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The Influence of Service Quality and Inpatient Facilities on Patient Satisfaction (A Case Study of Inpatients at Arjawinangun Regional General Hospital)

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Abstract

Increasing competition in the healthcare sector requires hospitals to provide service quality and facilities that meet patients' expectations. Patient satisfaction reflects not only the success of healthcare delivery but also serves as an important indicator for maintaining loyalty and strengthening hospitals' competitiveness. This study aims to analyze the effects of service quality and inpatient facilities on patient satisfaction at Arjawinangun Regional General Hospital (RSUD Arjawinangun), both individually and jointly. The study employed a quantitative approach and a survey of 96 inpatients selected through purposive sampling. Data were analyzed using multiple linear regression with IBM SPSS Statistics. The results show that service quality has a positive and significant effect on patient satisfaction ($t = 9.260$; $p < 0.001$), as do inpatient facilities ($t = 3.020$; $p = 0.003$). Jointly, the two variables significantly affect patient satisfaction ($F = 73.408$; $p < 0.001$), with a coefficient of determination of 61.2%. These findings indicate that improving the quality of service interactions and providing adequate facilities are strategic factors in enhancing patient satisfaction in public hospitals.

Keywords
service quality; hospital facilities; patient satisfaction; healthcare services; hospitals.

I. Introduction

Healthcare is one of the sectors undergoing the most rapid changes as public expectations regarding service quality, patient safety, and the overall service experience continue to rise. Hospitals no longer function solely as institutions providing medical services; they also operate as service organizations expected to create value through care oriented toward patients' needs. In an increasingly competitive healthcare environment, hospitals' ability to provide high-quality services is a strategic factor in building public trust and sustaining organizational viability (Alrwashdh & Alishaq, 2023; Garza-Carranza et al., 2024).

The concept of patient-centered care positions patient satisfaction as a key indicator for evaluating the success of healthcare delivery. Patient satisfaction indicates the extent to which the services received meet or exceed patients' expectations. High satisfaction increases patient loyalty, strengthens a hospital's reputation, and encourages positive recommendations within the community, whereas dissatisfaction may undermine public trust in healthcare institutions (Inaray et al., 2024).

Recent studies show that service quality is a primary determinant of patient satisfaction. Service quality dimensions such as reliability, responsiveness, assurance,

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empathy, and tangibility have consistently been shown to positively influence patients' perceptions of hospital service quality (Garza-Carranza et al., 2024; Rahmatia et al., 2025).

In addition to service quality, hospitals' physical facilities are important components of patients' experiences during treatment. Comfortable inpatient rooms, environmental cleanliness, adequate medical and nonmedical facilities, and easy access to supporting facilities are elements of the servicescape that can improve perceptions of service quality and patient satisfaction (Garza-Carranza et al., 2024; Ursula & Saryatmo, 2024).

These issues remain a challenge for public hospitals in Indonesia, including RSUD Arjawinangun. Preliminary observations indicate that several aspects of care do not yet fully meet patients' expectations, including the speed of service provided by healthcare personnel, administrative efficiency, the cleanliness of inpatient rooms, and the adequacy of supporting facilities. These conditions suggest a gap between expected and received services, potentially reducing patient satisfaction. These preliminary findings are also supported by a preliminary survey showing continuing patient complaints about service quality and hospital facilities.

The relationships among service quality, facilities, and patient satisfaction have been widely investigated in academic research. However, most studies have focused on private or teaching hospitals, while research on regional public hospitals serving patients with different characteristics remains relatively limited. Furthermore, changes in public expectations of healthcare following the pandemic indicate a need to reassess the factors influencing patient satisfaction using more recent empirical evidence (Alrwashdh & Alishaq, 2023; Rahmatia et al., 2025).

Against this background, the empirical gap addressed by this study is the continuing suboptimal quality of services and facilities at RSUD Arjawinangun, while the research gap concerns the limited number of studies jointly examining these two variables in regional public hospitals using recent inpatient data. Accordingly, this study aims to analyze the effects of service quality and inpatient facilities on patient satisfaction at RSUD Arjawinangun. It is expected to contribute theoretically to the healthcare service management literature and provide practical recommendations for improving hospital service quality.

II. Review of Literature

2.1 Service Quality

Service quality refers to an organization's ability to provide services that consistently meet or exceed customers' expectations. In hospitals, service quality involves not only healthcare personnel's clinical competence but also how care is delivered through communication, response speed, procedural certainty, empathy, and the conditions of the service environment. Service quality is therefore regarded as a primary determinant of patients' perceptions of healthcare quality (de la Garza-Carranza et al., 2024; Wahyuni et al., 2024).

SERVQUAL remains the most widely used conceptual framework for measuring service quality in service organizations, including hospitals. The model measures the gap between customer expectations and perceptions across five main dimensions: tangibility, reliability, responsiveness, assurance, and empathy. Recent research shows that empathy,

assurance, and responsiveness are the most influential factors in improving inpatient satisfaction because they are directly related to patients' experiences while receiving healthcare services (de la Garza-Carranza et al., 2024).

From a service management perspective, service quality is a source of competitive advantage that is difficult to imitate because it is built through interactions among human resources, service systems, and organizational culture. Hospitals that consistently maintain service quality tend to enjoy higher levels of patient trust and loyalty than hospitals focusing solely on the technical aspects of care (Maulana et al., 2025).

2.2 Hospital Facilities

Facilities encompass all physical resources provided by a hospital to support healthcare delivery and improve patient comfort during treatment. In the healthcare service industry, facilities serve not merely as complements to care but also as part of the patient experience that influences perceptions of overall service quality (Pratama et al., 2024).

The servicescape concept explains how the physical environment influences customers' emotional and behavioral responses. In hospitals, inpatient room design, environmental cleanliness, bed comfort, lighting, ventilation, sanitation facilities, internet access, parking areas, and other supporting facilities can create a more positive service experience. A comfortable service environment increases patients' sense of security, reduces anxiety, and strengthens perceptions of hospital service quality (Pratama et al., 2024; Ansyori et al., 2024).

Several empirical studies show that facilities directly affect patient satisfaction. Patients tend to rate hospitals more highly when they provide clean, well-equipped, accessible facilities that support recovery. Investment in physical facilities is therefore an important component of strategies to improve hospital service quality.

2.3 Patient Satisfaction

Patient satisfaction is an overall evaluation of the service experience received throughout the healthcare process. Satisfaction develops when patients' perceptions of service quality meet or exceed their expectations before receiving care. Conversely, when the services received fall below expectations, patients report lower satisfaction, potentially affecting their loyalty to and trust in the hospital (Setyaningrum et al., 2024).

From a healthcare service management perspective, patient satisfaction is an important indicator for evaluating the quality of service organizations. High satisfaction not only increases the likelihood that patients will use hospital services again but also encourages positive recommendations within the community. Patient satisfaction is therefore frequently used as a key performance indicator in hospital service evaluations (de la Garza-Carranza et al., 2024).

Recent research shows that patient satisfaction is influenced by a combination of service quality, service facilities, healthcare personnel's communication, administrative efficiency, and patients' experiences while receiving care. Improving patient satisfaction therefore requires a comprehensive approach involving simultaneous improvements in service quality and supporting facilities.

2.4 Hypothesis Development

High service quality enables patients to receive prompt, accurate, safe, and empathetic care, thereby improving their experiences during treatment. Various studies show that service quality positively affects patient satisfaction because high-quality care meets patients' expectations and increases trust in the hospital (de la Garza-Carranza et al., 2024; Wahyuni et al., 2024).

H1: Service quality has a positive and significant effect on patient satisfaction.

Hospital facilities constitute part of the tangible evidence of service provision and directly influence patient comfort and perceptions of service quality. Hospitals with comprehensive, clean, comfortable, and accessible facilities tend to achieve higher patient satisfaction than hospitals with inadequate facilities (Pratama et al., 2024; Ansyori et al., 2024).

H2: Hospital facilities have a positive and significant effect on patient satisfaction.

Service quality and facilities are two complementary core components of the healthcare system. High-quality service interactions without adequate facilities diminish the patient experience, while good facilities provide no added value when the care patients receive is unsatisfactory. Improving both aspects simultaneously is therefore expected to enhance patient satisfaction more effectively (Pratama et al., 2024).

H3: Service quality and hospital facilities jointly have a positive and significant effect on patient satisfaction.

2.5 Conceptual Framework

Patient satisfaction is an important indicator for evaluating hospital service success because it reflects the alignment between patients' expectations and the services received. From a service management perspective, patient satisfaction is influenced not only by medical outcomes but also by the quality of service interactions and the physical environment in which care is delivered. Hospitals are therefore expected to provide high-quality care supported by adequate facilities to create positive service experiences.

Service quality represents a hospital's ability to provide reliable and responsive care, offer assurance, demonstrate empathy, and provide adequate tangible evidence of service quality. The better the quality of care patients receive, the higher their satisfaction, as the services meet or even exceed their expectations (de la Garza-Carranza et al., 2024; Wahyuni et al., 2024).

In addition to service quality, hospital facilities determine patients' experiences during treatment. Comprehensive, comfortable, clean, and accessible facilities enhance comfort and patients' positive perceptions of the care provided. Conversely, limited facilities can diminish the patient experience even when medical care is delivered appropriately (Pratama et al., 2024; Ansyori et al., 2024).

Based on service quality theory, the servicescape concept, and previous research findings, this study assumes that service quality and facilities are complementary factors shaping patient satisfaction. Better service quality and more adequate hospital facilities are expected to result in higher inpatient satisfaction at RSUD Arjawinangun.

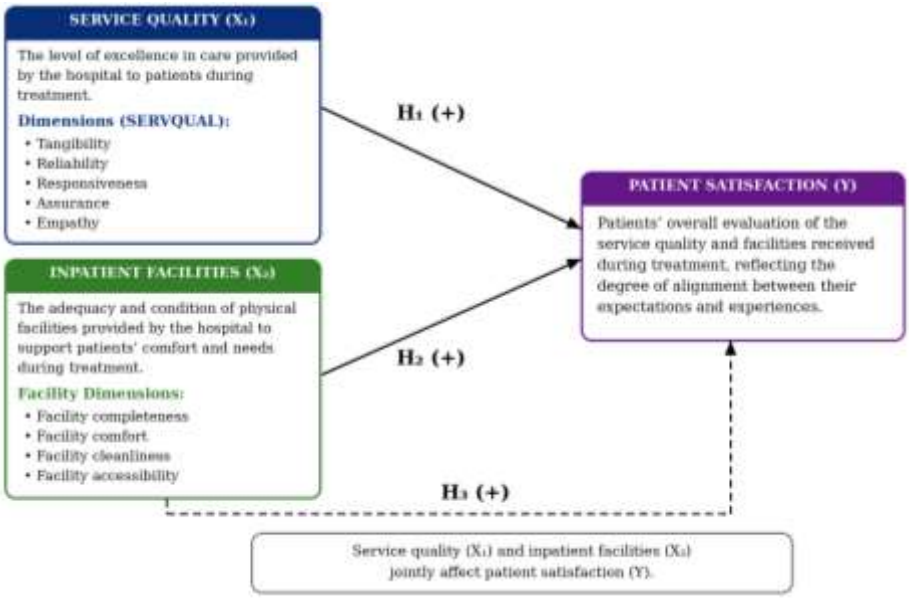

Figure 1. Research Conceptual Framework

III. Research Methods

This study employed a quantitative approach with an explanatory research design to examine causal relationships among service quality, inpatient facilities, and patient satisfaction. A quantitative approach was selected because it enables objective measurement of relationships among variables through statistical analysis, allowing the findings to be generalized to the study population (Hair et al., 2022).

The study was conducted at Arjawinangun Regional General Hospital (RSUD Arjawinangun), Cirebon Regency, West Java. It focused on inpatients who had received healthcare services and therefore had direct experience in evaluating hospital service quality and facilities. The study population comprised all inpatients at RSUD Arjawinangun during the study period. Purposive sampling was used to select respondents based on specific criteria: patients who had been hospitalized for at least two days, were over 17 years of age, could communicate effectively, and were willing to participate in the study. Using Slovin's formula with a 10% margin of error, a sample of 96 respondents was obtained.

The study used primary and secondary data. Primary data were collected through questionnaires using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The research instrument was developed using indicators widely employed in previous studies. Service quality (X_1) was measured using the five SERVQUAL dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). Inpatient facilities (X_2) were measured using indicators of facility completeness, comfort, cleanliness, and accessibility, while patient satisfaction (Y) was measured through expectation fulfillment, satisfaction with services, intention to reuse services, and willingness to recommend the hospital to others (Kotler & Keller, 2022; Tjiptono, 2022).

Before data analysis, the research instrument was assessed for validity using Pearson product–moment correlation and for reliability using Cronbach's alpha, with a minimum threshold of 0.70 (Hair et al., 2022). Regression assumption tests were then conducted, including tests of normality, multicollinearity, heteroscedasticity, and linearity, to ensure that the regression model met the statistical assumptions.

Data were analyzed using multiple linear regression with IBM SPSS Statistics version 27. The regression equation was specified as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$$

where:
Y = Patient satisfaction
β_0 = Constant
β_1 = Regression coefficient for service quality
β_2 = Regression coefficient for facilities
X_1 = Service quality
X_2 = Inpatient facilities
ε = Error term

Hypotheses were tested using t-tests to determine the individual effect of each independent variable on patient satisfaction and an F-test to examine the joint effect of the two independent variables on the dependent variable. The coefficient of determination (R^2) was also used to quantify the contribution of service quality and facilities to explaining variation in patient satisfaction. All statistical tests were conducted at a 5% significance level ($\alpha = 0.05$).

Table 1. Operational Definitions of Variables

Variable	Indicators	Scale	References
Service Quality (X_1)	Tangibility, Reliability, Responsiveness, Assurance, Empathy	Likert 1–5	Parasuraman et al. (1988); Tjiptono (2022)
Inpatient Facilities (X_2)	Facility completeness, Comfort, Cleanliness, Accessibility	Likert 1–5	Kotler & Keller (2022); Tjiptono (2022)
Patient Satisfaction (Y)	Expectation fulfillment, Overall satisfaction, Intention to reuse services, Recommendation	Likert 1–5	Kotler & Keller (2022); Oliver (2015)

Source: Compiled by the authors based on the literature review.

IV. Result and Discussion

4.1 Respondent Characteristics

This study involved 96 inpatients at RSUD Arjawinangun selected through purposive sampling in accordance with the study criteria. Respondents had undergone treatment for at least two days, giving them sufficient experience to evaluate hospital service quality and facilities. Respondent characteristics were analyzed by gender and age to provide an overview of the study sample.

Table 1. Respondent Characteristics (N = 96)

Characteristic	Category	n	%
Gender	Male	45	46.9
	Female	51	53.1
Age (years)	<17	15	15.6
	17–35	9	9.4
	36–45	26	27.1

Characteristic	Category	n	%
	>45	46	47.9

Source: Processed primary data (2026).

A total of 96 inpatients participated in this study. As shown in Table 1, most respondents were female, comprising 51 patients (53.1%), while male respondents numbered 45 (46.9%). By age group, most respondents were over 45 years old, comprising 46 patients (47.9%), followed by those aged 36–45 years with 26 patients (27.1%), those under 17 years old with 15 patients (15.6%), and those aged 17–35 years with 9 patients (9.4%). This composition indicates that most respondents were adults and older patients with direct experience in evaluating service quality and inpatient facilities at RSUD Arjawinangun.

Table 2. Descriptive Statistics of the Variables

Variable	Mean	Category
Service Quality	3.66	Good
Facilities	2.95	Fairly Good
Patient Satisfaction	3.53	Good

Source: Processed primary data (2026).

Table 3. Instrument Validity and Reliability Test Results

Variable	Number of Items	Observed r Range	Critical r-value	Cronbach's Alpha	Assessment
Service Quality (X_1)	15	0.451–0.823	0.2006	0.816	Valid and Reliable
Inpatient Facilities (X_2)	8	0.472–0.781	0.2006	0.685	Valid and Reliable
Patient Satisfaction (Y)	8	0.518–0.842	0.2006	0.873	Valid and Reliable

Source: Data processing results using IBM SPSS Statistics.

Instrument testing showed that all indicators for service quality, inpatient facilities, and patient satisfaction had observed correlation coefficients greater than the critical r-value (0.2006). These findings indicate that all questionnaire items met the validity criteria and could adequately measure the study constructs. Reliability testing yielded Cronbach's alpha values of 0.816 for service quality, 0.685 for inpatient facilities, and 0.873 for patient satisfaction. These values indicate that the research instrument has good internal consistency and is suitable for further analysis.

Table 4. Summary of Regression Assumption Tests

Test	Result	Decision
Normality	Sig. = 0.141	Normal
Multicollinearity	VIF = 1.232	No multicollinearity
Heteroscedasticity	Random scatterplot pattern	No heteroscedasticity

Test	Result	Decision
Autocorrelation	DW = 2.038	No autocorrelation
Linearity $X_1 \rightarrow Y$	Sig. = 0.416	Linear
Linearity $X_2 \rightarrow Y$	Sig. = 0.449	Linear

Source: SPSS data processing results.

Table 5. Regression Analysis Results

Variable	β	t	Sig.	Decision
Constant	-9.660			
Service Quality	0.611	9.260	<0.001	H_1 supported
Facilities	0.295	3.020	0.003	H_2 supported

Table 6. Joint Significance Test Results

F	Sig.	R^2	Decision
73.408	<0.001	0.612	H_3 supported

4.2 Discussion

a. The Effect of Service Quality on Patient Satisfaction

The results show that service quality has a positive and significant effect on patient satisfaction. This finding indicates that improvements in the quality of care provided by healthcare personnel are accompanied by increases in patient satisfaction. In other words, patients evaluate service success not only in terms of clinical outcomes but also in terms of how care is delivered through effective communication, timeliness, staff friendliness, and the hospital's ability to provide a sense of safety and comfort during treatment.

Theoretically, these findings support the SERVQUAL model developed by Parasuraman et al. (1988), which explains that service quality comprises five principal dimensions: tangibility, reliability, responsiveness, assurance, and empathy. In healthcare, these dimensions underpin patients' perceptions of hospital service quality. When healthcare personnel provide responsive and trustworthy care, demonstrate competence, and show concern for patients' conditions, the gap between expectations and received services narrows, resulting in greater satisfaction.

These findings are also consistent with Expectation Confirmation Theory (ECT), which explains that satisfaction arises when service performance meets or exceeds customer expectations. Patients enter hospitals expecting prompt, accurate, safe, and humane care. When the services received meet these expectations, patients evaluate the hospital positively. Conversely, slow, poorly communicated, or inconsistent services may cause dissatisfaction even when clinical outcomes are relatively good.

The results are consistent with international studies identifying service quality as a primary determinant of patient satisfaction. Research by de la Garza-Carranza et al. (2024) shows that responsiveness and assurance have the strongest effects on patient satisfaction because they are directly related to the service experience. Similarly, Rahmatia et al. (2025) found that improving interactions between healthcare personnel and patients increases satisfaction and strengthens patient loyalty to the hospital.

At RSUD Arjawinangun, the findings indicate that healthcare personnel have provided care rated as good by most respondents. However, several aspects still require improvement, particularly service speed during peak hours, consistent communication with

patients' families, and administrative efficiency. Improvements in these areas are expected to enhance the overall patient experience.

From a managerial perspective, these findings indicate that improving service quality requires both stronger technical competence among healthcare personnel and better interpersonal skills through training in service excellence, therapeutic communication, and patient experience management. These strategies can help hospitals provide more patient-oriented care and strengthen public trust in the quality of their services.

b. The Effect of Inpatient Facilities on Patient Satisfaction

This study also shows that inpatient facilities have a positive and significant effect on patient satisfaction. This finding indicates that the hospital's physical environment is an integral part of service quality. Although medical care forms the core of healthcare delivery, patients also consider facility conditions during treatment. Clean, comfortable, safe, and well-equipped facilities improve patient comfort and create a more positive service experience.

These findings support Servicescape Theory developed by Bitner (1992), which explains that the physical environment influences customers' emotional responses to the services received. In hospitals, inpatient rooms, beds, lighting, ventilation, bathroom cleanliness, family waiting areas, and other supporting facilities influence patients' perceptions of overall service quality.

The findings also reinforce the view that facilities are not merely physical assets but part of a strategy for improving service quality. A comfortable service environment can reduce patient anxiety, increase feelings of security during treatment, and strengthen perceptions of the hospital's commitment to service quality. Investment in facilities therefore improves patient comfort and contributes to the organization's reputation.

These findings are consistent with Pratama et al. (2024), who showed that hospital facility quality significantly affects patient satisfaction. Ansyori et al. (2024) also found that environmental cleanliness, facility completeness, and comfortable inpatient rooms directly improve patients' perceptions of hospital service quality.

At RSUD Arjawinangun, several facility indicators received lower ratings than service quality indicators, particularly inpatient room comfort and the adequacy of supporting facilities. These conditions suggest that the hospital still has opportunities to improve patient satisfaction through ongoing improvements to its physical facilities.

c. The Effects of Service Quality and Facilities on Patient Satisfaction

The joint significance test shows that service quality and facilities jointly have a significant effect on patient satisfaction, explaining 61.2% of its variation. This finding indicates that patient satisfaction results from the interaction between the quality of care provided by healthcare personnel and the quality of the physical environment in which that care is delivered.

Conceptually, these results support the Resource-Based View (RBV), which holds that organizational resources, both tangible and intangible, are strategic factors in creating competitive advantage. In this study, service quality reflects intangible resources in the form of healthcare personnel's competence and service systems, while inpatient facilities represent tangible resources supporting service delivery. The combination of these resources creates a valuable service experience for patients.

The coefficient of determination of 61.2% indicates that service quality and facilities are major determinants of patient satisfaction at RSUD Arjawinangun. Nevertheless, the remaining 38.8% of variation in patient satisfaction is influenced by factors outside the research model, such as waiting times, the effectiveness of physician–patient communication, service costs, ease of access to digital services, hospital image, and

clinical outcome quality. These findings offer opportunities for future research to develop a more comprehensive model.

In practical terms, the findings imply that strategies to improve patient satisfaction cannot be implemented in isolation. Hospital management needs to integrate improvements in service quality through human resource competency development with improvements in facility quality through infrastructure maintenance, inpatient room modernization, and the provision of more comfortable and accessible supporting facilities. This integrated approach is expected to improve patient experiences, strengthen loyalty, and enhance the competitiveness of RSUD Arjawinangun as a public hospital.

V. Conclusion

This study aimed to analyze the effects of service quality and inpatient facilities on patient satisfaction at RSUD Arjawinangun. The findings show that service quality has a positive and significant effect on patient satisfaction, indicating that improvements in reliability, responsiveness, assurance, empathy, and tangibility can enhance patients' positive perceptions of hospital services. Inpatient facilities also have a positive and significant effect on patient satisfaction, making a comfortable, clean, safe service environment supported by adequate facilities an important factor in shaping patients' service experiences. Joint testing shows that service quality and facilities together are major determinants of patient satisfaction at RSUD Arjawinangun. Improvements in both aspects should therefore be integrated to deliver higher-quality healthcare.

Theoretically, this study reinforces the applicability of SERVQUAL, Servicescape Theory, and Expectation Confirmation Theory in healthcare by showing that patient satisfaction is shaped by a combination of service interaction quality and the quality of the hospital's physical environment. These findings provide empirical evidence that improving healthcare quality requires a comprehensive approach focusing on both healthcare personnel's competence and facilities that support the patient experience.

From a practical perspective, the findings suggest that RSUD Arjawinangun management should prioritize service quality improvement through service excellence training, stronger communication among healthcare personnel, faster administrative processes, and continuous service quality evaluation. Improvements to inpatient facilities, environmental cleanliness maintenance, supporting facility modernization, and greater comfort in patient rooms should also form part of a patient-oriented strategy for improving service quality.

This study has several limitations. First, it was conducted at only one hospital, so its findings cannot yet be generalized to hospitals with different characteristics. Second, the research model examined only two independent variables, although patient satisfaction may also be influenced by waiting times, physician–patient communication, service costs, clinical outcome quality, service digitalization, and hospital image. Future research should therefore develop a more comprehensive model by including different types of hospitals, expanding the geographic scope, and incorporating these variables to achieve a more complete understanding of the factors influencing patient satisfaction.

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