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# The Relationship Between Household Head Income and Perceptions of Nursing Service Quality Among General Patients

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Abstract. This study aims to examine the relationship between the income of patients' heads of household and their perception of nursing service quality in the inpatient rooms at RSUD Praya, Central Lombok. A quantitative cross-sectional design was employed with a sample of 67 respondents, selected using accidental sampling. Data were collected using a validated questionnaire and analyzed using univariate and bivariate methods, including the Chi-Square test. The results showed that respondents with low income were more likely to perceive nursing service quality as poor (31.3%). The Chi-Square test indicated a significant relationship between income and perceived service quality (p = 0.019 < 0.05). The study revealed that socioeconomic status, particularly income level, influences patients' perceptions of nursing care. Respondents with lower income tended to perceive service quality as less satisfactory, potentially due to limited access or perceived staff bias, while respondents with higher income had higher expectations, leading to perceptions of lower service quality despite receiving similar care. These findings highlight the importance of considering income-related factors in healthcare management to improve patient satisfaction and equity in service delivery.

Keywords: income, perception, nursing service quality, inpatient care,

## 1. INTRODUCTION

Hospitals are healthcare service institutions that provide various services, including medical care, medical support, rehabilitation, continuous care, diagnosis, and treatment of diseases (American Hospital Association; Aswar, 2010). In addition, hospitals offer inpatient, outpatient, and emergency services. According to Article 6 of Presidential Regulation No. 77 of 2015, the organizational structure of a hospital must include at least a hospital director, medical services, nursing services, medical support, general administration and finance, medical committees, and internal audit units, while directorates, divisions, installations, and work units are adapted to the hospital's needs (Hartati, 2014; Ministry of Health, 2016).

As healthcare service users, the public expects optimal service quality. Nursing service quality is a primary indicator, as nurses frequently interact directly with patients and their families (Sulistiyono, 2014). High-quality nursing care reflects the degree to which patient needs and expectations are met, particularly those of the head of the household, who is responsible for inpatient care both financially and in terms of accommodation (Bata, 2013; Kusumawati, 2013; Wira, 2014).

Patient and head-of-household satisfaction is shaped by their experiences with the care received. This perception is influenced by both internal and external factors, including the education and income of the head of the household (Jacobalis, 2000; Kelarijani et al., 2014; Stefan et al., 2014). Heads of households with higher incomes tend to have greater expectations of service quality, whereas those with lower incomes may evaluate services minimally (Barata, 2006; Kirilmaz, 2013). Preliminary data from RSUD Praya indicated variation in head-ofhousehold satisfaction with nursing services: of ten respondents, five were satisfied, three were dissatisfied, and two were less satisfied. Their income distribution included four respondents with low income (<IDR 1,500,000/month), three with moderate income (IDR 2,500,000-3,500,000/month), and three with high income (>IDR 3,500,000/month).

With increasing education and income levels, public demands for healthcare service quality have become more critical. Therefore, understanding the influence of household income on perceptions of nursing service quality is essential to improving hospital service quality and patient satisfaction

### 2. METHODE

This study employed a quantitative cross-sectional design to examine the relationship between household income of patients' heads of family and their perception of nursing service quality in the inpatient wards of RSUD Praya. The population consisted of general patients admitted in 2021, averaging 200 patients per month, with a calculated sample of 67 respondents using Slovin's formula and selected through accidental (convenience) sampling based on inclusion criteria: being the head of the patient's family, having received inpatient services, willing to participate, and able to answer the questionnaire. The independent variable was household income, categorized as high (>IDR 3,500,000), medium (IDR 1,500,000-3,500,000), and low (<IDR 1,500,000), while the dependent variable was perception of nursing service quality, measured using a structured questionnaire adapted from Trimumpuni (2009) with 34 items covering reliability, responsiveness, assurance, empathy, and tangible evidence, scored on a 3-point scale (SS=3, RR=2, TS=1) and categorized as good (≥51) or poor (<51). The instrument was tested for validity and reliability using 30 respondents with similar characteristics, and Cronbach's Alpha ≥0.6 indicated reliability. Data were collected after obtaining informed consent and entered into SPSS 20 for processing, including editing, coding, and cleaning. Univariate analysis described the frequency and proportion of household income and perception, while bivariate analysis using the Chi-square test at a 5% significance level (p<0.05) examined the relationship between household income and perception of nursing service quality, with a significant result indicating that the income of the head of the family influenced the perceived quality of nursing care.

## 3. RESULT AND DISCUSSION

## a. Description of the Income Variable

The description of income data is presented in Table 1.

Table 1. Description of the Income Variable

Variable	n	%
High	22	32.8
Medium	17	25.4
Low	28	41.8

Based on Table 5.4, the largest proportion of respondents falls into the lowincome category, accounting for 41.8%.

## b. Relationship Between Income and Perceived Quality of Service

The relationship between income and perceived service quality is presented in the following table.

Table 2. Results of the Test of the Relationship Between Income and Perceived Quality of Service

	Perce	Perceived Service Quality			
Variable	Go	Good		oor	P Value
	n	%	n	%	_
Income					
High	14	20,9	8	11,9	
Medium	6	9	11	16,4	0,019
Low	7	10,4	21	31,3	

Based on the table above, it can be described that the perceived service quality of nurses varies according to the respondents' income levels. Respondents with high income mostly rated the nursing service quality as good, with 14 individuals (20.9%), while 8 individuals (11.9%) rated it as poor. Respondents with medium income rated the service quality as good for 6 individuals (9%) and poor for 11 individuals (16.4%). Meanwhile, respondents with low income mostly rated the service quality as poor, with 21 individuals (31.3%), while only 7 individuals (10.4%) rated it as good. The Chi-Square test results showed a p-value of 0.019 (<0.05), indicating a significant relationship between the income level of the patients' heads of household and their perception of nursing service quality in the inpatient wards of RSUD Praya

Based on the results of this study, it was found that respondents with low income were more likely to perceive the quality of nursing services as poor, with a proportion of 31.3%. The statistical analysis using the Chi-Square test yielded a p-value of 0.019 (<0.05), indicating a significant relationship between income and perceived service quality. This finding is consistent with the study by Naseer (2012), which reported a relationship between income and the quality of services received. It is also supported by Utami (2018), who stated that income level influences perceptions of service quality, demonstrating that socioeconomic status is one of the most significant factors affecting user satisfaction with healthcare services.

Further support comes from Maharlouei et al. (2017), who reported that individuals from lower social classes (with lower income) tend to be more satisfied with the services received compared to those from higher social classes. According to Utami (2018), patients with higher income are more likely to rate service quality as poor because higher-income patients have higher expectations due to greater health awareness. Conversely, lower-income patients are more likely to provide positive evaluations of the service quality received.

This finding aligns with Basir et al. (2015), who noted that economic status determines a customer's ability to pay, and price has a significant positive effect on customer satisfaction. Key considerations influencing the willingness to use services include customer satisfaction, service quality, service orientation, and pricing. High costs can lead to dissatisfaction, causing customers to perceive services as lower quality. Bolton et al. (2003) also emphasized that customers form perceptions based on whether the cost of a product or service is reasonable, and price fairness can shape satisfaction and influence how customers assess service quality.

In conclusion, income level significantly affects patients' perceptions of nursing service quality at RSUD Praya. Low-income respondents tend to perceive services as inadequate, possibly due to staff bias based on socioeconomic status. Meanwhile, higher-income respondents often perceive service quality as less satisfactory because they have higher expectations, driven by both their educational background and the higher financial contribution they make, expecting correspondingly high-quality care

## 4. CONCLUSION

Based on the results and discussion of this study, it can be concluded that there is a significant relationship between the income of patients' heads of household and their perception of nursing service quality at RSUD Praya. Respondents with low income are more likely to perceive the quality of nursing services as poor, possibly due to limited access to optimal care or staff bias based on socioeconomic status. Conversely, respondents with higher income tend to perceive service quality as less satisfactory because they have higher expectations, influenced by both their financial contribution and educational background. These findings indicate that socioeconomic factors, particularly income level, play a crucial role in shaping patients' perceptions of healthcare service quality, highlighting the importance of addressing equity and expectation management in nursing care.

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