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QUALITY OF SERVICES AND FACILITIES ON INPATIENT SATISFACTION WITH STAFF COMPETENCE AS AN INTERVENING VARIABLE AT TAMAN KROCOK COMMUNITY HEALTH CENTER

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Abstract

The study was conducted at the Taman Krocok Health Center, Bondowoso with the aim of testing and analyzing the effect of service quality and infrastructure on patient satisfaction mediated by the competence of officers. The objects of the study were residents who were registered as inpatients at the Taman Krocok Health Center. The number of respondents was 125 people. The results are service quality had a positive and significant effect on the competence of officers at the Taman Krocok Health Center. Facilities and infrastructure had a positive and significant effect on the competence of officers at the Taman Krocok Health Center. Service quality had a positive but not significant effect on the satisfaction of inpatients at the Taman Krocok Health Center. Facilities and infrastructure had a positive and significant effect on the satisfaction of inpatients at the Taman Krocok Health Center, Bondowoso. Competence has a positive and significant effect on inpatient satisfaction at Taman Krocok Health Center, Bondowoso. Service quality has a positive and significant effect on inpatient satisfaction through the competence of Taman Krocok Health Center officers, Bondowoso. Facilities and infrastructure have a positive and significant effect on inpatient satisfaction through the competence of Taman Krocok Health Center officers.

Keywords: ***service quality, facilities and infrastructure, officer competence, patient satisfaction.***

INTRODUCTION

Quality healthcare services will be felt by patients. Patient satisfaction is a condition where desires, expectations, and needs are met. If the community health center (Puskesmas) can provide quality services that meet patient needs, it will enhance patient satisfaction. Customer satisfaction is determined by the customer's assessment of service quality. As a primary healthcare service center, Puskesmas is required to provide quality, fair, and affordable healthcare services (Taekab et al., 2019). Patient satisfaction serves as a benchmark for improving service quality and is a primary reason for Puskesmas to implement changes for the better. To provide good service, all supporting elements in the Puskesmas must strive to enhance service quality. Generally, satisfaction is related to service improvements; the better the service provided to patients, the higher the level of patient satisfaction. The aspects of patient satisfaction that deserve attention include the quality of healthcare services and the availability of facilities provided to patients. Patient satisfaction will be fulfilled if the services provided do not meet patient expectations, leading to dissatisfaction. Patient satisfaction is a comparison between the performance of the healthcare institution (Puskesmas) as perceived by the patient and their expectations.

Patient satisfaction can be seen from feelings of happiness when the expectations and reality of using the provided services are met (Tjiptono, 2020). Patient satisfaction can be achieved if Puskesmas can improve service quality, enhance facilities, and increase the competence of staff in providing healthcare services to patients. Patient satisfaction is at the core of healthcare services, and there is evidence of a strong relationship between the care provided by healthcare workers and patient satisfaction levels (Anelia et al., 2023). Quality service is one aspect of healthcare that is a key factor in achieving patient satisfaction. According to Kristian et al. (2023), the quality of healthcare services means using resources appropriately, efficiently, and effectively, utilizing resources safely within limits, satisfying customers, and ensuring that the needs of the community or individuals for healthcare meet appropriate professional standards and ethical expectations. As a primary healthcare service center, Puskesmas is required to provide quality, affordable, fair, and equitable healthcare services. The quality of services at Puskesmas is an important factor in creating patient satisfaction. Quality service involves providing care to patients and their

families according to quality standards to meet their needs and desires, thereby enhancing the trust of patients and their families in Puskesmas (Hartati et al., 2022). According to the research by Anzar et al. (2023), it is concluded that service quality, consisting of reliability, tangibility, responsiveness, assurance, and empathy, has a very strong influence on patient satisfaction. Meanwhile, according to Fernandez, only reliability, responsiveness, assurance, and empathy have a very strong influence on patient satisfaction (Fernandes & Nurvita, 2022). The analysis of service quality by Mahendro et al. (2023) concludes that the quality of pharmaceutical services, which includes reliability, tangibility, responsiveness, assurance, and empathy, has a very strong influence on patient satisfaction. This aligns with the research by Andi et al. (2023), which states that service quality, consisting of reliability, tangibility, responsiveness, assurance, and empathy, has a very strong influence on patient satisfaction.

Assessment of service quality not only encompasses aspects of treating physical conditions but also involves attitudes, knowledge, skills, communication, information provision, politeness, punctuality, and the competence of the relevant staff. Additionally, this assessment includes evaluation of the availability of facilities and the condition of the physical environment. Service quality can vary from one individual to another. For example, some may feel sufficiently satisfied with the services provided, while others may criticize the service due to perceived inadequacies in staff competence (Mahendro et al., 2023). Taekab (2019) and Nuraeni et al. (2020) indicate a relationship between patient perceptions of the quality of Puskesmas services and patient satisfaction. The research results by Rombon et al. (2021) state that service quality significantly affects patient satisfaction. However, the research by Purwaningrum (2020) shows that service quality has a positive but not significant effect on patient satisfaction. The differences in these research findings highlight a research gap that presents an opportunity for future studies on the same topic.

Facilities and infrastructure of Puskesmas are all the amenities and infrastructure that support healthcare services at the Puskesmas. Arikunto & Yuliana (2021) state that facilities are the tools that are movable and directly used in services, such as medical equipment and computers. Meanwhile, infrastructure refers to the supporting systems for service activities, such as the Puskesmas building, sanitation systems, and electrical systems. The facilities and infrastructure provided by Puskesmas are part of the healthcare services offered to patients. The facilities and infrastructure of Puskesmas are necessary to support basic healthcare services. This is because the completeness of facilities and infrastructure is a key supporting factor in ensuring that services can meet patient satisfaction. To meet the needs for service facilities and infrastructure, particularly in healthcare at Puskesmas, these include buildings and internal management, operational vehicles, health equipment, examination support tools, medications, and office equipment to support organizational management within units like Puskesmas.

The construction of Puskesmas buildings as infrastructure for service provides comfort for patients seeking treatment, and a comfortable Puskesmas building will also positively affect employee productivity, thereby enhancing the quality of healthcare services. The research results by Navis et al. (2020) indicate that facilities and infrastructure have a positive and significant impact on patient satisfaction. Sholihah et al. (2022) state that facilities and infrastructure significantly affect patient satisfaction. The research by Zainaro (2020) indicates that facilities and infrastructure have a positive impact on patient satisfaction. Molenaar et al. (2023) also state that facilities and infrastructure have a very strong influence on patient satisfaction. However, the research by Kristian et al. (2023) shows different results, where facilities and infrastructure are less able to foster patient satisfaction. The differences in these research findings highlight a research gap that presents an opportunity for future studies on the same topic.

Employee or healthcare worker competence refers to the professional roles or jobs that require expertise or skills from healthcare personnel in providing at least minimum services. Therefore, hospitals are expected to deliver quality services in accordance with established standards to ensure patient satisfaction. According to Sutrisno (2019), competence is defined as a dimension of behavioral expertise or excellence, where a leader or staff possesses good skills, knowledge, and behavior. Sutrisno (2019) further explains competence as the skilled behavior of an individual. Moreover, according to Wibowo (2020), the definition of competence is the ability to perform a job or task based on skills and knowledge, supported by the work attitudes required by that job. Wibowo (2020) elaborates that competence is the capability based on skills and knowledge. Based on this understanding, it can be synthesized that competence is a collection of knowledge, skills, attitudes, and behaviors possessed by individuals in the workforce. This competence includes the ability to deliver the best work results for the organization according to established standards. Khildar et al. (2024) note that the competence of healthcare workers at Puskesmas is generally perceived fairly well. However, there are weaknesses in the aspect of communication skills among staff. Good competence in managing patient data and providing effective care is crucial for enhancing patient satisfaction. Although their research indicates that competence has an insignificant effect on patient satisfaction (Khildar et al., 2024), this is not in line with Hartati's research, which concludes that the competence of healthcare workers in hospitals significantly affects patient satisfaction (Hartati et al., 2022).

Competence pertains to the authority of each individual to perform tasks or make decisions according to their role in the organization, relevant to their expertise, knowledge, and abilities. The competencies possessed by employees individually must support the implementation of organizational strategies and facilitate any changes made by management. In other words, the competencies of individuals can support a team-based work system (Suyatmi et al., 2021). According to Spencer et al. in (Alya and Wahyudin, 2021), there are five characteristics of competence: motives, traits, self-concept, knowledge, and skills. The research by Alya and Wahyudin (2021) shows that there is a positive relationship between the competence of healthcare workers and patient satisfaction, meaning that any increase in competence will enhance patient satisfaction. Suhartina et al. (2020) and Rizqi et al. (2024) state that employee competence has a positive and significant effect on patient satisfaction. Hikmah et al. (2024) demonstrate that the competence of Puskesmas employees positively influences patient satisfaction. However, the research by Nirmalarumsari (2020) shows no relationship between employee competence and patient satisfaction. This indicates a research gap, presenting an opportunity for further investigation.

The geographical condition of the working area of UPTD Puskesmas Taman Krocok consists of 70% highland, with the farthest village from the Puskesmas being about 10 km away. All village roads are accessible by both two-wheeled and four-wheeled vehicles, although some areas can only be reached on foot. In the working area of UPTD Puskesmas Taman Krocok, there are several healthcare service facilities aimed at improving access to services for the community, including 1 main Puskesmas, 3 auxiliary Puskesmas, and 4 community health posts (Ponkesdes). However, currently, there are very few patients seeking treatment at Puskesmas Taman Krocok, whether for inpatient or outpatient services. Additionally, data on patient satisfaction for those treated at Puskesmas Taman Krocok has not yet reached maximum levels. Some patients still feel dissatisfied with the services provided, both in nursing and pharmaceutical care. The level of patient satisfaction at the Puskesmas is measured using National Quality Indicators (INM). The National Quality Indicators (INM) for Healthcare Services, referred to as Quality Indicators, are benchmarks used to assess the achievement of quality service targets at public health centers, independent medical and dental practices, clinics, community health centers, hospitals, health laboratories, and blood transfusion units.

Quality of Healthcare Services refers to the level of health services for individuals and communities that can enhance optimal health outcomes, provided according to service standards and the latest scientific developments, while fulfilling the rights and obligations of patients. The benchmark is set at ≥ 76.61%. This is a standard used to evaluate the success of the quality of healthcare services at healthcare facilities, including hospitals, clinics, and Puskesmas. The measurement of Quality Indicators aims to assess whether the efforts made can truly enhance service quality sustainably, as well as to provide feedback, public transparency, and serve as a benchmark for identifying best practices for learning. Additionally, the measurement of Quality Indicators is used as a consideration for local health departments, provincial health departments, and the Ministry of Health in planning, implementing, controlling, supervising, and ensuring accountability for the quality of services at healthcare facilities. This access difficulty is caused by distance, poor infrastructure, and high transportation costs to reach the Puskesmas. Additionally, healthcare services to the community, particularly to patients, are also disrupted due to a lack of healthcare personnel, medications, and medical equipment. Another issue faced by Puskesmas Taman Krocok is the limited number of human resources assigned to the main Puskesmas, auxiliary Puskesmas, and 4 community health posts (Ponkesdes), both in terms of quality and quantity, which is inadequate and creates obstacles in providing healthcare services to the residents of Taman Krocok District.

LITERATURE REVIEW

Patient Satisfaction

According to Suhartina et al. (2020), understanding the needs and desires of consumers, in this case, patients, is crucial for influencing patient satisfaction. Satisfied patients are a valuable asset because if they are pleased, they will continue to use their chosen services. However, if patients feel dissatisfied, they will share their negative experiences with twice the intensity. To create patient satisfaction, a company or hospital must develop and manage a system to attract more patients and retain them (Esty, 2023). A similar point is made by Taekab et al. (2019), who mention three types of satisfaction conditions that consumers can experience relating to the comparison between expectations and reality. If the expectations or needs match the services provided, consumers will feel satisfied. Conversely, if the services provided fall short of or do not meet the consumers' needs or expectations, they will become dissatisfied. Consumer satisfaction is a comparison between the expectations held by consumers and the reality they experience when consuming a product or service. Zainaro (2020) states that quality is closely related to customer satisfaction. Quality encourages customers to build strong relationships with the company. Satisfaction is

the level of contentment a person feels after comparing their perceived performance or results with their expectations. Consumers who experience satisfaction with a product or service can be categorized as community consumers, institutional consumers, and individual consumers. Based on the explanations from these experts, it can be concluded that patient satisfaction is the feeling of happiness and contentment experienced by patients due to their expectations or desires being met in receiving healthcare services (Esty, 2023). Tjiptono (2020) states that the customer satisfaction survey method can use measurements with various characteristics as follows: first, directly reported satisfaction, which can be measured directly with questions such as: "Please express how satisfied you are with the service on the following scale: very dissatisfied, dissatisfied, neutral, satisfied, very satisfied." Second, derived dissatisfaction involves two main aspects in each question asked, namely the extent of customer expectations regarding certain attributes and the level of performance they perceive. The consumer satisfaction survey method can use the SERVEQUAL (service quality) measurement, which is based on comparing two main factors: the consumer's perception of the actual service they receive (perceived service) with the service they expect (expected service). If reality exceeds expectations, the service can be said to be of high quality, whereas if reality falls short of expectations, the service is considered of low quality. If reality matches expectations, the service is described as satisfactory. Thus, service quality can be defined as the extent of the difference between the actual experience and the expectations of consumers regarding the services they receive (Tjiptono, 2020).

According to Misngadi et al. (2020), there are five indicators that determine the level of patient satisfaction:

1. Quality of pharmaceutical products: This refers to the ability to cure diseases, which includes the availability of pharmaceuticals and their bioavailability to achieve therapeutic effects. Patients' perceptions of pharmaceutical products are influenced by two factors: the actual quality of the pharmaceutical products and communication.
2. Quality of service to patients: Patients will be satisfied if they receive good, friendly service that meets their expectations.
3. Emotional components: This includes expected emotional influences or considerations such as suggestions and feelings of pride.
4. Price issues: Consumers will choose pharmaceutical products that are cheaper but have the same efficacy as more expensive options.
5. Cost factors: To obtain these pharmaceutical products, consumers should not incur additional costs or waste time acquiring the medications, so pharmacies need to ensure they stock the necessary medications.

Competence

Competence is one of the essential components that individuals must possess to ensure that job tasks are carried out effectively. According to Septina and Trisnowati (2025), competence is the ability to perform a job or task based on skills and knowledge, supported by the work attitudes required by that job. Furthermore, Septina and Trisnowati (2025) state that competence is the ability founded on skills and knowledge, supported by work attitudes, and applied in executing tasks in the workplace according to established job requirements. According to Sedarmayanti (2020), competence is closely related to the ability or capability that, when applied, results in employees, leaders, or officials demonstrating high performance, which is referred to as having competence. Competence is seen as an individual's ability, demonstrated through good performance in their role or job. Competence encompasses a collection of knowledge, skills, and behaviors used to enhance performance or achieve an adequate or high-quality state, with the ability to fulfill specific roles. Sutrisno (2020) states that competence is an ability founded on skills and knowledge, supported by work attitudes, and referring to established job requirements. Mangkunegara (2021) emphasizes that human resource competence is essential for those pursuing careers in this field, particularly as they must possess expertise in human resource management, mastery of personnel information management systems, high achievement motivation, creativity, innovation, and mature personality with good emotional intelligence. According to Kusumayadi (2025), competence is the individual's ability to perform a job correctly and possesses advantages based on knowledge, skills, and attitudes. Thus, competence is understood as the ability to perform a job grounded in skills and knowledge, supported by the work attitudes demanded by that job.

Alya and Wahyudin (2021) present six indicators contained in the concept of competence, as follows:

1. Knowledge: Awareness in the cognitive domain;
2. Understanding: The depth of cognitive and affective aspects possessed by an individual;
3. Skill: The ability of an individual to perform tasks or jobs assigned to them;

4. Value: A standard of behavior that has been internalized and psychologically integrated within a person;
5. Attitude: Feelings (like-dislike, preference-dispreference) or reactions to external stimuli;
6. Interest: The tendency of an individual to engage in certain activities.

Quality of Service

Gasperz (2005) states that service quality refers to various ways of fulfilling user desires that are free from deficiencies, thereby providing satisfaction from service usage. If the service received is lower than what patients expect, the quality of service will be considered poor. The quality of service depends on the ability of a healthcare facility to consistently meet patient expectations. Quality in healthcare services consists of patient quality, professional quality of healthcare providers, and hospital management quality. Juran (1989) defines quality as "Fitness for Use" or the ability to be suitable for use. An interesting takeaway from this definition is that quality is seen as a product's uniqueness (in the eyes of customers, the better the product's uniqueness, the higher its quality). This brings benefits such as increased customer satisfaction, easier sales, competitive advantage, increased market share, revenue from sales, guaranteed premium pricing, and a significant impact on sales.

The increasing competition in the service sector, especially in hospitals, necessitates that each hospital maintain a high level of care, professionalism, and competence to reflect the best service quality. The quality of services provided can affect outcomes that significantly determine public health. Therefore, as a service industry company, attention to quality becomes a necessity. The success of a company in delivering quality service can be assessed using the service quality approach (SERVQUAL) developed by Parasuraman, Berry, and Zeithaml. Service quality measures the extent of the difference between customer expectations and the reality of the services they receive. According to Parasuraman et al. (1985), there are five dimensions of healthcare service quality commonly used to measure healthcare service quality, known as SERVQUAL. Quality is viewed as the actual decision value (proper value) concerning a specific service unit, encompassing both technical aspects (knowledge, skills, and medical or health technology) and interpersonal aspects, such as the doctor-patient relationship, communication, empathy, and patient satisfaction. Parasuraman et al. (1985) state that service quality consists of five indicators, namely:

1. Tangibles: Physical evidence that includes the physical facilities, equipment, and materials used by the hospital, as well as the appearance of the staff.
2. Reliability: Relates to the hospital's ability to provide services promptly and accurately from the outset without making any mistakes and ensuring satisfaction.
3. Responsiveness: Refers to the willingness and ability of employees to assist patients and respond promptly to their requests, as well as providing accurate information about services.
4. Assurance: Encompasses knowledge, skills, courtesy, and the ability to instill trust in patients. Assurance also means being free from danger, risk, and uncertainty.
5. Empathy: Involves the ease of establishing good communication, personal attention, and understanding the needs of patients as customers, acting in the best interest of the patients.

Facilities and Infrastructure

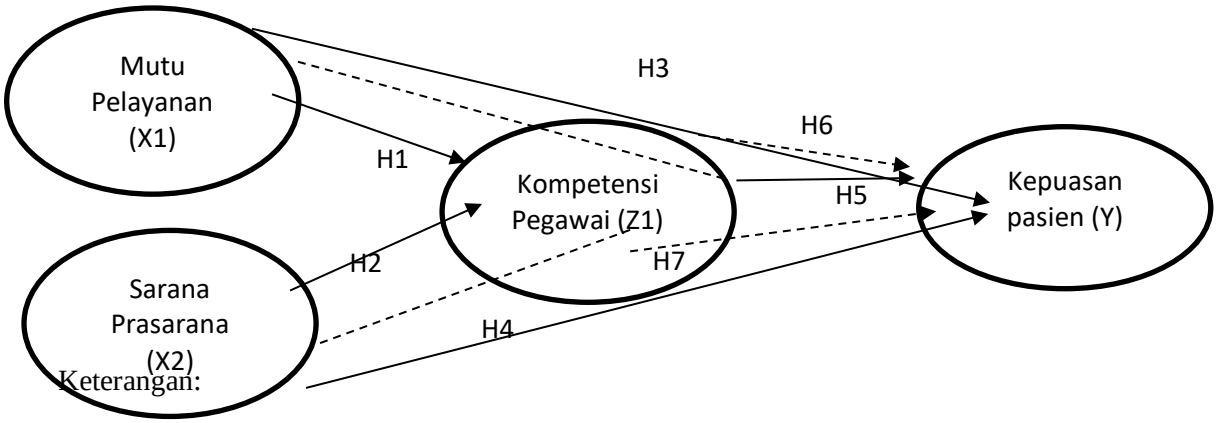
Facilities and infrastructure are essential components of hospital services for the implementation of patient care activities. According to the Technical Guidelines for Hospital Infrastructure and Active Fire Protection Systems from the Ministry of Health in 2007, the facilities for fire disaster preparedness in hospitals include no smoking signs, exit signs/instructions, fire alarms, heat detectors, smoke detectors, portable fire extinguishers (APAR), hoses and/or hydrants, as well as special emergency telephone lines. The utilization of facilities and infrastructure for disaster management before a disaster occurs relates to the process of using existing fire prevention facilities to prepare the entire hospital staff for resilience. Health facilities are a crucial factor supporting the functioning of the healthcare service system. Hospitals, as providers of healthcare services to the community, are required to be responsible for the reliability, accuracy, and safety of the facilities and infrastructure used. As developments progress, the quality management of these facilities becomes very important. Health facilities are understood qualitatively and quantitatively in terms of the quality of care and accessibility to healthcare services in a country. Infrastructure is assessed based on the quality of the available physical, technological, and human resources during a specific period. The physical structure includes buildings and other permanent structures such as water pipes, proper access roads, electricity, and so on within the healthcare service environment, while technology includes equipment specifically intended for use in hospitals, including surgical tools (Erinosho, 2006). According to the

Ministry of Health of the Republic of Indonesia (Permenkes No. 24 of 2016 regarding Technical Requirements for Hospital Buildings and Infrastructure), facilities in the context of healthcare encompass several important indicators that must be met to ensure smooth operations and the quality of services provided. These indicators include:

1. Medical Equipment:
   Definition: Medical equipment refers to any type of device used for diagnosing, therapy, rehabilitation, or monitoring the health conditions of patients. Standards: Medical equipment must be calibrated regularly and have distribution permits from the Ministry of Health, and must be operated by trained healthcare personnel.
2. Medical and Non-Medical Supplies:
   Definition: Supplies are items used to support and complement work in healthcare services, both medical and non-medical. These supplies are typically disposable or can be reused until they are depleted. Examples: Disposable gloves, syringes, bandages, gauze, disinfectant solutions, as well as stationery and medical documents.
3. Physical Infrastructure:
   Definition: Physical infrastructure includes buildings and basic facilities that support the operations of the hospital, both physically and socially. This infrastructure encompasses all facilities necessary to support public service activities in the hospital.
4. Other Supporting Facilities:
   Definition: Supporting facilities include additional amenities that support the overall operations of the hospital and enhance the comfort and safety of patients and visitors. Examples: Information and communication systems (e.g., electronic medical records systems), parking facilities, comfortable waiting areas, places of worship, cafeterias, and green open spaces.
5. Safety and Security Facilities:
   Definition: These facilities include equipment and systems designed to ensure the safety and security of patients, medical staff, and hospital visitors. Examples: Fire protection systems (alarms and sprinklers), emergency evacuation routes, surveillance cameras (CCTV), fire extinguishers, and access security systems.

According to the Ministry of Health of the Republic of Indonesia (Permenkes No. 24 of 2016 regarding Technical Requirements for Hospital Buildings and Infrastructure), infrastructure in the context of healthcare facilities includes several important indicators that must be met to ensure smooth operations and the quality of services provided. These indicators include:

1. Buildings:
   Definition: Hospital buildings are physical structures designed and constructed to support various healthcare service functions. These buildings must meet technical standards set by the Ministry of Health, including resilience to disasters, energy efficiency, and safety for patients and medical staff.
2. Location:
   Definition: The location of a hospital is the geographical area where it operates. The selection of the location must consider accessibility for patients, potential disaster risks, and the environmental impact.
3. Utility Infrastructure:
   Definition: Utility infrastructure includes essential supporting systems for hospital operations, such as electricity supply, clean water systems, waste disposal systems, and communication networks. Clean water systems must meet drinking water quality standards, and waste disposal systems must be designed to manage medical and non-medical waste in accordance with environmental regulations.
4. Transportation Infrastructure:
   Definition: Transportation infrastructure includes access roads, parking areas, and other supporting facilities that facilitate the mobility of patients, visitors, and hospital staff. The transportation system must be designed to enable quick and safe emergency evacuations.
5. Safety and Security:
   Definition: Safety and security infrastructure encompasses all systems and facilities designed to protect patients, staff, and visitors from hazards, including fire, natural disasters, and other security threats.



Keterangan:

Pengaruh langsung
Pengaruh tidak langsung
Independen Variabel : Mutu Pelayanan (X1), Sarana Prasarana (X2)
Dependen Variabel : Kepuasan Pasien (Y)
Intervening Variabel : Kompetensi Pegawai (Z)

Image: conceptual framework

METHOD (TNR, 12 BOLD)

This study aims to explain the relationship between one variable and another, as well as to clarify causal relationships among variables through hypothesis testing proposed in the research (Singarimbun and Efendi, 2020). Data collection was conducted by distributing questionnaires, with data gathered from samples representing the entire population. The research utilizes responses from participants, which are quantified using numerical scales, thus it is also referred to as quantitative research. This approach seeks to explain and detail the conditions of each variable while examining the relationships among variables using measurable data or mathematical models (Sugiyono, 2021). This study was conducted at Jl. Raya, Indah, Taman, Kec. Taman Krocok, Bondowoso District, East Java 68291. The research took place during April to May 2025. The data used in this study were obtained from questionnaire responses collected directly from all inpatients at Puskesmas Taman Krocok Bondowoso. The population refers to a group of people, events, or anything that has specific characteristics (Arikunto, 2020). The population is the area of generalization consisting of subjects with certain qualities and characteristics defined by the researcher for study and subsequent conclusions. The population for this research consists of all inpatients registered at Puskesmas Taman Krocok Bondowoso during April to May, totaling 125 individuals in 2024. The criteria for respondents are as follows:

1. Respondents must be parents/guardians of child patients who cannot fill out the questionnaire.
2. Respondents must be patients with full consciousness (not unconscious patients).

The sampling technique used to determine the sample for this research is the Census method. According to Sugiyono (2020), the Census method or total sampling is a sampling technique where all members of the population are included as samples. The number of inpatient patients each month is below 100, therefore the sampling technique used in this study is the census, making all members of the population subjects studied or respondents providing information. Hypothesis testing was conducted using Variance-based SEM or Partial Least Square (SEM-PLS) with the Smart PLS 4.0 program. SEM-PLS is used for exploratory research. In other words, the PLS approach is more suitable for predictive purposes (Ghozali, 2020). The PLS approach is utilized as a measurement tool, considering that the measurement scales for the dependent and independent variables in the study are nominal and ordinal scales, making them non-parametric. Unlike SEM, which is used in studies employing interval scales, PLS is a measurement tool that can be applied in research with both ordinal and nominal measurement scales. Another consideration in using PLS as a measurement tool is that the indicators forming the constructs in this research are reflective in nature. The reflective model assumes that latent variables influence the indicators, with the direction of causality flowing from the construct to the indicator or manifest (Ghozali, 2020). The reflective indicator model is developed based on classical test theory, which assumes that the variation in measurement scores is a function of the true scores plus

error. Reflective indicator models must possess internal consistency, as all indicator measurements are assumed to be valid, and two indicators with the same reliability can be interchangeable. The reliability of a construct will be low if there are only a few indicators, but the construct's validity will not change if one of the indicators is removed. The inner model (inner relation, structural model, or substantive theory) describes the relationships among latent variables based on substantive theory. The structural model is assessed using R-square for dependent constructs, Stone-Geisser Q-square for predictive relevance, and t-tests along with the significance of the structural path coefficient parameters. Changes in the R-square value can be used to evaluate the substantive effect of certain independent latent variables on the dependent latent variable (Ghozali, 2020). The confidence level used in this study is 5%. Hypotheses will be accepted if the p-value is less than 0.05. The path coefficient values are used to determine the direction of the correlation coefficients. A positive correlation coefficient indicates a positive relationship between constructs, and vice versa. The research model will also be tested by examining the value of the coefficient of determination (R^2). This value explains the variation in the dependent variable. The R^2 value ranges from zero to one. A value of zero indicates that it does not explain any variation in the dependent variable, while a value of one indicates that the independent variable explains one hundred percent of the variation in the dependent variable. The inner model testing includes results from direct effect tests, indirect effect tests, total effect tests, mediation effect tests, R^2 tests, and significance tests.

Table 1. Example of table description

Variable	Speed (rpm)	Power (kW)
x	10	8.6
y	15	12.4
z	20	15.3

RESULTS AND DISCUSSION

Validity Test

The validity test of the measurement model can be assessed by the correlation between the indicator scores and their construct scores, with the criterion that a loading factor value greater than 0.5 is considered valid.

Tabel 1. Uji Validitas Variabel Mutu Pelayanan

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Mutu pelayanan	X1.1	0,796	0,500	Valid
	X1.2	0,881	0,500	Valid
	X1.3	0,837	0,500	Valid
	X1.4	0,430	0,500	Invalid
	X1.5	0,719	0,500	Valid

Sumber: data diolah Smart PLS 4,0

Based on the data in Table 1, the service quality variable consists of 5 indicators: X1.1 = Tangibles, X1.2 = Reliability, X1.3 = Responsiveness, X1.4 = Assurance, and X1.5 = Empathy. The indicator that yielded an invalid result is X1.4 = Assurance, so this variable is not used in the research testing. Meanwhile, the other variables have met the criteria as their discriminant validity values are above 0.5. According to the validity test calculations, the indicator X1.5, which is Empathy, has the lowest loading factor value of 0.719, while the indicator X1.3, which is Responsiveness, has the highest loading factor value of 0.881.

Tabel 2 Uji Validitas Variabel Sarana Prasarana

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Sarana Prasarana	X2.1	0,679	0,500	Valid
	X2.2	0,576	0,500	Valid
	X2.3	0,810	0,500	Valid
	X2.4	0,814	0,500	Valid
	X2.5	0,320	0,500	Invalid
	X2.6	0,822	0,500	Valid
	X2.7	0,736	0,500	Valid
	X2.8	0,568	0,500	Valid
	X2.9	0,681	0,500	Valid
	X2.10	0,530	0,500	Valid

Sumber: data diolah Smart PLS 4,0

Based on the data in Table 2, the infrastructure variable consists of 10 indicators: X2.1 = Medical Equipment, X2.2 = Medical and Non-Medical Supplies, X2.3 = Physical Infrastructure, X2.4 = Other Supporting Facilities, X2.5 = Safety and Security Facilities, X2.6 = Buildings, X2.7 = Location, X2.8 = Utility Infrastructure, X2.9 = Transportation Infrastructure, and X2.10 = Safety and Security. The discriminant validity calculation for the indicator X2.5 does not meet the validity requirement as it is below 0.5, and therefore, it will not be used for further data processing. According to the validity test results, the indicator X2.10, which is Safety and Security, has the lowest loading factor value of 0.530, while the highest loading factor value is shown by X2.3, which is Physical Infrastructure, at 0.822.

Tabel 3 Uji Validitas Variabel Kompetensi Petugas

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Kinerja pegawai	Z1	0,848	0,500	Valid
	Z2	0,510	0,500	Valid
	Z3	0,855	0,500	Valid
	Z4	0,795	0,500	Valid
	Z5	0,822	0,500	Valid
	Z6	0,819	0,500	Valid

Sumber: data diolah Smart PLS 4,0

Based on Table 3 the employee competency variable consists of 6 indicators: Z1 = Knowledge, Z2 = Understanding, Z3 = Skill, Z4 = Value, Z5 = Attitude, and Z6 = Interest. All indicators are deemed valid as they have discriminant validity values above 0.5. According to the validity test results, the indicator Z2, which is Understanding, has the lowest loading factor value of 0.510. The highest loading factor is found in indicator Z1, which is Knowledge, at 0.848.

Tabel 4. Uji Validitas Variabel Kepuasan Pasien

Variabel	Indikator	Hasil Perhitungan	Standar	Keterangan
Kepuasan pasien	Y1	0,917	0,500	Valid
	Y2	0,702	0,500	Valid
	Y3	0,806	0,500	Valid
	Y4	0,456	0,500	Invalid
	Y5	0,883	0,500	Valid

Sumber: data diolah Smart PLS 4,0

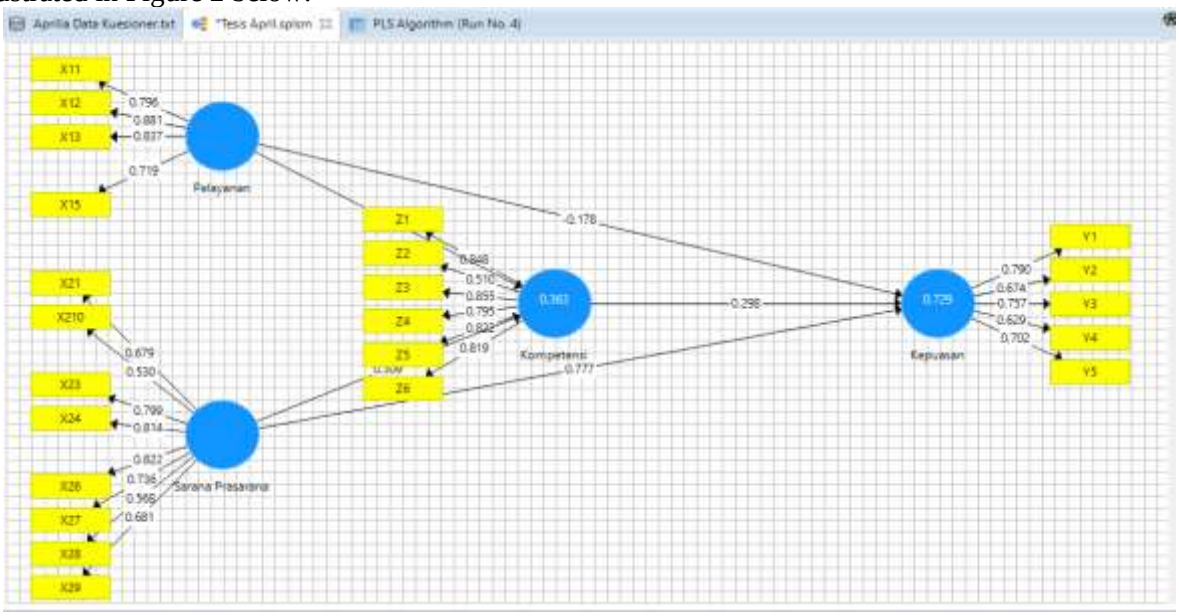
Based on the data in Table 4, the patient satisfaction variable consists of 5 indicators: Y1 = Quality of pharmaceutical products, Y2 = Quality of service to patients, Y3 = Emotional components, Y4 = Pricing issues, and Y5 = Cost factors. The test results show discriminant validity values above 0.5, except for Y4, which is invalid and therefore not used in the research testing. According to the validity test calculations, the indicator for the quality of service to patients (Y2) has the lowest loading factor value of 0.702. Meanwhile, the indicator for the quality of pharmaceutical products (Y1) has the highest discriminant validity value of 0.917.

Tabel 5 Uji Reliabilitas

Jenis Pengujian	Variabel	Hasil	Standar	Keterangan
Composite reliability coefficients	Mutu pelayanan	0,837	0,600	Reliabel
	Sarana prasarana	0,903	0,600	Reliabel
	Kompetensi petugas	0,884	0,600	Reliabel
	Kepuasan pasien	0,889	0,600	Reliabel
Cronbach's alpha coefficients	Mutu pelayanan	0,760	0,600	Reliabel
	Sarana prasarana	0,873	0,600	Reliabel
	Kompetensi petugas	0,824	0,600	Reliabel
	Kepuasan pasien	0,857	0,600	Reliabel

Sumber: Data diolah Smart PLS 4.0

Based on the table above, the results indicate satisfactory composite reliability for each variable: service quality (0.837), infrastructure (0.903), staff competency (0.884), and patient satisfaction (0.889). The results from Cronbach's alpha also show good outcomes: service quality (0.760), infrastructure (0.873), staff competency (0.824), and patient satisfaction (0.857). It can be concluded that each construct has high reliability, as both the composite reliability and Cronbach's alpha values for all constructs are greater than 0.60. The determination test in SmartPLS, known as R-square (R^2), measures how well the structural model (inner model) can explain the variation in the dependent variable. R^2 values range from 0 to 1, with higher values indicating a better ability of the model to explain the variation in the dependent variable. The R-square value for the staff competency variable is 0.363, meaning that 36.3% of the variability in the staff competency construct can be explained by the variability in the service quality and infrastructure constructs, while the remaining variability is explained by other variables not studied. An R-square value of 0.363 for staff competency falls into the moderate category, indicating that the model explains a portion of the variation in staff competency. The R-square value for the patient satisfaction variable is 0.729, meaning that 72.9% of the variability in the patient satisfaction construct can be explained by the variability in the service quality, infrastructure, and staff competency constructs, with the remaining variability explained by other variables not studied. An R-square value of 0.729 for patient satisfaction is also categorized as moderate, indicating that the model explains a portion of the variation in patient satisfaction. The results of the determination test with the R-square value are illustrated in Figure 2 below:



Based on the results of the direct effect test, the findings are as follows:

1. The coefficient of the effect of service quality on staff competency is β = 3.758 with a p-value of 0.000. The coefficient value β = 3.758 is greater than the significance criterion of 1.96, meaning that the effect of service quality is positive and significant on staff competency. The significant result is also indicated by a p-value less than 0.05, showing that service quality positively and significantly

affects employee performance. The test results accept hypothesis 1: Service quality has a positive and significant effect on staff competency.

2. The coefficient of the effect of infrastructure on staff competency is β = 3.274 with a p-value of 0.000. The coefficient value β = 3.274 is greater than the significance criterion of 1.96, indicating that the effect of infrastructure is positive and significant on staff competency. The significance criterion is also met as the p-value is less than 0.05, showing that infrastructure positively and significantly affects staff competency. The test results accept hypothesis 2: Infrastructure has a positive and significant effect on staff competency.
3. The coefficient of the effect of service quality on patient satisfaction is β = 0.929 with a p-value of 0.353. The coefficient value β = 0.929 is less than the significance criterion of 1.96, meaning that the effect of service quality is positive but not significant on patient satisfaction. This result is not significant because the p-value is greater than 0.05, indicating that service quality has a positive but not significant effect on patient satisfaction. The test results reject hypothesis 3: Service quality has a positive but not significant effect on patient satisfaction.
4. The coefficient of the effect of infrastructure on patient satisfaction is β = 14.044 with a p-value of 0.000. The coefficient value β = 14.044 is greater than the significance criterion of 1.96, meaning that the effect of infrastructure is positive and significant on patient satisfaction. This result is significant because the p-value is less than 0.05, indicating that infrastructure positively and significantly affects patient satisfaction. The test results accept hypothesis 4: Infrastructure has a positive and significant effect on patient satisfaction.
5. The coefficient of the effect of staff competency on patient satisfaction is β = 4.041 with a p-value of 0.000. The coefficient value β = 4.041 is greater than the significance criterion of 1.96, indicating that staff competency has a positive and significant effect on patient satisfaction. The p-value is 0.000. This result is significant because the p-value is less than 0.05, showing that staff competency positively and significantly affects patient satisfaction. The test results accept hypothesis 5: Staff competency has a positive and significant effect on patient satisfaction.
6. The staff competency variable plays a role in strengthening the effect of service quality on patient satisfaction with a coefficient value of 2.663 and a significance level of 0.008. The path analysis coefficient of 2.663 is greater than the significance criterion of 1.96, meaning that staff competency plays an important role in strengthening the positive and significant effect of service quality on patient satisfaction. The test results accept hypothesis 6: Service quality has a positive and significant effect on patient satisfaction through staff competency.
7. The staff competency variable also strengthens the effect of infrastructure on patient satisfaction with a coefficient value of 2.752 and a significance level of 0.006. The path analysis coefficient of 2.752 is greater than the significance criterion of 1.96, indicating that staff competency plays an important role in positively and significantly strengthening the effect of infrastructure on patient satisfaction. The test results accept hypothesis 7: Infrastructure has a positive and significant effect on patient satisfaction through staff competency.

CONCLUSION

The research findings indicate that:

1. Service quality has a positive and significant effect on the competency of staff at Puskesmas Taman Krocok. This means that improved service quality will enhance the competency of staff at Puskesmas Taman Krocok Bondowoso.
2. Infrastructure has a positive and significant effect on the competency of staff at Puskesmas Taman Krocok. This indicates that better availability of infrastructure will increase the competency of staff at Puskesmas Taman Krocok Bondowoso.
3. Service quality has a positive but not significant effect on the satisfaction of inpatients at Puskesmas Taman Krocok. This suggests that the service quality provided by Puskesmas Taman Krocok Bondowoso is not sufficient to improve inpatient satisfaction.
4. Infrastructure has a positive and significant effect on the satisfaction of inpatients at Puskesmas Taman Krocok Bondowoso. This means that better available infrastructure will positively impact the satisfaction of inpatients at Puskesmas Taman Krocok Bondowoso.

5. Competency has a positive and significant effect on the satisfaction of inpatients at Puskesmas Taman Krocok Bondowoso. This indicates that the competency of healthcare staff in the inpatient department can enhance the satisfaction of inpatients at Puskesmas Taman Krocok Bondowoso.
6. Service quality has a positive and significant effect on the satisfaction of inpatients through the competency of staff at Puskesmas Taman Krocok Bondowoso. This means that staff competency acts as a mediator to strengthen the influence of service quality on inpatient satisfaction at Puskesmas Taman Krocok Bondowoso.
7. Infrastructure has a positive and significant effect on the satisfaction of inpatients through the competency of staff at Puskesmas Taman Krocok. This indicates that staff competency plays a mediating role in strengthening the influence of infrastructure on inpatient satisfaction at Puskesmas Taman Krocok Bondowoso.

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