JURNAL ILMIAH MANAJEMEN BISNIS DAN INOVASI
UNIVERSITAS SAM RATULANGI (JMBI UNSRAT)

THE EFFECT OF PEOPLE, PHYSICAL EVIDENCE, PROCESS AND PRICE FAIRNESS ON PATIENT SATISFACTION AND REVISIT INTENTION AT THE XYZ HOSPITAL POLYCLINIC, MAKASSAR CITY

Vena Angelica, Innocentius Bernarto
Universitas Pelita Harapan

A R T I C L E   I N F O

Corresponding author:

Vena Angelica
vena.angelica1@gmail.com

Abstract *This study aims to determine the factors of patient satisfaction and the effect on revisit intention. The factors are people, physical evidence, process and price fairness. A written questionnaire is used in collecting respondent data. Total respondents obtained were 277 people. Convenience sampling method is used as a sampling method. The collected data were analyzed using PLS-SEM with SmartPLS software. The research results obtained are people, physical evidence and price fairness that have a positive effect on patient satisfaction. However, for the process variable it was found to have no positive effect on patient satisfaction. Patient satisfaction has a positive effect on revisit intention. The people factor is the most influential factor on patient satisfaction.*

Abstrak Penelitian ini bertujuan untuk mengetahui faktor kepuasan pasien dan pengaruhnya terhadap niat berkunjung kembali. Faktor tersebut adalah manusia, bukti fisik, proses dan keadilan harga. Kuesioner tertulis digunakan dalam mengumpulkan data responden. Total responden yang diperoleh adalah 277 orang. Metode convenience sampling digunakan sebagai metode pengambilan sampel. Data yang terkumpul dianalisis menggunakan PLS-SEM dengan perangkat lunak SmartPLS. Hasil penelitian yang diperoleh adalah people, physical evidence dan price fairness yang berpengaruh positif terhadap kepuasan pasien. Namun untuk variabel proses ditemukan tidak berpengaruh positif terhadap kepuasan pasien. Kepuasan pasien berpengaruh positif terhadap niat berkunjung kembali. Faktor people merupakan faktor yang paling berpengaruh terhadap kepuasan pasien.

BACKGROUND

The increasing number of hospitals originates from the government's efforts to meet community needs in the health sector (KPPU, 2020). This resulted in increasingly fierce hospital competition. Business competition between hospitals occurs both nationally and globally (Adisasmito, 2008). In addition, the demands of patients as hospital customers are also increasing. The quality of health services is not only assessed from the level of physical healing but from various other aspects such as psychological, economic and physical factors that shape patient expectations of a health service (Mayasari, 2015). In facing the hospital's competitive situation, it is necessary to make various efforts to improve quality and meet patient expectations.

The development of hospitals in Makassar City is fairly rapid. Makassar City Public Health Office data for 2021 records that there were only 29 general and special hospital units in 2016 and increased to 50 hospital units in 2021, which is around 46% in the last 5 years. Approximately about 60% of hospitals in Makassar City are owned by the private sector, there are 30 hospital units in total. Privately owned hospitals also dominate the growth of hospitals in Makassar City, which is around 62.5% in the last 5 years. XYZ Hospital is one of 7 privately owned hospitals out of a total of 9 hospitals in Ujung Pandang District. There are 2 units of General Hospitals and 5 units of Mother and Child Hospitals out of a total of 7 private hospitals. The sub-district occupies the first position of the sub-district with the largest number of hospitals in Makassar City. The location distance between hospitals is less than 2 km. These data indicate that there is intense competition faced by XYZ Hospital. In addition to high competition between hospitals, the population of Ujung Pandang Subdistrict is only 24,526 people in 2021 and has become the second most sparsely populated subdistrict in Makassar City. Therefore, it is necessary to improve the quality of health services offered.

XYZ Hospital is one of the oldest hospitals in Makassar City which has been established since the Dutch colonial era in 1939. XYZ Hospital always tries to offer quality services and continues to grow with the times. The services offered range from the Emergency Room (ER), outpatient services, inpatient services, hemodialysis, operating rooms, intensive care, obstetrics and gynecology services, medical support services and other infrastructure facilities. According to data from the XYZ Hospital Polyclinic visits in 2022 it shows that there tends to be an increase in patient visits per month. Even so, the number of polyclinic visits was still far below the target set by XYZ Hospital management, which was 8.000 patients per month. The average visit per month in 2022 is only 3.125 patients. November was the month with the highest number of visits, with 3.726 patients. Meanwhile, February had the lowest number of visits, with only 2.371 patients. The graph of patient visits at the XYZ Hospital Polyclinic in 2022 can be seen in the image below:
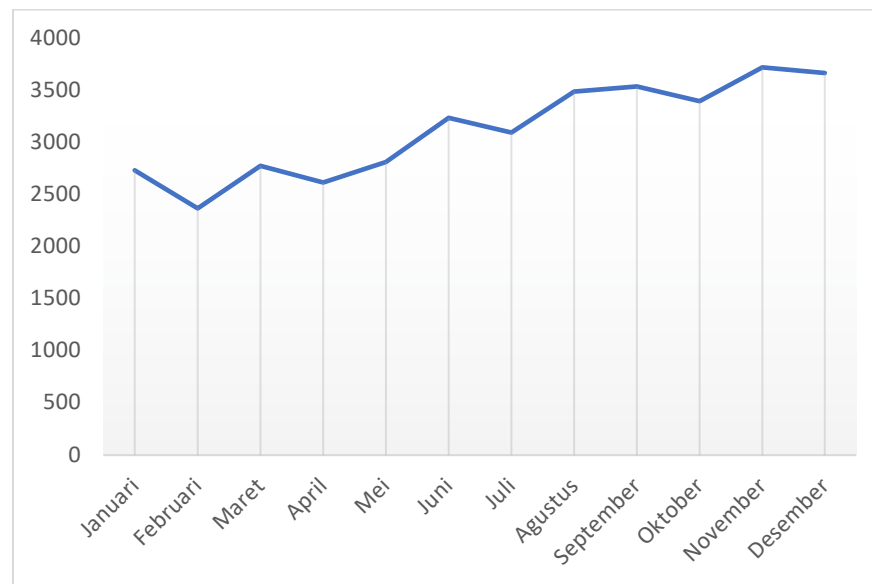
Figure 1. Number of Patient Visits to the XYZ Hospital Polyclinic in 2022
Source: Documentation (2023)

To find out the needs and expectations of patients, a brief survey process was carried out by patients at the XYZ Hospital Polyclinic. The survey showed that only 70% of patients were satisfied with the XYZ Hospital Polyclinic. The survey results obtained did not meet management's target where the minimum patient satisfaction target set was 80%. This achievement shows a gap of 10% from the target. Several factors were found to influence polyclinic patient satisfaction at XYZ Hospital, are people (services of doctors, nurses, professional and competent admin staff), physical evidence (parking area, medical facilities, cleanliness and adequate buildings), process (waiting time and service effective and efficient) and price fairness (price in accordance with service quality).

Patient satisfaction can be used to examine and understand patient expectations apart from just being a method of evaluating the performance of hospital service providers (Geberu et al., 2019). As a first-line health consulting service, the outpatient department, especially the polyclinic, has an important role that shows the quality of hospital services. Nguyen et al. (2021) revealed that patient satisfaction has a significant effect on patient loyalty, especially revisit intention. In this study, it was revealed that patient satisfaction had an impact on increasing visits, not only the impact of revisit intention. Positive reviews arising from the experience of patients who are satisfied with the services they receive from the hospital will lead to an increase in patient visits.

In accordance with the background that has been prepared in the previous section, the problem in this study can be formulated regarding how the XYZ Hospital Polyclinic increases patient satisfaction which will have an impact on increasing patient visits.

LITERATURE REVIEW

Revisit Intention

Revisit intention is a form of customer loyalty. According to Zeithaml et al. (2009) revisit intention is a form of behavior or a customer's desire to come back, give positive word-of-mouth, stay longer than expected, shop more than expected. The form of loyalty to the world of health is basically shown to be 2 forms of behavior, called revisit intention and word-of-mouth (Jeong, Yu & Kim, 2020).

Consumers in choosing and buying the same service or product have past experience which is used as a quality standard for services or goods that are considered good. Consumer decisions in re-purchasing services or products are strongly influenced by the last experience they received from a

company's services. In the health sector, revisit intention is the patient's intention to visit and reuse hospital services (Nguyen, Tran, & Nguyen, 2021).

Patient Satisfaction

Kotler & Keller (2012) define satisfaction as a consumer's feeling of pleasure or disappointment resulting from comparing a product or perception of performance or service results to their expectations. The concept of customer satisfaction is adopted in the health sector by focusing on patients as customers (Adisasmito, 2008). Patient satisfaction has become an indicator of how well a health service meets the expectations and needs of patients in an organized manner according to professional service standards (Fatima, Malik, & Shabbir, 2018).

Patient satisfaction is expected to create loyal patients to health care institutions. Satisfied patients can also provide positive reviews, recommendations to others, and tend to be more obedient to medical advice thereby increasing the success rate of therapy (Haque, Rahman, & Kow, 2020). Conversely, if the patient is not satisfied, the patient will move to another health service agency (Kumar & Shah, 2004).

The Relationship between Patient Satisfaction and Revisit Intention

Patient satisfaction is the result of expectations and experiences gained after receiving health services (Zarei et al., 2014). Patient satisfaction has become the main factor determining patient behavior after receiving health services. Wu et al., (2017) stated that the concept of intention arises from individual behavior and is formed from customer satisfaction with a product or service. Satisfied patients tend to be loyal. Therefore, patient satisfaction will make patients loyal to certain institutions (Sarker et al., 2012).

The results of a study by Siripipatthanakul (2021) revealed that patient satisfaction is a mediator capable of predicting revisit intention moderately. The results of this study reveal that patients who are satisfied with the quality of health services will increase their revisit intention. The results of a similar study were obtained by Putri et al., (2021) on 212 patients at the obstetrics and gynecology polyclinic at Hermina Jabodetabek Hospital, showing that patients who were satisfied with health services would tend to make repeat visits. These results are consistent with studies conducted by Kurnianingrum & Hidayat, (2020); Kusumawardani & Damayanti, (2020); Pighin et al., (2022); Putra et al., (2022); Woo & Choi, (2021).

H1: patient satisfaction has a positive effect on revisit intention

The Relationship between People and Patient Satisfaction

People can be defined as everyone who plays a direct role in company operations (Ginting, 2021). In the concept of health services, people involve many professions such as doctors, nurses, pharmacists, other support staff who serve every patient's needs as customers (Chana et al., 2021). The hospital as a service company is very dependent on its human resources. This is confirmed by research conducted in South Korea which shows the services of doctors and other medical staff have the most important role that influences patient satisfaction and revisit intention (Woo & Choi, 2021)

Research conducted by Putra et al., (2022) on 50 inpatients at the Faisal Islamic Hospital in Makassar found that people had a positive effect on patient satisfaction. The research confirms that human resources in the health sector are not only competent but have supporting soft skills such as good communication. Other supporting research conducted by Ravangard, Khodadad, & Bastani (2020) reveals that people are the second most effective marketing mix element after physical evidence. Research that also supports that was carried out by Addo et al., (2020) which found that the services of doctors, pharmacists and laboratory technicians had a significant effect on patient satisfaction and significantly affected the level of patient loyalty in these health services. people not only affect the

quality of services produced but also improve brand image and patient satisfaction (Khodadad Hosseini & Behboudi, 2017).

H2: people have a positive effect on patient satisfaction

The Relationship between Physical Evidence and Patient Satisfaction

Physical evidence is a facility owned by a company that can be felt and/or used by consumers (Iffan, Santy, & Radiaswara, 2018). These facilities are buildings, equipment and services provided with a specific purpose such as parking convenience, the latest medical equipment, cleanliness and comfort of waiting rooms and toilets. In addition, the affordability of the location of the hospital and comfortable room temperature (Siripipatthanakul & Vui, 2021). Physical evidence is considered to reflect service quality because services cannot be seen in real terms before consumption occurs. The better the physical evidence is displayed, the patient's perception of service quality will increase so that patient satisfaction also increases (Becker, Sweeney, & Parsons, 2008). Physical evidence is the most important factor influencing patients in choosing a hospital (Ravangard et al., 2020).

The results of research conducted by Kuswibowo (2020) significantly show that physical evidence has a positive effect on patient satisfaction. The better the physical evidence displayed by health service providers, the patient satisfaction will also increase. This is supported by other research conducted by Ginting (2021); Saragih et al., (2018); Trivedi & Jagani (2018).

H3: physical evidence has a positive effect on patient satisfaction

The Relationship between Process and Patient Satisfaction

Process can be interpreted as all actual procedures, stages and activities of service delivery into a service system or operation (Safi & Sulistiadi, 2020). The service delivery system is seen as part of the services provided by a company. This is mainly due to product and consumption in the service sector occurring simultaneously. Process is a very important factor affecting patient satisfaction, especially if the entire service delivery system is appropriate and meets patient expectations (Chana et al., 2021).

Ginting (2021) in his research conducted in Bekasi City revealed a positive effect between the process and patient satisfaction. A process that goes well will increase patient satisfaction and there will be an increase in patient visits. This finding is in line with research conducted by Saragih et al., (2018) which revealed that if the patient has a good perception of the entire process, the patient will feel satisfied with the services provided by the hospital. Other supporting research was conducted by Edyansyah et al., (2019); Ravangard et al., (2020).

H4: process has a positive effect on patient satisfaction

The Relationship between Price Fairness and Patient Satisfaction

According to Kotler & Keller (2012) price is an indicator of quality and is effective for sensitive products, higher prices are considered as high-quality products or services. Price is often used by potential customers as an image of the quality of products or services that will be received if no product or service references are available. Prices must be set precisely. The price will affect the income which is used as an indicator of a company's success. Based on the consumer perspective, price is used as a comparison between the expectations and benefits obtained from an item or service. If it is not appropriate, then consumers will not be satisfied (Nurhab, 2018). So that price fairness can be explained as a price that is reasonable, acceptable and justifiable by consumers (Matzler, Renzl, & Faullant, 2007). In maintaining market share, companies need to increase superior value, namely competitive prices (Zarei et al., 2014).

Research conducted by Nurhab (2018) found that price has a significant effect on patient satisfaction. Prices are related to the benefits of services received. If the quality is not appropriate, it will affect patient satisfaction. Research conducted by Indraswati & Asrina (2023) supports previous research, that is, the more affordable the price, the higher the satisfaction, and the less affordable the price, the lower the satisfaction. The results of this study are also supported by other research conducted by Setyawati (2018). Price fairness is not only examined in the health sector. Research was conducted by Cakici, Akgunduz, & Yildirim (2019) on 304 restaurant consumers. The research reveals that price fairness does not only increase patient satisfaction but can increase customer revisit intention and loyalty.

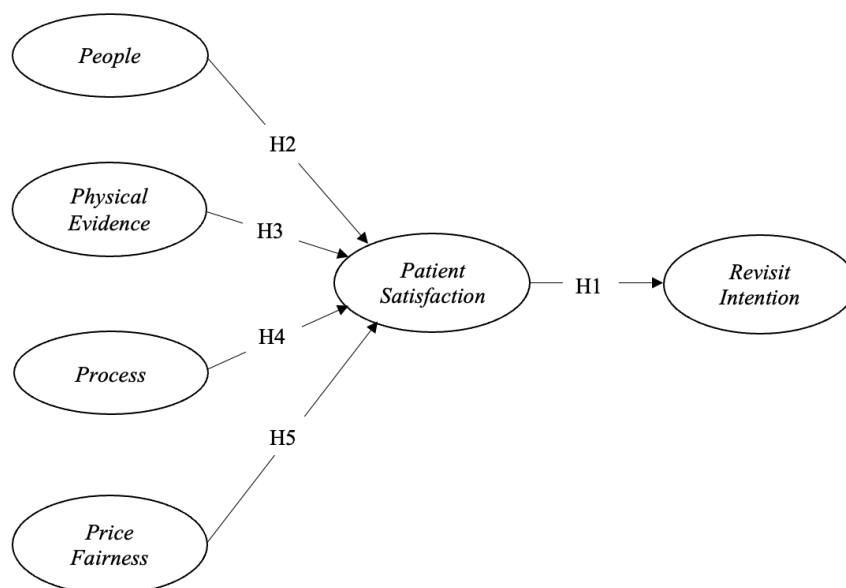**H5: price fairness has a positive effect on patient satisfaction**

Figure 2. Research Model

RESEARCH METHOD

This study analyzes and examines the factors of people, process, physical evidence and price fairness on patient satisfaction and revisit intention of polyclinic patients at XYZ Hospital. This research is classified into quantitative research. Data collection through questionnaires distributed directly to XYZ Hospital Polyclinic patients who visited April to May 2023 with the following criteria: aged 18 to 60 years, private and insurance patients, at least 1 visit, patient is conscious and able to communicate well. Calculation of the minimum number of samples using the Cochran formula and the results obtained at least 100 respondents.

The questionnaire adapts the Likert measurement scale which consists of 5 points, namely the first point strongly disagrees, the second point disagrees, the third point is neutral, the fourth point agrees and the fifth point strongly agrees. The questionnaire indicators used were 8 people indicators from Chana et al. (2021), 7 physical evidence indicators from Siripipatthanakul & Vui (2021), 7 process indicators from Chana et al. (2021), 8 price fairness indicators from Haque et al. (2020);

Siripipatthanakul & Puttharak (2020), 7 indicators of patient satisfaction from Nguyen et al. (2021); Siripipatthanakul & Vui (2021) and 7 indicators of revisit intention from Nguyen et al. (2021); Siripipatthanakul (2021).

The results of the data obtained were then analyzed with Partial Least Square-Structural Equation Modeling (PLS-SEM) using SmartPLS software. The analysis was carried out using the outer model and inner model. The outer model analyzes the loading factor, AVE and Fornell-Larcker discriminant validity. Meanwhile, the inner model analyzes the path coefficient, variance inflation factor and determinant coefficient (Ghozali & Latan, 2015).

RESULT

The total number of patients who were respondents in this study were 277 people as shown in Table 1. Respondents were dominated by women, 171 patients (61.73%) and men, only 106 patients (38.26%). The group of 18-25 years dominated with 88 people (31.76%), followed by 26-34 years 56 people (20.21%), 51-60 years 55 people (19.85%), 35-42 years 45 people (16.24%) and 43-50 years 33 people (11.91%). Respondents with undergraduate education backgrounds dominated as many as 158 people (57.03%). Then there were 91 high school respondents (32.85%), 18 junior high school students (6.49%), 7 others (2.52%) and 3 elementary school respondents (1.08%). Private employee respondents dominated with a total of 90 people (32.49%). Then housewives were 65 people (23.46%), entrepreneurs were 54 people (19.49%), students were 29 people (10.46%), others were 18 people (6.49%), unemployed 13 people (4.69%) and 8 people (2.88%) civil servants. Total 157 people (56.67%) 1 time visit. Then it was followed by 53 people (19.13%) 2 times visit, 31 people (11.19%) 3 times visit, 13 people (4.69%) 5 times visit, 11 people (3.97%) 4 times visit, 8 people (2.88%) visit more than 10 times and 4 people (1.44%) visit 6-10 times.

Table 1. Respondent Profile

Categories	Total	Percentage
Gender		
Women	171	61,73%
Men	106	38,26%
Age		
18-25 years	88	31,76%
26-34 years	56	20,21%
35-42 years	45	16,24%
43-50 years	33	11,91%
51-60 years	55	19,85%
Education		
Elementary School	3	1,08%
Junior High School	18	6,49%
Senior High School	91	32,85%
Undergraduate	158	57,03%
Others	7	2,52%
Occupation		
Civil Servants	8	2,88%
Entrepreneurs	54	19,49%
Private Employees	90	32,49%
Housewives	65	23,46%
Students	29	10,46%
Unemployed	13	4,69%

Others	18	6,49%
Number of visits		
1 visit	157	56,67%
2 visits	53	19,13%
3 visits	31	11,19%
4 visits	11	3,97%
5 visits	13	4,69%
6-10 visits	4	1,44%
>10 visits	8	2,88%

Source: Processing Data (2023)

Outer Model Evaluation

The results of the outer model analysis using SmartPLS software explain the predictive relationship between the variables used in this study. Convergent validity testing is by assessing the loading factor and AVE value. The minimum loading factor value is 0.5 while the AVE value must be above 0.5. If both of these assessments meet the requirements, then the indicators and variables are declared valid. In this study the Fornell-Larcker method was declared valid if the AVE root value of each construct was greater than the correlation value between each variable. The CR value is declared reliable if the value is above 0.7 (Ghozali & Latan, 2015).

Table 2. Outer Model Test Results

Variables and indicators		Loading Factor
People/PE (AVE = 0.635, CR = 0.933)		
PE1	Doctors at this hospital polyclinic have excellent knowledge	0.760
PE2	Doctors at this hospital polyclinic treat all patients the same	0.735
PE3	The support staff (administration/pharmacy) at this hospital polyclinic are qualified	0.804
PE4	The nurses at this hospital polyclinic are qualified	0.839
PE5	All staff at this hospital polyclinic are sympathetic to patients	0.821
PE6	The doctors at this hospital polyclinic are reliable	0.825
PE7	The entire staff at this hospital polyclinic is polite	0.755
PE8	The nurses at this hospital polyclinic are reliable	0.827
Process/PR (AVE = 0.513, CR = 0.840)		
PR2	The operational hours for consulting a doctor at this hospital polyclinic suit my needs	0.646
PR4	The number of service counters for this hospital polyclinic is sufficient	0.791
PR5	The waiting time for this hospital polyclinic is within reasonable limits (<60 minutes)	0.730
PR6	The security of this hospital polyclinic is good	0.661
PR7	Scheduling consultations at this hospital polyclinic is easy	0.744
Physical Evidence/PE (AVE = 0.577, CR = 0.904)		
PH1	The parking area available at this hospital polyclinic is wide	0.522
PH2	This hospital polyclinic provides the up-to-date medical equipment	0.784
PH3	The medical equipment used in this hospital polyclinic is clean	0.862
PH4	The waiting room of this hospital polyclinic is clean	0.785

PH5	The toilet at this hospital polyclinic is clean	0.780
PH6	The location of this hospital polyclinic is easily accessible	0.753
PH7	Room temperature in this hospital polyclinic is comfortable	0.784
Price Fairness/PF (AVE = 0.651, CR = 0.928)		
PF1	This hospital polyclinic provides transparent consultation fee information	0.638
PF3	The consultation fee for this hospital polyclinic that I pay according to the bill	0.751
PF4	The consultation fee for this hospital polyclinic is reasonable	0.878
PF5	The consultation fee for this hospital polyclinic is competitive	0.824
PF6	The consultation fee for this hospital polyclinic is in accordance with the benefits I receive	0.897
PF7	The consultation fee for this hospital polyclinic is in accordance with the quality of service	0.855
PF8	The price of medicine in this hospital polyclinic is reasonable	0.775
Patient Satisfaction/PS (AVE = 0.798, CR = 0.952)		
PS1	I have a positive feeling about this hospital polyclinic	0.903
PS2	I am happy with the services of this hospital polyclinic	0.928
PS3	I am satisfied with the service at this hospital polyclinic	0.914
PS4	This hospital polyclinic has met all my expectations	0.883
PS5	I am more satisfied with this hospital polyclinic compared to other hospitals	0.836
Revisit Intention/RI (AVE = 0.751, CR = 0.938)		
RI2	I will continue to seek treatment at this hospital polyclinic	0.898
RI3	I will use other services in this hospital (blood tests/X-rays/medical check-ups/hospitalization/and others)	0.912
RI4	I will still consult with the doctor of my choice at this hospital polyclinic	0.889
RI6	I am willing to get further treatment at this hospital polyclinic	0.885
RI7	I will continue to use the services at this hospital polyclinic even if the cost is higher	0.738

The initial number of indicators is 44 indicators. However, there were 7 indicators issued for the study which were found to be invalid. These indicators are PF2, PR1, PR3, PS6, PS7, RI1 and RI5. The results of the analysis then continued with the 37 research indicators showing that all the indicators used had a loading factor value and an AVE value of more than 0.5. It can be concluded that each indicator used in this study is valid. The CR value of each variable used in this study is reliable (> 0.7).

Table 3. Fornell-Larcker Test Results

	Patient Satisfaction	People	Physical Evidence	Price Fairness	Process	Revisit Intention
Patient Satisfaction	0.893					
People	0.757	0.797				
Physical Evidence	0.684	0.655	0.759			
Price Fairness	0.756	0.703	0.712	0.807		
Process	0.638	0.662	0.686	0.609	0.716	
Revisit Intention	0.863	0.730	0.655	0.749	0.595	0.867

Source: Processing Data (2023)

The results in Table 3. show that these variables have been well discriminated because they have a larger AVE square root than the correlation value between the constructs.

Inner Model Evaluation

The structural model or known as the inner model to explain the interrelationships between latent variables within the scope of the research. At this stage, an assessment of VIF, R-squared (R^2) and path coefficient is carried out (Ghozali & Latan, 2015). The VIF value is declared eligible if it is below 5 which indicates that the study does not have a multicollinearity problem (Hair et al., 2011).

Table 4. VIF Values

Variabel	VIF
Patient Satisfaction	1.000
People	2.443
Physical Evidence	2.612
Price Fairness	2.544
Process	2.237

Source: Processing Data PLS-SEM (2023)

Based on the table attached above, the VIF value for each variable used is below 5. So, it can be concluded that this study does not have a multicollinearity problem.

Table 4.5 R-Squared Values

Variabel	R-squared
Patient Satisfaction	0.689
Revisit Intention	0.745

Source: Processing Data PLS-SEM (2023)

The R-squared value is interpreted as 0.75 (substantial); 0.50 (moderate); 0.25 (weak) (Hair et al., 2011). In this study, the R-squared value is as shown in Table 4.5. The R-squared value for the revisit intention variable is 0.745. This shows that the dependent variable, namely revisit intention, can be explained by 74.5% by the independent variable. Meanwhile, the remaining 25.5% can be explained by other variables not used in this research model. The results obtained show that the revisit intention variable is moderate.

The assessment of the determinant coefficient on the patient satisfaction variable was obtained at 0.689 which indicates that the ability of the people, process, physical evidence and price fairness variables in predicting patient satisfaction variables is 68.9% which is also classified as moderate. Meanwhile, the remaining 31.1% can be explained by other variables outside this research model.

Table 4.6 Hypothesis Test Results

Hypothesis	Standardized Path Coefficient	P-values	Decision

H1	Patient Satisfaction → Revisit Intention	0.863	0.000	Accepted
H2	People → Patient Satisfaction	0.362	0.000	Accepted
H3	Physical Evidence → Patient Satisfaction	0.133	0.036	Accepted
H4	Process → Patient Satisfaction	0.095	0.089	Rejected
H5	Price Fairness → Patient Satisfaction	0.349	0.000	Accepted

Source: Processing Data PLS-SEM (2023)

The significance value in a study can be assessed based on p-values. A hypothesis is declared accepted if the p-values show numbers below 0.05 (Ghozali & Latan, 2015). Based on the results of hypothesis testing in Table 4.6, the first hypothesis in this study is that patient satisfaction has a positive effect on revisit intention being accepted (p-values = 0.000). The second hypothesis in this study is that people have a positive effect on patient satisfaction (p-values = 0.000). The third hypothesis in this study is that physical evidence has a positive effect on patient satisfaction (p-values = 0.036). The fourth hypothesis in this study is that process has a positive effect on patient satisfaction and is rejected (p-values = 0.089). The fifth hypothesis in this study is that price fairness has a positive effect on patient satisfaction (p-values = 0.000).

DISCUSSION

The focus of this study was to determine the relationship between people, process, physical evidence and price fairness factors that have a positive effect on patient satisfaction and revisit intention at the XYZ Hospital Polyclinic.

The first hypothesis, patient satisfaction has a positive effect on revisit intention is supported. These results support the statement that patients who are satisfied will tend to be loyal which is shown through behavior, namely revisit intention (Jeong, Yu & Kim, 2020). The results of other studies supporting the positive influence of patient satisfaction on revisit intention were also carried out by Kurnianingrum & Hidayat (2020); Kusumawardani & Damayanti (2020); Pighin et al. (2022); Putra et al. (2022); Princess et al. (2021); Woo & Choi (2021).

The second hypothesis, people have a positive effect on patient satisfaction is supported. People involve many professions such as doctors, nurses, pharmacists, other support staff who serve every patient need as a consumer (Chana et al., 2021). Hospitals as service companies are very dependent on human resources. The results of this study were found to be in line with research conducted by Sanjaya & Yuliastanty (2017) who also found that the people factor was the most dominating factor that had a positive influence on patient satisfaction. Other studies that found a positive effect of people on patient satisfaction were also carried out by (Addo et al. (2020); Putra et al. (2022); Ravangard et al. (2020); Woo & Choi (2021).

The third hypothesis, physical evidence has a positive effect on patient satisfaction is supported. Physical evidence is considered to be able to reflect the quality of service because services cannot be seen in real terms before consumption occurs. The better the physical evidence that is displayed, the patient's perception of service quality will increase so that patient satisfaction also increases (Becker et al., 2008). Research that found similar results was also by Kuswibowo (2020); Saragih et al. (2018); Trivedi & Jagani (2018).

The fourth hypothesis, process has a positive effect on patient satisfaction is not supported. This hypothesis is rejected because it has p-values of more than 0.05, even though the standardized path

coefficient values obtained have shown a positive direction. This finding is not in line with previous research (Chana et al., 2021; Edyansyah et al., 2019; Ginting, 2021; Ravangard et al., 2020; Saragih et al., 2018). However, the results of this study were in line with Sanjaya & Yuliastanty (2017), which also found no positive effect between process and patient satisfaction. These results indicate that a good process does not always have a positive impact on patient satisfaction.

If examined further for each indicator used in the process variable, there are 5 indicators used, namely PR2 (easy bill payment process), PR4 (number of payment counters), PR6 (security), PR7 (ease of scheduling consultations) indicating that the majority of patients agree. However, on the PR5 indicator (reasonable waiting time <60 minutes) the majority of patients said they were neutral. In addition, even though the PR4 indicator (number of payment counters) the majority of patients still said they agreed, this variable was still below the average value. The impact of this is that there is overlapping results so that the process obtained results do not have a positive effect on patient satisfaction. In relation to the facts that occur in the XYZ Hospital Polyclinic, the problem that patients most often complain about is the waiting time for services and service counters. Problems regarding waiting time for services can be related to other indicators such as ease of payment and the number of service counters so that these indicators become the focus of the process. In terms of the number of available service counters, the majority of patients still said that they agreed that it was sufficient because long queues in terms of administration and registration at the XYZ Hospital Polyclinic did not always occur. So that when there is a long queue, patients will judge that the number of counters is insufficient. Meanwhile, when there are not enough patients, patients will certainly judge that the number of service counters is sufficient.

The second reason that was found was the XYZ Hospital which is one of the oldest hospitals in Makassar. This is related to the reviews of patients who have been treated at the hospital. Several patients stated that they often heard negative reviews about the flow of services at the hospital, so their expectations were not high. Another reason is that the antique connotation attached to XYZ Hospital is very strong causing some patients to have less high expectations of the process. However, there are some patients who think that the old hospital age is a positive thing. Patients build trust in XYZ Hospital because they think that the hospital has been able to survive until now and experience in serving patients is no longer in doubt. They also argue that the long service process is not a major problem for them because quality hospitals are sure to be packed with patients. As for the opinions of other respondents who said that although there are many hospitals in Makassar, the quality is very minimal so patients will still choose hospitals that have been famous for a long time.

The next reason is that many of the respondents are patients who have been treated at the hospital for a long time. These patients said that the service process at XYZ Hospital had not changed much in the last few years. Especially regarding the waiting time, the hospital is known for having a long waiting time because most of the patients are BPJS patients. However, they are still under control at the XYZ Hospital Polyclinic for several reasons such as the doctor who treats them only practices at the hospital, is familiar with the flow of the hospital, and the cooperation between the hospital and the institution where the patient works.

The fifth hypothesis, price fairness has a positive effect on patient satisfaction is supported. From the consumer's perspective, price is used as a comparison between the expectations and the benefits obtained from a good or service. If it is not appropriate, then consumers will not be satisfied (Nurhab, 2018). The research results obtained in this study are in line with research conducted by Nurhab (2018); Setyawati (2018).

CONCLUCSION

Based on the analysis of research data structurally, the results of the research conclusion are patient satisfaction has a positive effect on revisit intention. The people factor, physical evidence and price fairness have a positive effect on patient satisfaction. Meanwhile, process was found to have no positive effect on patient satisfaction. The people factor has the greatest positive influence on patient satisfaction.

Limitations and Suggestions for Further Research

The limitations of the research are written as suggestions for conducting further research on the research model used, the variables used to measure patient satisfaction are people, process, physical evidence and price fairness only. In order to obtain better results in future research, it can be considered to add variables such as trust and location.

Another limitation of this study is that it only focuses on polyclinic patients at XYZ Hospital, so this study cannot be generalized to all departments available at XYZ Hospital. Because of this, the researchers suggest that research be conducted for other departments at XYZ Hospital with the same research model used in this study.

The respondents for this study were obtained according to the criteria designed by the researcher so that the respondents used in this study were only based on the criteria determined by the researcher. Therefore, the researcher suggests that the random sampling method be used in order to provide equal opportunities other than the criteria determined by the researcher.

Respondents to this study were patients from various polyclinic services available at XYZ Hospital, both general and specialized polyclinics. This causes these patients to have different diagnoses so of course the expectations and expectations of patients can be different. Therefore, the researcher suggests that further research be carried out at polyclinics and similar diseases.

REFERENCES

Adisasmito, W. (2008). *Analisis Kebijakan Kesehatan : Kesiapan Rumah Sakit dalam Menghadapi Globalisasi*. Jakarta: Universitas Indonesia Press.

Ardian, R., & Sudrartono, T. (2021). Pengaruh Bauran Promosi Terhadap Minat Beli Kembali Cat Dulux Di Depo Keramik Katapang Bandung. *JMBI UNSRAT (Jurnal Ilmiah Manajemen Bisnis Dan Inovasi Universitas Sam Ratulangi).*, *8*(3). https://doi.org/10.35794/jmbi.v8i3.35854

Asabea Addo, A., Wang, W., Dankyi, A. B., Abban, O. J., & Bentum-Micah, G. (2020). Sustainability of Health Institutions: The Impact of Service Quality and Patient Satisfaction on Loyalty. *European Journal of Business and Management Research*, *5*(4), 1–7. https://doi.org/10.24018/ejbmr.2020.5.4.345

Becker, F., Sweeney, B., & Parsons, K. (2008). Ambulatory Facility Design and Patients' Perceptions of Healthcare Quality. *Health Environments Research & Design Journal*, *1*(4), 35–54. https://doi.org/10.1177/193758670800100405

Cakici, A. C., Akgunduz, Y., & Yildirim, O. (2019). The impact of perceived price justice and satisfaction on loyalty: the mediating effect of revisit intention. *Tourism Review*, *74*(3), 443–462. https://doi.org/10.1108/TR-02-2018-0025

Chana, P., Siripipatthanakul, S., Nurittamont, W., & Phayaphrom, B. (2021). Effect of the service marketing mix (7Ps) on patient satisfaction for clinic services in Thailand. *International*

Journal of Business, Marketing and Communication, *1*(2), 2785–8413. Retrieved from https://ssrn.com/abstract=3944080

Edyansyah, T., Albra, W., Azhar, A., Farid, F., & Suryani Irma. (2019). the Effect of Marketing Mix Toward Satisfaction and Loyalty of Patient in the Public Hospital of Dr. Fauziah Bireuen of Aceh Province of the Indonesia. *DLSU Business & Economics Review*, *28*(3), 1–7. Retrieved from https://doi.org/10.5281/zenodo.3270552#.XSGovfG1ghM.mendeley

Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty. *International Journal of Quality & Reliability Management*, *35*(6), 1195–1214. https://doi.org/10.1108/IJQRM-02-2017-0031

Geberu, D. M., Biks, G. A., Gebremedhin, T., & Mekonnen, T. H. (2019). Factors of patient satisfaction in adult outpatient departments of private wing and regular services in public hospitals of Addis Ababa, Ethiopia: A comparative cross-sectional study. *BMC Health Services Research*, *19*(1), 1–13. https://doi.org/10.1186/s12913-019-4685-x

Fatihah, D. C., & Saidah, I. S. (2021). Model Promosi Marketplace Berbasis Artificial Inteligence (AI) di Indonesia. *JMBI UNSRAT (Jurnal Ilmiah Manajemen Bisnis Dan Inovasi Universitas Sam Ratulangi).*, *8*(3). https://doi.org/10.35794/jmbi.v8i3.35908

Ghozali, I., & Latan, H. (2015). *Partial Least Squares: Konsep, Teknik dan Aplikasi Menggunakan Program Smart PLS 3.0* (Edisi 2). Semarang: Universitas Diponegoro.

Ginting, R. B. (2021). Pengaruh Bauran Pemasaran Jasa Terhadap Inpatient Satisfaction Rumah Sakit Xyz, Bekasi [the Effect of Service Marketing Mix on Inpatient Satisfaction At Hospital Xyz, Bekasi]. *Milestone: Journal of Strategic Management*, *1*(1), 71. https://doi.org/10.19166/ms.v1i1.3147

Hair, J. F., Ringle, C. M., & Sarstedt, M. (2011). PLS-SEM: Indeed a silver bullet. *Journal of Marketing Theory and Practice*, *19*(2), 139–152. https://doi.org/10.2753/MTP1069-6679190202

Haque, R., Rahman, A., & Kow, A. P. A. (2020). Factors Affecting Customer‴s Satisfaction and Loyalty in Hospitals in China. *Asian Journal of Technology & Management Research*, *10*(01), 101–115.

Iffan, M., Santy, R. D., & Radiaswara, R. (2018). Pengaruh Proses Dan Bukti Fisik Terhadap Kepuasan Konsumen Di Hotel Santika Bandung. *JURISMA : Jurnal Riset Bisnis & Manajemen*, *8*(2). https://doi.org/10.34010/jurisma.v8i2.1003

Indraswati, D., & Asrina, A. (2023). Pengaruh Bauran Pemasaran Terhadap Kepuasan Pelayanan dan Minat Berkunjung Kembali Pasien Umum Di Rawat Jalan RSUD Labuang Baji Makassar Tahun 2022. *Journal of Muslim Community Health*, *4*(3), 211–221. https://doi.org/10.52103/jmch.v4i3.1154

Khodadad Hosseini, S. H., & Behboudi, L. (2017). Brand trust and image: effects on customer satisfaction. *International Journal of Health Care Quality Assurance*, *30*(7), 580–590. https://doi.org/10.1108/IJHCQA-04-2016-0054

Kotler, P., & Keller, K. L. (2012). *Marketing Management* (14th Edition). Pearson Education.

KPPU. (2020). Penelitian Pelaku Usaha dan Struktur Pasar Pada Sektor Jasa Rumah Sakit. *Komisi Pengawas Persaingan Usaha*, 1–10. Retrieved from https://sirs.kemkes.go.id/fo/

Kumar, V., & Shah, D. (2004). Building and sustaining profitable customer loyalty for the 21st century. *Journal of Retailing and Consumer Services*, *80*(4), 317–329. https://doi.org/10.1016/J.JRETAI.2004.10.007

Kurnianingrum, A. F., & Hidayat, A. (2020). The Influence of Service Quality and Price Perception on Consumer Trust and Revisit Intention at Beauty Care Clinic in Indonesia. *Archives of Business Research*, *8*(6), 268–281. https://doi.org/10.14738/abr.86.8489

Kusumawardani, K., & Damayanti, A. A. M. P. (2020). Predicting the Revisit Intention at Private Hospitals Mediated by Perceived Service Quality and Satisfaction. *The 1st International Congress on Regional Economic Development, Information Technology and Sustainable*

Business,   (October   2020),   105–122.   Retrieved   from https://www.researchgate.net/publication/349109881

Kuswibowo, C. (2020). Pengaruh Physical Evidence dan Customer Trust terhadap Patient Satisfaction di RSUD Kota Tangerang. *Prosiding Simposium Nasional Multidisiplin, 2*, 50–56. https://jurnal.umt.ac.id/index.php/senamu/article/view/3249/2238

Matzler, K., Renzl, B., & Faullant, R. (2007). Dimensions of price satisfaction: A replication and extension. *International Journal of Bank Marketing*, *25*(6), 394–405. https://doi.org/10.1108/02652320710820345

Mayasari, F. (2015). Analisis Hubungan Waktu Pelayanan dan Faktor Total Quality Service Terhadap Kepuasan Pasien di Poliklinik Kebidanan dan Kandungan RSIA Anugerah Medical Centre Kota Metro Tahun 2015. *Jurnal Administrasi Rumah Sakit, 2*, 214–230.

Nguyen, N. X., Tran, K., & Nguyen, T. A. (2021). Impact of service quality on in-patients' satisfaction, perceived value, and customer loyalty: A mixed-methods study from a developing country. *Patient Preference and Adherence*, *15*(August), 2523–2538. https://doi.org/10.2147/PPA.S333586

Nurhab, B. (2018). Pengaruh Kualitas Pelayanan dan Harga terhadap Kepuasan Pelanggan. *Jurnal Akuntansi Dan Perbankan Syariah*, *8*(1), 1–17. https://doi.org/10.52644/joeb.v8i1.13

Pighin, M., Alvarez-Risco, A., Del-Aguila-Arcentales, S., Rojas-Osorio, M., & Yáñez, J. A. (2022). Factors of the Revisit Intention of Patients in the Primary Health Care System in Argentina. *Sustainability (Switzerland)*, *14*(20). https://doi.org/10.3390/su142013021

Putra, M. N. R. M., Alwi, M. K., & Kurnaesih, E. (2022). Pengaruh Bauran Pemasaran Dan Kualitas Pelayanan Terhadap Loyalitas Pasien Rawat Inap di RSI Faisal Makassar. *Journal Of Muslim Community Health (JMCH) 2022*, *3*(2), 25–34. Retrieved from https://doi.org/10.52103/jmch.v3i2.771https://pasca-umi.ac.id/index.php/jmch/about

Putri, K. E., Yanuar, T., & Syah, R. (2021). The Role of Patient Satisfaction Mediation on Revisit Intention at Private Hospital During Covid-19 Pandemic. *Budapest International Research and Critics Institute Journal*, *5*(3), 28749–28759.

Ravangard, R., Khodadad, A., & Bastani, P. (2020). How marketing mix (7Ps) affect the patients' selection of a hospital: experience of a low-income country. *Journal of the Egyptian Public Health Association*, *95*(1). https://doi.org/10.1186/s42506-020-00052-z

Safi, A., & Sulistiadi, W. (2020). Pengaruh bauran pemasaran terhadap kepuasan pasien yang diperoleh dari tingkat kunjungan pasien ke rumah sakit : Literature Review Effect of Marketing Mix on Patient Satisfaction obtained from the Rate of Patient Visits to the Hospital : Literature Review. *Jurnal ARSI*, *7*(1), 1–9.

Sanjaya, S., & Yuliastanty, S. (2017). Pengaruh People, Process, Dan Physical Evidence Terhadap Kepuasan Atas Pelayanan Pada Rumah Sakit Siti Rahmah Kota Padang. *UNES Journal of Social and Economics Research*, *2*(1), 058. https://doi.org/10.31933/ujser.2.1.058-064.2017

Saragih, M., Pardede, J. A., & Sijabat, F. (2018). The Correlation between Process and Physical Evidence toward Patient Satisfaction among Private Hospitals in Medan. *Journal of Nursing Management.* http://dx.doi.org/10.31219/osf.io/twqk5

Setyawati, W. A. (2018). Pengaruh Kualitas Pelayanan , Fasilitas , Harga dan Citra Institusi Terhadap Kepuasan Pasien. *Jurnal Politik Dan Sosial Kemasyarakatan*, *10*(2), 54. Retrieved from http://e-jurnal.unisda.ac.id/index.php/MADANI/article/view/1052

Siripipatthanakul, S. (2021). Service Quality, Patient Satisfaction, Word-Of-Mouth and Revisit Intention in A Dental Clinic, Thailand. *International Journal of Trend in Scientific Research and Development (IJTSRD)*, *5*(5), 832–841.

Siripipatthanakul, S., & Puttharak, S. (2020). Marketing Mix Analysis in Private Dental Healthcare Service Sector. *CAMA Centre for Applied Macroeconomic Analysis*, *7*(3), 285–292.

Siripipatthanakul, S., & Vui, C. N. (2021). A Conceptual Review On The Mediating Effect Of Patient

Satisfaction Towards Patient Loyalty In The Dental Practice In Thailand. *International Journal of Behavioral Analytics*, *1*(6), 1–16.

Trivedi, R., & Jagani, K. (2018). Perceived service quality, repeat use of healthcare services and inpatient satisfaction in emerging economy: Empirical evidences from India. *International Journal of Pharmaceutical and Healthcare Marketing*, *12*(3), 288–306. https://doi.org/10.1108/IJPHM-11-2017-0065

Woo, S., & Choi, M. (2021). Medical service quality, patient satisfaction and intent to revisit: Case study of public hub hospitals in the Republic of Korea. *PLoS ONE*, *16*(6 June 2021), 1–14. https://doi.org/10.1371/journal.pone.0252241

Wu, W., Phu, Q., & Phan, T. (2017). *How e-servicescapes affect customer online shopping intention : the moderating effects of gender and online purchasing experience*. (August). https://doi.org/10.1007/s10257-016-0323-x

Zarei, E., Arab, M., Mahmoud Ghazi Tabatabaei, S., Rashidian, A., Rahimi forushani, A., & Khabiri, R. (2014). Understanding patients' behavioral intentions. *Journal of Health Organization and Management*, *28*(6), 795–810. https://doi.org/10.1108/jhom-11-2012-0218

Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2009). *Services Marketing: Integrating Customer Focus across the Firm* (5th Edition). Singapore: McGraw Hill and Irwin.