THE INFLUENCE OF PATIENT SATISFACTION LEVELS ON OUTPATIENT SERVICES IN HOSPITALS
(CASE STUDY IN A PRIVATE HOSPITAL IN WEST JAKARTA)

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Abstract. The background of this study is to understand how the level of patient satisfaction can affect the image and performance of a hospital, and to identify factors that contribute to patients' satisfaction and/or dissatisfaction. This study also aims to provide strategic recommendations for hospitals in improving the quality of service and creating a better patient experience. This study aims to identify and analyze factors that influence patient satisfaction in hospitals, focusing on the quality of medical services, hospital facilities, communication between patients and health workers, and service waiting time. Through a quantitative approach using a survey of 200 respondents consisting of outpatients and inpatients, the data obtained were analyzed using appropriate statistical methods, such as linear regression or SEM-PLS analysis, to identify the relationship between the variables studied. The results of the analysis were used to draw conclusions about the factors that most influence patient satisfaction. The final step is the preparation of a research report containing the main findings and recommendations for hospitals in improving the quality of service and overall patient satisfaction. The results of the study indicate that the quality of medical services and communication between patients and health workers have a significant influence on the level of patient satisfaction. In addition, hospital facilities and service waiting time also contribute to determining patient satisfaction, although to a lesser extent. SW Hospital needs to maintain and continuously improve the quality of medical services and existing facilities to ensure patient satisfaction levels remain high.

Keywords: patient satisfaction; quality of medical services; communication; service waiting time, hospital.

I. INTRODUCTION

High-quality healthcare services are one of the main indicators in assessing hospital performance. Patient satisfaction is an important benchmark because it reflects the quality of services provided by the hospital. In recent years, there has been a significant increase in patient expectations of healthcare services. Not only wanting physical healing, but also expecting comfort, hospitality, and active involvement in the treatment process (Demoulin, 2021). With increasing competition in the healthcare sector, hospitals must continue to innovate and adapt to meet the increasing needs and expectations of patients.

Patient satisfaction also has a broad impact on the image and performance of the hospital. When patients are satisfied with the services they receive, they tend to give positive reviews and recommend the hospital to others (Zineldin, 2022). This does not only improve the hospital's reputation but can also attract more patients. Conversely, patient dissatisfaction can damage the hospital's image and lead to a decrease in the number of patients. Therefore, it is important for hospitals to continue to monitor and improve the quality of service (Laila, 2024).

A thorough comprehension of patient perceptions of the services they receive is crucial. Factors such as waiting times, quality of communication between medical personnel and patients, sanitation of facilities, and ease of access to medical information all shape these perceptions. Hospitals that can provide responsive and empathetic services tend to achieve higher levels of patient satisfaction (Demoulin, 2021).

The involvement of all elements of the hospital in creating a positive experience for patients cannot be ignored. Medical personnel, nurses, administrative staff, and even cleaning staff have an important role in maintaining high service standards (Laila, 2024). A patient-centered care organizational culture must be built and strengthened so that all individuals in the hospital have a collective awareness in providing the best service. Regular training and reward systems can also be effective strategies in increasing employee motivation and performance to support patient satisfaction.

Facing the dynamics and challenges in the health sector, hospitals need to adopt a data-driven approach in making strategic decisions (Hojat et al, 2020). Patient satisfaction survey data can be processed and analyzed to identify trends, frequent complaints, and service advantages that need to be maintained. With this information, hospitals can design more

targeted and sustainable interventions.

Advances in information technology also open great opportunities for hospitals to improve patient satisfaction. The implementation of a hospital management information system, digital service applications, and communication platforms between patients and health workers can improve service efficiency and patient comfort. For example, with the online registration feature, patients no longer must wait long to get service. In addition, an integrated electronic medical record system makes it easier for medical personnel to provide more precise and faster diagnoses and treatments, which will ultimately increase patient trust and satisfaction with the hospital (Hojat et al, 2020).

The background of this study is to understand how the level of patient satisfaction can affect the image and performance of the hospital, as well as to identify factors that contribute to patient satisfaction or dissatisfaction. This study also aims to provide strategic recommendations for hospitals in improving the quality of service and creating a better patient experience. With this approach, it is hoped that hospitals can develop effective strategies to meet patient expectations and improve overall satisfaction (Zineldin, 2022)

Patient Satisfaction

Patient satisfaction is one of the main indicators in assessing the quality of hospital services. In general, patient satisfaction can be defined as the level of conformity between patient expectations and the services received. This concept includes various aspects, such as comfort in receiving services, interaction with medical personnel, and the results of treatment obtained. Several theories in patient satisfaction explain that the patient's experience in receiving health services is not only influenced by clinical outcomes but also by emotional and psychological factors. Therefore, a deep understanding of patient satisfaction is very important for hospitals to improve the quality of service. (Sitepu, 2024)

Factors that influence patient satisfaction in hospitals can be categorized into several main aspects, including the quality of medical services, communication between patients and health workers, hospital facilities, and service waiting times. Patients who feel they receive friendly, fast, and professional service tend to have a higher level of satisfaction compared to patients who face delays or lack of communication from medical personnel. In addition, external factors such as the cleanliness of the hospital environment, the comfort of the waiting room, and administrative efficiency can also contribute to determining the overall level of patient satisfaction. (Aribowo, 2024)

Quality of Health services

The quality of health services is a key element that directly affects patient satisfaction. One of the models commonly used in measuring service quality is SERVQUAL, which consists of five main dimensions: tangibles (existence of physical facilities), reliability (reliability of services), responsiveness (speed in providing services), assurance (assurance and security in services), and empathy (care and attention of medical personnel to patients). This model is often used in health service research because it can measure the extent to which hospitals meet patient expectations through various aspects of the services provided. (Andi, 2022)

A good service quality does not only increase patient satisfaction but also contributes to patient loyalty to the hospital. Patients who are satisfied with the services provided are more likely to return to the same hospital if they need treatment in the future. Conversely, if the quality of service is considered poor, patients may choose to switch to another health care provider or even spread negative experiences to others. Therefore, hospitals need to periodically evaluate and improve the quality of service to maintain patient trust and loyalty. (Setiawan, 2022)

Hospital Management

Hospital management plays a crucial role in ensuring that health services run optimally and can meet patient needs. Good management includes planning service strategies, managing human resources, and monitoring the quality of services provided. One strategy that is often applied is Total Quality Management (TQM), a management approach that focuses on continuously improving the quality of services through the involvement of all elements in the organization, from medical personnel to administrative staff. With a good management system, hospitals can provide more efficient services and in accordance with the quality standards expected by patients. (Satato, 2024)

In addition, hospital facilities are also an important part of the management aspect. A comfortable environment, modern medical facilities, and an efficient administration system can improve the patient experience during treatment. These factors not only affect patient satisfaction but can also increase the productivity of medical personnel in providing services. Therefore, hospitals must continue to develop infrastructure and management systems that support the improvement of the quality of health services. (Zahara, 2024)

Communication Factors in Health Services

Communication between patients and healthcare professionals is an important factor in increasing patient satisfaction. Patients often feel more comfortable and confident when they receive a clear explanation of their health condition, the medical procedures to be performed, and the treatment options available. Good communication includes not only speaking skills, but also the ability to listen and respond appropriately to patient concerns. Therefore, healthcare professionals need to be trained to communicate effectively so that patients feel more appreciated and involved in medical decision-making. (Gumilar, 2024)

In addition to direct communication between patients and doctors, communication through digital media is also increasingly playing a role in modern health services. Many hospitals now provide online consultation services, treatment schedule notifications via applications, and digital queue systems to reduce patient waiting times. Innovations in this communication can help improve patient satisfaction by providing faster and easier access to the medical information they need. Thus, effective communication, both directly and digitally, can be an important strategy in improving the quality of health services. (Laila, 2024)

Relationship Between Variables

Quality of medical services, hospital facilities, communication between patients and health workers, and service waiting time are interrelated variables in influencing patient satisfaction. The quality of medical services is directly related to the reliability and responsiveness of medical staff in providing accurate and fast services. When the quality of medical services is high, patients tend to be satisfied with the services received. Adequate hospital facilities support the medical service process, so that patients feel comfortable and safe during treatment. Research by Alrubaiee and Alkaa'ida (2021) shows that the quality of facilities is positively related to patient satisfaction.

Communication between patients and health workers also plays an important role in influencing patient satisfaction. Good communication between medical personnel and patients creates mutual trust and increases patient satisfaction with the services provided. When patients feel that health workers listen to complaints and explain medical procedures clearly, they will be more satisfied with the services received. Research by Hojat et al. (2020) revealed that the quality of communication with patients is positively related to satisfaction, both in the context of medical services and daily interactions.

Service waiting time is another factor that affects patient satisfaction. Long waiting times often lead to dissatisfaction, especially in urgent medical situations. Patients expect fast and efficient service, so minimal waiting time is an important element in improving patient experience. Research by Tait et al. (2019) shows that longer waiting times can reduce patient satisfaction levels, even if the quality of medical services and facilities provided are very good.

Previous studies have examined various aspects that influence patient satisfaction in hospitals. According to a study by Otani, Herrmann, and Kurz (2011), the quality of interaction between medical staff and patients is a key factor in determining the level of patient satisfaction. found that effective communication and personal attention from health workers contributed significantly to patient satisfaction. In addition, research by Dagger, Sweeney, and Johnson (2023) showed that the quality of hospital facilities, such as cleanliness, comfort, and availability of medical equipment, greatly influenced positive patient perceptions.

Research by Zineldin (2022) highlights the importance of waiting time management in healthcare. The study revealed that shorter waiting times correlate with higher levels of satisfaction. This is in line with findings from Bielen and Demoulin (2021) which show that reducing waiting times can increase overall patient satisfaction. On the other hand, research by Andaleeb (2021) emphasizes the role of medical service quality in shaping patient satisfaction. The results of this study indicate that the professionalism and competence of medical personnel are the main factors influencing patient satisfaction in hospitals.

Hypothesis 1: There is a positive relationship between the quality of medical services and patient satisfaction in hospitals.

Hypothesis 2: Adequate hospital facilities have a positive effect on patient satisfaction.

II. RESEARCH METHODS

Type And Period Study

This study used a survey approach with a *cross-sectional* design, which was conducted in the hospital during the period July to December 2024. Respondents were randomly selected from inpatients and outpatients, covering various ages, genders, and types of care. Data collection was carried out through questionnaires to measure the level of patient satisfaction with the quality of medical services, facilities, interactions with medical personnel, and general comfort. Data were analysed statistically to identify factors that influence patient satisfaction.

Source and Collection Data

Data were collected through a Likert-based questionnaire distributed to patients online and in person with the help of hospital staff. The questionnaire covered aspects of medical services, facilities, health worker communication, and waiting time. In addition, secondary data were obtained from internal hospital reports such as satisfaction index and patient complaint data. In-depth interviews were also conducted with some patients to complete the qualitative data.

Population and Samples

The population in this study were all patients who received services at selected hospitals during the study period. Samples were taken using purposive and stratified random sampling techniques by considering age, gender, type of service, and medical diagnosis. The planned sample size was 400 respondents. Inclusion criteria included patients who had received services in the last three months, while exclusion criteria were patients in critical condition or unable to communicate.

Data Analysis Technique

This study uses the Partial Least Square - Structural Equation Modeling (PLS-SEM) approach with the help of SmartPLS 3.0 software. Model evaluation is carried out in two stages, namely testing the measurement model (outer model) to test the validity and reliability of the indicators and testing the structural model (inner model) to test the relationship between latent variables. Model assessment is carried out based on the outer loading value, Average Variance Extracted (AVE), Composite Reliability (CR), and Cronbach's Alpha. Meanwhile, the inner model is assessed using the R^2, Q^2, f^2, and path coefficients values (Ghozali, 2018; Hair et al., 2019).

Hypothesis Testing

Hypothesis testing is done by looking at the t-statistics and p-values. The hypothesis is accepted if t-statistics > 1.96 and p-value < 0.05 and rejected if it does not meet these conditions (Hair et al., 2019).

Table 1. Measurement Variables Study

Variables	Dimensions	Indicator	Code	Measuring Scale
Quality Service Medical (X1)	Direct Evidence	The physical facilities of the hospital look clean and tidy.	X1.1	Ordinal Scale
		The medical equipment used looks modern and complete.	X1.2	
		The appearance of medical and non-medical staff appears professional.	X1.3	
	Reliability	The doctor gave a correct diagnosis for my complaint.	X1.4	
		The treatment provided is in accordance with my medical needs.	X1.5	
		Medical staff perform procedures consistently.	X1.6	
	Responsiveness	The medical staff responded promptly to my complaint.	X1.7	
		I didn't have to wait long to get service.	X1.8	
		Nurses and doctors were quick to respond in aiding.	X1.9	
	Guarantee	The medical staff has good skills and knowledge.	X1.10	
		I feel safe in the care provided by the hospital.	X1.11	
		The hospital provides clear information about medical procedures.	X1.12	
	Empathy	The medical staff showed concern for my condition.	X1.13	
		The doctor and nurse listened to my complaints attentively.	X1.14	
		I felt treated personally by the medical staff.	X1.15	
Hospital Facilities (X2)	Building	The hospital building looks well maintained.	X2.1	Ordinal Scale
		Treatment room is comfortable and clean.	X2.2	
	Equipment	The hospital has adequate medical equipment.	X2.3	
		Medical equipment is in good condition and ready to use.	X2.4	
	Power	Electricity and water supply were running smoothly while I was being treated.	X2.5	
		Basic patient needs such as beds and lighting are well provided.	X2.6	
	Communication	The information provided by the staff is easy to understand.	X2.7	
		The hospital has a good communication system between patients and staff.	X2.8	
	Security	I felt safe while I was in the hospital.	X2.9	
		The hospital has an adequate security system.	X2.10	
Satisfaction Patient (Y)	-	I am satisfied with the service I received at this hospital.	Y1	Ordinal Scale
		The hospital met my expectations as a patient.	Y2	
		I would recommend the hospital to others.	Y3	
		I felt comfortable and appreciated during my treatment.	Y4	
		I will choose the hospital again if I need medical services.	Y5	

II. RESULTS AND DISCUSSION

Analysis *Outer Model*
Validity Test

The validity of the measurement instrument will be evaluated to ensure that the questionnaire used is able to accurately measure the variables studied. Construct validity will be tested by conducting exploratory factor analysis (EFA) to identify the factorial structure of the questionnaire. Convergent validity in this study was tested through two indicators, namely the loading factor value and Average Variance Extracted (AVE). According to Hair et al. (2021), the recommended AVE value is more than 0.5.

Table 1 AVE Test Results

	Average Variance Extracted (AVE)
FACILITY	0.611
PATIENT SATISFACTION	0.670
QUALITY OF SERVICE	0.576

Source : Researcher (2024)

Table 1 shows the results of the AVE test for each latent construct. The AVE value for Hospital Facilities is 0.611, which is higher than the recommended threshold of 0.5, so it is declared valid. Likewise, Patient Satisfaction has an AVE value of 0.670, and Medical Service Quality reaches an AVE value of 0.576. These three constructs have valid AVE values, indicating that each indicator measures the intended concept well. Furthermore, to measure discriminant validity and evaluate the contribution of each indicator to the latent construct, an outer loadings test was conducted.

Based on Table 3.3, the AVE value of each variable has also met the limits.

Table 2 Outer Loadings Test Results

	FACILITY	PATIENT SATISFACTION	QUALITY OF SERVICE
F1	0.788		
F10	0.764		
F2	0.800		
F3	0.757		
F4	0.767		
F5	0.763		
F6	0.798		
F7	0.820		
F8	0.805		
F9	0.752		
KL1			0.746
KL10			0.757
KL11			0.741
KL12			0.769
KL13			0.766
KL14			0.788
KL15			0.757
KL2			0.718
KL3			0.734
KL4			0.758
KL5			0.741
KL6			0.775
KL7			0.781
KL8			0.752
KL9			0.796
KP1		0.802	
KP2		0.849	
KP3		0.861	
KP4		0.754	
KP5		0.823	

Source : Researcher (2023)

Based on the results of the outer loadings test shown in Table 2, it can be concluded that all indicators used in this study showed a fairly high outer loading value, indicating that each indicator has a significant contribution in measuring the intended constructs. These indicators can be considered valid in representing Hospital Facilities, Medical Service Quality, and Patient Satisfaction.

Table 3 HTMT Test Results

	ASS	EMP	KP	RAIL	RES	TAN
ASS						
EMP	0.567					
KP	0.763	0.618				
RAIL	0.703	0.586	0.759			
RES	0.662	0.499	0.732	0.714		
TAN	0.664	0.465	0.738	0.632	0.582	

Source : Researcher (2023)

In table 3, we can see a visualization of the results of the outer loadings test, which provides a clearer picture of the contribution of each indicator to the latent construct in the research model.

Discriminant validity analysis aims to ensure that each construct in the model has the ability to differentiate itself from other constructs, meaning that the indicators used to measure one construct should not have too high a correlation with other constructs. The two main methods used to test discriminant validity are the HTMT *(Heterotrait-Monotrait Ratio)* value and cross loading. According to Henseler et al. (2015), an HTMT value of less than 0.9 indicates that the constructs have good discriminant validity. In addition, cross loading is also used to check whether the indicators of each construct have a higher loading value on the construct being measured compared to other constructs.

Table 4 Results Factor Test Loading

	FACILITY	PATIENT SATISFACTION	QUALITY OF SERVICE	Information
F1	0.788	0.593	0.585	Valid
F10	0.764	0.576	0.617	Valid
F2	0.800	0.583	0.605	Valid
F3	0.757	0.579	0.630	Valid
F4	0.767	0.554	0.645	Valid
F5	0.763	0.593	0.585	Valid
F6	0.798	0.594	0.656	Valid
F7	0.820	0.603	0.623	Valid
F8	0.805	0.628	0.610	Valid
F9	0.752	0.549	0.577	Valid
KL1	0.625	0.555	0.746	Valid
KL10	0.569	0.530	0.757	Valid
KL11	0.572	0.542	0.741	Valid
KL12	0.647	0.620	0.769	Valid
KL13	0.578	0.562	0.766	Valid
KL14	0.617	0.601	0.788	Valid
KL15	0.590	0.595	0.757	Valid
KL2	0.571	0.572	0.718	Valid
KL3	0.556	0.551	0.734	Valid
KL4	0.578	0.587	0.758	Valid
KL5	0.601	0.579	0.741	Valid
KL6	0.638	0.603	0.775	Valid
KL7	0.531	0.555	0.781	Valid
KL8	0.618	0.492	0.752	Valid
KL9	0.629	0.629	0.796	Valid
KP1	0.575	0.802	0.579	Valid
KP2	0.610	0.849	0.654	Valid
KP3	0.672	0.861	0.679	Valid
KP4	0.607	0.754	0.611	Valid
KP5	0.596	0.823	0.555	Valid

Source : Researcher (2023)

Based on these results, it can be concluded that the measurement model used in this study meets the criteria for good cross loading, which indicates that the indicators used in measuring latent constructs have good convergence and can differentiate between one construct and another.

Reliability Test
Reliability testing is conducted to ensure the internal consistency of the constructs being measured. According to Hair et al. (2021), the Cronbach's alpha and Composite reliability values that meet the criteria for good reliability are more than 0.6. Table 45 shows the results of the reliability test for the three constructs used in this study.

Reliability Test Results

	Cronbach's Alpha	*Composite reliability*	**Information**
FACILITY	0.929	0.940	Reliable
PATIENT SATISFACTION	0.876	0.910	Reliable
QUALITY OF SERVICE	0.947	0.953	Reliable

Source : Researcher (2023)

The results of the reliability test show that the Cronbach's Alpha and Composite reliability values for Facilities (0.929 and 0.940), Patient Satisfaction (0.876 and 0.910), and Service Quality (0.947 and 0.953) are all greater than 0.6, which means these constructs can be considered reliable. A high Cronbach's Alpha value indicates that the indicators used to measure each construct have good internal consistency, and the Composite reliability value indicates that these indicators are well correlated with each other.

Analysis *Inner Model*

Predictive Relevance Test (Q^2)

Table 7 Predictive Relevance Analysis Results

Variabel	Q^2
Satisfaction Patient	0.313
FACILITY	0.360
PATIENT SATISFACTION	0.406

Source : Researcher (2023)

Based on Table 7, the Q² value for Facilities is 0.360 and for Patient Satisfaction is 0.406, which indicates that this model has good predictive ability.

Effect Size Analysis Results

Table 8 Effect Size Analysis Results

	FACILITY	**PATIENT SATISFACTION**
Facility		0.174
Satisfaction Patient		
Quality of Service	1,607	0.198

Source : Researcher (2023)

***Effect Size* (f²)** measures the impact or influence of each independent variable on the dependent variable. (Hair et al., 2021). Based on Table 4.18, the Facilities variable has an f² value of 0.174, which indicates a small influence on Service Quality. Meanwhile, Patient Satisfaction has an f² value of 0.198, which indicates a more significant influence.

Test Coefficient Determination

Table 6 Results Test Coefficient Determination

Variables	R^2
Facility	0.616
Satisfaction Patient	0.634

Source : Researcher (2023)

Based on Table 6, the R² value for Facilities is 0.616 and for Patient Satisfaction is 0.634. A higher R² value indicates that the model can explain more variation in the dependent variable, indicating the strength of the model in explaining the relationship between constructs.

Goodness *of Fit Index (GoF) Test*
GoF is used to measure the extent to which the overall model can match the available data. (Hair et al., 2021).

$$GoF = \sqrt{AVE \times R^2}$$
$$= \sqrt{0,416 \times 0,619}$$
$$= 0.507$$

Based on the calculations performed, the GoF value obtained was 0.507. This value indicates that the model has adequate Goodness of Fit, which indicates that this model can explain the relationship between variables well.

Path Coefficient Analysis and Testing hypothesis
In this study, path coefficient analysis was used to see how much direct influence each independent variable has on the dependent variable, namely the satisfaction of pregnant women with antenatal care services. This method is used in the *Structural Equation Modelling* (SEM) approach with the help of *Partial Least Squares* (PLS). The values analysed include the original sample (O), t-statistics, and p-values of each path of influence between variables. If the t-statistics value is greater than 1.96 and the p-values are less than 0.05,

then the hypothesis can be said to be statistically significant at a significance level of 5% (Hair et al., 2021).

Table 9 Path Coefficients Analysis Results and Testing Hypothesis

	Original Sample (O)	Sample Mean (M)	Standard Deviation	T Statistics	P Values
FACILITIES -> PATIENT SATISFACTION	0.408	0.387	0.128	3,186	**0.002**
SERVICE QUALITY -> PATIENT SATISFACTION	0.434	0.444	0.133	3,273	**0.001**

Source : Researcher (2023)

In this study, the questionnaire was distributed using Google Form and successfully obtained 200 respondents who met the research criteria, namely outpatients and inpatients at Sumber Waras Hospital, West Jakarta. The questionnaire consists of indicators that measure the Quality of Medical Services (X1), Hospital Facilities (X2), and Patient Satisfaction (Y). This questionnaire was distributed online from May to June 2023. There are several indicators used to measure each variable, which are measured using a 5-point Likert scale, where 1 means strongly disagree (STS), 2 means disagree (TS), 3 means neutral (N), 4 means agree (S), and 5 means strongly agree (SS).

After the data was collected, data analysis was carried out using the PLS-SEM (*Partial Least Squares Structural Equation Modeling*) method through SmartPLS 3 software. The data analysis process began with the analysis of the *outer model*, which included validity and reliability testing. Data validity was tested using *Convergent validity*, which was measured through factor loadings and AVE (*Average Variance Extracted*), and *discriminant validity*, which was tested using *cross loadings* and HTMT (*Heterotrait-Monotrait Ratio*). The results of the validity analysis showed that all indicators in this study were valid and appropriate for use in measuring the intended construct.

After validity testing, continued with reliability testing using *Cronbach's alpha* and *composite reliability*. Based on the results of the reliability test, all constructs in this study showed a value of more than 0.6, which means that all variables in this research model can be considered reliable and have good internal consistency.

The analysis was continued with the inner model testing, which involved several important analyzes such as the *R-Square* (R²), *Effect Size* (f²), *Predictive Relevance* (Q²), *Goodness-of-Fit* (GoF), and *Path Coefficients* tests. R² measures how well the independent variables can explain the dependent variables in the model. The results of the R² test show that 64.3% of the variability in Patient Satisfaction can be explained by the Quality of Medical Services (X1) and Hospital Facilities (X2). The remaining 35.7% is explained by other factors that are not measured in this model.

In the *Effect Size* (f²) test, the results show that the Hospital Facilities variable has an f² value of 0.174, which indicates a weak influence on Patient Satisfaction (an f² value of less than 0.15 is considered a weak influence). Likewise, the Quality of Medical Services, which has an f² value of 0.198, indicates a moderate influence on Patient Satisfaction. This f² value shows that although these two variables have an influence on Patient Satisfaction, the influence is relatively small to moderate.

In addition, the *Predictive Relevance* (Q²) test shows that the Patient Satisfaction variable has a Q² value of 0.406, which is included in the strong category. This shows that this model has a good ability to predict variability in Patient Satisfaction, so that the results of this study can be relied on for further predictions in the context of outpatient services in hospitals.

The results of the *Goodness-of-Fit* (GoF) test show a GoF value of 0.507, which indicates that this research model has good suitability and meets the criteria of the large category, so that this model can describe the relationship between variables well and has quite high predictive power.

Hypothesis H1 shows that Medical Service Quality has a positive and significant effect on Patient Satisfaction. These results indicate that good quality medical services, such as accurate diagnosis, appropriate treatment, and speed and accuracy in responding to patient needs, can significantly increase patient satisfaction.

These results are in line with research conducted by Patattan (2021) and Setianingsih & Susanti (2021), which also found that the quality of medical services has a positive and significant effect on patient satisfaction. These results imply that hospitals that provide professional, timely, and appropriate medical services to patients' medical needs can increase the overall level of patient satisfaction. Patients feel more satisfied and confident with the services they receive, which ultimately contributes to improving the image of the hospital in the eyes of the public.

The second hypothesis (H2) is not rejected, indicating that Hospital Facilities have a positive and significant influence on Patient Satisfaction. These results indicate that adequate facilities, such as cleanliness of the treatment room, availability of complete and modern medical equipment, and comfort of the hospital environment, contribute significantly to increasing patient satisfaction.

These results are in line with the findings in research conducted by Ronaldi & Hadya (2022) and Kabbani (2023) which show that good and supportive hospital facilities greatly influence patient satisfaction. Well-maintained and comfortable hospital facilities provide a sense of security and comfort for patients, which in turn increases the level of satisfaction with the care received. Thus, hospitals that have good facilities not only increase patient comfort but also strengthen patient trust in the services provided, which ultimately contributes to increasing levels of satisfaction.

V. CONCLUSIONS

Based on the results of the analysis that has been done, it can be concluded that the quality of medical services and hospital facilities have a positive effect on patient satisfaction

at Sumber Waras Hospital, West Jakarta. Good medical services and adequate facilities are important factors in shaping patient satisfaction. This finding emphasizes the importance of improving the quality of services and facilities as a strategic effort in improving the quality of health services.

REFERENCES

[1] Alrubaiee , L., & Alkaa'ida , F. (2021). The Mediating Effect Of Patient Satisfaction In The Patients' Perception Of Healthcare Quality Relationship. International Journal Of Marketing Studies, 13(2), 17-34.

[2] Andaleeb, S.S. (2021). Service Quality Perceptions And Patient Satisfaction: A Study Of Hospitals In A Developing Country. Social Science & Medicine, 52(9), 1359-1370.

[3] Andi, Pm (2022). Analysis Of Satisfaction Level Patient To Service Pharmacy At Dr. Soediran Mangun Sumarso Regional Hospital Wonogiri . Journal Of Islamic Pharmacy, 7(2), 104-111.

[4] Aribowo , K., Purwanda , E., & Rahmi, As (2024). Relationship Quality Service To Satisfaction And Loyalty Patients In Hospital. Journal Accounting , Management And Economics (Jasmien), 5(01), 58-68.

[5] Azzahrah , Sf, & Yamini, Ea (2023). The Influence Quality Services And Facilities House Sick To Satisfaction Patients (Study On Patients Of Labuang Baji Regional Hospital , Makasar City , South Sulawesi). *Journal Business And Management (Jurbisman)* , *1* (2), 425-434.

[6] Bielen, F., & Demoulin, N.T.M. (2021). Waiting Time Influence On The Satisfaction–Loyalty Relationship In Services. Managing Service Quality, 29(6), 72-94.

[7] Dagger, T. S., Sweeney, J. C., & Johnson, L. W. (2023). A Hierarchical Model Of Health Service Quality: Scale Development And Investigation Of An Integrated Model. Journal Of Retailing, 79(4), 239-263.

[8] Gumilar , H., Badriah , Dl, & Iswarawanti , Dn (2024). Analysis Related Factors With Satisfaction Patient Service Take Care Road In Puskesmas . Journal Bhakti Husada Health Sciences : Health Sciences Journal, 15(02), 542-551.

[9] Laila, Fn (2024). The Influence Quality Service To Satisfaction Patients And Their Consequences To Loyalty In Hospitals. Indonesian Health Scientific Journal , 9(2).

[10] Otani, K., Herrmann, P. A., & Kurz, R. (2011). The Impact Of Physician Empathy On Patient Satisfaction And Compliance. Evaluation & The Health Professions, 34(3), 387-410.

[11] Patattan , Aa (2021). Relationship Quality Service Health With Satisfaction Patients At Fatima Makale Hospital In The New Normal Era. *Florence Nightingale Nursing Journal* , *4* (1), 14-19.

[12] Ronaldi , S., & Hadya, R. (2022). Influence Quality Services And Facilities To Satisfaction Patients At The Pariaman Regional General Hospital (Rsud) . *Matua Journal* , *4* (1), 29-38.

[13] Satato , Yr, Dewi, Ik, & Maryani, T. (2024). Human Resource Management Strategy In Improving Employee Performance Of Hospital (Hngv) Nacional Guido Valadares Timor Leste Through Bureaucratic Management-Based Training. Jurnal Widya Laksmi: Jurnal Devotion To Society, 4(2), 99-109.

[14] Setiawan, D., Ningsih, D., & Handayani , Sr (2022). Analysis Of Customer Satisfaction Level Patient To Service Pharmacy In The Outpatient Pharmacy Installation Of The Health Center The Crisis Pacitan . Journal Of Islamic Pharmacy, 7(2), 79-85.

[15] Sitepu , M., & Kosasih, K. (2024). Analysis Loyalty Patients And Satisfaction Patients : Literature Review Approach With Quality Hospital Services As Intervening Variables. Journal Study Innovative , 4(4), 2047-2058.

[16] Zahara, A., Darus, Nf, & Aulia , St (2024). The Role Of An Effective Health Administrator. Didactic : Journal Scientific Pgsd Stkip Subang, 10(04), 234-242.

[17] Zineldin , M. (2022). Quality And Customer Satisfaction In Healthcare Services: A Study Of Private Hospitals. Management Research Review, 35(3), 278-292.