and not wait too long. In addition, if there were more nurses available during peak hours, the treatment process could be faster without reducing quality."
b) Informant 2: "If I may give a suggestion, efficiency could be improved if the treatment schedule was enforced more strictly. Sometimes there are patients who arrive late but are still treated, which causes patients who arrive on time to wait. If the schedule was stricter, everything could be completed as planned. Also, equipment that is frequently used should be prepared in advance, so nurses don't have to keep going back and forth to get tools during treatment."
c) Informant 3: "If there is one thing that could make the treatment more efficient, it would probably be having more treatment rooms. Sometimes the nurse has to wait for a room to be vacant before starting, even though the patient is already ready. If there were enough rooms, patients could go in right away. In addition, I think if administrative staff could process payments faster, patients could leave immediately after treatment without queuing again."
d) Informant 4: "In my view, efficiency could improve if each patient was prepared before the nurse entered, for example, the wound area already cleaned or the patient already in the right position. That way, as soon as the nurse comes in, the treatment can begin right away. Also, providing backup equipment in each room would be very helpful, because sometimes they have to leave the room just to get a small tool."

Most patients reported feeling dissatisfied when the patient registration process was ineffective, noting that long waiting times, repeated data entry, and errors in personal information caused frustration and lowered their confidence in the healthcare service. Inefficient registration not only delays access to care but also creates a negative first impression, which can affect the overall patient experience. An unclear or disorganized registration system often leads to increased anxiety, unnecessary waiting, and reduced trust in administrative reliability. When asked about what aspects of registration they found most problematic, the informants highlighted delays at the front desk, lack of clear guidance, and the inconvenience of inaccurate or missing records. This is consistent with prior findings that effective registration is central to patient safety and satisfaction, as accurate identification and streamlined intake reduce errors and enhance service quality (Joint Commission International,

2019; Kruse et al., 2016). More recently, Aytekin et al. (2025) emphasized that front-end processes such as digital registration and transparent intake communication significantly improve patient trust and satisfaction, underlining the importance of efficient registration systems as the first step in shaping positive healthcare experiences.

7. **Proposition 7 (P7): (Lack of) Effective scheduling process (V7) contributes negatively towards patient satisfaction (V8).**

Most patients reported feeling dissatisfied when the scheduling process was ineffective, noting that difficulties in booking appointments, long waiting times, and frequent rescheduling created inconvenience and stress. When asked about what aspects of scheduling they found most problematic, the informants highlighted unclear appointment systems, limited flexibility in time slots, and delays that disrupted their daily routines. The informants were saying:

a) Informant 5: "In my opinion, home care efficiency could be improved if the nurse's visit schedule was made more fixed. Sometimes there are sudden changes, so I have to adjust my activities at home. If there were at least one day's prior notice, I could prepare myself and my environment better."
b) Informant 6: "Efficiency would be better if there was clearer coordination between the home-visit nurse and the clinic doctor. Sometimes I need an adjustment to my medication, but I have to wait until the next visit because the nurse cannot directly consult the doctor. If there were direct communication via video call or chat, the issue could be resolved immediately."
c) Informant 7: "For me, efficiency can be achieved if the same nurse comes every time. That way, they already know the progress of my wound and don't need to ask many repeated questions or check old records."
d) Informant 8: "In my opinion, if efficiency is the goal, the clinic could use technology such as video calls for brief check-ups between visits. So if there is a minor issue, it can be checked right away without waiting for the next visit."

Most patients reported feeling dissatisfied when the scheduling process was ineffective, noting that difficulties in booking appointments, long waiting times, and frequent rescheduling caused inconvenience and frustration. Inefficient scheduling often disrupts patients' daily routines, increases anxiety, and undermines trust in the healthcare provider's ability to manage time effectively. Patients emphasized that limited flexibility in appointment slots and unclear communication about delays were major sources of dissatisfaction. This aligns with earlier findings that timeliness and continuity are key determinants of patient satisfaction, as delays or disruptions in care lead to poorer experiences and reduced adherence (Haggerty et al., 2003). More recently, Aytekin et al. (2025) highlighted that effective scheduling, especially when supported by digital platforms and transparent communication of waiting times, directly contributes to improved patient trust, engagement, and satisfaction, underscoring the role of scheduling as a critical operational factor in healthcare delivery.

CONCLUSION

This study examined the factors influencing patient satisfaction at NCI Wound Care Clinic in Samarinda, covering both in-clinic and home-care services through a qualitative case study involving eight informants. The research identified seven latent variables shaping patient

experience: engaging interpersonal communication, accessibility from home, perceived clinical competence of nurses, detailed pricing, accommodation of personal needs, and two administrative challenges—ineffective registration and scheduling processes. The findings emphasize that empathy, professionalism, and transparency are key to fostering patient satisfaction, as empathetic communication, clinical competence, and clear cost information enhance trust and comfort, while inefficient administrative systems can reduce service quality. Therefore, improving interpersonal communication, maintaining cost transparency, and integrating digital administrative systems are crucial for strengthening patient-centered care. These results also suggest that combining human empathy with technological support can create a more seamless and trustworthy healthcare experience. Clinic management should sustain effective communication and professional competence through continuous staff training, maintain pricing transparency, ensure accessibility and flexibility for patients' needs, and address administrative weaknesses through digital integration and better coordination. The seven latent variables identified in this study can serve as a conceptual foundation for future academic research on patient satisfaction and wound care services, offering valuable insights for both theoretical development and practical application in healthcare management.

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