LAMPIRAN

Lampiran 1
Penelitian Terdahulu

Tabel 5. Penelitian Terdahulu

No	Peneliti	Judul	Hasil
1	Hussain, Asif, Jameel, dan Hwang (2019)	*Measuring OPD Patient Satisfaction with Diferent Service Delivery Aspects at Public Hospitals in Pakistan*	• Layanan dari dokter dan perawat memiliki hubungan yang erat terhadap *patient satisfaction* • *Waiting time* juga mempengaruhi *patient satisfaction* selama mendapat pelayanan • Layanan pendaftaran memiliki dampak yang tidak signifikan terhadap *patient satisfaction.*
2.	Kholghabad, Alisoltani, dan Shirkouhi (2019)	*A Unique Mathematical Framework for Optimizing Patient Satisfaction in Emergency Departments*	• Kualitas peralatan, Kinerja dokter dan waktu perawatan memiliki dampak terbesar terhadap *patient satisfaction* di IGD
3	Silva, Abidova, Phil, dan Alcântara (2020)	*Predictors of Patient Satisfaction and the Perceived Quality of Healthcare in an Emergency Department in Portugal*	• Memenuhi harapan pasien dalam kualitas *doctor service* memiliki korelasi yang kuat dengan *patient satisfaction*
4.	Lotfi, Zamanzadeh, Valizadeh, dan Khajehgoodari (2019)	*Assessment of nurse–patient communication and patient satisfaction from nursing care*	• Ada korelasi antara komunikasi perawat-pasien dan patient satisfaction terhadap asuhan keperawatan dan variabel jenis kelamin ditemukan berkorelasi signifikan dengan

No	Peneliti	Judul	Hasil
			tingkat patient satisfaction.
5.	Karaca dan Durna (2019)	*Patient satisfaction with the quality of nursing care patient satisfaction with nursing care*	• informasi yang diterima pasien dengan baik dari perawat akan meningkatkan rasa puas pada pasien
6.	Pękacz, Kądalska, Skoczylas, dan Targowski (2019)	*Patient satisfaction as an element of healthcare quality - A single-center Polish survey*	• *Nurses service* memiliki pengaruh yang signifikan terhadap *patient satisfaction.*
7.	Konlan, Mensah, Aryee, dan Appiah (2020)	*Expectation and Satisfaction with Nursing Care among Hypertensives Receiving Care at a Resource-Constrained Hospital in Ghana*	• Kompetensi perawat dalam pelayanan asuhan keperawatan merupakan kunci utama *patient satisfaction.*
8.	Amin dan Nasharuddin (2013)	*Hospital service quality and its effects on patient satisfaction and behavioural intention*	• Tingginya kualitas pelayanan yang diberikan rumah sakit berpengaruh pada kepuasan dan perilaku pasien.
9.	Zarei, Arab, Tabatabaei, Rashidian, Forushani, dan Khabiri (2014)	*Understanding patients' behavioral intentions: Evidence from Iran's private hospitals industry*	• Strategi pemasaran yang tepat dengan memahami perilaku pasien • Peningkatan Kualitas pelayanan dapat menciptakan nilai serta difresiasi dengan pesaing serta tercapai *patient satisfaction* dan loyalitas pasien

No	Peneliti	Judul	Hasil
10.	Subianto (2007)	Studi Tentang Perilaku Konsumen Beserta Implikasi Terhadap Keputusan Pembelian	• Perilaku konsumen menjadi dasar untuk melakukan kebijakan pemasaran • Memahami perilaku konsumen, maka akan memudahkan proses pembuatan keputusan.
11.	Indriana, Syah, dan Unggul (2014)	*A Service Quality,Price,Customer Satisfaction and Word of Mouth In Hospital X Outpatient Services*	• Peningkatan kualitas pelayanan rumah sakit, dan memberikan harga yang sesuai, kepuasan pelanggan akan meningkat, yang juga akan berkontribusi pada peningkatan *word of mouth.*
12.	Adebayo (2019)	*Reducing Patient Waiting Time: A Practical Approach*	• *Waiting time* memiliki pengaruh yang besar bagi pasien untuk memilih perawatan kesehatannya.
13	Natesan, Hadid, Harb, dan Id (2019)	*Comparing patients and families perceptions of satisfaction and predictors of overall satisfaction in the emergency department*	• *Patient satisfaction* tidak hanya dari layanan klinis yang baik namun juga dari aspek non layanan klinis (proses *waiting time* untuk semua layanan)
14	Woo dan Choi (2021)	*Medical service quality, patient satisfaction and intent to revisit: Case study of public hub hospitals in the Republic of Korea*	• *Service quality* mempengaruhi *patient satisfaction* • *Patient satisfaction* mempengaruhi *revisit intentions*

No	Peneliti	Judul	Hasil
15	Al-Refaie (2011)	*A Structural Model to Investigate Factors Affect Patient Satisfaction and Revisit Intention in Jordanian Hospitals*	• Patient satisfaction mempengaruhi *revisit intentions*
16	Abubakar, Ilkan, Al-Tal, Eluwole (2017)	*eWOM, revisit intention, destination trust and gender*	• Pengaruh *eWOM* atas patient satisfaction mempengaruhi *revisit intension*

Lampiran 2
Operasional Variabel

Tabel 6. Operasional Variabel

No	Original	Translate	Operasionalisasi
	Variabel yang digunakan		
Patient Satisfaction (Adams dan Tucker, 2009)			
1	*I am satisfied with the health care that I received*	Saya puas terhadap pelayanan kesehatan yang saya terima	Saya puas terhadap pelayanan kesehatan yang saya terima di RS. Hermina.
Doctor Service (Xie dan Or, 2017)			
2	*The doctors showed commitment (care about me).*	Para dokter menunjukkan komitmen (peduli terhadap saya).	Para dokter RS. Hermina menunjukkan komitmen pada saya.
3	*The doctors seemed to understand how I experienced my situation.*	Para dokter tampaknya memahami bagaimana saya mengalami situasi saya.	Para dokter RS. Hermina memahami situasi saya.
4	*The doctors were respectful toward me.*	Para dokter menghormati saya.	Para dokter RS. Hermina menghormati saya.
5	*I talked to the doctors in private when I wanted to.*	Saya berbicara dengan dokter secara pribadi ketika saya ingin.	Saya dapat berbicara dengan dokter RS. Hermina secara pribadi kapan saja.
6	*Doctors are good about explaining the reason for medical tests.*	Dokter baik dalam menjelaskan alasan diperlukannya tes medis.	Dokter RS. Hermina sangat baik dalam menjelaskan alasan diperlukannya dilakukan tes medis.
7	*My doctors treat me in a very friendly and courteous manner.*	Dokter saya memperlakukan saya dengan sangat ramah dan sopan.	Dokter RS. Hermina memperlakukan saya dengan sangat sopan.
8	*I think my doctor's office has everything needed to provide complete medical care.*	Saya pikir ruang praktek dokter saya memiliki segala yang dibutuhkan untuk melakukan perawatan medis yang lengkap.	Menurut saya, ruangan praktek dokter di RS. Hermina memiliki segala yang dibutuhkan untuk melakukan perawatan medis yang lengkap.
Nurses Service (Xie dan Or, 2017)			
9	*The nurses and assistant nurses showed commitment (cared about me)*	Perawat dan asisten perawat menunjukkan komitmen (peduli terhadap saya)	Perawat RS. Hermina menunjukkan komitmen pada saya.

No	*Original*	*Translate*	Operasionalisasi
	Variabel yang digunakan		
10	*The nurses and assistant nurses seemed to understand how I experienced my situation.*	Para perawat dan asisten perawat sepertinya mengerti bagaimana saya mengalami situasi.	Para perawat RS. Hermina mengerti bagaimana situasi saya.
11	*The nurses and assistant nurses were respectful toward me.*	Perawat dan asisten perawat menghormati saya.	Perawat RS. Hermina menghormati saya.
12	*I talked to the nurses in private when I wanted to.*	Saya dapat berbicara dengan perawat secara pribadi ketika saya ingin.	Saya dapat berbicara dengan perawat RS. Hermina secara pribadi kapan saja.
13	*When I go for medical care, they are careful to check everything when treating and examining me.*	Ketika saya melakukan perawatan medis, mereka melakukan pemeriksaan menyeluruh dan berhati-hati dalam memeriksa dan merawat saya.	Ketika saya pergi untuk perawatan medis, perawat RS. Hermina berhati-hati untuk memeriksa semuanya saat merawat saya.
14	*I receive the best possible physical care.*	Saya menerima perawatan fisik terbaik yang dapat diberikan.	Saya menerima perawatan fisik terbaik di RS. Hermina.
15	*I receive the best possible medical care.*	Saya menerima perawatan medis terbaik yang dapat diberikan.	Saya menerima perawatan medis terbaik Di RS. Hermina.
16	*I receive useful information on which nurses were responsible for my nursing care.*	Saya menerima informasi yang berguna tentang perawat mana yang bertanggung jawab atas asuhan keperawatan saya.	Saya menerima informasi yang berguna dari RS. Hermina tentang perawat mana yang bertanggung jawab atas asuhan keperawatan saya.
	***Waiting Time* (Xie dan Or, 2017)**		
17	*Your waiting time to get an appointment.* (r)	*Waiting time* Anda untuk mendapatkan janji.	Terdapat waktu antrian untuk memperoleh *appointment* dari RS. Hermina. (r)
18	*Time spent with the physician/health care professional you saw.*	Waktu yang dihabiskan dengan dokter/profesional perawatan kesehatan yang Anda temui.	Waktu yang saya habiskan dengan tenaga kesehatan RS. Hermina bermanfaat.

No	Original	Translate	Operasionalisasi
	Variabel yang digunakan		
19	*Length of time waiting at the hospital.*(r)	Lamanya waktu menunggu di rumah sakit.	Saya butuh waktu yang lama untuk menunggu giliran di RS. Hermina. (r)
	***Revisit Intentions* (Abubakar *et al.*, 2017)**		
20	*I intend to revisit Turkey for medical attention in the near future.*	Dalam waktu dekat saya berniat mengunjungi Turki lagi untuk pemeriksaan kesehatan	Saya berniat mengunjungi kembali RS. Hermina dalam waktu dekat ini untuk pemeriksaan kesehatan.
21	*It is very likely that I will revisit a hospital in Turkey.*	Kemungkinan besar saya akan mengunjungi kembali rumah sakit di Turki	Sangat mungkin saya akan mengunjungi kembali RS Hermina
22	*I would like to visit Turkish hospitals more often.*	Saya ingin lebih sering mengunjungi rumah sakit di Turki	Saya ingin lebih sering mengunjungi RS. Hermina

Lampiran 3
Kuesioner *Pretest*

KUESIONER SURVEY

A. Identitas Responden: (Berilah tanda "X" pada pilihan yang ada)
1. Nama   :
2. No Telp   :
3. E-mail   :
4. Cabang RS Hermina di :
    □ Jatinegara □ Kemayoran □ Bekasi □ Depok □ Daan Mogot □ Bogor
    □ Pasteur   □ Grand Wisata
5. Pasien di Poliklinik kebidanan dan kandungan :
    a. Ya   b. tidak
6. Kunjungan di poliklinik kebidanan dan kandungan ke :
    a. Satu/pertama   b. ≥ 2
7. Jaminan pembayaran   :
    a. Non BPJS   b. BPJS
8. Jenis Kelamin   : a. Pria   b. Wanita
9. Usia   :
    a. < 20 tahun   b. 20 – 40 tahun   c. > 40 tahun
10. Pendidikan   :
    a. SMA/SMK   b. D3/S1   c. S2   d. Lainnya

B. Kuesioner

Saya mohon untuk kesediaan bapak/ibu untuk memberikan pendapat atas pernyataan-pernyataan dengan cara menyilang kotak pada salah satu nomor yang dapat dipilih pada skala 1 sampai 5. Skala nomor menunjukkan seberapa dekat jawaban saudara/bapak/ibu dengan pilihan yang tersedia, sebagai berikut:

1. Sangat tidak setuju (STS)

2. Tidak setuju (TS)

3. Netral (N)

4. Setuju (S)

5. Sangat Setuju (SS)

No	Kuisioner	1 (STS)	2 (TS)	3 (N)	4 (S)	5 (SS)
1	Saya puas terhadap pelayanan kesehatan yang saya terima di RS. Hermina.					
2	Para dokter RS. Hermina menunjukkan komitmen pada saya.					
3	Para dokter RS. Hermina memahami situasi saya.					
4	Para dokter RS. Hermina menghormati saya.					

No	Kuisioner	1 (STS)	2 (TS)	3 (N)	4 (S)	5 (SS)
5	Saya dapat berbicara dengan dokter RS. Hermina secara pribadi kapan saja.					
6	Dokter RS. Hermina sangat baik dalam menjelaskan alasan diperlukannya dilakukan tes medis.					
7	Dokter RS. Hermina memperlakukan saya dengan sangat sopan.					
8	Menurut saya, ruangan praktek dokter di RS. Hermina memiliki segala yang dibutuhkan untuk melakukan perawatan medis yang lengkap.					
9	Perawat RS. Hermina menunjukkan komitmen pada saya.					
10	Para perawat RS. Hermina mengerti bagaimana situasi saya.					
11	Perawat RS. Hermina menghormati saya.					
12	Saya dapat berbicara dengan perawat RS. Hermina secara pribadi kapan saja.					
13	Ketika saya pergi untuk perawatan medis, perawat RS. Hermina berhati-hati untuk memeriksa semuanya saat merawat saya.					
14	Saya menerima perawatan fisik terbaik di RS. Hermina.					
15	Saya menerima perawatan medis terbaik Di RS. Hermina.					
16	Saya menerima informasi yang berguna dari RS. Hermina tentang perawat mana yang bertanggung jawab atas asuhan keperawatan saya.					
17	Terdapat waktu antrian untuk memperoleh *appointment* dari RS. Hermina.					
18	Waktu yang saya habiskan dengan tenaga kesehatan RS. Hermina bermanfaat.					
19	Saya butuh waktu yang lama untuk menunggu giliran di RS.					

No	Kuisioner	1 (STS)	2 (TS)	3 (N)	4 (S)	5 (SS)
	Hermina.					
20	Saya berniat mengunjungi kembali RS. Hermina dalam waktu dekat ini untuk pemeriksaan kesehatan.					
21	Sangat mungkin saya akan mengunjungi kembali RS Hermina					
22	Saya ingin lebih sering mengunjungi RS. Hermina					

Lampiran 4. Data Dari Kuisioner

A. Data Responden

NO	PS	DS1	DS2	DS3	DS4	DS5	DS6	DS7	NS1	NS2	NS3	NS4	NS5	NS6	NS7	NS8	WT1	WT2	WT3	RI1	RI2	RI3
1	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	1	5	1	5	5	5
2	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	2	4	2	5	5	5
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NO	PS	DS1	DS2	DS3	DS4	DS5	DS6	DS7	NS1	NS2	NS3	NS4	NS5	NS6	NS7	NS8	WT1	WT2	WT3	RI1	RI2	RI3
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78	3	5	5	5	4	4	4	4	3	3	3	3	3	3	4	4	3	5	3	4	4	4
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100	4	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	1	5	1	5	5	5

NO	PS	DS1	DS2	DS3	DS4	DS5	DS6	DS7	NS1	NS2	NS3	NS4	NS5	NS6	NS7	NS8	WT1	WT2	WT3	RI1	RI2	RI3
101	4	5	4	5	2	4	5	4	4	4	4	2	4	4	3	3	2	4	2	4	4	3
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B. Biografi Responden
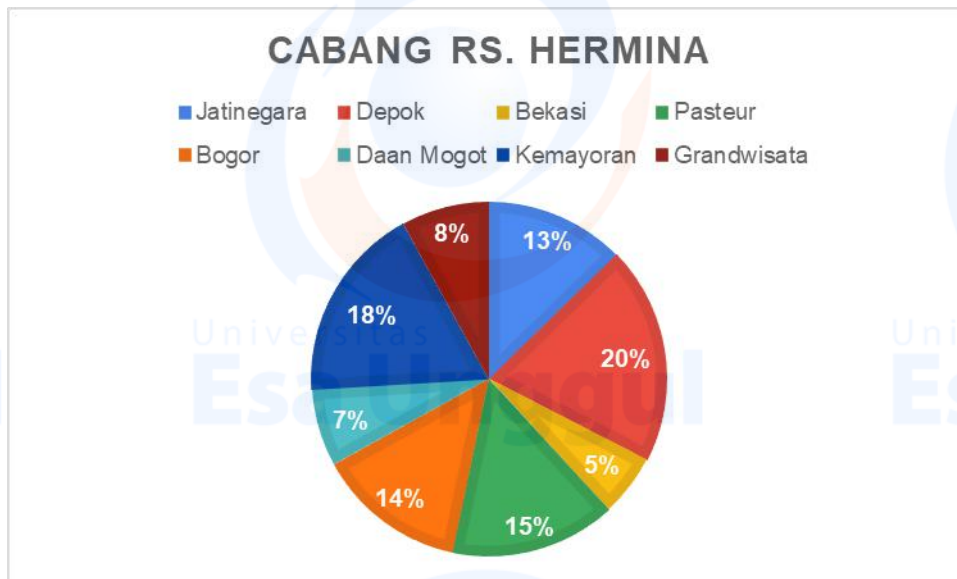
Gambar 3. Demografi responden (Berdasarkan cabang yang dikunjungi)
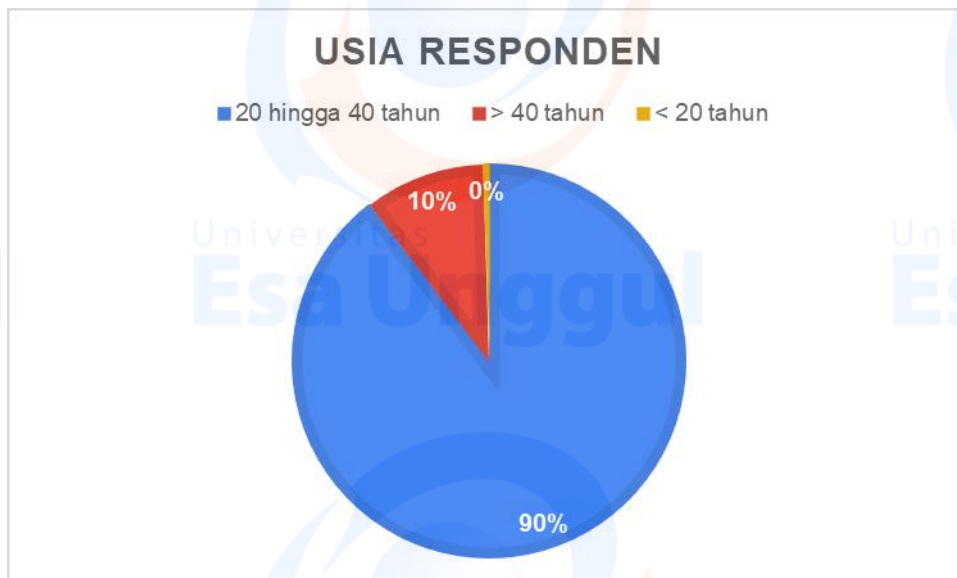
Gambar 4. Demografi responden (Berdasarkan usia)
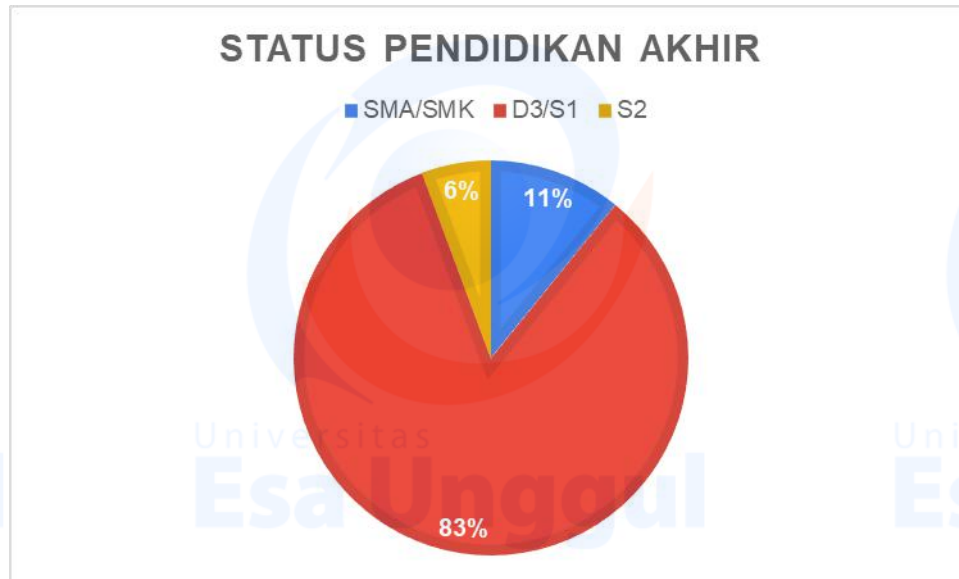
Gambar 5. Demografi responden (Berdasarkan status Pendidikan akhir)

Lampiran 5. Validitas dan Reliabilitas Kuisioner

Doctor Service (DS)

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.846
Bartlett's Test of Sphericity	Approx. Chi-Square	190.282
	df	21
	Sig.	.000

Anti-image Matrices

		DS1	DS2	DS3	DS4	DS5	DS6	DS7
Anti-image Covariance	DS1	.322	-.210	.016	-.011	.001	-.022	-.003
	DS2	-.210	.304	-.032	-.006	.004	-.007	-.030
	DS3	.016	-.032	.275	.022	-.079	-.094	.052
	DS4	-.011	-.006	.022	.088	-.073	-.049	-.036
	DS5	.001	.004	-.079	-.073	.106	.029	-.007
	DS6	-.022	-.007	-.094	-.049	.029	.194	-.091
	DS7	-.003	-.030	.052	-.036	-.007	-.091	.322
Anti-image Correlation	DS1	.831[a]	-.672	.054	-.065	.006	-.089	-.008
	DS2	-.672	.838[a]	-.110	-.039	.021	-.030	-.095
	DS3	.054	-.110	.860[a]	.140	-.465	-.406	.175
	DS4	-.065	-.039	.140	.820[a]	-.753	-.379	-.213
	DS5	.006	.021	-.465	-.753	.800[a]	.202	-.035
	DS6	-.089	-.030	-.406	-.379	.202	.871[a]	-.363
	DS7	-.008	-.095	.175	-.213	-.035	-.363	.926[a]

a. Measures of Sampling Adequacy(MSA)

Communalities

	Initial	Extraction
DS1	1.000	.588
DS2	1.000	.626
DS3	1.000	.702
DS4	1.000	.877
DS5	1.000	.821
DS6	1.000	.828
DS7	1.000	.704

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component
	1
DS1	.767
DS2	.791
DS3	.838
DS4	.937
DS5	.906
DS6	.910
DS7	.839

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Reliability Statistics

Cronbach's Alpha	N of Items
.936	7

Nurses Servive (NS)

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.838
Bartlett's Test of Sphericity	Approx. Chi-Square	191.265
	df	28
	Sig.	.000

Anti-image Matrices

		NS1	NS2	NS3	NS4	NS5	NS6	NS7	NS8
Anti-image Covariance	NS1	.228	-.028	.003	-.047	-.096	-.009	-.019	.023
	NS2	-.028	.344	-.108	.024	-.077	.130	.026	-.167
	NS3	.003	-.108	.306	-.099	.036	-.099	-.089	.084
	NS4	-.047	.024	-.099	.231	-.014	.005	-.090	-.048
	NS5	-.096	-.077	.036	-.014	.147	-.094	-.015	.017
	NS6	-.009	.130	-.099	.005	-.094	.199	.039	-.106
	NS7	-.019	.026	-.089	-.090	-.015	.039	.310	-.083
	NS8	.023	-.167	.084	-.048	.017	-.106	-.083	.262
Anti-image Correlation	NS1	.907[a]	-.100	.013	-.206	-.526	-.043	-.071	.095
	NS2	-.100	.742[a]	-.332	.085	-.344	.497	.079	-.557
	NS3	.013	-.332	.827[a]	-.372	.168	-.403	-.289	.297
	NS4	-.206	.085	-.372	.912[a]	-.076	.023	-.335	-.196
	NS5	-.526	-.344	.168	-.076	.831[a]	-.549	-.070	.087
	NS6	-.043	.497	-.403	.023	-.549	.767[a]	.157	-.466
	NS7	-.071	.079	-.289	-.335	-.070	.157	.906[a]	-.291
	NS8	.095	-.557	.297	-.196	.087	-.466	-.291	.804[a]

a. Measures of Sampling Adequacy(MSA)

Communalities

	Initial	Extraction
NS1	1.000	.756
NS2	1.000	.538
NS3	1.000	.666
NS4	1.000	.793
NS5	1.000	.807
NS6	1.000	.705
NS7	1.000	.702
NS8	1.000	.702

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component
	1
NS1	.870
NS2	.734
NS3	.816
NS4	.890
NS5	.898
NS6	.840
NS7	.838
NS8	.838

Extraction Method: Principal Component Analysis.

a. 1 components extracted.

Reliability Statistics

Cronbach's Alpha	N of Items
.937	8

Waiting Time (WT)

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.653
Bartlett's Test of Sphericity	Approx. Chi-Square	29.378
	df	3
	Sig.	.000

Anti-image Matrices

		WT1	WT2	WT3
Anti-image Covariance	WT1	.577	-.261	-.030
	WT2	-.261	.424	-.258
	WT3	-.030	-.258	.586
Anti-image Correlation	WT1	.688[a]	-.528	-.052
	WT2	-.528	.604[a]	-.517
	WT3	-.052	-.517	.694[a]

a. Measures of Sampling Adequacy(MSA)

Communalities

	Initial	Extraction
WT1	1.000	.673
WT2	1.000	.824
WT3	1.000	.666

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component
	1
WT1	.820
WT2	.908
WT3	.816

Extraction Method:
Principal Component
Analysis.
a. 1 components
extracted.

Reliability Statistics

Cronbach's Alpha	N of Items
.803	3

Revisit Intention (RI)

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.694
Bartlett's Test of Sphericity	Approx. Chi-Square	64.349
	df	3
	Sig.	.000

Anti-image Matrices

		RI1	RI2	RI3
Anti-image Covariance	RI1	.170	-.146	-.104
	RI2	-.146	.195	-.024
	RI3	-.104	-.024	.476
Anti-image Correlation	RI1	.630[a]	-.803	-.365
	RI2	-.803	.658[a]	-.080
	RI3	-.365	-.080	.874[a]

a. Measures of Sampling Adequacy(MSA)

Communalities

	Initial	Extraction
RI1	1.000	.911
RI2	1.000	.878
RI3	1.000	.741

Extraction Method: Principal
Component Analysis.

Component Matrix[a]

	Component 1
RI1	.955
RI2	.937
RI3	.861

Extraction Method:
Principal Component
Analysis.
a. 1 components
extracted.

Reliability Statistics

Cronbach's Alpha	N of Items
.905	3

Lampiran 6. Hasil Olah Data SEM PLS

Uji *construct reliability* dan *validity*
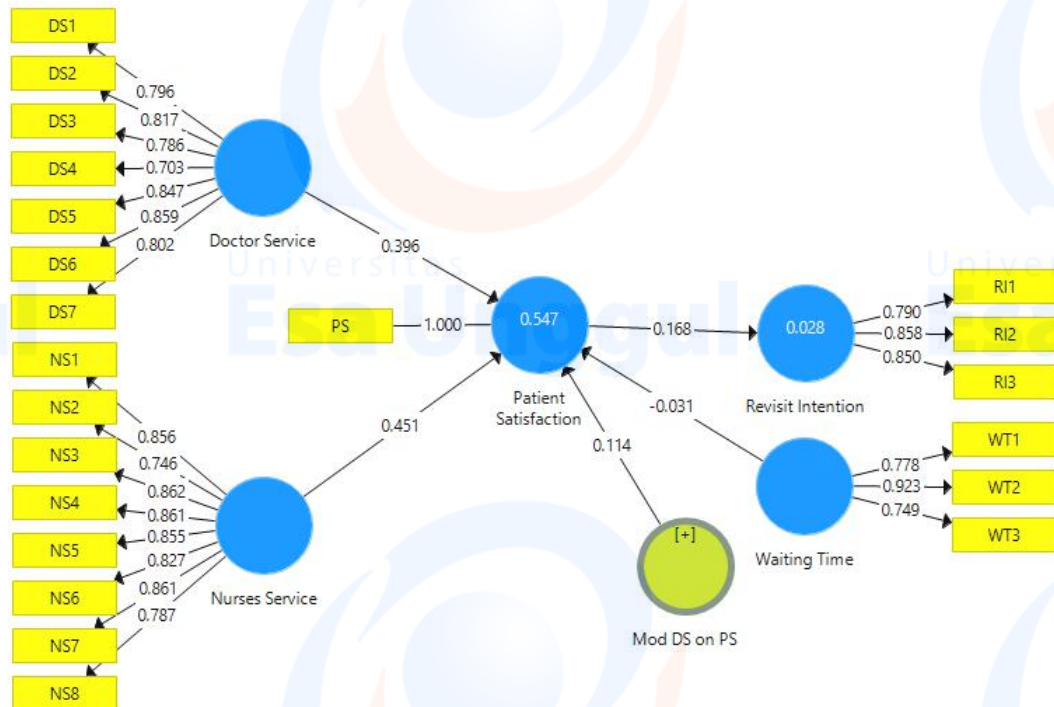
Gambar 6. Diagram *Construct Validity*

Berdasarkan gambar di atas, maka dapat dijelaskan bahwa seluruh nilai *loading factor* pada setiap variabel memiliki nilai > 0,70, sehingga dapat dinyatakan valid, atau dapat dijelaskan bahwa seluruh indikator pada setiap variabel tepat dijadikan sebagai alat ukur pada penelitian ini.

Specific Indirect Effects

	Specific Indirect Effects
DS -> PS -> RI	0.067
Mod DS on PS -> PS -> RI	0.019
NS -> PS -> RI	0.076
WT -> PS -> RI	-0.005

Total Effects

	DS	Mod DS on PS	NS	PS	RI	WT
DS				0.396	0.067	
Mod DS on PS				0.114	0.019	
NS				0.451	0.076	
PS					0.168	
RI						
WT				-0.031	-0.005	

Outer Loadings

	DS	Mod DS on PS	NS	PS	RI	WT
DS * WT		1.007				
DS1	0.796					
DS2	0.817					
DS3	0.786					
DS4	0.703					
DS5	0.847					
DS6	0.859					
DS7	0.802					
NS1			0.856			
NS2			0.746			
NS3			0.862			
NS4			0.861			
NS5			0.855			
NS6			0.827			
NS7			0.861			
NS8			0.787			
PS				1.000		
RI1					0.790	
RI2					0.858	
RI3					0.850	
WT1						0.778
WT2						0.923
WT3						0.749

R Square

	R Square	R Square Adjusted
PS	0.547	0.538
RI	0.028	0.024

f Square

	DS	Mod DS on PS	NS	PS	RI	WT
DS				0.259		
Mod DS on PS				0.028		
NS				0.337		
PS					0.029	
RI						
WT				0.002		

Construct Reliability and Validity

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
DS	0.910	0.958	0.927	0.645
Mod DS on PS	1.000	1.000	1.000	1.000
NS	0.937	0.942	0.948	0.694
PS	1.000	1.000	1.000	1.000
RI	0.801	0.825	0.872	0.694
WT	0.764	0.891	0.859	0.673

Discriminant Validity

Fornell-Larcker Criterion

	DS	Mod DS on PS	NS	PS	RI	WT
DS	0.803					
Mod DS on PS	0.086	1.000				
NS	0.489	-0.033	0.833			
PS	0.623	0.131	0.637	1.000		
RI	0.189	-0.081	0.220	0.168	0.833	
WT	0.122	0.078	0.121	0.081	0.094	0.820

Model_Fit

Fit Summary

	Saturated Model	Estimated Model
SRMR	0.073	0.079
d_ULS	1.365	1.567
d_G	0.751	0.758
Chi-Square	847.950	854.638
NFI	0.750	0.748

Uji Hipotesis

Path Coefficients

Mean, STDEV, T-Values, P-Values

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
DS -> PS	0.396	0.396	0.068	5.849	0.000
Mod DS on PS -> PS	0.114	0.086	0.058	1.979	0.048
NS -> PS	0.451	0.449	0.077	5.891	0.000
PS -> RI	0.168	0.183	0.056	2.977	0.003
WT -> PS	-0.031	-0.010	0.059	0.525	0.600

Specific Indirect Effects

Mean, STDEV, T-Values, P-Values

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
DS -> PS -> RI	0.067	0.073	0.028	2.378	0.018
Mod DS on PS -> PS -> RI	0.019	0.016	0.012	1.572	0.117
NS -> PS -> RI	0.076	0.082	0.027	2.799	0.005
WT -> PS -> RI	-0.005	-0.002	0.011	0.461	0.645

Outer Loadings

Mean, STDEV, T-Values, P-Values

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
DS * WT <- Mod DS on PS	1.007	0.975	0.063	16.054	0.000
DS1 <- DS	0.796	0.797	0.038	20.754	0.000
DS2 <- DS	0.817	0.817	0.035	23.185	0.000
DS3 <- DS	0.786	0.787	0.038	20.438	0.000
DS4 <- DS	0.703	0.701	0.046	15.303	0.000
DS5 <- DS	0.847	0.845	0.034	25.000	0.000
DS6 <- DS	0.859	0.854	0.037	23.241	0.000
DS7 <- DS	0.802	0.807	0.021	38.049	0.000
NS1 <- NS	0.856	0.856	0.028	30.431	0.000
NS2 <- NS	0.746	0.745	0.055	13.470	0.000
NS3 <- NS	0.862	0.858	0.029	29.772	0.000
NS4 <- NS	0.861	0.860	0.020	42.896	0.000
NS5 <- NS	0.855	0.853	0.026	33.523	0.000
NS6 <- NS	0.827	0.823	0.031	26.644	0.000
NS7 <- NS	0.861	0.859	0.025	34.919	0.000

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
NS8 <- NS	0.787	0.784	0.051	15.302	0.000
PS <- PS	1.000	1.000	0.000		
RI1 <- RI	0.790	0.748	0.146	5.397	0.000
RI2 <- RI	0.858	0.832	0.117	7.312	0.000
RI3 <- RI	0.850	0.827	0.104	8.143	0.000
WT1 <- WT	0.778	0.709	0.236	3.299	0.001
WT2 <- WT	0.923	0.814	0.233	3.971	0.000
WT3 <- WT	0.749	0.680	0.239	3.136	0.002

Lampiran 7. Surat Ijin Menyebar Kuisioner

PT. MEDIKALOKA HERMINA Tbk

Kantor Pusat : Jl. Raya Jatinegara Barat No. 126 Jatinegara, Jakarta Timur 13320
Kantor Cabang : Hermina Tower I Lt. 10 Jl. Selangit Blok B-10 Kav. 04, Kemayoran, Jakarta Pusat 10610
Telp. 021-8572525 Fax. 021-8560601 Website : www.herminahospitals.com

Jakarta, 22 Oktober 2021

No : 6740 / DEPMKT / MH / X / 2021
Lampiran : -
Perihal : Jawaban Rekomendasi Penelitian dan Pengumpulan Data Tesis Program Studi Magister
Manajemen Universitas Esa Unggul an Krishanty Eka Putri

Kepada Yth
Kepala Dep Diklat PT. MPP
Di tempat

Dengan hormat,

Sehubungan dengan surat dari Kepala Departemen Diklat PT MPP Nomor 733 / DIKLAT / MPP / X /
2021 perihal permohonan rekomendasi Penelitian dan Pengumpulan Data Tesis Program Studi Magister
Manajemen Universitas Esa Unggul, bersama ini kami sampaikan rekomendasi sebagai berikut :

NO	NAMA MAHASISWA	NIM	INSTITUSI	PROGRAM STUDI	REKOMENDASI
1.	Krishanty Eka Putri	20190103056	Univ. Esa Unggul	Magister Manajemen	Dapat disetujui melaksanakan penelitian dan pengumpulan data di Rumah Sakit Hermina tipe B

Demikian disampaikan, atas perhatian dan kerjasamanya diucapkan terima kasih.

Hormat kami,
Kepala Departemen Marketing PT MH Tbk

dr. Muyi Ayoe, MM

Tembusan :
1. Sekretaris Korporasi PT MH, Tbk
2. Kepala Departemen HRD PT MH Tbk

PT. MEDIKALOKA PENDIDIKAN PELATIHAN
DEPARTEMEN DIKLAT

Gedung Hermina Tower Jl. HBR Motik Blok B-10 Kav. 4 Kemayoran, Jakarta Pusat
Telp. (021) 8372525 (Hunting), Fax. (021) 8560601
Website : www.herminahospitals.com

Jakarta, 19 Oktober 2021

Nomor   : 733/DIKLAT/MPP/X/2021
Lamp   : 1 (satu) berkas
Perihal   : **Permohonan Rekomendasi Penelitian dan Pengumpulan Data Tesis Program Studi Magister Manajemen Universitas Esa Unggul atas nama Krishanty Eka Putri**

Kepada Yth :
Kepala Departemen Marketing PT. MH Tbk
Di Tempat

Dengan hormat,
Menunjuk surat dari Program Pascasarjana Universitas Esa Unggul perihal Permohonan Izin Penelitian dan Pengumpulan data untuk Tesis dengan Nomor Surat 003/Esa Unggul/Pasca-Eks/MM/IX/2021 yang diterima oleh Dep. Diklat tanggal 1 September 2021 sebagai berikut :

Nama Mahasiswa	:	Krishanty Eka Putri
NIM	:	20190103056
Institusi	:	Universitas Esa Unggul
Program Studi	:	Magister Manajemen
Akreditasi	:	A
Judul Penelitian	:	Peran Mediasi Kepuasan Pasien terhadap *Revisit Intentions* di Rumah Sakit Swasta selama Pandemi Covid-19

Bersama dengan ini kami sampaikan, Permohonan rekomendasi Penelitian dan Pengumpulan Data Tesis Program Studi Magister Manajemen Universitas Esa Unggul Karyawan Departemen Marketing PT MH Tbk atas nama Krishanty Eka Putri.
Mohon kesediaan Kadep untuk dapat memberikan saran dan rekomendasi terkait pengajuan tersebut diatas.

Demikian disampaikan, atas perhatian dan kerjasamanya diucapkan terima kasih.

Hormat Kami,
Ka. Departemen Diklat PT. MPP.

dr. Irma Suryani, M.M

Tembusan :
Sekretaris Korporasi PT. MH Tbk

PT. MEDIKALOKA PENDIDIKAN PELATIHAN
DEPARTEMEN DIKLAT

Gedung Hermina Tower Jl. HBR Motik Blok B-10 Kav. 4 Kemayoran, Jakarta Pusat
Telp. (021) 8572525 (Hunting), Fax. (021) 8560601
Website : www.herminahospitals.com

Rekomendasi, *Filtering* dan *Summary* Penelitian
Unit Penelitian dan Pengembangan
Departemen Diklat
PT. Medikaloka Pendidikan Pelatihan

Judul Penelitian	:	Peran Mediasi Kepuasan Pasien terhadap *Revisit Intentions* di Rumah Sakit Swasta selama Pandemi Covid-19
Peneliti	:	Krishanty Eka Putri
Institusi	:	Universitas Esa Unggul
Tema Penelitian	:	Pelayanan Pasien

Pengajuan Proposal Penelitian tersebut telah dilakukan telaah oleh Unit Penelitian dan Pengembangan dan dirangkum sebagai berikut :

1. Judul Penelitian : Judul Penelitian yang diajukan memenuhi standar Etik Penelitian, mampu laksana, memberikan *Brand Image* Positif untuk Hermina Group dan bermanfaat untuk Hermina Group terutama dalam hal Pelayanan Pasien dan mampu menjadi rekomendasi dalam melakukan *Forecasting* untuk perhitungan *Revisit* Pasien.

2. Populasi Penelitian : Populasi Penelitian yang diajukan memenuhi standar Etik Penelitian, kesesuaian jumlah Populasi dibuktikan dengan perhitungan statistic yaitu 200 responden di Rumah Sakit tipe B Hermina, mampu laksana dan menggambarkan minimal satu layanan aktif yang terdapat di Hermina Group.

3. Metodologi Penelitian : Metodologi Penelitian yang diajukan sesuai dengan Judul dan Populasi Penelitian, Instrumen telah lulus kaji etik Penelitian dengan meggunakan Kuesioner Online dengan bobot pertanyaan yang diambil dari Penelitian sebelumnya juga dilakukan tes Validitas dan Realibilitas.

4. Data Penelitian : Data Penelitian yang diajukan dijamin *Privacy* dan juga kerahasiaan nya dengan Instrumen Kuesioner tidak terdapat data diri maupun informasi Pribadi Pasien/Responden Penelitian.

5. Manfaat Penelitian : Penelitian yang dilakukan menghasilkan *Problem Solving*, bermanfaat bagi Pelayanan di Hermina Group dan menunjukan *Brand Image* Positif bagi Hermina Group.

Demikian Rekomendasi, *Filtering* dan *Summary* Penelitian dari Proposal yang diajukan, agar menjadi bahan Pertimbangan dari *Peer Group* Departemen Terkait.

Staff Penelitian dan Pengembangan

Muhamad Fauzi Rahman, A.md.FT., S.KM

Universitas
Esa Unggul
Program Pascasarjana

Nomor	:	003/Esa Unggul/Pasca-Eks/MM/IX/2021
Lampiran	:	-
Perihal	:	Penelitian & Pengumpulan data

Kepada Yth.:
Direktur Rumah sakit. Hermina
Manager HRD
Di
Jakarta

Dengan hormat

Bersama surat ini kami sampaikan bahwa mahasiswa kami bermaksud melakukan penelitian di Instasi yang Bapak/Ibu pimpin :

Nama	:	**Krishanty Eka Putri**
NIM	:	20190103056
Program Studi	:	**MAGISTER MANAJEMEN**
Judul Tesis	:	Peran mediasi patient satisfaction terhadap refisit intention Di rumah sakit swasta pada pandemic covid-19

Kami mohon agar mahasiswa tersebut diterima dan diberikan ijin untuk melakukan penelitian (Pengumpulan Data) guna menyusun Tugas Akhir (Tesis) sebagai persyaratan untuk menyelesaikan pendidikan Program Pascasarjana (S-2) Program Studi Magister Manajemen (MM) di Universitas Esa Unggul Jakarta Barat.

Demikian kami sampaikan , atas perhatian dan kerjasamanya diucapkan terimakasih.

Jakarta , 1 september 2021

Progaram Pascasarjana,
Universitas Esa Unggul

Esa Unggul
Program Pascasarjana

<u>**Dr.Rina Anindita, SE., MM,**</u>
Ketua Program Studi Magister Manajemen

Lampiran 8. Hasil Cek Turnitin

PERAN MEDIASI PATIENT SATISFACTION TERHADAP REVISIT INTENTIONS DI RUMAH SAKIT SWASTA SELAMA PANDEMI COVID-19

ORIGINALITY REPORT

9%	8%	2%	2%
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Lampiran 9. Artikel Jurnal

THE ROLE OF PATIENT SATISFACTION MEDIATION ON REVISIT INTENTION AT PRIVATE HOSPITAL DURING COVID-19 PANDEMIC

Journal of Advancement of Marketing Education

Krishanty Eka Putri

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Krishanty Eka Putri is a post graduate program student working on a private hospital in Indonesia. She graduated from Trisakti University majoring in Public Law in 2004 and have worked professionally at Hermina Hospital Group (HHG) for 15 years in marketing department. Her research focuses on private hospital marketing strategies to increase outpatients revisit intentions at Obstetrics and Gynecology (ob/gyn) unit during the COVID-19 pandemic.

Tantri Yanuar Rahmat Syah

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Orcid: https://orcid.org/**0000-0003-2127-7036**

Dr. Tantri Yanuar Rahmat Syah is dean of the faculty economics and business at the Esa Unggul University Jakarta, Indonesia. He has successfully completed his undergraduate education in economics in 2003 and completed his master's education in management at the University of Indonesia, Depok, Indonesia in 2007. His research focuses on Management, Strategic, and Marketing. He has published in refereed journals such as the *International Journal of Energy Economics and Policy.*

THE ROLE OF PATIENT SATISFACTION MEDIATION ON REVISIT INTENTION AT PRIVATE HOSPITAL DURING COVID-19 PANDEMIC

Krishanty Eka Putri,Dr. Tantri Yanuar Rahmat Syah

Universitas Esa Unggul

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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 self-financing. 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.

Keyword: *doctor service, nurses service*, *waiting time*, *patient satisfaction*, *revisit intention*

INTRODUCTION

Patient satisfaction is the main thing that is the center of attention from 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).

According to Martínez and Orellana (2019), patient satisfaction can be influenced by the services provided by doctors. They say doctors are the most visible 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 (Pękacz, Kądalska, Skoczylas, and Targowski, 2019). Similarly, Hussain et al. (2019); Konlan, Mensah, Aryee, and Appiah (2020) emphasized the relationship between nurses' service and patient satisfaction.

Hussain et al. (2019) argue that it is not only doctor service 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 if 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 create their intention to make return visits to the same hospital (Woo and Choi, 2021). Wu, Cheng, and Hong (2017) also say the same thing that revisits 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 (eg, Hussain et al., 2019; Martínez and Orellana, 2019; Silva et al., 2020), nurses service and patient satisfaction (e.g., Hussain et al. al., 2019; Pękacz 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; Wandebori, 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 service and nurses 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 outpatients. road poly obstetrics and gynecology at a private hospital in Indonesia during the Covid-19 pandemic.

LITERATURE REVIEW

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. 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.

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' service 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) explains that nurses' service such as good communication has an important contribution to patient satisfaction. Furthermore, Karaca and Durna (2019) said that if communication between nurses and patients is well established, it will be able to create comfort for patients undergoing treatment.

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 it turns out that in their research, waiting time can be a positive thing if patients feel that time has benefits or there is a 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 experience frustration and create dissatisfaction 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.

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-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, 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.

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 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). Thus, the better the services provided by doctors, nurses, medical staff, and the hospital environment, the greater the level of patient satisfaction, and this can trigger their intention to visit again (Woo and Choi, 2021).

HYPOTHESES DEVELOPMENT

Doctor service, Waiting time, and Patient satisfaction

Hussain, Asif, Arif, and Hwang (2019) said that patient satisfaction can be used as an indicator of calculating the level of quality of services provided, this is to help doctors and health care institutions to 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 health care institution will lead to a positive response to the quality of service he receives. According to Ram (2019), doctors are the most visible important 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) 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 on patient

satisfaction. No less important 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 study of Hussain et al. (2019); Natesan et al. (2019) proves 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.

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' service had an influence on patient satisfaction (Hussain et al., 2019; Pękacz 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.

Patient satisfaction and revisit intentions

Patient 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:
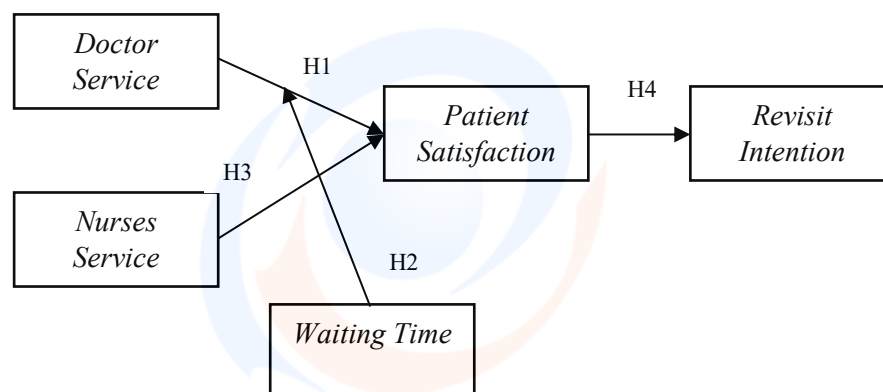
Figure 1. Hypothesis model

RESEARCH METHODS

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) (Hussain, Asif, Jameel, and Hwang, 2019). Measurement of the patient satisfaction variable, 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 service variable 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 adopted 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 collect data in this study, we provided a questionnaire link to each patient who had consulted in the obstetrics and gynecology doctor's practice room through a nurse.

To determine the validity and reliability of each statement in the questionnaire, we used the dimension reduction factor on 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).

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. Hermina in Depok is 20%, and the least number is respondents from hospitals. Hermina in Bekasi. Furthermore, based on age, the majority of respondents are aged 20 to 40 years as much as 90% and the remaining 10% includes ages less than 20 years and more than 40 years. Meanwhile, based on final education status, the highest number was at D3/S1 as much as 83%, the remaining 17% consisted of SMA/SMK and S2.

Hasan, Jawaad, & Butt (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:

Table 1. *Construct Reliabily* dan *Validity*

Variabel	Cronbach's α	CR	AVE
Patient Satisfaction	1,000	1,000	1,000
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

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 service, nurses service, and waiting time variables, while the remaining 45.3% is influenced by other variables that do not exist in this research model. Furthermore, the variable revisit intention is influenced by patient satisfaction as much as 2.8%, while the rest is influenced by other variables outside this research model.

Table 3. *Fit Summary*

	Saturate Model	*Estimated 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).
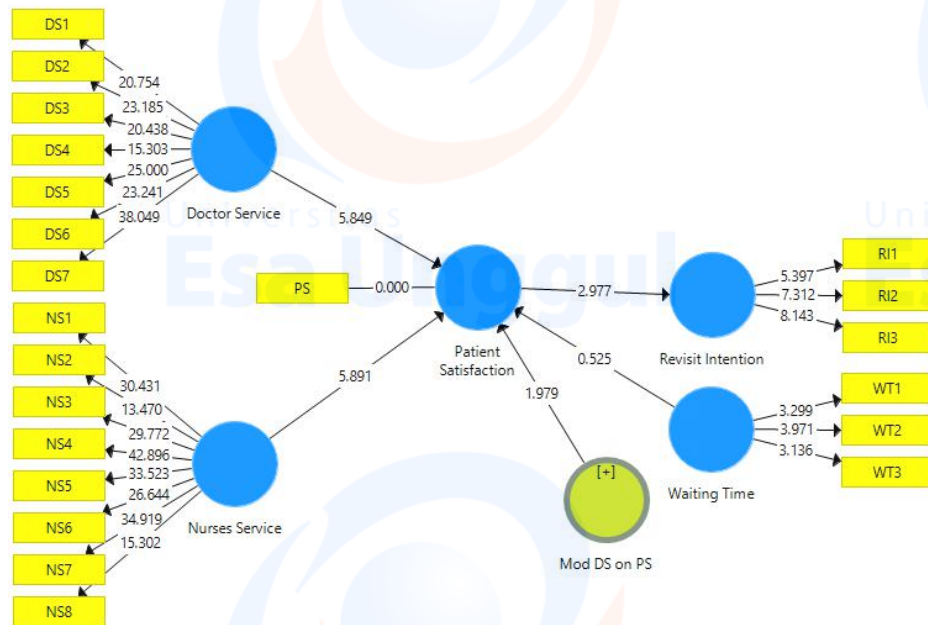
Figure 2. Path Coefficients Diagram Diagram

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 dominating 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. Testing Hypotheses

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

DISCUSSION

This study aims to confirm all the hypotheses proposed based on the previous theories. The first result shows that doctor service is 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 if the behavior of a doctor is one of the factors that build 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 at 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 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 keys 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); Pękacz 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. Poly gynecology patients are very easy to feel comfortable if they have received the right treatment both in terms of doctors or 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.

CONCLUSION

This study succeeded in confirming all the hypotheses proposed, including that good doctor service and nurses' service can increase patient satisfaction. Furthermore, the effect of doctor service on patient satisfaction is strengthened by the waiting time. No less important 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 make a return visit for routine check-ups. For further research, it is recommended to be carried out on patients outside this polyclinic.

This study have several limitations that could be improved in the future. First, the study was conducted at a private hospital which have been operating for more than 10 years. The hospital have build a strong rapport within the community. In the future 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 majority of the patients are not under 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 Healthcare and Social Security Agency (BPJS) program to see if non BPJS patients at hospital are satisfied with the medical service given. Thirdly, the study is focused on outpatients who have been revisiting 2-3 times. For the next study, its advisable to be conducted to new outpatient of the medical service.

The study have several managerial implications that needs to be done to improve patient satisfaction and encouraged revisit intention. First, having proved that patient satisfaction have an impactful role on revisit intention, therefor improving and maintaing the service quality is essential especially on the quality, service excellence, and medical skill. Second, doctors service and nurse service contributes to patient satisfaction, their ability to examine, providing medical information to patient on their illness, communicate and showing empathy towards patient's illness needs to be maintained if not improved. Regular training for medical practitioners is required to maintain the service, not only technical medical skill but also how to communicate to patients to increase patient satisfaction.

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APPENDIX

Patient Satisfaction
- I am satisfied with the health care that I received

Doctor Service
- The doctors showed commitment (care about me).
- The doctors seemed to understand how I experienced my situation.
- The doctors were respectful toward me.
- I talked to the doctors in private when I wanted to.
- Doctors are good about explaining the reason for medical tests.
- My doctors treat me in a very friendly and courteous manner.
- I think my doctor's office has everything needed to provide complete medical care.

Nurses Service
- The nurses and assistant nurses showed commitment (cared about me)
- The nurses and assistant nurses seemed to understand how I experienced my situation.
- The nurses and assistant nurses were respectful toward me.
- I talked to the nurses in private when I wanted to.
- When I go for medical care, they are careful to check everything when treating and examining me.
- I receive the best possible physical care.
- I receive the best possible medical care.
- I receive useful information on which nurses were responsible for my nursing care.

Waiting Time
- Your waiting time to get an appointment. (r)
- Time spent with the physician/health care professional you saw. (r)
- Length of time waiting at the hospital. (r)

Revisit Intention
- I intend to revisit this hospital for medical attention in the near future.
- It is very likely that I will revisit this hospital.
- I would like to visit this hospital more often.

Lampiran 10. Informasi Jurnal

Marketing Management Association

In 2021, the Marketing Management Association pivoted to continue to bring cutting edge research in marketing. The Fall Conference held its first ever Virtual Experience October 25-27, 2020 and the Spring Conference followed suit with a Virtual Conference March 24-26, 2021. The upcoming Fall Educators' Conference will also be held online October 13-15, 2021.

The MMA has a history of showcasing cutting-edge marketing thought, presented by both practitioners and academicians. The MMA meets twice each year, including a Spring Conference held in Chicago to discuss groundbreaking scholarly research and a Fall Educators' Conference to share knowledge in teaching effectiveness and ideas for professional development. The Fall Educators' Conference is held in various cities with recent locations including: Indianapolis, St. Louis, Minneapolis, New Orleans, San Antonio, San Juan, Providence, Pittsburgh, Kansas City and Santa Fe.

Both MMA conferences offer you opportunities to form friendships with marketing colleagues from around the world. The Spring Conference registration includes MMA membership for the upcoming year as well as two nights of entertainment at some of Chicago's premier venues. The Fall Educators' Conference is also an exceptional value as some meals and MMA membership for the upcoming year are included in the conference registration fee.

Recognizing the noteworthy accomplishments of its members is important to MMA. Spring Conference participants have an opportunity to earn an award for one of the conference's best papers; these papers then become eligible for publication in one of the MMA's scholarly publications, the Marketing Management Journal. Furthermore, each year the MMA invites excellent teachers to compete for the designation of MMA Master Teacher by participating in the annual MMA Master Teacher Award Competition held at the Fall Educators' Conference. The Fall Educators' Conference also has an award for the best refereed paper submission as well as teaching competitions for faculty and doctoral students.

Doctoral students and new members will find the MMA to be a friendly, helpful, and very welcoming organization with open access to the *Marketing Management Journal*, the *Journal for Advancement of Marketing Education*, and past *Fall Educators' Conference and Spring Conference Proceedings*.

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The MMA publishes two scholarly journals (*Marketing Management Journal* and the *Journal for Advancement of Marketing Education*), and proceedings for both the Fall Educators' Conference and the Spring Conference. An introduction to each publication is outlined below.

Marketing Management Journal:

The mission of the Marketing Management Journal is to provide a forum for sharing academic, theoretical, and practical research that may impact the development of the marketing marketing management discipline. Original research, replicated research, and integrative research activities are encouraged for review submissions. Manuscripts which focus upon empirical research, theory, methodology, and review of a broad range of marketing topics are strongly encouraged. Submissions are encouraged from both academic and practitioner communities. Click the the title above for information related to submission guidelines.

Journal for Advancement of Marketing Education:

Founded in 2001, JAME is a leading scholarly peer-reviewed journal created and read by marketing educators across the world. Focusing primarily on empirical studies, the journal's mission advanced marketing education by offering marketing educators an opportunity to add value to their teaching, governance, service and professional development. JAME publishes innovative, thought provoking manuscripts addressing existent and emerging trends and issues influencing marketing educators across a variety of settings, such as professional development, in-class and online, traditional and non-traditional students, college and corporate education, domestic and global issues across all areas of the marketing discipline. Click on the title above for information related to submission guidelines.

Conference Proceedings Archive:

Proceedings from both the MMA Fall Educators' Conference andSpring Conference are available online from 1996 to present. Click on the title above to access the proceedings online.

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Manuscript Requirements

Manuscripts must not exceed 25 pages double-spaced in Times New Roman 12pt including structured abstract, body, references, tables, figures, appendices, etc. See final section entitled **"Who to send your submission to."**

Editorial Objectives

Journal for Advancement of Marketing Education (JAME) publishes manuscripts rooted in primary research studies that help guide marketing educators over the course of their academic life cycle. The areas covered by JAME are intended to be broad, and include:

- Marketing instruction in academic and corporate settings to include works on pedagogy, curriculum, teaching methods, and student engagement, performance, and learning;

- Service to the marketing profession and the various stakeholder communities;

- Governance that includes topics related to accreditation, reappointment, promotion, tenure, posttenure review, and professional development; and

- Scholarship that includes ways to measure scholarship and the relationship between scholarship and student learning.

JAME manuscript submissions must include two essential components; (1) a well-designed methodology, and (2) evidence demonstrating the validity and value of the paper's underlying premise(s).

Journal for Advancement of Marketing Education manuscript submission guidelines

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First Page

Title of manuscript and the name, address, telephone number, and e-mail address of each author; followed with the statement *my/our original manuscript or a similar or exact copy entitled "____" has not been published and is not being considered for publication elsewhere*. Note: If the author/s use their previously published work(s) including conference proceedings or self-publication as a basis for the submission, they must cite the previous work(s) and briefly indicate how the submission offers substantial contributions beyond those of the previously published work(s). Authors should not identify themselves or their institution elsewhere in the manuscript.

Second Page

Title of Manuscript and Structured Abstract. The Structured Abstract (maximum 250 words) must be presented as four separate paragraphs using the subheadings below.

- ✓ **Purpose of the Study**. The motivation (reasons) for your paper or goals of the study.

- ✓ **Method/Design and Sample**. Method/design of the study and information about the sample(s) used. Underlying theory/model supporting your approach.

- ✓ **Results**. What was discovered?

- ✓ **Value to Marketing Educators**. How will the study offer fellow educators added value? For example; instruction, scholarship, governance/service, and/or materially help with a successful reappointment, promotion and/or tenure (RPT). To help improve your manuscript's fit with the journal's purpose, be sure that (a) your submission is likely to contribute to the marketing education literature (e.g., pedagogy, professional development, etc), and (b) your submission includes evidence to engender confidence in its replication and expected benefits.

- ✓ **Keywords**. Include up to five keywords describing the primary areas of your manuscript.

Third page onwards

Please use the latest edition of the APA manual of style for the remainder of the manuscript (see American Psychological Association. (2010). *Publication Manual of the American Psychological Association* (6th edition). Washington, DC. For more on the APA style, see http://www.apastyle.org/.

Who to send your submission to?

With the exception of **Special Issue submissions**, please send your manuscript to the editor, **Professor Pallab Paul, Ph.D.** at JAME@mmaglobal.org.

<u>Thank you</u> for your time and effort!

Journal for Advancement of Marketing Education

COUNTRY	SUBJECT AREA AND CATEGORY	PUBLISHER	H-INDEX
United States	Business, Management and Accounting └ Marketing		**8**
Universities and research institutions in United States	Social Sciences └ Education		

PUBLICATION TYPE	ISSN	COVERAGE	INFORMATION
Journals	15375137, 23263296	2012-2020	Homepage
			How to publish in this journal
			melbeck@troy.edu

SCOPE

Welcome to the Journal for Advancement of Marketing Education (JAME). Founded in 2001, JAME is a leading scholarly peer-reviewed journal crafted and read by marketing educators across the world. JAME readers demand articles reflecting innovation and excellence in marketing education from an empirical perspective that will add value to their performance across all stages of the academic life cycle. JAME publishes innovative, thought-provoking manuscripts addressing existent and emerging trends and issues influencing marketing educators across a variety of academic settings. Examples include undergraduate, graduate, doctoral, and corporate education; delivery methods; learning methods; accreditation; scholarship; service; governance; professional development; and across single- and multi-country settings.

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Journal for Advancement of Marketing Education

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Lampiran 11. Biografi Penulis

Krishanty Eka Putri, dilahirkan di Jakarta, 13 Oktober 1981. Sebagai anak pertama dari dua bersaudara dari pasangan Bapak Suparnyoto dan Ibu Jenny Suparnyoto, penulis sejak kecil sudah didik untuk menjadi wanita yang mandiri dan jujur.

Penulis telah menempuh pendidikan di SD Swasta Yasporbi I Jakarta, dan melanjutkan di SMP Swasta Yasporbi Jakarta dan jenjang SMA Negeri 3 Jakarta. Gelar sarjana diperoleh Penulis dari Jurusan Hukum Bisnis dan Industri, Fakultas Hukum, Universitas Trisakti.

Penulis sejak duduk di bangku SMP, telah aktif di kegiatan sekolah Palang Merah Remaja dan pada jenjang SMA Penulis mengikuti kegiatan pencak silat Merpati Putih.

Penulis berkerja di RS Hermina Grup sejak tahun 2005, dimana mulai berkerja di Departemen Marketing (*Head Office* RS Hermina grup) di divisi kerjasama pelayanan kesehatan dan telah berkerja di divisi marketing rumah sakit di RS Hermina Galaxy sebagai asisten manager, RS Hermina Bekasi sebagai manager. Saat ini Penulis diamanahkan kembali berkerja di divisi kerjasama pelayanan kesehatan di *Head office* RS Hermina grup sebagai manager. Saat berkerja di rumah sakit melihat diperlukan peningkatan kunjungan pasien untuk meningkatkan revenue rumah sakit yang akan membuat rumah sakit menjadi *sustainable*. Maka berdasarkan hal tersebut penulis merasa perlu mengetahui *point* pelayanan yang dapat meningkatkan kunjungan pasien serta kegiatan lain khususnya pada masa pandemi covid – 19 yang dapat menunjang hal tersebut. Hal tersebut menjadi dasar Penulis melanjutkan pendidikannya ke jenjang pasca sarjana pada bidang studi Magister Manjemen di Fakultas Ekonomi dan Bisnis Universitas Esa Unggul dan telah menulis tugas akhir dengan judul " **Peran Mediasi *Patient Satisfaction* terhadap *Revisit Intention* Pasien di Rumah Sakit Swasta Selama Pandemi Covid – 19"**

Dengan mengucapkan syukur kehadirat Allah SWT, penulis berharap tulisan/tugas akhir ini dapat memberikan manfaat bagi banyak pihak dan kontribusi positif pada bidang keilmuan khususnya manajemen.