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Inpatient satisfaction with hospital services in Indonesia: A systematic review

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ABSTRACT

Inpatient satisfaction is influenced by the quality of services provided by the hospital. The quality of service in question consists of Reliability, Assurance, tangibility, Empathy and Responsiveness. The aim of this research is to estimate and analyze the influence of the quality of inpatient services on patient satisfaction in hospitals. This research is a systematic review and metaanalysis research using the PRISMA diagram. Article searches were carried out based on the PICO Model eligibility criteria. P= InPatient; I = Good service quality; C= Poor Service Quality; O= Patient Satisfaction. Electronic literature was searched in 4 databases : Google Scholar, Research Gate, PubMed and Elsevier, for articles published on 2020-2023. With keywords including "service quality" AND "patient satisfaction" AND "Inpatient" AND "hospital" AND "cross sectional". Articles were analyzed using the PRISMA diagram and the Review Manager application. An article with a cross sectional study design that will be used as a source for meta-analysis of the influence of inpatient service quality on patient satisfaction in hospitals. The factors of service quality studied consisted of Reliability (reliability), Assurance (confidence), Tangible (physical appearance), Empathy (attention) and Responsiveness (responsiveness) which were proven to be able to influence patient satisfaction. The most dominant factors are Reliability, Empathy, and Responsiveness where the Sig. value is 0.000. Based on the research presented, it can be concluded that there is a significant relationship between service quality and patient satisfaction. All aspects of service quality, namely tangible, reliability, assurance, empathy, and responsiveness, are significantly related to patient satisfaction.

Keywords:

hospital
inpatient
patient satisfaction
service quality

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INTRODUCTION

The main focus in hospital management is to ensure the quality of quality health services. The quality of this service has a direct effect on the level of patient satisfaction, by looking at the extent to which service providers provide the best to their clients. Evaluation of the quality of health care can be measured by comparing patient expectations of the services they want with patient perceptions of the services they receive. Hospital quality assessment bodies, both at national and international levels, have identified patient satisfaction as one of the leading indicators. Continuous efforts in hospital quality assurance aim to ensure the continuity of service quality to patients. In the Minister of Health Regulation Number 30 of 2022 concerning National Indicators of Health Service Quality, it is stated that patient satisfaction is one of the 13 main indicators aimed at maintaining and improving the quality of health services (Aini et al., 2023).

Patient satisfaction is an important part of health care. Patient satisfaction is the feeling of pleasure or satisfaction that the patient experiences because his wants, expectations, and needs are met. A service is said to be satisfactory if it can meet the needs and expectations of patients. Patient satisfaction is determined by the patient's perception of service performance in meeting his expectations. The patient feels satisfied if his expectations are met, and very satisfied if his expectations are exceeded (Shilvira et al., 2022). Measurement of patient satisfaction must be done routinely to determine the level of patient satisfaction with the health services provided. Patient satisfaction is an indicator of the quality of health services (Salamah et al., 2020). Health services can be in the form of interaction with various parties, such as patients, health workers, and the

health care system as a whole. These interactions may include medical services, administration, finance, drug information services, drug waiting times, and health workers (Oktawilova et al., 2020).

Research conducted by Fernandes et al. (2022) found that the quality of service has a positive effect on patient satisfaction. Similar research was also found by research by Addo et al. (2020) which stated that patient satisfaction is considered one of the preferred outcomes in health services because it is directly related to the reuse of health services and the success of health service facilities. The results of his research show that the quality of service of medical personnel is positively related to patient satisfaction. Thus, the higher the level of service quality felt by patients, the higher the level of patient satisfaction.

Based on patient satisfaction survey data conducted by the Ministry of Health of the Republic of Indonesia in 2023, the level of patient satisfaction with health services in Indonesia as a whole is 86.3%. This figure shows that most patients are satisfied with the health services they receive. Furthermore, the data is dominated by outpatient and inpatient assessments, which are the types of services most used by patients. In many cases, a hospital stay is the only way to provide safe and effective care for patients.

The hospital patient satisfaction survey (SKPRS) conducted by the Indonesian Ministry of Health in 2022 shows that the average patient satisfaction with inpatient services in hospitals is 70.3%. This figure increased compared to 2021 which was 68.5%. The Hospital Service Quality Survey (SKPRS) conducted by the Health Research and Development Agency (Balitbangkes) of the Indonesian Ministry of Health in 2022 shows that the average patient satisfaction with inpatient services in hospitals is 71.2%. This figure also increased compared to 2021 which was 69.1%.

There are several factors that can affect the quality of service, one of which is formulated in theory service quality. Service quality is the concept of service quality measurement which consists of five aspects, namely Reliability, Assurance, Tangible, Empathy, and Responsiveness. Based on these five aspects, it can be identified whether there are gaps in service, and whether these five aspects of service quality have an influence on the level of patient satisfaction. In addition, it can also be determined the aspect of service quality that plays the most dominant role in influencing patient satisfaction (Armen Patria & Gustop Amatiria, 2017).

The level of patient satisfaction with health services in Indonesia as a whole showed an increase compared to the previous year. This shows that the quality of health services in Indonesia is improving.

The purpose of this study is to determine the magnitude of factors that affect service quality, and determine the effect of service quality with inpatient satisfaction in Indonesia. So the research questions in this study are:

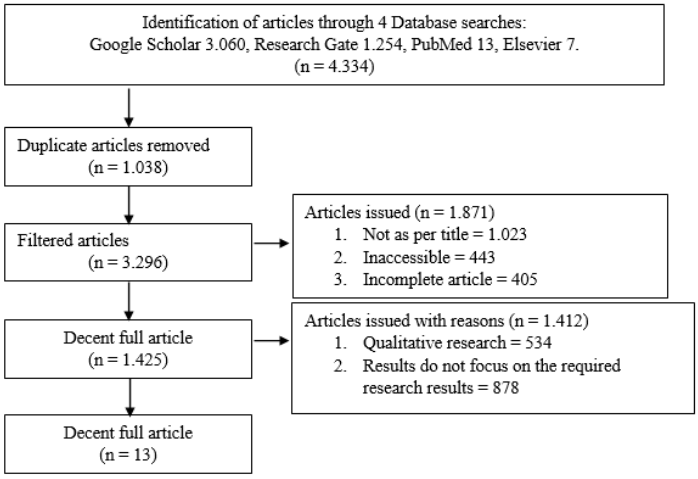
1) What factors affect the quality of hospital services in Indonesia?
2) How much do these factors affect the quality of service?
3) How much influence does the quality of service have on the satisfaction of inpatients in Indonesia?

Further, the researchers hope that this study can bring more insight into readers knowledge on the discussed issue and make a better implementation of it in the future.

METHOD

This research uses systematic research methods to analyze and summarize findings from various research studies related to a particular topic. The analysis is carried out quantitatively, that is, using statistical methods to combine the results of various research studies. This method is also known as meta-analysis.

Article searches were conducted based on PICO Model notability criteria. P= inpatients; I = good service quality; C = service quality is not good; O= patient satisfaction. The search for data sources in this study came from several full-text sources published in several *databases* such as Google Scholar, Research Gate, PubMed and Elsevier with keywords including "quality of service" AND "*patient satisfaction*" AND "inpatients" AND *"hospitals"* AND "cross sectional" using PRISMA flow chart. The articles taken are articles published in the last 3 years (2020-2023). The number of articles obtained and the inclusion-exclusion criteria are defined in the following figure.



Picture 1. PRISMA Method Article Search and Selection Flow Chart

RESULTS AND DISCUSSION

After going through the screening process, thirteen articles were identified that are relevant to the purpose of the study, namely inpatient satisfaction with the quality of service in the Hospital (RS). The following are the results of the review of each journal based on PICO.

Table 1. Description of Primary Studies of Service Quality Included in the Meta-Analysis

No.	Researchers	Sample	P	I	C	O
1	Dalfian et al. (2020)	496	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
2	Gultom et al. (2021)	67	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
3	Jafar et al. (2023)	77	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
4	Lubis (2021)	60	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
5	Mahmud (2022)	73	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
6	Maryana (2021)	83	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
7	Purwaningrum (2020)	65	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
8	Redo et al. (2022)	93	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
9	Salfia (2021)	616	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
10	Sinaga et al. (2020)	250	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
11	Siregar et al. (2023)	112	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction

12	Soumokil (2021)	94	Inpatients in hospitals	Good Quality Service	Service Quality is not good	Patient Satisfaction
13	Wildani et al. (2020)	75	Inpatients in hospitals	Good Quality Service	Poor Service Quality	Patient Satisfaction

To examine the quality of the article further, researchers used an assessment from JBI's Critical Appraisal Tools, specific to Analytical Cross Sectional by adjusting checklist questions adapted through https://jbi.global/critical-appraisal-tools

Table 2. JBI's Critical Appraisal Tools

Researchers	QUESTION									
	Population & Representative Research Sample	***Clarity of Research Subject Background***	***Exposure Measured Validly & Reliably***	***Standard & Objective Criteria***	***Confoun-ding Factors***	***Strategies to Overcome Confounding Factors***	***Results Obtained***	***Precise Statistical Analysis***	***Total***	***Ave.***
Dalfian et al. (2020)	3	1	2	3	3	2	3	3	20	2,50
Gultom et al. (2021)	2	3	2	3	3	2	3	3	21	2,62
Jafar et al. (2023)	1	3	2	3	3	2	3	3	20	2,50
Lubis (2021)	2	1	2	3	3	2	3	2	18	2,00
Mahmud (2022)	3	3	2	3	3	2	3	3	22	2,75
Maryana (2021)	1	1	2	3	3	2	3	3	18	2,00
Purwaningrum (2020)	1	1	2	3	3	2	3	3	18	2,00
Redo et al. (2022)	3	1	2	3	3	2	3	3	20	2,50
Salfia (2021)	3	3	2	3	3	2	2	3	21	2,62
Sinaga et al. (2020)	2	1	2	3	3	2	3	3	19	2,37
Siregar et al. (2023)	2	3	2	3	3	2	3	3	21	2,62
Soumokil (2021)	3	3	2	3	3	2	3	3	22	2,75
Wildani et al. (2020)	2	3	2	3	3	2	3	3	21	2,62

Answer score description:
1) If the rating is "YES" then the value given is 3.
2) If the rating is "NO" then the value given is 1.
3) If the assessment is "UNCLEAR" then the value given is 2.

From the results of the research quality assessment, 13 articles with *a cross-sectional* study design were obtained which will be used as a source of meta-analysis of the effect of service quality on inpatient satisfaction in hospitals. The articles are then extracted and summarized according to PICO research. Table 3 illustrates the primary research on the effect of service quality on hospital inpatient satisfaction conducted by meta-analysis. The research amounted to 13 articles with locations in Indonesia. The similarity in the study is a *cross-sectional* research design, the subject of the study is an inpatient, and the intervention provided is good service quality and service quality is not good. The difference in the study was the number of samples, with the smallest number of samples 60 and the largest 616.

Table 3. Result Systematic Review What to Do

Researchers	Research Sites	Variables Under Study	Relavan Variables	Case
Dalfian et al. (2020)	Central hospital Lampung	1. Reliability 2. Assurance 3. Tangible 4. Empathy	1. Reliability 2. Assurance 3. Tangible 4. Empathy	1. Intense competition with RS. Private.

		5. Responsiveness	5. Responsiveness	
Gultom et al. (2021)	RS. Bhayangkara Tk III High Cliff.	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. There are patient complaints related to unsatisfactory service. 2. The rise and fall in the number of visits may have something to do with the satisfaction obtained by patients.
Jafar et al. (2023)	hospital. Latemmamala Soppeng Regency	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. There was a decrease in patient visits. 2. There are several indicators of service quality that are still below the standard
Lubis (2021)	RSU Bandung	1. Reliability 2. Assurance/ guarantee 3. Tangible/ infrastructure 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. The number of complaints about the quality of hospital services
Mahmud (2022)	RS. Islam AR-Rasyid Palembang	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Data shows low patient satisfaction with inpatient services.
Maryana (2021)	Depati Bahrin Sungailiat Hospital Bangka	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. The satisfaction assessment data has not reached the Minimum Service Standard (SPM) for hospitalization.
Purwaningrum (2020)	RS. Pertamina Bintang Amin Bandar Lampung	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Many patients expressed dissatisfaction with the nurse service at the hospital. Pertamina Bintang Amin and many complaints sent through business management.
Redo et al. (2022)	RS. Inco Sorowako Kabupaten Luwu Timur	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. The quality of service is not optimal which has an impact on patient dissatisfaction and disloyalty which results in a decrease in patients.
Salfia (2021)	RSUD Kabupatem Bombana	1. Reliability 2. Assurance 3. Tangible	1. Reliability 2. Assurance 3. Tangible	1. RS. Decreased number of inpatient visits.

		4. Empathy 5. Responsiveness	4. Empathy 5. Responsiveness	
Sinaga et al. (2020)	Hospital	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Hospital services often make patients dissatisfied such as convoluted, boring, unfriendly, and less dexterous. This is allegedly because the quality of service provided is beyond patient expectations.
Siregar et al. (2023)	RSUD Sipirok Kabupaten Tapanuli Selatan	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. There has been a decrease in the average BOR in the last 2 years. 2. BOR data is below the standard set by the Ministry of Health of the Republic of Indonesia (2005), which is 70-85%.
Soumokil (2021)	Piru Hospital	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. There is a decrease in the number of patient visits from year to year.
Wildani et al. (2020)	RSU Muhammadiyah Sumatera Utara	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. Reliability 2. Assurance 3. Tangible 4. Empathy 5. Responsiveness	1. There has been a decrease in patient visits in recent months.

Table 4. The Number of Variables Studied and the Number of Relevant Variables

Researchers	Number of Variables Studied	Number of Relevant Variables
Dalfian et al. (2020)	5	5
Gultom et al. (2021)	5	5
Jafar et al. (2023)	5	5
Lubis (2021)	5	5
Mahmud (2022)	5	5
Maryana (2021)	5	5
Purwaningrum (2020)	5	5
Redo et al. (2022)	5	5
Salfia (2021)	5	5
Sinaga et al. (2020)	5	5
Siregar et al. (2023)	5	5
Soumokil (2021)	5	5
Wildani et al. (2020)	5	5
Average	**5**	**5**
Minimum Value	**5**	**5**
Max Value	**5**	**5**

Based on the table above, it is known that the overall service quality variables are measured based on the dimensions of Reliability, Assurance, Tangible, Empathy and Responsiveness. From the results of the literature review that has been conducted, it can be concluded that there is a significant relationship between service quality and patient satisfaction. Good service quality can increase patient satisfaction, while bad service quality can reduce patient satisfaction.

Table 5. The Number of Variables Studied and the Number of Variables that are Relevant

Researchers	Research Variables	*F* (%)	Sig.	95% CI	
				Lower	*Upper*
(Dalfian et al., 2020)	Good Reliability	58.7			
	Reliability is not good	41.3			
	Good Insurance	54.6			
	Insurance is not good	45.4			
	Good Tangibility	56.2			
	Tangibility Not Good	43.8			
	Good Empathy	61.9			
	Empathy not good	38.1			
	Good Responsiveness	60.7			
	Responsiveness not good	39.3			
	The Effect of Reliability on Patient Satisfaction			3.055	7.122
	The Effect of Assurance on Patient Satisfaction			1.705	3.834
	Tangible Effect on Patient Satisfaction				
	The Effect of Empathy on Patient Satisfaction			2.539	5.790
	The effect of responsiveness on patient satisfaction			1.612	3.600
(Gultom et al., 2021)	Good Reliability	67.2			
	Reliability is not good	32.8			
	Good Insurance	62.7			
	Insurance is not good	37.3			
	Good Tangibility	67.2			
	Tangibility Not Good	32.8			
	Good Empathy	65.7			
	Empathy not good	34.3			
	Good Responsiveness	76.1			
	Responsiveness not good	23.9			
	The Effect of Reliability on Patient Satisfaction			4.16	673.87
	The Effect of Assurance on Patient Satisfaction			1.46	65.35
	Tangible Effect on Patient Satisfaction			3.11	326.28
	The Effect of Empathy on Patient Satisfaction			1.14	59.27
	The effect of responsiveness on patient satisfaction			2.36	193.22
(Jafar & Surahman Batara, 2023)	Good Reliability	94.80			
	Reliability is not good	1.2			
	Good Insurance	96.10			
	Insurance is not good	3.9			
	Good Tangibility	96.10			
	Tangibility Not Good	3.9			
	Good Empathy	97.40			
	Empathy not good	2.6			
	Good Responsiveness	94.8			
	Responsiveness not good	1.2			
(Lubis et al., 2021)	The Effect of Reliability on Patient Satisfaction			0.005	
	The Effect of Assurance on Patient Satisfaction			0.034	

	Tangible Effect on Patient Satisfaction			0.235	
	The Effect of Empathy on Patient Satisfaction			0.019	
	The effect of responsiveness on patient satisfaction			0.372	
(Mahmud, 2022)	Good Reliability	54.8			
	Reliability is not good	45.2			
	Good Insurance	54.8			
	Insurance is not good	45.2			
	Good Tangibility	54.8			
	Tangibility Not Good	45.2			
	Good Empathy	52.1			
	Empathy not good	47.9			
	Good Responsiveness	53.4			
	Responsiveness not good	46.6			
	The Effect of Reliability on Patient Satisfaction		0.000	1.588	5.084
	The Effect of Assurance on Patient Satisfaction		0.000	1.984	7.622
	Tangible Effect on Patient Satisfaction		0.003	1.255	3.255
	The Effect of Empathy on Patient Satisfaction		0.000	2.213	8.520
	The effect of responsiveness on patient satisfaction		0.000	1.869	6.505
(Maryana & Christiany, 2022)	Good Reliability	48.2			
	Reliability is not good	51.8			
	Good Insurance	60.2			
	Insurance is not good	39.8			
	Good Tangibility	56.6			
	Tangibility Not Good	43.4			
	Good Empathy	45.8			
	Empathy not good	54.2			
	Good Responsiveness	45.8			
	Responsiveness not good	54.2			
	The Effect of Reliability on Patient Satisfaction			2.683	29.818
	The Effect of Assurance on Patient Satisfaction			2.365	21.483
	Tangible Effect on Patient Satisfaction			1.215	8.067
	The Effect of Empathy on Patient Satisfaction			1.156	7.412
	The effect of responsiveness on patient satisfaction			4.086	33.855
(Purwaningrum, 2020)	Good Reliability	60.8			
	Reliability is not good	39.2			
	Good Insurance	54.2			
	Insurance is not good	45.8			
	Good Tangibility	57.5			
	Tangibility Not Good	42,5			
	Good Empathy	53.3			
	Empathy not good	46.7			
	Good Responsiveness	50.8			
	Responsiveness not good	49.2			
	The Effect of Reliability on Patient Satisfaction		0.013	1.268	7.553

	The Effect of Assurance on Patient Satisfaction		0.005	1.485	8.697
	Tangible Effect on Patient Satisfaction		0.079	0.911	5.514
	The Effect of Empathy on Patient Satisfaction		0.004	1.525	9.137
	The effect of responsiveness on patient satisfaction		0.064	0.953	5.732
(Rifai et al., 2022)	Good Reliability	87.1			
	Reliability is not good	12.9			
	Good Insurance	89.2			
	Insurance is not good	10.8			
	Good Tangibility	91.4			
	Tangibility Not Good	8.6			
	Good Empathy	84.9			
	Empathy not good	15.1			
	Good Responsiveness	81.7			
	Responsiveness not good	18.3			
	The Effect of Reliability on Patient Satisfaction			0.518	21.582
	The Effect of Assurance on Patient Satisfaction			0.914	88.648
	Tangible Effect on Patient Satisfaction			1.211	102.517
	The Effect of Empathy on Patient Satisfaction			0.211	8.562
	The effect of responsiveness on patient satisfaction			3.048	132.025
(Salfia et al., 2021)	Good Reliability	81.6			
	Reliability is not good	18.4			
	Good Insurance	92.0			
	Insurance is not good	8.0			
	Good Tangibility	83.9			
	Tangibility Not Good	16.1			
	Good Empathy	85.1			
	Empathy not good	14.9			
	Good Responsiveness	82.8			
	Responsiveness not good	17.2			
(Sinaga et al., 2021)	The Effect of Reliability on Patient Satisfaction		0.000	3.013	19.453
	Tangible Effect on Patient Satisfaction		0.013	1.279	8.052
	The Effect of Empathy on Patient Satisfaction		0.000	2.490	15.667
	The effect of responsiveness on patient satisfaction			2.536	17.782
(Siregar et al., 2023)	The Effect of Reliability on Patient Satisfaction		0.001	2.103	17.106
	Tangible Effect on Patient Satisfaction		0.011	1.345	9.880
	The Effect of Empathy on Patient Satisfaction		0.001	2.055	15.246
	The effect of responsiveness on patient satisfaction		0.000	2.609	20.213
(Soumokil et al., 2021)	Good Reliability	83.0			
	Reliability is not good	17.0			
	Good Insurance	85.1			

	Insurance is not good	14.9			
	Good Tangibility	75.5			
	Tangibility Not Good	24.5			
	Good Empathy	79.8			
	Empathy not good	20.2			
	Good Responsiveness	84.0			
	Responsiveness not good	13.8			
(Wildani et al., 2020)	Good Reliability	84.0			
	Reliability is not good	16.0			
	Good Insurance	62.7			
	Insurance is not good	37.3			
	Good Tangibility	69.3			
	Tangibility Not Good	30.7			
	Good Empathy	53.3			
	Empathy not good	46.7			
	Good Responsiveness	48.0			
	Responsiveness not good	52.0			
	The Effect of Assurance on Patient Satisfaction			1.303	26.349
	The Effect of Empathy on Patient Satisfaction			1.367	22.934
	The effect of responsiveness on patient satisfaction			1.303	26.349
Average		**49.98**	**0.0114**	**1.681**	**51.48**
Minimum Value		**1.20**	**0.00**	**0.005**	**3.255**
Max Value		**97.4**	**0.079**	**4.16**	**673.87**

Here are the results of testing Forest Plot using Revman:

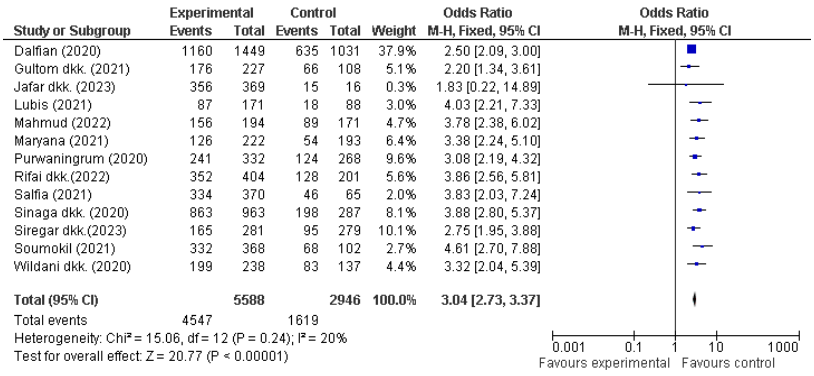


Figure 2. Forest Plot of the Effect of Service Quality on Patient Satisfaction

Figure 2 above shows if variation between studies is heterogeneous. This is evidenced from the p value in the heterogeneity test is 0.00001 smaller than 0.05 and the I2 value is 20% so that in this analysis using a random effect model. In addition, the forest plot above shows that the pooled odd ratio obtained is 3.04 (95% CI 2.73 - 3.37) so that it can be concluded that the quality of inpatient services will increase patient satisfaction in Indonesian hospitals. This is also evidenced by the existence of a p value of 0.00001 lower than 0.05.

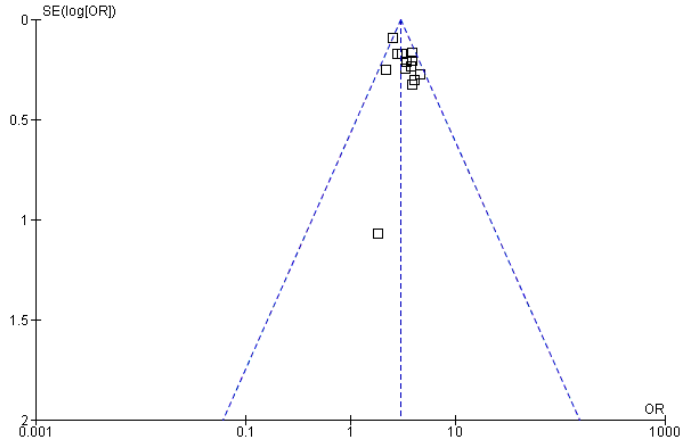


Figure 3. Funnel Plot: The Effect of Service Quality on Patient Satisfaction

In Figure 3, the funnel plot above, shows if the funnel plot is symmetrical and is inside the triangle indicating that there is no publication bias. This is because the circles in the funnel plot are symmetrically distributed around the center line, which suggests that studies with negative or insignificant results may not be published more than studies with positive results.

Discussion

In the results of table 4, there are 5 variables examined by 13 researchers, namely, Reliability, Assurance, Tangible, Emphaty and Responsiveness. The similarity of the dimensions of customer satisfaction which is used as factors of service quality is due to the similarity of theories used, namely service quality. In table 1, it is known that the entire study has 5 variables that are used as determining factors for service quality. This is because in the study, bivariate test scores on several service quality factors that did not meet the test standards. So that the average number of variables studied in table 5 is 5, and the number of relevant variables is also 5. So that when compared to variables that are relavan reaches 100% of the variables studied.

The average value of Sig. in table 5 is 0.0114. Based on table 5 above, related to the Tangible effect on patient satisfaction getting results there is no influence where the sig value = 0.079. This is as found by Dalfian (2020) if there is no effect of tangible service quality on patient satisfaction. In other words, Dalfian (2020) said that only the dimensions of service quality reliability, responiveness, assurance, and emphaty alone have an influence on patient satisfaction.

Jafar et al. (2023) explained that there is no relationship between tangibles, reliability, responsiviness, assurance and emphaty with the level of inpatient satisfaction at Latemmamala Hospital, Soppeng Regency. This is because it is known if the calculated p value is greater than table p 0.005. Siregar et al. (2023) actually argue that only responsiveness variables have no influence on patient satisfaction. The variables responsiveness, (p = 0.000), reliability (p = 0.005), empathy (p = 0.001) and physical evidence (p = 0.002) were variables related to patient satisfaction.

In contrast to the following study which says that all dimensions of service quality have an influence on patient satisfaction. Purwaningrum (2020) said that health services reliability, assurance, tangible, empathy, and responsiveness all have a positive influence on patient satisfaction. Gultom et al. (2021) also argue that there is a significant relationship between the dimensions of Physical Evidence (0.004<0.05), Reliability (0.001<0.05), Responsiveness (0.006<0.05), Assurance (0.019<0.05), and Empathy (0.036<0.005) with Patient Satisfaction. In multivariate analysis, it was found that reliability was the most dominant quality dimension in relation to patient satisfaction (OR 58.99). Rifai et al. (2022) explained that service quality tangible aspects (p = 0.008), reliability aspects (p = 0.000), assurance aspects (p = 0.000), empathy aspects (p = 0.000), and responsiveness aspects (p = 0.000) are significantly related to inpatient satisfaction at Inco Sorowako Hospital, East Luwu Regency. Of all aspects of service quality related to patient satisfaction, responsivenesss is the aspect of service quality that is most strongly related to inpatient satisfaction in hospitals. Inco Sorowako, East Luwu Regency in 2021 with Odds Ratio = 20.061.

Mahmud (2022) explained that the average patient (54.8%) was satisfied with the services provided. While the Chi Square test results show p values between tangible (0.003), reliability (0.000), responsiveness (0.000), assurance (0.000), empathy (0.000), where there is a significant relationship between the five dimensions of quality and patient satisfaction. Likewise, Maryana and Chridtiany (2021) stated that there is a relationship between p value reliability (0.000), p value responsiveness (0.000), p value physical evidence (0.029), p value guarantee (0.000), p value empathy (0.038) with patient satisfaction in inpatient services. Salfia

et al. (2021) explained that aspects of reliability, assurance, physical evidence, attention and responsiveness in providing services to patients at BLUD Bombana District General Hospital can affect the level of patient satisfaction. In this study, it was also found that assurance and empathy were the more dominant criteria for assessing inpatient satisfaction. Soumokil (2021) explained that there is a relationship between reliability, assurance, physical evidence, empathy and responsiveness with patient satisfaction. The same is stated by Wildani (2020).

CONCLUSION

Based on the research that has been described, it can be concluded that there is a significant relationship between service quality and patient satisfaction. All aspects of service quality, namely tangible, reliability, assurance, empathy, and responsiveness, are significantly related to patient satisfaction.

Health care providers need to improve the overall quality of care, including all aspects of quality of care. They need to focus on the most dominant aspect of service quality in relation to patient satisfaction, namely responsiveness. In addition, further research is needed to examine other factors that can affect patient satisfaction, such as patient expectations, previous patient experience, and service costs.

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