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The Role of Patient Satisfaction Mediation on Revisit Intention at Private Hospital During Covid-19 Pandemic

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Abstract

This study aims to confirm the previous theory regarding the positive influence of hospital service quality such as doctor service, nurses service, and waiting time on patient satisfaction. We made an update by making waiting time a moderator linking nurses' service to patient satisfaction, in addition, we added revisit intention as a result of the consequences of patient satisfaction. This research was conducted at a private hospital in Indonesia which includes 8 branches. The population of this study was obstetrics and gynecology poly patients who did selffinancing. The method of determining the sample of this research is purposive sampling. Data collection is done online through the distribution of Google Form links on social media applications. Meanwhile, to process data and test hypotheses, this study uses dimensional reduction analysis methods and a structural equation model (SEM). The research process was carried out from September to December 2021. The results obtained in this study were doctor service and nurses service had a significant positive effect on patient satisfaction. Furthermore, waiting time is able to strengthen the influence of doctor' service on patient satisfaction. Lastly, patient satisfaction also has a significant positive effect on increasing revisit intention.

Keywords

doctor service; nurses service; waiting time; patient satisfaction; revisit intention



I. Introduction

Patient satisfaction is the main thing that is the focus of attention because of the quality of services provided by hospitals to their patients (Hussain, Asif, Jameel, and Hwang, 2019). They again stated that patient satisfaction is important to study in the health care sector because the level of patient satisfaction has an impact on the patient's perspective when seeking services, assisting the treatment process, and using services on an ongoing basis. Charalambous and Adamakidou (2012); Silva, Abidova, Phil, and Alcântara (2020) also say that in the health care sector, patient satisfaction has emerged as an important component of quality care and has been used as a means to achieve, maintain, and measure hospital service quality. Another opinion concludes that patient satisfaction plays an important role in maintaining the stability of a hospital (Xie and Or, 2017; Woo and Choi, 2021). Patient satisfaction is the main thing that is the focus of attention because of the quality of services provided by hospitals to their patients (Hussain, Asif, Jameel, and Hwang, 2019).

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According to Martnez and Orellana (2019), patient satisfaction can be influenced by the services provided by doctors. They say doctors are the most visible and important element of health services in hospitals. Several studies have shown that doctor service has a relationship with patient satisfaction in hospitals (Mekoth, George, Dalvi, Rajanala, & Nizomadinov, 2012; Hussain et al., 2019; Kholghabad, Alisoltani, and Shirkouhi, 2019; Silva et al., 2020). In line with that, Hussai, Sial, Usman, Hwang, Jiang, and Shafiq (2019) also stated that good communication between doctors and patients will affect the level of patient satisfaction. Another opinion states that nurses' service is also able to influence patient satisfaction (Pkacz, Kdalska, Skoczylas, and Targowski, 2019). Hussain et al. (2019) and Konlan, Mensah, Aryee, and Appiah (2020) also emphasized the link between nurses' service and patient satisfaction.

Hussain et al. (2019) argue that it is not only doctor's and nurses' service that can affect patient satisfaction but waiting time also contributes to it. Natesan, Hadid, Harb, and Id (2019) also have the same opinion on whether waiting time can trigger an increase or decrease in patient satisfaction levels while undergoing medical treatment in hospitals. Some of these things are very important for the hospital to pay attention to in order to maintain patient satisfaction, which will lead to the survival of the hospital (Hussain et al., 2019). High patient satisfaction will increase their intention to make return visits to the same hospital (Woo and Choi, 2021). Wu, Cheng, and Hong (2017) also say the same thing: revisit intentions can be influenced by patient satisfaction.

Several previous studies have discussed the relationship between the five variables, such as the relationship between doctor service and patient satisfaction (e.g., Hussain et al., 2019; Martnez and Orellana, 2019; Silva et al., 2020), nurses' service and patient satisfaction (e.g., Hussain et al., 2019; Pkacz et al., 2019; Konlan et al., 2020), waiting time with patient satisfaction (e.g., Hussain et al., 2019; Natesan et al., 2019; Xie and Or, 2017), and patient satisfaction with revisit intentions (e.g., Wu et al., 2017; Woo and Choi, 2021). However, research is still rare that focuses on the role of waiting time as a moderating variable that affects the effect of doctor service on patient satisfaction in obstetrics and gynecology polyclinics. Based on the concept of patient satisfaction theory by Hussain et al. (2019), this study makes an update by placing waiting time as a moderating variable that strengthens the effect of doctor service on patient satisfaction. In addition, this study wants to prove individual behavior produced by patient satisfaction, such as revisit intention.

The relationship between patient satisfaction and increased revisit intention has been proven by several previous researchers, such as Wu et al. (2017); Wandebori (2017); Woo and Choi (2021). On the basis of these explanations, the purpose of this study is to confirm the positive influence provided by doctor and nurse service on patient satisfaction; the moderating role of waiting time on the relationship between doctor service and patient satisfaction; and the effect of patient satisfaction on revisit intention in the outpatients' obstetrics and gynecology unit at a private hospital in Indonesia during the COVID-19 pandemic.

II. Review of Literature

2.1 Doctor Service

According to Wan (2011), doctor service is an action given by a doctor to a patient through various types of treatment tailored to the patient's needs. Xie and Or (2017) define doctor service as one of the factors that can affect patient satisfaction. In line with what Mekoth et al. (2012), a doctor service with good examination and communication skills from a doctor during outpatient facilities can affect patient satisfaction. Hussain et al. (2019) argue that doctor service is the main thing that must be considered by the hospital. They also stated that doctor service is part of the quality of hospital services. According to Kotler and Keller in Avania (2022) satisfaction is a person's feelings of pleasure or disappointment resulting from comparing the product's perceived performance (or results) with expectations. If according to expectations, consumers are satisfied. If it exceeds expectations, consumers are satisfied or happy. Good doctor service will create a positive patient response to the quality of service it receives (Tang, 2012). Xie and Or (2017) also emphasized that good doctor service to patients will be able to make patients feel more cared for when undergoing medical examinations in hospitals.

2.2 Nurse Service

According to Hussain et al. (2019), nurses' service is a service provided by nurses as part of the quality of hospital services to their patients. They again stated that nurses' services had an important role in creating positive patient attitudes, such as their satisfaction with the services provided by the hospital. Correspondingly, Beth et al. (2019); Lotfi et al. (2019) explain that nurses' services such as good communication have an important contribution to patient satisfaction. Karaca and Durna (2019) also said that if nurses and patients can talk to each other well, it will help patients feel better while they are getting treatment.

2.3 Waiting Time

Adebayo (2019) describes patient waiting time as the distance between when a patient arrives at the clinic and the time he is consulting with medical staff at the clinic. He also said the waiting time has a big influence on patients' choosing their health care. Xie and or (2017) explain that waiting time does not always have a negative impact on patients because, as it turns out in their research, waiting time can be a positive thing if patients feel that time has benefits or there is pleasure when spending the time, such as when interacting with others. existing medical personnel. Hussain et al. (2019) argue that patient waiting time is a very important thing and must be considered by the hospital. In contrast to the previous opinion, Akbar (2018) states that waiting time for patients to get health care can make patients frustrated and dissatisfied with hospital services. Hospitals need to minimize the waiting time in order to get a positive response from patients to their services (Stefko, 2019). Xie and or (2017) suggest that the hospital directs its health workers to be able to interact well with patients so that patients do not get bored when they have to wait to get treatment.

2.4 Patient Satisfaction

Hussain et al. (2019) describe patient satisfaction as an attitude obtained by service recipients regarding whether the patient's perception of the service has been fulfilled or not. Patient satisfaction plays an important role in in-hospital survival (Woo and Choi, 2021). They also said that to be able to create patient satisfaction, the hospital must pay attention to several things, such as the health practice services of medical personnel (doctors, nurses, laboratories, radiographers), the hospital environment, and the friendliness and courtesy of the medical personnel. In addition to these things, Xie and or (2017) say that patient

satisfaction can also be influenced by the level of patient saturation while waiting for their turn to get medical treatment at the hospital.

2.5 Revisit Intentions

Al-Refaie (2012) defines revisit intentions as the extent to which patients show repeated visits to the same hospital. Similarly, Lai, Zhang, Zhang, Tseng, and Shiau (2021) explain that revisit intention refers to the tendency of consumers to make return visits to services they received on previous visits. The intention to revisit was triggered by a memorable service experience on a previous visit that made them feel satisfied (Bowen and Chen, 2001). So, the higher the level of patient satisfaction, the more likely they are to come back (Woo and Choi, 2021).

2.6 Hypotheses Development

a. Doctor Service, Waiting Time, and Patient Satisfaction

Hussain, Asif, Arif, and Hwang (2019) said that patient satisfaction can be used as an indicator for calculating the level of quality of services provided. This is to help doctors and health care institutions identify and improve the quality of these services. This statement is in accordance with Tang's (2012) statement, which states that a patient's trust in a doctor or a healthcare institution will lead to a positive response to the quality of service they receive. According to Ram (2019), doctors are the most important and visible element of health services to determine the level of patient satisfaction. Nordin et al. (2020) argue that good and smooth doctor-patient interactions will foster patient satisfaction. In line with what was conveyed by Mekoth et al. (2012), a doctor's service with good examination and communication skills from a doctor during outpatient facilities can affect patient satisfaction. These statements are in accordance with the research of Hussain et al. (2019); Kholghabad, Alisoltani, and Shirkouhi (2019); Silva et al. (2020), which concludes that there is a relationship between doctors and nurses in patient satisfaction. No less importantly than that, waiting time also plays an important role in influencing the level of patient satisfaction. Xie and Or (2017). Xie and Or (2017) found that waiting time is able to make patients feel happy because they can establish closeness with health workers through good interactions between the two. The studies of Hussain et al. (2019); Natesan et al. (2019) prove that there is a relationship between waiting time and patient satisfaction. Based on this statement, the hypotheses that can be proposed are:

H1: Good doctor service will increase patient satisfaction.

H2: Waiting time can strengthen the effect of doctor service on patient satisfaction.

b. Nurses service and Patient Satisfaction

Hussain et al. (2019) argue that if the nurse's service is provided according to the patient's wishes, it can make the patient choose to stay in the hospital. Similarly, Beth et al. (2019) explain that nurses' service has an important contribution to patient satisfaction. Good communication between patients and nurses will have a positive effect on patient feelings, and this is part of patient satisfaction (Lotfi et al., 2019). Agreeing with this statement, Karaca and Durna (2019) stated that the information that patients received well from nurses would increase their satisfaction. Another study also concluded that nurses' services had an influence on patient satisfaction (Hussain et al., 2019; Pkacz et al., 2019; Konlan et al., 2020). Based on the statement above, the hypotheses that can be built are:

H3: Good nurse service will increase patient satisfaction.

c. Patient Satisfaction and Revisit Intentions

Patients' satisfaction has a role in influencing revisit intentions in these patients (Woo and Choi, 2021). They explained that the services of doctors and medical staff are a factor in patient satisfaction, which will lead to their intention to make return visits. According to Wu et al. (2017), the concept of revisit intention comes from consumer behavioral intentions. Correspondingly, Meitiana (2017); Indriana et al. (2021) say that the hospital needs to understand consumer behavior in order to provide services that are in accordance with the wishes and needs of patients, so patient satisfaction will be easy to obtain and this will lead to their intention to visit again (Woo and Choi, 2021). Several studies have also proven the relationship between patient satisfaction and revisit intentions (Al-Refaie, 2012; Wandebori, 2017; Abubakar et al., 2017; Woo and Choi, 2021). Based on the explanation above, the hypotheses that can be proposed are:

H4: Patient satisfaction can increase revisit intentions.

From the hypothesis above, the following is the hypothetical model:



III. Research Method

The data uses the Likert scale method, which has five alternative answers, namely a score of five ratings strongly agree (SS), a score of four assessments agree (S), a score of three neutral assessments (N), a score of two assessments disagree (TS), and a score of one assessment. strongly disagree (STS) with Hussain, Asif, Jameel, and Hwang (2019). We adopt from Adams and Tucker (2009), which consists of 1 statement; then we adopt the dimensions of Xie and or (2017) on the measurement of the doctor's service variable with as many as 7 statements; on the nurse's service variable with 8 statements; and on the waiting time variable as many as 3 statements; while the behavioral variable revisits intentions, we adopt from Abubakar, Ilkan, Al-Tal and Eluwole (2017), which consists of 3 statements.

The population in this study were outpatients with non-BPJS payments who had made medical visits at least twice at obstetrics and gynecology polyclinics at eight class B Hermina Hospitals (Hermina Jatinegara Hospital, Kemayoran, Bekasi, Depok, Daan Mogot, Bogor, Grand Wisata, and Pasteur). Class B hospitals are hospitals that are able to provide broad specialist and limited subspecialist medical services. Data collection will be carried out from September to December 2021 during the COVID-19 pandemic. To get information for this study, we gave a link to a questionnaire to each patient who had talked to a nurse in the obstetrics and gynecology doctor's office.

To determine the validity and reliability of each statement in the questionnaire, we used the dimension reduction factor in SPSS by looking at the KMO value at the minimum value of 0.5, the MSA value in Anti-image Correlation 0.5, and Cronbach's alpha value > 0,5(Malhotra, 2013). Furthermore, to test the hypothesis in this study, we used the PLS structural equation model (SEM) analysis method. In accordance with the provisions of the SEM analysis method, SEM models with five or fewer constructs, each with more than three measurable variables and a minimum commonality of 0.5, are estimated to have a sample size of at least 200 respondents (Malhotra, 2013).

IV. Discussion

4.1 Results

Based on the distribution of questionnaires conducted online via a Google form, 212 respondents were collected according to the established criteria. From the data obtained, most of the respondents were from hospitals. 20%, and the least number of respondents from hospitals is 20%. Hermina in Bekasi. Furthermore, based on age, the majority of respondents are aged 20 to 40 years old, as much as 90%, and the remaining 10% includes ages of less than 20 years and more than 40 years. Meanwhile, based on final education status, the highest number was at D3/S1 by as much as 83%. The remaining 17% consisted of SMA/SMK and S2.

Hasan et al. (2021) state that the minimum factor loading limit is 0.70, while the minimum reliability limit for the AVE value, construct reliability (CR), and Cronbach's is 0.50. The results of this study all statements on each variable are declared valid because the factor loading value is above 0.70. So, it can be concluded if all statements (indicators) on each variable are easy to understand or appropriate to be used as measuring tools in this study. The following table describes the reliability of all variables in this study:

Variabel	Cronbach's α	CR	AVE
Patient	1,000	1,000	1,000
Satisfaction			
Doctor Service	0,910	0,927	0,645
Nurses Service	0,937	0,948	0,694
Waiting Time	0,764	0,859	0,673
Revisit Intention	0,801	0,872	0,694

 Table 1. Construct Reliabily dan Validity

Based on the table above, it can be concluded that if the statements (indicators) on each variable are declared reliable or can be said to be consistent (stable) to be used as a measuring tool in this study.

Table 2. R Square				
Variabel	R Square	R Square Adjusted		
Patient Satisfaction	0,547	0,538		
Revisit Intention	0,028	0,024		

Based on the R Square table, it can be explained that as much as 54.7% of the patient satisfaction variables are influenced by the doctor's service, nurse's service, and waiting time

variables, while the remaining 45.3% is influenced by other variables that do not exist in this research model. Also, the variable "intention to return" is affected by patient satisfaction by up to 2.8%. The rest is affected by other variables that are not part of this research model.

Table 5. Fit Summary				
	Saturate	Estimated		
	Model	Model		
SRMR	0,073	0,079		
Chi-Square	847,950	854,638		
NFI	0,750	0,748		

If seen from the description of table 2, then this research model can be said to be good. The SRMR value is less than 10, the Chi-Square value will be higher if there are more respondents, and the NFI value is closer to 1 (Malhotra, 2013).



Figure 2. Path Coefficients Diagram Diagram

Figure 2 can be used to find out which statements (indicators) are the most dominant in the measurement of variables and which variables are the most dominant in this study. In the doctor service variable, the DS7 statement is the most dominating with a value of 38.05. For the nurse's service variable, it is located on the NS4 statement with a value of 42.896. Furthermore, the waiting time variable lies in the WT2 statement with a value of 3.971, and the last on the revisit intention variable is in the RI3 statement with a value of 8.143. Meanwhile, to find out the dominating variables in this study, by looking at the t statistic value (the value on the line connecting the variables), the highest t statistic value is in the nurse's service, which is 5.891.

Table 4. Uji Hipotesis						
Hypothesis		Original Sample	T Statistics	P Values	Information	
H1	Good Doctor increase	Service will Patient	0,396	5,849	0,000	Accept

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Hypothesis		Original Sample	T Statistics	P Values	Information
	Satisfaction				
H2	Waiting time strengthens the influence of doctor' service on Patient Satisfaction	0,114	1,979	0,048	Accept
H3	Good Nurses Service will increase Patient Satisfaction	0,451	5,891	0,000	Accept
H4	Patient Satisfaction will increase Revisit Intention	0,168	2,977	0,003	Accept

Based on table 3, it can be explained that all hypotheses are accepted because of the P-Value <0.05. The original sample explains the positive or negative influence that exists in the relationship of a hypothesis, while the P-Value states the significant level of a hypothetical relationship.

4.2 Discussion

This study aims to confirm all the hypotheses proposed based on the previous theories. The first result shows that doctor's services are proven to have a significant positive effect on patient satisfaction. These results support several previous theories which state that the best service provided by doctors to patients can create feelings of happiness, which in turn will create satisfaction in these patients (Kholghabad et al., 2019; Silva et al., 2020). In this study, doctor service is the main key to increasing patient satisfaction in obstetrics and gynecology polyclinics. This could be due to the doctor's very pleasant behavior when providing health services. This statement is in line with the opinion of Hussain et al. (2019), which explains that the behavior of a doctor is one of the factors that builds patient satisfaction through interaction and communication between them. The courtesy, attention, understanding, and respect for the patient shown by a doctor clearly make the patient feel comfortable and happy when conducting a consultation or medical examination with the doctor, which will later create a sense of satisfaction in the heart of each patient.

The second result shows that waiting time can significantly strengthen the effect of doctor service on patient satisfaction. Continuing from the previous explanation, patients who are already comfortable with the doctors will get used to the environment and conditions without feeling the amount of time that has been spent waiting until the completion of the medical treatment they are undergoing. The time that patients spend with doctors during treatment is considered a valuable thing because that time is also included in one of the factors that affect patient satisfaction. Natesan et al. (2019) explain that waiting time acts as one of the main factors that determine the high and low levels of patient satisfaction. This study found that waiting time can have a positive impact on patient satisfaction. This statement is in accordance with the opinion of Xie and Or (2017), who revealed that the waiting time used by patients to interact with health workers is a useful thing. The results of this study are in accordance with the study of Hussain et al. (2019) regarding the contribution of waiting time to patient satisfaction.

The third result proves that there is a significant positive effect of nurses' service on patient satisfaction. This result is in line with the study of Hussain et al. (2019); Pkacz et al. (2019); Konlan et al. (2020), which shows that there is a role for nurses' service to increase patient satisfaction. In this study, the nurse's friendliness, which was seen in the way she

greeted and wanted to communicate with the patients, made them feel happy and wanted to linger in the field and gynecology polyclinic. Generally, pregnant women or those who are carrying out a pregnancy program or even just routine internal organ health checks will find their own comfort if there is a friendly and pleasant nurse to communicate with. Xie and Or (2017); Natesan et al. (2019) revealed that the attitude and behavior of nurses when providing care played a major role in determining the level of satisfaction for patients. The more pleasant the attitude and behavior of the nurse, the higher the level of patient satisfaction produced.

The fourth result shows that patient satisfaction has a significant positive effect on increasing revisit intention. These results support previous theories that have confirmed the role of patient satisfaction on revisit intention (e.g., Al-Refaie, 2012; Wandebori, 2017; Abubakar et al., 2017; Woo and Choi, 2021). In this study, obstetrician patients will be happy to return when they have had their own pleasure and satisfaction when visiting the hospital. Polygynecology patients are very easy to feel comfortable with if they have received the right treatment both in terms of doctors and nurses. This makes them effectively have the desire or intention to re-examine without feeling burdened and worried. Similar to this statement, Wu et al. (2017) said that the concept of intention comes from individual behavior that is formed from their satisfaction with a certain product or service.

V. Conclusion

This study succeeded in confirming all the hypotheses proposed, including that good doctor and nurses' service can increase patient satisfaction. Furthermore, the effect of doctor service on patient satisfaction is strengthened by the waiting time. No less importantly than before, this study found that patient satisfaction was proven to increase revisit intention in obstetrics and gynecology outpatients. All of the results of this study support several previous theories which have also proven the existence of an interconnected relationship between the five variables. Besides that, this study also succeeded in applying the research model proposed to hospital patients, especially in obstetrics and gynecology polyclinics.

There are still some shortcomings and limitations found in this study. First, this research was conducted during the COVID-19 pandemic, which allowed for less intense communication between doctors and nurses towards patients due to a system of limiting distances and shorter treatment times compared to before the pandemic. For further research, it is recommended to do it outside of the pandemic period so as to get better research results. Second, this study only focuses on patients in the obstetrics and gynecology polyclinic, which is rare among these patients not to return for routine check-ups. Further research is recommended to be carried out on patients outside this polyclinic.

This study has several limitations that could be improved in the future. First, the study was conducted at a private hospital that has been operating for more than 10 years. The hospital has built a strong rapport within the community. An improved study can be done but should focus on hospitals that have been operational for 3–10 years. Secondly, the study was taken at a type B hospital, where the majority of the patients are not under the Healthcare and Social Security Agency (BPJS). For the next study, the subject of the study can focus on type C and D hospitals where the majority of the patients are using the Healthcare and Social Security Agency (BPJS) program to see if non-BPJS patients at these hospitals are satisfied with the medical service given. Thirdly, the study is focused on outpatients who have been revisited 2-3 times. It is advisable to conduct the next study on new outpatients of the medical service.

The study has several managerial implications that need to be addressed to improve patient satisfaction and encourage revisit intention. First, having proved that patient satisfaction has an impactful role on revisit intention, improving and maintaining the service quality is essential, especially on quality, service excellence, and medical skill. Second, doctor's and nurse's service contribute to patient satisfaction. Their ability to examine, provide medical information to patients on their illness, communicate and show empathy towards patients' illness needs to be maintained if not improved. Regular training for medical practitioners is required to maintain the service, not only for technical medical skills but also to learn how to communicate with patients to increase patient satisfaction.

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