

THE EFFECT OF COMPETENCE, FACILITIES, AND INTERPERSONAL COMMUNICATION ON PATIENT SATISFACTION THROUGH QUALITY OF SERVICE AS INTERVENING VARIABLES IN NATUNA HOSPITAL

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Abstract

The purpose of this study was to analyze patient satisfaction at the Natuna Hospital. This study uses the variables of competence, facilities and interpersonal communication on the effect of patient satisfaction through service quality. The population in this study were patients at the Natuna General Hospital. While the samples taken in this study were 121 people taken from the population. Data were collected using the questionnaire method, namely by providing a list of questions or questionnaires directly to the respondents. In this study, researchers used SEM-PLS ver.4 processing. In this study, it shows that competence (X1) directly has a positive and significant effect on service quality (Z) with a p-value of $0.023 < 0.05$, facilities (X2) directly have a positive and significant effect on service quality (Z) with a p-value of $0.000 < 0.05$, interpersonal communication (X3) directly has a positive and significant effect on service quality (Z) with a p-value of $0.033 < 0.05$, service quality (Z) directly has a positive and significant effect on patient satisfaction (Y) with a p-value of $0.000 < 0.05$. In this study, it shows that competence (X1) directly has a positive and significant effect on patient satisfaction (Y) with a p-value of $0.003 < 0.05$, facilities (X2) directly have a positive and significant effect on patient satisfaction (Y) with a p-value of $0.001 < 0.05$, interpersonal communication (X3) directly has a positive and significant effect on patient satisfaction (Y) with a p-value of $0.000 < 0.05$, the competence variable (X1) mediates service quality (Z) on patient satisfaction (Y) with a p-value of $0.000 < 0.05$, the facility variable (X2) mediates service quality (Z) on patient satisfaction (Y) with a p-value of $0.003 < 0.05$, Interpersonal Communication (X3) mediates service quality (Z) on patient satisfaction (Y) with a p-value of $0.001 < 0.05$. The R-square value for the Service Quality (Z) variable is 0.680 (68.0%), this value can be explained by factors including X1 (Competence), X2 (Facilities), X3 (Interpersonal Communication), while the remaining 32,0% is explained by other variables outside the model.

Keywords: *Competence, Facilities, Interpersonal Communication, Patient Satisfaction, Service Quality.*

1. INTRODUCTION

Based on the Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services which is stated in it, namely that every color of the state is obliged to serve every citizen and resident to fulfill their basic rights and needs within the framework of public services which is the mandate of the 1945 Constitution of the Republic of Indonesia. Likewise, the Law includes that as an effort to improve the quality and ensure the provision of public services in accordance with the general principles of good governance and corporations as well as to provide protection for every citizen and resident from abuse of authority in the administration of public services, Therefore, legal arrangements are needed to support it.

In sustainable health development which has the aim of increasing awareness, willingness, and ability to live a healthy life for everyone so that the highest possible increase in public health occurs, Realizing a healthy state is the will of everyone, not only by individuals, but also by families, groups and even communities. In order to realize optimal public health status, various efforts must be carried out, one of which is to provide optimal health services.

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To improve the quality and progress of the global economy also has an impact on competition in the service industry. Of course, the Natuna Hospital is a company engaged in health services/services. The health service industry is not only about the problem of curing a disease but also focusing on disease prevention measures and improving the quality of public health in a better direction. Therefore, it is necessary to take action that prioritizes prevention as an embodiment of the spirit of preventing is better than treating.

Natuna Hospital also has a number of patient visits, where the level of patient visits is the most important part in improving the quality of health services at Natuna Hospital. Where the number of visits can be seen and can find out whether or not patients are satisfied with the services they provide, as for the number of visits in 2022 as shown in table 1.

Table 1 Number of patient visits at the Natuna Hospital in 2022

No	Month	Inpatient	poly	Amount
1	January	208	3561	3769
2	February	247	2841	3088
3	March	164	1647	1811
Total				8668

Source: Data from Ranai-Natuna Hospital 2022

Seen from table 1, the number of visits seeking treatment at the Natuna Hospital in 2022 decreased, where the number of visits in March was 1811 visits, previously in January it increased by 3769, but in February there was a change in a decrease of 681 to 3088 which was previously 3769 visits. In March, it was shown that the health services provided to patients were not of good quality and of poor quality so that it could affect patient satisfaction as customers or recipients of health services.

Based on observations that have been made at the Natuna Hospital, where the phenomenon that occurs is a weakness in patient satisfaction, and facilities are still inadequate, then there is poor communication to patients. Therefore, it is necessary to analyze what causes the level of patient visits to decrease and cannot maintain its quality.

To maintain the quality of service, the Natuna Hospital requires a good management system in order to coordinate each visit at the hospital, foster and regulate the performance of employees as executor of activities in improving the quality of service to patients. In order for patients to get satisfaction according to their needs and expectations and improve their quality, it is necessary to pay attention to several important factors such as competence, facilities, and good interpersonal communication, and RSUD Natuna also pays attention to the quality of its services.

Service quality is a dynamic condition associated with products, services, people, processes and the environment that meet or exceed expectations. Where the service is said to be of high quality if it can provide products and services (services) in accordance with the needs and expectations of customers. The decline in the quality of service at the Natuna Hospital is caused by several things, such as the service provided to patients is not fast or the service is slow which causes long queues. So, this can affect the patient satisfaction decreases. (Hardiansyah, 2018: 49).

The optimal role of nurses and doctors in carrying out patient satisfaction has developed and leads to demands for knowledge, attitudes and skills that support the patient's safety movement. Attitude is the readiness or willingness of nurses in carrying out nursing actions and is not the implementation of certain motives. Nurses are expected to be able to be responsible for everything that has been chosen with all risks and is the highest attitude. One of the patient's rights that must be fulfilled is the right to obtain their own security and safety during hospitalization.

According to Rahmisyari (2017: 48) competence is an ability to carry out or do a job that is based on skills and knowledge and is supported by the work attitude required by the job. Skills are

highly demanded to increase patient satisfaction because skill is a person's ability to apply knowledge into action, an employee's skills are obtained through education and training. To increase satisfaction and quality, of course, also pay attention to the facilities or infrastructure at the Natuna Hospital.

According to Tjiptono (2014: 269) Facilities can also be interpreted as facilities and infrastructure available in the environment and in the company's office, which is intended to provide maximum service so that consumers or customers feel comfortable and satisfied. In improving the quality in the Natuna Hospital, there are still weaknesses, such as facilities in the form of medical devices are still inadequate or the presence of damaged equipment that can affect performance is hampered. If the facilities are still inadequate, the patient feels uncomfortable and the patient is not satisfied.

The Natuna Hospital must also provide good and friendly communication to everyone, both to fellow employees and to patients. according to Susanto and Veronika (2019:33) Communication is feedback between the sender of the message and the recipient of the message. Communication also aims to give influence to all members, so that they either individually or collectively understand the value or responsibility in order to achieve goals.

how to communicate is also done by doctors and paramedics to patients which is often done is interpersonal communication or what is often called interpersonal communication. Where interpersonal communication that exists between doctors and paramedics to patients is a cooperative relationship characterized by exchanging messages, experiences, thoughts, feelings, and behaviors for the purpose of, among other things, being able to alleviate the suffering of patients and help patients recover faster from their illness (Umudy, 2007)., 2016:110)

The decline in communication in hospitals is caused by poor communication between employees and patients, such as the delivery of doctors and nurses who are not clear or language that does not understand or cannot provide energy to patients and make sure the patient's illness will heal. This can cause the patient to get dissatisfied with the speaker given, it is necessary to repeat the delivery and the language of the speaker is easy to understand for the patient.

Therefore, from the explanation of the variables above to maintain quality, of course it will lead to the value that will be given by patients and customers regarding satisfaction. because satisfaction is also one of the keys to the success of a business. If the patient feels dissatisfied and does not meet the needs and desires, the patient is reluctant to return to the Natuna Hospital, and vice versa.

The occurrence of customer satisfaction can provide several benefits, including being able to provide a harmonious relationship between the company and its customers, and can provide a good basis for repurchasing and creating customer loyalty. Customer satisfaction is a central element in modern marketing thinking and practice. basically, the purpose of a business is to create satisfied customers (Tjiptono, 2015: 45-76).

This is a note and improvement that must be made by the Natuna Hospital in improving competence, facilities, and interpersonal communication as well as service quality in order to obtain better community satisfaction.

2. STUDY OF THEORY, FRAMEWORK OF THINKING AND HYPOTHESES

2.1 Definition of Patient Satisfaction

In understanding the needs and desires of patients there are important things that can affect patient satisfaction. Where a satisfied patient is a very valuable asset because if the patient is satisfied, they will continue to use the service of their choice, but if the patient feels dissatisfied then they will tell twice as much to others about the bad experience they experienced or they feel. For this reason, so that patients feel satisfied, the hospital must create and manage a good management system to obtain more patients and the ability to maintain the quality and satisfaction of these patients. Where patients are sick people who are treated by doctors and other health workers in practice.

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According to Tjiptono's theory (2015:45-76) Customer satisfaction is a key element in modern marketing thinking and practice. Basically, the goal of a business is to create satisfied customers. Customer satisfaction can provide several benefits, including allowing the relationship between the company and its customers to be harmonious and provide a good basis for repeat purchases and can create customer loyalty. Customer satisfaction can also be interpreted as a comparison between expectations or expectations before purchase and perceptions of performance after purchase.

According to the theory of Kotler & Keller (2012: 46) basing that consumer satisfaction is the level of a person's feelings after comparing the performance (results) he feels compared to his expectations. If the performance exceeds expectations, they will feel satisfied and vice versa if the performance does not match expectations, the consumer or customer will feel disappointed.

According to Rangkuti, 2011 (Indrawan, 2021: 81) Customer satisfaction is a response or reaction to the discrepancy between the level of importance before and the actual performance felt after use or use.

Dimensional factors that affect customer satisfaction according to Lupiyoadi, 2001 (Suyitno, 2018:137), namely:

- a. Product quality
- b. Service quality
- c. Emotional Factor
- d. Price Factor
- e. Cost Factor

Based on the opinion of experts, it can be synthesized that patient satisfaction is the patient's subjective value of the services provided after comparing the results of the services provided with their expectations. Patients would feel satisfied if the services provided meet the patient's expectations or even more than what the patient expects.

2.2 Definition of Competence

The existence of humans in the organization has a very important role for the organization. This is because the success of an organization is largely determined by the quality of the employees who work in it. This view is in line with the view of Wibowo (2012: 87) which says that every organization is formed to achieve certain goals and if it is achieved, then it can be called a success.

According to Spencer (1993) competence is the character of attitudes and behavior, or individual willingness and ability that is relatively stable when facing situations and workplaces that are formed in synergy between character, self-concept, internal motivation, and conceptual knowledge capacity.

According to Darsono and Tjanjuk (2013:45) it is a combination of skills, knowledge, creativity, and positive attitudes towards certain jobs that are manifested in performance. Competence is the character of a worker who is able to produce the best performance compared to others. Darsono (2013: 64) states that the performance of a competent person can be seen from the point of view:

1. Success, namely people who are always successful in certain fields of work.
2. Creativity, namely people who always think of alternatives in solving problems and every problem encountered can be solved.
3. Innovative, namely people who are able to find something new.

According to Spencer, 1993 (Wibowo, 2012: 75) there are five indicators of competence, namely as follows:

1. Motive
2. Nature
3. Self concept
4. Knowledge
5. Skills

Based on the opinion of experts, competence is synthesized as an action that contains aspects of knowledge, skills (skills) and abilities or personality characteristics that affect performance.

2.3 Definition of Competence

that can be made easily to facilitate the implementation of a particular business. Facilities are facilities available to assist in the implementation of a job.

According to Kartajaya, 2003 (Suyitno, 2018:136) providing adequate facilities will help increase consumer empathy for any conditions created when consumers make purchases. Psychologically, they will give a statement that they are satisfied with their purchase.

According to the theory of Fandy Tjiptono (2014: 269) Facilities are defined as facilities and infrastructure available in the environment and in the company's office, intended to provide maximum service so that consumers or customers feel comfortable and satisfied. Facilities are also the main supporting factor in the activities of a product.

According to Kartajaya, 2003 (Suyitno, 2018:136) there are things that need to be conveyed in service facilities, including:

1. Completeness, Cleanliness, and Tidiness of the facilities offered.
2. Facility conditions
3. the function of the facilities offered
4. Ease of use of the facilities offered
5. Completeness of tools used.

Based on the opinion of experts, it can be synthesized that the facility contains the meaning of a means to facilitate and provide comfort to consumers/patients.

2.4 Definition of Interpersonal Communication

Interpersonal communication in humans there are components of communication such as sources, messages, channels of recipients and feedback. In interpersonal communication only one person is involved where the message starts and ends in each individual. Interpersonal communication can also affect communication and relationships with other people where communication is a message that is talked about or conveyed starting from a person.

According to Thoha, 2008 (Fajri, et al 2016: 3) Interpersonal communication is the process of delivering messages or news by someone and receiving the news by another person or group of people with a consequence and immediate feedback.

In health, communication activities that are often carried out by doctors and paramedics to patients are Therapeutic Communication where the communication is a cooperative relationship characterized by exchanging messages, experiences, thoughts, feelings, and behaviors with the aim of alleviating the suffering of patients and helping patients recover more quickly from their illness. The purpose of doctors and paramedics communicating with patients is to help, assist and ease the burden of illness suffered by patients (According to Umudy, 2016: 110).

According to Josep, 2011 (Yuda, 2019:27) Interpersonal communication is an activity carried out in everyday life, and is a way to convey and receive information, ideas, feelings, and even one's emotions, to the point of reaching it.

Thoha, 2008 (Fajri, et al 2016: 3) dimensions of interpersonal communication, namely:

1. Openness
2. Empathy
3. Support
4. Positivity/positive behavior
5. Similarities

According to experts, interpersonal communication is synthesized as a process of conveying ideas and information from one person to another. Communication also occurs between two people who have a clearly visible relationship, for example a conversation between a father to a child, a husband and wife, a teacher to a student, and so on. In this definition every new communication is seen and explained as an integrated material in the act of interpersonal communication.

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2.5 Definition of Service Quality

Services are basically people who provide or take care of what other people do in the form of goods or services to service users who need information. Service has various definitions from different editors, but in essence it refers to the same basic concept.

According to Kotler's theory (2012: 49) Quality is the overall characteristics and properties of a service that affect its ability to satisfy stated or implied needs.

According to Tjiptono's theory (Hardiansyah, 2018: 49) service quality is a dynamic condition related to products, services, people, processes and the environment that meet or exceed expectations.

According to Sulaeman (2018: 217) Service quality is a priority given by service companies to assess the quality of the services provided and aim to satisfy customers by offering or providing services that meet consumer standards.

According to Hardiansyah (2018: 73) there are five dimensions of service quality measurement, namely:

1. Reliability (reliability)
2. Responsiveness
3. Guarantee (assurance)
4. Empathy
5. Tangible

According to experts, service quality is synthesized as an action taken by the company in the form of things that are real and not real but can be felt by customers or patients.

2.6 Framework of thinking

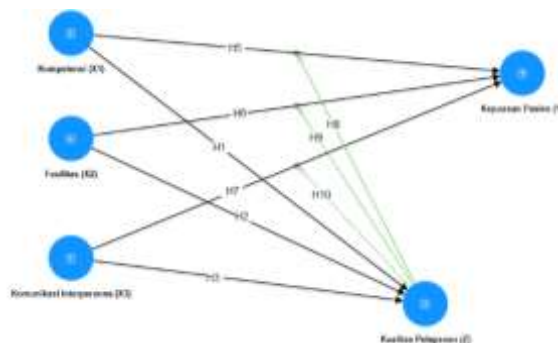


Image 1 Framework of thinking

2.7 Research methods

The research uses quantitative research methods with multiple analysis techniques to measure the influence, either direct influence or indirect effect or mediating, determining the sample based on a specific purpose and is carried out by taking samples from members of the population and using a questionnaire as a data collection tool.

2.8 Population and Sample

2.8.1 Population

According to Sugiyono (2016: 80) population is a generalization area consisting of: objects/subjects that have certain qualities and characteristics that are applied by researchers to be studied and then drawn conclusions. The population is not only people, but also objects and other natural objects. The population in this study were patients at RSUD in Natuna. This research was conducted to obtain the level of patient satisfaction both BPJS and Non BPJS participants at the RSUD. Where the population is taken from the level of patient visits for 3 months from January, February, and March. So, the population in this study was 8669.

2.8.2 Sample

According to Rumengan (2020:52), the sample is part of the population with characteristics that are considered representative of the research population. To determine the size of the research sample, the sample measurements were calculated using the Slovin formula as follows:

$$n = \frac{N}{1 + Ne^2}$$

Information:

n = sample size

N = population size

e² = precision used

$$n = \frac{8.6681}{1 + 8.6681 \cdot 0,092}$$

$$n = \frac{8.6681}{1 + 0,7979752}$$

$$n = \frac{8.6681}{1,7979752}$$

$$n = 4,8225$$

So that the sample of this study was taken as many as 121 people. So that the characteristics of the sample do not deviate from the population, before taking a sample the researcher must determine the sample criteria (Notoatmodjo, 2018).

Inclusion criteria:

- a. Outpatients/Patients in general poly
- b. Willing to be a respondent
- c. Full level of consciousness
- d. Can read and write

Exclusion criteria:

- a. Children <18 years old

3. RESULTS AND DISCUSSION

3.1 Analysis of the Measurement Model (Outer Model)

Analysis of the measurement model (outer model) aims to evaluate the studied construct variables, validity (accuracy), and reliability (reliability) of a variable.

3.2 Convergent Validity

Convergent Validity measures the magnitude of the correlation between constructs and latent variables. Convergent Validity testing can be seen from the loading factor for each construct indicator. The loading factor value > 0.7 is the ideal value, meaning that the indicator is valid for measuring the constructs made. In empirical research, the loading factor value > 0.5 is still accepted. Even some experts accept 0.4. This value shows the percentage of constructs able to explain the variations that exist in the indicator (Haryono, 2017: 63).

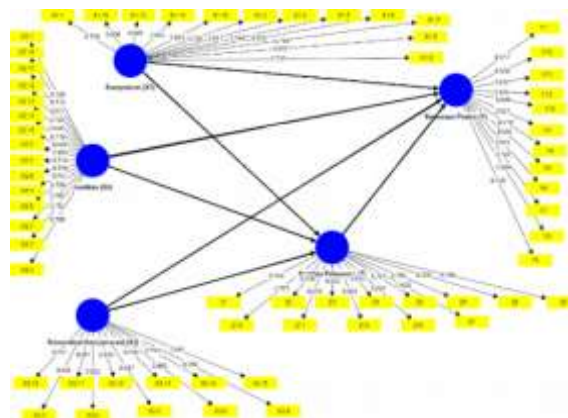


Figure 2 Outer Loading

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Table 2 Convergent Validity Test

Variable	Indicator	Outer Loading	
Competence (X1)	X1.1	0.788	
	X1.2	0.725	
	X1.3	0.811	
	X1.5	0.748	
	X1.6	0.705	
	X1.7	0.754	
	X1.8	0.687	
	X1.9	0.735	
	X1.10	0.630	
	X1.13	0.649	
	X1.14	0.618	
	X1.15	0.681	
	Facilities (X2)	X2.1	0.726
		X2.2	0.654
		X2.3	0.716
X2.4		0.728	
X2.5		0.741	
X2.6		0.759	
X2.7		0.756	
X2.8		0.752	
X2.9		0.700	
X2.10		0.713	
X2.11		0.677	
X2.12		0.728	
X2.13		0.640	
X2.14		0.710	
X2.15		0.654	
Interpersonal Communication (X3)	X3.5	0.545	
	X3.6	0.602	
	X3.7	0.647	
	X3.8	0.663	
	X3.9	0.706	
	X3.10	0.731	
	X3.11	0.861	
	X3.12	0.818	
	X3.13	0.795	
	X3.14	0.743	
	X3.15	0.816	
	Patient Satisfaction (Y)	Y1	0.617
		Y2	0.621

	Y4	0.718
	Y5	0.684
	Y6	0.674
	Y7	0.728
	Y8	0.694
	Y9	0.759
	Y10	0.628
	Y12	0.619
	Y13	0.646
	Y15	0.636
Service Quality (Z)	Z1	0.743
	Z2	0.816
	Z3	0.853
	Z4	0.818
	Z5	0.757
	Z6	0.768
	Z7	0.629
	Z8	0.709
	Z9	0.786
	Z10	0.772
	Z11	0.633
	Z12	0.603
	Z15	0.597

Source: PLS Data Processing, September 2022

1. Based on the table above on the Competency variable (X1) where there are 3 statements that are not declared convergent validity, and 12 statements are declared convergent validity as latent variables.
2. Based on the table above on the Facility variable (X2) where there are 15 statements declared convergent validity as a latent variable.
3. Based on the table above on the Interpersonal Communication variable (X3) where there are 4 statements that are not declared convergent validity, and 11 statements are declared convergent validity as latent variables.
4. Based on the table above on the Patient Satisfaction variable (Y) where there are 3 statements that are not declared convergent validity, and 12 statements are declared convergent validity as latent variables.
5. Based on the table above on the Service Quality variable (Z) where there are 2 statements that are not declared convergent validity, and 13 statements are declared convergent validity as latent variables.

3.3 Discriminant Validity

Discriminant validity is carried out to ensure that each concept of each latent model is different from other variables. Discriminant Validity of the reflective model was evaluated through cross loading and then compared the AVE value with the square of the correlation value between the constructs. Another measure of discriminant validity is that the root value of Average Variance Extracted (AVE) > 0.05, meaning that it must be higher than the correlation between constructs and other constructs or the AVE value is higher than the square of the correlation between constructs (Haryanto, 2017). The table below shows the results of the discriminant validity of the research model by looking at the cross-loading value.

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Table 3 Average Variance Extracted (AVE) Value

	Cronbach's Alpha	rho_A	Composite Reliability	Average Extracted Variance (AVE)
Facilities (X2)	0.930	0.931	0.939	0.505
Patient Satisfaction (Y)	0.888	0.889	0.907	0.539
Competence (X1)	0.912	0.917	0.925	0.509
Interpersonal Communication (X3)	0.908	0.914	0.924	0.529
Service Quality (Z)	0.927	0.931	0.938	0.549

Source: PLS Data Processing, September 2022

1. Based on the table above, the results of the Competency variable (X1) are AVE 0.509 > 0.05, Thus the correlation value of all variables is declared discriminant validity.
2. Based on the table above, the results of the Facility variable (X2) are AVE 0.505 > 0.05, Thus the correlation value of all variables is declared discriminant validity.
3. Based on the table above, the results of the Interpersonal Communication variable (X3) of AVE 0.529 > 0.05, thus the correlation value of all variables is declared discriminant validity.
4. Based on the table above, the results of the Patient Satisfaction variable (Y) of AVE 0.539 > 0.05, thus the correlation value of all variables is declared discriminant validity.
5. Based on the table above, the results of the Service Quality variable (Z) of AVE 0.549 > 0.05, thus the correlation value of all variables is declared discriminant validity.

3.4 Composite Reliability

Measuring the reliability of a construct using reflexive indicators can be done in two ways, namely Cronbach's Alpha and Composite Reliability or Dillon-Goldstein's (Ghozali and Laten, 2015:89). Composite Reliability measures the real reliability value of a variable while Cronbach Alpha measures the lowest value (lowerbound) of the reliability of a variable so that the Composite Reliability value is > 0.6 and the Cronbach Alpha value is > 0.6.

Table 4 Test Composite Reliability

	Cronbach's Alpha	rho_A	Composite Reliability
Facilities (X2)	0.930	0.931	0.939
Satisfaction (Y)	0.888	0.889	0.907
Competence (X1)	0.912	0.917	0.925
Interpersonal Communication (X3)	0.908	0.914	0.924
Service Quality (Z)	0.927	0.931	0.938

Source: PLS Data Processing, September 2022

Based on table 4, all of the variables above show Composite Reliability values > 0.6 and all of the variables above show Cronbach's alpha values > 0.6, so they have a good and higher reliable construct value, thus strengthening the reliability test conducted in this study.

3.5 Evaluation of the Structural Model (Inner Model)

This test is to determine the path coefficient of the structural model, the purpose is to test the significance of all relationships or test hypotheses. In this test, there are three stages, namely collinearity testing, direct effect hypothesis testing and indirect effect testing.

3.6 Collinearity (colinearity/ Variance Inflation Factor/ VIF)

According to Hair, Hult, Ringle, & Sarsted (2014) Collinearity testing is to prove the correlation between latent variables / constructs is strong or not. If there is a strong correlation the model contains problems from a methodological point of view, because it has an impact on the estimation of its statistical significance. This problem is called collinearity. If the VIF value is > 5.00 , it means that there is a collinearity problem, and conversely there is no collinearity problem if the VIF value is < 5.00 .

Table 5 Collinearity

	Facilities (X2)	Satisfaction (Y)	Competence (X1)	Interpersonal Communication (X3)	Service Quality (Z)
Facilities (X2)		2,733			2,140
Satisfaction (Y)					
Competence (X1)		1,241			1.142
Interpersonal Communication (X3)		3,601			2.228
Service Quality (Z)		2,567			

Source: PLS Data Processing, September 2022

From the data above, it can be described as follows:

1. The VIF value for the correlation between X1 and Y is $1.241 > 0.5$ (there is no collinearity problem).
2. The value of VIF for correlation X2 with Y is $2.733 > 0.5$ (no collinearity problem).
3. The value of VIF for correlation X3 with Y is $3.601 > 0.5$ (no collinearity problem).
4. The VIF value for the correlation between Z and Y is $2.567 > 0.5$ (there is no collinearity problem).

3.7 Direct Effect Testing

Testing the direct influence hypothesis aims to prove the hypotheses of the influence of one variable on other variables directly (without intermediaries). If the path coefficient value is positive, it indicates that an increase in the value of one variable is followed by an increase in the value of other variables. If the path coefficient value is negative, it indicates that an increase in one variable is followed by a decrease in the value of another variable.

If the probability value (P-Value) $< \text{Alpha } (0.05)$ then H_0 is rejected (the influence of variables with other variables is significant). If the probability value (P-Value) $> \text{Alpha } (0.05)$ then H_0 is accepted (the influence of a variable with other variables is not significant).

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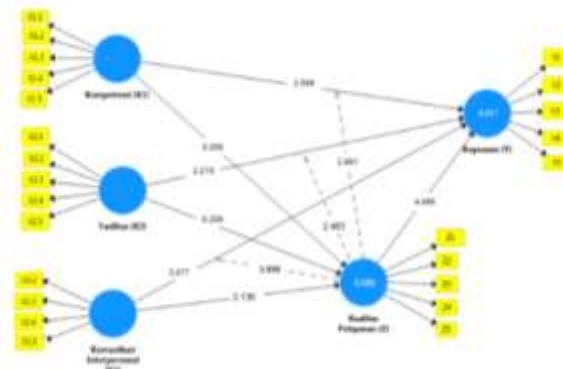


Figure 3 Path Coefficient Results

Table 6 Direct Influence

	Original Sample (O)	Sample Average (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Facilities (X2) -> Satisfaction (Y)	0.132	0.145	0.017	2.278	0.001
Facilities (X2) -> Quality of Service (Z)	0.636	0.641	0.077	8,209	0.000
Competence (X1) -> Satisfaction (Y)	0.164	0.169	0.071	2,899	0.003
Competence (X1) -> Service Quality (Z)	0.309	0.115	0.048	2.275	0.023
Interpersonal Communication (X3) -> Satisfaction (Y)	0.371	0.380	0.096	3.877	0.000
Interpersonal Communication (X3) -> Quality of Service (Z)	0.387	0.182	0.088	2.136	0.033
Service Quality (Z) -> Satisfaction (Y)	0.435	0.435	0.097	4.456	0.000

Source: PLS Data Processing, September 2022

1. The direct effect of variable X1 on variable Z has a path coefficient of 2.275 (positive), then an increase in the value of variable X1 will be followed by an increase in variable Z. The effect of variable X1 on Z has a P-Value value of 0.023 < 0.05, so it can be stated that the effect of X1 on Z Is Significant.
2. The direct effect of variable X1 on variable Y has a path coefficient of 2.899 (positive), then an increase in the value of variable X1 will be followed by an increase in variable Y. The effect of variable X1 on Y has a P-Value value of 0.003 < 0.05, so it can be stated that the effect of X1 on Y Is Significant.
3. The direct effect of variable X2 on variable Z has a path coefficient of 8.209 (positive), then the increase in the value of variable X2 will be followed by an increase in variable Z. The effect of variable X2 on Z has a P-Value value of 0.000 < 0.05, so it can be stated that the effect of X2 on Z Is Significant.

4. The direct effect of variable X2 on variable Y has a path coefficient of 2.278 (positive), then an increase in the value of variable X2 will be followed by an increase in variable Y. The effect of variable X2 on Y has a P-Value value of $0.001 < 0.05$, so it can be stated that the effect of X2 on Y Is Significant.
5. The direct effect of variable X3 on variable Z has a path coefficient of 2.136 (positive), then an increase in the value of variable X3 will be followed by an increase in variable Z. The effect of variable X3 on Z has a P-Value value of $0.033 < 0.05$, so it can be stated that the effect of X3 on Z Is Significant.
6. The direct effect of the X3 variable on the Y variable has a path coefficient of 3.877 (positive), then the increase in the value of the X3 variable will be followed by an increase in the Y variable. Y Is Significant.
7. The direct effect of variable Z on variable Y has a path coefficient of 4.459 (positive), then an increase in the value of variable Z will be followed by an increase in variable Y. The effect of variable Z on Y has a P-Value value of $0.000 < 0.05$, so it can be stated that the effect of Z on Y Is Significant.

3.8 Testing the indirect effect (Indirect Effect)

The indirect effect hypothesis testing aims to prove the hypotheses of the influence of one variable on other variables indirectly (through intermediaries). If the value of the coefficient of indirect influence $>$ the coefficient of direct influence, then the intervening variable is mediating the relationship between one variable and another. On the other hand, if the value of the coefficient of indirect influence $<$ coefficient of direct influence, then the intervening variable is not mediating the relationship between one variable and another. The following table 7 indirect effects:

Table 7 Indirect Influence

	Original Sample (O)	Average	Original Sample (O)	Average	Original Sample (O)
Service Quality (Z) x Competence (X1) -> Patient Satisfaction (Y)	0.048	0.050	0.071	2,991	0.000
Service Quality (Z) x Facilities (X2) -> Patient Satisfaction (Y)	0.055	0.066	0.023	2,463	0.003
Service Quality (Z) x Interpersonal Communication (X3) -> Patient Satisfaction (Y)	0.093	0.081	0.046	3.890	0.001

Source: PLS Data Processing, September 2022

1. Based on the table above, the coefficient of the indirect effect of variable X1 on Y is 2,991 $>$ 2,899 (Direct effect on Y). With a P-Value of 0.000, it can be stated that Z mediates the effect of X1 on Y.
2. Furthermore, the value of the coefficient of the indirect effect of X2 on Y is 2.463 $>$ 2.278 (Direct effect on Y). With a P-Value of 0.003, it can be stated that Z mediates the effect of X2 on Y.
3. Then, the value of the coefficient of the indirect effect of the X3 variable on Y is 3.890 $>$ 3.877 (Direct effect on Y). With a P-Value of 0.001, it can be stated that Z mediates the effect of X3 on Y.

3.9 R-Square (R2)

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R-squares for each endogenous latent variable as the predictive power of the structural model as the predictive power of the structural model. Changes in the value of R-squares can be used to explain the effect of certain exogenous latent variables on endogenous latent variables that have a substantive effect. R-squares values of 0.75, 0.50 and 0.25 can be concluded that the model is strong, moderate and weak (Ghozali and Latan, 2015:78). The higher R² means the better the prediction model of the proposed research prediction model.

Table 8 R-squares

	R Square	Adjusted R Square
Patient Satisfaction (Y)	0.617	0.604
Service Quality (Z)	0.680	0.671

Source: PLS Data Processing, September 2022

Based on table 8 the R-square value for the Service Quality (Z) variable is 0.680 (68.0%), this value can be explained by factors which include X1 (Competence), X2 (Facilities), X3 (Interpersonal Communication), while the remaining 32.0% is explained by other variables outside the model. The R-square value of the Y variable (Patient Satisfaction) is 0.617 (61.7%), this value can be explained by the variable factors X1 (Competence), X2 (Facilities), X3 (Interpersonal Communication) and Z (Quality of Service), amounting to 38.3% while the remaining 32% is explained by other variables outside the model. This means that Z has a mediating effect between X1, X2, and X3 on patient satisfaction (Y).

4. CONCLUSION

In the preparation of this study, it can be concluded that the Patient Satisfaction test as the dependent variable uses the influence of the Competence, Facilities, and Interpersonal Communication variables as the independent variable. While the intervening variable is Service Quality. In this study, the respondents were patients with a total sample of 121 respondents. All variable tests were processed using the SMARTPLS ver.24 program to analyze the results of the relationship between variables. From the processed results of all SMARTPLS variables, it can be concluded that the values are as follows:

1. The direct influence of the Competency variable (X1) on the Service Quality variable (Z) has a path coefficient of 2.275 (positive), then the increase in the value of the X1 variable will be followed by an increase in the Z variable. The influence of the Competence variable (X1) on Service Quality (Z) has a P-value The value is $0.023 < 0.05$, so it can be stated that the effect of X1 on Z is significant.
2. The direct effect of the Competency variable (X1) on the Patient Satisfaction variable (Y) has a path coefficient of 2.899 (positive), then the increase in the value of the X1 variable will be followed by an increase in the Y variable. The value is $0.003 < 0.05$, so it can be stated that the effect of X1 on Y is significant.
3. The direct effect of the Facility variable (X2) on the Service Quality variable (Z) has a path coefficient of 8.209 (positive), then the increase in the value of the X2 variable will be followed by an increase in the Z variable. The effect of the Facility variable (X2) on Service Quality (Z) has a P-value The value is $0.000 < 0.05$, so it can be stated that the effect of X2 on Z is significant.
4. The direct effect of the Facility variable (X2) on the Patient Satisfaction variable (Y) has a path coefficient of 2.278 (positive), then an increase in the value of the X2 variable will be followed by an increasevariable Y. The effect of the Facility variable (X2) on Patient Satisfaction (Y) has a P-Value of $0.001 < 0.05$, so it can be stated that the effect of X2 on Y is significant.

5. The direct effect of the Interpersonal Communication variable (X3) on the Service Quality variable (Z) has a path coefficient of 2.136 (positive), then the increase in the value of the X3 variable will be followed by an increase in the Z variable. The influence of the Interpersonal Communication variable (X3) on Service Quality (Z) has a value P-Value is $0.033 < 0.05$, so it can be stated that the effect of X3 on Z is significant.
6. The direct effect of the Interpersonal Communication variable (X3) on the Patient Satisfaction variable (Y) has a path coefficient of 3.877 (positive), then the increase in the value of the X3 variable will be followed by an increase in the Y variable. The influence of the Interpersonal Communication variable (X3) on Patient Satisfaction (Y) has a value P-Value is $0.000 < 0.05$, so it can be stated that the effect of X3 on Y is significant.
7. The direct effect of the Service Quality variable (Z) on the Patient Satisfaction variable (Y) has a path coefficient of 4.459 (positive), then the increase in the value of the Z variable will be followed by an increase in the Y variable. The influence of the Service Quality variable (Z) on Patient Satisfaction (Y) has a value P-Value is $0.000 < 0.05$, so it can be stated that the effect of Z on Y is significant.
8. The direct effect of the Competency variable (X1) on Patient Satisfaction (Y) through Service Quality (Z) has a path coefficient value of $2,991 > 2,899$ (Direct effect on Y). With a P-Value of $0.000 < 0.05$, so it can be stated that Z mediates the effect of X1 on Y
9. The direct effect of the Facility variable (X2) on Patient Satisfaction (Y) through Service Quality (Z) has a path coefficient value of $2.463 > 2.278$ (Direct effect on Y). With a P-Value of $0.003 < 0.05$, it can be stated that Z mediates the effect of X2 on Y.
10. The direct influence of Interpersonal Communication variable (X3) on Patient Satisfaction (Y) through Service Quality (Z) has a path coefficient value of $3.890 > 3.877$ (Direct effect on Y). With a P-Value of $0.001 < 0.05$, it can be stated that Z mediates the effect of X3 on Y.
11. The R-square value for the Service Quality (Z) variable is 0.680 (68.0%), this value can be explained by factors including X1 (Competence), X2 (Facilities), X3 (Interpersonal Communication), while the rest of 32.0% is explained by other variables outside the model. The R-square value of the Y variable (Patient Satisfaction) is 0.617 (61.7%), this value can be explained by factors in the Z variable (Quality of Service), of 38.3% while the remaining 32% is explained by other variables outside the model. This means that Z has a mediating effect between X1, X2, and X3 on patient satisfaction (Y).

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