Research Article

Linking Service Quality to Inpatients Satisfaction: Using Lisrel for Modeling Public Health Service

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Abstract.

Service delivery practices and patient satisfaction are the key issues in government-owned hospital health services. This article explores the determinants of health service quality and their influence on inpatient satisfaction. The theoretical framework tested is how service quality factors, namely: tangible, reliable, responsive, assurance, and empathy affect patient satisfaction factors which comprises environment, facilities, doctor and nurse services, and time care. The research design is based on a survey method and inferential statistics. Data were collected from 250 inpatients of Rumah Sakit Harapan and Doa (RSHD) and analyzed using structural modeling with the LISREL application. All the factors (responsiveness, empathy, tangibles, reliability, assurance) are determinants of health service quality, with the highest factor values for responsiveness and empathy (0.96), then tangibles and reliability (0.95), and assurance (0.83). The hypothesis was accepted, inpatient satisfaction is positively and significantly influenced by the quality of health services at RSHD Bengkulu, proven by a value of T = 10.84 (T > 0.196 with α = 0.05). The research implicates improving facilities, infrastructure, quality of human resources, and service processes by emphasizing increasing responsiveness and empathy.

Keywords: responsiveness, empathy, service quality, LISREL, hospital

1. Introduction

Excellent service is essential in today's hospitals and health centers. Competition in service delivery between private hospitals and public hospitals has led to increased perceptions of patient satisfaction with certain hospital services . Some hospitals have even determined their segments, positions and targets to increase the number of patients [1]. Bayindir et al [2] states that countries are increasingly relying on competition among hospitals to improve health outcomes. However, empirical evidence on the effects of competition on health outcomes and patient satisfaction is limited.

Patient satisfaction can be measured from patient complaint data. Several patient complaints in the inpatient room at the Harapan and Doa Hospital (RSHD) Bengkulu City from January to December 2022 consisted of; complicated service process (33), officers who were less communicative (31). Long service (30), damaged facilities (12) and uncomfortable atmosphere (10). Winda, Ichsan, and Herry (2021) Factors that influence the level of satisfaction of inpatients in hospitals explains that ineffective communication causes low levels of patient satisfaction in inpatient rooms. The research aims to explain how health services influence patient satisfaction in the inpatient room will help us to explore how the variables interact with others.

Determinants of satisfaction are factors that influence the level of patient satisfaction. According to Suryawati.et.all [3], factors that influence inpatient satisfaction include admission services, doctor services, nursing services, patient diet, medical equipment and medicines, as well as the general physical condition of the hospital, including patient care rooms, and administrative and financial services. [4] found several factors that influence these factors, namely; environment, facilities, doctor services, nurse services, and length of stay. The determinants referred to in health services are taken from the concept of Parasuraman, et al [5] there are several dimensions of service quality which are measured through the dimensions of tangible, reliability, responsiveness, assurance, and empathy. The formulation of the conceptual model in this research is to test the effect of service quality on inpatient satisfaction as formulated in the model design below:
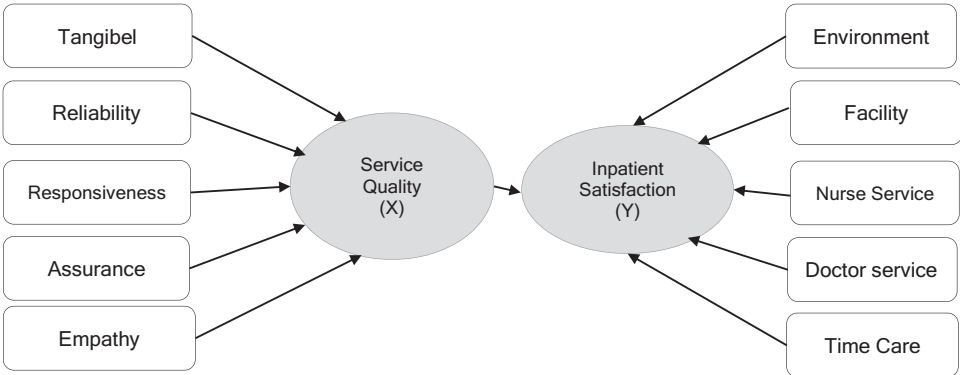

Figure 1: Research Design.

Meanwhile, the hypothesis that will be tested in this research is as follows:

Hyphothesis in outer model :

H$_1$: Tangibel affects positively and significantly to health serviced quality

H$_2$: Reliability affects positively and significantly to health serviced quality

H_3 : Responsiveness affects positively and significantly to health serviced quality

H_4 : Assurance affects positively and significantly to health service quality

H_5 : Empaty affects positively and significantly to health service quality.

Hyphothesis in Inner Model :

H_6 : service quality affects positively and significantly to inpatient satisfaction

This paper contains some analysis about inpatient perception on service quality and their satisfaction. For some cases the research contains the explanation and the value of service quality for upgrading the increase of inpatient satisfaction. This strengthen the previous theory of how the tangibility, reliability, responsiveness, assurance, and emphaty increases the perception of inpatient satisfaction. This will also answer the stereotype of the lack of public hospital service compared with private hospital in the way of service providing. That the real matter is how those principles being implemented consistently. But then, the limitation of the paper is when the question of why the gap often occurred and how to overcame those problem. The further research in qualitative to uncover the fact of service providing is urgent to undertake.

2. Methods

The research will be carried out at the Harapan and Doa Blood General Hospital which is located on Jalan Basuki Rahmat No. One, Padang Jati in Ratu Samban District, Bengkulu City.). This research refers to or is based on the philosophy of positivism, originating from theory, formulating hypotheses, and testing hypotheses. Research using this method was chosen because the researcher was trying to prove the truth of the public service theory to verify the facts of service at RSHD Bengkulu City. The research design chosen was survey type. This type of research involves extracting large amounts of data based on research sample assumptions to obtain conclusions about certain group phenomena

The variables to be studied are as follows:

1. Inpatient Satisfaction (Y)

According to Mowen (1995), patient or customer satisfaction is defined as the overall attitude regarding goods or services after their acquisition and use.

Inpatient satisfaction is determined by the following manifest variables:

Y_1 = Environment (cleanliness, room layout)

Y_2 = Facilities (equipment, medicine, comfort, security)

Y_3 = Nursing Services (kindness, friendliness, not discriminating against patients, attention, communication, and accepting patients)

Y_4 = Doctor Services (doctor's discipline, long waiting times, unresponsiveness, unfriendliness, information about drugs, and unclear communication)

Y_5 = Length of hospitalization (length and intensit of hospitalization)

2. Quality of Public Services (X)

According to Zeithaml-Parasuraman-Berry, there are five dimensions of service quality that can be used to measure the level of customer satisfaction according to their experience. These dimensions are used to determine the actual service quality perceived by customers.

The five dimensions of Servqual consist of the following submanifests:

1. Tangibles (X1): This consists of physical office facilities, computerized administration, waiting areas, and information locations.

2. Reliability (X2): this is the skill and reliability to provide reliable and consistent services.

3. Responsiveness (X3): This is the ability to meet customer needs with fast and appropriate assistance and service.

4. Assurance (X4):: This consists of the ability, friendliness and politeness of employees in building consumer trust in the services provided.

5. Empathy (X5):: This is the maximum assertiveness of attention from officers to meet the needs and feelings of consumers, showing understanding and empathy for their situation.

The sample is a representation of the population members drawn to become research subjects.

This study took samples from 250 inpatients from January to May 2023. Data for this research was collected by distributing questionnaires to inpatients at the Harapan and Doa Hospital, Bengkulu City.

A questionnaire, also known as a questionnaire, is a tool for collecting data that provides respondents with a number of questions or written statements to answer. In this research, the questionnaire format used was closed. This shows that each statement has been accompanied by options for answers, so that respondents can choose the answer that suits their opinion.Testing the validity of the instrument is carried out by testing the validity of the loading factor value of each item. The standard used is a value > 0.06. The reliability test is carried out by looking for the AVE (Variance Extracted) and

CR (Construct Reliability) values with the assumption that the AVE value is accepted if it is ≥0.5 and the CR value is ≥0.8.

Structural equation models, or structural equation models, are used to process data with these statistics. This SEM analysis was carried out with the LISREL SEM program. The degree of error in testing this research is dk=5%. This assumption was taken considering the validity of the calculation results for a social community, which is the standard of 5%. Several stages in LISREL analysis are:

1. Goodness of fit

Goodness-of-fit criteria are evaluated to evaluate the suitability of the model. After that, the data were evaluated for normality, presence of outliers, multicollinearity, and singularity. Goodness-of-fit is a measure of how close the observed data is to the predictions made by the model. The three measures of goodness-of-fit are absolut fit, incremental fit, and parsimonious fit (Imam Ghozali, 2017).

2. Likelyhood Ratio Chi Square Statistic (X^2)

For the entire model, the likelihood ratio chi square was the primary measure. A high chi square value when compared to the degrees of freedom indicates that there is a significant difference between the covariance matrix, or observed and predicted correlations.

3. RMSEA

In statistical analysis, a measure is called RMSEA (Root Mean Square Error of Approximation). RMSEA values between 0.05 and 0.08 are considered reasonable. In essence, this value is the degree of error related to the ratio of the square roots of the standard deviation.

4. GFI

GFI (Goodness of Fit Index), which was created by Joreskog & Sorbon in 1984; in Ferdinand, 2006, is a non-statistical measure with values ranging from 0 for poor conditions to 1.0 for ideal conditions.

5. NFI

The Standard Fit Index (NFI) value is a measure that compares the null model with the proposed value, with values ranging from 0 (not a good fit at all) to 1.0 (a perfect fit). However, because there is no absolute value that can be used as a standard, the recommended NFI value is equal to or greater than 0.90

6. PNFI

The Parsimony Normed Fit Index (PNFI) is a modification of the National Fit Index (NFI) which is used to compare with selected models. The value proposition used for comparison is a reference for determination. However, the difference in PNFI between 0 and 0.90 indicates a decisive and very visible difference in model values. Hypothesis results are an interpretation of the results obtained. All hypotheses are accepted if the value (parameter estimate) is greater than 0 and the P value is less than 0.1.

3. Results and Discussion

characteristics of the research sample are described below:

TABLE 1: Sample Characteristics.

No	Respondent Data	Frequency	Percentage
I	Pendidikan		
	S3	1	0,4%
	S2	12	4,8%
	S1	106	42,4%
	D3	46	18,4%
	SMA	60	24%
	SMP	18	7,2%
	SD	7	2,8%
		250	100%
II	Age		
	17 – 24 years	49	19,6%
	25 – 34 years	68	27,2%
	35 – 49 years	90	36%
	50 – 64 years	38	15,2%
	65 Years above	5	2%
		250	100%
III	Sex		
	Male	97	38,8%
	Female	153	61,2%
		250	100%

Resource: Data Elaboration

To measure data quality, a Likert scale was used, which includes values from very unsatisfactory (1), unsatisfactory (2), fair (3), satisfactory (4), and very satisfactory (5). Then, each assessment from this scale is translated into the following percentage scale:

TABLE 2: Likert Scale Interpretation.

Percentage (%)	Interpretation
20	Very less
21-40	Less
41-60	Enough
61-80	Good
81-100	Very Good

The results of calculations for Variable Y show that an average of 250 respondents gave a value of 3.61 on the Likert scale. This value is interpreted as a sufficient weight towards good. In percentage terms, the weight of the 250 respondents' assessment of Variable Y is 72.21% of the maximum weight.

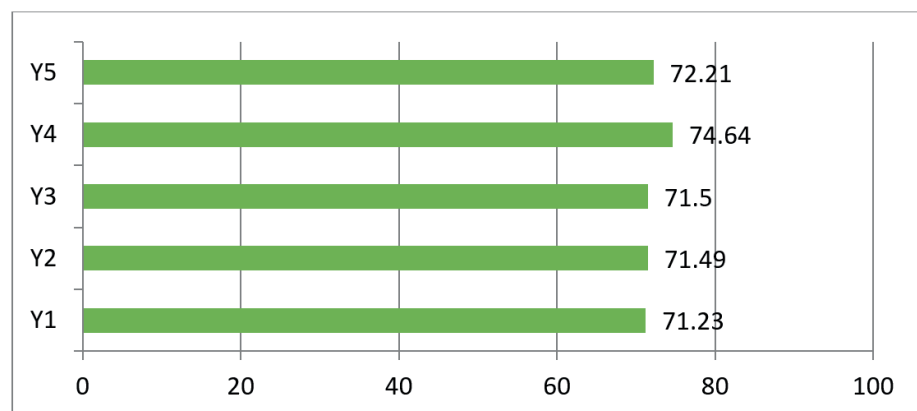The manifest variables of Y, namely Y1, Y2, Y3, Y4, and Y5 show the percentage weights as follows:

Figure 2: Persentage Score of Manifest Y. *Resource: Data Elaboration*.

The results of calculations for Variable This value is interpreted as a sufficient weight towards good. In percentage terms, the weight of the 250 respondents' assessment of Variable X is 73.27% of the maximum weight.

The manifest variables of X, namely X1,

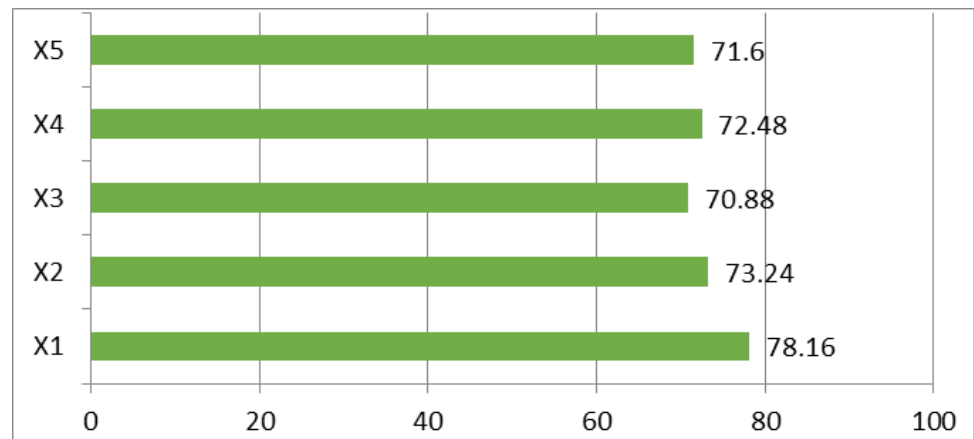**Validity dan Reliability Analysis**

Figure 3: Percentage score of Manifest X. *Resource: Data Elaboration*.

This model will be used to investigate how public service quality variables impact the satisfaction of inpatients at Harapan and Doa Hospital. With the following design, this conceptual diagram will be created using the Lisrel 8.8 program
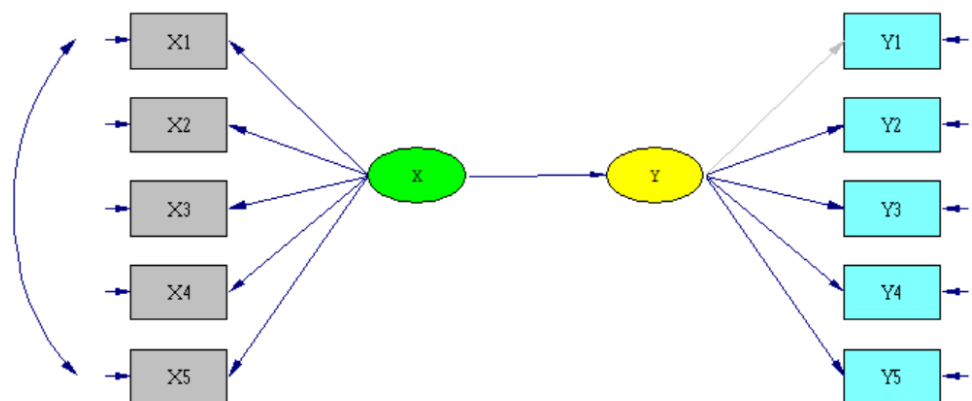
:

Figure 4: Desain Penelitian. Resource: Data Analysis, Lisrel 8.8.

The results of the Internal Consistency analysis are accepted if the loading factor is ≥ 0.6 [6] or if it is ≥ 0.5 [7] Lisrel's analysis shows that the manifest variable factor loading values of constructs X and Y are as follows:

Interpertasi Internal Consistency is presented in tabel 5 below :

Then the AVE (Variance Extracted) and CR (Construct Reliability) values are searched with the assumption that the AVE value is accepted if ≥0.5 and the CR value ≥0.8 [6] [7] The AVE value is searched using the formula:
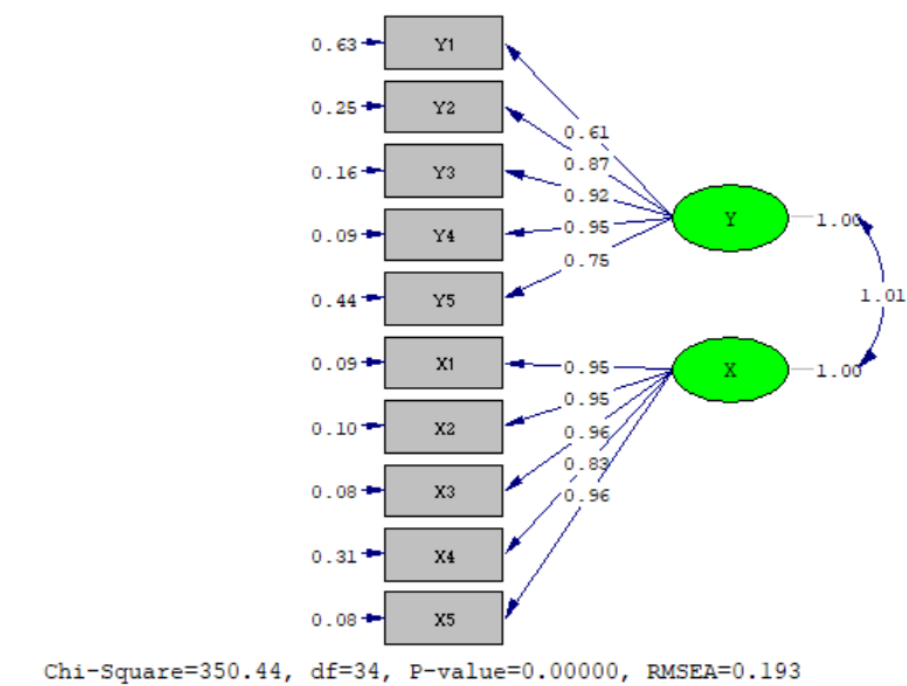
Chi-Square=350.44, df=34, P-value=0.00000, RMSEA=0.193

Figure 5: Loading Factor Variabel X dan Y. *Resource: Data Elaboration,* Lisrel 8.8.

TABLE 3: Loading Factors.

Konstruk	Item	Loading Factor	Interpertasi
Y	Y_1	0,61	Fulfill
	Y_2	0,87	Fulfill
	Y_3	0,92	Fulfill
	Y_4	0,95	Fulfill
	Y_5	0,75	Fulfill
X	X_1	0,95	Fulfill
	X_2	0,95	Fulfill
	X_3	0,96	Fulfill
	X_4	0,83	Fulfill
	X_5	0,96	Fulfill

Resource: Data Elaboration

$$Variance\ Extracted = \frac{\sum Std.Loading^2}{\sum Std.Loading^2 + \sum \varepsilon_j}$$

The CR (Construct Reliability) value is found using the formula:

$$Construct\ Reliability = \frac{(\sum Std.Loading)^2}{(\sum Std.Loading)^2 + \sum \varepsilon_j}$$

Table processing results using Ms. Excel obtained Construct X for AVE of (0.69) and CR (0.91). The Y value for AVE is (0.87) and CR (0.87). The results of data processing are shown in the following two tables:

TABLE 4: Loading Factors CR and AVE of Variabel Y.

Variabel	Indicator	SLF	ε	SLF∧2
Inpatient Satisfaction (Y)	Y1	0,61	0,63	0,3721
	Y2	0,87	0,25	0,7569
	Y3	0,92	0,16	0,8464
	Y4	0,95	0,09	0,9025
	Y5	0,75	0,44	0,5625
		4,1	1,57	3,4404
		16,81		
	CR	0,914581		
	AVE	0,686652		

Resource: Data Elaboration

TABLE 5: 5 Nilai AVE dan CR Variabel X.

Variabel	Indikator	SLF	ε	SLF∧2
	X1	0,95	0,09	0,9025
	X2	0,95	0,1	0,9025
	X3	0,96	0,08	0,9216
Service Quality	X4	0,83	0,31	0,6889
(X)	X5	0,96	0,08	0,9216
		4,65	0,66	4,3371
		21,6225		
	CR	0,875706		
	AVE	0,867923		

3.1. Model Testing

Model test results indicate the need to modify the model. The first test results show that the model results in Root Mean Square Error of Approximation (RMSEA) = 0.193. Where it is recommended that the model be modified [8] [9]. The results of the Lisrel 8.8 analysis in the form of suggestions for modification of each item are presented as in the following data analysis report:

Root Mean Square Residual (RMR) = 0.021

Standardized RMR = 0.046

Goodness of Fit Index (GFI) = 0.78

Adjusted Goodness of Fit Index (AGFI) = 0.64

Parsimony Goodness of Fit Index (PGFI) = 0.48

The Modification Indices Suggest to Add an Error Covariance

Between and Decrease in Chi-Square New Estimate

Y2 Y1 11.1 0.04

Y4 Y2 14.5 0.02

Y5 Y1 23.9 0.09

Y5 Y4 17.4 -0.03

X2 Y5 138.9 0.08

X3 Y1 12.2 -0.02

X3 Y5 16.9 -0.02

X4 Y1 50.9 0.10

X4 Y2 13.8 0.02

X5 Y2 14.8 -0.01

X5 Y5 11.2 -0.02

Resource: Data Elaboration

After the modification was carried out, the result was a change in the model values of the influence of X on Y as presented below:

The results of model testing (Figure 4) show that the influence of , 2020).

Several previous studies from [4] [10], [11] [9] and [6] used model suitability criteria as in table 5.6. Model Fit Criteria. Then, the results of the Lisrel 8.8 test and its interpretation are presented in table 5.4. Interpretation of the Suitability Model for Inpatient Service Satisfaction.
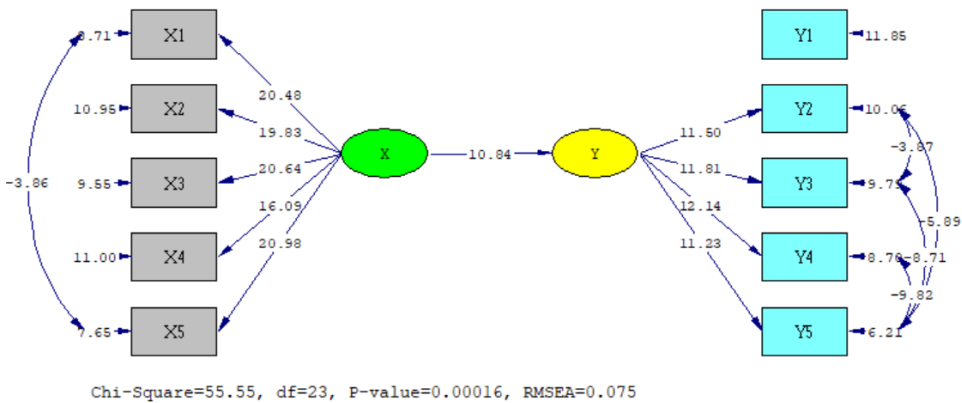
Figure 6: Model Lisrel For Inpatient Satisfaction. *Resource: Data Elaboration* Lisrel 8.8.
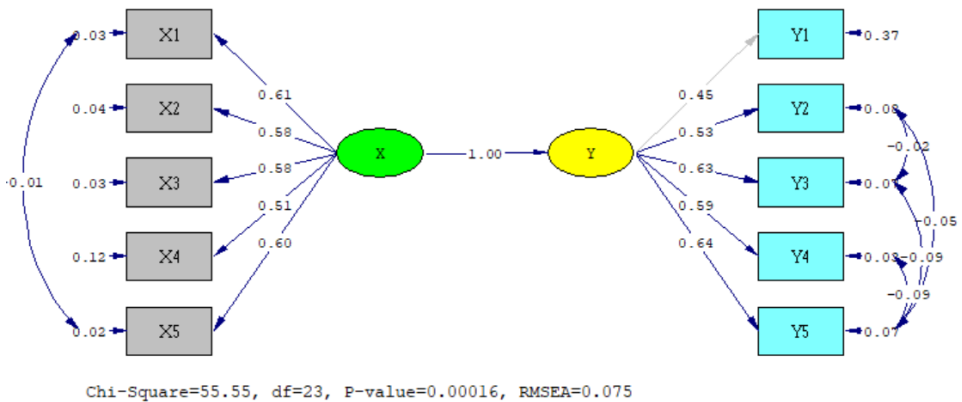

Figure 7: Estimation Model. *Resource: Data Elaboration* Lisrel 8.8.

4. Discussion

The value of Variable Y or Inpatient Satisfaction is in the good category (72.21%). These results indicate that the Harapan and Doa Hospital with the type C category in the perception of inpatients has been able to provide satisfaction related to service dimensions in the form of; Environment (Y1), Facilities (Y2), Nursing Services (Y1), Doctor Services (Y5). Facilities consisting of equipment, medicines, comfort, security are the dimensions that have the most important weight in building inpatient satisfaction (74, 64%). However, all dimensions make an important contribution to inpatient satisfaction. The research results show that the existence of small hospitals is able to compete with large hospitals in meeting patient and community expectations [12]

Problems with completeness of equipment, medicines and comfort are challenges to increasing patient satisfaction. This is referred to as the process of improving the

TABLE 6: Model Fit.

Fit Indicators	Criteria	Range
X	$P < 0,05$	
$X^{2/SD}$		≤ 3 = Sempurna ≤ 5 = Baik
GFI/AGFI	0 (Tidak Cocok) 1 (Sempurna)	$\geq 0,90$ = Baik $\geq 0,95$ = Sempurna
RMSEA	0 (Sempurna) 1 (Tidak Cocok)	$\leq 0,05$ = Sempurna $\leq 0,08$ = Baik $\leq 0,10$ = Diterima
RMR/SMSR	0 (Sempurna) 1 (Tidak Cocok)	$\leq 0,05$ = Sempurna $\leq 0,08$ = Baik $\leq 0,10$ = Diterima
CFI	0 (Tidak Cocok) 1 (Sempurna)	$\geq 0,90$ = Baik $\geq 0,95$ = Sempurna
NFI/NNFI	0 (Tidak Cocok) 1 (Sempurna)	$\geq 0,90$ = Baik

Resource: literature riview

TABLE 7: Model Fit for Inpatient Satisfation.

Fit Indicators	Score	Interpretation
X		
$X^{2/SD}$	55,55/23= 2,41	≤ 3 = Sempurna
GFI/AGFI	GFI =0,96 AGFI=0,90	$\geq 0,90$ = Baik $\geq 0,95$ = Sempurna
RMSEA	0,075	$\leq 0,08$ = Baik
RMR/SMSR	RMR=0,009 SMSR = 0,02	$\leq 0,05$ = Sempurna
CFI	0,99	$\geq 0,95$ = Sempurna
NFI/NNFI	NFI=0,99 NNFI=0,99	$\geq 0,90$ = Baik

Resource: Data Elaboration Lisrel 8.8

system and coverage of hospital services [5] The value of Variable Good Category). To find out the perceptions of inpatients regarding the quality of public services as measured by these 5 manifests, it is very possible to measure them using a structural equation modeling approach [4]

Tangibles relate to the quality of the availability of service facilities in the form of tools, buildings, infrastructure, medicines and others. The importance of the aspect of availability of facilities and infrastructure is shown by the patient's perception of 78.16% as the highest average percentage value among other manifests. Gul et al.'s research [12] supports the idea that facilities and equipment are a measure of service quality. This research even states that the most important factor is drug/pharmacy support (β=0.43).

This is relevant regarding research findings, namely the importance of medicines and equipment in supporting health service facilities and infrastructure in RSHD (73.2%)

Reliability is the institutional ability to provide reliable services. The perception of inpatients regarding this matter was 73.24%. This shows that the comfort of service, clarity of service, and acceptance and implementation of services have been carried out at RSHD with a response to this perception. Patient trust is built by increasing accountability and eliminating malpractice in services [1] [13]. Service certainty, comfort and shortening waiting times are some of the programs implemented by RSHD to ensure service reliability.

Responsiveness is the ability to provide services that are fast, precise and responsive to patient needs. The average perception of inpatients is 70.88% in the good category. The seriousness, thoroughness, dexterity and response of medical staff - nurses are a measure of responsiveness. Each indicator got a good score on average and the medical and nursing staff factors that helped get the highest score was 72.2%. The quality of health care is influenced by the response of hospital staff in providing services [14]

The results of this research show that clinical practice requires changing the behavior of health workers, which is often difficult to do, especially if it involves repetitive and ingrained methods. An increasing focus is on understanding health worker behavior through habits and routines, not just through deliberative processes.

Assurance related to employee behavior, friendliness and politeness in providing services. The appearance and politeness of health workers received an average percentage score of 72.48%. The clean and neat appearance of medical and administrative personnel is perceived as the highest value for this dimension (76.6%). Research shows that quality assurance will increase collaboration and overcome vulnerabilities in health services (Fournaise et al., 2023). Apart from that, assurance will build moral, emotional and relational relationships in hospital institutions [2]

Medical and administrative personnel treat patients firmly but attentively. The perception score of this manifest is 71.6% in the good category. Compared to other manifests, empathy shows the lowest perception score. The patient's perception is related to that during the consultation, the doctor listens to the patient's complaints and offers solutions. got the highest patient assessment, namely 72.6%. The behavior of health workers in providing services will have an impact on high quality services. This means that better service actions need to be implemented [14] Other research shows that increasing patient empathy is done by increasing concern for patients, improving communication

between providers and nurses, and increasing the intensity of communication between nurses, patients and patient families [15]

The determinants of public service quality based on the results of the LISREL 8.8 analysis are seen from the measurement equation, namely as follows:

$$X1 = 0.61X + 0.03 \ (1)$$

$$X2 = 0.58X + 0.58 (2)$$

$$X3 = 0.58X + 0.03 \ (3)$$

$$X4 = 0.51X + 0.12 \ (4)$$

To see the magnitude of the determinant value of variable X, the results of the Standardized Solution values are sorted as presented in the following table:

TABLE 8: Determinant of Service Quality.

Manifest	Nilai	Keterangan
Responsiveness (X_3)	0,96	>0,6 (Signifikan)
Emphaty(X_5)	0,96	>0,6 (Signifikan)
Tangible(X_1)	0,95	>0,6 (Signifikan)
Reliabilty(X_2)	0,95	>0,6 (Signifikan)
Assurance(X_4)	0,83	>0,6 (Signifikan)

Resource: Data Elaboration

The results of the analysis show that all factors are determinants of the quality of health services for inpatients at RSHD Bengkulu. The responsiveness and empathy factor values show the highest proportion (0.96), then the tangible and reliability factors (0.95) and finally the assurance factor (0.83).

Hypothesis one (H1) states that there is an effect of health service quality on the satisfaction of inpatients at RSUD HD, as evidenced by the results of the T value = 10.84, where the T value is > 0.196 with a significance level of α = 0.05. This shows that the satisfaction of inpatients at Harapan and Doa Hospital Bengkulu is positively and significantly influenced by the quality of health services. This structural model equation can be explained as follows:

Y = 1.00*X, Errorvar.= 0.0090 , R^2 = 0.99

(0.092) (0.0073)

10.84 1.24

The R2 value = 0.99 shows the ability of the model to explain the ability of the independent variable to be significant in explaining the dependent variable [16] This means that the research results prove that the quality of health services can provide all the information to increase patient satisfaction at RSUDHD Bengkulu City.

The model for determining the quality of health services for RSHD inpatients in Bengkulu shows suitability indicators that meet the model fit requirements criteria. This is shown by the indicators), NFI(0.99) and NNFI(0.99). Thus, inpatient satisfaction is determined by improving the quality of service by prioritizing intervention on the five factors that determine the quality of public services.

This research strengthens the theory of public service quality with the determinants of responsiveness, empathy, tangible, reliability, and promise and their influence together with increasing patient service satisfaction in the inpatient room. As previous studies state that perceptions of patient satisfaction are a result of health service behavior [3], various programs to improve service quality can satisfy patients.

Although this study produces learning findings that can be used to provide suggestions for strengthening health service programs, the research has not specifically discussed details such as; patient expectations regarding services, patient mental and physical health services, patient satisfaction, patient complaints, and the level of patient loyalty in returning to the hospital [3]This is a research limitation and a suggested research theme related to health services in hospitals.

As the end of this discussion sub-chapter, improving the quality of public services at RSHD Bengkulu City should be carried out by improving blockages that reduce patient satisfaction. The program should be able to touch on improving services, facilities and infrastructure, and human resource development programs [17]. If programs oriented towards patient satisfaction can truly be implemented, Harapan and Doa Hospital will in turn improve its institutional quality.

5. Conclusion

All dimensions (responsiveness, empathy, tangibles, reliability, assurance) are determinants of health service quality, with the highest factor value for responsiveness and empathy (0.96), then tangibles and reliability (0.95), and finally assurance (0 .83).

The hypothesis that patient satisfaction in the emergency room is positively and significantly influenced by the quality of health services at RSHD Bengkulu is proven with a value of T = 10.84 (T > 0.196 with α = 0.05). The model shows fit indicators that meet the model fit requirements criteria, with values such as X^2/SD(2.41), GFI(0.96), AGFI(0.90), RMSEA(0.075), RMR(0.009) , SMSR(0.02), CFI(0.99), NFI(0.99), and NNFI(0.99). The research results strengthen the theory that perceptions of patient satisfaction are the result of health service behavior. The service quality improvement program at RSHD Bengkulu which focuses on intervention on five factors of public service quality can increase inpatient satisfaction. Implementing a program oriented towards patient satisfaction will help RSHD improve its institutional quality. It is hoped that RSHD can continue to improve the quality of its services and achieve a higher level of patient satisfaction, while strengthening its position as a competitive and trusted hospital by implementing these suggestions:

1. Improvement of Infrastructure

RSHD needs to focus on improving the completeness of equipment and medicines as well as improving the comfort and safety of facilities to increase patient satisfaction.

2. Human resource development

Human resource development programs, including training and increasing the competency of medical and administrative personnel, need to be prioritized to improve service quality.

3. Service Process Improvement

Improving service processes, such as shortening waiting times and increasing clarity and accountability of services, can help build patient trust and comfort.

4. Focus on Responsiveness and Empathy

Considering the highest scores on the responsiveness and empathy factors, RSHD must increase the alertness, thoroughness and attention of medical personnel to patients in further maximizing feelings of satisfaction.

5. Further Research

Future research should include patient expectations regarding services, aspects of patient mental and physical health, satisfaction, complaints, and levels of patient loyalty to obtain a more comprehensive picture of patient needs and expectations.

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