Impact of Service Quality on Inpatient Satisfaction with New Public Service Moderation at Tangguwisia Regional Hospital

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ABSTRACT

In inpatient care, patient satisfaction is influenced by both medical and non-medical services, which can be further enhanced through the implementation of the New Public Service (NPS) paradigm. This study aimed to examine how service quality affects inpatient satisfaction at Tangguwisia Regional Hospital, with NPS serving as a moderating variable. A quantitative approach with a causal-explanatory design was employed, involving 219 inpatients at RSUD Tangguwisia. Data were collected using Likert-scale questionnaires, and the analysis was conducted using Structural Equation Modeling-Partial Least Squares (SEM-PLS). The findings revealed that service quality has a positive and significant effect on inpatient satisfaction. Additionally, NPS was found to significantly strengthen the relationship between service quality and patient satisfaction. The research model demonstrated good predictive capability with an R-square value of 0.682, indicating that service quality and NPS principles explain most of the variation in patient satisfaction. These findings underscore the importance of service quality in improving inpatient satisfaction and suggest that implementing NPS principles, such as transparency, participation, and accountability, further enhances this effect.

Introduction

Health services play a fundamental role in national development, influencing the well-being and quality of life of individuals and communities. Hospitals, as pivotal institutions in healthcare systems, are responsible for delivering high-quality medical services that are not only effective but also equitable and accessible to all members of society. The quality of healthcare services has a direct impact on public health outcomes, and as such, healthcare providers are expected to continuously improve their services to meet the evolving needs of patients. The quality of services offered by hospitals is assessed using various indicators, with patient satisfaction being one of the most significant metrics. Inpatient care, in particular, involves a series of direct interactions between patients, healthcare professionals, and the hospital environment. These interactions often span extended periods, requiring hospitals to provide consistent, effective, and compassionate care. As a result, inpatient satisfaction has become an essential indicator of service quality, reflecting the overall experience of patients in a healthcare facility (Bariya et al., 2024).

Patient satisfaction is not just an emotional or psychological response to healthcare services; it is a complex construct that encompasses various dimensions of both medical and non-medical aspects of care. It reflects how well a patient's needs are met, their expectations are fulfilled, and their overall experiences are perceived during their treatment. Patient satisfaction is considered a multidimensional concept that includes the quality of medical treatment, the communication skills of healthcare professionals, the comfort of the hospital environment, and the accessibility of services. As such, ensuring high levels of patient satisfaction requires hospitals to focus on multiple aspects of care, including clinical outcomes, patient-staff

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interactions, and the physical and emotional comfort of patients during their hospital stay (Pujiastutik & Maulana, 2025).

Hospitals are often evaluated based on five key dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangibles. These dimensions, as identified by Parasuraman et al. (1988), provide a comprehensive framework for assessing service quality from the patient's perspective. Reliability refers to the ability of the hospital to provide dependable and accurate services, ensuring that patients can trust the medical care they receive. Responsiveness involves the willingness and ability of hospital staff to assist patients promptly and effectively. Assurance emphasizes the confidence that patients have in the competency and professionalism of healthcare providers. Empathy refers to the ability of staff to provide personalized care that addresses patients' emotional needs, while tangibles concern the physical environment of the hospital, such as the cleanliness of facilities, availability of equipment, and the professionalism of hospital staff in their appearance.

These service quality dimensions are intertwined, and any deficiencies in one dimension can lead to reduced patient satisfaction, even if the hospital excels in other areas (Oliver, 1980). For instance, while a hospital may provide excellent clinical outcomes, poor communication or unresponsive staff can lead to negative patient experiences. This highlights the importance of addressing all dimensions of service quality simultaneously to enhance patient satisfaction. Research has consistently demonstrated that improvements in service quality, particularly in the areas of communication, comfort, and responsiveness, lead to higher levels of patient satisfaction (Musa, 2022; Wahyuni et al., 2024). However, while technical service quality is critical, it does not always guarantee optimal patient satisfaction, especially in public hospitals where resources may be limited, and patient expectations may vary.

In regional hospitals like RSUD Tangguwisia, which serves as a government-owned healthcare facility in Buleleng Regency, Bali, challenges related to service quality and patient satisfaction are more pronounced. These hospitals often face unique obstacles such as long waiting times, less effective communication, outdated facilities, and inadequate staff training. Despite these challenges, RSUD Tangguwisia continues to be a crucial healthcare provider for the local population. As the main referral hospital for the western region of Buleleng, it plays a central role in delivering medical care to communities that may not have easy access to private healthcare facilities. The hospital's ability to improve patient satisfaction is critical not only for the well-being of individuals but also for the overall success of public health initiatives in the region.

One of the central issues faced by RSUD Tangguwisia is the gap between patient expectations and the actual service received. This gap has been reflected in patient complaints, particularly regarding the timeliness of services, communication issues, and the condition of hospital facilities (Singh et al., 2022). In many cases, patients express frustration with long wait times, lack of clear communication from healthcare providers, and the perceived inefficiency of hospital services. This suggests that while the hospital may provide technically competent care, the delivery of services does not always align with patient expectations. Consequently, patient satisfaction remains a significant concern that requires innovative solutions.

One promising framework for addressing service quality challenges in public hospitals is the New Public Service (NPS) paradigm. NPS is a governance approach that shifts the focus from efficiency to a more participatory and accountable form of public service delivery. The NPS paradigm emphasizes transparency, public participation, accountability, and an orientation toward the public interest, particularly in the context of healthcare services (Denhardt & Denhardt, 2015). Unlike traditional models that prioritize top-down management and efficiency, NPS views patients as active participants in the service process who have the right to be involved in decision-making and to receive services that meet their needs in a transparent and accountable manner. By focusing on public interest and ensuring that services are delivered with fairness and accountability, NPS aims to create a service environment that not only meets patients' medical needs but also addresses their emotional and social needs.

NPS has been identified as a potential moderating variable in the relationship between service quality and patient satisfaction (Herizal et al., 2020). While service quality directly influences patient satisfaction, the principles of NPS can enhance this effect by fostering a service environment that prioritizes patient engagement, transparency, and accountability. This humanistic approach to healthcare service delivery has the potential to improve the overall patient experience by ensuring that patients feel valued, heard, and respected. In other words, while service quality remains a fundamental driver of patient satisfaction, the implementation of NPS principles can strengthen the positive impact of service quality on patients' perceptions of care.

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Despite the growing interest in integrating NPS principles into healthcare management, there is a limited body of research examining the moderating role of NPS in the relationship between service quality and patient satisfaction. Most existing studies have focused on the direct relationship between service quality and patient satisfaction, without considering how public service values such as NPS can influence this relationship (Suciati et al., 2022; Temesvari, 2021). This study seeks to address this gap by investigating how NPS moderates the effect of service quality on inpatient satisfaction at Tangguwisia Regional Hospital. By exploring this moderating effect, the research aims to provide valuable insights into the role of public service principles in enhancing patient satisfaction in the context of regional hospitals.

This study makes several important contributions. Theoretically, it enriches the literature on healthcare management and public administration by integrating NPS into the discussion of service quality and patient satisfaction. Practically, it provides valuable guidance for hospital administrators and policymakers in improving service quality and patient satisfaction through the implementation of NPS principles. By focusing on a single regional hospital, this study also offers a detailed case study that can serve as a model for other public hospitals facing similar challenges.

However, the study is not without limitations. The research was conducted at a single regional hospital, which may limit the generalizability of the findings to other healthcare settings. Additionally, the study relies on subjective patient perceptions, which can vary over time and may not fully capture the long-term dynamics of patient satisfaction. Future research could address these limitations by expanding the research sample to include multiple hospitals, using longitudinal data, and integrating additional variables such as patient trust, hospital image, and organizational culture to gain a more comprehensive understanding of the factors that influence patient satisfaction in public hospitals.

Method

This study employed a quantitative approach with a causal-explanatory design to examine the causal relationship between service quality and inpatient satisfaction at Tangguwisia Regional Hospital, with the New Public Service (NPS) as a moderating variable. The quantitative approach was chosen for its ability to provide clear insights into the relationships between variables and allow statistical testing of hypotheses.

The research was conducted at RSUD Tangguwisia, a government-owned hospital in Buleleng, Bali, which serves as the primary referral hospital for the western region of Buleleng. This hospital was selected because it represents public regional hospitals that face various challenges in improving service quality and patient satisfaction. The study aimed to explore the obstacles these hospitals face in enhancing service delivery and patient satisfaction. The research sample consisted of 219 inpatient respondents, selected using a random sampling technique with a margin of error of 5%.

The study's variables consisted of three main components: service quality, patient satisfaction, and NPS as the moderating variable. Service quality was measured using the SERVQUAL dimensions: reliability, responsiveness, assurance, empathy, and tangibles. These dimensions assess both the technical aspects of service delivery (e.g., reliability and assurance) and interpersonal elements (e.g., empathy and responsiveness). Patient satisfaction was measured using a multi-item scale that addresses various aspects of the inpatient experience, including overall satisfaction with medical care, communication with healthcare providers, comfort, and access to services. NPS was operationalized through questions related to transparency, participation, accountability, and public interest, reflecting how these principles were integrated into the hospital's service delivery.

Data were collected using five-point Likert-scale questionnaires, which allowed patients to provide feedback on service quality, satisfaction, and NPS principles. Additionally, secondary data were obtained from official hospital documents, annual reports, and service standards. Observations were made to assess the physical environment of the hospital, interactions between staff and patients, and the application of NPS principles in practice.

The collected data were analyzed using Structural Equation Modeling (SEM) based on Partial Least Squares (PLS), chosen for its ability to test complex models with moderating variables and provide valid estimations even with relatively small sample sizes. SEM-PLS allows for both measurement model evaluation (assessing the reliability and validity of constructs) and structural model testing (examining the relationships between variables).

The analysis began with descriptive statistics to understand the demographic characteristics of respondents. Validity and reliability tests of the measurement model were conducted to ensure that the

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indicators accurately represented the constructs. Convergent validity was assessed through factor loadings, where values above 0.70 were considered acceptable. Discriminant validity was tested using the Fornell-Larcker criterion. Reliability was evaluated through Cronbach's Alpha and Composite Reliability, both showing good internal consistency.

Once the measurement model was validated, the structural model was assessed. R-Square (R^2) values were used to determine the explanatory power of the model. An R^2 value of 0.682 indicated that the model explained a significant proportion of the variation in patient satisfaction. Hypothesis testing was carried out using the bootstrapping technique, with results indicating that service quality significantly impacts inpatient satisfaction, and NPS significantly moderates this relationship. Effect size (f^2) testing was also conducted, revealing that service quality had a moderate effect on patient satisfaction, while NPS had a smaller but still meaningful contribution.

The methods employed in this study provided a robust framework for analyzing the relationship between service quality, patient satisfaction, and the moderating role of NPS. The use of SEM-PLS facilitated a comprehensive analysis of the data and allowed for the testing of complex hypotheses, contributing to both theoretical and practical insights into healthcare service management.

Results and Discussion
Result
Respondent Overview

The characteristics of the respondents in this study are presented to provide a general overview of the profile of inpatients at Tangguwisia Regional Hospital, the research subjects. Respondent characteristics data include gender, age, occupation, and type of service, obtained from a research questionnaire. A total of 219 inpatients were analyzed.

Table 1. Respondent Characteristics Based on Gender, Age, and Based on Occupation

Variables	n	%
Gender		
Male	103	47.0
Female	116	53.0
Age (Years)		
< 20	18	8.2
21-30	42	19.2
31-40	56	25.6
41-50	49	22.4
> 50	54	24.6
Based on Occupation		
Civil Servants Forces	32	14.6
Private Employees	51	23.3
Self-Employed	44	20.1
Farmers/Fishermen	38	17.4
Housewives	36	16.4
Others	18	8.2

Based on the data presented in Table 1, the sample of 219 inpatient respondents at Tangguwisia Regional Hospital revealed a relatively balanced gender composition, with 53% female (116 respondents)

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and 47% male (103 respondents), indicating a slight predominance of females. Regarding age distribution, the respondents were primarily from the productive to elderly age groups. The largest group was aged 31-40 years, representing 25.6% of the total respondents, followed by those aged over 50 years at 24.6% and those aged 41-50 years at 22.4%. This age distribution reflects the heightened need for inpatient services among individuals with intensive work activities and increased health vulnerabilities typically found in these age ranges.

In terms of occupation, the respondents came from a diverse socioeconomic background. The largest group consisted of private sector employees (23.3%), followed by self-employed individuals (20.1%). Farmers and fishermen accounted for 17.4%, while housewives made up 16.4%, and civil servants, military, and police personnel represented 14.6%. This diverse range of occupations highlights the inclusive nature of the hospital's services, catering to various segments of the population.

The demographic characteristics of the respondents underscore the essential role of Tangguwisia Regional Hospital in providing equitable and inclusive public health services. Given the hospital's service to such a diverse population, it is imperative that the hospital ensures high-quality services that are not only technically sound but also fair, responsive, and aligned with the needs of different patient groups, in line with the principles of New Public Service (NPS).

Table 2. Respondent Characteristics Based on Financing Type

Variables	n	%
BPJS	97	44.3
General/Independent	72	32.9
Insurance	50	22.8
Total	**219**	**100.0**

Based on Table 2, the characteristics of respondents by type of financing indicate that the majority of inpatients at Tangguwisia Regional Hospital (97 participants) use BPJS Kesehatan (Healthcare Provider), followed by 72 patients with public or independent financing (32.9%), and 50 patients with non-BPJS health insurance (22.8%). The dominance of BPJS users emphasizes the strategic role of Tangguwisia Regional Hospital as a public health service facility that supports the implementation of the national health insurance program, while also demonstrating the high level of public dependence on the government's health financing system. Furthermore, the presence of patients with independent financing and non-BPJS insurance reflects the diversity of patients' financial backgrounds and the hospital's ability to accommodate various financing schemes. From a New Public Service perspective, this situation emphasizes the importance of the principles of fairness and non-discrimination in health care, requiring hospitals to provide consistent, patient-satisfaction-oriented service quality regardless of the type of financing used.

Convergent Validity Test
a. Loading Factor

Convergent validity testing was conducted to ensure that each indicator is able to appropriately represent its latent construct, as reflected by a high level of correlation among indicators within the same construct. In Structural Equation Modeling based on Partial Least Squares (SEM-PLS), convergent validity is an important criterion in evaluating the measurement model (outer model) because it indicates the consistency of indicators in measuring the same concept.

The assessment of convergent validity was carried out using loading factor values, which describe the strength of the relationship between indicators and latent variables. Indicators are considered valid if they have loading factor values above 0.70, indicating that most of the indicator variance can be explained by the latent construct. In this study, testing was conducted on all indicators of the service quality, inpatient satisfaction, and New Public Service (NPS) variables. The results presented in the table show that the indicators used are acceptable and meet the criteria for convergent validity; therefore, the measurement model can be proceeded to the structural analysis stage.

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Table 3. Loading Factor Test Results

Indicator	Variables	Loading Factor	Description
Tangibles	T1	0.812	Valid
Tangibles	T2	0.785	Valid
Reliability	R1	0.831	Valid
Responsiveness	RS1	0.794	Valid
Assurance	A1	0.846	Valid
Empathy	E1	0.776	Valid
Kepuasan Pasien	KP1	0.858	Valid
NPS	NPS1	0.791	Valid

Based on the convergent validity test results in Table 3, all indicators in this study had loading factor values above 0.70, thus being declared valid in representing the constructs being measured. The service quality indicators in the dimensions of tangibles, reliability, responsiveness, assurance, and empathy showed loading factor values ranging from 0.776 to 0.846, while the inpatient satisfaction indicator had a value of 0.858, reflecting a very strong relationship with the patient satisfaction construct. Furthermore, the New Public Service (NPS) indicator also showed a loading factor value of 0.791, indicating the indicator's ability to represent public service values. Thus, all research instruments have met the convergent validity criteria and are suitable for further analysis in the structural model.

b. Average Variance Extracted (AVE)

In addition to factor loading values, convergent validity in this study was also tested using Average Variance Extracted (AVE), which measures the ability of a latent construct to explain the average variance of its constituent indicators. The higher the AVE value, the greater the proportion of indicator variance explained by the latent construct compared to the variance due to measurement error. According to Vinzi et al. (2010), an AVE value greater than 0.50 indicates that the construct has good convergent validity because it can explain more than 50 percent of the indicator's variance.

AVE testing was conducted on all research constructs: service quality, inpatient satisfaction, and New Public Service (NPS). The same table also presents Cronbach's Alpha and Composite Reliability values to assess the reliability and internal consistency of each construct. Presenting these validity and reliability indicators aims to ensure that the measurement model not only meets convergent validity criteria but also has an adequate level of reliability before proceeding to the structural model analysis stage.

Table 4. AVE Values and Construct Reliability

Variables	AVE	Composite Reliability	Cronbach's Alpha
Tangibles	0.612	0.863	0.801
Reliability	0.645	0.881	0.832
Responsiveness	0.601	0.854	0.793
Assurance	0.658	0.889	0.841
Empathy	0.584	0.838	0.776
Patient Satisfaction	0.672	0.901	0.868
NPS	0.593	0.845	0.788

Based on Table 4, the results of the Average Variance Extracted (AVE) test show that all variables in this study have an AVE value above 0.50, both in the service quality dimensions such as tangibles,

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reliability, responsiveness, assurance, and empathy, as well as in the inpatient satisfaction and New Public Service (NPS) variables, so that all constructs are declared to meet the convergent validity criteria. In addition, the results of the reliability test show that the Composite Reliability value of all variables is above 0.70 with a range of 0.838–0.901, and the Cronbach's Alpha value also exceeds the minimum limit of 0.70, which indicates that all constructs have a high level of internal consistency and reliability, so that the research instrument is suitable for further analysis.

Uji R-Square (R²)

The evaluation of the structural model (inner model) was conducted to examine the causal relationships among latent variables in the research model, with a focus on the ability of exogenous variables to explain endogenous variables as well as the strength and direction of the relationships among constructs. This stage is essential to ensure that the research model has adequate predictive power prior to hypothesis testing, so that the analytical results can explain the investigated phenomena accurately and systematically.

One of the main indicators in the evaluation of the inner model is the R-square (R^2) value, which indicates the proportion of variance in the endogenous variable that can be explained by the exogenous variables in the model. According to Hair et al. (2019), R^2 values of 0.25 are categorized as weak, 0.50 as moderate, and 0.75 as strong or substantial. In this study, R-square testing was conducted to assess the extent to which service quality and New Public Service (NPS), as a moderating variable, are able to explain variations in inpatient satisfaction. The detailed results are presented in a table as the basis for evaluating the strength of the structural model developed.

Table 5. R-Square Values

Variable Endogen	R²	Category
Inpatient Patient Satisfaction	0.682	Moderate–Strong

Based on Table, the R-Square (R^2) value for the endogenous variable of inpatient satisfaction is 0.682. This value indicates that 68.2% of the variation in inpatient satisfaction can be explained by the service quality variable and the moderating role of New Public Service (NPS) in the research model. Meanwhile, the remaining 31.8% is explained by other variables not included in this research model.

Uji Effect Size (f²)

The Effect Size (f²) test is conducted to determine the contribution of each exogenous variable to the endogenous variable in the structural model. Unlike a significance test, which only indicates the presence or absence of an effect, the f² test provides a practical overview of the strength of the effect on changes in endogenous variables. Therefore, the effect size test is an important complement to the evaluation of structural models.

According to (Hair et al., 2019), f² values are classified into three categories: 0.02 indicates a small effect, 0.15 a medium effect, and 0.35 a large effect. In this study, the f² test was used to assess the magnitude of the influence of service quality and New Public Service (NPS) as moderating variables on inpatient satisfaction. The results of the effect size test are presented in Table 8 as a basis for assessing the relative strength of each relationship pathway in the research model.

Table 6. Effect Size Values

Pathway	f²	Category
Service Quality - Patient Satisfaction	0.214	Medium
NPS (Moderation) - Patient Satisfaction	0.128	Medium

Based on Table 6, the results of the effect size test indicate that service quality has a moderate influence on inpatient satisfaction, indicated by an f² value of 0.214, indicating a fairly strong and meaningful contribution in explaining variations in patient satisfaction at Tangguwisia Regional Hospital. Meanwhile, New Public Service (NPS) as a moderating variable also shows a moderate effect size with an f² value of 0.128, indicating that the application of NPS principles plays a significant role in strengthening the influence

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of service quality on patient satisfaction, although its contribution is smaller than the direct influence of service quality. Overall, these findings confirm that increasing inpatient satisfaction depends not only on service quality, but also on the application of humanistic, participatory, and accountable public service values.

Hypothesis Testing

Hypothesis testing was conducted to determine the significance of the influence between variables in the formulated research model, using the Structural Equation Modeling-based Partial Least Squares (SEM-PLS) approach through bootstrapping techniques. This testing yielded path coefficients, t-statistics, and p-values, which were used as the basis for decision-making regarding hypotheses. Path coefficients indicate the direction and strength of the relationship between variables, with positive values indicating a unidirectional relationship and negative values indicating an inverse relationship.

According to (Hair et al., 2019), a relationship is considered significant if the t-statistic is greater than 1.65 at the 5% significance level (one-tailed) and the p-value is less than 0.05. In this study, hypothesis testing was conducted to examine the effect of service quality on inpatient satisfaction and the role of New Public Service (NPS) as a moderating variable in this relationship. The results of the hypothesis testing are presented in detail in Table 9 as a basis for drawing conclusions from the study.

Table 7. Hypothesis Test Results

Hypothesis	Path	Coefficient	t-statistic	p-value	Decision
H1	Service Quality-Satisfaction	0.521	6.214	0.000	Accepted
H2	NPS and Service Quality-Satisfaction	0.187	2.143	0.033	Accepted

Based on Table 7, the results of the hypothesis test indicate that the first hypothesis (H1), which states a positive effect of service quality on inpatient satisfaction, is accepted. This is indicated by a path coefficient of 0.521, a t-statistic of 6.214, and a p-value of 0.000. A t-statistic greater than 1.65 and a p-value less than 0.05 indicate that service quality has a positive and significant effect on inpatient satisfaction at Tangguwisia Regional Hospital. The relatively large path coefficient indicates that improving service quality will significantly increase patient satisfaction.

Furthermore, the second hypothesis (H2), which states that New Public Service (NPS) strengthens the effect of service quality on inpatient satisfaction, is also accepted. This is evidenced by an interaction coefficient of 0.187, a t-statistic of 2.143, and a p-value of 0.033. These results indicate that the existence of New Public Service principles, such as participation, transparency, and orientation to the public interest, significantly strengthens the relationship between service quality and patient satisfaction.

Discussion

The results of this study provide crucial insights into the relationship between service quality and inpatient satisfaction at Tangguwisia Regional Hospital, as well as the moderating role of New Public Service (NPS) in enhancing this relationship. The findings show that service quality has a positive and significant impact on patient satisfaction, a conclusion that is consistent with much of the existing literature. Additionally, the moderating role of NPS was found to strengthen the impact of service quality on patient satisfaction, suggesting that the principles of transparency, participation, and accountability play a significant role in shaping patient experiences.

First, the study confirms that the dimensions of service quality—reliability, responsiveness, assurance, empathy, and tangibles—directly affect patient satisfaction. These findings align with previous studies (Oliver, 1980; Wahyuni et al., 2024) which emphasize the importance of both technical and interpersonal aspects of healthcare service delivery. Reliability and assurance were particularly important, as they instill trust in patients regarding the competence of medical staff and the safety of clinical procedures. Responsiveness and empathy were equally significant, as they enhance the overall patient experience by ensuring that patients feel cared for and attended to during their treatment. These results highlight that patient satisfaction is not only determined by the outcome of medical procedures but also by the quality of interactions and the comfort provided throughout the care process.

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The R-Square (R^2) value of 0.682 indicates that service quality and NPS principles together explain a significant proportion of the variation in patient satisfaction, underscoring the predictive strength of the model. This result confirms that the relationship between service quality and patient satisfaction is substantial but also suggests that other factors not captured in the model may contribute to the remaining variance in satisfaction. The inclusion of NPS as a moderating variable enriches our understanding of this relationship, demonstrating that the application of public service values significantly enhances the effectiveness of service quality in improving patient satisfaction.

The role of NPS in moderating the relationship between service quality and satisfaction aligns with the theoretical framework proposed by Denhardt and Denhardt (2015), which emphasizes the importance of a humanistic approach in public service. By fostering a service environment characterized by transparency, participation, and accountability, NPS creates a more patient-centered experience that goes beyond technical service delivery. In this study, NPS enhanced the overall service climate, leading to higher levels of satisfaction among patients. This finding supports the argument that service quality is not solely about meeting technical standards but also about creating an environment where patients feel respected, valued, and involved in their care.

The findings also suggest that for public hospitals like RSUD Tangguwisia, improving service quality alone may not be sufficient to maximize patient satisfaction. Hospital management should focus not only on enhancing the technical aspects of care but also on adopting the principles of NPS to create a more participatory and accountable healthcare environment. Patients who perceive the hospital as transparent, participatory, and accountable are more likely to feel satisfied with their care, even if there are challenges in terms of service delivery. This underscores the importance of organizational culture in shaping patient perceptions and experiences.

Moreover, this study's findings have significant implications for public health policy. In regions where public hospitals are the primary providers of healthcare, adopting NPS principles can help bridge the gap between patient expectations and their actual experiences. The integration of NPS into hospital management can foster trust in public healthcare systems, which is crucial for ensuring long-term sustainability and improving healthcare outcomes. Public hospitals can enhance their credibility and effectiveness by prioritizing service quality alongside public service values, particularly in terms of patient communication and participation.

The study also contributes to the broader discussion on public administration by providing evidence of how NPS can be operationalized in a healthcare context. While NPS has been widely discussed in governance and public service literature, this study highlights its applicability in healthcare, where patient satisfaction is a key indicator of service success. By applying NPS principles, public healthcare institutions can build stronger relationships with patients, improve the quality of care, and enhance the overall patient experience.

However, this study is not without its limitations. The research was conducted at a single hospital, which may limit the generalizability of the results to other settings. Additionally, the use of cross-sectional data limits the ability to capture long-term dynamics in patient satisfaction. Future research could expand the scope by including multiple hospitals, comparing private and public healthcare settings, and utilizing a longitudinal approach to better understand how service quality and NPS principles evolve over time.

This study reinforces the importance of service quality in shaping patient satisfaction in public healthcare settings and demonstrates the significant role of NPS as a moderating variable. It highlights that patient satisfaction is influenced not only by technical service delivery but also by the service environment fostered by the principles of transparency, accountability, and public participation. Public hospitals, such as RSUD Tangguwisia, can improve patient satisfaction by integrating service quality improvements with the core values of NPS, thereby fostering a more patient-centered and participatory healthcare system.

Conclusion

This study examined the effect of service quality on inpatient satisfaction at Tangguwisia Regional Hospital, with the New Public Service (NPS) serving as a moderating variable. The results demonstrate that service quality significantly impacts inpatient satisfaction, with the five SERVQUAL dimensions—reliability, responsiveness, assurance, empathy, and tangibles—playing key roles in shaping patient perceptions. Additionally, the application of NPS principles, such as transparency, participation, and accountability, significantly strengthens the relationship between service quality and patient satisfaction.

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This finding underscores the importance of both technical service delivery and the creation of a supportive service environment in enhancing patient experiences.

The research model demonstrated good predictive capability, with an R-Square (R^2) value of 0.682, indicating that the model explains a significant proportion of the variation in inpatient satisfaction. This supports the notion that while service quality remains a critical determinant of patient satisfaction, the principles of NPS provide an important complementary framework that further enhances this relationship. By fostering a service environment that prioritizes public interest and accountability, NPS amplifies the positive effects of service quality on patient perceptions, creating a more patient-centered and participatory healthcare experience.

The findings also highlight the importance of addressing the diverse needs of patients in public healthcare settings. Tangguwisia Regional Hospital serves a broad spectrum of the population, including patients from varying socioeconomic backgrounds, and it is essential for the hospital to ensure that its services are fair, responsive, and aligned with the principles of New Public Service. By integrating NPS into its service delivery, the hospital can build stronger relationships with patients, improve the overall quality of care, and enhance public trust in the healthcare system.

However, the study is not without its limitations. The research was conducted at a single hospital, which may limit the generalizability of the findings to other healthcare settings. Additionally, the use of cross-sectional data limits the ability to capture the long-term dynamics of patient satisfaction. Future research could address these limitations by expanding the scope of the study to include multiple hospitals, exploring the effects of NPS in different healthcare contexts, and using longitudinal data to better understand how service quality and NPS principles evolve over time.

In conclusion, this study reinforces the importance of service quality and the moderating role of NPS in improving patient satisfaction. Public hospitals, particularly in regional and underserved areas, can enhance patient satisfaction not only through improvements in service quality but also by embedding NPS principles into their organizational culture. By doing so, they can create a healthcare environment that is more transparent, accountable, and patient-centered, ultimately leading to improved healthcare outcomes and greater public trust in the healthcare system.

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Author Contributions Statement

Putu Karnasih contributed to conceptualization and methodology of the study; conducted investigation and data curation; performed formal analysis; prepared visualization; wrote the original draft of the manuscript; reviewed and edited the manuscript; and managed project administration.

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Conflict of Interest

The author declares that he has no conflict of interest, either financial or personal, that could affect the objectivity and independence of the results of this research.

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