

Antecedents of Outpatient Satisfaction in Internal Medicine Polyclinic during Covid-19 Pandemic Era (Empirical Study At Hospital X)

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Abstract: There is high competition among private hospitals in seeking the quality of health services provided that meets consumer needs. The largest service unit in the hospital is the outpatient unit; one of the polyclinics is Internal Medicine unit. Patients coming for treatment in this unit during the COVID-19 pandemic expect the best health services. A variety of factors can affect patient satisfaction but only a few studies are focused on outpatient satisfaction in the COVID-19 pandemic era so far. This research aimed to evaluate the effects of environment and facilities, professional competence, caring attitudes and emotional support, perceived compliance of COVID-19 protocol, communication and information, and waiting time on patient's satisfaction. There were 164 samples obtained by purposive sampling from respondents that filled out the online questionnaires. Data were analyzed by using the PLS-SEM. The results showed that the independent and mediating variables had significant positive effects on general satisfaction. The strongest effect was from environment and facilities and professional competence, while the direct effect on general satisfaction was found to be the strongest from waiting time. In conclusion, the results confirmed the theory of patient satisfaction with health services. Therefore, this research model has strong predictive accuracy and large predictive relevance to be used and developed in further research.

Keywords: satisfaction; outpatient; COVID-19; private hospitals

INTRODUCTION

Since the first report of pneumonia cases due to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2) in Wuhan, China at the end of December 2019, COVID-19 has become one of the world's health problems due to its very rapid transmission and since March 11, 2020, WHO decided that COVID-19 has become a pandemic. There is a tremendous impact caused by the COVID-19 pandemic that affects the quality of health services and hospital consumer satisfaction.¹ Outpatient services are listed as the largest unit in hospital services, therefore, they are the target of hospital management's attention due to the large quantity of consumers who receive outpatient services.²

The majority of severe to critical COVID-19 symptoms occur in patients with chronic congenital diseases such as heart disease, high blood pressure, diabetes, old age, and kidney disease, which then worsen when the underlying disease is not controlled and can lead to death.³ These diseases are types of internal medicine conditions that are often found in outpatient services in internal medicine polyclinics.⁴ Therefore, evaluation of the manifestations of COVID-19 is importantly pacing the increased number of patients visiting the Internal Medicine Polyclinic (Fig. 1).

Since the announcement of COVID-19, the number of patients is still relatively high, however, the number decreased drastically in the following months, April and May 2020, due to the start of the first Large-Scale Social Restrictions (PSBB) in April 10, 2020 by the DKI Jakarta government and its surroundings for the entire community around that area.

The research model was modified from previous studies^{5,6} by using *general satisfaction* from consumers, namely patients as the dependent variable. This research model was compiled and tested to answer the question of whether hospital service activities as independent variables (*environment and facilities* and *professional competence*), along with their mediating variables (*caring attitudes and emotional support*, *perceived COVID-19 at the hospital era*, *communication and information*, and *waiting time*) can affect the satisfaction of outpatients at the Internal Medicine Polyclinic. Therefore, the objective of this research was to empirically test the research model in the context of health services in the outpatient unit of the hospital's Internal Medicine Polyclinic.

This research can contribute to the services of the Internal Medicine Polyclinic at the hospital in relation to patient satisfaction, especially in the era of the COVID-19 pandemic.

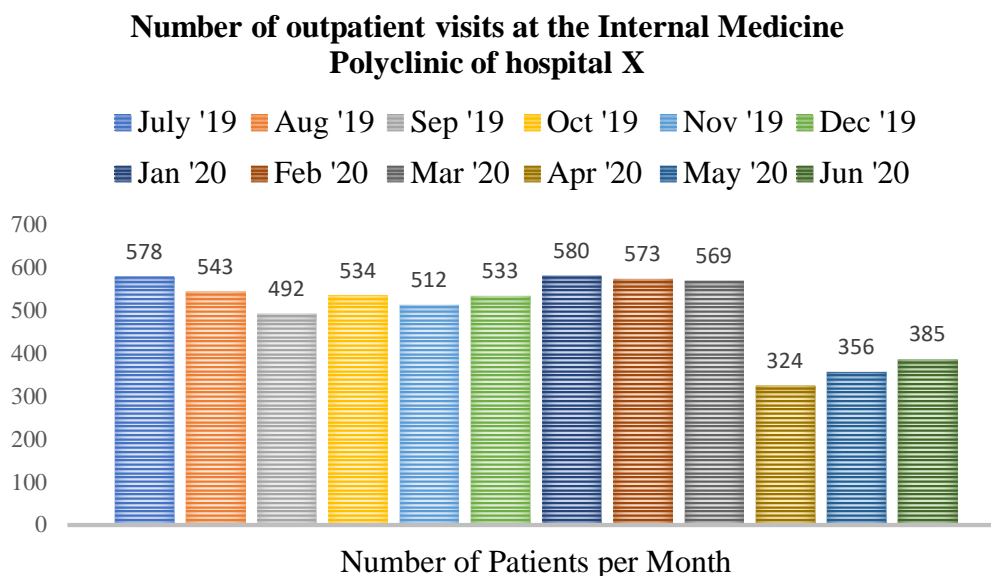


Figure 1. Number of outpatient visits at the Internal Medicine Polyclinic of hospital X

Evaluation of the manifestations of COVID-19 and determining the optimal approach to treat patients at the Internal Medicine Polyclinic is important to increase the number of patient visits to the Internal Medicine Polyclinic which will certainly have a major impact on the financial management of hospitals, especially private hospitals, which depend on the number of patients admitted to receive health services at the hospital.

This research was compiled based on the theory of patient satisfaction with health services, namely the theory of healthcare quality from Donabedian (1988).⁵ According to Donabedian,⁵ the quality of care was best described as a linear model consisting of structure, process, and outcome. Donabedian defined the structure as an attribute in which care occurs. Process factors, on the other hand, imply all the actions of providing care, such as diagnosis, treatment, and patient interactions. Outcomes include all effects of treatment, such as health, behavior, knowledge, and patient satisfaction.

METHODS

Research respondents were patients who received health services in the outpatient units of the Internal Medicine Polyclinic located in private hospitals in the Bekasi area and its surroundings. The private hospital in this study was a type C hospital included in the plenary accreditation (SNARS, 2019); so, it was considered to have carried out standardized services including outpatient services at the Internal Medicine Polyclinic. Private hospitals were chosen because private hospitals generally compete with a focus on quality services to get or keep their customers. So that hospital services, including outpatient services, become a service area that can be a place to meet patients' satisfaction.

Within the framework of health care quality theory, the "structure" component has a direct effect on the "process" component, and the "process" component has a direct effect on the "outcome" component. Donabedian⁵ defined "structure" as the professional and organizational resources associated with the provision of health care (e.g. availability of drugs/equipment and staff training); "process" as what was done for the patient (e.g. defaulter tracing and hospital referrals) and "outcome" as the desired outcome of care provided by a healthcare practitioner (e.g. patient satisfaction with quality of care). In the next theory, there was a description of the concept of structural components, processes, and outcomes of health services. The environmental factors and facilities as well as the competence of health workers were structural components, which directly affected the results, which were patient satisfaction, through process components such as communication and information, attitudes care and emotional support, cost of care, and waiting time. In this theory, the process category was represented by *caring attitudes and emotional support, medical costs, communication and information, efficiency and coordination of care*. The aspects of *environment and facilities, professional competence, and moral of medical staff* was a category of structure, while *general satisfaction* was the result (Figure 2).⁶ This research proposed a new research model modified from the previous model^{1,5,6} which adapted the research context in the era of the COVID-19 pandemic.

The variables in this research model were derived from theories about health services and patient satisfaction. Therefore it can be said that satisfaction was the main target in the construction of this research. This research model had two independent variables that represented the service structure, namely *environment and facilities* and *professional competence*. Meanwhile, the dependent variable was *general satisfaction*. The mediating variables (intervening variables) consisted of *caring attitudes and emotional support, perceived COVID-19 at the hospital era, communication and information*, and *waiting time* representing the services of health workers involved in outpatient services at the Internal Medicine Polyclinic. This research model was tested empirically on a population of patients who received outpatient services at the Internal Medicine Polyclinic of a private hospital in the Jakarta area and its surroundings.

Because the data obtained were from individuals taken from each respondent, this research led to an individual unit of analysis. Respondents in this study were patients who received health

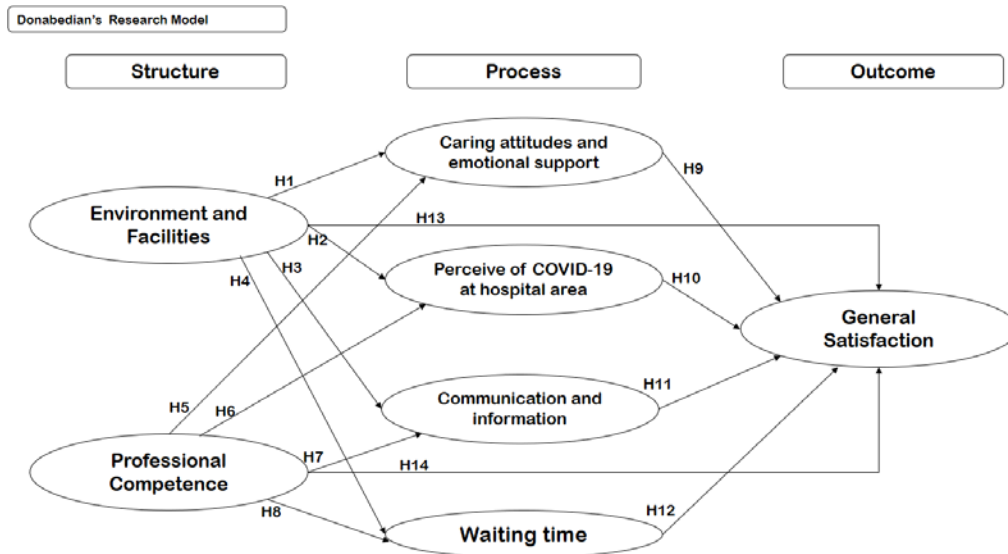


Figure 2. Research model. Source: Modification of the Donabedian Model (1988)⁵

services in the outpatient unit of the Internal Medicine Polyclinic. There were five mandatory criteria that needed to be met by respondents, namely: (1) respondents were patients who received outpatient services at the Internal Medicine Polyclinic at a private hospital; (2) the respondent came and was in the hospital at the time of receiving outpatient services; (3) the respondent had received or at that time was currently receiving health services at the outpatient unit of the Internal Medicine Polyclinic, in the last one year period since April 2020; (4) outpatients were more than 18 years old when filling out the questionnaire; and (5) respondents were outpatients at the Internal Medicine Polyclinic receiving assistance from BPJS (Health Social Security Agency).

This type of research was cross-sectional, quantitative with hypothesis testing, correlational, and not causal (cause and effect) between research variables. It was a non-interventional research, meaning that there was no special treatment or intervention carried out on research subjects during the research period. In this research, an ordinal scale was used to determine the differences between each construct where it was possible to convert the data received from the respondents through the questionnaire question items into numerical form or in numbers. By using a Likert scale, the respondents could convey their agreement more precisely for each statement submitted.

The population selected for this study were patients with BPJS assistance who carried out health checks in the outpatient unit of the Internal Medicine Polyclinic of a private hospital for the Bekasi area and its surroundings. The samples were patients who received outpatient examinations at the Internal Medicine Polyclinic at a private hospital in Bekasi and surrounding areas. The sampling was carried out in March – April 2021 under COVID-19 conditions. However, the study samples were not taken from cases of patients with COVID-19 infection who required a special and strict examination protocol. With consideration of research ethics, the patient's complaints were not asked about COVID-19 infection. This study also did not collect report data from these private hospitals in a certain period. Therefore, the size of the study population could not be determined with certainty causing the number of samples obtained by separate calculations. Calculating the number of samples needed in an unknown population in this study was carried out using a proportional formula, and based on the minimal sample approach for the Partial Least Square–Structural Equation Modeling (PLS-SEM) method from Kock and Hadaya,⁸ using the inverse square root method. The research required at least 160 respondents to provide optimal results in calculations with PLS-SEM. The research

sample that met the requirements was 164 respondents.

The method chosen for this research was purposive sampling with one of the respondents' mandatory criteria was patients who came and were in the hospital to get health services at the outpatient installation of the Internal Medicine Polyclinic. If the respondent met these criteria and voluntarily agreed to be a research respondent, the person concerned would be sent a link to a questionnaire that could be filled out online.

The data analysis method for this research was a multivariate analysis approach because the research model proposed was quite complex and used latent variables or constructs. This research model had variables with fourteen paths and there were four mediating variables. Therefore, an analytical method was needed that could test the effect between variables simultaneously towards the dependent variable. Furthermore, from the various available multivariate analysis methods, the method of partial least squares analysis - structural equation modeling (PLS-SEM) based on variance was chosen because, first: the nature of the analysis was theory development in exploratory research; second: to test whether the research model had explanation and predictive abilities in this study for further development; third: did not require input data that was normally distributed.

The PLS-SEM analysis method was carried out using the SmartPLS™ application version 3.3. Besides having a basic menu, it also had an advanced menu¹⁰ for deeper analysis. The output of the PLS SEM calculation model was run in stages and would produce two types of models. The first was the outer model/measurement model, which displayed the relationship between the indicator as a manifest variable and its latent variable, testing the reliability and validation of the indicator as a construct measuring tool in a research model. Reliability was seen by two assessments, namely the reliability indicator by looking at the outer-loading value, and constructed reliability by looking at the Cronbach's alpha and composite reliability values. The validity test was seen from two assessments, namely construct validity by looking at the average variance extracted (AVE), and discriminant validity by looking at the heterotrait-monotrait ratio (HT/MT) value. If the four parameters had met the requirements of reliability and validity, then it could be continued to the next analysis stage.

The second was the inner model/structural model, which displayed the relationship between the constructs in the research model. To assess the quality of the research model and test the significance of the effect between the constructs, it was accompanied by an analysis of the coefficients. The inner model/structural model was a model that could show the relationship between latent variables in a research model. The first stage was to look at the quality of the variance inflation factor (VIF) value model to assess whether there was a multicollinearity problem. Next was the value of the coefficient of determination or R^2 to determine the explanatory and predictive abilities of the proposed model for empirical testing. The value of R^2 ranged from 0 to 1 where a higher value would indicate a higher level of prediction accuracy. According to Hair et al,¹¹ the R^2 value could be divided into three levels, namely 0.75, 0.5, and 0.25 as substantial, moderate and weak. The next step was to assess Q^2 or predictive relevance to validate the predictive ability of a model when data changes. If the value of Q^2_{predict} is more than zero, it is said that the structural model had relevant predictions if there was a change in the data used in the analysis. Conversely, if the value of Q^2_{predict} is less than zero, it indicates that the research model has no relevant predictions. After evaluating the research model, it was continued with the most important stage, which was the hypothesis testing stage. This stage was obtained from the bootstrap menu or re-sampling on SmartPLS™ by looking at two assessments. The first was to test the significance of the relationship between variables by using the comparison of the T-table value with the T-statistic. If the T-statistic value is higher than the T-table value, then the effect of the variable is said to be significant. In this study, a significance level of $\alpha = 0.05$ was used, with the degree of freedom classified as infinity, so that the T-table value for the one-tailed test was 1.645.¹² Next was to look at the coefficient values generated through bootstrapping. If it is known that there is a significant effect and the direction of the coefficient is in accordance with the

hypothesis, it can be concluded that the hypothesis is supported. After testing the hypothesis, path analysis could be carried out to analyze the strength of the path through the mediating variable. This is done to see also the mediating ability of the mediating variables in the research model. This analysis can be done by looking at the specific indirect value. The last stage in the analysis with SmartPLS™ was the IPMA or Importance Performance Map Analysis (IPMA) menu. This analysis combined descriptive analysis using the mean value with inferential analysis with the total effect value. The combined data was depicted on a map or mapping with two axes where the position of variables and indicators could be mapped in the figure.¹³ IPMA helps to find what factors need to be improved, for example because they are considered important but have not shown good performance and vice versa. Thus IPMA provides managerial input on what matters should be prioritized by hospital management.

RESULTS

Table 1 showed the profile description of the 164 respondents who met the research criteria. As many as 88% of respondents were over 40 years old, while the rest were under 40 years old; there were no respondents under the age of 18 years. Based on sex, the patients who received outpatient services at the Internal Medicine Polyclinic were 48.8% males and 52.2% females. The educational background of the respondents found that the majority of respondents, namely 76.2%, had the latest education at the high school, undergraduate and postgraduate levels. The majority of respondents' occupations were housewives and retirees.

Table 1. Demographic profile of respondents

Description	Categories	Number	Percentage (%)
Age (years)	18 – 30 years	5	3.0%
	31 – 40 years	14	8.5%
	41 – 50 years	18	11.0%
	51 – 60 years	50	30.5%
	>60 years	77	47.0%
Sex	Male	80	48.8%
	Female	84	51.2%
Latest education	Primary School	7	4.3%
	Junior High School	31	19.5%
	Senior High School	90	54.9%
	Bachelor	32	19.5%
	Degree/Undergraduate		
	Master Degree	3	1.8%
	Doctoral Degree	0	0%
Domicile	West Bekasi	0	0%
	North Bekasi	2	1.2%
	South Bekasi	1	0.6%
	East Bekasi	157	95.7%
	Jakarta	0	0%
	Others	4	2.4%
	Jobs	Professional	3
Private employees		14	8.5%
Government employees		7	4.3%
Entrepreneur		19	11.6%
Housewife		58	35.4%
Students		4	2.4%
Retired		53	32.3%
Others		6	3.7%

Source: Processed results of research data (2021)

The domicile distribution of respondents was dominated by respondents who lived in East Bekasi, namely 95.7%. Most of the respondents were housewife, namely 35.4%, followed by retired which was 32.3%.

Table 2 showed the results of the discriminant validity test where the heterotrait-monotrait ratio (HT/MT) of each variable was below 0.9.

The next stage was the significance test on 14 existing paths, whether the significance of the effect between variables in the research model can be generalized at the population level. The bootstrapping method was carried out by resampling with SmartPLS™ 3.3. Table 3 showed that of the 14 hypotheses in the research model tested, all of them were found to be significant with positive coefficient values in accordance with the direction of the proposed hypothesis.

The results of the PLS-SEM analysis on the research model can be described as an empirical model. In this result model, it is known that from 14 paths, all of them were proven to be significant with a positive effect, in accordance with the direction of the hypothesis so that all hypotheses can be supported (Figure 2).

Table 2. Discriminant validity

Variables	<i>Caring Attitudes and Emotional Support</i>	<i>Communication and information</i>	<i>Environment and facilities</i>	<i>General satisfaction</i>	<i>Perceive Compliance of COVID-19 Protocol</i>	<i>Professional competence</i>
<i>Caring attitudes and emotional support</i>						
<i>Communication and information</i>	0,869					
<i>Environment and facilities</i>	0,531	0,647				
<i>General satisfaction</i>	0,791	0,849	0,893			
<i>Perceive compliance of COVID-19 Protocol</i>	0,659	0,713	0,741	0,783		
<i>Professional competence</i>	0,890	0,829	0,710	0,824	0,725	
<i>Waiting time</i>	0,672	0,782	0,852	0,813	0,791	0,727

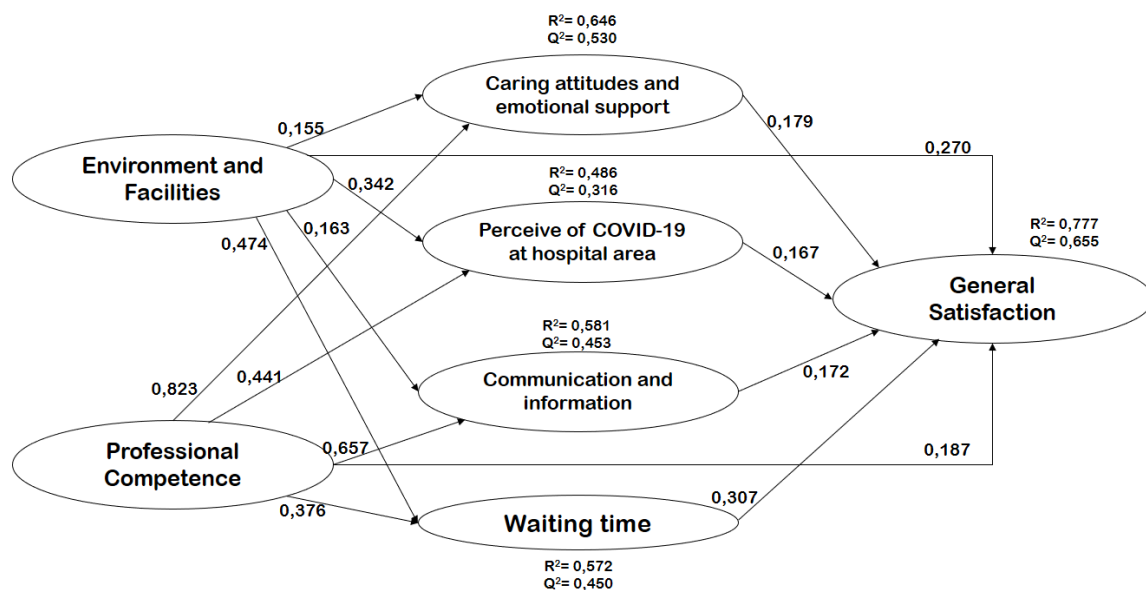
Source: Processed results of research data (2021)

Table 3. Hypothesis test results

Variables	Standardized Coefficient	T-Statistics	Significance	Results
<i>Environment and Facilities -> Caring Attitudes and Emotional Support</i>	0.155	2,072	Significant	Hypothesis supported
<i>Environment and Facilities -> Perceive Compliance of COVID-19 Protocol</i>	0,342	4,337	Significant	Hypothesis supported
<i>Environment and Facilities -> Communication and Information</i>	0,163	2,224	Significant	Hypothesis supported
<i>Environment and Facilities -> Waiting Time</i>	0,474	5,357	Significant	Hypothesis supported
<i>Professional Competence -> Caring Attitudes and Emotional Support</i>	0,823	14,870	Significant	Hypothesis supported
<i>Professional Competence -> Perceive Compliance of COVID-19 Protocol</i>	0,441	4,905	Significant	Hypothesis supported

Variables	Standardized Coefficient	T-Statistics	Significance	Results
Professional Competence -> Communication and Information	0,657	8,465	Significant	Hypothesis supported
Professional Competence -> Waiting Time	0,376	4,244	Significant	Hypothesis supported
Caring Attitudes and Emotional Support -> General Satisfaction	0,179	2,429	Significant	Hypothesis supported
Perceive Compliance of COVID-19 Protocol -> General Satisfaction	0,167	2,464	Significant	Hypothesis supported
Communication and Information -> General Satisfaction	0,172	2,571	Significant	Hypothesis supported
Waiting Time -> General Satisfaction	0,307	3,036	Significant	Hypothesis supported
Environment and Facilities -> General Satisfaction	0,270	2,339	Significant	Hypothesis supported
Professional Competence -> General Satisfaction	0,187	2,977	Significant	Hypothesis supported

Source: Processed results of research data (2021)



Source: Processed results of research data (2021)

Figure 2. The results of the PLS-SEM analysis as an empirical model

DISCUSSION

Table 1 showed that the respondents were divided between the young and the middle-aged. From these data it could be estimated that the respondents should already have emotional maturity. It is known that the percentage of patients receiving outpatient services at the Internal Medicine Polyclinic was almost the same between men and women (48.8% vs 51.2%). This means that patients who were outpatients at the Internal Medicine Polyclinic even during the COVID-19 pandemic did not consider the gender. The educational background of the respondents showed that the majority of respondents (76.2%) had the latest education at the high school, undergraduate and postgraduate levels. With this educational background, respondents could be considered able to understand the questions in the questionnaire well.

The majority of respondents' occupations were housewives and retirees. This is in accordance with one of the respondents' criteria which was more directed to the use of BPJS as a media for financing treatment. This is considering that this research is more directed to outpatient satisfaction when getting health services at the Internal Medicine Polyclinic of a type C private hospital. In addition, other respondents who occupied the majority position were entrepreneurs, who with this background are generally also looking for quality services, so they do not hesitate to spend money for quality services but will also be critical if there are services that do not meet their expectations. In this digital era, the middle class respondents are also characterized by their use of social media or online social networks to communicate and express their feelings or share their experiences. If the respondent receives outpatient services that do not meet their expectations, it is possible that the complaint against the hospital is not conveyed directly but is expressed on social media. Therefore, hospital management needs to pay more attention to the needs and changes in consumer behavior like this.

The domicile distribution of respondents is dominated by respondents who live in East Bekasi, namely 95.7%. This is related to the location of the private hospital where the questionnaire was distributed, which is located in the area around Bekasi. The selection of this hospital was also influenced by the location of the hospital closed to the respondent's domicile.

Of the four *environment and facility* indicators, all indicators were in the agree category, which means that they can be improved further until they are in the strongly agree category. This improvement is needed, especially in the aspect of spatial planning and hospital environment that makes patients comfortable when receiving treatment. This approach is necessary because when patients come to the hospital they expect to be in a healthy, clean, and comfortable environment. Of the four indicators of *professional competence*, there were two indicators that fell into the category of strongly agree, while the others were in the category of agree. This shows that doctors and other medical personnel associated with the Internal Medicine Polyclinic showed sufficient professionalism and competence performance. Patients also gave the maximum category value to specialist doctors who were able to handle the disease well. This good performance needs to be maintained by management, among others, by paying attention to and continuing to develop the competence of human resources, namely paramedics who work in hospitals. Of the three indicators of *caring attitude and emotional support*, there was one indicator included in the category of strongly agree, while the others were in the category of agree. This shows that doctors and other medical personnel associated with the Internal Medicine Polyclinic showed caring, polite actions, respecting patient privacy, and being able to provide good information to the patients. Patients also gave the maximum category value to the performance of the Internal Medicine Polyclinic which was able to provide treatment information by prioritizing the interests of the patients.

Moreover, of the four indicators of *perceived compliance of the COVID-19 protocol*, all indicators were in the agree category. This shows that the hospital, especially the Internal Medicine Polyclinic, had implemented the right COVID-19 health protocol with the staff carrying out the procedures and the hygiene facilities were easily accessible. Of the four indicators of *communication and information*, there was one indicator included to the category of strongly agree, while the others fell into the category of agree. This shows that doctors and other medical personnel related to the Internal Medicine Polyclinic showed good performance in providing good and appropriate information to patients, while patients only got useful information in outpatients. The patients also gave the maximum category value for health workers who were able to provide easy-to-understand explanations. From the three *waiting time* indicators, all indicators were in the category of agree. This shows that waiting times in hospitals, especially in Internal Medicine Poly-clinics were still within tolerance limits, and patients were provided with facilities such as easy access to patient record data so that waiting times became more efficient. This good performance needs to be maintained by the management, among others, by ensuring that the waiting time for services for patients remains within reasonable limits and on

the one hand patients also continue to receive good and necessary services from medical personnel. From the two *general satisfaction* indicators, all indicators belong to the agree category. This shows that in general, patients felt comfortable with outpatient services at the Internal Medicine Polyclinic and the services provided were also as expected. This good performance needs to be maintained by management, among others, by ensuring that the entire process of outpatient services continues to run with appropriate, effective, and efficient procedures, so that patients receive satisfactory health services.

Table 2 showed the results of the discriminant validity test where the heterotrait-monotrait ratio (HT/MT) of each variable was below 0.9. Based on these data, all indicators in the research model have been well discriminated against so that they can measure their respective constructs, and each indicator has accurately or specifically measured its respective constructs. Based on the four parameters of the reliability and validity test results on the outer model, namely indicator reliability (outer loading), construct reliability (Cronbach's alpha and composite reliability), construct validity (average variance extracted or AVE), and discriminant validity (heterotrait-monotrait ratio) can be obtained. A general conclusion was drawn that in the measurement model of this research, all indicators were reliable and valid to measure their respective constructs specifically. Thus it was feasible to continue in the next analysis stage, which was the inner model test (structural model).

The next stage was the significance test on 14 existing paths, whether the significance of the effect between variables in the research model could be generalized at the population level. The bootstrapping method was carried out by resampling with SmartPLS™ 3.3. From Table 3, it can be seen that of the 14 hypotheses in the research model tested, all of them were found to be significant with positive coefficient values in accordance with the direction of the proposed hypothesis. The results of the PLS-SEM analysis on the research model could be described as an empirical model. In this result model, it is known that from 14 paths, all of them were proven to be significant with a positive effect, in accordance with the direction of the hypothesis so that all hypotheses can be supported. Thus, the proposed research model can be applied and tested on a larger population of geographic coverage. From the analysis of the structural model, it is known from the values of R^2 and Q^2 that this hospital service research model has strong predictive accuracy with large predictive relevance to the dependent variable (*general satisfaction*) and the mediating variables (*environment and facilities, perceived compliance of COVID-19 protocol, communication and information, and waiting time*). Thus this research model can also be developed again with a larger sample quantity and stricter respondent criteria.

Two independent variables in this model had significant effects. This is in line with previous research^{5,6} which found that the strongest effect came from *professional competence* on *caring attitudes and emotional support* of 0.823 and there was also an effect from *environment facilities* on *waiting time* with 0.474. Furthermore, in the analysis of *specific indirect effects*, it was also found that the path with the strongest effect from the *independent variable* to *general satisfaction* came from *professional competence*. Components related to health facilities, measuring patient opinions about service quality which include cleanliness and facility maintenance, as well as the availability of physical facilities will have a major impact on patient satisfaction.⁶ In addition, the performance of medical officers (doctors and nurses) in demonstrating medical professional skills not only affects patient satisfaction in general but also on their compliance with the entire treatment process.⁶ This performance is also relevant to the conditions of the COVID-19 pandemic where strict health protocols are enforced in hospitals. The findings of this research indicate the importance of these variables to be prioritized in the outpatient services of the Internal Medicine Polyclinic.

The four mediation variables, either from *caring attitudes and emotional support*, and *perceive compliance of COVID-19 protocol, communication and information*, as well as *waiting time* showed significant effects on patient satisfaction when receiving health services treatment in the outpatient unit of the Internal Medicine Polyclinic and able to mediate the effect of the

independent variable. The positive effects of all these mediating variables confirmed the theory of satisfaction with health services.^{5,14,15} Given the significance of the caring attitude and emotional support provided by medical staff from patients, complemented by a two-way communication package and well-digested information, plus efficient waiting times along with proper COVID-19 health protocol procedures, home management Hospitals need to pay attention to the services provided to meet complete hospital service standards.

There are two important factors that play an important role in determining how satisfied patients are when getting health services at the outpatient unit of the Internal Medicine Polyclinic. The two factors are environmental factors and adequate facilities, and the professional competence of medical personnel. These factors need to get good attention from hospital managers, especially in providing an environment that supports the course of health care and adequate facilities to make patients comfortable when seeking treatment or consulting about their health with doctors.

Patient satisfaction is strongly affected by the performance of medical personnel who care, show emotional support and concern for patients (*caring attitudes and emotional support*). In addition to *professional competence*, patients will also feel comfortable when receiving services from medical personnel who are friendly and care about the interests of patients. In addition, patients will also show satisfaction to medical personnel who are able to communicate well and convey information accurately and clearly, so as not to cause confusion for patients who come for treatment and perform treatment procedures. Therefore, hospital managers are advised to allocate resources and budgets to improve the quality of service from these two elements. This can be done, for example, by conducting communication training for medical personnel on a regular basis so that they can communicate well and have empathy for patients. If the performance of medical staff exceeds service standards, it is necessary to consider providing incentives or rewards to maintain their motivation.

Another factor that needs to be considered is monitoring the condition of the cleanliness of the outpatient room with physical facilities that must support health protocols in preventing the transmission of the COVID-19 virus. In the midst of the increasingly widespread spread of COVID-19, patients want to come for treatment at the hospital without feeling anxious and afraid of being exposed to this virus. Thus, the facilities provided and all health protocol procedures need to be carried out strictly. In addition, waiting time, which is also another factor that can affect patient satisfaction with outpatient services, needs serious attention from management. Hospital managers need to reassess the ratio of specialists to patients, and ensure that patients do not spend more time waiting than receiving consultations or direct health services from doctors.

For the Internal Medicine polyclinic room itself, management needs to consider the size of the room and the availability of examination equipment so that patients feel comfortable and satisfied with the examinations carried out. Medical care records also need to be improved by way of all patient data (laboratory, radiology, interdepartmental consultation) can be entered into the EMR (Electronic Medical Record) so as to accelerate the performance of Internal Medicine Specialists and nurses in obtaining and processing patient data.

Consumer satisfaction with outpatient services has a significant impact on general satisfaction. Memories and impressions of how the patient was treated during the treatment will leave an imprint on the patient's memory. Therefore, hospital managers must constantly monitor or evaluate patient satisfaction. Surveys aimed at hospital patients are an important tool for management. From the routine surveys conducted, there will be direct input from consumers regarding aspects that are not good enough to be improved, and those that are good enough to be maintained and continue to be improved in quality. Then the management can evaluate the standard hospital service procedures that have been prepared after getting input from the patient. In the end, satisfied patients will give a positive assessment of the services at the hospital, and this positive research is able to provide long-term benefits to the hospital. A good assessment of

the patient can be an effective promotion tool for the hospital.

Limitations and Recommendations

There are a number of limitations of this study. *First*, this study had limitations in the way of sampling, on which the data were collected when the patients were waiting in line to get services at the Internal Medicine polyclinic. This also caused a rush in data entry, and there was not enough time to recall the services that had been done previously, because patients did it while waiting in line. To overcome this, it is recommended that the distribution of questionnaires and data collection from respondents is carried out by *exit interviews* or face-to-face directly at the hospital. This is done after the consumer has finished receiving outpatient services, so that the impression of the service can be recorded immediately. In a pandemic, of course, this exit interview needs to pay attention to the condition and willingness of respondents and must follow health protocols, for example by physical distancing and wearing masks. *Second*, research samples taken were only from Hospital X of C type. Therefore, further research can increase the sample quantity and with a wider geographic coverage, for example, by including different types of hospitals to better represent the population. *Third*, this study was limited to the scope of the internal medicine polyclinic without the involvement of other care units. So, in further research, related service units can be added that support the performance of the Internal Medicine Polyclinic such as Registration, Laboratory, Radiology, and Pharmacy.

CONCLUSION

This research applied a modified research model of previous research with *general satisfaction* as the dependent variable and as the target construct. The results of empirical testing with PLS-SEM analysis found that the fourteen hypotheses were proven to have a significant positive effect. From the structural model analysis, it is known that the research model for this hospital service has strong predictive accuracy with large predictive relevance on the general satisfaction dependent variable. Thus this research model can be used and developed further in further research.

Conflict of Interest

The authors affirm no conflict of interest in this study.

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