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The Effect of Health Facilities, Psychosocial Support and Service Quality on the Level of Refugee Satisfaction in the Makassar Immigration Detention Center

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Abstract. *This study aims to analyze the influence of health facilities, psychosocial support, and service quality on refugee satisfaction at the Immigration Detention Center (Rudenim) in Makassar. The background of the study is rooted in the importance of providing dignified and human services for refugees living under constrained and stressful conditions. A quantitative approach was employed, with data collected through questionnaires distributed to 98 active residents of the detention center. The data were analyzed using multiple linear regression with the assistance of SPSS version 26. The results indicate that all three independent variables have a positive and significant influence on refugee satisfaction. Health facilities showed a significant influence with a regression coefficient of 0.155 and a significance level of 0.043. Psychosocial support also had a significant effect, with a coefficient of 0.138 and a significance level of 0.022. Service quality emerged as the most dominant factor, with a coefficient of 0.443 and a significance level of 0.000. These findings suggest that improvements in healthcare services, emotional support, and overall service quality can substantially enhance the satisfaction levels of refugees. The study recommends improvements in indicators with lower scores, such as trust in healthcare services, recognition of refugees' cultural identity, and assurance in service delivery by officers. Implementing more empathetic, communicative, and responsive service strategies is key to fostering satisfaction and well-being among refugees during their stay at the detention center.*

Keywords: *Health Facilities, Psychosocial Support, Service Quality, Refugee Satisfaction*

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INTRODUCTION

The global migration crisis has created significant challenges for host countries, including Indonesia, a transit destination for refugees and asylum seekers (Ali et al., 2016; Sampson et al., 2016; Missbach, 2019; Dewansyah, 2025; Tan, 2016). The Makassar Immigration Detention Center (Rudenim) plays a crucial role in accommodating and serving the needs of refugees, the majority of whom come from conflict-torn countries. Refugees come from various countries with different conflict backgrounds. Based on the latest data, refugees from Afghanistan dominate with 250 people or 27.78% of the total, followed by Pakistan with 220 people (24.44%) and Myanmar with 180 people (20.00%). Refugees from Iran, Iraq, and Somalia number 100 people (11.11%), 90 people (10.00%), and 60 people (6.67%), respectively. This diversity of origins reflects the

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complexity of the challenges faced by the Immigration Detention Center (Rudenim) in providing services tailored to the specific needs of each group.

The increase in the number of refugees from Afghanistan and Pakistan, driven by escalating conflicts and political instability in those regions, requires greater attention in terms of healthcare facilities and psychosocial support. Meanwhile, refugees from Somalia, though fewer in number, often require special interventions due to severe trauma experiences from civil war. These data highlight the importance of an integrated, individual-centered approach in managing immigration detention centers.

The current refugee situation in Rudenim is closely related to the availability of facilities. Facilities such as healthcare, psychosocial support, and service quality are crucial factors that affect refugee satisfaction during their stay. Healthcare is one of the basic needs that must be available in refugee shelters (Lee et al., 2023; Al-Rousan et al., 2018; Langlois et a., 2016; Matlin et al., 2018; Chiarenza et al., 2019). Previous research shows that adequate healthcare services can reduce the risk of disease spread and improve refugee well-being. According to Jones and Smith (2020), refugees with access to quality healthcare report higher satisfaction levels and lower health risks. At Rudenim Makassar, healthcare services include routine checkups, treatment of infectious diseases, and provision of medicines. However, limited resources and medical staff often hinder the fulfillment of refugee needs.

This problem is worsened by the increasing number of refugees in recent years, which has not been matched by improvements in healthcare capacity. Data from the last year show that 50 refugees at Rudenim Makassar required healthcare services. A study by Maresova et al. (2019), Calderón-Larrañaga et al. (2019), Turunen & Hiilamo (2014), Kotwal et al. (2021), Grabovac & Dorner (2019), suggests that the inability to meet basic health needs can lead to increased psychological stress and worsen physical health conditions.

A study on service management strategies at the National Unity and Politics Agency in Penajam Paser Utara highlighted recipient satisfaction as a key aspect, which is also relevant for research at Rudenim Makassar. In that study, service attributes such as infrastructure, procedural efficiency, and staff friendliness were identified as key factors influencing client satisfaction. This aligns with the analysis of service quality in Rudenim Makassar, where access to healthcare, psychosocial support, and staff interactions impact refugee experience and satisfaction.

Refugees often experience trauma from conflict, loss of family, and uncertainty about the future (Denov et al., 2020; Ellis et al., 2019; Puvimanasinghe et al., 2015). Psychosocial support, such as counseling and recreational activities, plays a vital role in helping refugees cope with stress and rebuild confidence. According to Silove et al. (2017), Tay & Silove (2017), Rizzi et al. (2023), Im et al. (2023), Fazel & Betancourt (2018), Naseh et al. (2020), Cohen & Yaeger (2021), effective psychosocial support can enhance refugee adaptation in new environments and reduce the risk of mental health disorders. Furthermore, Goodkind et al. (2014), Block et al. (2018), Paloma et al. (2020), Siddiq et al. (2023) emphasize the importance of community-based interventions in creating a supportive social environment for refugees.

At Rudenim Makassar, efforts such as group and individual counseling sessions have been implemented, but their coverage remains limited, as confirmed by the 2023 annual report. A total of 200 counseling sessions were held in the past year, with an average of 15 participants per session. Activities such as life skills training and cultural integration programs may also provide additional benefits, as outlined in King et al. (2015).

Service quality, which includes staff attitudes, administrative efficiency, and responsiveness to complaints, is a key indicator of refugee satisfaction. Pakurár et al. (2019), Sugiarto & Octaviana (2021), Idayati et al. (2020), Alaan (2016), Izogo & Ogba (2015) state that service quality can be measured across dimensions such as reliability, responsiveness, assurance, empathy, and tangibles. At Rudenim Makassar, despite efforts to improve service standards, some

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refugees have reported dissatisfaction with the slow handling of administrative matters and ineffective communication with staff, as noted in an internal survey conducted in 2022. The survey showed that 50% of refugees believed that administrative services still needed improvement. Eades (2020), Ryo (2019), Muganyizi (2018), also emphasized that continuous training for immigration detention staff can enhance their ability to handle complex and diverse situations.

This study is based on AI (2026) hierarchy of needs, which states that physiological and safety needs are priorities before higher-level satisfaction can be achieved. In the refugee context, healthcare addresses physiological needs, while psychosocial support and service quality contribute to safety and comfort. In addition, the SERVQUAL model by Horbata (2024) provides a framework for measuring service quality at Rudenim, as it helps identify strengths and weaknesses in service delivery. The stress-adaptation theory by Van et al. (2020) is also relevant in understanding how refugees manage the pressures they face in detention settings.

Furthermore, a comparative study by Esposito et al. (2015) on detention centers in Asia shows that refugee satisfaction largely depends on interpersonal relationships between refugees and staff, as well as on the flexibility of policies implemented in the facilities. At Rudenim Makassar, the implementation of human rights–based policies remains a challenge requiring greater attention.

This study is expected to contribute significantly to improving service quality at Rudenim Makassar and to serve as a reference for managing detention centers in other regions. By adopting a holistic approach to refugee needs, the government and related institutions can create a more humane and inclusive environment. Strengthening collaboration between the government, international organizations, and local communities is also key to addressing these complex challenges, as emphasized in the UNHCR report (2023). Thus, a deeper understanding of the factors influencing refugee satisfaction can form the basis for developing more effective and sustainable policies.

METHODS

Research Design

This study adopted a quantitative cross-sectional correlational design to examine the associative relationships between health facilities, psychosocial support, service quality, and refugee satisfaction at the Makassar Immigration Detention Center. Because data were collected at a single point in time, the study deliberately limits its claims to associations and predictive strength, avoiding any implication of causality. The cross-sectional design was selected due to practical and ethical limitations inherent in detention settings, where mobility restrictions, psychological vulnerability, and access constraints make longitudinal or experimental designs infeasible. Within these boundaries, this design enables a systematic and ethical assessment of refugee perceptions.

Research Location and Period

The research was conducted at the Makassar Immigration Detention Center (Rudenim) located on Jl. Bollangi, Patalassang District, Gowa Regency, South Sulawesi. Data collection was carried out over two months, from May to June 2025. This timeframe allowed the research team to coordinate with interpreters, conduct a pilot test, administer questionnaires individually, and manage non-response procedures. All field activities were conducted after receiving official approval from the institution and ethical clearance from the university.

Population and Sampling Frame

The target population consisted of approximately 900 refugees residing in the detention center at the time of the study. These individuals originated from various countries, including Afghanistan, Pakistan, Myanmar, Iran, Iraq, and Somalia. To construct a reliable sampling frame,

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the research team obtained a verified list of detainees that included basic demographic and nationality information. This list formed the basis for stratification, ensuring that the sample reflected the demographic structure of the population.

Sampling Procedure

Due to the controlled nature of immigration detention centers, true free-random sampling is not feasible. Consequently, this study employed a stratified assisted-random sampling technique. First, the population was stratified according to nationality to achieve proportional representation of each group. Within each stratum, respondents were selected using simple random techniques such as random numbering or drawing lots. The process was facilitated by non-disciplinary staff who ensured access logistics without influencing or pressuring participation. This approach maximized equal opportunity for participation while maintaining ethical standards and respondent autonomy.

Sample Size Justification

A total of 98 respondents participated in the study. The sample size was determined through power analysis for multiple linear regression with three predictors, using Cohen's guidelines (medium effect size $f^2 = 0.15$, $\alpha = 0.05$, power = 0.80). This calculation resulted in a minimum requirement of 77 participants. Therefore, the final sample of 98 exceeds this threshold, providing stronger statistical stability and accounting for potential non-response. Missing data were assessed and handled using appropriate techniques such as pairwise deletion or multiple imputation if needed.

Operational Definitions and Measurement of Variables

All constructs were measured using a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Health facilities included dimensions of structure (infrastructure and equipment), process (medical procedures and timeliness), outcomes (treatment results), and trust in medical staff. Psychosocial support covered the availability of counseling, psychoeducational services, community-based support, cultural recognition, and effectiveness in handling trauma and stress. Service quality was operationalized using the SERVQUAL dimensions: reliability, responsiveness, assurance, empathy, and tangibles. Refugee satisfaction encompassed accessibility, transparency, efficiency, and staff attitudes. Each construct consisted of multiple items that were aggregated into composite scores after verifying scale one-dimensionality through factor analysis.

Instrument Development, Translation, and Pilot Testing

The questionnaire was constructed through the adaptation of validated instruments from previous studies, including items from Donabedian's healthcare framework and the SERVQUAL model. Content validation was conducted by three experts from the fields of psychology, health services, and public administration. Because the respondents spoke multiple languages, the instrument underwent a forward–back translation process, performed by professional translators and reviewed by bilingual refugee volunteers. A pilot test involving 20 refugees was conducted to evaluate item clarity, cultural appropriateness, and emotional safety. Items that produced confusion or discomfort were revised or removed.

Validity and Reliability Testing

Construct validity was assessed through item-total correlations and exploratory factor analysis (EFA), ensuring that each item loaded appropriately on its intended dimension. Items with poor correlation or factor loadings were excluded. Reliability was evaluated using Cronbach's alpha coefficients, with $\alpha \geq 0.70$ considered acceptable for all major scales. Shorter scales were accepted with $\alpha \geq 0.60$, supported by additional validity evidence. The final instrument demonstrated strong reliability across all variables.

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Data Collection Procedures

Data collection was conducted using an interview-assisted questionnaire administration method. Respondents completed the questionnaire individually in private areas of the detention center. Trained multilingual enumerators read items verbatim when necessary and clarified only linguistic comprehension, avoiding any interpretation or influence on responses. Participation was voluntary, and respondents were informed that their decision would not affect their immigration status or access to services. Completed questionnaires were coded anonymously and stored securely in locked containers and encrypted files.

Ethical Considerations

The study adhered to strict ethical protocols due to the vulnerability of the population. Ethical approval was obtained from the university's ethics review board, and administrative authorization was issued by the detention center authorities. Informed consent was provided both verbally and in writing in multiple languages. Respondents were free to withdraw at any time. A distress protocol was prepared for participants experiencing emotional discomfort, with referrals made to psychosocial support staff when necessary. No identifying information was collected, and all findings are presented in aggregate form.

Data Processing, Assumption Testing, and Analysis

Data were coded, cleaned, and analyzed using SPSS version 26. Preliminary procedures included detection of outliers, assessment of missing values, and verification of logical consistency. Classical assumption tests were conducted prior to regression analysis, including normality of residuals, multicollinearity (VIF and tolerance values), linearity, and heteroskedasticity using the Glejser test. Multiple linear regression was employed to evaluate the predictive contribution of each independent variable to refugee satisfaction. Results are reported using unstandardized coefficients, standardized beta values, significance levels, confidence intervals, and model fit indices (R^2 and adjusted R^2). Robustness checks, such as regression using robust standard errors and subgroup analyses, were conducted to assess the stability of findings

RESULTS AND DISCUSSION

Description of Respondent Characteristics

This section outlines the characteristics of respondents involved in the study. Understanding respondent characteristics is important in research as it strengthens the explanation behind their responses. A total of 98 refugees at the Makassar Immigration Detention Center participated in this study, representing diverse profiles. The characteristics of respondents are described as follows:

Respondents by Gender

Gender is one of the key demographic characteristics in this research. The distribution of respondents by gender provides an initial overview of the proportion of male and female participants, which may reflect differences in perceptions or experiences regarding the services they received.

Table 1. Respondents by Gender

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	56	57.1%	57.1%	57.1%
Female	42	42.9%	42.9%	100.0%
Total	**98**	**100%**	**100%**	**100%**

Based on the descriptive analysis, out of 98 refugee respondents, 56 (57.1%) were male and 42 (42.9%) were female. This distribution shows that male refugees slightly outnumber female refugees at the Makassar Immigration Detention Center. Although more than half of the

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respondents were men, the proportion of women was also significant, accounting for nearly half of the sample. This relatively balanced distribution indicates that services provided at the detention center need to address the needs of both groups proportionally. Health services, psychosocial support, and other facilities should therefore be designed to be fair and responsive to both male and female refugees in order to improve overall satisfaction.

Respondents by Country of Origin

Respondent characteristics were also analyzed based on their country of origin. This information is important to understand the cultural and social backgrounds of the refugees, which may influence their perceptions of the services provided. The distribution of respondents by country of origin is shown in Table 2.

Table 2. Respondents by Country of Origin

Country	Frequency	Percent	Valid Percent	Cumulative Percent
Pakistan	24	24.5%	24.5%	24.5%
Myanmar	20	20.4%	20.4%	44.9%
Afghanistan	27	27.6%	27.6%	72.4%
Iran	11	11.2%	11.2%	83.7%
Iraq	10	10.2%	10.2%	93.9%
Somalia	6	6.1%	6.1%	100.0%
Total	**98**	**100%**	**100%**	**100%**

The descriptive analysis shows that the 98 respondents originated from six different countries. The majority were from Afghanistan (27 respondents or 27.6%), followed by Pakistan (24 respondents or 24.5%) and Myanmar (20 respondents or 20.4%). Meanwhile, 11 respondents (11.2%) were from Iran, 10 (10.2%) from Iraq, and 6 (6.1%) from Somalia. This distribution indicates that the refugee population at the Makassar Immigration Detention Center is dominated by refugees from Afghanistan, Pakistan, and Myanmar, who together account for more than 70% of the sample. Although smaller in proportion, refugees from Iran, Iraq, and Somalia still contribute to the diversity of backgrounds in the detention center. This cultural, linguistic, and experiential diversity highlights the need for services such as healthcare, psychosocial support, and administrative procedures that can effectively accommodate the varied needs and expectations of the refugees.

Respondents by Health Status

Health status is a crucial aspect in understanding the conditions and basic needs of the respondents, particularly in the context of refugee services. Information on health status provides insight into both the effectiveness of health services and the general condition of the refugees in detention. Respondents' health conditions were categorized into "good," "fair," and "poor." The distribution is presented in Table 3.

Table 3. Respondents by Health Status

Health Status	Frequency	Percent	Valid Percent	Cumulative Percent
Good	51	52.0%	52.0%	52.0%
Fair	34	34.7%	34.7%	86.7%
Poor	13	13.3%	13.3%	100.0%
Total	**98**	**100%**	**100%**	**100%**

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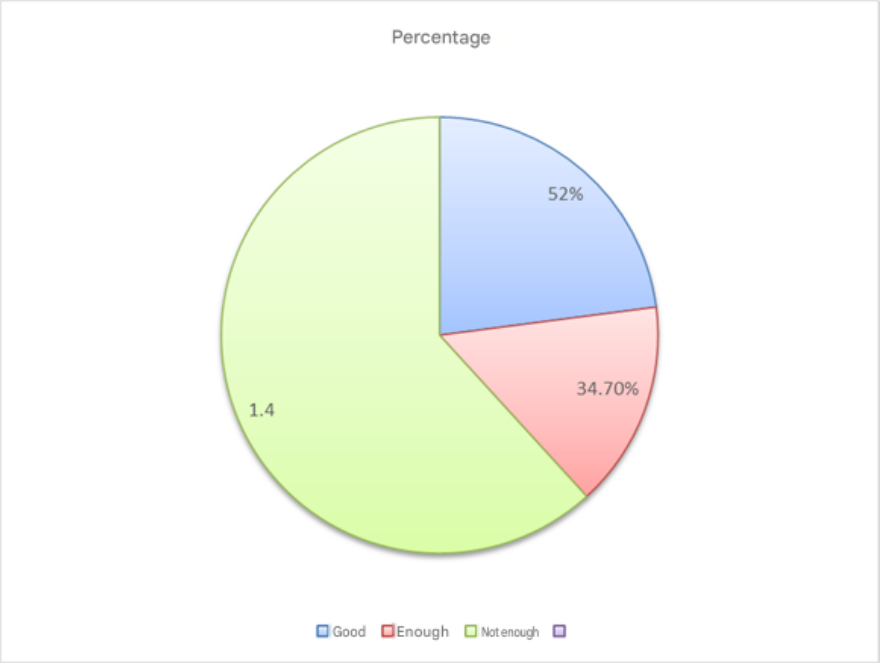

Figure 1. Distribution of Respondents' Health Status

The descriptive analysis of health status revealed that most respondents were in good condition. Out of 98 respondents, 51 (52.0%) reported good health, 34 (34.7%) reported fair health, and 13 (13.3%) reported poor health. These results indicate that while the majority of refugees were relatively healthy, nearly half were in only fair or poor condition, highlighting the need for continuous attention to healthcare services. This underscores the importance of strengthening both preventive and curative health interventions to ensure that all refugees have access to proper healthcare during their stay in detention. Improving health facilities, medical services, and health education remains essential to safeguard the refugees' right to adequate health and well-being.

Respondent Characteristics Based on Length of Stay

The length of stay of respondents in the Immigration Detention Center is an important indicator in this study. Duration of stay may influence respondents' experiences and perceptions of the quality of services received during their detention. Those who have stayed longer are likely to provide a more comprehensive evaluation of the system and services compared to recent arrivals. Grouping respondents by length of stay therefore provides deeper insights into the level of adaptation and satisfaction among refugees.

Table 4. Respondent Characteristics by Length of Stay

Length of Stay	Frequency	Percent	Valid Percent	Cumulative Percent
≤ 12 months	16	16.3%	16.3%	16.3%
13–24 months	34	34.7%	34.7%	51.0%
25–36 months	46	46.9%	46.9%	97.9%
> 36 months	2	2.0%	2.0%	100.0%
Total	**98**	**100%**	**100%**	

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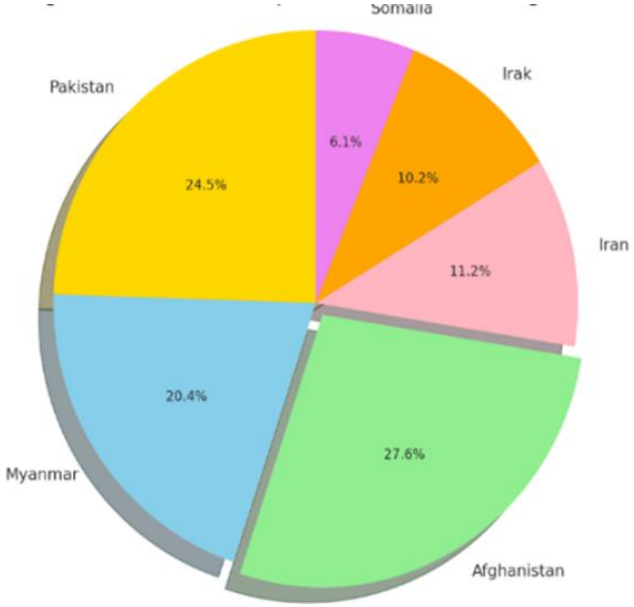

Figure 2. Distribution of Respondents by Country of Origin

Based on Table 4. and the pie chart, the majority of respondents (46 people or 46.9%) had stayed between 25–36 months, indicating that most had resided for a relatively long period, thus gaining considerable experience with services and interactions with staff. Furthermore, 34 respondents (34.7%) had stayed 13–24 months, representing a group in the process of adapting to the environment and available services. Meanwhile, 16 respondents (16.3%) had stayed for ≤ 12 months, likely still in the early stages of adaptation. Finally, only 2 respondents (2.0%) had stayed for more than 36 months, suggesting that detention periods exceeding three years are relatively rare. This distribution indicates that the majority of respondents had medium to long-term stays, making them relevant sources of information for evaluating the quality of services and support provided during detention.

Respondents' Perceptions of Healthcare Facilities

This section describes respondents' answers to the survey items according to the indicators of each variable. The focus here is on healthcare facilities, which are among the most crucial factors affecting refugees' comfort and well-being during detention. Assessing respondents' perceptions helps evaluate whether the availability, accessibility, and quality of healthcare services meet their basic needs.

Table 5. Respondents' Perceptions of Healthcare Facilities

Indicator	N	Minimum	Maximum	Mean	Std. Deviation
Structure	98	1.00	5.00	3.88	0.99
Process	98	1.00	5.00	3.92	0.95
Outcome	98	1.00	5.00	4.07	0.98
Trust	98	1.00	5.00	3.85	0.97
Valid N	**98**				

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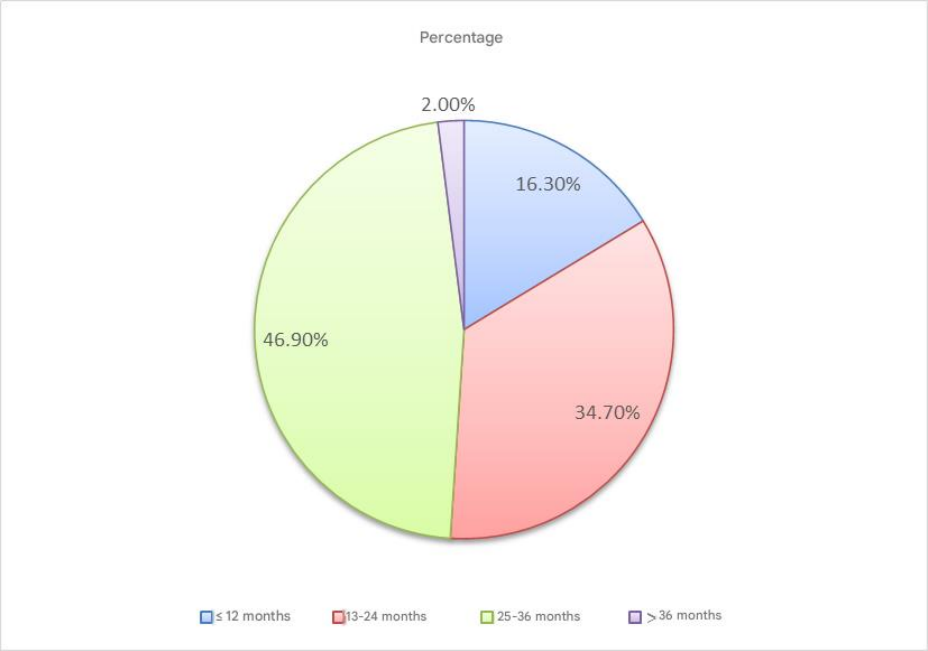

Figure 3. Respondents Based on Length of Stay

The outcome indicator received the highest mean (4.07), showing that most respondents were satisfied with the results of healthcare services, including medical examinations and recovery. The process indicator (3.92) suggests that service procedures, from registration to follow-up, were considered effective and met refugees' expectations. The structure indicator (3.88) reflects that facilities, infrastructure, and medical equipment were adequate, though some improvements are still needed. The trust indicator (3.85) shows a relatively high level of confidence in healthcare staff, but highlights the need for better communication and transparency.

Table 6. Respondents' Perceptions of Psychosocial Support

Indicator	N	Min	Max	Mean	Std. Dev.	Interpretation
Availability of Counseling Services	98	1	5	4.11	0.97	Access to counseling is available and well-utilized by refugees
Reactive and Educational Responses	98	1	5	3.99	0.98	Responses to psychological needs are good but need further improvement
Community Social Support	98	1	5	4.05	0.99	Community plays an active role in social support
Identity and Cultural Respect	98	1	5	3.99	0.98	Cultural identity is respected, though could be strengthened
Effectiveness in Stress & Trauma Handling	98	1	5	4.01	0.98	Psychological support for stress and trauma considered effective

The findings indicate that psychosocial support at the Makassar Immigration Detention Center is generally perceived as positive by refugees, with all mean scores above 3.9. The highest rating was given to the availability of counseling services (M = 4.11), suggesting that formal psychological assistance is both accessible and considered useful. Community social support (M = 4.05) also played an important role, highlighting the effectiveness of informal networks in helping refugees cope with stress. However, indicators such as identity and cultural respect (M = 3.99) and reactive/educational responses (M = 3.99) scored slightly lower, indicating that while

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respect for diversity exists, there is still room to enhance cultural sensitivity and proactive approaches in psychosocial interventions. Overall, the results emphasize the significance of both institutional and community-based psychosocial support in improving refugees' wellbeing.

Table 7. Respondents' Perceptions of Service Quality

Indicator	N	Min	Max	Mean	Std. Dev.	Interpretation
Reliability	98	1	5	4.05	1.00	Services are reliable and consistent
Responsiveness	98	1	5	4.02	0.98	Staff respond quickly to needs and complaints
Assurance	98	1	5	3.92	1.00	Refugees feel secure and trust staff competence
Empathy	98	1	5	3.97	0.99	Staff show care and attention, but need improvement for emotional needs
Tangibles	98	1	5	4.00	1.02	Facilities and cleanliness rated as adequate

Respondents rated service quality positively, with mean values ranging between 3.92 and 4.05. The highest-rated indicator was reliability (M = 4.05), showing that services are consistent and dependable. Responsiveness (M = 4.02) and tangibles (M = 4.00) were also rated favorably, reflecting prompt service delivery and adequate physical facilities. On the other hand, assurance (M = 3.92) and empathy (M = 3.97) received relatively lower scores, suggesting that while staff are competent and caring, more emphasis could be placed on building stronger emotional connections and trust with refugees. These findings suggest that while the technical and operational aspects of service delivery are strong, the human dimension of service quality requires further strengthening to enhance overall refugee satisfaction.

Table 8. Respondents' Perceptions of Refugee Satisfaction

Indicator	N	Min	Max	Mean	Std. Dev.	Interpretation
Accessibility	98	1	5	4.07	1.01	Services and facilities are easily accessible
Transparency	98	1	5	3.99	1.00	Information and procedures are delivered openly
Efficiency & Effectiveness	98	1	5	3.89	0.99	Services run efficiently but need further improvement
Staff Behavior	98	1	5	3.98	0.98	Refugees satisfied with professionalism and friendliness of staff

Refugee satisfaction was found to be high overall, with mean scores between 3.89 and 4.07. The highest rating was for accessibility (M = 4.07), indicating that services and facilities are easy to reach and use. Transparency (M = 3.99) and staff behavior (M = 3.98) were also positively evaluated, suggesting that information is shared openly and staff demonstrate professionalism. The lowest score was for efficiency and effectiveness (M = 3.89), which, although still positive, points to a need for improved timeliness and optimization of resources in service provision. Taken together, these results highlight that while accessibility and staff behavior are strengths, operational improvements are still needed to maximize efficiency in meeting refugee needs.

Health Facilities Have a Positive Effect on Refugee Satisfaction at the Makassar Immigration Detention Center

The results of the multiple linear regression analysis indicate that health facilities (X1) have a positive and significant effect on refugee satisfaction (Y), with a regression coefficient of 0.155 and a significance level of 0.043 < 0.05. Thus, Hypothesis 1 is accepted. This finding means

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that the better the health facilities provided at the Makassar Immigration Detention Center, the higher the level of refugee satisfaction. From the descriptive results, it can be concluded that the outcome indicator obtained the highest score with a mean of 4.0714, showing that respondents are satisfied with the results of health services, including recovery of health conditions, effectiveness of treatment, and responsiveness in handling medical complaints. This demonstrates that health services are not only available but also provide tangible and direct benefits to refugees.

Observational data further reveal that the types and completeness of medical facilities at the detention center include a clinic, two isolation rooms, and a sufficient supply of medicines (purchased three times a year). Health services are conducted four times a month. Medical staff consist of one doctor, one nurse, and one medical officer, while psychosocial support is provided by five professionals, including psychologists, counselors, and social workers. The next indicator, process (mean = 3.9184), reflects that the service process such as consultation flow, communication with medical staff, and the management of medical procedures is perceived as good. Similarly, the structure indicator (mean = 3.8776) indicates that physical infrastructure and the availability of medical equipment are generally adequate.

Meanwhile, the trust indicator scored the lowest (mean = 3.8469), although it still falls into the "high" category. This suggests that there is still room to enhance refugees' trust in medical staff and the healthcare system overall, possibly through empathetic communication training or more transparent and accessible health information. Empirically, this finding is reinforced by refugee perceptions presented in the descriptive section, where most respondents agreed that basic health services such as routine medical check-ups, access to medicines, and light treatment facilities are adequate. However, several respondents noted the need for faster services and the availability of medical personnel outside standard working hours.

Field interviews further support this, as some respondents expressed that the quick medical response to minor and moderate health complaints, such as fever, minor injuries, and digestive issues, provided them with a sense of safety and satisfaction during their stay in the detention center. This highlights that adequate health facilities are a vital aspect shaping refugees' positive perceptions of the service provider. These findings are consistent with previous studies. Lebano et al. (2020) and Madras et al. (2020) emphasized that access to health services is a key determinant in improving the perception of public service quality, particularly in restricted environments such as detention centers or shelters. Similarly, Kohlenberger et al. (2019), in their study of refugee health services in transit areas, concluded that the quality and affordability of healthcare facilities are primary determinants of user satisfaction. In the context of vulnerable groups in South Sulawesi, Hafid and Syamsuddin also found that the quality of available emergency health facilities is closely linked to increased satisfaction, especially for individuals with limited mobility, such as refugees or detainees.

Psychosocial Support has a Positive Effect on Refugee Satisfaction at the Makassar Immigration Detention Center, which is Acceptable

The second hypothesis, which states that psychosocial support has a positive effect on refugee satisfaction at the Makassar Immigration Detention Center, is accepted. The results of the multiple linear regression analysis show that psychosocial support (X2) has a positive and significant effect on refugee satisfaction (Y), with a regression coefficient of 0.138 and a significance level of 0.022 < 0.05. This indicates that the higher the psychosocial support provided to refugees, the higher their level of satisfaction with the services offered by the detention institution. Empirically, respondents' perceptions of psychosocial support demonstrate a positive tendency. The highest-rated indicator was the availability of counseling services, which shows that refugees feel helped by having access to spaces where they can express emotions, manage psychological pressures, and receive direct psychological support. These sessions, conducted

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twice a month, create a sense of being heard, cared for, and understood, which contributes significantly to their comfort during detention.

Community social support and the effectiveness of stress and trauma management were also rated highly. Refugees benefit from healthy interactions within their communities and from reflective and therapeutic programs such as art activities, light sports, and group discussions. These activities help alleviate feelings of isolation, anxiety, and trauma carried over from their countries of origin or migration processes. Secondary data further show that five refugees were identified as experiencing mild stress, while 17 individuals made use of counseling services, highlighting the concrete need for psychosocial support. Meanwhile, the indicators of reactive-educative responses and attention to cultural identity also received positive feedback, though with slightly lower values compared to other aspects. This suggests that there remains room for improvement in how staff respond quickly to emotional situations and in ensuring cultural diversity is respected. Some respondents expressed a desire for greater opportunities to practice and express their cultural identities through food, language, and religious rituals.

Field observations support these quantitative findings. During interviews, several refugees stated that the presence of staff who were willing to listen to their concerns, as well as the availability of individual or group counseling sessions, greatly reduced their psychological burdens. Some even noted that the emotional attention from staff or volunteers created a sense of safety and lessened the weight of the trauma they carried. This demonstrates that psychosocial support is not merely an additional service but rather a fundamental necessity that refugees directly experience as beneficial. These findings align with previous studies. Agustini and Iskandar (2020) emphasized that systematic psychosocial interventions significantly improve the quality of life and satisfaction of refugees. Alijonovna (2024) further highlighted that continuous psychosocial services contribute to positive perceptions of host institutions. Similarly, Sherchan et al. (2017) found that in the context of disaster survivors, psychological support accelerated recovery and enhanced satisfaction with institutional services. Therefore, the second hypothesis is not only statistically proven but also reinforced by empirical perceptions and field observations. Psychosocial support emerges as a key element in enhancing refugee satisfaction at the Makassar Immigration Detention Center, particularly in maintaining emotional stability and fostering a sense of dignity and recognition in situations of limitation.

The Effect of Service Quality on Refugee Satisfaction at the Makassar Immigration Detention Center

The results of the multiple linear regression analysis show that service quality (X3) has a positive and highly significant effect on refugee satisfaction (Y), with a regression coefficient of 0.443 and a significance level of 0.000 < 0.05. The very small significance value indicates that service quality is the most dominant variable compared to the other two predictors in explaining variations in refugee satisfaction. Thus, the third hypothesis is accepted. Empirically, respondents' perceptions of service quality were very favorable, as reflected in the high mean scores of all indicators. The highest-rated indicator was reliability, with a mean score of 4.0510, indicating that most refugees considered the services consistent, dependable, and aligned with their expectations. Officers were seen as capable of delivering promised services accurately and on time.

The next indicator was responsiveness, with a mean score of 4.0204, showing that detention officers were responsive to refugees' needs. Speed in handling requests, complaints, and questions played an important role in enhancing refugees' satisfaction. Other indicators such as tangibles (physical appearance of facilities), empathy, and assurance also scored high and relatively balanced. Empathy reflected the officers' care and concern for refugees' psychological conditions, while assurance reflected refugees' trust and confidence in the competence and integrity of the officers. Although assurance had the lowest mean score among the five

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dimensions (3.9184), it still fell into the high category, suggesting that refugees generally trusted the officers, though aspects of communication and transparency could still be improved.

In practice, most respondents reported that services provided during their stay were stable and met their basic needs, including clear information, accessible procedures, and officers' professionalism and courtesy. However, some respondents suggested the need to increase the number of officers who could actively communicate in foreign languages, to facilitate more effective interactions. Field evidence from in-depth interviews further confirmed these findings. Refugees stated that they felt valued when officers gave personal attention, remembered their names, or inquired about their daily well-being. Such small gestures left lasting impressions and increased respect for the institution. These results are consistent with the SERVQUAL theory, which highlights the importance of the five main service quality dimension's reliability, responsiveness, assurance, empathy, and tangibles in shaping perceptions and satisfaction.

Previous studies also reinforce these findings. High-quality public services in terms of tangibles and responsiveness could foster trust and loyalty even in restrictive settings such as detention or shelters. Henegar et al. (2024), in the context of services for marginalized communities, found that officer empathy strongly shaped overall service perceptions. Similarly, Responsive and reliable services had a significant effect on user satisfaction in social institutions. Therefore, the third hypothesis is strongly supported both statistically and substantively. Service quality is a key factor in shaping refugees' positive perceptions of the Makassar Immigration Detention Center. Efforts to maintain and enhance service quality particularly in communication, empathy, and reliability represent strategic steps to ensure the well-being of refugees during their stay in detention.

The Combined Effect of Healthcare Facilities, Psychosocial Support, and Service Quality on Refugee Satisfaction

The simultaneous influence of healthcare facilities, psychosocial support, and service quality on refugee satisfaction at the Makassar Immigration Detention Center is statistically significant. This is evidenced by an F value of 30.875 with a significance level of 0.000, far below the alpha threshold of 0.05. This means the regression model built in this study is valid and can be reliably used to explain the relationship between the three predictor variables and the dependent variable, refugee satisfaction.

Healthcare facilities refer not only to the availability of medical infrastructure and equipment but also to environmental cleanliness, service accessibility, and the competence of medical staff. Adequate healthcare provision enhances refugees' sense of physical security and protection, which is fundamental to their overall satisfaction. However, good facilities alone are insufficient without corresponding service quality. Service quality acts as the link between physical facilities and the lived experiences of refugees, encompassing responsiveness, empathy, effective communication, clarity of information, and alignment of services with individual needs. Poor service can undermine otherwise good facilities, reducing their perceived value.

Meanwhile, psychosocial support plays a crucial role in detention contexts, given refugees' vulnerability to psychological stress, anxiety, trauma, and mental health challenges resulting from migration journeys or detention experiences. Such support includes counseling, social interaction programs, and accompaniment from staff sensitive to cultural and linguistic diversity. Effective psychosocial support not only maintains mental well-being but also strengthens trust in the detention management, thereby enhancing satisfaction with services.

This finding is consistent with prior studies. Research at RSUD Haji Makassar demonstrated that healthcare facilities significantly influenced patient satisfaction, especially when accompanied by high-quality services. Similarly, studies of Refugee Health Centers in Turkey found that refugee satisfaction depended heavily on culturally sensitive healthcare services, adequate consultation time, respect, and minimal waiting times. Another study in Irbid,

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Jordan, showed that health education programs empowering refugees with psychosocial support increased their confidence and capacity to manage their own health. Conversely, global research on detention highlights that prolonged confinement worsens depression, anxiety, and PTSD, meaning that without psychosocial support, improvements in facilities or service quality alone are insufficient to raise satisfaction.

Taken together, the evidence suggests that improving refugee satisfaction cannot be achieved by enhancing one aspect in isolation. Healthcare facilities provide physical protection, service quality transforms these facilities into positive experiences, and psychosocial support offers essential emotional security. The three elements complement each other and together create a safe, dignified, and humane service environment. This synergy is reflected in the statistical findings of this study, which show a significant combined effect of healthcare facilities, psychosocial support, and service quality on refugee satisfaction at the Makassar Immigration Detention Center

CONCLUSION

Health facilities have a positive and significant impact on refugee satisfaction. This indicates that the better the health facilities provided, the higher the level of refugee satisfaction. The "outcome" indicator of health services, such as treatment effectiveness and recovery, received the highest ratings, while the "trust" indicator received the lowest. Psychosocial support had a positive and significant impact on refugee satisfaction. This finding reinforces the importance of counseling, community support, and stress and trauma management in fostering refugee psychological satisfaction. The highest-scoring indicator was "availability of counseling services," while "identity and culture" received the lowest score, indicating that attention to cultural diversity still needs to be strengthened. Service quality was the most dominant variable influencing refugee satisfaction. All indicators within the service quality dimension received high ratings from respondents. The highest-scoring indicator was "reliability," while the lowest-scoring indicator was "assurance," indicating the need to increase refugees' trust and confidence in the staff in providing services. This study shows that the three independent variables health facilities, psychosocial support, and service quality significantly contribute to refugee satisfaction at the Makassar Immigration Detention Center. Humane, responsive, and professional service is key to creating a meaningful experience for refugees during their stay.

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