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THE RELATIONSHIP BETWEEN HEALTH SERVICE QUALITY AND PATIENT SATISFACTION AT INTERNIST POLYCLINIC OF PADANG PANJANG HOSPITAL

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ABSTRACT

Introduction: Patient satisfaction remained unfulfilled due to subpar services rendered, including inadequate infrastructure and officers' lack of awareness. Based on patient satisfaction reports and observations, there are service quality issues such as inconsistent reliability, slow responsiveness, weak assurance, and limited empathy. Long wait times are the main trigger for dissatisfaction, due to poor flow management, inadequate supporting facilities, and unprofessional attitudes of healthcare workers amidst increasing technological and socio-economic demands, while surveys are merely evaluations without continuous improvement. **Aims:** To determine whether there is a relationship between health service quality and patient satisfaction at internist polyclinic of Padang Panjang Hospital. **Methods:** Quantitative descriptive analytical research using a cross-sectional research design is the methodology employed in this study. 3,041 patients made up the study's population, while 192 made up the sample. The accidental sampling technique was used to take it. The study was carried out in July and August. Univariate and bivariate methods are used in data analysis, along with a chi-square test (CI 95%; α 5%). **Results:** There is a relationship between the quality of health services and patient satisfaction with univariate results, namely 104 (54.2%) satisfied respondents, 111 (57.8%) good reliability, 107 (55.7%) good responsiveness, 116 (60.4%) good assurance, 119 (62%) empathy is good, 105 (54.7%) tangible is good, and 97 (50.5%) waiting time is good. Then, reliability (p -value = 0,006; OR = 2,360), responsiveness (p = 0,000; OR = 4,526), assurance (p = 0,002; OR = 2,702), empathy (p = 0,003; OR = 2,586), tangible (p = 0,000; OR = 3,118), and waiting time (p = 0,000; OR = 5,131) are significant to patient satisfaction. **Conclusion:** Overall, the quality of healthcare services is related to patient satisfaction in the internal medicine polyclinic.

INTRODUCTION

The hospital is at the spearhead of providing public health services. Outpatient is a functional hospital unit that provides outpatient health services to patients. Until now, the community has had a tendency towards increasing demand for outpatient health services without staying overnight (one-day care), so the number of patient visits to the outpatient unit is increasing. All health service providers can compete, but the quality of service and patient satisfaction are still the main measures of the success or failure of health services provided by hospitals [1].

Hospital services are health service institutions for the community with their own characteristics that are influenced by developments in health science, technological advances, and the socio-economic lives of the people who must continue to be able to improve quality services. Hospital management issues have recently been under scrutiny. Luxurious amenities, technological adequacy, and outward look are only a few indicators of high-quality services; personnel conduct and attitude must also demonstrate professionalism and a strong sense of dedication. Actually, in the framework of consumerism, patient satisfaction surveys were conducted to improve hospital environments, amenities, and services [2].

Quality of service is most important to establish trust so that customers remain loyal. The quality or low quality of service can be seen from the achievement of several indicators in it. Many indicators are not met in health services, which makes the quality of service low. These indicators include equipment that does not support the health services that patients will receive, building conditions, educational records, facilities, medicines, procedures, or the flow of health services, and even the friendliness of health workers also greatly influences service quality [3].

The quality of service is the most important factor in building trust to keep customers loyal. Low service quality can be determined by the achievement of several indicators within it. Many indicators are not met in healthcare services, leading to low service quality. These indicators include, among others, inadequate equipment to support the healthcare services received by patients, building conditions, medical records, facilities, medications, healthcare procedures or flow, and even the friendliness of healthcare personnel, which also greatly affects the quality of service [4].

According to Mayang et al [5], there are five main indicators for assessing the quality of a hospital's health services, namely: 1) Tangible (physical evidence) are adequate facilities and equipment; 2) reliability is the ability to carry out promised service convincingly, on time, and accurately according to what has been offered; 3) responsiveness is the ability to provide services that meet customer expectations; 4) Assurance is the knowledge and courtesy of employees and their ability to foster trust and confidence in patients. 5) Empathy (caring) is the willingness to give deep and special attention to each customer.

Waiting time is the following indication. The amount of time people must wait in order to receive medical care, from the point of registration to the doctor's examining room. One element that could lead to discontent is the length of time patients must wait. The length of time a patient must wait is a reflection of how the hospital handles elements that are modified to meet the needs and circumstances of the patient [6]. Ministry of Health by means of minimal service requirements. In terms of this waiting period, all hospitals are required to adhere to the minimal service requirements. According to Ministry of Health Number 06 2024, the minimum service standard for outpatient care is less than or equal to 60 minutes [7]. Patient satisfaction will be determined by these factors. When a person compares their expectations with their perceptions of their performance or product results, patient satisfaction refers to their sentiments of contentment or dissatisfaction [8].

The Republic of Indonesia's Ministry of Health establishes a nationwide benchmark for patient satisfaction in healthcare services, with a minimum level of satisfaction exceeding 95% [7]. Data on patient satisfaction levels in different nations are displayed in a number of research findings. According to the research by Eva and Bambang, the results are as follows: The results of the Chi-Square statistical test of Reliability (0.016), Responsiveness (0.031), Assurance (0.049), Empathy (0.000), Tangibles (0.000), and waiting time (0.000) concluded that there is a relationship between Reliability, Responsiveness, Assurance, Empathy, Tangibles, and waiting time for patient satisfaction with outpatient services at West Pasaman District Hospital in 2023 [9].

Research conducted by Komar et al, The Siti Aisyah Madiun Islamic Hospital's internal medicine polyclinic conducted a study on the correlation between patient satisfaction and service quality. Of the 94 respondents, the majority (67%) had a positive perception of service quality, while nearly half (33%) had a negative perception. The study's result, p value ($0.000 < 0.05$), indicates that patient satisfaction at the Internal Medicine Polyclinic at Siti Aisyah Madiun Islamic Hospital is correlated with service quality, rejecting H_0 and accepting H_a [10].

Based on the data, the number of internal medicine polyclinic patient visits at Padang Panjang Hospital is quite high. In the last 3 years, the data on internal medicine outpatient clinic visits has decreased from 7,499 visits to 3,041 visits at Padang Panjang Hospital. This proves that there are still patients who are not satisfied with the healthcare services at the hospital. The research background highlights the crucial role of hospitals as the front line of public health services, particularly in the internal medicine clinic, which has experienced an increase in patient visits. Although service quality and patient satisfaction are the primary measures of a hospital's success, there is a significant gap between ideal expectations based on national standards such as a maximum waiting time of 60 minutes and a minimum satisfaction rate of 95% and the empirical reality on the ground. Generally, this gap arises from inconsistencies in SERVQUAL indicators such as inadequate physical facilities, inconsistent service reliability, slow staff responsiveness, weak assurance of trust, and limited empathy with daily practices. Long wait times are often a major source of dissatisfaction, reflecting issues with service flow management, support facilities, and the attitudes of healthcare professionals who are not yet fully professional. This is exacerbated by the rapid development of technology and the increasing socio-economic demands of society, while satisfaction surveys merely serve as evaluation tools without continuous improvement. Therefore, the researcher is interested in studying the relationship between the quality of healthcare services and patient satisfaction at the Internal Medicine Polyclinic of Padang Panjang Hospital.

METHOD

This research employs a *cross-sectional* methodology and a *quantitative* approach [11]. This research was conducted between July and August. The dependent variable is patient satisfaction and the independent variables are reliability, responsiveness, assurance, empathy, tangibles, and waiting time (SERVQUAL Dimensions). The population of this study is the entire patient population who visited the poly disease clinic in the Padang Panjang Hospital study which is as many as 3,041 patients. The sample in this study was 192 patients [12]. The study employs a research questionnaire with likert scale (1-4) and the sampling technique used is accidental sampling with the Slovin's formula [13]. The inclusion criteria in this study are as follows: 1) Patients who visit and receive services at the internal medicine polyclinic of Padang Panjang Hospital. 2) Patients who are willing to participate in the study. 3) Patients who are present at the research location during the study. 4) Patients who can read and write. 5) Patients who are able to communicate (*compos mentis*) and the exclusion criteria are to remove or exclude subjects who meet the criteria for various reasons, including: 1) Patients refuse to be respondents. 2) Patients with sensitive diseases. 3) Patients who cannot read or write. 4) Patients who are not located at the research site. This study has already obtained ethical approval. Data analysis using univariate and bivariate analysis with *Chi-Square tests* (CI 95%; α 5%).

RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Distribution of Frequency Patient Satisfaction and Service Quality Dimensions

Variables	Frequency	
Patient Satisfaction	f	%
Satisfied	104	54.2
Not Satisfied	88	45.8
Total	192	100.0

Variables	Frequency	
Reliability		
Good	111	57.8
Not Good	81	42.2
Total	192	100.0
Responsiveness		
Good	107	55.7
Not Good	85	44.3
Total	192	100.0
Assurance		
Good	116	60.4
Not Good	76	39.6
Total	192	100.0
Emphaty		
Good	119	62
Not Good	73	38
Total	192	100.0
Tangibles		
Good	105	54.7
Not Good	87	45.3
Total	192	100.0
Waiting Time		
Good	97	50.5
Not Good	95	49.5
Total	192	100.0

Based on table 1, out of 192 respondents, there are 104 (54.2%) who say they are satisfied with the service of poli sickness, 111 (57.8%) respondents say the reliability of officers is good, 107 (55.7%) respondents say responsiveness is good, 116 (60.4%) respondents say assurance is good, 119 (62%), respondents say empathy is good, 105 (54.7%) respondents that say tangible is good, and there are 97 (50.5%) respondents who say waiting time is good in Padang Panjang Public Hospital.

Bivariate Analysis

Relationship of Reliability to Satisfaction of Patients in Internal Disease Poly At Padang Panjang Hospital

Table 2. Relationship of Reliability to Patient Satisfaction

Reliability	Satisfaction of Patients			P value	OR (CI 95%)
	Not Satisfied	Satisfied	Total		
Not Good	47	34	81	0.006	2.360 (1.314-4.240)
Good	41	70	119		
Total	88	104	192		

Based on the results of the statistical test analysis (chi-square), which obtained a p value of 0,006 (p value) then it can be concluded that there is a relationship between reliability and satisfaction of patients in the Padang Panjang Hospital. Wusqa defines reliability as a company's capacity to precisely and consistently deliver services in accordance with what is promised. Performance needs to meet or exceed customer expectations, which include promptness, correctness, error-free service for all clients, empathy, and high precision [14].

This study is consistent with Pangerapan study of $p = 0,010 < 0,05$. According to the hypothesis, patient satisfaction and dependability are related. This research contradicts the findings of Pangerapan's study, which demonstrates that there is no correlation between the reliability variable and patient satisfaction—that is, the more reliable the service, the more satisfied the patient would be. There was no discernible correlation between reliability factors and patient satisfaction, hence this study contradicted other research [15].

From the results of the above study, it can be assumed that of the 119 respondents who assessed the reliability of good officers, 41 respondents expressed dissatisfaction. This is because the ability of the officer is already in accordance with his field, but the registration procedure is less prompt and accurate. Of the 81 respondents who said the reliability was not good, 47 respondents said they were not satisfied because the registration procedure was slightly cluttered and confused the patient. Then there is a situation where the patient has to wait to get the service started while the officers have all come and entered the service start time. It is expected that the hospital will improve the flow of registration so that it is easier to understand and that the service officers will arrive on time according to their working hours and start services according to the established time.

Relationship of Responsiveness to Satisfaction of Patients in Internal Disease Poly At Padang Panjang Hospital

Table 3. Relationship of Responsiveness to Patient Satisfaction

<i>Responsiveness</i>	Satisfaction of Patients			<i>P value</i>	OR (CI 95%)
	Not Satisfied	Satisfied	Total		
Not Good	56	29	85	0.000	4.526 (2.459-8.331)
Good	32	75	117		
Total	88	104	192		

There is a relationship between responsiveness and patient satisfaction, as indicated by the statistical study, which yielded a p-value of 0.000. Patient satisfaction and responsiveness are positively relationship, meaning that responsiveness influences patient satisfaction. Patient satisfaction will increase in proportion to how well the patient feels the health care provider responds to them; conversely, patient satisfaction will decrease in proportion to how poorly the patient perceives the response [16].

This investigation is consistent with Mulyadi's research, which produced chi-square test results with a p value of $0,047 < 0,05$. This indicates that there is a statistically significant correlation between patient satisfaction and service responsiveness, with $OR = 2,593$ according to the analysis results [17]. Eva's research states that there is a significant relationship between the responsiveness of outpatient service staff and patient satisfaction at the West Pasaman District Hospital in 2023. The OR value was 2.717, which means that respondents who assessed responsiveness of officers who are not good are 2.7 times more likely to be less satisfied than respondents who rate the responsiveness of officers as good [9].

According to the researchers' perspective, Responsiveness in the SERVQUAL model is closely related to patient satisfaction because it reflects the speed, accuracy, and willingness of healthcare professionals (doctors, nurses, pharmacists) to respond to patients' needs proactively and sincerely. When patients feel heard quickly, for example, in explaining procedures, addressing complaints, or providing timely assistance, their expectations are met, thereby enhancing the overall perception of service quality. Of the 117 respondents who said the response was good, 32 expressed dissatisfaction. This is due to the fact that pharmacy staff are less reliable and quick in serving patients, resulting in delays in obtaining

medication, but patients still receive the prescribed medication necessary for treatment. Then, out of the 85 respondents who said the staff's response was poor, 56 were dissatisfied because patients sometimes have difficulty seeing doctors and nurses during treatment due to the doctors' delays in adhering to the scheduled working hours. It is hoped that the hospital can provide clear rules to the staff so that they can arrive and provide timely and appropriate services.

Relationship of Assurance to Satisfaction of Patients in Internal Disease Poly At Padang Panjang Hospital

Table 4. Relationship of *Assurance* to Patient Satisfaction

<i>Assurance</i>	Satisfaction of Patients			<i>P value</i>	OR (CI 95%)
	Not Satisfied	Satisfied	Total		
Not Good	46	30	76	0.002	2.702 (1.489-4.902)
Good	42	74	116		
Total	88	104	192		

There exists a relationship between assurance and patient satisfaction, as inferred from the statistical analysis results. Assurance encompasses various aspects such as precise product knowledge, personnel consistency in delivering services, information sharing skills, security capabilities, and fostering consumer trust and confidence in the organization [4], [18]. Rahmatia's study at Batara Siang Hospital found that assurance significantly affects inpatient satisfaction ($\beta=0.502$, $p<0.001$). Assurance explains 67.7% of the overall satisfaction variance [19].

Researchers can assume that assurance is related to patient satisfaction at the Padang Panjang hospital. This is because when doctors, nurses, or hospital staff demonstrate high competence, such as accurately explaining medical conditions, being friendly, and handling procedures confidently, patients feel safe and protected, thereby reducing anxiety that often arises in vulnerable health situations. This creates the perception that the service is not only professional but also reliable, which ultimately significantly increases satisfaction, as evidenced by various studies where assurance has become a strong predictor with a positive influence. At RSUD Padang Panjang, the lack of assurance, such as doctors being late and not adhering to schedules, actually worsens dissatisfaction, making competency and attitude training key to closing this gap and building long-term patient loyalty.

Out of 116 respondents who said the assurance was good, 42 respondents said they were not satisfied. This is because the registration staff sometimes forget to inform patients about the proper care process, but this only happens occasionally when the situation is busy. Out of 76 respondents who said the assurance was not good, 46 were not satisfied. This is due to the lack of clarity in the explanation of service procedures by the registration officers, causing patients to become confused, waste time, and increase the number of visits to obtain medication. Therefore, it is hoped that the hospital will always remind the staff to consistently communicate the service procedures to incoming patients and the need for written information about the patient registration process to obtain services.

Relationship of Emphaty to Satisfaction of Patients in Internal Disease Poly At Padang Panjang Hospital

Based on the results of the statistical analysis, it is obtained that $p \text{ value} = 0,003$ ($p \text{ value} < \alpha$) then it can be concluded that there is a relationship between emphaty and patient satisfaction. Empathy is the ease with which relationships are built, good communication is established, customer needs are understood, patients are recognized, and problems (such as complaints or illnesses) are remembered. This aspect refers to the special care and attention provided by healthcare professionals to patients, their understanding of patients' needs, and the ease with which beneficiaries (in this case, patients) can contact healthcare professionals (e.g., doctors) whenever they need assistance [20].

In this case, the role of healthcare workers will have a significant impact on the quality of healthcare services, as they can directly respond to customer satisfaction with healthcare services. The empathy

targeted in this study is the deep concern of healthcare workers towards inpatient patients and their families, including: For example, ease of communication, ease of payment and administration, and the ability of healthcare workers to easily meet patients' needs [20].

Table 5. Relationship of *Empathy* to Patient Satisfaction

<i>Empathy</i>	Satisfaction of Patients			<i>P value</i>	OR (CI 95%)
	Not Satisfied	Satisfied	Total		
Not Good	44	29	73	0.003	2,586 (1.421-4.706)
Good	44	75	119		
Total	88	104	192		

Thaifur's 2024 study obtained results from the Fisher's Exact test showing a p-value of 0.000, where the p-value is less than $\alpha = 0.05$. Therefore, H_a is accepted and H_o is rejected. Statistically, it can be interpreted that there is a relationship between empathy and inpatient satisfaction at the Baubau City Regional General Hospital [20]. Mayrosa's study found a p-value of $0.000 < 0.05$ for the link between patient satisfaction and empathy in midwifery services at the Martubung Public Health Center in 2022 [21].

The researchers hypothesized from the results of the study that of the 119 respondents who said the care of the officer was good, 44 respondents said they were dissatisfied. This is because the patient feels less satisfied with the long and complicated procedures of the service. But this does not make the patient say the care of the officer in the local hospital field is less good. Of the 73 respondents who expressed concern, 44 said they were dissatisfied. There are some officers who are less empathic towards patients; some allow patients who are in difficult conditions to enter the service room, so they are considered careless and indifferent in the eyes of patients. Sometimes doctors and nurses are busy, and many do not have time to give advice to patients. It is expected that doctors and nurses will increase their sense of care for the patient and always be friendly to the patient. Always look at the condition of the patient's waiting room if anyone needs the help of the officer. Because the level of patient satisfaction during the visit is largely determined by how doctors and nurses provide services to patients.

Relationship of Tangible to Satisfaction of Patients in Internal Disease Poly At Padang Panjang Hospital

Table 6. Relationship of *Tangible* to Patient Satisfaction

<i>Tangible</i>	Satisfaction of Patients			<i>P value</i>	OR (CI 95%)
	Not Satisfied	Satisfied	Total		
Not Good	53	34	87	0.000	3.118 (1.725-5.634)
Good	35	70	105		
Total	88	104	192		

Since the p value is 0,000 (p value), the statistical analysis concludes that there is a relationship between the tangible and patient satisfaction. According to Urwatul, tangible proof is a dimension that relates to how appealing a company's real buildings, equipment, and materials are, as well as how friendly its staff appears [14]. Suci defines physical evidence as the ability of a company to demonstrate its existence to external parties [22].

This study is in line with Mulyadi's study, where the results of the statistical analysis obtained a p value of 0,024 (0,05) [17]. Widodo stated that the tangible dimension with patient satisfaction, tested using the Spearman rank (ρ) test at $\alpha = 0.05$, showed a moderate relationship between the tangible dimension and patient satisfaction, with a p-value of 0.000 and an r-value of 0.561. Tangible dimensions such as facilities, medical equipment, and staff appearance are key factors in enhancing the patient experience. Therefore, this research encourages all medical service providers to maintain improvements in tangible

dimensions as an important part of efforts to increase patient satisfaction and loyalty, as well as improve their public image [23].

From the results of the study, the researchers can assume that out of 105 respondents who said Tangible was good, 35 respondents said they were dissatisfied. This is due to the hygiene of the toilet, which is still not very clean because some visitors who use the toilet do not wash after using it. Out of 87 respondents who said Tangible was not good, 53 respondents said they were not satisfied. This is due to the lack of completeness and preparation of medical equipment needed to serve patients with polio disease in Hospital. Then there was the lack of the number of toilet facilities needed by the patient at the time of the high number of visits and the large number of trays. As well as the lack of seats in the waiting room, which caused many patients to stand waiting for their turns during a lot of visits. The hospital is expected to be able to evaluate all activities and all equipment needed in the service of both medical and non-medical equipment and existing facilities.

Relationship of Waiting Time to Satisfaction of Patients in Internal Disease Poly At Padang Panjang Hospital

Table 7. Relationship of *waiting time* to Patient Satisfaction

<i>Waiting time</i>	Satisfaction of Patients			<i>P value</i>	OR (CI 95%)
	Not Satisfied	Satisfied	Total		
Not Good	62	33	95	0.000	5.131 (2.769-9.505)
Good	26	71	97		
Total	88	104	192		

From the statistical analysis results, it was determined that there is a relationship between waiting time and patient satisfaction (p value = 0,000, p value $< \alpha$). Further analysis produced an OR of 5.131, which indicates that there is a minimum of five times greater chance of patient discontent among respondents who claimed that the wait time for good service was longer than that of those who stated that the waiting time for bad service. The amount of time a patient must wait to receive medical care, from the point of registration to the doctor's examination room, is known as the waiting period. One of the things that leads to incompetence is patient waiting times [24]. Purnomo stated that the length of patient waiting time reflects how a healthcare service manages service components tailored to patients' situations and expectations. The consequences of long wait times for services can lead to nosocomial infections [25].

Based on the research results, Fitria showed that there is a significant relationship between waiting time and patient satisfaction level with a value of $p = 0.005$. Waiting time is still a common problem in healthcare practice, and one component that can potentially cause dissatisfaction is waiting for a long time, which leads to patient dissatisfaction [26]. The present study's outcomes align with the research conducted by Nofriadi et al. The statistical test chi-square yielded a value of $p = 0,000$ ($p \leq 0,05$), indicating a significant correlation between patient satisfaction and waiting time for service. This was further supported by the results of statistical analysis demonstrating an OR of 45,333. The present study's findings do not align with the research conducted by Wulandari et al. at Puskesmas X, Jambi City, regarding the correlation between waiting time and patient satisfaction, as shown by the statistical test chi square value $p = 0.322 > \alpha$ (0,05)) [27].

The researchers estimated that of the 97 respondents who said waiting times were good, 26 were dissatisfied. This is because the patient waits a long time for the service to begin, but when the patient is already called to get the service, the patient can still perform the examination with satisfaction and get information about the complaints felt, so the patient still feels no problem. Of the 95 respondents who said waiting times were not good, 62 respondents said they were not satisfied. This is due to the patient who has been waiting for a long time to get the service against the complaints felt on the poli disease in the hospital of the city of Padang Panjang, but at the time of already getting the service, the patient feels dissatisfied with the examination time obtained is very short and is not happy with the results of the inspection received, patients feel the waiting time for the beginning of the service is longer than the time when getting the

services. Also in the pharmacy, the patient feels the waiting time for taking the medication feels long because of the many trays in the drugstore. It is expected that the hospital will provide training to officials to manage service time and minimum service standards (SPM) both from the registration process to the process of taking medication so that it does not take a lot of time, so that the patient can easily get the service and do treatment immediately against the pain felt.

Provide information to patients about the condition and condition of the hospital, why doctors have not yet arrived and the officers have not started the service so that the patient does not feel disappointed with the waiting time that feels long [27]. With the presence of information, the patient does not judge poorly the time of the hospital servant. Because waiting time is very influential for the quality of service in the hospital, as well as to determine the condition of the patient, the longer the wait, the more the patient feels pain.

Conclusion

The conclusion of this study is obtained from 104 (54.2%) respondents who say they are satisfied with the internal polio services in the Hospital Padang Panjang. Then there are reliability relationships ($p = 0,006$; OR = 2,360), responsiveness ($p = 0,000$; OR = 4,526), assurance ($p = 0,002$; OR = 2,702), empathy ($p = 0,003$; OR = 2,586), tangible ($p = 0,000$; OR = 3,118), and waiting time ($p = 0,000$; OR = 5,131). From the dimension of service quality, it was found that waiting time is the variable most related to patient satisfaction because it has the highest risk factor.

Author Contributions

This study has some processes, with each role ranging from conception and design of the work of study, finding the appropriate questionnaire, and conducting validity and reliability tests for the questionnaire to data collection, data analysis, and interpretation, drafting of the article, critical revision, and final approval of the version to be published. we, as a team, collaborated on each part of the process. the major research leader, Abdi Iswahyudi Yasril is wrote the manuscript and as the corresponding author who conducted this study from its start and ended by publishing this research article. Athosra: conceptualization, analyzed data by software and writing; Rafel Ferdian: data collected, handled permitted letter legal research, wrote the manuscript and submission manuscript.

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