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THE EFFECT OF DELAY IN OPERATION, QUALITY OF SERVICE AND COMPETENCE OF HEALTH CARE PERSONNEL ON SURGERY PATIENT SATISFACTION IN ONE OF THE PRIVATE HOSPITALS IN BANDUNG CITY

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Abstract

Increasing competition among hospitals demands continuous improvement in service quality, including surgical services. Surgical delays remain an operational issue that may affect operating room efficiency, healthcare staff workload, and patients' psychological conditions. in one of the private Hospital In Bandung City, internal data indicated that surgical delays exceeding 30 minutes still occurred in 18–22% of cases during a three-month observation period. In addition to timeliness, service quality and healthcare personnel competence are also important factors in shaping surgical patient satisfaction. This study aims to analyze the effect of surgical service delays, service quality, and healthcare personnel competence on surgical patient satisfaction in one of the private Hospital In Bandung City, both partially and simultaneously. The research employed a quantitative approach with a survey design. Data were collected through questionnaires distributed to patients who had undergone surgical procedures. Data analysis was conducted using multiple linear regression, supported by validity and reliability tests, classical assumption tests, t-tests, F-tests, and coefficient of determination analysis. The results indicate that surgical delays have a negative and significant effect on patient satisfaction. Conversely, service quality and healthcare personnel competence have positive and significant effects on patient satisfaction. Simultaneously, all three independent variables significantly influence patient satisfaction. In conclusion, improving surgical timeliness, service quality, and healthcare personnel competence is essential to improving surgical patient satisfaction in one of the private Hospital In Bandung City.

Keywords: Surgical Delay, Service Quality, Healthcare Personnel Competence, Patient Satisfaction.

INTRODUCTION

Competition in the healthcare sector occurs at all levels of service. Hospitals must continually strive to improve service quality to survive and thrive, resulting in customer satisfaction. Poor quality will lead to customer dissatisfaction, not only affecting the customer receiving the service but also impacting others. Dissatisfied customers will tell others, and as a result, potential customers will switch to competitors. Based on data from the Ministry of Health, there are 3,155 hospital units in Indonesia in 2023. This number consists of 2,636 general hospital units and 519 specialized hospital units (Data Indonesia, 2024), therefore, in order for patients to enjoy quality services, a management system is needed that recognizes their needs, sets standards, and strives to maintain standards for client satisfaction (Noguira, 2003). The hospital is one of the private hospitals in Bandung, known as the first green hospital in Indonesia and focused on integrated, high-quality, and compassionate healthcare services. The hospital is a modern facility with complete amenities and cutting-edge technology, committed to providing high-quality healthcare services. However, like any other hospital, operational challenges such as delays in surgical procedures may still occur.

Healthcare services are a crucial indicator in assessing the quality of a hospital. Particularly in the context of surgical procedures, time efficiency and service quality are two crucial aspects that directly impact patient experience and satisfaction. One crucial indicator in surgical procedures is First Case On-Time Start (FCOTS), which refers to the timely start of the first surgical procedure of the day. However, various studies have shown that delays in FCOTS remain a significant problem in many hospitals (Saul et al., 2022). These delays not only impact hospital workflow but also directly impact patient psychological well-being and experience. A meta-analysis of 89,996 orthopedic surgery patients showed that long waiting times before surgery were negatively correlated with quality of life, physical function, and satisfaction with medical care (Cooper et al., 2024). In fact, delays of more

than 6 months have been shown to significantly decrease Health-Related Quality of Life (HRQoL) and increase patient anxiety and frustration (Mahon et al., 2002). The medical examinations provided were conducted professionally, adhering to applicable medical standards. Furthermore, the administration system implemented was quite effective and facilitated patient access to healthcare services. However, challenges persisted in the medical procedure process, particularly related to delays in surgical procedures. This despite the hospital's support of a sufficient number of medical personnel, structured surgical procedures, a supporting information system, and relatively comprehensive logistical and medical technology facilities. Local phenomena in one of the private Hospital In Bandung City indicate that delays in surgical procedures persist and pose a challenge to maintaining service quality. This can be seen in the following table.

Operational Action Data Table

No	Number of Actions Per Month	Year 2025 and Month		
		July	August	September
1	number of surgical procedures	100	100	100
2	Total number of operation delays more than 0.5 hours	42	36	32
3	Amount %	22%	20%	18%

Based on internal hospital data from 2025, in the period from July to September, the number of surgical procedures recorded was 189 in July, 180 in August, and 174 in September. Of these, 42 (22%) surgical procedures were delayed by more than 0.5 hours in July, 36 (20%) in August, and 32 (18%) in September. While there has been a downward trend in the percentage of delays, from 22% to 18% in the past three months, these figures still indicate that nearly one in five surgical patients experienced a delay of more than 30 minutes. These delays impact the scheduling of subsequent operations, increase patient waiting times, and potentially reduce the efficiency of operating room utilization. Furthermore, delays also impact patients' psychological well-being, such as increased anxiety before the procedure.surgery. Indirectly, this condition can affect patient perceptions of the quality of service and the professionalism of healthcare professionals.

The data shows that despite hospitals being supported by competent medical personnel, structured operational procedures, and adequate facilities and technology, gaps remain in the timeliness of services. This highlights the importance of a comprehensive evaluation of factors influencing surgical delays, including managerial aspects, internal coordination, human resource readiness, and information system effectiveness. Based on empirical studies and initial observations, the author formulated a research entitled "The Effect of Delays in Surgical Procedure Services, Service Quality and Competence of Health Workers on Patient Satisfaction in Surgical Procedures in one of the private Hospital In Bandung City." Therefore, an analysis of the effect of delays in surgical procedures and service quality on patient satisfaction is very relevant to study. Based on the identification of the problems that have been explained previously, the formulation of the problem in this study is as follows: how delays in surgical procedures, service quality, competence of health workers, and satisfaction of surgical patients in Hospital A and how much influence do delays in surgical procedures, service quality, and competence of health workers have on patient satisfaction in one of the private Hospital In Bandung City.

LITERATURE REVIEW

1. Management Theory

Management is a science, process, and art that encompasses several elements, including planning, organizing, movement, and control carried out to determine and achieve predetermined goals by utilizing human resources and other resources (Terry, 2021). Management comes from the word "To Manage," which means to organize or manage. Management is a series of processes for organizing various activities in order to implement goals and as the ability or skill of someone who holds a managerial position to obtain results in order to achieve goals through the activities of others (Widia, 2020). Mmanagement isthe science of behavior that consists of exact social aspects, not from the responsibility of occupational safety and health, both from the planning side and from the organizing and controlling side (Rahmad, 2024).

2. Operation Delay Factors

According to Masad et al. (2022) noted that delays in surgical procedures can occur at various stages of the surgical process, from the preoperative phase to the intraoperative phase to the postoperative recovery phase. This phenomenon not only indicates disruptions in hospital workflow but can also impact patient safety, the quality of medical services, and the efficient use of resources such as medical personnel, operating rooms, and equipment (Masad et al., 2022, Papapaa et al., 2022).

3. Operating Room

An operating room is a special area in a hospital used to perform surgical procedures under sterile conditions, whether scheduled or emergency (Prasetyoadi, 2016). An operating room is a special unit in a hospital that functions as a place to perform elective or acute surgical procedures, which require sterile conditions and other special conditions. Operating rooms must be designed with a high safety factor. In the operating room, patients are transferred from a special stretcher in the hospital operating room to the operating table (Ministry of Health, 2012).

4. Quality of Service

According to Rulia (2022), the quality of hospital services must be based on patient-centered care, with a focus on operational standards, the competence of healthcare workers, and patient safety as the main indicators of service quality. In the world of healthcare, service quality reflects the extent to which medical facilities are able to meet patient needs and expectations, from a technical medical perspective, emotional comfort, to aspects of human interaction. Patients' views of hospital service quality are based not only on the final outcome of care but also on various aspects of their experience during the service. Some indicators considered important by patients include the speed of staff in responding to needs, the clarity of medical information provided, the comfort level of the facilities provided, and the effectiveness of the treatment (Shie et al., 2022).

5. Competence of Health Workers

Healthcare competency broadly refers to the ability to effectively perform tasks and roles in a healthcare setting, encompassing the necessary knowledge, skills, judgment, and behaviors. It is a multidimensional and dynamic concept encompassing clinical knowledge, self-assessment, ethical awareness, communication, teamwork, and the ability to apply skills with appropriate judgment in real-world situations (Mrayyan et al., Garside, and Nhemachena, 2013).

RESEARCH METHODS

1. Methods Used

This study uses a quantitative approach with descriptive and associative methods. This approach was chosen because the study focuses on measuring variables using numerical data and testing the influence between variables statistically. The descriptive method is used to describe the characteristics of variables as they are based on respondents' perceptions, the associative method aims to test the influence between two or more variables, namely delays in surgical services (X1), service quality (X2), and health worker competence (X3) on patient satisfaction (Y) in one of the private Hospital In Bandung City. According to Sugiyono (2018), the research method is a scientific way used to obtain data to achieve goals and provide certain benefits, the quantitative method is based on a positivistic paradigm, used to research certain populations or samples, with data collection through standardized instruments, and data analysis is carried out statistically to test previously formulated hypotheses.

2. Data type

The type of data used in this study is cross-sectional data, because the data was collected at a specific point in time from respondents who were patients in one of the private Hospital In Bandung City who had undergone elective surgery. The data was collected using a questionnaire over a specific period of time without any repetition of data collection from the same respondents. According to Sugiyono (2018), data is categorized into three types, namely time series data, cross-sectional data, and combined data. Time series data is data collected repeatedly over a specific period of time from the same object. Meanwhile, cross-sectional data is data collected from the same or different objects at a specific point in time, and combined data is a combination of the two types of data.

3. Operational Variables

To obtain accurate data that aligns with the research objectives, the research variables are essentially aimed at obtaining information about something on the research object and then drawing conclusions. In this study, there are three variables, namely Variable X1 (independent variable), namely delay in surgical action, Variable X2 (independent variable) is service quality, and Variable X3 (independent variable) is the competence of health workers and Variable Y (dependent variable) is patient satisfaction. All of these variables are concluded to answer the hypothesis of this study.

RESULTS AND DISCUSSION

Analysis results

In this section, the results of the data analysis obtained from field observations regarding the Effect of Delays in Surgical Procedure Services and Service Quality on Patient Satisfaction in Surgical Procedures in one of the private Hospital In Bandung City will be presented. The sample observed in this study was 75 employees. The data analyzed in this study were primary data derived from questionnaires distributed to 75 respondents. The data were then analyzed using the multiple linear regression analysis method, but before these two things are carried out, the following is an explanation of the results of processing respondent data and testing the research instrument.

Results of the Validity Test of Research Instruments

Validity testing is used to measure the validity of a questionnaire. A questionnaire is said to be valid if the questions in the questionnaire are able to reveal something that will be measured by the questionnaire (Ghozali, 2005:19). Measuring the level of validity can be done by looking at the correlation values between the question item scores and the total construct score compared to the calculated r value with the r table. Testing is carried out with a two-sided test with a significance level of 0.05. If the obtained correlation value is greater than 0.227, the research instrument can be declared valid. Conversely, a value less than 0.227 is considered invalid. Testing is carried out for each research instrument for each variable. The following are the results of testing the validity of the research instrument for the variable Delay in Surgical Action:

Table of Validity Test Results for Surgical Delay Variables

No	Results	Limits of Significance	Note
X11	0.322	0.227	Valid
X12	0.317	0.227	Valid
X13	0.350	0.227	Valid
X14	0.232	0.227	Valid
X15	0.590	0.227	Valid
X16	0.756	0.227	Valid
X17	0.708	0.227	Valid
X18	0.692	0.227	Valid
X19	0.641	0.227	Valid
X110	0.375	0.227	Valid

Based on the table above, for the item regarding Delays in Surgical Actions which consists of 10 indicators, all items have a validity index value indicated by the calculation results greater than 0.227 so it can be said that all the questions are valid.

Table of Validity Test Results for Service Quality Variables

No	Results	Limits of Significance	Note
X21	0.663	0.227	Valid
X22	0.772	0.227	Valid
X23	0.778	0.227	Valid
X24	0.750	0.227	Valid
X25	0.691	0.227	Valid
X26	0.702	0.227	Valid
X27	0.765	0.227	Valid
X28	0.772	0.227	Valid
X29	0.771	0.227	Valid
X210	0.644	0.227	Valid
X211	0.698	0.227	Valid
X212	0.653	0.227	Valid

Based on the table above, for the item regarding Service Quality which consists of 12 indicators, the validity index value indicated by the calculation results is greater than 0.227 so it can be said that all question items are valid.

Table of Validity Test Results for Health Worker Competency Variables

No	Results	Limits of Significance	Note
X31	0.879	0.227	Valid
X32	0.647	0.227	Valid
X33	0.643	0.227	Valid
X34	0.771	0.227	Valid
X35	0.616	0.227	Valid
X36	0.819	0.227	Valid
X37	0.709	0.227	Valid

Based on the table above, for the item regarding Health Worker Competence which consists of 7 indicators, the validity index value indicated by the calculation results is greater than 0.227 so it can be said that all question items are valid.

Table of Validity Test Results for Patient Satisfaction Variables

No	Results	Limits of Significance	Note
Y1	0.654	0.227	Valid
Y2	0.622	0.227	Valid
Y3	0.706	0.227	Valid
Y4	0.801	0.227	Valid
Y5	0.767	0.227	Valid
Y6	0.641	0.227	Valid

Based on the table above, the Satisfaction item, consisting of six indicators, has a validity index value greater than 0.227, indicating that all questions are valid. Based on these results, the majority of the questionnaires in this study can be used in further analysis. However, one indicator needs to be removed from the study.

Reliability Test of Research Instruments

Reliability testing is a tool for measuring a questionnaire, which is an indicator of a variable or construct. A questionnaire is said to be reliable if a person's answers to the statements are consistent or stable over time (Ghozali, 2005:19). Reliability measurements are carried out using a one-shot method using the Cronbach Alpha (α) statistical test. A construct or variable is said to be reliable if it produces a Cronbach Alpha value > 0.60 (Priyatno, 2019). The following are the calculation results for testing variable reliability:

Reliability Test Summary Table

Variables	Cronbach Alpha	Information
Delay in Surgical Action (X1)	0.798	Reliable
Service Quality (X2)	0.754	Reliable
Health Worker Competence (X3)	0.765	Reliable
Patient Satisfaction (Y)	0.775	Reliable

The reliability coefficient value of the Surgical Action Delay variable is0.798, variableThe Service Quality variable is 0.754, the Health Worker Competence variable is 0.765, and the Patient Satisfaction variable is 0.778. All three reliability index values are greater than the established standard of 0.6. This indicates that the questionnaire with the statement items above has good reliability in measuring Surgical Delays, Service Quality, Health Worker Competence, and Patient Satisfaction.

Descriptive Analysis

Respondent Overview

A general overview of the respondents in this study is presented to provide a description of the characteristics of the patients who were the subjects of the study. The respondents in this study numbered 75 patients who had undergone surgery at the hospital. Respondent characteristics were analyzed based on gender, age group, and surgical category (minor, major, and special). This data presentation aims to provide an understanding of the respondent profiles to support a more comprehensive interpretation of the research analysis results.

Respondent Overview Table Based on Gender

Gender	Frequency	Percentage (%)
Man	38	50.7%
Woman	37	49.3%
Total	**75**	**100%**

Based on the table of respondent distribution by gender, it is known that of the 75 patients who responded, 38 (50.7%) were male and 37 (49.3%) were female. These data indicate a relatively balanced number of male and female respondents, with very little difference.

Respondent Overview Table Based on Age

Age Group	Frequency	Percentage (%)
20–30 years	19	25.3%
31–40 years	18	24%
41–50 years	17	22.7%
51–60 years	17	22.7%
> 60 years	4	5.3%
Total	**75**	**100%**

Based on the distribution table of respondents by age group, it is known that of the total 75 patients, the 20–30 age group was the largest group, with 19 people (25.3%). Furthermore, the 31–40 age group had 18 people (24%). The 41–50 and 51–60 age groups each had 17 people (22.7%). Meanwhile, respondents aged over 60 were the smallest group, with 4 people (5.3%).

Respondent Overview Table Based on Operation Category

Operation Category	Frequency	Percentage (%)
Minor	27	36%
Major	39	52%
Special	9	12%
Total	**75**	**100%**

Based on the distribution table of respondents by surgical procedure category, it is known that of the 75 patients, the majority underwent major surgery, 39 (52%). Furthermore, 27 patients (36%) underwent minor surgery, while 9 patients (12%) underwent specialized surgery.

Delay in Surgical Action

To understand the description of the indicators in the Surgical Delay variable, the following is the frequency distribution of respondents' responses regarding Surgical Delay, which consists of 10 indicators. Based on 75 respondents, a summary of respondents' answers regarding Surgical Delay was obtained, which can then be presented in the form of a continuous line. The distribution of respondents' answers can be seen as follows:

Respondent Response Table Regarding Delays in Surgical Actions

Indicator		Answer Options					Score
		1	2	3	4	5	
My operation was carried out according to the predetermined schedule.	**F**	0	2	7	50	16	305
The waiting time from the scheduled appointment to the operation is relatively short.	**F**	0	4	14	44	13	291
I received clear information regarding my surgery schedule.	**F**	0	3	21	40	11	284
I get a notification if there is a delay in operation.	**F**	0	2	16	40	17	297
The hospital provides adequate explanation regarding the reasons for the delay in surgery (if any).	**F**	1	5	10	52	7	284
The doctor arrived on time according to my surgery schedule.	**F**	0	4	12	16	43	323
Nurses/medical team were present on time before the operation began.	**F**	1	3	12	16	43	322
The medical team looked ready when my operation was about to be carried out.	**F**	0	3	16	24	32	310
Operating rooms are available according to the specified schedule.	**F**	0	5	13	40	17	294
There were no delays in operations due to hospital facility issues.	**F**	0	4	16	38	17	293
Total Score							3003

Source: Researcher Processing Results, 2025

Based on the scoring results in the table above, it shows that the variable Delay in Surgical Action with 10 statement items and 75 respondents has a total score of 3003. So, to calculate the percentage between the total score obtained and the maximum score, the following method can be used:

$$\text{Persentase Skor Kategori} = \frac{3003}{(10 \times 75 \times 5)} = 80{,}08\%$$

It can be seen that the percentage score for the Surgical Delay variable is 80.08%. This indicates that the Surgical Delay variable can be included in the High category.

Quality of Service

To understand the indicators for the Service Quality variable, the following is the frequency distribution of respondents' responses to Service Quality, which consists of 12 indicators. Based on 75 respondents, a summary of respondents' answers regarding Service Quality was obtained, which can then be presented in the form of a continuous line. The distribution of respondents' answers can be seen as follows:

Respondent Response Table Regarding Service Quality

Indicator		Answer Options					Score
		1	2	3	4	5	
The medical facilities and equipment in this hospital look complete and modern.	**F**	0	3	16	32	24	302
The hospital environment (waiting room, treatment room, toilet) is clean and comfortable.	**F**	0	7	12	30	26	300
The service I received was in accordance with the promised procedures.	**F**	0	4	6	33	32	318
Medical personnel provide consistent and reliable services.	**F**	0	3	8	38	26	312
The medical staff responded quickly to my complaint.	**F**	0	2	17	36	20	75
The hospital staff were prompt in providing assistance when I needed it.	**F**	0	4	8	38	25	309
I can easily get help or information when needed.	**F**	0	3	12	35	25	307
I felt safe and comfortable while receiving services at this hospital.	**F**	0	3	11	26	35	318
The medical staff gave me personal attention.	**F**	0	3	14	18	40	320
The medical staff showed concern for my condition.	**F**	0	4	16	29	26	302
The medical staff understood my needs and concerns as a patient.	**F**	0	3	10	39	23	307

Indicator		Answer Options					Score
		1	2	3	4	5	
The health workers understood well the surgical procedures that I underwent.	**F**	0	1	20	35	19	297
Total Score							3467

Source: Researcher Processing Results, 2025

Based on the scoring results in the table above, it shows that the Service Quality variable with 12 statement items and 75 respondents has a total score of 3467. So, to calculate the percentage between the total score obtained and the maximum score, it can be done in the following way:

$$\text{Persentase Skor Kategori} = \frac{3467}{(12 \times 75 \times 5)} = 77{,}04\%$$

It can be seen that the percentage score for the Service Quality variable is 77.04%. This indicates that the Service Quality variable can be placed in the High category.

Competence of Health Workers

To understand the description of the indicators in the Health Worker Competence variable, the following is the frequency distribution of respondents' responses regarding Health Worker Competence, which consists of six indicators. Based on 75 respondents, a summary of respondents' answers regarding Health Worker Competence was obtained, which can then be presented in the form of a continuous line. The distribution of respondents' answers can be seen as follows:

Respondent Response Table Regarding Health Worker Competence

Indicator		Answer Options					Score
		1	2	3	4	5	
The health workers understood well the surgical procedures that I underwent.	**F**	0	0	15	30	30	315
Health workers have adequate knowledge regarding patient safety.	**F**	0	0	5	47	23	318
The health workers appeared skilled and confident when providing services to me.	**F**	0	0	10	47	18	308
Health workers communicate clearly during the service/operation process.	**F**	0	0	10	39	26	316
Health workers carry out medical procedures carefully and without rushing.	**F**	0	0	5	52	18	313
The health workers showed empathy and concern for my condition.	**F**	0	0	7	33	35	328
Health workers are responsible for providing services to me.	**F**	0	3	21	40	11	284

Indicator	Answer Options					Score
	1	2	3	4	5	
Total Score						2182

Source: Researcher Processing Results, 2025

Based on the scoring results in the table above, it shows that the Health Worker Competence variable with 7 statement items and 75 respondents has a total score of 2182. So, to calculate the percentage between the total score obtained and the maximum score, it can be done in the following way:

$$\text{Persentase Skor Kategori} = \frac{2182}{(7 \times 75 \times 5)} = 83{,}13\%$$

It can be seen that the percentage score for the Health Worker Competence variable is 83.13%. This indicates that the Health Worker Competence variable can be classified as Very High.

Patient Satisfaction

To understand the indicators for the Patient Satisfaction variable, the following is the frequency distribution of respondents' responses to Patient Satisfaction, which consists of 10 indicators. Based on 75 respondents, a summary of the respondents' answers regarding Patient Satisfaction was obtained, which can then be presented in the form of a continuous line. The distribution of respondents' answers can be seen as follows:

Respondent Response Table Regarding Patient Satisfaction

Indicator		Answer Options					Score
		1	2	3	4	5	
I feel comfortable with the condition of the room and the hospital facilities.	**F**	0	1	8	50	16	306
The cleanliness of the hospital environment is according to my expectations.	**F**	0	0	4	39	32	328
I felt an improvement in my health condition after the medical treatment.	**F**	0	0	12	41	22	310
I am satisfied with the results of the surgery I underwent.	**F**	0	1	20	40	14	292
The administrative process (registration, payment, file processing) is easy and straightforward.	**F**	0	2	17	43	13	292
I received clear education or explanation regarding post-operative care.	**F**	0	5	10	44	16	296
Total Score							1824

Based on the scoring results in the table above, it shows that the Patient Satisfaction variable with 6 statement items and 75 respondents has a total score of 1824. So, to calculate the percentage between the total score obtained and the maximum score, it can be done in the following way:

$$\text{Persentase Skor Kategori} = \frac{1824}{(6 \times 75 \times 5)} = 81{,}07\%$$

It can be seen that the percentage score for the Patient Satisfaction variable is 81.07%. This indicates that the Patient Satisfaction variable can be classified as Low.

Discussion

The Effect of Delays in Surgical Procedure Services on Patient Satisfaction in one of the private Hospital In Bandung City

Based on the results of the descriptive analysis, the Delay in Surgical Procedure Services variable obtained a score percentage of 80.08%, which is included in the High category. This result indicates that in general, surgical patients in one of the private Hospital In Bandung City did not experience many delays in surgical procedures, either related to waiting time before surgery, changes to the surgical schedule, or delays in the start of the surgical procedure from the planned time. This low level of delay indicates that the management of surgical service time in one of the private Hospital In Bandung City has been running relatively well and in accordance with the service standards of private hospitals.

The Influence of Service Quality on Patient Satisfaction in one of the private Hospital In Bandung City

The descriptive analysis results show that the Service Quality variable has a score of 77.04%, which is in the High category. This indicates that the quality of service in one of the private Hospital In Bandung City, ranging from reliability, responsiveness, assurance, empathy, and physical evidence of hospital facilities, is good in providing surgical services. However, the regression analysis results show that service quality has a positive and significant effect on patient satisfaction, with a Standardized Coefficients Beta value of 0.335. This value indicates that service quality influences surgical patient satisfaction. This means that improving service quality will directly and significantly increase surgical patient satisfaction in one of the private Hospital In Bandung City.

The Influence of Health Worker Competence on Patient Satisfaction in one of the private Hospital I Bandung City

Based on the descriptive analysis, the Healthcare Personnel Competence variable scored 83.13%, which is considered high. This result indicates that patients perceive healthcare personnel in one of the private Hospital In Bandung City as possessing excellent knowledge, skills, and professional attitudes in providing surgical services. This high perceived competence reflects the quality of human resources that meet hospital service standards. Thus, the results of this study indicate that although the competency of healthcare workers in one of the private Hospital In Bandung City is in the high category, direct improvement in competency does not necessarily increase patient satisfaction. Therefore, healthcare worker competency needs to be positioned as the foundation of service quality, whose influence on patient satisfaction is indirect and mediated by the quality of service perceived by patients.

The Effect of Delays in Surgical Procedure Services, Service Quality, and Competence of Health Workers on Patient Satisfaction Simultaneously

Based on the results of the simultaneous test (F test), a significance value of 0.000 was obtained, which is smaller than the significance limit of 0.05. These results indicate that together, the variables of delay in surgical service, service quality, and competence of health workers have a significant effect on patient satisfaction with surgery in one of the private Hospital In Bandung City. Thus, patient satisfaction is not determined by a single factor, but rather is the result of the interaction of aspects of timeliness of service, perceived service quality, and the competence of health workers involved in the surgical service process.

CLOSING

Conclusion

Based on the results of research and discussion regarding the Influence of Delays in Surgical Procedure Services and Service Quality on Patient Satisfaction in one of the private Hospital In Bandung City, the following conclusions can be drawn:

1. The results of the study indicate that delays in surgical services negatively impact patient satisfaction in one of the private Hospital In Bandung City. The higher the delay in surgical procedures, the lower the patient satisfaction level. This is evidenced by the negative regression coefficient value, indicating that the timeliness of surgical services is an important factor in shaping patient satisfaction.
2. Service quality has been proven to have a positive and significant impact on patient satisfaction during surgery in one of the private Hospital In Bandung City. Improved service quality, both in terms of professionalism of medical personnel, clarity of information, empathy, and supporting facilities, contributes to increased patient satisfaction.

3. The results of the study showed that the competence of health workers had no significant effect on the satisfaction of surgical patients in one of the private Hospital In Bandung City. Descriptively, the competence of health workers was assessed as being in the high category, the results of statistical tests also showed that this competence was one of the factors that directly determined the level of patient satisfaction.

Suggestion

Based on the research conclusions that have been described, the researcher provides several suggestions as follows:

1. Hospital management is advised to improve the management of surgical service time through more realistic schedule planning, more effective inter-unit coordination, and increasing the readiness of human resources and supporting facilities.
2. in one of the private Hospital In Bandung City is advised to continue to improve the quality of services on an ongoing basis, particularly in the aspects of medical and non-medical staff services, communication with patients, and consistent implementation of standard operating procedures.
3. Future researchers are advised to add other variables that could potentially influence patient satisfaction, such as service costs, clinical outcomes of surgical procedures, hospital facilities, and patient psychological and social factors. Furthermore, the use of more diverse research methods, such as qualitative or mixed methods approaches, can provide a deeper understanding of patient experiences and perceptions.

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