The Effect Of Health Service Quality Dimensions On Outpatient Satisfaction At Plenary Accredited Hospitals

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***Abstract**.*

Measuring patient perceptions of healthcare service quality as an important element in assessing service quality has attracted much post-covid-19 attention in recent years. Therefore, this research was conducted to determine the quality of clinical services at accredited hospitals in Medan and Binjai. This cross-sectional study was conducted from May to August 2022, and 190 patients were randomly selected from two hospitals. Data was collected using a questionnaire whose validity and reliability had been confirmed in previous studies. T-test, ANOVA, and Pearson correlation coefficients were calculated using SPSS to analyze the data. The bivariate test results showed a relationship between service quality dimensions and patient satisfaction at RSUD Dr. Pringadi and Dr. R.M. Djoelham. Multivariate tests found that the dominant factors influencing patient satisfaction at RSUD Dr. Pirngadi Medan are l evidence, reliability, responsiveness, assurance, and empathy. And for Dr. General Hospital. RM Djoelham Binjai is a tangible factor, reliability, responsiveness, and empathy. So that it can be concluded that to increase patient satisfaction, speed support is needed in services such as providing a fast response to every patient complaint, as well as providing short and responsive service to patient needs, bearing in mind that patient needs are urgent needs that must be met immediately.

Keywords: Patient perception, Service quality, Outpatient services and Quality assessment.

I. INTRODUCTION

As a health facility that provides health services to the community, the hospital has a strategic role in accelerating the improvement of public health status. Therefore, hospitals must offer quality services by established standards and can reach all levels of society (Simanjuntak, 2018). The basic essence of the hospital is fulfilling the needs and demands of patients who expect the resolution of their health problems at the hospital. Patients perceive that only hospitals can provide medical services to heal and recover from pain. Patients expect ready, fast, responsive, and comfortable services for patient complaints (Simanjuntak, 2018; Suwarno et al., 2023). As the people's standard of living increases, the community's demands for the quality of health also increase. This requires health service providers such as hospitals to improve the quality of service to be better, not only services that are curative but also include services that are preventive to enhance the quality of life and provide satisfaction for consumers as users of health services (Putri & Alzboon, 2023). Patient satisfaction is the level of satisfaction experienced by patients after using the service. Therefore, from the patient's point of view, sometimes there is a gap between the service expected and the experience of obtaining the service. The level of patient satisfaction at the hospital is an added value for doctors, paramedics, or other health service providers. Patient satisfaction with health services will affect the number of visits. Patient satisfaction factors can also create public perceptions of the hospital's image, and hospital income will decrease (Suratri et al., 2018).

A healthcare institution should frequently conduct patient satisfaction surveys consisting of several indicators, namely service procedures, service requirements, clarity of service personnel, discipline of service personnel, responsibility of service personnel, the ability of service personnel, speed of service, fairness in getting assistance, politeness, and friendliness of the staff. Right of service fees, the certainty of service costs, service schedules, environmental comfort, and service security.Measuring patient satisfaction can be a method to determine the quality of services provided because the quality of health services and customer satisfaction indicates the success of service delivery in hospitals. Service quality dimensions can be divided into reliability, assurance, tangible, empathy, and responsiveness (Suratri et al., 2018; Suwarno et al., 2023; Widayanti et al., 2018).Patient satisfaction is obtained through information patients provide about service satisfaction in health services, which is assessed based on the Community Satisfaction Index (ISI). There are elements in measuring the community satisfaction index, including service procedures, service

requirements, clarity of service staff, the discipline of service officers, the responsibility of service officers, the ability of service officers, speed of service, fairness in getting assistance, politeness, and friendliness of officers, right of service fees, cost certainty services, the certainty of service schedules, environmental comfort, service security (Marmeam et al., 2018).Outpatient services are services for patients without staying at a hospital diagnosed with observation, rehabilitation, and other health services. The hospital's main gate is outpatient services because it greatly affects patient satisfaction, so they will decide whether to continue using the hospital's services.

A positive attitude towards outpatient services will be built if patients' services match or exceed expectations. This attitude will affect the decision to be loyal so that the patient will come on the next return visit to the hospital he first visited (Sopiyan et al., 2022). Outpatient services are the entry point for patients when they see the hospital for the first time. Quality of service is one of the factors in the outpatient installation that influences the patient's interest in returning to visit. Therefore, officers must provide full service to their outpatient installations so that patients feel satisfied with the services offered (Puspitasari & Fitriyani, 2017).According to WHO, patient satisfaction is an important patient-based outcome measure in health care. Efforts to increase patient satisfaction can lead to increased utilization of health services and better outcomes because satisfied patients may comply more with treatment plans and have better health-seeking behavior (WHO, 2008). Patient satisfaction is an assessment or perception of someone who has received health services that he feels are then compared with his expectations. Patients will feel satisfaction when the expectations and reality they reach match. Satisfaction with users of health services is very influential and related to the results of health services provided, both medically and non-medically, namely discipline during the treatment period, understanding of medical information, and continuity during treatment (Hasyim, 2019).The patient satisfaction index is measured by compiling an instrument that can measure the quality of health services that is valid, reliable, and comprehensive. According to Parasuraman in Suwarno et al. (2023), five dimensions are arranged in relative importance: responsiveness, assurance, tangibles, empathy, and reliability. Measuring satisfaction is done by conducting a patient satisfaction survey using a patient satisfaction questionnaire.

The patient satisfaction questionnaire consists of the process of patient admission to patient discharge. Measurement of patient satisfaction aims to improve the quality of health services. Through these measurements, it can be seen to what extent the dimensions of the quality of the health services provided can meet patient expectations (Suwarno et al., 2023).To realize patient satisfaction as a user of hospital services, they demand services that are by their rights, namely quality and complete services that are pursued through accreditation. Hospital accreditation is one of the government's efforts to encourage hospitals to prioritize usefulness, safety, and community protection. Based on Permenkes number 12 of 2012, accreditation is an acknowledgment given to a hospital because it has continuously improved the quality of service. This recognition is provided by an independent institution tasked with accreditation and has received recognition from the Minister of Health. The autonomous institution accrediting hospitals in Indonesia is the Hospital Accreditation Commission (KARS). Hospital accreditation is very closely related to the quality of services provided by the hospital, which means that if accreditation is carried out properly, it means that the health services provided are good, and there will be an increase in the quality of hospital services (Mandawati et al., 2018; Suwarno et al., 2023).The quality of hospital services has two components: compliance with predetermined quality standards and fulfillment of customer satisfaction. Hospitals must also provide services that focus on customer satisfaction. Improving the quality of health services can be started by evaluating the elements that play a role in shaping patient satisfaction.

The healthcare system can be improved through clinical channels and services, including patient perspectives, such as how good the health services they need are (Samsudin, 2021). Quality health services are health services that can satisfy every service user by the level of satisfaction of the average population, and its implementation is by the established code of ethics and service standards. Two important elements in efforts to improve health services are patient satisfaction as service users and compliance with medical service standards set by the government. Several things can provide customer satisfaction, namely the total customer value consisting of product value, service value, personal value, image or image value, and full

patient costs consisting of monetary costs, time costs, energy costs, and thought costs for patients, outpatient or inpatient care (Samsudin, 2021; Suwarno, 2023).When the services are not as expected, the patient will feel dissatisfied or dissatisfied. Patient satisfaction is the outcome of the health service process offered by health facilities (Natasya & Yusuf, 2021). Several studies have proven that the quality of hospital services greatly affects patient satisfaction. The results of Kosnan's research state that tangible reliability, responsiveness, assurance, and empathy affect patient satisfaction at the Merauke District General Hospital (Kosnan, 2019). Based on the results of Wardani's research conducted on 10 (ten) inpatient and outpatient respondents at the Dr. Iskak Tulungagung, eight people (80%) said they were satisfied.

Two people (20%) said they were not happy with the quality of health services at RSUD Dr. Iskak Tulungagung, the things that affect dissatisfaction with the quality of health services are inadequate parking facilities, long and long queues at the counter, long queues at the polyclinic, service hours that are not on time, very long lines for taking drugs at pharmacies, bringing the results of the diagnosis in the laboratory are waiting for quite a long time, the administration process is not yet one door, the availability of waiting chairs is inadequate, medical personnel is in a hurry to provide services and others (Wardani, 2017).Patient needs are a factor influencing perceptions of service quality. Patient perception is critical in assessing service quality because it affects the level of satisfaction, which results in a good image of the health service (Taekab et al., 2019). The positive influence on patients means that the better the quality of service, the better the response obtained in the form of patient satisfaction. This was proven in research at the Mataram City Regional General Hospital, which explained that the better the services provided, the more satisfied outpatients would be in undergoing treatment (Hartawan & Zaini, 2022). Patient satisfaction in receiving benefits is at the core of the marketing process. Responses in the form of patient satisfaction are closely related to word-of-mouth information. Therefore, services that are considered good by patients have the potential to bring in new patients who will form a better image of the hospital in society (Zebua et al., 2021).Data obtained from a survey of community satisfaction at Dr. Pirngadi Hospital Medan revealed that in 2017-2018 there was a decrease in the number of patients by 16.8%, then in 2018-2019, there was a decrease in the number of patients by 72.3%.

Based on these data, it can be concluded that the number of patient visits is also relatively fluctuating. The problem with this service is the large number of patients who complain because, in almost every service, the time is still quite long, making patients wait for hours. Based on the existing SPM, the overall waiting time for outpatient care from registration to examination is 60 minutes. However, in reality, every patient still waits more than 60 minutes. Most of these complaints were obtained from patients at the internal medicine polyclinic because their number was greater than that of patients from other polyclinics.In addition, it is also known from the results of an initial survey that researchers conducted at the RSU during the Covid 19 pandemic that the limited hours of service at the outpatient polyclinic make some patients feel dissatisfied. This is known from the answers of 6 patients in the outpatient service polyclinic who revealed that nurses were not responsive enough and sometimes took a long time to respond to patients, two patients stated that nurses were sometimes not friendly in serving patients, two patients stated that nurses did not give enough clear information to patients. Two patients said nurses paid little attention to complaints and sometimes gave a bad impression.Because of the importance of the patient satisfaction component in determining the quality of service that triggers an increase in hospital accreditation, the authors are interested in researching the influence of the dimensions of health service quality on outpatient satisfaction at Plenary Accredited Hospitals at Dr. Pirngadi Hospital Medan and Dr. R.M Djoelham Binjai Hospital Year 2022.

II.   LITERATURE REVIEW
Quality of Health Services
Quality of Health Services uses medical knowledge and technology to optimize health advantages without simultaneously escalating hazards (Donabedian, 1989). The current need for health services emphasizes forward-thinking evaluation and preemptive action by implementing appropriate measures and continuous service improvements, achieving optimal medical outcomes from physicians, meeting the needs of all hospital customers, retaining skilled personnel, and obtaining high financial returns for the hospital.The

quality of health services is that they can satisfy every user of health services by the level of satisfaction of the average population and its administrators by professional standards and codes of ethics (Jalilah & Prapitasari, 2020). The definition of quality of health services, according to Leebov in Suwarno et al., emphasizes that the quality of health services is delivered to meet customer expectations and patient needs and enhance services by skilled professional providers in hospitals (Suwarno et al., 2023).

The quality of health services is an important thing because it is the degree of perfection of a health service carried out by a health service organization by professional standards and service standards by using the potential resources available at the hospital in a reasonable, efficient, and effective manner and provided safely and satisfying norms, ethics, law, and socio-culture by taking into account the limitations and capabilities of the government and consumer society (Muninjaya, 2011).Parasuraman suggested the service quality model with the five service quality dimensions: tangible, reliability, certainty, employee attitude, and empathy. Tangibles include physical facilities, technology, and the appearance of employees. Reliability includes timely performance, a sympathetic attitude, and service without errors. Responsiveness is the willingness to help and provide fast and appropriate customer service. Assurance has communication, security, credibility, competence, and courtesy. Empathy provides for efforts to understand customer desires (Parasuraman et al., 1988). According to Suwarno et al.'s research, the model can be used as an integrated model to measure the quality of health services based on the patient's view, the hospital's view, and the accreditation body's (Suwarno et al., 2023).

Patient Satisfaction

Patient satisfaction is the condition of customer satisfaction, according to Kotler, namely the level of one's feelings after comparing the performance (or results) to his expectations (Kotler & Armstrong, 2017).Patient satisfaction is a fairly effective approach in efforts to maintain the quality of hospital services. The more perfect the satisfaction, the better the service and quality of food provided (Sholeha et al., 2020).Patient satisfaction is a subjective value of the quality of services provided. However, emotion still has an objective basis, meaning that even though the assessment is based on experience, education, the psychological situation at that time, and the influence of the environment, it will still be based on objective truth and reality (Jacobalis, 1989). There is, do not simply judge it as bad if you do not have an upsetting experience; do not merely say it is good if you do not experience a pleasant atmosphere.

The importance of assessing patient satisfaction with a service is studying the patient's response to the quality of the service he is interested in, namely knowing the patient's needs and expectations for future services, improving the quality of service, arranging work arrangements to improve the quality of service in the future for services at the hospital.Good service produces proportional satisfaction; the better the service, the more satisfied consumers will be. Consumers will try to provide the best service to them. Satisfaction can be felt when consumers feel quality. Thus, a hospital or PUSKESMAS is one of the competitive health service actors that must be managed by actors with an entrepreneurial spirit who can create efficiency, excellence in quality and service, excellence in innovation, and excellence in responding to patient needs (Suwarno et al., 2023). Previous research findings show that service quality affects patient satisfaction (Engkus, 2019). Service quality positively and significantly affects patient satisfaction (Enas, 2020). Other results show that the quality of hospital services is positively related to patient satisfaction (Putri & Alzboon, 2023).

Hospital Accreditation

The Minister of Health Regulation 12 of 2020 regulates hospital accreditation in Indonesia. In this regulation, hospital accreditation is defined as a measurement of the quality of hospital services after an assessment is made that the hospital meets accreditation standards. At the same time, accreditation standards are guidelines that contain the achievement level with hospitals improving the quality of service and patient safety (Kemenkes RI, 2020).Provisions for using the Indonesian National Hospital Accreditation Standards consist of standards for teaching hospitals: 16 chapters and standards for non-educational hospitals: 15 chapters. The following are the National Accreditation Standards for Teaching Hospitals in Indonesia must have patient safety goals; Access to hospitals and continuity; Patient and family rights; patient assessment; Patient care services; Anesthesia and surgery services; Pharmaceutical services and drug use;

Communication and education management; Quality improvement and patient safety; infection prevention and control; Hospital governance; Facility management and protection; Staff competency & authority; Information management and medical records; National program (reducing maternal and infant mortality and improving maternal and infant health, reducing HIV/AIDS morbidity, reducing tuberculosis morbidity, controlling antimicrobial resistance and geriatric services); and Integration of health education in hospital services (KARS, 2017).The purpose of regulating hospital accreditation is to improve the quality of hospital services sustainably and protect the safety of hospital patients; to enhance protection for the public, human resources in hospitals, and hospitals as institutions; to improve hospital governance and clinical governance; and to support government programs in the health sector (Kemenkes RI, 2020).Then the hypothesis built in this study is to find out whether there is an influence on the dimensions of service quality (Tangible, Reliability, Responsiveness, Assurance, and Empathy) on outpatient satisfaction at the Plenary Accredited Hospital at RSU Dr. Pirngadi Medan and RSUD Dr. R.M Joelham Binjai.

III.   METHODS

This research is an explanatory study that explains the causal relationship (cause and effect) between the variables that influence it (Sugiyono, 2018). The population in this study were all patient visits who had been treated at hospitals in the Dr. Pirngadi Medan General Hospital and Dr. R M Djoelham Binjai.The sample is part of the population whose characteristics are to be studied. A good sample whose conclusions can be applied to the population is a representative sample that can describe the characteristics of the population (Sugiyono, 2019). The selection must meet the inclusion criteria, namely people who have been treated at outpatient clinics in hospitals in the City of Medan and the City of Binjai; had a history of treatment in the last two years at the hospital, and the subject received information and gave consent to participate in the study voluntarily and in writing (informed consent). Samples must also meet the exclusion criteria, namely respondents who cannot fill out questionnaires and do not comply with health protocols.The sampling technique was carried out by accidental sampling, where all subjects who came for treatment at the outpatient clinic at the time of the study and met the selection criteria were included in the research and fulfilled the required number of samples (Sugiyono, 2019)—determination of the number of samples using the Taro Yamane formula.

From the average number of outpatient visits at Dr. Pirngadi Hospital, there were 3,455 people per month, and at Dr. Djoelham Binjai Hospital, 1,200 people per month were in the outpatient polyclinic. Then the number of respondents was obtained as many as 97 people patients at Pirngadi Hospital in Medan and as many as 92 people for patients at the Hospital. R.M Dr. Djoelham.This study involved two types of variables: independent and dependent (Suwarno & Nugroho, 2023). The independent variable in this study is the dimension of health service quality. At the same time, the dependent variable in this study is patient satisfaction. The data collected in this study is primary data obtained using a questionnaire. The data that has been collected will be processed using the SPSS program. The research data was tested in stages: the univariate analysis test (one variable) and the bivariate test (two variables). We then performed multivariate analysis, generally associated with statistical methods with multiple linear regression analysis. Regression analysis is used to measure the strength of the relationship between two or more variables; it also shows the direction of the relationship between the dependent and independent variables. Multiple linear regression analysis is a linear relationship between two or more independent variables (X) with the dependent variable (Y) (Ghozali, 2018).

IV.   RESULT AND DISCUSSION
Result

Based on the results of research on the Effect of Health Service Quality Dimensions on Outpatient Satisfaction at Plenary Accredited Hospitals at Dr. Pirngadi Medan Hospital and Dr. RM Djoelham Binjai in 2022, it can be described descriptively by analyzing the respondent's data related to age, gender, education, and employment as follows:

Table 1. Characteristics of Respondents in the Outpatient Polyclinic

Characteristic		Hospital Binjai		Hospital Medan	
		F = 92	%	F = 98	%
Age	≤ 42 years old	56	60,9	43	43,9
	> 42 years old	36	39,1	55	56,1
Gender	Male	56	60,9	41	41,8
	Female	36	39,1	57	58,2
Education	Elementary	4	4,3	17	17,3
	Junior	14	15,2	16	16,3
	Senior	57	62,0	50	51,0
	Bachelor	17	18,5	15	15,3
Jobs	Homemaker	24	29,3	38	38.7
	Farmer	10	12,2	5	5,1
	Employee	15	18,3	5	5,1
	Entrepreneur	11	13,4	18	18.4
	Civil Servant	18	2,4	11	11,2
	Others	20	24,4	59	60,2

Table 2. Results Univariate Analysis of The Influence of The Dimensions Quality of Health Services

Quality Against Patient Satisfaction		Hospital Binjai		Hospital Medan	
		F = 92	%	F = 98	%
Tangible	Not Good	19	20,7	49	50,0
	Good	73	79,3	49	50,0
Reliability	Not Good	15	16,3	49	50,0
	Good	77	83,7	49	50,0
Responsiveness	Not Good	30	32,6	87	88,8
	Good	62	67,4	11	11,2
Assurance	Not Good	25	27,2	48	49,0
	Good	67	72,8	50	51,0
Empathy	Not Good	86	93,5	4	4,1
	Good	6	6,5	94	95,9

Based on Table 1. it is known that the majority of respondents were under 44 years old, as many as 56 people (60.9%), male sex, namely 56 people (60.9%), high school educated at most 57 people (62.0%), and a job as a homemaker as many as 24 people (29.3%).Based on Table 1. it is known that the majority of respondents at Dr. Pirnggadi General Hospital Medan are over 43 years old, namely 55 people (56.1%), 57 people (58.2%) sex, 50 people with high school education (51.0%) and more other workers such as drivers, laborers, and retirees as many as 59 people (60.2%).Based on Table 2, it is known that the majority of service quality on patient satisfaction at government hospitals in Binjai City in terms of tangibles is in a good category, namely 73 people (79.3%), in terms of reliability, it is in a good category, 77 people (83.7%), responsiveness in the good category, namely 62 people (67.4%), assurance in a good category, namely 67 people (72.8%) and empathy in the poor category, namely 86 people (93.5%).   Based on Table 2, it is known that the majority of service quality levels in government hospitals in Medan City in terms of tangible are in the good category, namely 49 people (50%); in terms of reliability, the good category is 32 people (50%), responsiveness is in the wrong category. Namely 87 people (88.8%), assurance with a good category, namely 50 people (51%), and empathy with a good category, namely 94 people (95.9%).

Table 3. Results of bivariate analysis using the Pearson correlation test at
Dr. General Hospital. R.M Joelham Binjai

		Correlation					
		Tangible	Reliability	Responsiveness	Assurance	Empathy	Satisfaction
Tangible	Pearson Correlation	1	.495**	.678**	-.057	.147	.674**

		Tangible	Reliability	Responsiveness	Assurance	Empathy	Satisfaction
	Sig. (2-tailed)		.000	.000	.593	.163	.000
	N	92	92	92	92	92	92
Reliability	Pearson Correlation	.495**	1	.562**	-072	.302**	.683**
	Sig. (2-tailed)	.000		.000	.495	.003	.000
	N	92	92	92	92	92	92
Responsiveness	Pearson Correlation	.678**	.562**	1	.114	.359**	.845**
	Sig. (2-tailed)	.000	.000		.279	.000	.000
	N	92	92	92	92	92	92
Assurance	Pearson Correlation	-057	-072	.114	1	.378**	-065
	Sig. (2-tailed)	.593	.495	.279		.000	.538
	N	92	92	92	92	92	92
Empathy	Pearson Correlation	.147	.302**	.359**	.378**	1	.493**
	Sig. (2-tailed)	.163	.003	.000	.000		.000
	N	92	92	92	92	92	92
Satisfaction	Pearson Correlation	.674**	.683**	.845**	-065	.493**	1
	Sig. (2-tailed)	.000	.000	.000	.538	.000	
	N	92	92	92	92	92	92

** Correlation is significant at the 0.01 level (2-tailed).

Based on Table 3, the analysis of the Pearson correlation test at R.M Djoelham Binjai General Hospital, it is known that all independent variables (assurance variables) are not related to the dependent variable (satisfaction); this can be seen from the significance value (sig. 2-tailed) of 0.538 > p value 0.05, while the significance value (p-value) for the tangible, reliability, responsiveness, and empathy variables is entirely related to the dependent variable (satisfaction), this can be seen from the significance value (sig. 2-tailed) of 0.000 <p value 0.05.

Table 4. Results of bivariate analysis using the Pearson correlation test at
Dr. General Hospital. Dr. Pirngadi Medan

		Correlation					
		Tangible	Reliability	Responsiveness	Assurance	Empathy	Satisfaction
Tangible	Pearson Correlation	1	.599**	.301**	.835**	.307**	.887**
	Sig. (2-tailed)		.000	.003	.000	.002	.000
	N	98	98	98	98	98	98
Reliability	Pearson Correlation	.599**	1	.638**	.672**	.275**	.660**
	Sig. (2-tailed)	.000		.000	.000	.006	.000
	N	98	98	98	98	98	98
Responsiveness	Pearson Correlation	.301**	.638**	1	.428**	.567**	.323**
	Sig. (2-tailed)	.000	.000		.000	.000	.001
	N	98	98	98	98	98	98
Assurance	Pearson Correlation	.835**	.672**	.428**	1	.318**	.828**
	Sig. (2-tailed)	.000	.000	.000		.001	.000
	N	98	98	98	98	98	98

Empathy	Pearson Correlation	.307	.275**	.567**	.318**	1	.339**
	Sig. (2-tailed)	.002	.006	.000	.001		.001
	N	98	98	98	98	98	98
Satisfaction	Pearson Correlation	.887**	.660**	.323**	.828**	.339**	1
	Sig. (2-tailed)	.000	.000	.001	.538	.001	
	N	98	98	98	98	98	98

** Correlation is significant at the 0.01 level (2-tailed).

For the results of the correlation between tangible variables and satisfaction of 0.674 (strong correlation), between reliability and satisfaction variables of 0.683 (strong correlation), between responsiveness and satisfaction variables of 0.845 (strong correlation), between assurance variables and satisfaction of -0.065 (not there is a correlation) and between empathy and satisfaction variables is 0.493 (sufficient correlation).Table 4 shows the Pearson correlation test analysis at Dr. General Hospital. Pirngadi Medan, it is known that all of the independent variables (tangible variables, reliability, responsiveness, assurance, and empathy are all related to the dependent variable (satisfaction); this can be seen from the significance value (sig. 2-tailed) of 0.000, and 0.001 <p value 0.05. For the results of the correlation between tangible variables and satisfaction of 0.887 (powerful correlation), between reliability and satisfaction variables of 0.660 (strong correlation), between responsiveness and satisfaction variables of 0.323 (sufficient correlation), between assurance variables and satisfaction of 0.828 (powerful correlation) strong) and between empathy and satisfaction variables is 0.339 (enough correlation).The results of multivariate analysis to determine the effect of each independent variable (Tangible, Reliability, Responsiveness, and Empathy) on the dependent variable (satisfaction) in respondents at RSU Dr. R.M Djoelham Binjai are described in the following regression equation:

$Y = -6{,}759 \text{ (Constanta)} + 0{,}186X1 + 1{,}906X2 + 4{,}324X3 + 3{,}181X4$

Table 5. Multiple Linear Regression Analysis

General Hospital. Dr. R.M Djoelham

Model	Unstandardized Coefficient		Standardized Coefficient	t	Sig.	Collinearity Statistic	
	B	**Std. Error**	**Beta**			**Tolerance**	**VIF**
1 (Constant)	-6.759	11.796		-.572	.568		
Tangible	1.868	.688	.172	2.715	.008	.507	1.973
Reliability	1.906	.438	.245	4.351	.000	.643	1.555
Responsive	4.324	.576	.516	7.509	.000	.433	2.311
Empathy	3.181	.758	.208	4.198	.000	.832	1.203

a. Dependent Variable: Satisfaction

In Table 6. The results of the linear regression analysis show that the coefficient of determination (R square) is 0.822, meaning that the regression model obtained can explain 82.2% of the variation in the independent variables (tangible, reliability, responsiveness, and empathy) can be defined by the patient satisfaction variable, the rest (100% - 82.2% = 17.8%) can be explained by other variables outside the model.

Table 6. Model Summary[b]

General Hospital. Dr. R.M Djoelham

Model	R	R Square	Adjust R Square	Std. The error in the Estimate	Durbin-Watson
1	.907[a]	.822	.814	6.144	1.564

a. Predictor: (Constant), Tangible, Reliability, Responsiveness, and Empathy

b. Dependent Variable: Satisfaction

Table 7. ANOVAᵃ

General Hospital. Dr. R.M Djoelham

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	15194.572	4	3798.648	100.626	.000ᵃ
	Residual	3284.254	87	37.750		
	Total	18478.826	91			

a.   Predictor: (Constant), Tangible, Reliability, Responsiveness, and Empathy

b.   Dependent Variable: Satisfaction

In Table 7. Presents the linearity test between the independent variables (Tangible, Reliability, Responsiveness, and Empathy) with the dependent variable (patient satisfaction). From the test results, the Sig value or p-value = (0.000) < α (0.05) is obtained. So, the linear regression model between the independent variables, namely Tangible, Reliability, Responsiveness, and Empathy, with the dependent variable (patient satisfaction) is significant. Based on the results of the multivariate test, it is known that the dominant factors influencing patient satisfaction at Dr. RM Djoelham Binjai Hospital are tangible, reliable, responsive, and empathetic factors.The results of multivariate analysis to determine the effect of each independent variable (Tangible, Reliability, Responsiveness, Assurance, and Empathy) on the dependent variable (satisfaction) in respondents at General Hospital Dr. Pirngadi Medan are described in the following regression equation:

Y= 20,307 (Constanta) + 5,880X_1 + 1,966X_2 - 2,001X_3 + 1,913X_4 + 2,208X_5

Table 8. Multiple Linear Regression Analysis

General Hospital. Dr. Pirnggadi Medan

Model		Unstandardized Coefficient		Standardized Coefficient	t	Sig.	Collinearity Statistic	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	20.307	11.893		1.707	.091		
	Tangible	5.880	.828	.569	7.098	.000	.276	3.625
	Reliability	1.966	.565	.246	3.479	.001	.356	2.808
	Responsive	-2.001	.796	.169	-2.506	.014	.390	2.567
	Assurance	1.913	.730	.220	2.622	.010	.251	3.978
	Empathy	2.208	.978	.122	2.258	.026	.605	1.654

a. Dependent Variable: Satisfaction

In Table 9. The results of the linear regression analysis show that the coefficient of determination (R square) is 0.837, meaning that the regression model obtained can explain 83.7% of the variation in the independent variable (patient satisfaction) can be explained by the outpatient satisfaction variable. Other variables outside the model can explain the rest (100 % - 83.7% = 16.3%).

Table 9. Model Summaryᵇ

General Hospital. Dr. Pirnggadi Medan

Model	R	R Square	Adjust R Square	Std. The error in the Estimate	Durbin-Watson
1	.915ᵃ	.837	.828	7.186	1.618

a. Predictor: (Constant), Tangible, Reliability, Responsiveness, Assurance, and Empathy

b. Dependent Variable: Satisfaction

In Table 10. Presents the linearity test between the independent variables (tangible, reliability, responsiveness, assurance, and empathy) with the dependent variable (patient satisfaction). From the test results, the Sig value or p-value = (0.000) < α (0.05) is obtained. So, the linear regression model between the independent variables, namely tangible, reliability, responsiveness, assurance, and empathy, with the dependent variable (satisfaction) is significant.

Table 10. ANOVAᵃ

General Hospital. Dr. Pirnggadi Medan

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	24333.059	5	4866.612	94.248	.000ᵃ
	Residual	4750.543	92	51.636		
	Total	29083.602	97			

    a.   Predictor: (Constant), Tangible, Reliability, Responsiveness, Assurance, and Empathy

    b.   Dependent Variable: Satisfaction

Based on the results of the multivariate test, it is known that the dominant factor influencing patient satisfaction at General Hospital Dr. Pirngadi Medan are factors of physical evidence, reliability, responsiveness, assurance, and empathy.

Discussion

Physical evidence has a positive and significant effect on patient satisfaction. This means that the physical evidence at General Hospital Dr. Pirngadi and Dr. R.M Djoelham Binjai can satisfy outpatients. Based on the substantial level, physical evidence influences or influences patient satisfaction. It is known from the answers of the patients in the two hospitals that the appearance conditions of the doctors and nurses in carrying out examinations and treatment were excellent. In providing care to patients, nurses maintain cleanliness and tidiness. Complete health equipment and facilities are available at the hospital, and the environment around the hospital is very comfortable. Overall physical evidence will affect patient satisfaction while in the hospital. This study's results state that physical evidence positively affects patient satisfaction (Enas, 2020; Engkus, 2019; Marmeam et al., 2018; Nurlina, 2018; Suwarno et al., 2023).Physical evidence (tangible) positively and significantly affects patient satisfaction. The better the patient's perception of concrete evidence, the higher the patient's satisfaction. Thus, the hypothesis that the dimension of service quality, namely Tangible (physical evidence), affects patient satisfaction in both hospitals is proven or acceptable. In other words, the better the physical evidence that is given to patients, the better patient satisfaction when patients who are at Dr. Pirngadi Hospital Medan and Dr. R.M Djoelham Binjai has got what is needed in terms of tangibles such as neat, clean, and comfortable examination rooms, neat employee appearances and the availability of complete and good medical equipment, so patients at both hospitals will feel satisfied with the services available at the clinic.

Reliability of health service providers at General Hospital. Dr. R.M. Djoelham still needs to be considered good. It is possible that service delivery officers have not been able to be on time and still need to gain the skills of some service delivery officers. Therefore, it is necessary to increase the reliability of health service providers to patients by increasing work discipline and training to improve skills in their respective professional fields and programs.At General Hospital Dr. Prangandi, services provided by nurses are timely so that patients do not have to wait too long when they arrive at the outpatient polyclinic. Reliability is the way or attitude of health workers in providing fast, precise, prompt, and accurate health services that can provide patient satisfaction. This is in line with research which found that the quality of drug information services on the reliability dimension significantly affects patient satisfaction (Nurlina, 2018; Suwarno et al., 2020). Based on other research on the reliability dimension, most patients generally have the reliability and accuracy of services provided by officers quickly (Sopiyan et al., 2022).Most respondents' answers in the reliability dimension stated that officers at General Hospital Dr. RM Djoelham still need to gain mastery of his work and are still considered unfriendly in communicating with patients. Hospital staff must have general skills about the hospital, master their work, and, more importantly, officers with good communication and interpersonal skills so that customers will feel satisfied with the services provided. Health workers (doctors, nurses, administrative officers) must have reliability when examining patients.

The reliability dimension discusses the procedures for receiving and serving patients, timely service and diagnosis, appropriate visit times, and service schedules.Some patients assess responsiveness needs improvement at General Hospital Dr. Pirngadi because the service procedure is complicated, and patients still have to wait a relatively long time to get service. This will be an unfavorable record by the patient, considering that they will convey to their families about the treatment received while being treated in the hospital.The study's results, in general, the response of Outpatient General Hospital patients wanted high responsiveness to service satisfaction from the Hospital (Enas, 2020; Natasya & Yusuf, 2021; Perceka, 2020; Sopiyan et al., 2022; Suwarno et al., 2023). Healthcare providers must be able to respond to every patient complaint. Thus, the increased responsiveness of the hospital management will give patients a sense of trust that they will always be served.The existence of a guarantee of safety from a hospital will make patients feel safe, so they do not need to hesitate to seek treatment at a hospital that has quite a lot of doctors. Some

patients consider the dimensions of coverage security good enough because health workers have provided services to patients politely, courteously, and professionally. The hospital provides a sense of security through a night guard by a security guard in the hospital area, especially at night, to avoid disturbance.

There are still findings that assess the General Hospital. Dr. RM. Djoelham is still not good because of patient guarantees and trust in treatment, and there are still patients who think health workers need to be more honest in disclosing patient disease status.The quality of hospital services in the caring dimension is a prominent component as a measuring tool for convenience and communication. The convenience in question is the ease of interacting with health workers and obtaining information. Comfort for patients to interact and meet with health workers such as doctors or nurses is an important thing that must be implemented by service providers so that patients feel comfortable and calm while receiving services at the hospital's outpatient polyclinic.The reliability of doctors and nurses in carrying out health services also influences patient satisfaction. Health workers' reliability and skills in providing care will increase the patient's comfort in receiving services. This aligns with the results of research conducted by Abbasi-Moghaddam (2019). In this study, the level of patient satisfaction for the empathy dimension was 90.1% because when officers provided services, they did not look at the social status and had good communication between officers and patients (Abbasi-Moghaddam et al., 2019).

V.   CONCLUSION

The assurance dimension can be seen based on how knowledgeable hospital staff are in answering patient questions. Guarantee (assurance) includes employees' knowledge and skills in serving patient needs, employee ethics, and promises of safety from the hospital. The existence of a guarantee of protection from a hospital will make patients feel safe and without any hesitation to seek treatment, besides that guarantees from a hospital will affect patient satisfaction because what the patient wants can be fulfilled by the hospital, namely with the knowledge and skills of nurses and doctors.Responsiveness in service can affect patient satisfaction.

For this reason, to increase patient satisfaction, speed support is needed in services such as providing a fast response to every patient complaint, and providing fast and responsive service to patient needs, considering that patient needs are urgent needs that must be met immediately. In addition, adequate support from experts such as doctors and nurses is necessary to increase patient satisfaction. A hospital is said to have an empathetic dimension if it cares about patient complaints, cares about the needs and desires of patients, is not selective in providing services to all patients, and sympathizes with doctors and staff patients. Therefore, the author believes that patient satisfaction is essential in service because if the patient is satisfied, it will impact the quality of service to provide a good assessment of the service staff and the hospital's image.

VI.   SUGGESTIONS AND IMPLICATIONS

It is suggested that the hospital should give a positive impression of the quality of services provided but not raise patient expectations too high to meet patient needs and provide patient satisfaction.Moreover, for hospital staff, it is recommended to maintain the patient's relationship with hospital staff to be well established, which supports the course of excellent service that occurs regarding friendliness, the information provided, the extent of communication, support, the response of doctors/nurses, and convenience of doctors/nurses when contacted.

VII.   ACKNOWLEDGMENTS

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