THE INFLUENCE OF SERVICE PERFORMANCE AND HEALTH SERVICE QUALITY ON PATIENT SATISFACTION LEVELS AT THE MUARA LAWAI VILLAGE COMMUNITY HEALTH CENTER, LAHAT DISTRICT

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Abstract: Health care facilities are required to provide quality services according to patient needs. One strategy to achieve this is to increase service efficiency and provide real responses while still upholding superior service standards, especially for patients. The level of satisfaction at the Muara Lawai Village Health Center, Lahat Regency has not reached the optimal standard, thus encouraging this study to examine various factors that influence patient satisfaction at the facility, with a special focus on Service Performance and Service Quality. This study was conducted at the Muara Lawai Village Health Center, Lahat Regency using quantitative/statistical research methodology. Participants in this study were patients who received services at the Muara Lawai Village Health Center, Lahat Regency. The measuring instruments used included Service Performance, Service Quality, and Patient Satisfaction, each of which was developed independently based on its respective indicators. Hypothesis validation was carried out using the F-test and t-test. The findings of the study indicate that: First, Service Performance significantly affects Patient Satisfaction; Second, Service Quality has a positive effect on Patient Satisfaction; Third, Service Performance and Service Quality have a positive effect on Patient Satisfaction Levels when considered together. As a result, this study concluded that increasing Patient Satisfaction can be achieved through improving Service Performance and Service Quality. The results of the study further confirmed that: First, Service Performance affects Patient Satisfaction; Second, Service Quality positively affects Patient Satisfaction; Third, Service Performance and Service Quality collectively have a positive effect on Patient Satisfaction Level. Therefore, it can be concluded that improving Service Performance and Service Quality leads to improving Patient Satisfaction.

Keywords: Patient Satisfaction, Service Performance, Service Quality

INTRODUCTION

The government is responsible for public services provided by various government agencies at the national, regional, and State-Owned Enterprises levels. These services include the provision of public goods and are service-oriented. It is the government's duty to facilitate health development, which is essential to achieving national development goals. The focus of health sector development is to increase awareness, willingness, and capacity for healthy living, which ultimately leads to improved public health status.

Health development is focused on vulnerable groups, including mothers, infants, children, the elderly, and poor families. The advancement of health services is very important to improve the quality of human resources in Indonesia. The government has undertaken various initiatives to improve health development comprehensively, gradually, and sustainably in order to achieve health development goals. One important effort made by the government to improve the health of the community is to expand public access to health services by building easily accessible basic health facilities, especially community health centers. As a provider of primary health services, community health centers must ensure the provision of quality health services.

Service performance includes quality of work results, efficiency, compliance with customer expectations, and timeliness of task completion. The government has attempted to meet the community's need for health services by establishing hospitals and Community Health Centers (PUSKESMAS) throughout Indonesia. Puskesmas function as technical implementing units within the district or city health office that are tasked with managing health development in the designated area.

The health center has several objectives: 1. To act as a center to promote health-focused development. 2. To empower families and communities. 3. To provide primary health care services. However, government initiatives to meet the health needs of the community have not met expectations. Many community members have expressed dissatisfaction with the services provided by the government-run health center, citing issues such as lack of attention from health workers during examinations, long service times, staff competence, condition of facilities, and long waiting times for services.

The gap between the ideal quality of nursing care and the actual care provided is common in various health facilities, especially those related to nursing services. This gap can occur due to high patient demands, inadequate nursing competence, or lack of knowledge and skills of nurses in providing patient care. Given the importance of the role of nurses in carrying out medical tasks such as diagnosis, treatment, disease prevention, health recovery, and referrals, quality improvement must continue to be pursued to ensure patient satisfaction.

This observation is based on the researcher's findings regarding the situation in health service centers. One of the common complaints often heard from the public regarding government officials is not only the convoluted nature of bureaucracy but also the behavior of certain officials who are sometimes unfriendly, as well as the performance of employees in providing services, especially in terms of timeliness, quantity, and quality of service which is still very low.

Nowadays, the public is increasingly open in providing criticism for public services. Therefore, the substance of administration plays a very important role in regulating and directing all activities of service organizations in achieving goals. The health service process and quality of service are related to the availability of health facilities consisting of basic health services (health centers, treatment centers), referral services (hospitals), availability of health workers, equipment and medicines. This is important as a reference in improving services in order to provide optimal satisfaction.

THEORITICAL REVIEW

Performance

According to Mangkunegara (2018:91), performance is defined as the quality and quantity of work results achieved by an employee in carrying out his duties in accordance with the responsibilities given to him. Furthermore, Sedarmayanti (2019:147) stated that the performance assessment of government organizations (public bureaucracy) must be in line with the tasks and functions carried out. It is also stated that comprehensive performance indicators include the following dimensions: Service Quality, Productivity, Responsiveness, Responsibility, Accountability

Quality of Service

According to Pohan (2019:30) Quality is a word that is commonly used, both by academic life environments and in everyday life. Although its meaning can generally be felt and understood by anyone, quality as a concept or understanding, is not widely understood by people and in reality the understanding of quality itself is not the same for everyone. Each person or society will define quality according to their opinions and needs which may be different from others.

Factors that influence the quality of health services according to Azrul Azwar (2018:21) are:

1. Input Elements Input elements are manpower, funds and facilities. In general, it is stated that if manpower and facilities do not meet the established standards, and if the available funds do not meet the needs, then it is difficult to expect good service quality.
2. Environmental Elements Environmental elements are policy, organization and management.
3. Process Elements Process elements are medical actions and non-medical actions.

The quality of health services is a health service that can satisfy every user of health services according to the average level of satisfaction of the population and its implementation is in accordance with the service standards and professional code of ethics that have been set (Azwar, 2018:19). And its dimensions according to Parasuraman, et al. (2018) Physical appearance, namely the appearance of physical facilities, equipment, employees and communication media with indicators:

1) Cleanliness, tidiness and comfort of the room.
2) Arrangement of waiting rooms and patient health examination rooms.
3) Readiness and cleanliness of the tools used.

a. Reliability, namely the ability to provide promised health services accurately and satisfactorily with the following indicators:
   1) Fast and accurate patient admission procedures.
   2) Fast and precise examination, treatment and care services.
   3) Service schedules and doctor visits are promised precisely.

b. Responsive, namely the ability to help patients and provide services quickly, the indicators are:
   1) Nurses respond quickly to resolve patient complaints.
   2) Officers provide clear and easy-to-understand information.
   3) When needed by the patient, the nurse acts appropriately and quickly.

c. Assurance, which includes knowledge, ability, politeness and trustworthy nature possessed by staff free from danger, risk and doubt with the following indicators:
   1) The knowledge and ability of doctors to diagnose diseases.
   2) The skills of nurses in serving Askes patients.
   3) Polite and friendly service providers.
   4) Guarantee of service security and trust in services.

d. Empathy, namely the ease of establishing good communication relationships, personal attention and understanding of patient needs with the following indicators:
   1) Give special attention to each patient.
   2) Attention to patient and family complaints.
   3) Service to all patients regardless of social status.

Patient Satisfaction

Satisfaction is a pleasant feeling experienced by an individual that arises from a comparison between the pleasure obtained from an activity or product with their expectations (Nursalam, 2018:32). According to Philip Kotler (2018:45), patient satisfaction is defined as the level of feeling experienced by a person after comparing the performance (or results) they feel with their expectations. Patient satisfaction is the level of feeling that arises due to the

quality of health services they receive, because patients compare it with the expected results (Pohan, 2019:65). The level of customer satisfaction of health care institutions provides added value for doctors, paramedics, pharmaceutical companies, medical device providers, and leaders of health care providers.

Customer satisfaction is the result achieved when product features respond to customer needs. According to R. Machmud (2021), in service providers such as health centers or other health service organizations, patient satisfaction is influenced by many factors related to:

a. The approach and behavior of the staff, the patient's feelings especially when they first arrive
b. The quality of information received, such as what is done, what can be expected from the service
c. Agreement procedure
d. Waiting time
e. Public facilities available
f. Facilities for patients such as food quality, privacy and visiting arrangements
g. *Outcome*therapy and care received

According to Pohan (2019:144) patient satisfaction can be assessed using the following indicators:

1. Satisfaction with access to health services is reflected in attitudes and knowledge regarding:
   a. Availability of health center services at specified hours
   b. Ease of obtaining health services in both routine and emergency situations
   c. Clarity and understandability of health service procedures

2. Satisfaction with the quality of health services
   a. Competent and qualified personnel in their fields
   b. The existence of health examination results and changes experienced by patients after receiving health services

3. Satisfaction with health services covers various aspects, including interpersonal relationships:
   a. Availability of community health center services as assessed by patients
   b. Perception of the attention and care provided by doctors and health professionals.
   c. Level of trust and confidence in doctors
   d. Understanding of medical condition or diagnosis
   e. Difficulty understanding medical advice or treatment plans.

4. Satisfaction with the health care system is evaluated through measurements:
   a. Physical facilities and health care environment
   b. Scope and nature of benefits offered by health services
   c. Appointment system, including waiting times, utilization of time while waiting, willingness to help or attention shown by staff, and mechanisms for addressing problems and complaints.

Framework of thinking

Schematically, the results of this study are illustrated: Service performance and quality of care have a significant impact on patient satisfaction.

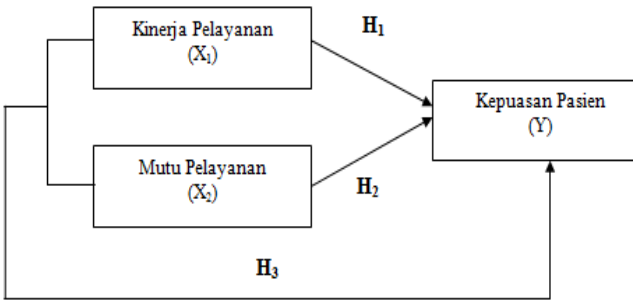

Figure 1. Framework of thinking

METHODS

The population in this study were patients who visited the Muara Lawai Village Health Center, Lahat Regency. Patients in Muara Lawai Village, Lahat Regency were chosen as the research population because these patients directly experienced the performance of services and the quality of services of the Muara Lawai Village Office employees, Lahat Regency.

The sample is part of the number and characteristics possessed by the population Sugiyono (2019:41). The sample used in this study was determined using certain criteria with the purposive sampling method. According to Sugiyono (2019:46), purposive sampling is taking respondents as samples based on coincidence, namely anyone who happens to meet the researcher can be used as a sample, if the person who happens to be suitable as a data source is matched to the main criteria.

RESULT AND DISCUSSION

1. Instrument Test

a. Validity Test

According to Arikunto (2019:144), validity is a measure that shows the level of validity or authenticity of an instrument. In line with that, Singarimbun (2019:122) stated that validity shows the extent to which a measuring instrument can measure precisely what it wants to measure. If r count > r table, then it is declared valid. If r count < r table, then it is declared invalid.

Table 1. Service Performance Questionnaire Validity Test Results Table at the Muara Lawai Village Health Center, Lahat Regency

Dimensions	No. Question	Service Performance Assessment		Information
		r count	r table	
Quality of service	1	0.694	0.361	Valid
	2	0.601	0.361	Valid
Work productivity	3	0.614	0.361	Valid
	4	0.370	0.361	Valid
Responsiveness	5	0.639	0.361	Valid
	6	0.559	0.361	Valid
Responsibility	7	0.445	0.361	Valid
	8	0.611	0.361	Valid
Accountability	9	0.555	0.361	Valid
	10	0.687	0.361	Valid

Source: Primary Data, processed 2024

Table 2. Table of Validity Test Results of Service Quality Questionnaire at the Muara Lawai Village Health Center, Lahat Regency

Dimensions	No. Question	Service Quality Assessment		Information
		r count	r table	
Physical appearance	1	0.607	0.361	Valid
	2	0.573	0.361	Valid
Reliability	3	0.698	0.361	Valid
	4	0.496	0.361	Valid
Responsive	5	0.682	0.361	Valid
	6	0.792	0.361	Valid
Guarantee	7	0.515	0.361	Valid
	8	0.736	0.361	Valid
Empathy	9	0.713	0.361	Valid
	10	0.819	0.361	Valid

Source: Primary Data, processed 2024

Table 3. Patient Satisfaction Questionnaire Validity Test Results Table at the Muara Lawai Village Health Center, Lahat Regency

Dimensions	No. Question	Patient Satisfaction Assessment		Information
		r count	r table	
Satisfaction with access to health services	1	0.901	0.361	Valid
	2	0.863	0.361	Valid
	3	0.799	0.361	Valid
Satisfaction with the quality of health services	4	0.881	0.361	Valid
	5	0.785	0.361	Valid
	6	0.836	0.361	Valid
Satisfaction with the health service process	7	0.799	0.361	Valid
	8	0.738	0.361	Valid
Satisfaction with the health care system	9	0.835	0.361	Valid
	10	0.666	0.361	Valid

Source: Primary Data, processed 2024

Based on the validity test, all are said to be valid because the calculated r > t table, which states that all are valid in the research questionnaire.

b. Reliability Test

The reliability test in this study the author uses Alpha Cronbach. If r alpha ≥ r table the statement is reliable and an instrument is said to be reliable if it provides a Cronbach Alpha value ≥ 0.60.:

Table 4. Service Performance Questionnaire Reliability Test Results

Cronbach's alpha value	Table r Value	Information
0.755	0.60	Reliable

Source: Primary Data, processed 2024

From the table above, the Cronbach's alpha value for the service quality questionnaire is 0.755, meaning the alpha value is greater than 0.60, so the questionnaire is declared reliable.

Table 5. Table of Reliability Test Results of Service Quality Questionnaire

Cronbach's alpha value	Table r Value	Information
0.856	0.60	Reliable

Source: Primary Data, processed 2024

From the table above, the Cronbach's alpha value for the service quality questionnaire is 0.856, meaning the alpha value is greater than 0.60, so the questionnaire is declared reliable.

Table 6. Patient Satisfaction Questionnaire Reliability Test Results Table

Cronbach's alpha value	Table r Value	Information
0.935	0.60	Reliable

Source: Primary Data, processed 2024

From the table above, the Cronbach's alpha value for the service quality questionnaire is 0.935, meaning the alpha value is greater than 0.60, so the questionnaire is declared reliable.

In the employee performance variable, the respondents' answers stated that they agreed 40% and strongly agreed (60%) that officers provide convenience when serving patients. The respondents' answers stated that they agreed 40% and strongly agreed (60%) that the health center services provided are in accordance with the established policies, the respondents' answers stated that they agreed 43.3% and strongly agreed (58.7%) that the services are in accordance with expectations.

In the service quality variable, 40% of respondents stated that they agreed and 60% strongly agreed that the health procedure services were clear and easy to understand. Respondents' answers stated that they agreed (21.3%) and strongly agreed (56.7%) regarding comfort in undergoing the patient examination process at work.

In the Patient satisfaction variable, the respondents' answers stated that they agreed 40% and strongly agreed (60%) that the health procedure service was clear and easy to understand. The respondents' answers stated that they agreed 40% and strongly agreed (60%) that the ease of obtaining health services, both in normal circumstances and in emergency situations, and the respondents' answers stated that they agreed 43.3% and strongly agreed (56.7%) that the level of trust and confidence in doctors.

2. Correlation Test Analysis

To find out and check the research data whether there is a relationship, then conduct a Pearson Product Moment test. The magnitude of the correlation coefficient is $-1 \leq r \leq +1$: - If (-) means there is a negative relationship - If (+) means there is a positive relationship Interpretation of the correlation coefficient value:

1. If r = -1, then the correlation between the two variables is very weak and has the opposite relationship (if X goes up then Y goes down or vice versa)
2. If r = +1 or close to +1, then the relationship between the two variables is strong and has a unidirectional relationship (if X increases then Y increases or vice versa). Meanwhile, the r value will be consulted with the r value interpretation table.

Table 7. Correlation Test

		Service_Performance	Service Quality	Service Satisfaction
Service_Performance	Pearson Correlation	1	.471**	.616**
	Sig. (2-tailed)		.009	.000
	N	30	30	30
Service Quality	Pearson Correlation	.471**	1	.683**
	Sig. (2-tailed)	.009		.000
	N	30	30	30
Service Satisfaction	Pearson Correlation Coefficient	.616**	.683**	1
	Sig. (2-tailed)	.000	.000	
	N	30	30	30

**.The correlation is statistically significant at the 0.01 level (two-tailed).
Source: Data processed by SPSS 23, 2024

Based on the output table above, it can be seen that the correlation coefficient (r) value obtained is 0.616, meaning that the correlation between the service performance variables and service quality on patient satisfaction is 0.616. The calculated r value> r table is 0.616> 0.361. This shows a strong relationship, because the r value is at 0.60 -0.80.

3. Multiple Linear Regression Test

In this study, multiple linear regression analysis is used to prove the influence of Human Resources quality and information technology utilization on the value of financial reporting information in the West Bandung Regency local government. The model tested in this study can be expressed in the multiple linear regression equation below:

$$Y = \alpha + \beta_1 x_1 + \beta_2 x_2 + e$$

Table 8. Multiple Linear Regression Test

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	7,979	5,039		1,583	.125
Service_Performance	.370	.138	.379	2,673	.013
Service Quality	.580	.163	.504	3,557	.001

a. Dependent Variable: Service Satisfaction
Source: Data processed by SPSS 23, 2024

Y = α + β1X1 + β2X2 + e
Y = 7.979 + 0.370X1 + 0.580X2 + e

The coefficients of the formulation in the context of multiple linear regression that

have been explained above can be explained as follows:

a. The constant value (a) is 7.979, which shows that if the performance and service quality variables remain constant, patient satisfaction will be 7.979.
b. The regression coefficient value of 0.370 means that for every 1% increase in service performance, patient satisfaction will increase by 0.370.
c. The service quality regression coefficient is 0.580, which means that for every 1% increase in selection, patient satisfaction will increase by 0.580.

4. Hypothesis Testing

a. Partial t-Test

The calculated t value with a significance level of 0.05 is Ttable of 2.048. The Ttable value is obtained from n-2 = 30-2 = 28, where n is the number of observations, k is the number of independent variables.

Table 10. Partial T Test

Variables	Coefficient	T count	Sig
Constants	7,979	1,583	0.125
X1 (Service Performance)	0.370	2,673	0.13
X2 (Service Quality)	0.580	3,557	0.01
Dependent Variable: Patient Satisfaction			

Source: Data processed by SPSS 23, 2024

1. The calculated t-value exceeds the critical t-value, with a value of 2.673 compared to 2.048, and the probability of significance is less than 0.05 (α), specifically 0.13, which is also less than 0.05. Therefore, the null hypothesis (H0) is rejected, indicating that the performance variable significantly affects patient satisfaction individually.
2. In addition, the calculated t-value is 3.557, which is greater than the critical t-value of 2.048, and the significance probability is 0.01, also less than 0.05. As a result, the null hypothesis (H0) is rejected, indicating that the service quality variable has a significant impact on individual patient satisfaction.

b. F Test (Simultaneous Test)

According to Imam Ghozali (2018:115), if the significant probability value is <5% then the independent variables or independent variables will have a significant effect together on the dependent variable.

The calculated f value with a significance level of 0.05, and df = 27 is a KCX value of 3.35. where n is the number of observations, k is the number of independent variables.

Table 9. Simultaneous F Test
ANOVA

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	346,407	2	173.203	18,480	.000a
Residual	253,060	27	9,373		
Total	599,467	29			

a. Predictors: (Constant), Service_Quality, Service_Performance
b. Dependent Variable: Service Satisfaction
Source: Data processed by SPSS 23, 2024

Based on the table above, simultaneous testing produces a calculated F value of 18.480, which exceeds the critical F value of 3.35, with a p value of 0.000. These results indicate that the p value is smaller than the significance level (α = 5%). Thus, it can be concluded that there is a significant simultaneous influence between service performance and service quality on patient satisfaction.

c. Coefficient of Determination (R2)

The value of Adjusted R2 is between 0 -1 (0 <Adjusted R2 <1) this determination coefficient is used to determine how much the independent variable affects the dependent variable. The Adjusted R-Square value is said to be good if its value is > 0.5 because the value of Adjusted R2 is close to 1, then most of the independent variables explain the dependent variable, while if the determination coefficient is 0, then the independent variable has no effect on the dependent variable.

Table 11. Coefficient of Determination

Model Summary

Model	R	R Square	*Adjusted R Square*	*Std. Error of the Estimate*
1	.836a	.699	.677	2.698

a. Predictors: (Constant), Service_Quality, Service_Performance

Source: Data processed by SPSS 23, 2024

Based on the table above, it can be seen that the magnitude of X1 and X2 has an influence on the Y variable of 69.9%. The fundamental weakness of using the coefficient of determination (R2) is that it can affect the number of independent variables entered into the model. Each additional independent variable will increase the R2 value regardless of whether the variable has a significant effect or not. Many studies recommend adjusted R2.

The adjusted R square value which is the adjusted R2 of 0.677%, the figure of 67.7% means that the variables of service performance and service quality affect patient satisfaction by 67.7%. While the remaining 32.3% is influenced by other factors.

The Partial Influence of Service Performance (X1) on Patient Satisfaction (Y).

The results of the study showed that the t-value of variable X1 was 2.673, while the t-table value was 2.048. This means that because the t-value is greater than the t-table value and the significance level (0.13) is less than α = 0.05, the effect of employee performance (X1) on patient satisfaction is significant. Thus, the null hypothesis (H0) is rejected and the alternative hypothesis (Ha) is accepted. Thus, it can be concluded that increasing the level of service performance will have an impact on increasing patient satisfaction.

This is in line with research conducted by Darmawanto & Ariyanto (2020) entitled The Influence of Employee Performance and Quality of Health Services on Patient Satisfaction Levels at the Pasar Muara Bungo Health Center, which found that employee performance has a positive and significant relationship with patient satisfaction at the same health center.

Every organization or institution carries out all its operational activities to achieve previously set goals. Each of these organizations or institutions consists of elements of actors/employees who have responsibilities that must be carried out individually or collectively to achieve goals. Many factors influence the success of performance, such as the work environment, job satisfaction, motivation, employee skills, organizational structure, leadership, and others (Surya, 2018:46).

Performance according to Mangkunegara (2018:91), states that the definition of performance is as follows: "Work results in terms of quality and quantity achieved by an

employee in carrying out his duties in accordance with the responsibilities given to him."

Performance is the work results that can be achieved by a person or group of people in an organization, in accordance with their respective authorities and responsibilities, in an effort to achieve the goals of the organization concerned legally, without violating the law and in accordance with morals and ethics.

In short, there is a positive influence or relationship between service performance (X1) and patient satisfaction (Y) partially. As the quality of service provided increases, customers/patients tend to be more satisfied, which encourages them to return to use the service.

The Influence of Service Quality (X2) Partially on Patient Satisfaction

Based on the research that has been done, it can be seen that the value of tcount X2 against Y is 3,557. While ttable is 2.048. In other words, because tcount> ttable (3,557> 2,048). The sig value t = 0.01 <α = 0.05. So the effect of service quality (X2) on patient satisfaction (Y) is significant. This means that H0 is rejected and Ha is accepted. It can be concluded that the variable X2, namely the variable of service quality, has a partial effect on patient satisfaction (Y) with a significance value of <0.05 which has a significant effect on the variable Y.

In accordance with research conducted by Darmawanto & Ariyanto (2020) entitled The Influence of Employee Performance and Quality of Health Services on Patient Satisfaction Levels at the Pasar Muara Bungo Health Center, it was found that Service Quality partially has a positive and significant relationship with Patient Satisfaction.

Furthermore, Azwar (2018:19) explains that the quality of health services is health services that can satisfy each user according to the average level of satisfaction of the community, while still adhering to the service standards and professional code of ethics that have been set.

Factors that influence the quality of health services according to Azrul Azwar (2018:21) are:

a. Input Elements Input elements are manpower, funds and facilities. In general, it is stated that if manpower and facilities do not meet the established standards, and if the available funds do not meet the needs, then it is difficult to expect good service quality.
b. Environmental Elements Environmental elements are policy, organization and management.
c. Process Elements Process elements are medical actions and non-medical actions.

From the explanation above, it can be concluded that there is a positive influence or relationship between service quality (X2) partially on patient satisfaction (Y). The higher the quality of service in providing services, the higher the patient satisfaction.

The Influence of Service Performance (X1) and Service Quality (X2) Simultaneously on Patient Satisfaction (Y)

Based on the hypothesis testing conducted previously, simultaneously it produces an F count value of 18.480 with a p value of 0.000. The test results indicate a p value <level of significance (α=5%)

In line with the research of Darmawanto & Ariyanto (2020). With the research title: The Influence of Employee Performance and Quality of Health Services on Patient Satisfaction Levels at the Pasar Muara Bungo Health Center, where Service Performance and Service Quality jointly affect Patient Satisfaction.

According to Philip Kotler (2018:45), Patient Satisfaction defines patient satisfaction as the level of a person's feelings after comparing the performance (or results) they feel compared to their expectations.

CONCLUSION

Based on the partial t-test hypothesis (H0) is rejected, and the alternative hypothesis (Ha) is accepted. It can be concluded that variable X1, which represents employee performance, has a partial effect on patient satisfaction (Y) with a significance level of less than 0.05, indicating a significant impact on variable Y. It can be concluded that variable X2, namely the service quality variable, has a partial effect on patient satisfaction in Muara Lawai Village (Y) with a significance value of less than 0.05 indicating a significant effect on variable Y. Based on the results of multiple linear regression analysis, the calculated F value was 18.480, while the p value was 0.000. The results of this test indicate that the p value is smaller than the significance level (α = 5%). This means that there is a significant simultaneous effect between service performance and service quality on patient satisfaction. Where employees should provide services that have been set according to the service schedule, always on time and quickly in serving patients. In order for employees to work optimally to improve performance, the quality of service and patient satisfaction must be improved even better. The quality of service that has been implemented at this time if necessary is improved again. Maximum performance is supported by policies provided by management as a form of appreciation or concern for employee work results.

REFERENCES

Azrul, Azwar. 2018. *Pengantar Ilmu Kesehatan Lingkungan*. Jakarta: Mutiara

Azwar. 2018. *Program Menjaga Mutu. Pelayanan Kesehatan*. Yayasan penerbit IDI, Jakarta

Arikunto, Suharsimi. 2019. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: PT Rineka Cipta.

Darmawanto, A. M. 2020. *Pengaruh Kinerja Pegawai Dan Mutu Pelayanan Kesehatan Terhadap Tingkat Kepuasan Pasien Di Puskesmas Pasar Muara Bungo*. Jurnal Rekaman, Vol. 4 No.1

Kotler, Plilip. 2018. *Manajemen Pemasaran. Edisi Mileinium*. Jakarta : PT. Indeks Kelompok Gramedia.

Mangkunegara, A.A.A. P. 2019. *Manajemen Sumber Daya Manusia*. PT Remaja Rosdakarya. Bandung.

Machmud, R. 2021. *Manajemen Mutu Pelayanan Kesehatan*. Jurnal Kesehatan Masyarakat Andalas. Vol. 2 No. 2

Nurbaiti, N., & Pratama, R. (2024). THE RELATIONSHIP BETWEEN PRODUCT QUALITY AND RETURN SERVICE WITH SHOPEE CUSTOMER SATISFACTION. Jurnal Manajemen, 12(4), 460-468. https://doi.org/10.36546/jm.v12i4.1542

Nursalam. 2018. *Management Keperawatan Aplikasi Dalam Praktek Keperawatan Profesional*. Jakarta: Salemba Medika.

Parasuraman, dkk. 2018. *Servqual:Multiple-Item Scalefor Measuring Consumer Perceptions Of Service Quality*. *Jounal of retailing*. Vol. 64 No. 1

Pohan, Imbalo S. 2019. *Jaminan Mutu Layanan Kesehatan. Dasar-dasar Pengertian dan Penerapan*. Pasar Muara Bungo. EGC.

Sari, R., Rahayu, S., & Nurrahmi, M. (2024). THE INFLUENCE OF SERVICE QUALITY AND PRICE ON PURCHASING DECISIONS THROUGH CUSTOMER SATISFACTION AS MEDIATION IN RETAIL BUILDING STORE IN SEKAYU CITY. Jurnal Manajemen, 12(4), 389-402. https://doi.org/10.36546/jm.v12i4.1361

Sedarmayanti. 2019. *Sumber Daya Manusia: Reformasi Birokrasi dan Manajemen Pegawai Negri Sipil Edisi* Revisi. Bandung: Refika Aditama.

Singarimbun, P. H dan Manning, Chris. 2018. *Penentuan Variabel dan Hubungan Antar Variabel. Dalam Singarimbun, Masri dan Sofian Effendi (Metode Penelitian Survei*). Edisi Revisi. Cetakan ke-19. Jakarta: Pustaka LP3ES.

Sugiyono. 2019. *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung : Alphabet.