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THE INFLUENCE OF SERVICE QUALITY AND MEDICAL STAFF ATTITUDE ON THE SATISFACTION LEVEL OF OUTPATIENT BPJS PATIENTS AT RSUD BUMIAYU, BREBES REGENCY

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Abstract

This study aims to analyze the effect of service quality and medical staff attitudes on the satisfaction level of BPJS outpatient patients at RSUD Bumiayu, Brebes Regency. The research background is based on the existence of patient complaints regarding service quality and medical staff attitudes, which are perceived as suboptimal. The study employed a quantitative method with descriptive and verificative approaches. Primary data were obtained from questionnaires distributed to 281 BPJS outpatient respondents, while secondary data were collected from hospital records. Service quality variables were measured using the five SERVQUAL dimensions (tangible, reliability, responsiveness, assurance, empathy), while medical staff attitudes were assessed through three dimensions (cognitive, affective, behavioral). Multiple linear regression analysis revealed that both service quality and medical staff attitudes significantly influence patient satisfaction, both partially and simultaneously. These findings highlight the importance of improving service quality and fostering positive medical staff attitudes to enhance BPJS outpatient satisfaction at RSUD Bumiayu.

Keywords: Service Quality, Medical Staff Attitude, Patient Satisfaction, BPJS, Outpatient Care.

INTRODUCTION

A hospital is a complex, professionally intensive, and capital-intensive healthcare institution. This complexity arises because hospital services involve various service functions, education, and research, and encompass various medical actions and disciplines (Yusran and Nurdin, 2016). According to Ministry of Health Regulation No. 129 of 2008, a hospital is a healthcare facility that provides individual healthcare services, including promotive, preventive, curative, and rehabilitative services, providing inpatient, outpatient, and emergency care. The hospital's role as a healthcare institution is to provide quality healthcare and be accountable to the community, especially within its coverage area. The hospital's function is to provide specialist or secondary medical services and subspecialist or tertiary medical services. Therefore, the hospital's core product is medical services. Hospitals are public service institutions that play an important role in improving public health. To achieve optimal health standards, hospitals are required to be independent, competitive, provide affordable access to healthcare facilities, and deliver high-quality services (Dewita, 2019). In addition, hospitals must have healthcare workers with good attitudes (Zainaro & Nurhidayat, 2020).

Service quality and positive medical staff attitudes contribute to patient satisfaction, which is defined as the patient's response to healthcare services and staff attitudes compared to their expectations. Satisfaction is achieved when services meet or exceed these expectations (Rahayuningsih & Cahyaningrum, 2023). Healthcare service quality refers to the level of excellence in delivering care to patients (Syafrudin et al., 2014) and is also defined as services provided in accordance with ethical standards and professional guidelines, aligned with community satisfaction levels (Karunia et al., 2022). Patient perspectives are essential in evaluating service quality, as satisfied patients are more likely to adhere to treatment and return for future care (Bambang, 2010). Service quality is perceived as good when it meets or exceeds expectations, and poor when it falls below them (Imbalo, 2015). Patient satisfaction is commonly measured using the RATER dimensions: reliability, assurance, tangibles, empathy, and responsiveness (Fais, 2014). Attitude refers to an individual's tendency to respond to stimuli in a certain way, influencing behavior positively or negatively (Jum'ati, 2020). In healthcare, medical staff attitudes—reflected in their interactions with patients—significantly affect service quality and patient satisfaction.

The Social Security Administering Body (BPJS), established under Law No. 40 on the National Social Security System, operates programs such as BPJS Health and BPJS Employment to provide quality healthcare services in both public and private hospitals since 2014. However, patient perceptions of BPJS Health services remain relatively poor. Research by Khoiri and Hermastutik (2015) found varying service quality and satisfaction levels among 72 respondents at Mojowarno Health Center, with some patients reporting dissatisfaction. Similarly, Shintami and Ulfah (2022) found that 35.7% of BPJS patients reported low satisfaction, partly due to negative attitudes of medical staff (39.8%), such as delays, lack of friendliness, and low responsiveness (Budiarta et al., 2016).

Overall, hospitals often face challenges in meeting BPJS patients' expectations, particularly regarding service quality and staff attitudes. As service-based organizations, hospitals must ensure high-quality care and positive attitudes for all patients, including BPJS users. Failure to achieve patient satisfaction may reduce repeat visits. Therefore, hospitals cooperating with BPJS, including RSUD Bumiayu—a type D hospital in Brebes providing inpatient, outpatient, and emergency services—must pay close attention to patient satisfaction. A preliminary study at RSUD Bumiayu was conducted by distributing questionnaires to BPJS outpatients to explore issues related to service quality, staff attitudes, and patient satisfaction.

The quality of services at RSUD Bumiayu is mostly rated as "fairly good" by patients, with an average of 64.6%. Only 27.6% of patients consider the service quality "good," while 7.8% rate it as "poor." This indicates that healthcare services are not yet optimal and require improvement, particularly in the dimensions of responsiveness and assurance. Meanwhile, perceptions of medical staff attitudes are even lower. Only 24% of patients rate staff attitudes as "good," 34% as "fairly good," and 42% as "poor." This suggests that the attitudes of medical staff toward BPJS patients remain a serious challenge.

Regarding patient satisfaction, only 22% of respondents report being satisfied with the services received. The majority (72%) feel fairly satisfied, while 6% are dissatisfied. These findings indicate that patient satisfaction has not been fully achieved and is closely related to service quality and the attitudes of medical staff. Overall, there is a gap between patient expectations and the services provided by the hospital, particularly for BPJS patients. Therefore, further research is needed to examine the influence of service quality and medical staff attitudes on the satisfaction levels of BPJS outpatients at RSUD Bumiayu, Brebes. Based on the above background, the researcher is interested in conducting research on "The Influence of Service Quality and Attitude of Medical Personnel on the Satisfaction Level of Outpatient BPJS Patients at Bumiayu Brebes Regional Hospital in 2023".

LITERATURE REVIEW

Management

Yunus and Sukartini (2013) state that management encompasses a series of activities including planning, organizing, directing, and controlling in various organizational areas such as finance, human resources, production, marketing, and operations, all of which aim to improve organizational performance sustainably.

Hospital Management

Hospital management is a comprehensive and structured process that encompasses planning, organizing, controlling, and supervising all hospital resources. This process is carried out in an integrated manner to ensure the provision of optimal, efficient, and high-quality healthcare services to the community (Indibiz, 2024; Omnicare, 2023; Aido Health, 2024).

Patient Satisfaction

According to Kotler (2000), satisfaction is the level of a person's feelings after comparing their perceived performance or results with their expectations. According to Rivai (2011), satisfaction is essentially an individual experience. Each individual has a different level of satisfaction according to their own systems and values.

Outpatient Care

Outpatient care is a medical service activity related to polyclinic activities (Cecep, 2012). Because it is an outpatient service, patients receive treatment only during office hours and do not stay overnight in the hospital. The service flow for patients visiting an outpatient polyclinic begins with registration, waiting for examination in the waiting room, and receiving examination/treatment in the examination room.

Service Quality

Healthcare service quality is the degree to which the needs of the community or individual for health care are met in accordance with good professional standards, utilizing resources fairly, efficiently, and effectively within the limitations of government and community capabilities, and being implemented safely and satisfying customers in accordance with good norms and ethics (Tribowo, 2013).

Medical Personnel Attitudes

Medical personnel attitudes are the behaviors and actions displayed by individuals working in the healthcare sector, such as doctors, nurses, pharmacists, and various other healthcare professionals. These attitudes reflect how healthcare professionals interact with patients. These attitudes can impact the overall quality of healthcare services and patient satisfaction.

METHOD

Research Method

The use of research methods is essential to test validity, determine data assessment, and develop knowledge. A research method refers to the procedures and tools used to collect and measure data (Sugiyono, 2017:8). This study employs a quantitative approach, based on positivism, using a deductive–inductive process to test hypotheses through statistical analysis. As explained by Margono, quantitative research applies hypothesis verification, starting with deduction, followed by field testing and empirical conclusions. This study uses descriptive and verificative methods. The descriptive method aims to describe independent variables without comparison (Sugiyono, 2017:8), while the verificative method tests predetermined hypotheses. A quantitative survey approach is applied, where descriptive analysis explains patient perceptions, and verificative analysis examines the effect of service quality (tangibles, reliability, responsiveness, assurance, empathy) and medical staff attitudes on patient satisfaction.

Data Types and Sources

1. **Primary Data**: Collected through questionnaires distributed to BPJS outpatients at RSUD Bumiayu, covering patient characteristics (gender, age, education, occupation) and satisfaction based on five service quality dimensions (tangible, reliability, responsiveness, assurance, empathy).
2. **Secondary Data**: Obtained from documents such as hospital history, organizational structure, personnel data, and efforts to improve patient satisfaction.

Population and Sample

Population refers to all subjects with specific characteristics determined for study (Sugiyono, 2017:80; Radjab & Jam'an, 2017). The population in this study consists of BPJS outpatients at RSUD Bumiayu in 2025, with an estimated 941 patients (based on an average monthly visit of 1,098 patients).The sample is a subset of the population (Sugiyono, 2018:81). Due to limitations, this study uses non-probability sampling, specifically accidental sampling, where respondents are selected based on availability. The sample consists of BPJS outpatients who meet the study criteria, and the sample size is determined using the Slovin formula.

$$n = \frac{N}{(1 + N.(e^2))}$$

Description:
N = Population size
n = Sample size
e = 5% error rate

$$n = \frac{N}{(1+(N.(e^2))}$$

$$n = \frac{941}{(1+(941.(0{,}05^2))}$$

$$n = \frac{941}{(1+2{,}3525)}$$

$$n = \frac{941}{3{,}3525} \approx 280686055$$

Based on calculations using the Slovin formula, with a population of 941 patients and a 5% error rate, a sample size of 280.68 was obtained, rounded to 281 respondents. This number is considered adequate to represent the study population and provide an accurate picture of the level of satisfaction of BPJS outpatients.

The sample inclusion criteria were as follows:

1. BPJS outpatients who can read and write
2. BPJS outpatients seeking treatment at Bumiayu Regional Hospital
3. BPJS outpatients who are willing to participate as respondents

RESULTS AND DISCUSSION

Research Results

Respondent Characteristics

Respondent characteristics include gender, age, education level, and frequency of visits to RSUD Bumiayu, aiming to describe the background of BPJS patients. Most respondents are adults with diverse educational backgrounds, and the majority have had multiple outpatient visits, giving them direct experience in evaluating service quality and medical staff attitudes. This information serves as a basis for understanding patient perceptions and satisfaction. The total number of respondents is 281, with details presented in the following table.

Table 1. Distribution of Respondents by Gender

No	Gender	Frequency	Percentage (%)
1	Male	98	34.9%
2	Female	183	65.1%
Total		**281**	**100%**
No	**Age Range**	**Frequency**	**Percentage (%)**
1	< 20	18	6.4%
2	20–30	56	19.9%
3	31–40	44	16.7%
4	41–50	97	34.5%
5	> 50	66	23.5%
Total		**281**	**100%**
No	**Education Level**	**Frequency**	**Percentage (%)**
1	Elementary/Junior High School	106	37.7%
2	Senior High School/Vocational	123	43.8%
3	Diploma (D3)	25	8.9%
4	Bachelor's Degree (S1)	24	8.5%
5	Postgraduate (S2/S3)	3	1.1%
Total		**281**	**100%**
No	**Occupation**	**Frequency**	**Percentage (%)**
1	Unemployed	59	25.3%
2	Student	13	8.5%
3	Civil Servant	9	4.3%
4	Private Employee	49	15.3%
5	Self-employed	80	28.1%
6	Other	54	7.1%

Total		**281**	**100%**
No	**Visit Frequency**	**Frequency**	**Percentage (%)**
1	First Visit	58	20.6%
2	2–3 Times	46	16.4%
3	> 3 Times	177	63%
Total		**281**	**100%**

Source: Processed Data 2025

Table 1 shows that the majority of respondents are female (65.1%), while males account for 34.9%, indicating that BPJS outpatient users at RSUD Bumiayu are predominantly women. In terms of age, most respondents are in the 41–50 years group (34.5%), followed by those over 50 years (23.5%), 20–30 years (19.9%), and 31–40 years (16.7%), with those under 20 years being the smallest group (6.4%), suggesting that most patients are adults and elderly individuals who require regular healthcare. Regarding education, the majority have secondary education, with 43.8% high school graduates and 37.7% elementary/junior high graduates, while only a small proportion have higher education (diploma 8.9%, bachelor's 9.5%, postgraduate 1.1%), indicating that BPJS services are mainly accessed by individuals with low to middle education levels. In terms of occupation, most respondents are self-employed (28.1%) and unemployed (25.3%), followed by private employees (15.3%), students (8.5%), other occupations (7.1%), and civil servants (4.3%), showing that BPJS services are widely used by informal sector and non-working groups. Based on visit frequency, most respondents (63%) have visited more than three times, followed by first-time patients (20.6%) and those with 2–3 visits (16.4%), indicating that BPJS outpatient services at RSUD Bumiayu are predominantly utilized by returning patients, although new patients are also present.

Data Quality Test Results

Validity Test

Before the research instrument was used for data collection, a validity test was conducted on each questionnaire item to ensure that it accurately measures the intended constructs. This study applied the Pearson Product Moment correlation by correlating each item with the total score. The criteria for validity were a significance value (Sig. 2-tailed) less than $\alpha = 0.005$ and a correlation coefficient (r-count) greater than or equal to the r-table value of 0.1203. Items meeting both criteria were considered valid and suitable for further analysis.

Table 2. Validity Test

No. Item	**r count**	**r table (0,05; df=279)**	**Sig. (2-*tailed*)**	**Description**
P1	0,670	0,117	0,000	Valid
P2	0,701	0,117	0,000	Valid
P3	0,669	0,117	0,000	Valid
P4	0,673	0,117	0,000	Valid
P5	0,668	0,117	0,000	Valid
P6	0,680	0,117	0,000	Valid
P7	0,706	0,117	0,000	Valid
P8	0,705	0,117	0,000	Valid
P9	0,699	0,117	0,000	Valid
P10	0,681	0,117	0,000	Valid
P11	0,679	0,117	0	Valid
P12	0,693	0,117	0	Valid
P13	0,697	0,117	0	Valid
P14	0,689	0,117	0	Valid
P15	0,694	0,117	0	Valid
P16	0,692	0,117	0	Valid
P17	0,703	0,117	0	Valid
P18	0,707	0,117	0	Valid
P19	0,691	0,117	0	Valid
P20	0,687	0,117	0	Valid
P21	0,699	0,117	0	Valid
P22	0,693	0,117	0	Valid

Source: Processed Data 2025

The validity test results indicate that all variables meet the required criteria using the Pearson Product Moment correlation. For Tangible (X1), items P1 and P2 have r-values of 0.670 and 0.701, exceeding the r-table value of 0.117, with significance values of 0.000 (< 0.05), indicating both items are valid. For Reliability (X2), items P3 and P4 show r-values of 0.669 and 0.673, also above 0.117, with significance values of 0.000, confirming their validity. For Responsiveness (X3), items P5 and P6 have r-values of 0.668 and 0.680, with significance values of 0.000, indicating strong and significant correlations, thus valid. For Assurance (X4), items P7 and P8 produce r-values of 0.706 and 0.705, well above the r-table, with significance values of 0.000, confirming their validity. For Empathy (X5), items P9 and P10 have r-values of 0.699 and 0.681, with significance values of 0.000, indicating both items are valid. For Medical Staff Attitude (X6), all 6 items show r-values ranging from 0.687 to 0.745, exceeding the r-table value of 0.1203, with significance values of 0.001 (< 0.005), indicating strong and significant relationships, thus all items are valid. For Patient Satisfaction (Y), all 4 items have r-values between 0.681 and 0.707, greater than the r-table value of 0.1203, with significance values of 0.001 (< 0.005), confirming that all items are valid. Overall, all questionnaire items across variables are valid and suitable for further data collection and analysis.

Reliability Test

Table 3. Reliability Test

Reliability Statistics	
Cronbach's Alpha	N of Items
0,988	22

Source: Processed Data 2025

The reliability test was conducted to measure the internal consistency of all questionnaire items using Cronbach's Alpha, a common method for Likert-scale instruments. The analysis produced a Cronbach's Alpha value of 0.988 across 22 items, which far exceeds the minimum reliability threshold of 0.70 (Nunnally, 1994).

This result indicates that the instrument has very high internal consistency and is reliable for data collection. Therefore, the questionnaire is suitable for measuring the variables of service quality—Tangible (X1), Reliability (X2), Responsiveness (X3), Assurance (X4), Empathy (X5)—as well as Medical Staff Attitude (X6) and Patient Satisfaction (Y).

Classical Assumption Test
Normality Test

Table 4. Normality Test

One-Sample Kolmogorov-Smirnov Test			
			Unstandardized Residual
N			281
Normal Parameters[a,b]	*Mean*		0,0000000
	Std. Deviation		0,75425873
Most Extreme Differences	*Absolute*		0,045
	Positive		0,032
	Negative		-0,045
Test Statistic			0,045
Asymp. Sig. (2-tailed)[c]			0,200
Monte Carlo Sig. (2-tailed)[d]	*Sig.*		0,201
	99% Confidence Interval	*Lower Bound*	0,198
		Upper Bound	0,205
a. Test distribution is Normal.			
b. Calculated from data.			
c. Lilliefors Significance Correction.			
d. Lilliefors' method based on 10000 *Monte Carlo samples with starting seed* 2000000.			

Source: Processed Data 2025

Normality Test

The normality test in this study was conducted using the One-Sample Kolmogorov–Smirnov Test on the unstandardized residuals with 281 respondents. The results show an Asymp. Sig. (2-tailed) value of 0.200, which is greater than the significance level of 0.05, indicating that the residual data are normally distributed. The Most Extreme Differences value (0.045) and Test Statistic (0.045) are relatively small, suggesting minimal deviation between the empirical and theoretical normal distributions. Therefore, the data meet the normality assumption and are suitable for parametric statistical analysis such as multiple linear regression, t-test, and F-test Additionally, normality testing for the Patient Satisfaction variable was performed using both Kolmogorov–Smirnov and Shapiro–Wilk tests. The significance values were 0.200 and 0.153, respectively, both exceeding 0.05, confirming normal distribution. The Kolmogorov–Smirnov statistic (0.047) and Shapiro–Wilk statistic (0.993) further indicate minimal differences from a normal distribution. Thus, the data for this variable also meet the normality assumption and are appropriate for parametric analysis.

Multicollinearity Test

Table 5. Multicollinearity Test

Coefficients[a]			
Model		Collinearity Statistics	
		Tolerance	VIF
1	Service Quality	0,315	3,175
	Medical Personnel Attitudes	0,315	3,175
a. Dependent Variable: Patient Satisfaction			

Source: Processed Data 2025

The results show tolerance values of 0.093–0.228 and VIF values of 4.391–10.748. While most variables are within acceptable limits, Responsiveness (X3) and Medical Staff Attitude (X6) show VIF values close to or slightly above 10, indicating some multicollinearity. However, this does not invalidate the model, as multicollinearity mainly affects coefficient stability, not overall significance. It is also expected since X1–X5 are interrelated SERVQUAL dimensions, and X6 overlaps conceptually with several variables. Therefore, the regression model remains valid and can be used to analyze the effect of X1–X6 on Patient Satisfaction (Y).

Heteroscedasticity Test

Table 6. Heteroscedasticity Test

Coefficients[a]								
Model		*Unstandardized Coefficients*		*Standardized Coefficients*	*t*	*Sig.*	*Collinearity Statistics*	
		B	*Std. Error*	*Beta*			*Tolerance*	*VIF*
1	(*Constant*)	-1.825	.376		-4.850	.000		
	X1	.032	.085	.044	.376	.707	.228	4.391
	X2	.041	.087	.066	.472	.637	.163	6.130
	X3	.000	.107	.000	-.002	.998	.127	7.892
	X4	.131	.088	.181	1.488	.138	.213	4.686
	X5	.223	.101	.316	2.208	.028	.154	6.508
	X6	-.057	.045	-.232	-1.262	.208	.093	10.748
a. Dependent Variable: ABS_RES1								

Source: Processed Data 2025

The Glejser test results show that most independent variables have significance values above 0.05 (X1 = 0.707, X2 = 0.637, X3 = 0.998, X4 = 0.138, X6 = 0.208), indicating no heteroscedasticity. Only Empathy (X5) has a value slightly below 0.05 (0.028). However, since only one variable is marginally below the threshold, the model overall does not show serious heteroscedasticity. The residual variance is relatively constant and not systematically

influenced by the independent variables. Thus, the regression model meets the homoscedasticity assumption and is suitable for further analysis.

Autocorrelation Test

Table 7. Autocorrelation Test

Model Summary[b]					
Model	R	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*	*Durbin-Watson*
1	.960[a]	.922	.921	.72549	1.925
a. Predictors: (Constant), X6, X1, X4, X2, X5, X3					
b. Dependent Variable: Y					

Source: Processed Data 2025

The Durbin–Watson (DW) test result is 1.925, which falls within the acceptable range of 1.5–2.5, indicating no autocorrelation in the regression model. This means the residuals are random and do not form a pattern, ensuring reliable coefficient estimation. Therefore, the model meets the autocorrelation assumption and is suitable for further analysis.

Statistical Test Results
Linear Regression Test

Table 8. Linear Test

Coefficients[a]						
Model		*Unstandardized Coefficients*		*Standardized Coefficients*	*T*	*Sig.*
		B	*Std. Error*	*Beta*		
1	(*Constant*)	1.149	.449		2.556	.011
	X1	.392	.102	.136	3.840	.000
	X2	-.069	.104	-.028	-.671	.503
	X3	.448	.128	.165	3.493	.001
	X4	-.049	.105	-.017	-.464	.643
	X5	-.143	.120	-.051	-1.185	.237
	X6	.757	.054	.773	13.996	.000
a. Dependent Variable: Y						

Source: Processed Data 2025

Based on the multiple linear regression analysis, out of six independent variables, only three—Tangible (X1), Responsiveness (X3), and Medical Staff Attitude (X6)—have a significant effect on the dependent variable, Patient Satisfaction (Y). Their significance values are all below 0.05: X1 = 0.000, X3 = 0.001, and X6 < 0.001. In contrast, Reliability (X2), Assurance (X4), and Empathy (X5) are not significant, with significance values above 0.05.

The regression coefficients (B) indicate the direction and magnitude of each independent variable's effect on Patient Satisfaction. The resulting multiple linear regression equation is as follows:

$$Y=1.149+0.392X_1-0.069X_2+0.448X_3-0.049X_4-0.143X_5+0.757X_6+e$$

The equation indicates that:

a. Each one-unit increase in Physical Evidence (X1) will increase Patient Satisfaction (Y) by 0.392 points, assuming other variables remain constant.
b. Each one-unit increase in Reliability (X2) actually decreases Patient Satisfaction (Y) by 0.069 points, but because it is not significant, the effect is not statistically significant.
c. Each one-unit increase in Responsiveness (X3) will increase Patient Satisfaction (Y) by 0.448 points, assuming other variables remain constant.
d. A one-unit increase in Assurance (X4) decreases Patient Satisfaction (Y) by 0.049 points, but this effect is not statistically significant.

e. A one-unit increase in Empathy (X5) decreases Patient Satisfaction (Y) by 0.143 points, but is also not statistically significant.
f. The Medical Personnel Attitude variable (X6) has the greatest influence. Each one-unit increase in Medical Personnel Attitude (X6) increases Patient Satisfaction (Y) by 0.757 points, and the effect is statistically significant.

Thus, the regression model shows that Physical Evidence (X1), Responsiveness (X3), and Medical Personnel Attitude (X6) contribute positively and significantly to increasing Patient Satisfaction (Y), while Reliability (X2), Assurance (X4), and Empathy (X5) have no significant effect. The regression model used can be considered adequate to explain the relationship between some of the significant independent variables and the dependent variable in this study.

Partial T-Test

Table 9. Partial T-Test

Coefficients[a]						
Model		*Unstandardized Coefficients*		*Standardized Coefficients*	t	Sig.
		B	*Std. Error*	*Beta*		
1	(*Constant*)	1.149	.449		2.556	.011
	X1	.392	.102	.136	3.840	.000
	X2	-.069	.104	-.028	-.671	.503
	X3	.448	.128	.165	3.493	.001
	X4	-.049	.105	-.017	-.464	.643
	X5	-.143	.120	-.051	-1.185	.237
	X6	.757	.054	.773	13.996	.000
a. Dependent Variable: Y						

Source: Processed Data 2025

Based on the partial t-test results, Tangible (X1) has a t-value of 3.840 with a significance of 0.000 (< 0.05), indicating a positive and significant effect on Patient Satisfaction (Y). Its regression coefficient of 0.392 means that each one-unit increase in Tangible (X1) raises Patient Satisfaction (Y) by 0.392 units, assuming other variables remain constant. Reliability (X2) shows a t-value of 0.671 with a significance of 0.503 (> 0.05), indicating no significant effect on Patient Satisfaction (Y). Its regression coefficient of 0.069 is positive but statistically insignificant. Responsiveness (X3) has a t-value of 3.493 and a significance of 0.001 (< 0.05), demonstrating a positive and significant effect. The regression coefficient of 0.448 indicates that each one-unit increase in Responsiveness (X3) increases Patient Satisfaction (Y) by 0.448 units. Assurance (X4) has a t-value of 0.464 and a significance of 0.643 (> 0.05), showing no significant effect, with a regression coefficient of 0.049 that is statistically insignificant. Empathy (X5) has a t-value of 1.185 and a significance of 0.237 (> 0.05), also showing no significant effect. Its regression coefficient of -0.143 is negative but not significant. Medical Staff Attitude (X6) shows a t-value of 13.996 with a significance of 0.000 (< 0.05), indicating a strong positive and significant effect. The regression coefficient of 0.757 means that each one-unit increase in Medical Staff Attitude (X6) increases Patient Satisfaction (Y) by 0.757 units. In conclusion, out of the six variables tested, only Tangible (X1), Responsiveness (X3), and Medical Staff Attitude (X6) have positive and significant partial effects on Patient Satisfaction (Y). Among them, Medical Staff Attitude (X6) is the most dominant variable, as indicated by its highest t-value and regression coefficient.

Simultaneous F Test

Table 10. Simultaneous F Test

ANOVA[a]						
Model		*Sum of Squares*	*df*	*Mean Square*	*F*	*Sig.*
1	Regression	1711.789	6	285.298	542.039	.000[b]
	Residual	144.218	274	.526		
	Total	1856.007	280			
a. Dependent Variable: Y						
b. Predictors: (Constant), X6, X1, X4, X2, X5, X3						

Based on the F-test results, the significance value (Sig.) is 0.000, which is less than 0.05. This indicates that all independent variables together have a significant simultaneous effect on Patient Satisfaction (Y). The calculated F-value of 542.039 is much greater than the F-table value (df1 = 6, df2 = 274, α = 0.05, Ftabel ≈ 2.15), so the null hypothesis (H_0), which states that there is no simultaneous effect, is rejected. Thus, it can be concluded that the six independent variables in the regression model jointly have a significant effect on Patient Satisfaction (Y), confirming that the regression model is fit and suitable for explaining variations in the dependent variable.

Coefficient of Determination (KD) Test

Table 11. Coefficient of Determination (KD)

Model Summary				
Model	*R*	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*
1	.960[a]	.922	.921	.72549
a. Predictors: (Constant), X6, X1, X4, X2, X5, X3				

Source: Processed Data 2025

Based on the analysis in the Model Summary table, the R Square value is 0.922. This indicates that the independent variables—Tangible (X1), Reliability (X2), Responsiveness (X3), Assurance (X4), Empathy (X5), and Medical Staff Attitude (X6)—jointly explain 92.2% of the variation in the dependent variable (Patient Satisfaction, Y), while the remaining 7.8% is influenced by factors outside this study model. The Adjusted R Square value of 0.921 accounts for the number of independent variables, providing a more accurate estimate of the model's predictive ability. Meanwhile, the R value of 0.960 shows a very strong simultaneous relationship between all independent variables and the dependent variable. The Standard Error of the Estimate is 0.72549, reflecting the standard deviation of prediction errors, where smaller values indicate better predictive accuracy of the model.

Discussion

Descriptive Analysis

Based on the descriptive analysis, all service quality variables at RSUD Bumiayu were rated from good to excellent, with mean scores above 4.00.

1. **Tangible (X1)** – Physical evidence scored 4.12, indicating patients perceive hospital facilities positively, including cleanliness, neatness, and comfort. The highest ratings were for cleanliness and orderliness, while spatial arrangement had the lowest score, suggesting room for improvement. This aligns with the SERVQUAL model by Parasuraman, Zeithaml, and Berry (1988), which highlights physical evidence as the first aspect evaluated by patients.
2. **Reliability (X2)** – Scored 4.19, showing patients believe the hospital delivers consistent and accurate services on time. Highest scores were for timeliness, lowest for consistency in information. Reliability is key in healthcare as it reduces errors and fosters patient trust.
3. **Responsiveness (X3)** – Also scored 4.19, reflecting the promptness of staff in addressing patient needs and complaints. High responsiveness enhances patient trust and safety, supporting long-term loyalty (**SERVQUAL theory**).
4. **Assurance (X4)** – Highest score of 4.21, covering staff competence, politeness, ethics, and ability to provide security. While professionalism was rated highest, clarity of medical explanations was slightly lower. Assurance builds patient confidence in medical competence.
5. **Empathy (X5)** – Scored 4.19, showing staff provide personal attention and understand patient needs. Highest ratings were for care during examination; lowest was during peak service periods. Empathy enhances emotional comfort and interpersonal relations (SERVQUAL theory).
6. **Medical Staff Attitude (X6)** – Scored 4.20, reflecting friendliness, politeness, professionalism, and communication. Positive staff attitude strengthens patient trust and significantly contributes to satisfaction.
7. **Patient Satisfaction (Y)** – Mean score 4.18, indicating high overall satisfaction. Highest ratings were for willingness to return, lowest for alignment of service with expectations. This supports Kotler and Keller (2016), which state satisfaction occurs when service meets or exceeds expectations.

Overall, all six service quality variables—Tangible, Reliability, Responsiveness, Assurance, Empathy, and Medical Staff Attitude—were rated above 4.00, demonstrating high patient satisfaction. Assurance was the most dominant factor (mean 4.21), while Tangible had the lowest score (4.12), suggesting opportunities to enhance

facilities. The findings indicate a positive relationship between service quality and patient satisfaction: the better the service, the higher the satisfaction experienced.

Multiple Linear Regression Analysis

The multiple linear regression analysis indicates that all six service quality variables—Tangible (X1), Reliability (X2), Responsiveness (X3), Assurance (X4), Empathy (X5), and Medical Staff Attitude (X6)—simultaneously have a significant effect on Patient Satisfaction (Y). This is supported by an F-value of 542.039 with a significance of 0.000 (< 0.05), confirming the model's suitability for explaining the influence of all independent variables on the dependent variable. The model summary shows an R of 0.960, indicating a very strong relationship between X1–X6 and Patient Satisfaction. An R Square of 0.922 suggests that 92.2% of the variation in Patient Satisfaction is explained by these six service quality variables, while the remaining 7.8% is influenced by other factors outside the model. The Adjusted R Square of 0.921 provides a more stable accuracy estimate considering the number of independent variables.

These results demonstrate that improvements in physical facilities, service reliability, responsiveness, assurance, empathy, and medical staff attitude collectively contribute significantly to patient satisfaction. Among these, Medical Staff Attitude emerged as the most influential factor based on average scores. This finding aligns with SERVQUAL theory, which asserts that customer satisfaction is shaped by five primary service dimensions—Tangible, Reliability, Responsiveness, Assurance, and Empathy—and is further strengthened by interpersonal factors such as staff attitude. Enhancing facility quality, service consistency, response speed, professionalism, and empathetic behavior of healthcare staff are therefore key to maintaining and increasing patient satisfaction.

CONCLUSION

1. Based on the results of a descriptive analysis of the five dimensions of service quality (Reliability, Assurance, Tangible, Empathy, and Responsiveness), an overall average score of 4.19 was obtained, indicating that the quality of service at Bumiayu Regional Hospital was considered very good by BPJS outpatients. All dimensions received positive responses, with the highest score for the Reliability dimension, particularly for the indicator "The service I received at Bumiayu Regional Hospital was in accordance with the promised procedures" (4.05).
2. The level of patient satisfaction, when viewed from the Reliability aspect, indicates consistent service performance and adherence to procedures.
3. The level of patient satisfaction, when viewed from the Assurance aspect, is in the very good category, indicated by patient confidence in the competence of the medical staff.
4. The level of patient satisfaction, when viewed from the Tangible aspect (physical evidence), is in the high category, indicated by the cleanliness and tidiness of the Bumiayu Regional Hospital facilities.
5. The level of patient satisfaction, when viewed from the Empathy aspect, is positive, with medical staff treating patients with care.
6. Patient satisfaction, when viewed from the Responsiveness aspect, is in the very good category, as evidenced by the speed with which medical personnel respond to patient complaints.
7. Based on descriptive analysis, Medical Personnel Attitude (X6) obtained an average score of 4.20, with two leading indicators: "Medical personnel showed a caring attitude during my examination" and "Every complaint I had was responded to with clear and prompt action" (each with a score of 4.19).
8. Based on the results of multiple linear regression analysis, both Service Quality (X1-X5) and Medical Personnel Attitude (X2) had a positive and significant effect on Patient Satisfaction (Y). The most dominant variable influencing patient satisfaction was Medical Personnel Attitude, with a Beta value of 0.775 and a calculated t-value of 13.600.

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