

Factors Influencing Patient Satisfaction in The Inpatient Installation of Manado City Regional General Hospital

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Abstract.

Patient satisfaction is a key indicator for evaluating the quality of healthcare services, particularly in inpatient care. It is influenced by both the quality of interactions with healthcare personnel and the condition of hospital facilities. Hospitals are therefore expected to continuously improve service delivery to meet patients' expectations and needs. This study aims to identify the factors influencing patient satisfaction in the Inpatient Installation of Manado City Regional General Hospital. A quantitative research method with a cross-sectional design was employed. The study population included patients who received inpatient care at Manado City Regional General Hospital from January to August 2025. With an average of 134 inpatients per month, a sample of 100 respondents was determined using the Lemeshow formula. Data collection utilized a validated and reliable questionnaire. Analysis consisted of univariate statistics, chi-square tests for bivariate analysis, and logistic regression for multivariate analysis. The study found significant relationships between patient satisfaction and the following service quality dimensions: tangible ($p = 0.000$), responsiveness ($p = 0.001$), assurance ($p = 0.006$), reliability ($p = 0.015$), and empathy ($p = 0.017$). Among these, tangible (physical evidence) was identified as the most dominant factor influencing satisfaction. All five dimensions—tangible, reliability, responsiveness, empathy, and assurance—significantly influenced patient satisfaction. However, the tangible aspect (physical facilities, cleanliness, and appearance of staff and infrastructure) was the most influential factor. These findings suggest that Manado City Regional General Hospital should prioritize improvements in physical infrastructure, facility maintenance, cleanliness, and the readiness of medical equipment to enhance patient satisfaction.

Keywords: Patient satisfaction; service quality; tangible; empathy; responsiveness; assurance and reliability.

I. INTRODUCTION

Hospitals play a critical role in the healthcare system as institutions that provide comprehensive medical services to the public. According to the Indonesian Law No. 17 of 2023 on Health, a hospital is a healthcare facility that delivers promotive, preventive, curative, rehabilitative, and/or palliative services through inpatient, outpatient, and emergency care. In the context of increasing competition within the healthcare industry, hospitals are expected not only to meet established medical standards but also to fulfill patient needs and expectations holistically. One of the core services provided by hospitals is inpatient care, where patients are admitted for continuous observation, diagnosis, treatment, nursing, and rehabilitation. The number of hospitals in Indonesia continues to grow, with 2,710 general hospitals and 518 specialty hospitals reported in 2024 (Ministry of Health, 2024). In Manado City, the number of hospitals increased from 20 in 2023 to 21 in 2024, reflecting a rise in both general and specialty hospitals (Manado Health Office, 2024). This growth has heightened competition among healthcare institutions, emphasizing the need for service improvement strategies to ensure patient satisfaction, a key determinant of hospital success. Patient satisfaction is a crucial indicator of service quality and has a direct impact on patient loyalty, hospital reputation, and long-term sustainability. Satisfied patients are more likely to return for future care and recommend the facility to others through positive word-of-mouth communication (Basir et al., 2023).

High-quality healthcare is defined by the extent to which services meet patient expectations across several dimensions, including facility conditions, clinical service delivery, staff competence, safety, administrative efficiency, and interpersonal interactions. However, data from the World Health Organization (WHO) in 2021, involving over six million patient inputs from 25 countries, revealed that patient satisfaction in Indonesia remains low compared to international standards. Satisfaction levels in regions like Central Maluku (42.8%) and West Sumatra (44.4%) fall significantly below the national minimum standard of 95% set by the Indonesian Ministry of Health (Basir & Wahyono, 2023). In contrast, countries such as Sweden

and Finland reported satisfaction rates exceeding 90%. Research by Lampus (2023) highlighted the influence of service quality dimensions—including tangible evidence, reliability, responsiveness, assurance, and empathy—on patient satisfaction in inpatient settings. In line with this, Manado City Regional General Hospital (Manado City General Hospital), a relatively new public hospital operating for approximately three years, is currently undergoing transformation toward becoming a Regional Public Service Agency (BLUD). Despite its critical role in providing accessible healthcare, no prior studies have assessed patient satisfaction within this facility.

Preliminary interviews and patient complaints have pointed to issues such as inadequate nursing care, malfunctioning hospital facilities (e.g., broken toilet lights and blocked sinks), and poor responsiveness to maintenance needs, highlighting the urgency of quality assessment. Assessing patient satisfaction, especially in inpatient units, is essential to identifying service gaps and improving healthcare delivery. According to Sandag (2023), patient satisfaction reflects the degree to which healthcare services align with patient expectations and serves as a proxy when other quality indicators are unavailable. In inpatient settings, patients evaluate not only clinical care but also environmental comfort, administrative procedures, and staff attitudes, making it imperative to understand the factors that shape their satisfaction. This study focuses on evaluating the key service quality dimensions tangible, reliability, responsiveness, assurance, and empathy that may influence patient satisfaction at Manado City Regional General Hospital. Drawing upon the SERVQUAL model by Berry et al. (1990), which identifies these five factors as core components of service quality, the study aims to provide actionable insights for hospital management to enhance service standards, increase patient satisfaction, and support health policy development.

II. METHODS

A. Type of Research

This study employs a quantitative research method using a cross-sectional approach, where data collection is conducted once at a specific point in time for each selected respondent to assess both independent and dependent variables.

B. Location and Duration of the Study

This research was conducted at Manado City General Hospital (Manado City Regional General Hospital), from September to November 2025.

C. Population and Sample

1. Population

The target population in this study includes all inpatients at Manado City Regional General Hospital. Based on data from the hospital's medical records unit, the number of inpatients from January to August 2025 was 1,069 patients. The average monthly number of patients, calculated to be 134, was used as the basis for determining the sample size.

2. Sample

The sample is a portion of the population selected to represent the whole in the study. The sample size was determined using the Lemeshow formula, which is suitable for estimating proportions in cross-sectional studies:

$$n = \frac{Z^2 \cdot P(1-P)}{d^2} = \frac{1.96^2 \cdot 0.5(1-0.5)}{0.05^2} = 153.76 \approx 154$$

Where:

- N = Average population per month (134)
- Z = Standard normal deviation at 95% confidence level = 1.96
- P = Estimated proportion of population = 0.5
- d = Margin of error = 0.05
- α = Level of significance = 0.05

Based on this calculation, the minimum required sample size was 100 patients. Sampling was conducted using incidental sampling, a non-probability technique where samples are taken based on convenience and the availability of respondents who meet the inclusion criteria at the time of data collection.

D. Inclusion and Exclusion Criteria**1. Inclusion Criteria**

Participants must:

- Be willing to participate and provide informed consent by completing the questionnaire.
- Be aged 18 years or older.
- Be currently undergoing inpatient care at Manado City Regional General Hospital.

2. Exclusion Criteria

Participants are excluded if:

- They refuse to complete the questionnaire.
- They are under the age of 18.

E. Research Variables

- Independent Variables: Service quality dimensions based on the SERVQUAL model:
 - Tangibles (physical evidence)
 - Reliability
 - Responsiveness
 - Assurance
 - Empathy
- Dependent Variable:
 - Inpatient satisfaction

F. Operational Definitions**1. Service Quality (Independent Variable)**

Refers to the patients' perceptions of how well the hospital delivers care during their stay. It includes five dimensions as proposed by Zeithaml, Parasuraman, and Berry (1990):

- Reliability: Ability of the hospital to provide consistent and accurate service.
- Responsiveness: Timeliness and promptness in addressing patient needs.
- Assurance: Knowledge, skill, and courtesy of medical staff in delivering safe and comfortable service.
- Empathy: Individualized attention and understanding shown by staff to patients.
- Tangibles: Physical facilities, cleanliness, room comfort, and the quality of medical equipment.

2. Patient Satisfaction (Dependent Variable)

Refers to the level of contentment or dissatisfaction experienced by patients during their hospital stay. This is measured by the extent to which the services provided meet or exceed their expectations.

Table 1. Operational Definitions

No	Variable	Instrument	Definition	Measurement	Outcome	Scale
1	Tangibles (Physical Evidence)	Questionnaire	Appearance of physical facilities and equipment	24 items; Likert scale (1-5); Total max score: 120	Satisfied: 51–100% Not satisfied: ≤50%	Nominal
2	Reliability	Questionnaire	Ability to deliver service accurately and dependably	14 items; Likert scale (1-5); Total max score: 70	Satisfied: 51–100% Not satisfied: ≤50%	Nominal
3	Responsiveness	Questionnaire	Promptness and willingness to help patients	6 items; Likert scale (1-5); Total max score: 30	Satisfied: 51–100% Not satisfied: ≤50%	Nominal
4	Assurance	Questionnaire	Knowledge and courtesy of staff that instill trust	5 items; Likert scale (1-5); Total max score: 25	Satisfied: 51–100% Not satisfied: ≤50%	Nominal
5	Empathy	Questionnaire	Individual care and understanding by staff	6 items; Likert scale (1-5); Total max score: 30	Satisfied: 51–100% Not satisfied: ≤50%	Nominal
6	Patient Satisfaction	Questionnaire	The emotional response of patients after receiving care	9 items; Likert scale (1-5); Total max score: 45	Satisfied: 51–100% Not satisfied: ≤50%	Nominal

G. Research Instrument

The study used a standardized and validated questionnaire, adapted from the Indonesian Ministry of State Apparatus Empowerment and Bureaucratic Reform Regulation No. 14 of 2017. The instrument was

modified to suit the study context and has been previously validated in research conducted by Lampus (2023).

H. Data Collection Technique

Data were collected using questionnaires distributed to respondents who met the inclusion criteria. Respondents were first informed about the study and asked to sign informed consent before filling out the questionnaire honestly to ensure valid and objective data.

I. Data Processing and Analysis

1. Data Processing Steps:

- a. Carefully review incoming data for completeness and consistency.
- b. Code the data according to variable indicators.
- c. Tabulate data using Microsoft Excel.
- d. Enter coded data into SPSS software for analysis.
- e. Clean the dataset to check for accuracy and consistency.

2. Data Analysis:

- **Univariate Analysis:**

Descriptive statistics were used to summarize each variable and presented in the form of tables and charts.

- **Bivariate Analysis:**

Used to assess the relationship between the dependent variable (patient satisfaction) and each independent variable (service quality dimensions) using the Chi-Square test in SPSS.

- **Multivariate Analysis:**

To identify the most dominant independent variable associated with patient satisfaction, logistic regression was used. The process involved:

- Conducting bivariate analysis first.
- Variables with a p-value < 0.05 were included in the multivariate model.
- Variables with $p > 0.05$ were excluded.
- The logistic regression was repeated until only variables with $p < 0.05$ remained in the final model.

III. RESULT AND DISCUSSION

A. General Overview of the Study Site

Manado City General Hospital (Manado City Regional General Hospital) is a government-owned hospital located on Ringroad 1 Street, Tingkulu Sub-district, Wanea District, Manado City. It is classified as a Type C hospital, based on the operational license issued under Decree No. 354/3602/3/IORSA/DPMPTSP/XI/2022 by the Manado Investment and One-Stop Services Office. The organizational structure, roles, and operational procedures of the hospital are regulated under Manado Mayor Regulation No. 17 of 2019. Manado City Regional General Hospital was officially inaugurated by the Mayor of Manado on November 14, 2022, offering emergency services, outpatient clinics, and inpatient care with a capacity of 103 beds. The hospital received accreditation from the Hospital Accreditation Commission (KARS) on April 5, 2024 (Certificate No. 335/SERT-AKR/LAM-KPRS/Set/IV/2024), achieving paripurna (excellent) accreditation status, indicating full compliance with national hospital standards. The establishment of this Type C public hospital aims to raise public health awareness, which is expected to lead to higher levels of participation in social and economic development. This aligns with the city's medium- and long-term development vision: "A Progressive and Prosperous Manado," which emphasizes the improvement of healthcare services and universal health coverage.

Manado City Regional General Hospital has the following vision and mission:

Vision: To become a center of quality healthcare services in Manado City.

Mission:

- To provide excellent, professional, and high-quality healthcare services.
- To enhance human resource competency, professionalism, and excellence.

- To improve healthcare infrastructure supporting flagship services and referral systems.
- To develop the hospital's potential through continuous innovation.

B. Research Findings

1. Respondent Characteristics

Table 2 summarizes the demographic characteristics of 100 respondents who received inpatient care at Manado City Regional General Hospital.

Table 2. Respondent Characteristics

Characteristic	Category	n	%
Gender	Male	37	37.0
	Female	63	63.0
Age Group	15–24 years	19	19.0
	25–34 years	19	19.0
	35–44 years	26	26.0
	45–54 years	22	22.0
	55–64 years	6	6.0
	≥ 65 years	8	8.0
Education	Primary School or equivalent	12	12.0
	Junior High School	7	7.0
	High School	52	52.0
	College/University	29	29.0
Occupation	Student	9	9.0
	Civil Servant	15	15.0
	Laborer	8	8.0
	Driver	4	4.0
	Trader	5	5.0
	Private Employee	13	13.0
	Others	46	46.0
Length of Stay	< 3 days	13	13.0
	3–6 days	87	87.0
Relationship to Patient	Self	67	67.0
	Parent	5	5.0
	Spouse	9	9.0
	Child	19	19.0
Payment Method	BPJS (National Health Insurance)	99	99.0
	Out-of-pocket	1	1.0

The data indicate that the majority of respondents were female (63%) and in the 35–44 age group (26%). Most respondents had completed high school (52%) and fell under the “other” occupation category (46%). Almost all used BPJS for healthcare payments (99%). Most patients were hospitalized for 3–6 days (87%).

2. Univariate Analysis

Table 3. Patient Satisfaction and Service Quality Dimensions

Variable	Satisfied (n/%)	Dissatisfied (n/%)
Tangibles	42 (42.0%)	58 (58.0%)
Empathy	56 (56.0%)	44 (44.0%)
Reliability	52 (52.0%)	48 (48.0%)
Responsiveness	59 (59.0%)	41 (41.0%)
Assurance	60 (60.0%)	40 (40.0%)
Patient Satisfaction	54 (54.0%)	46 (46.0%)

More than half of the patients were satisfied with empathy, responsiveness, assurance, and reliability, while only 42% were satisfied with tangible (physical) aspects.

3. Bivariate Analysis

All five service quality dimensions (tangible, reliability, responsiveness, assurance, and empathy) were significantly associated with patient satisfaction ($p < 0.05$), indicating that patients who rated these aspects highly were more likely to report overall satisfaction.

Key findings:

- Tangible ($p = 0.000$): Strongest predictor. Patients satisfied with physical aspects were 122 times more likely to report overall satisfaction.
- Responsiveness ($p = 0.001$): Quick and attentive staff response correlated strongly with satisfaction.
- Assurance ($p = 0.006$): Professionalism and confidence-building measures by staff were significant.
- Empathy ($p = 0.017$) and Reliability ($p = 0.015$): Both positively influenced satisfaction.

4. Multivariate Analysis

a. Bivariate Screening for Multivariate Model

Variables with $p < 0.05$ included:

- Tangibles
- Reliability
- Responsiveness
- Assurance
- Empathy

Table 4. Bivariate p-values

Variable	p-value
Tangibles	0.000
Reliability	0.015
Responsiveness	0.001
Assurance	0.006
Empathy	0.017

b. Logistic Regression Analysis (Initial Model)

Table 5. Logistic Regression (All Variables)

Variable	Sig.	Exp(B)	95% CI (Lower–Upper)
Tangibles	0.000	122.145	17.069 – 874.082
Reliability	0.072	4.752	1.192 – 18.935
Responsiveness	0.020	4.727	1.273 – 17.556
Assurance	0.004	11.160	2.122 – 58.687
Empathy	0.925	1.066	0.285 – 3.986

Tangible, responsiveness, and assurance were statistically significant. Reliability and empathy were excluded in the final model due to $p > 0.05$.

c. Final Logistic Regression (Backward Stepwise)

Table 7. Final Model – Significant Predictors

Variable	Sig.	Exp(B)	95% CI (Lower–Upper)
Tangibles	0.000	98.314	15.176 – 636.908
Responsiveness	0.008	5.392	1.546 – 18.810
Assurance	0.002	12.099	2.409 – 60.756

- Nagelkerke $R^2 = 0.673$, indicating that the final model explains 67.3% of the variance in patient satisfaction.

Interpretation:

- Tangibles (cleanliness, equipment, facility appearance) were the most dominant factor.

- Assurance (staff competence and professionalism) and responsiveness (timeliness and attentiveness) were also strong predictors.
- Empathy and reliability, although important in earlier analyses, did not maintain significance in the final multivariate model.

Discussion

1. Tangibles (Physical Evidence)

Tangibles are defined as the appearance of physical facilities, equipment, personnel, and communication materials used in the provision of services. In the context of inpatient care, this dimension is fundamental, as it often forms the first impression received by patients and their families. Patients' perceptions of service quality are frequently drawn from what they can observe visually. Therefore, investments in cleanliness, room comfort, and modern medical equipment are essential strategies for building a positive image of service quality. Indicators of the tangible dimension include the availability and tidiness of facilities and infrastructure, cleanliness of rooms and hospital surroundings, and the consistent, professional appearance of all staff members. Physical comfort, such as proper beds, functional and clean restrooms, and room aesthetics, are aspects highly valued by patients during hospitalization. Poor physical evidence can diminish patient morale and create an impression of an unprofessional hospital, regardless of the clinical competence of its staff. The findings of this study at Manado City Regional General Hospital reveal that tangibles are the most dominant and significant factor influencing patient satisfaction.

Patients who were satisfied with the physical aspects of the hospital were 98.3 times more likely to report overall satisfaction compared to those who were dissatisfied. Specifically, 39.0% of patients who were satisfied with tangible aspects also reported being satisfied overall. This underscores the importance of visual and environmental quality as a priority, especially for a newly operational hospital. These results are supported by previous research. A study by Sandag et al. (2023) at RS Bhayangkara TK III Manado found a significant relationship between tangibles and patient satisfaction. Similarly, a literature review by Amanda & Andarini (2023) using the SERVQUAL method also identified tangibles as a key element in healthcare quality evaluation. Lampus (2023) likewise confirmed a positive influence of physical evidence on inpatient satisfaction. Given the strong predictive value of tangibles, hospital management at Manado City Regional General Hospital must prioritize sustained investment in facility improvement and maintenance. Enhancing cleanliness, upgrading support facilities, and ensuring staff maintain a professional appearance are concrete steps that can significantly improve patient satisfaction and elevate the hospital's public image.

2. Empathy

Empathy refers to the ability of healthcare personnel to show genuine care and attention to patients, understanding their individual needs and concerns. It reflects the emotional engagement of staff, which is particularly vital in healthcare as it is a high-contact service domain. Indicators of empathy include attentiveness, the ability to "put oneself in the patient's shoes," and accessibility to patients. Empathetic behavior contributes to increased patient compliance with treatment regimens. When patients feel understood and valued as individuals, their satisfaction significantly increases. Despite the conceptual importance of empathy, the multivariate analysis in this study found it to be statistically insignificant ($p = 0.925$) in influencing patient satisfaction at Manado City Regional General Hospital.

This finding contrasts with previous univariate findings, such as those by Lampus (2023), who reported a significant effect of empathetic behavior on inpatient satisfaction. Nevertheless, many other studies affirm the critical role of empathy. A review by Afyat, Romayanti, et al. (2025) identified empathy as one of the five key factors influencing inpatient satisfaction. Likewise, Irawan & Sitanggang (2020) emphasized empathy as an integral part of quality evaluation in the SERVQUAL model. Even though empathy was not statistically dominant in this study, its importance in fostering strong patient-provider relationships remains crucial. It is recommended that healthcare staff receive ongoing communication and empathy training, as these soft skills reinforce other dimensions like assurance and reliability. Improving empathy practices will support the hospital's mission to build patient and family trust through compassionate care.

3. Reliability

Reliability refers to the hospital's ability to deliver promised services accurately and consistently. It is the core of healthcare quality, as patients expect certainty and precision in all aspects of their medical care—from diagnosis to treatment. This dimension includes timely doctor visits, accurate diagnoses, appropriate medication administration, and adherence to care procedures. Patients are more likely to feel satisfied when their experience aligns with expectations. Failures in this area, such as medical errors or unjustified delays, can severely damage the hospital's credibility. Although theoretically important, the logistic regression analysis in this study showed that reliability was not a statistically significant predictor of satisfaction ($p = 0.072$). In contrast, previous studies such as Lampus (2023) at RSUP Prof. Dr. R. D. Kandou Manado found reliability to be the most influential factor in inpatient satisfaction. The discrepancy may be due to Manado City Regional General Hospital's relatively new status, where physical issues and response time are more pressing concerns for patients. Other studies support the relevance of reliability. Sandag et al. (2023) observed a significant link between reliability and satisfaction, while Afyat, Romayanti, et al. (2025) identified reliability as a fundamental factor in healthcare service quality. Irawan & Sitanggang (2020) also highlighted its central role in patient assessments of service quality. Despite its lack of statistical significance in this study, reliability remains an essential service attribute. Management should continue to enhance staff competence through training and ensure accurate, timely service delivery to meet patient expectations and uphold the hospital's professional standards.

4. Responsiveness

Responsiveness refers to the willingness and readiness of healthcare staff to assist patients promptly. In emergency and inpatient care, quick response times are critical in shaping patient safety and satisfaction. Patients expect immediate attention, and the ability to respond efficiently becomes a key quality indicator. Indicators of responsiveness include how quickly staff respond to patient calls, their willingness to assist, and their ability to deliver clear and timely information. Patients generally report higher satisfaction when service is fast and efficient, including shorter wait times for consultations, diagnostic tests, or procedures. In this study, responsiveness was found to be a significant predictor of patient satisfaction ($p = 0.008$) and the third most dominant factor, with an Exp(B) value of 5.392. This indicates that patients who were satisfied with staff responsiveness were about five times more likely to be satisfied overall. Supporting evidence includes studies by Sandag et al. (2023) and Lampus (2023), both of which identified responsiveness as a significant determinant of satisfaction in inpatient settings. The strong influence of responsiveness at Manado City Regional General Hospital suggests that management must improve service protocols. Standard Operating Procedures (SOPs) should ensure maximum response times, especially in inpatient wards. Training staff to be attentive and prompt, along with monitoring response times, will directly enhance patient satisfaction metrics.

5. Assurance

Assurance encompasses the knowledge, courtesy, and trustworthiness of healthcare staff that inspires confidence and a sense of safety among patients. It is a vital component in healthcare because patients entrust their lives and wellbeing to the hospital. Indicators of assurance include staff competence, polite and friendly behavior, and a clear demonstration of patient safety protocols. Honest communication regarding patients' rights and obligations also reinforces assurance. This study found that assurance significantly influences patient satisfaction ($p = 0.002$) and is the second most dominant factor, with an Exp(B) of 12.099. This highlights that patients at Manado City Regional General Hospital place considerable value on staff professionalism and trustworthiness—essential components of a safe hospital environment. Other studies confirm this. Amanda & Andarini (2023) emphasized assurance as a core SERVQUAL component, while Sandag et al. (2023) and Lampus (2023) also reported its significant impact on satisfaction. To strengthen assurance, Manado City Regional General Hospital must invest in staff ethics training and interpersonal communication skills. Demonstrating knowledge and professionalism across all staff roles will foster trust and improve satisfaction levels, ultimately enhancing patient loyalty and community confidence.

6. Respondent Characteristics

- Gender: No significant relationship was found between gender and patient satisfaction ($p = 0.269$), consistent with findings by Prakash et al. (2020) and Al-Abri & Al-Balushi (2021). This suggests that service delivery at Manado City Regional General Hospital is equitable across genders.
- Age: Similarly, age group was not significantly related to satisfaction ($p = 0.297$). This aligns with Batbaatar et al. (2021) and Khamis et al. (2022), who stated that while age may influence expectations, it does not necessarily affect satisfaction when quality service is consistently perceived.
- Occupation: No significant association was found ($p = 0.117$), supporting conclusions by Liu et al. (2020) and Wulandari et al. (2023), which emphasized that service experience outweighs employment status.
- Education: A significant relationship was observed ($p = 0.003$). Studies by Xesfingi & Vozikis (2019) and Gebremedhin et al. (2022) show that higher education levels correlate with more critical expectations and evaluations.
- Length of Stay: Also significantly associated with satisfaction ($p = 0.016$), confirming findings by Chen et al. (2021) and Zhang et al. (2023), who noted that longer stays allow patients to evaluate care more comprehensively.
- Relationship to Patient: No significant association ($p = 0.215$), in line with Al-Mutairi et al. (2020), indicating that personal experience with care is more influential than the patient-relative relationship.
- Payment Method: No significant association ($p = 0.540$), consistent with Susanto et al. (2021) and Rahmayani et al. (2024), suggesting that satisfaction remains high when services are perceived as fair, regardless of insurance type.

In summary, education level and length of stay were the only characteristics significantly related to satisfaction. Most demographic and administrative variables did not show a meaningful relationship, reinforcing that satisfaction is primarily shaped by service experience, not background characteristics.

7. Most Influential Variable

Among all factors analyzed, tangibles emerged as the most dominant and influential variable associated with inpatient satisfaction at Manado City Regional General Hospital. Patients who were satisfied with tangible aspects were 98.3 times more likely to be satisfied overall.

Tangibles include:

- Clean and comfortable patient rooms
- Well-maintained bathrooms and functional equipment
- Professional and uniformed staff appearance

As a newly operational hospital, tangible quality often forms the first impression and acts as a cognitive shortcut for patients to assess overall quality—before even evaluating clinical competence. These findings align with studies by Sandag et al. (2023) and Amanda & Andarini (2023), who emphasized that improvements in physical facilities not only enhance aesthetics but also promote safety and comfort, directly correlating with increased satisfaction. From a theoretical perspective, this aligns with the expectation-disconfirmation theory, where visible and easily assessable elements like cleanliness and equipment are more likely to exceed expectations and trigger high satisfaction. Unlike reliability, which takes time to evaluate, tangibles provide immediate gratification.

Managerial Implications:

Hospital management must allocate resources to maintain and upgrade physical facilities consistently. Prioritizing tangible quality will not only meet patient expectations but also lay the groundwork for broader acceptance of more complex service dimensions like assurance and reliability in the future.

IV. CONCLUSION

Based on the results of this study, the following conclusions can be drawn:

1. There is a significant relationship between the **tangible (physical evidence)** dimension and patient satisfaction in the inpatient unit of Manado City Regional General Hospital. The better the physical facilities, infrastructure, appearance of medical personnel, and availability of medical equipment are perceived by patients, the higher their level of satisfaction.

2. There is a significant relationship between the **reliability** dimension and patient satisfaction. This dimension includes the ability of medical personnel to consistently and accurately provide healthcare services. Good service performance can lead to increased patient satisfaction.

3. There is a significant relationship between the **responsiveness** dimension and patient satisfaction, which refers to how doctors and staff respond to and address patients' complaints and concerns promptly and appropriately.

4. There is a significant relationship between the **empathy** dimension and patient satisfaction. The higher the level of empathy demonstrated by healthcare staff toward patients, the greater the level of satisfaction experienced by the patients.

5. There is a significant relationship between the **assurance** dimension and patient satisfaction, which includes the competence, courtesy, and credibility of healthcare workers in ensuring patient safety and confidence.

6. Among all the service quality dimensions, the **tangible (physical evidence)** dimension is the **most dominant factor** influencing patient satisfaction in the inpatient ward of Manado General Hospital.

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