Multidisciplinary Output Research For Actual and International Issue (MORFAI Journal) ISSN (e): 2808-6635
Volumes 6 No. 4 (2026)

# THE INFLUENCE OF SERVICE QUALITY, FACILITIES, AND PRICE ON PATIENT SATISFACTION AT HASNA MEDIKA CLINIC BANDUNG

**Lia Mulyawati[1]*, Erika Nurmartiani[2], Rulia[3], Ayu Laily Rahmiyati[4], Kosasih[5], Vip Paramarta[6]**
Universitas Sangga Buana, Bandung
Universitas Sangga Buana, Bandung
Universitas Sangga Buana, Bandung
Universitas Sangga Buana, Bandung
Universitas Sangga Buana, Bandung
Universitas Sangga Buana, Bandung
E-mail: drlia1001@gmail.com[1]*, erica.nurmartiani@gmail.com[2], rulia_rudayat@yahoo..com[3], ayunasihin@gmail.com[4], kosasih@usbypkp.ac.id[5], vip@usbypkp.ac.id[6]

Received : 01 March 2026 Accepted : 01 April 2026
Revised : 15 March 2026 Published : 12 April 2026

**Abstract**

This study aims to analyze the effect of service quality, facilities, and price on patient satisfaction at Hasna Medika Clinic Bandung. The research employs a quantitative method with a descriptive and verificative approach. Data were collected through questionnaires distributed to 315 patients, selected using the Slovin formula. The data analysis techniques include validity and reliability tests, classical assumption tests, multiple linear regression analysis, and hypothesis testing (t-test and F-test). The results show that partially, service quality, facilities, and price have a positive and significant effect on patient satisfaction. Among these variables, price is identified as the most dominant factor influencing satisfaction, followed by service quality and facilities. Simultaneously, the three variables significantly affect patient satisfaction, as indicated by the F-test results. The coefficient of determination ($R^2$) value of 0.710 indicates that 71% of the variation in patient satisfaction can be explained by service quality, facilities, and price, while the remaining 29% is influenced by other factors outside the model. These findings suggest that improving service quality, maintaining adequate facilities, and implementing competitive and transparent pricing strategies are essential to enhance patient satisfaction. Therefore, Hasna Medika Clinic Bandung is recommended to continuously optimize these aspects to increase patient loyalty and competitiveness in the healthcare sector.

***Keywords: Service Quality, Facilities, Price, Patient Satisfaction, Healthcare Services***

## INTRODUCTION

In the era of globalization and rapid advancements in information technology, the healthcare service sector faces increasingly complex and dynamic challenges as well as opportunities. Healthcare services are no longer merely a basic necessity but have become a crucial indicator of a nation's quality of life. The growing competition among healthcare providers has made service quality and patient satisfaction central aspects that must be continuously improved. Patient satisfaction not only reflects the quality of services received but also directly influences patient loyalty and the sustainability of healthcare institutions (Aziz & Alfian, 2024). According to Government Regulation of the Republic of Indonesia No. 47 of 2016 concerning Healthcare Service Facilities, healthcare facilities are defined as tools and/or places used to provide healthcare services, including promotive, preventive, curative, and rehabilitative efforts. Clinics are categorized as healthcare facilities that provide both individual and community health services in accordance with national service standards (UU No. 36/2009; PP No. 47/2016). Therefore, clinics play a strategic role in delivering accessible and quality primary healthcare services. Patient satisfaction is a complex perceptual response formed by the alignment between patient expectations and actual service experiences (Yulia & Adriani, 2017). It encompasses multiple aspects, including interactions with healthcare personnel, availability of facilities, and service pricing. A high level of patient satisfaction contributes to patient retention and serves as an important indicator of a healthcare provider's competitiveness (Karunia et al., 2022). Conversely, dissatisfaction may lead to decreased trust and patient switching behavior, which poses a significant risk to healthcare institutions (Maitri et al., 2025). The increasing number of clinics and hospitals,

particularly in Bandung, has intensified competition, giving patients greater freedom to choose healthcare providers that best meet their expectations. Consequently, healthcare providers must prioritize patient satisfaction to maintain a competitive advantage. A positive institutional image cannot be achieved solely through promotional activities but must be supported by the ability to consistently deliver satisfying healthcare services. Hasna Medika Group is recognized as the first private cardiovascular-focused healthcare network in Indonesia, committed to providing comprehensive and high-quality cardiac care services. One of its facilities, Hasna Medika Clinic Bandung, located in Cileunyi, Bandung Regency, plays an important role in serving the community's cardiovascular healthcare needs. Despite its commitment to quality service, preliminary observations indicate a decline in patient visits across various service categories between 2023 and 2024, as presented in Table 1.

Table 1. Patient Visits at Hasna Medika Bandung (2023–2024)

| Type of Service | 2023 | 2024 | Change | Percentage (%) |
|---|---|---|---|---|
| **Outpatient** | 25,877 | 25,541 | -336 | ↓ 1.30% |
| **Inpatient** | 1,383 | 1,376 | -7 | ↓ 0.51% |
| **Non-Rehab Outpatient** | 25,371 | 25,040 | -331 | ↓ 1.30% |
| **Emergency (Outpatient)** | 506 | 501 | -5 | ↓ 0.99% |
| **Emergency (Inpatient)** | 984 | 979 | -5 | ↓ 0.51% |

Source: Hasna Medika Bandung Clinic (2025)

The data indicate a consistent decline in patient visits across all service categories, suggesting a potential decrease in patient interest and retention. This decline may negatively impact hospital performance indicators such as Bed Occupancy Rate (BOR), revenue, and overall service effectiveness. Further findings from patient satisfaction surveys in 2025 reveal that although overall satisfaction levels remain relatively high (averaging 86%), several issues persist, including staff attitude, facility limitations, communication gaps, and administrative delays. Complaints related to staff behavior were the most dominant (8.7%), followed by facility issues (3.2%), communication problems (2.2%), and responsiveness (1.5%). These findings highlight the need for continuous service quality improvement.

Service quality plays a fundamental role in shaping patient satisfaction, encompassing aspects such as responsiveness, accuracy, professionalism, and empathy of healthcare personnel (Langi et al., 2023). The implementation of continuous training programs and Quality Management Systems (QMS) is essential to maintain service standards (Paramarta et al., 2025). In addition, facilities significantly influence patient experience by providing comfort, safety, and accessibility (Santa & Murnisari, 2018), although their impact may vary depending on individual patient perceptions (Salman et al., 2024). Price is another critical factor influencing patient satisfaction, as it relates directly to affordability and perceived value. Reasonable and transparent pricing aligned with service quality can enhance patient satisfaction and encourage repeat visits (Fadlilah & Listyorini, 2022). Conversely, inappropriate pricing may reduce satisfaction and patient retention (Lestari et al., 2025). Previous studies have consistently demonstrated that service quality, facilities, and price significantly affect patient satisfaction (Laila, 2024; Novitasari et al., 2022). However, this study offers novelty by focusing specifically on a cardiovascular specialty clinic, providing deeper insights into patient satisfaction within specialized healthcare services. Based on the above considerations, this study aims to analyze the influence of service quality, facilities, and price on patient satisfaction at Hasna Medika Clinic Bandung. Understanding these relationships is essential for improving service quality, maintaining patient trust, and ensuring the long-term sustainability of healthcare institutions.

## LITERATURE REVIEW

### Service Quality

According to Kotler and Keller (2019:156), service quality is defined as the totality of features and characteristics of a product or service that depend on its ability to satisfy stated or implied needs. This definition is clearly customer-oriented. A company is considered to have delivered quality when its products or services meet or exceed customer expectations. Thus, service quality represents a consumer's evaluative perspective of the services provided by a company, and it becomes a crucial factor in attracting new customers as well as retaining existing ones in a competitive market. Service quality can also be defined as the level of excellence expected and the control over that level of excellence to meet customer needs (Tjiptono, 2019:112). Furthermore, Varey and Lewis (2000:89) explain that service quality reflects how well the level of service delivered matches customer expectations. In line with this, Rachmawati et al. (2023) define service quality as the comparison between customer expectations and the actual service received. Service quality is a critical component in shaping consumer perception and has a significant


OPEN ACCESS

influence on customer satisfaction. The better the service provided, the more positive the service image perceived by customers. In addition, service quality can be understood as a measure used to assess whether a product or service provides utility in accordance with customer expectations. A service is considered high quality if its performance meets or exceeds these expectations (Sunyoto, 2019:13). If the service received meets expectations, it is perceived as satisfactory; if it exceeds expectations, it is perceived as ideal. Conversely, if the service falls below expectations, it is perceived as poor. Therefore, the quality of service largely depends on the service provider's ability to consistently meet or exceed customer expectations. In conclusion, service quality refers to the delivery of products or services in accordance with organizational standards, ensuring that the service provided aligns with or surpasses customer expectations.

According to Kotler and Keller (2019:284), service quality consists of five main dimensions:

1. Responsiveness
   The willingness and ability of service providers to assist customers promptly and deliver timely and responsive services according to customer needs and requests.
2. Assurance
   The knowledge, courtesy, and competence of employees in conveying trust and confidence to customers, ensuring service security and professionalism reflected in staff behavior.
3. Tangibles
   The physical appearance of facilities, equipment, personnel, and supporting materials used in service delivery, which represent the observable aspects of service quality.
4. Empathy
   The provision of caring and individualized attention to customers by understanding their specific needs and conditions.
5. Reliability
   The ability to perform the promised service dependably, accurately, and consistently in accordance with customer expectations.

**Facilities**

According to Kotler and Keller (2019:45), facilities are physical resources that exist before services can be delivered to consumers. Examples of facilities include the condition of the infrastructure, completeness, interior and exterior design, and cleanliness levels, all of which are closely related to what customers expect, experience, and directly receive. Based on the Government Regulation of the Republic of Indonesia No. 47 of 2016 concerning Healthcare Service Facilities (Ministry of Health, 2016), healthcare facilities are defined as tools and/or places used to deliver healthcare services, including promotive, preventive, curative, and rehabilitative efforts, organized by the central government, local governments, or the community.

Healthcare service facilities are categorized into three levels:

(1) Primary healthcare facilities, which focus on basic healthcare services;
(2) Secondary healthcare facilities, which focus on specialized healthcare services; and
(3) Tertiary healthcare facilities, which focus on subspecialty healthcare services.

In this study, Hasna Medika Clinic Bandung is classified as a secondary healthcare facility, as it provides specialized services, particularly in cardiovascular care. In an organizational context, facilities are also considered essential tools that support employee activities in performing their duties. Facilities play a vital role in ensuring optimal performance, as adequate resources enable employees to work effectively and efficiently. Kurniawan (2024:65) defines work facilities as all tools, equipment, materials, work environment, methods, and arrangements encountered by individuals or groups in performing their tasks. Similarly, Hahury (2022:322) states that facilities are resources provided by organizations to support operational activities and achieve organizational goals, while Rupadana, Widnyani, and Dewi (2023:8) emphasize that facilities are tools used to facilitate work processes and achieve predetermined targets. Based on these definitions, facilities in the context of healthcare services encompass physical resources and supporting infrastructure that ensure the smooth delivery of services and operational activities.

According to Sebastian et al. (2024:317), several indicators are used to evaluate facilities from the customer perspective:

1. Facility Cleanliness
   Refers to the level of cleanliness of the facility environment, including waiting areas, service rooms, restrooms, and other public spaces. Cleanliness is a crucial factor for user comfort and health.


OPEN ACCESS

2. Facility Completeness
   Refers to the availability of equipment, medical tools, supplies, and supporting infrastructure required to ensure effective and efficient service delivery.
3. Physical Condition of Facilities
   Includes the condition of buildings, rooms, furniture, interior and exterior design, and overall maintenance to ensure comfort, safety, and usability.
4. Availability of Facilities
   Measures the extent to which facilities are accessible and usable according to user needs, including adequate quantity and timely availability.
5. User Satisfaction with Facilities
   Assesses the level of comfort, satisfaction, and overall user experience related to the facilities provided, serving as feedback for service improvement.
6. Facility Safety
   Evaluates safety aspects, including physical security (building safety systems) and the safe use of equipment to prevent risks, injuries, or incidents.
7. Accessibility of Facilities
   Refers to the ease with which users can access the facility, including geographic accessibility, access for people with disabilities, and ease of movement within the facility.
8. Supporting Facilities
   Includes additional amenities that enhance convenience and comfort, such as parking areas, rest areas, information services, and other supporting infrastructure.

**Price**

Price is the only element in the marketing mix that generates revenue, while the other elements represent costs; therefore, pricing decisions must be made carefully. According to Armstrong (2019:101), price is defined as the amount of money charged for a product or service, or the sum of values that customers exchange for the benefits of having or using a product or service. In other words, price represents the monetary value paid by consumers in exchange for the benefits they receive. According to Kotler and Armstrong (2018), in a narrow sense, price refers to the amount charged for a product or service. In a broader sense, price is the sum of all values that customers give up to gain the benefits of owning or using a product or service. Furthermore, Nurmartiani (2018) defines price as a monetary exchange value determined by service providers for the services offered, which includes production costs plus the expected profit margin.

Based on these definitions, it can be concluded that price is the amount of money exchanged for a product or service, as well as the value consumers trade for the benefits derived from owning or using that product or service. Therefore, companies must carefully determine appropriate pricing strategies, as setting the right price is essential for creating and capturing customer value. According to Kotler and Armstrong (2018:77), price can be measured using the following indicators:

1. Price–Quality Suitability
   Price is often used by consumers as an indicator of quality. Consumers tend to perceive higher-priced products as having better quality. Therefore, the alignment between price and quality is important to ensure that the price reflects the value received.
2. Price Competitiveness
   Price must be competitive compared to similar products in the market. Consumers typically compare prices before making purchase decisions, making price competitiveness a key factor in determining market position.
3. Price Affordability
   The price set should be affordable for the target consumers. Products offered at various price levels allow a broader range of consumers to purchase according to their financial capability.

4. Price–Benefit Suitability
   Consumers are willing to purchase a product if the perceived benefits are equal to or greater than the price paid. If the price is considered too high relative to the benefits, consumers may perceive the product as expensive and be less likely to make repeat purchases.


OPEN ACCESS

**Satisfaction**

Satisfaction is closely related to the quality of service. Patients, as consumers, feel satisfied when they experience ease and convenience in the service process (Pohan, 2019:88). Patient satisfaction is one of the most important indicators for healthcare institutions. It is considered a valuable asset because satisfied patients are more likely to revisit the healthcare facility. Conversely, dissatisfied patients may hesitate to return and may share negative experiences with others. According to Ma'rifat et al. (2025:2548), patient satisfaction is defined as the level of a person's feelings after receiving a service and comparing it with their expectations. If the service performance does not meet expectations, patients will feel dissatisfied and disappointed. On the other hand, if the performance meets expectations, patients will feel satisfied. Therefore, the level of patient satisfaction is highly dependent on service quality (R. Yulia & Pabanne, 2024:1333). Patient satisfaction can also be interpreted as a positive evaluation of various service aspects. Another definition states that satisfaction occurs when the service outcomes are at least equal to patient expectations, while dissatisfaction arises when outcomes fail to meet those expectations (Suprihathin, 2025:191). In line with this, Rahmiyati, Sikki, and Suciantoro (2025) emphasize that fulfilled expectations result in strong emotional and cognitive satisfaction. Patient satisfaction serves as a primary indicator of healthcare service standards and overall service quality. Low patient satisfaction can lead to a decrease in patient visits, which in turn affects the profitability of healthcare facilities. Additionally, employee attitudes toward patients significantly influence satisfaction levels, especially as patient expectations and demands for quality services continue to increase over time (Widodo et al., 2020:23). Given that healthcare services are essential and possess unique and complex characteristics, government involvement is necessary to ensure standardized service quality so that citizens' healthcare needs can be adequately met (Rani, 2018:411).

According to Tjiptono and Diana (2018:93), patient satisfaction can be measured through the following indicators:

1. Repeat Purchase
   Refers to the patient's willingness to reuse the healthcare service and consider it as their primary choice. This reflects high patient loyalty due to satisfaction with the services received.
2. Willingness to Pay More
   Indicates that patients actively seek additional information about healthcare services and are willing to undergo further examinations if necessary. This reflects trust in and appreciation of the service quality, leading patients to invest more time and cost for optimal care.
3. Advocacy (Advocate)
   Refers to patients' willingness to recommend the healthcare service to family or friends. This is a strong indicator of satisfaction, as patients not only feel satisfied but also promote the service to others.
4. Retention
   Indicates the patient's commitment to continue visiting the healthcare facility due to perceived high-quality service. Retention reflects long-term trust and a stable relationship between patients and healthcare providers.

## METHOD

This study employs a quantitative research method with a descriptive and verificative approach. Quantitative research is defined as a scientific method used to obtain data for specific purposes through systematic measurement and statistical analysis (Sugiyono, 2019). The descriptive approach is used to describe the characteristics of variables, while the verificative approach aims to examine the relationships and influence between variables, namely service quality, facilities, price, and patient satisfaction. The data used in this study consist of primary data and secondary data:

1. Primary Data

   Primary data are obtained directly from research subjects. In this study, primary data were collected from patients at Hasna Medika Clinic Bandung through structured questionnaires. The questionnaire measures perceptions of service quality, facilities, price, and patient satisfaction. These data are considered highly relevant as they are collected directly from respondents.

2. Secondary Data

   Secondary data are obtained from existing sources such as documents, reports, archives, and statistical data. In this study, secondary data include patient visit reports, clinic financial records, and previous studies related to healthcare services. These data support and complement the primary data in the analysis.

Population refers to a generalization area consisting of objects or subjects with specific characteristics determined by the researcher (Sugiyono, 2019). The population in this study includes all patients at Hasna Medika Clinic Bandung who receive critical and intensive healthcare services, specifically patients undergoing inpatient care and emergency services (Emergency Department), both under the National Health Insurance (JKN) scheme and non-JKN patients. The sample size was determined using the Slovin formula, resulting in a total of 315 respondents. The sampling technique applied in this study is probability sampling, ensuring that each member of the population has an equal opportunity to be selected as a sample.

Data were collected using the following methods:

- Questionnaire: The primary instrument used to gather quantitative data from respondents regarding the research variables.
- Documentation: Used to collect secondary data such as patient visit records and clinic reports.

All respondents participated voluntarily, and their responses were kept confidential. The data collected were used solely for academic research purposes.

## RESULTS AND DISCUSSION

### Validity Test

The validity test was conducted to determine whether each questionnaire item is capable of accurately measuring the research variables. The test results are presented in Table below.

Table 2. Validity Test Results

| Item | r-count | r-table | Decision |
|---|---|---|---|
| **1** | 0.847 | 0.110 | Valid |
| **2** | 0.836 | 0.110 | Valid |
| **3** | 0.836 | 0.110 | Valid |
| **4** | 0.839 | 0.110 | Valid |
| **5** | 0.841 | 0.110 | Valid |
| **6** | 0.821 | 0.110 | Valid |
| **7** | 0.812 | 0.110 | Valid |
| **8** | 0.833 | 0.110 | Valid |
| **9** | 0.759 | 0.110 | Valid |
| **10** | 0.804 | 0.110 | Valid |
| **11** | 0.841 | 0.110 | Valid |
| **12** | 0.837 | 0.110 | Valid |
| **13** | 0.804 | 0.110 | Valid |
| **14** | 0.832 | 0.110 | Valid |
| **15** | 0.813 | 0.110 | Valid |
| **16** | 0.826 | 0.110 | Valid |
| **17** | 0.831 | 0.110 | Valid |
| **18** | 0.812 | 0.110 | Valid |
| **19** | 0.826 | 0.110 | Valid |
| **20** | 0.847 | 0.110 | Valid |
| **21** | 0.833 | 0.110 | Valid |
| **22** | 0.823 | 0.110 | Valid |
| **23** | 0.804 | 0.110 | Valid |
| **24** | 0.903 | 0.110 | Valid |
| **25** | 0.835 | 0.110 | Valid |
| **26** | 0.838 | 0.110 | Valid |
| **27** | 0.839 | 0.110 | Valid |
| **28** | 0.871 | 0.110 | Valid |
| **29** | 0.843 | 0.110 | Valid |
| **30** | 0.816 | 0.110 | Valid |
| **31** | 0.753 | 0.110 | Valid |


OPEN ACCESS

| | | | |
|---|---|---|---|
| **32** | 0.826 | 0.110 | Valid |
| **33** | 0.835 | 0.110 | Valid |
| **34** | 0.843 | 0.110 | Valid |
| **35** | 0.786 | 0.110 | Valid |
| **36** | 0.829 | 0.110 | Valid |

Based on the validity test results, all questionnaire items are declared valid, as the r-count values are significantly higher than the r-table value of 0.110 (df = 313, α = 0.05). This indicates that each item is capable of accurately measuring the constructs of service quality, facilities, price, and patient satisfaction in accordance with the theoretical framework used in this study. Therefore, the research instrument is considered appropriate and can be used for further statistical analysis, including regression analysis.

Reliability Test

The reliability test was conducted to assess the consistency and stability of the research instrument. The results of the reliability analysis are presented in Table below.

Tabel 3. Reliability Test Results

| Cronbach's Alpha | Number of Items | Decision |
|---|---|---|
| **0.945** | 8 | Reliable |
| **0.969** | 12 | Reliable |
| **0.954** | 8 | Reliable |
| **0.959** | 8 | Reliable |

Based on the results, all research variables demonstrate excellent reliability, as indicated by Cronbach's Alpha values greater than 0.70. The coefficients show a very high level of internal consistency among the questionnaire items, meaning that the instrument is stable and reliable in measuring the variables of service quality, facilities, price, and patient satisfaction. Therefore, the data obtained are considered reliable and suitable for further statistical analysis.

**Classical Assumption Tests**

**Normality Test**

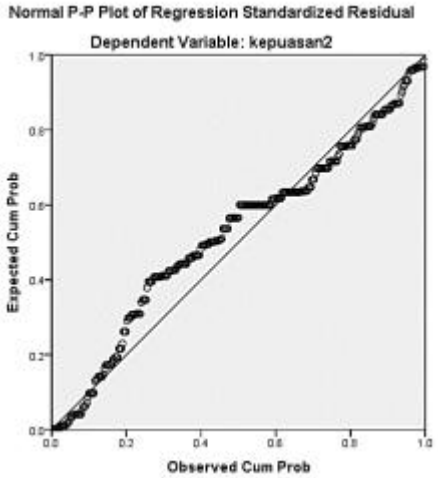


Figure 1. Normality Plot

The normality test was conducted using the Normal P–P Plot of Regression Standardized Residuals. Based on the plot, the data for service quality, facilities, price, and patient satisfaction at Hasna Medika Clinic Bandung are normally distributed. The points on the graph form a linear pattern and closely follow the diagonal line, indicating that the residuals are normally distributed. This condition satisfies the normality assumption required in multiple linear regression analysis, ensuring that the parameter estimates are statistically reliable.

**Multicollinearity Test**

Table 4. Multicollinearity Test Results

| Tolerance | VIF |
|---|---|
| **0.163** | 6.137 |
| **0.117** | 8.518 |
| **0.229** | 4.371 |

Based on the multicollinearity test results using the Variance Inflation Factor (VIF), the regression model is free from multicollinearity issues. All independent variables have VIF values below 10 and tolerance values greater than 0.10. This indicates that there is no strong correlation among the independent variables, meaning each variable independently contributes to explaining patient satisfaction.

**Autocorrelation Test**

Table 5. Autocorrelation Test Results

| Model | R | R Square | Adjusted R Square | Std. Error | Durbin-Watson |
|---|---|---|---|---|---|
| **1** | 0.843 | 0.710 | 0.707 | 2.722 | 2.016 |

The autocorrelation test was conducted using the Durbin–Watson statistic, resulting in a value of 2.016. This value falls within the acceptable range ($Du < DW < 4 - Du$), specifically $1.826 < 2.016 < 2.138$, indicating that there is no autocorrelation in the regression model. Therefore, the residuals are independent, and the model meets the autocorrelation assumption.

**Heteroscedasticity Test**

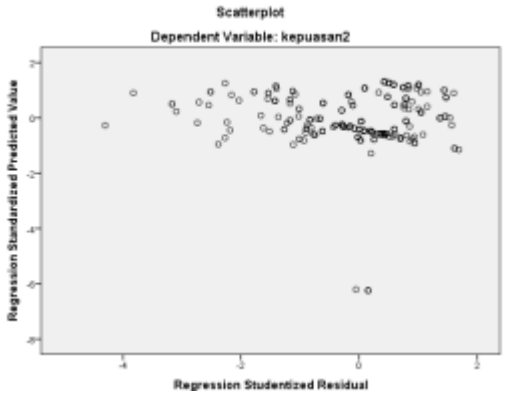


Figure 2. Heteroscedasticity Test Plot

The heteroscedasticity test was performed using a scatterplot analysis. The results show that the residual points are randomly distributed and do not form any specific pattern around the zero line. This indicates that the variance of the residuals is constant across all levels of the independent variables. Therefore, the regression model is free from heteroscedasticity and meets the homoscedasticity assumption.

Multiple Linear Regression Analysis

Table 6. Multiple Linear Regression Results

| Model | Variables | B | Std. Error |
|---|---|---|---|
| **1** | Constant | -0.478 | 1.257 |
| | Service Quality | 0.308 | 0.080 |
| | Facilities | 0.220 | 0.068 |
| | Price | 0.350 | 0.075 |

The multiple linear regression equation is formulated as follows:

$$Y = -0.478 + 0.308(X1) + 0.220(X2) + 0.350(X3)$$

The regression results indicate that all independent variables have a positive effect on patient satisfaction. The constant value of -0.478 implies that when service quality, facilities, and price are assumed to be zero, the level of patient satisfaction would be -0.478. Although this value has limited practical interpretation, it serves as a baseline

in the regression model. The coefficient of service quality ($\beta_1 = 0.308$) shows that for every one-point increase in the Likert scale of service quality, patient satisfaction increases by 0.308 points, assuming other variables remain constant. The coefficient of facilities ($\beta_2 = 0.220$) indicates that a one-point increase in facilities leads to an increase of 0.220 points in patient satisfaction. The coefficient of price ($\beta_3 = 0.350$) demonstrates that a one-point improvement in price perception contributes the largest increase, namely 0.350 points in patient satisfaction. This suggests that price has the most dominant influence among the independent variables.

**Correlation Analysis**

Table 7. Pearson Correlation Results

| Variables | Service Quality | Facilities | Price | Satisfaction |
|---|---|---|---|---|
| **Service Quality** | 1 | 0.915** | 0.835** | 0.809** |
| **Facilities** | 0.915** | 1 | 0.887** | 0.824** |
| **Price** | 0.835** | 0.887** | 1 | 0.887** |
| **Satisfaction** | 0.809** | 0.824** | 0.887** | 1 |

The Pearson correlation test results indicate strong positive relationships between all independent variables and patient satisfaction. Service quality has a strong correlation with satisfaction (r = 0.809), followed by facilities (r = 0.824), while price shows the strongest correlation (r = 0.887). These findings suggest that improvements in service quality, facilities, and especially price perception are closely associated with higher levels of patient satisfaction. Additionally, all correlations are statistically significant at the 0.01 level, indicating a high level of confidence in the relationships observed.

Partial Test (t-test)

Table 8. t-test Results

| Model | Variables | B | Std. Error | Beta | t | Sig. |
|---|---|---|---|---|---|---|
| **1** | Constant | -0.478 | 1.257 | - | -0.380 | 0.704 |
| | Service Quality | 0.308 | 0.080 | 0.291 | 3.852 | 0.000 |
| | Facilities | 0.220 | 0.068 | 0.290 | 3.255 | 0.001 |
| | Price | 0.350 | 0.075 | 0.300 | 4.700 | 0.000 |

Based on the t-test results, all independent variables have a significant effect on patient satisfaction, as indicated by t-values greater than the t-table value (1.968) and significance values below 0.05. Service quality has a t-value of 3.852 (> 1.968) with a significance level of 0.000, indicating that $H_0$ is rejected and $H_1$ is accepted. This means that service quality has a positive and significant effect on patient satisfaction at Hasna Medika Clinic Bandung. Facilities show a t-value of 3.255 (> 1.968) with a significance level of 0.001, indicating that $H_0$ is rejected and $H_2$ is accepted. Thus, facilities have a positive and significant effect on patient satisfaction. Price has the highest t-value of 4.700 (> 1.968) with a significance level of 0.000, indicating that $H_0$ is rejected and $H_3$ is accepted. This confirms that price has a positive and significant effect on patient satisfaction and is the most influential variable among the three.

**Simultaneous Test (F-test)**

Table 9. F-test Results (ANOVA)

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| **Regression** | 5642.487 | 3 | 1880.829 | 253.870 | 0.000 |
| **Residual** | 2304.087 | 311 | 7.409 | | |
| **Total** | 7946.574 | 314 | | | |

The F-test results indicate that the independent variables service quality, facilities, and price have a simultaneous and highly significant effect on patient satisfaction. The calculated F-value (253.870) is much greater than the F-table value (2.63), with a significance level of 0.000 (< 0.05). Therefore, the null hypothesis ($H_0$) is rejected, confirming that the regression model as a whole is statistically significant and capable of explaining variations in patient satisfaction at Hasna Medika Clinic Bandung.

**Coefficient of Determination ($R^2$)**

Table 10. Coefficient of Determination

| Model | R | R Square | Adjusted R Square | Std. Error |
|---|---|---|---|---|
| **1** | 0.843 | 0.710 | 0.707 | 2.722 |

The coefficient of determination ($R^2$) value of 0.710 indicates that 71.0% of the variation in patient satisfaction can be explained by the independent variables, namely service quality, facilities, and price. The remaining 29% is influenced by other factors not included in the model, such as clinic reputation, accessibility, or specific doctor experience. This result suggests that the model has a strong explanatory power in predicting patient satisfaction.

**The Effect of Service Quality on Patient Satisfaction at Hasna Medika Clinic Bandung**

The results of the t-test indicate that service quality has a positive and significant effect on patient satisfaction at Hasna Medika Clinic Bandung, as evidenced by the t-value exceeding the critical value at a 0.05 significance level. This variable emerges as a key predictor in explaining the variability of patient satisfaction, reflecting respondents' perceptions of staff responsiveness, professional competence, and empathetic communication, all of which contribute to patient loyalty and repeat visits. Service quality is generally defined as the ability of healthcare providers to deliver services that meet or exceed patient expectations through dimensions such as tangibles, reliability, responsiveness, assurance, and empathy, as proposed in the SERVQUAL model. Conceptually, this variable is closely related to patient satisfaction as it aligns expectations with actual experiences. Responsive services reduce anxiety among emergency and inpatient cases, clear communication enhances trust, and staff empathy fosters emotional attachment. These findings are consistent with previous studies conducted in private clinics in West Java, which found that service quality significantly influences patient satisfaction, particularly through staff friendliness and shorter waiting times. Similarly, other studies in Bandung highlight that medical staff competence and responsiveness in emergency services are crucial determinants of satisfaction. This supports the findings at Hasna Medika Clinic, where professional staff behavior received the highest evaluation, confirming that effective communication and interpersonal skills are critical in urban healthcare settings.

**The Effect of Facilities on Patient Satisfaction at Hasna Medika Clinic Bandung**

The t-test results also show that facilities have a positive and significant effect on patient satisfaction, with t-values exceeding the critical threshold. Respondents' perceptions of cleanliness, waiting room comfort, and building conditions significantly contribute to patient loyalty. Facilities are defined as the physical infrastructure and supporting equipment in healthcare services, including cleanliness, room comfort, availability of medical equipment, lighting, ventilation, and accessibility. These elements are closely linked to patient satisfaction as they create a hygienic and comfortable environment that reduces stress during treatment, enhances patient safety, and improves service efficiency. This finding is supported by previous research indicating that cleanliness and post-pandemic sanitation protocols are dominant factors influencing satisfaction in private healthcare facilities. In the context of Hasna Medika Clinic, high scores on cleanliness confirm that strict hygiene standards are essential in building patient trust. However, expectations regarding modern medical equipment remain an area for improvement, especially when compared to referral hospitals that serve as benchmarks for patients.

**The Effect of Price on Patient Satisfaction at Hasna Medika Clinic Bandung**

The t-test results reveal that price has a positive and significant effect, and it is the most dominant variable influencing patient satisfaction. The perception of price fairness, affordability, and ease of payment significantly enhances patient loyalty. Price is defined as the cost incurred by patients to obtain healthcare services, including perceptions of value for money, affordability relative to income, transparency in billing, and convenience of payment methods. This variable plays a critical role in shaping satisfaction, particularly among urban middle-class patients who are sensitive to cost-benefit considerations. The findings indicate that competitive pricing compared to nearby healthcare providers, combined with efficient digital payment systems such as QRIS, e-wallets, and fast JKN verification, provides a strong competitive advantage. Patients perceive that the cost incurred is proportional to the quality of service and facilities received, reinforcing a strong value-for-money perception. Additionally, shorter waiting times and transparent billing systems further strengthen patient trust and satisfaction. Previous studies also support these findings, emphasizing that user-friendly digital payment systems and transparent pricing significantly

impact satisfaction levels. Moreover, alignment between pricing and JKN subsidies enhances accessibility and maintains loyalty, particularly among lower-income segments.

**The Simultaneous Effect of Service Quality, Facilities, and Price on Patient Satisfaction**

The F-test results demonstrate that service quality, facilities, and price simultaneously have a positive and highly significant effect on patient satisfaction, with an F-value far exceeding the critical value and a significance level below 0.05. The regression model explains 71% of the variance in patient satisfaction, indicating strong explanatory power. Patient satisfaction is generally defined as a cognitive and emotional response following healthcare service consumption, reflecting the alignment between expectations and actual experiences across service quality, physical facilities, and cost. Service quality contributes through responsiveness and empathy, facilities provide a safe and comfortable environment, and price shapes perceptions of fairness and value. The interaction of these three variables forms a comprehensive service model in which their synergy produces higher satisfaction levels. This finding is consistent with previous studies showing that the combination of high-quality service, adequate facilities, and competitive pricing significantly enhances patient satisfaction in healthcare settings. In the case of Hasna Medika Clinic, the integration of responsive service, hygienic facilities, and efficient pricing systems—including digital payment methods and JKN support—successfully creates strong patient satisfaction and loyalty. However, attention should be given to price sensitivity among lower-income groups and the need for continuous improvement in medical equipment to maintain competitiveness.

## CONCLUSION

This study concludes that service quality, facilities, and price have both partial and simultaneous effects on patient satisfaction at Hasna Medika Clinic Bandung. Partially, each variable demonstrates a positive and significant influence, with price emerging as the most dominant factor, followed by service quality and facilities. These findings indicate that patients place high importance not only on the quality of healthcare services delivered by professional and responsive staff but also on the adequacy of physical facilities and the perceived fairness and affordability of pricing. Service quality plays a crucial role in shaping patient satisfaction through responsiveness, empathy, and effective communication, which help reduce patient anxiety and build trust. Facilities contribute by creating a clean, comfortable, and safe healthcare environment, which enhances the overall patient experience. Meanwhile, price significantly influences satisfaction by forming a perception of value for money, particularly when supported by transparent billing systems and convenient payment methods. Simultaneously, the three variables collectively explain a substantial proportion of the variation in patient satisfaction, indicating that an integrated approach to service delivery is essential. The synergy between high-quality service, adequate facilities, and competitive pricing creates a strong foundation for increasing patient satisfaction, loyalty, and repeat visits. However, there are still other factors outside the model that may influence patient satisfaction, such as clinic reputation, accessibility, and specific medical expertise. Therefore, it is recommended that Hasna Medika Clinic continuously improve service quality, upgrade medical facilities, and maintain competitive pricing strategies to sustain patient satisfaction and remain competitive in the healthcare industry..

## REFERENCES

Anita, F., Evi, K., Sari, D. B., Samsul, B., Asep, Sukohar, & Hari, K. (2024). Peranan Fasilitas Kesehatan Tingkat Pertama, Kesehatan Lingkungan Dan Morbiditas Penyakit Berbasis Lingkungan Terhadap Ipm Di Provinsi Lampung Dengan Metode Structural Equation Modeling (SEM). Mahesa: Malahayati Health Student Journal, 4(5), 1863.

Baan, R. R. S. (2020). Analisis Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien Rawat Inap pada RS. Bahagia Makassar. *Ekombis Sains: Jurnal Ekonomi, Keuangan dan Bisnis*, 5(1), 45–52. https://doi.org/10.24967/ekombis.v5i1.591

Kurniawati, N., Kuswati, R., & Ichsan, B. (2025). Peran kepuasan pasien dalam memediasi pengaruh profesionalisme pemberi pelayanan terhadap niat berkunjung kembali pada RS PKU Muhammadiyah Surakarta. *Journal of Management and Digital Business*, 5(1), 215–229. https://doi.org/10.53088/jmdb.v5i1.1505


OPEN ACCESS

Novarianti, Musa, M. I., Burhanuddin, B., Musa, C. I., & Hasdiansa, I. W. (2024). Pengaruh Kualitas Layanan dan Harga Terhadap Kepuasan Konsumen. *OPTIMAL Jurnal Ekonomi dan Manajemen*, 4(3), 127–141. https://doi.org/10.55606/optimal.v4i3.4034

Putri, A., Aryawati, W., Aryastuti, N., & Muhani, N. (2024). Analisis Kepuasan Pasien Rawat Inap di Rumah Sakit Pemerintah RSUD Aceh Singkil. Manajemen Informasi Kesehatan, 9(2), 231–247.

Ramdhani, B. M., & Fadili, D. A. (2024). Pengaruh Fasilitas Terhadap Kepuasan Pasien Di Klinik Marhamah. *Jurnal Ilmiah Wahana Pendidikan*, 10((2)), 236– 241. https://jurnal.peneliti.net/index.php/JIWP

Salman, A. B., Purwanto, A., Indra, H. R., & Rangga, A. (2024). Pengaruh Kualitas Pelayanan dan Fasilitas terhadap Kepuasan Pasien Rawat Inap Pada RSUD Lamaddukelleng Kabupaten Wajo. Precise: Journal of Economic, 3(1), 45– 56. https://jurnal.lamaddukelleng.ac.id/index.php/precise/issue/view/14

Sari, A. N. (2021). Kepuasan pasien secara umum didefinisikan sebagai respons emosional dan kognitif pasca-konsumsi layanan kesehatan yang mencerminkan keselarasan antara ekspektasi dan pengalaman aktual terhadap dimensi pelayanan, fasilitas fisik, dan biaya yang dikeluarkan. Avicena: Journal of Health Research, 4(2), 1–12

Serihati, A. Y. T., Tabari, M. F. La, Susanto, D., Nasir, A., & Agustiawan. (2025). Hubungan Waktu Tanggap dan Tunggu terhadap Kepuasan Pasien di Instalasi Gawat Darurat: Tinjauan Sistematis. *Jurnal Promotif Prefentif*, 8(4), 879.

Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif dan R&D (Alphabeta)*

Suryanthi, M., Situmorang, D. H., Wahyanto, T., Jafar, I., Sidabutar, S., & Purba, H. (2025). Analisis Faktor yang Mempengaruhi Minat Kunjungan Ulang Poli Obstetric dan Gynecology Rumah Sakit Wulan Windi Medan Tahun 2025. *Jurnal Ilmiah Kedokteran dan Kesehatan*, 4(1), 460–473. https://doi.org/10.55606/klinik.v4i1.5843

Tambunan, P. ., Silalahi, D., Tarigan, M. ., Tarigan, I., & Sitompul, P. (2025). Pengaruh kualitas pelayanan, harga dan fasilitas terhadap kepuasan pasien rawat jalan pada rumah sakit Imelda. Jurnal Manajemen Dan Bisnis (JMB), 25(1), 13–19.

Tugiman, Ramdhani, R. S., & Ayasy, A. Y. Y. (2024). Sistem Informasi Pembayaran Rawat Jalan di Klinik. Jurnal Manajemen Retail dan Bisnis Digital, 1(1), 31–41.

Weraman, P. (2024). Pengaruh Akses Terhadap Pelayanan Kesehatan Primer terhadap Tingkat Kesehatan dan Kesejahteraan Masyarakat. Jurnal Review Pendidikan dan Pengajaran, 7, 9142–9148.

Widodo, P., Sulisno, M., & Suryawati, C. (2020). Pengaruh Penerapan Perilaku Syariah Dalam Pelayanan Keperawatan, Beban Kerja, Dan Kepemimpinan Terhadap Kepuasan Kerja Perawat Di Rumah Sakit. Link, 16(1), 23–30. https://doi.org/10.31983/link.v16i1.5596

Widyasari, I. S., & Yustiawan, T. (2020). Manajemen Peralatan Kesehatan Klinik Medical Center PTN Di Jawa Timur (Management of Health Equipment Clinic Medical Center Public Universities in East Java). Jph Recode, 3(2), 95– 106.

Wijaya, H., Rohendi, A., & Mulyani, K. (2024). Pengaruh Kepercayaan , Kualitas Pelayanan , dan Kewajaran Harga Terhadap. Journal Of Social Science Research, 4, 2446–2457.

Wulandari, E. T., Sari, D., & Yohanan, A. (2024). Kebersihan Dengan Angka Kuman Lantai Ruang Rawat Inap. JIKMH, 13(2), 152–161.


OPEN ACCESS