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The Influence of Service Quality and Patient Experience on Inpatient Satisfaction

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Abstract

This study aims to analyze the influence of service quality and patient experience on inpatient satisfaction at Dr. Abdul Aziz Regional General Hospital, Singkawang. A quantitative approach was used, with a survey of 165 respondents. Service quality was categorized as good (score 3.7), particularly in the dimensions of reliability, assurance, empathy, and responsiveness. However, the physical evidence dimension was categorized as fair. Patient experience was rated as good (score 3.5), particularly in the hospital environment dimension. Specifically, the dimensions of pain management, medication communication, and discharge information were categorized as fair and need improvement. Patient satisfaction with the implementation of the code of ethics for professional service standards was rated as good, while the implementation of health service standards was categorized as fair. Statistical analysis showed that both service quality (β = 0.510; t = 7.515; Sig. 0.000) and patient experience (β = 0.382; t = 5.633; Sig. 0.000) had a positive and significant effect on patient satisfaction. Service quality had the most dominant influence on patient satisfaction. Therefore, comprehensive and continuous improvement in service quality is highly recommended to optimally enhance patient satisfaction.

Introduction

The quality of healthcare services is a crucial factor in determining a hospital's success in providing services to the public (Mosadeghrad, 2014; Sabry, 2014). Patients assess not only the final outcome of treatment but also how the service process is conducted, including the safety, comfort, and compassion of healthcare workers. Fatima et al. (2018) and Amin & Zahora (2013) said that, good service contributes to improved quality of life, loyalty, and the hospital's reputation. Patient satisfaction is one indicator of healthcare success because it shows the extent to which services meet patients' expectations and needs, and influences their decision to return to the service in the future (Batbaatar et al., 2017; John, 1992).

Various studies have shown that patient satisfaction is influenced by the experience they have during the service (Otani et al., 2012; MacAllister et al., 2016). The patient experience encompasses interactions and perceptions of the entire hospital service chain (Zehra et al., 2025; Oben, 2020; Padma et al., 2010). Positive experiences will increase patient trust and loyalty, while negative experiences can lead to complaints that impact the hospital's reputation and performance.

Dr. Abdul Aziz Regional General Hospital, Singkawang, is a non-teaching, type B hospital with full accreditation from the Hospital Accreditation Committee. However, internal data

shows an increase in patient complaints related to lengthy transfer times from the emergency room to treatment rooms, staff attitudes and responsiveness, and the cleanliness of facilities and infrastructure. This situation highlights the need for a comprehensive evaluation of service quality and patient experience as a basis for improving patient satisfaction.

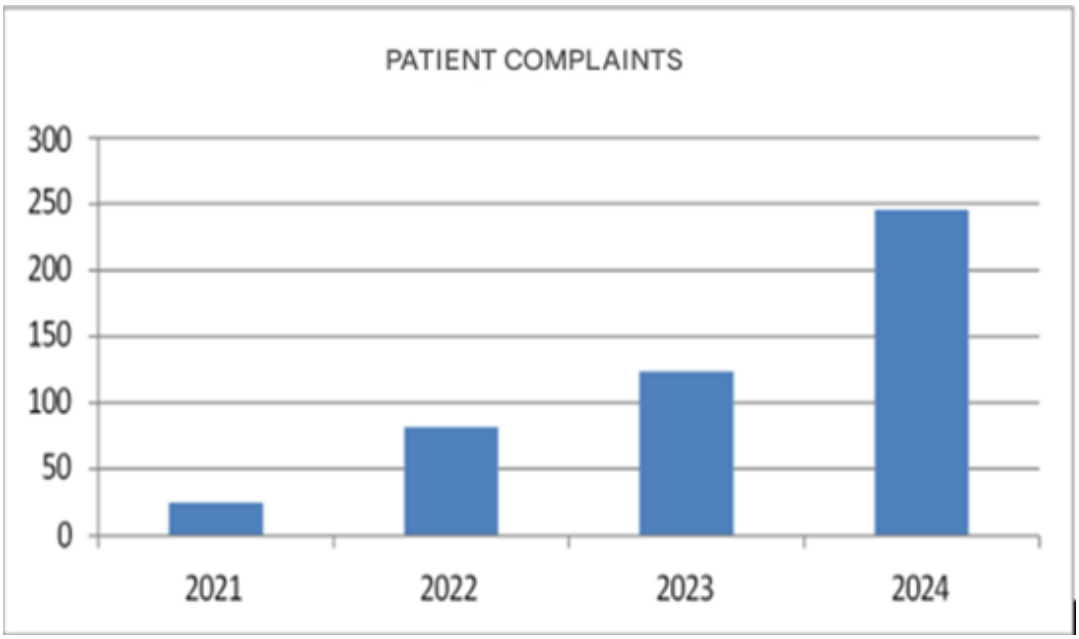

Figure 1. Patient Complaints Graph

Based on these conditions, this study aims to analyze the influence of service quality and inpatient experience on patient satisfaction at Dr. Abdul Aziz Regional General Hospital, Singkawang. The results are expected to provide suggestions for hospital management in formulating policies and strategies for improving service quality to optimize patient satisfaction.

Literature Review

Quality of Service

Quality healthcare services are key to a hospital's success in meeting patient expectations. Service quality reflects the provider's ability to meet patient needs and expectations. According to Musa (2022), service quality consists of five dimensions: reliability, responsiveness, empathy, tangibles, and assurance. In the hospital context, these dimensions include the technical competence of healthcare workers, staff attitudes and communication, administrative efficiency, and the condition of infrastructure. Good service has been shown to increase patient satisfaction (Darzi et al., 2023).

Patient Experience

In addition to service quality, patient experience is also a crucial indicator of hospital performance (Guler, 2017; Lim et al., 2018; Izadi et al., 2017). Patient experience is an assessment of all interactions with the healthcare system, from the admission process and the environment, medical and nursing services, medication-related communication, pain management, discharge information, and emotional support (Nurulhuda, 2021; Abu-Rumman et al., 2022). Positive experiences strengthen patient trust and loyalty, while negative experiences can potentially decrease satisfaction.

According to Kotler, patient satisfaction is the result of comparing the service received with patient expectations (Lieana, 2020). Satisfaction assessments can use either the SERVQUAL dimension or the patient experience dimension. Patient satisfaction is important because it is

closely related to loyalty, hospital reputation, and long-term service success (Ferreira et al., 2023; Shabbir et al., 2016; Aladwan et al., 2021).

Several previous studies have reinforced the importance of these two variables. Kim et al. (2017) showed that the dimensions of effectiveness, technical competence, efficiency, safety, continuity of service, and interpersonal relationships significantly influence inpatient satisfaction. Nurulhuda (2021) also found that patient experience positively influenced patient satisfaction and loyalty at the Barru Regency Regional Hospital inpatient unit. Meanwhile, research by Gomoi et al. (2021) confirmed that service quality and patient experience simultaneously influenced inpatient satisfaction at Prof. Dr. R. D. Kandou Manado Hospital.

Quality of Service

Based on the theoretical review and previous research findings, this study positions service quality (empathy, responsiveness, reliability, assurance, tangibles) and patient experience (hospital care, medication communication, pain management, and discharge information) as variables contributing to inpatient satisfaction. The better the service quality and patient experience, the higher the inpatient satisfaction level.

Methods

This study used a quantitative approach through a survey method to obtain an overview of inpatients' perceptions regarding service quality, experience, and satisfaction levels at Dr. Abdul Aziz Singkawang Regional General Hospital. Primary data were collected through a structured Likert-scale questionnaire adapted from the SERVQUAL model and the patient experience dimensions, while secondary data were obtained from hospital profiles, complaint reports, literature, and medical records. The study population was 12,282 inpatients in 2024, with a sample of 165 respondents determined through purposive sampling based on certain criteria. The independent variables included service quality (empathy, responsiveness, reliability, assurance, tangibles) and patient experience (pain management, medication communication, hospital environment, discharge information), while the dependent variable was inpatient satisfaction. Analysis was conducted descriptively and inferentially using multiple linear regression after testing reliability, validity, and classical assumptions, with the help of SPSS at a significance level of 5%. The sampling approach in this study used purposive sampling, with 165 inpatient respondents from a total population of 12,282 patients in 2024. While this method allows researchers to select respondents according to specific inclusion criteria, this non-probability approach has important limitations related to selection bias. Because the sample was not drawn randomly, the study results are likely not fully representative of the general inpatient population. The sample size of 165 respondents was determined based on time constraints, resources, and ease of access to respondents during the study period. However, in the future, it is recommended that sample size justification be more measurable through power analysis or using appropriate statistical formulas, such as the Slovin or Cochran formulas, to ensure the sample size is sufficient to detect significant effects between variables. A probability sampling approach, such as stratified random sampling, would be more ideal to increase representativeness and reduce the potential for selection bias.

Analytical Approach

Data analysis was conducted using multiple linear regression to examine the effect of service quality and patient experience on patient satisfaction. While this method is commonly used and provides a strong quantitative understanding of the relationships between variables, multiple regression has limitations in capturing complex relationships between variables that are multidimensional. Patient satisfaction is a construct influenced by various factors, both directly and indirectly. For example, the empathy and assurance dimensions of service quality may

influence patient experience before contributing to satisfaction. To better understand the relationships, it is recommended to use Structural Equation Modeling (SEM) in future research.

Results and Discussion

Research Result

The research results show that the tangibles dimension received the lowest score compared to other quality dimensions. However, the initial discussion is still general and does not delve into the root causes. A more in-depth analysis needs to link these results to empirical conditions at Dr. Abdul Aziz Regional General Hospital in Singkawang, such as limited physical facilities, environmental cleanliness, availability of medical equipment, or overcrowding in wards. Evaluation of service standards at other similar hospitals or the national KARS standards is also important to determine whether this low score reflects specific institutional weaknesses or systemic challenges at the regional hospital. Similarly, the dimensions of pain management and discharge information, which were deemed adequate, should be discussed in more depth. Weaknesses in pain management may be caused by limited pain assessment protocols, inadequate training of medical personnel, or the lack of availability of certain analgesic medications. Meanwhile, deficiencies in discharge information may arise from limited communication between medical personnel and patients, or the lack of a standardized discharge planning protocol. A total of 165 respondents participated in this study. The majority of respondents were female (55.76%).

Table 1. Respondent Characteristics Based on Gender

No	Gender	Number (people)	Percentage (%)
1	Male	73	44.24
2	Female	92	55.76
	Total	165	100.00

With the age group 50–65 years (30.3%). Based on the data in Table 1, 165 respondents participated in this study, with the majority being female (92) (55.76%), and 73 male (44.24%). The age distribution of respondents indicates that the 50–65 age group was the largest, accounting for 30.3% of the total. This demographic profile is important for understanding patient perceptions of hospital service quality, as age and gender can influence patient experiences and expectations. The results indicate that the tangibles dimension, or physical aspects, received the lowest score compared to other service quality dimensions. This indicates potential weaknesses related to physical facilities, environmental cleanliness, availability of medical equipment, or overcrowding in treatment rooms at Dr. Abdul Aziz Regional General Hospital, Singkawang. For further analysis, a comparative evaluation is needed with service standards from other similar hospitals and national benchmarks such as the KARS standard. This will determine whether this low score is a problem specific to the hospital or reflects systemic challenges across regional hospitals.

Meanwhile, the pain management and discharge information dimensions achieved satisfactory scores, but in-depth analysis is still needed. Weaknesses in pain management may be due to limited pain assessment protocols, limited training of medical personnel, or the lack of availability of certain analgesic medications. Meanwhile, deficiencies in the delivery of discharge information may arise from suboptimal communication between medical personnel and patients or the absence of standardized protocols in discharge planning. Thus, although some service dimensions appear adequate, there are indications that the physical aspects of the hospital and some clinical procedures still require further attention to improve service quality and patient satisfaction.

Table 2. Respondent Characteristics Based on Age

No	Age (years)	Number (people)	Percentage (%)
1	18 – 20	2	1.21
2	20 – 30	45	27.27
3	31 – 40	38	23.03
4	41 – 50	30	18.18
5	50 – 65	50	30.30
	Total	165	100.00

For the dominant education level, high school (47.87%). Based on Table 2, the age distribution of respondents shows quite wide variation. The 50–65 age group was the largest, with 50 people, or 30.30% of the total respondents. This was followed by the 20–30 age group with 45 people (27.27%), and the 31–40 age group with 38 people (23.03%). The 41–50 age group comprised 30 people (18.18%), while the 18–20 age group had the smallest number, with only 2 people (1.21%). This age distribution is important for analyzing patient perceptions of service quality, as experiences and expectations of healthcare services can vary across age groups. For example, older patients tend to prioritize the comfort of physical facilities and communication with medical personnel, while younger patients may be more focused on the speed of service and the availability of medical information.

Furthermore, the predominant educational level of respondents was high school graduate, accounting for 47.87% of the total. This indicates that most patients have a basic understanding of healthcare and hospital procedures, but may still require more detailed explanations regarding medical services or hospital administration. This educational profile may also influence patient perceptions of service dimensions, such as communication, discharge information, and pain management, as patients' literacy and understanding levels can influence their satisfaction with the services received. Thus, the age and education characteristics of respondents provide important context for interpreting the research findings regarding service quality at Dr. Abdul Aziz Regional General Hospital, Singkawang, and help identify patient groups that may require special attention in service improvement.

Table 3. Respondent Characteristics Based on Education

No	Education Level	Number (people)	Percentage (%)
1	Elementary School	43	26.06
2	Junior High School	15	9.09
3	Senior High School	79	47.87
4	Diploma	0	0.00
5	Bachelor’s Degree	28	16.96
	Total	165	100.00

Most respondents were treated for 3–5 days (52.12%). Based on the data in Table 3, the characteristics of respondents based on education level show that the majority of patients had a high school education (SMA), namely 79 people, or 47.87% of the total respondents. The group with elementary school education consisted of 43 people (26.06%), while junior high school graduates (SMP) comprised 15 people (9.09%). Diploma graduates were absent from the sample, while bachelor's degree graduates accounted for 28 people (16.96%). This educational profile is important for understanding patient perceptions of service quality, as education level can influence how patients receive medical information, communicate with healthcare professionals, and evaluate procedures. Patients with higher education tend to have more specific expectations regarding medical services, doctor communication, and hospital procedures, while patients with lower education may be more focused on comfort and clarity of instructions.

Furthermore, most respondents underwent treatment for 3–5 days, namely 86 people, or 52.12% of the total. Length of stay can influence patients' experiences and perceptions of service quality, particularly regarding physical facilities, environmental cleanliness, pain management, and communication between medical staff. Patients with longer lengths of stay tend to have more opportunities to assess aspects of hospital services comprehensively, including the discharge process and information provided at discharge. Therefore, the combination of educational characteristics and length of stay provides important context for interpreting research findings on service quality at Dr. Abdul Aziz Regional General Hospital, Singkawang, and helps identify areas for improvement based on the needs and expectations of patients from various educational backgrounds.

Table 4. Respondent Characteristics Based on Days of Treatment

No	Length of Stay (days)	Number (people)	Percentage (%)
1	< 3 days	44	26.66
2	3 – 5 days	86	52.12
3	> 5 days	35	21.21
	Total	165	100.00

These characteristics describe the general profile of inpatients at Dr. Abdul Aziz Regional General Hospital, Singkawang. Descriptive analysis results show that service quality is in the good category with an average score of 3.7, with the responsiveness dimension receiving the highest score (4.0), reliability and assurance each with 3.9 and empathy with 3.7, respectively. The physical evidence dimension is in the adequate category (3.0). This indicates that the interpersonal aspects of the staff are good, but the physical facilities still need improvement. Based on Table 4, the distribution of respondents' length of stay indicates that most patients were treated for 3–5 days, amounting to 86 patients, or 52.12% of the total. Forty-four patients (26.66%) were treated for less than 3 days, while 35 patients (21.21%) were treated for more than 5 days. These characteristics illustrate the general profile of inpatients at Dr. Abdul Aziz Regional General Hospital in Singkawang and provide context for interpreting their perceptions of the hospital's service quality.

Longer lengths of stay provide an opportunity for patients to assess the overall service, including interactions with medical personnel, pain management, facility cleanliness, and communication regarding discharge. The descriptive analysis results indicate that the hospital's service quality is in the good category, with an average score of 3.7. The responsiveness dimension received the highest score of 4.0, indicating that medical personnel and hospital staff are responsive to patient needs. The reliability and assurance dimensions each received scores of 3.9, indicating that patients perceive the hospital as reliable and provide confidence and a sense of security in the service. The empathy dimension scored 3.7, indicating that staff were sufficiently capable of understanding patients' needs on a personal level.

Meanwhile, the physical evidence dimension scored 3.0, which is considered adequate. This indicates that physical aspects such as facilities, environmental cleanliness, availability of medical equipment, and comfort of treatment rooms still require improvement. In other words, although the quality of interpersonal service and professionalism of staff is considered good, the hospital's physical facilities need to be improved to support the overall patient experience. In conclusion, the characteristics of patient length of stay and service quality assessments indicate that Dr. Abdul Aziz Regional General Hospital, Singkawang, excels in interpersonal service and staff responsiveness. However, physical facilities remain an area that requires greater attention to improve patient satisfaction and experience.

Table 5. Respondents' Responses to Service Quality (X1)

Dimension	Average	Category

Reliability	3.9	Good
Assurance	3.9	Good
Tangibles	3.0	Fair
Empathy	3.7	Good
Responsiveness	4.0	Good
Service Quality	3.7	Good

The overall patient experience was good with an average score of 3.5. The hospital environment was rated good (3.7), medication communication was good (3.5), while pain management (3.4) and discharge information (3.3) were still in the fair category. This means patients still need more optimal pain management and discharge information. Based on Table 5, respondents' assessments of service quality (X1) at Dr. Abdul Aziz Regional General Hospital in Singkawang show that most dimensions received a good rating. The responsiveness dimension received the highest score of 4.0, indicating that hospital staff were responsive and proactive in meeting patient needs. The reliability and assurance dimensions each received a score of 3.9, indicating that patients considered the hospital's services reliable and provided confidence and a sense of security during treatment. The empathy dimension received a score of 3.7, indicating that staff were sufficiently capable of understanding patients' individual needs and providing appropriate attention.

Meanwhile, the tangibles dimension received a score of 3.0, which is considered fair. This indicates that aspects of the hospital's physical facilities, including environmental cleanliness, treatment room comfort, and medical equipment availability, still require improvement to support an optimal patient experience. Overall, the patient experience at the hospital was rated good, with an average score of 3.5. The hospital environment received a score of 3.7, and communication regarding medication or therapy received a score of 3.5, which is considered good. However, pain management and patient discharge information received scores of 3.4 and 3.3, respectively, which are considered adequate. This indicates that patients still need more attention to pain management and information delivery at discharge to improve overall service quality. Therefore, although most service quality dimensions were rated good, improvements in the hospital's physical aspects, pain management, and patient discharge communication are still needed to improve overall patient satisfaction and safety.

Table 6. Respondents' Responses to Patient Experience (Y)

Dimension	Average	Category
Pain Management	3.4	Fair
Medication Communication	3.5	Good
Hospital Environment	3.7	Good
Discharge Information	3.3	Fair
Patient Experience	3.5	Good

Inpatient satisfaction was in the good category with an average score of 3.5. The implementation of the code of ethics for professional service standards was rated good (3.8), while the implementation of health service standards was considered adequate (3.2). This demonstrates the need to improve compliance with health service standards. Based on Table 6, respondents' assessment of patient experience (Y) shows that the average patient experience score was in the good category, with a score of 3.5. The hospital environment dimension received the highest score of 3.7, indicating that patients considered the hospital environment comfortable, clean, and supportive of the care process. Medication communication received a score of 3.5, considered good, indicating that patients received adequate information regarding medication or therapy use during treatment.

However, several dimensions remained in the fair category, namely pain management with a score of 3.4 and discharge information with a score of 3.3. This indicates that patients still require more attention regarding pain management during treatment and the delivery of complete and clear information upon discharge. Deficiencies in these two aspects may be caused by limited pain assessment protocols, suboptimal training of medical personnel, or ineffective communication upon discharge. Furthermore, patient satisfaction with the implementation of the code of ethics in professional service standards was rated good, with a score of 3.8. This indicates that medical personnel and hospital staff tend to adhere to expected standards of professional behavior. In contrast, the overall implementation of healthcare standards only scored 3.2, which is considered adequate. This indicates the need to improve compliance with healthcare standards to ensure consistent service quality and meet patient expectations. Overall, although patient satisfaction is considered good, there are indications that aspects of pain management, discharge information, and compliance with healthcare standards still require improvement to optimize the patient experience at Dr. Abdul Aziz Regional Hospital, Singkawang.

Table 7. Respondents' Responses to Patient Satisfaction

Dimension	Average	Category
Implementation of Professional Service Code of Ethics	3.8	Good
Implementation of Health Service Standards	3.2	Fair
Patient Satisfaction	3.5	Good

All questionnaire items were proven to be valid (r count > 0.361) and reliable (Cronbach's Alpha: service quality 0.935; patient experience 0.894; patient satisfaction 0.949), so the research instrument was suitable for use. Based on Table 7, respondents' assessment of patient satisfaction shows that the average patient satisfaction score was in the good category, with a score of 3.5. The implementation of the professional service code of ethics dimension received the highest score of 3.8, indicating that medical personnel and hospital staff tend to adhere to professional ethical standards, provide services with integrity, and maintain a professional attitude in interactions with patients. Meanwhile, the implementation of health service standards dimension received a score of 3.2, which is considered fair.

This indicates that although healthcare procedures have been implemented, several aspects still need to be improved to ensure services consistently meet established standards. These improvements could include adherence to clinical protocols, clear information delivery, optimal pain management, and coordination between service units. Furthermore, all questionnaire instruments used in this study were proven valid, with r count values > 0.361 for each item, and reliable, with Cronbach's Alpha values of 0.935 for service quality, 0.894 for patient experience, and 0.949 for patient satisfaction. This indicates that the research instrument is reliable and appropriate for measuring patient perceptions of service quality, experience, and satisfaction at Dr. Abdul Aziz Regional General Hospital, Singkawang. Therefore, although overall patient satisfaction is considered good, attention needs to be paid to the implementation of healthcare standards to ensure consistent service and meet patient expectations, thereby improving the overall quality of hospital services.

Table 8. Validity and Reliability Test Results

Variable	Number of Valid Items	r Table	r Range (Calculated)	Cronbach's Alpha	Decision
Service Quality	16	0.361	0.517 – 0.895	0.935	Valid and Reliable
Patient Experience	8	0.361	0.657 – 0.870	0.894	Valid and Reliable

Patient Satisfaction	9	0.361	0.673 – 0.867	0.949	Valid and Reliable

The results of the classical assumption test show that the residual data is normally distributed. The normality test results show an Asymp. Sig. (2-tailed) of 0.200, exceeding the 0.05 significance level. Based on Table 8, the results of the validity and reliability tests indicate that all research variables are valid and reliable. The service quality variable consists of 16 items with an r value of 0.361, with calculated r values ranging from 0.517 to 0.895. A Cronbach's Alpha value of 0.935 indicates high internal consistency, making this instrument a reliable measure of service quality. The patient experience variable consists of 8 items, with calculated r values ranging from 0.657 to 0.870 and a Cronbach's Alpha of 0.894, indicating that this instrument is also valid and reliable. Meanwhile, the patient satisfaction variable consists of 9 items, with calculated r values ranging from 0.673 to 0.867 and a Cronbach's Alpha of 0.949, indicating excellent consistency in measuring patient satisfaction.

Furthermore, the results of the classical assumption test indicate that the residual data are normally distributed. The normality test yielded an Asymp. Sig. The 2-tailed value was 0.200, which is greater than the 0.05 significance level. This indicates that the assumption of normality is met, so the statistical analysis model used in this study can be considered valid, and the results can be interpreted reliably. Thus, the research instrument used to measure service quality, patient experience, and patient satisfaction at Dr. Abdul Aziz Regional General Hospital, Singkawang, has a high level of validity and reliability and meets the classical assumption of normality, thus supporting the reliability of the overall research findings.

Table 9. Normality Test Results

	Unstandardized Residual
N	165
Normal Parameters	
Mean	.0000000
Std. Deviation	4.46110750
Most Extreme Differences	
Absolute	.054
Positive	.054
Negative	-.049
Test Statistic	.054
Asymp. Sig. (2-tailed)	.200[d]

Notes: (1) Test distribution is Normal; (2) Calculated from data; (3) Lilliefors Significance Correction; (4) This is a lower bound of the true significance.

No multicollinearity was found at a tolerance value of 0.385; VIF of 2.595.

Table 10. Multicollinearity Test Result

Model	**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**	**Collinearity Statistics**	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	3.652	2.048	–	1.783	.076	–	–
Service Quality	.477	.063	.510	7.515	.000	.385	2.595
Patient Experience	.790	.140	.382	5.633	.000	.385	2.595

Dependent Variable: Patient Satisfaction

There is no heteroscedasticity based on the scatterplot results so it meets the requirements for regression analysis. Based on Table 10, the results of the multicollinearity test indicate that the two independent variables, service quality and patient experience, do not experience significant collinearity issues. This is evident from the tolerance value of 0.385 for each variable and the Variance Inflation Factor (VIF) value of 2.595, which is still below the critical VIF limit of <10. Thus, the independent variables can be used simultaneously in the analysis without causing distortion due to collinearity. The unstandardized regression coefficient (B) for service quality is 0.477 and for patient experience is 0.790, both significant with a p-value <0.05. This indicates that improvements in service quality and patient experience have a positive effect on patient satisfaction. The standardized Beta values of 0.510 for service quality and 0.382 for patient experience indicate that service quality has a relatively greater influence on patient satisfaction than patient experience.

Furthermore, based on the scatterplot results, no indication of heteroscedasticity was found, meaning the residual variance was relatively constant across the range of predictors. This condition indicates that the classical assumptions for regression analysis are met, thus the regression model used is valid for determining the influence of service quality and patient experience on patient satisfaction. Thus, it can be concluded that the regression model used in this study is feasible, free from multicollinearity and heteroscedasticity, and the resulting regression coefficients are reliable for interpreting the influence of independent variables on patient satisfaction at Dr. Abdul Aziz Regional General Hospital, Singkawang.

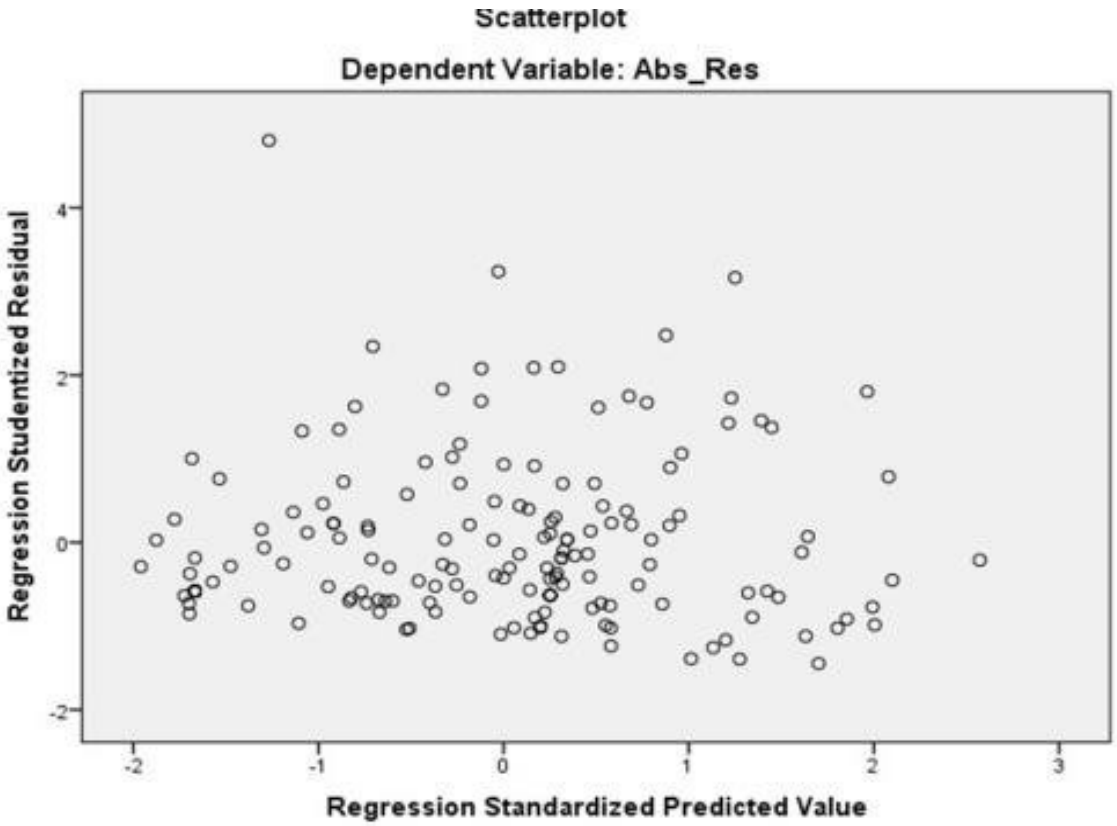

Figure 2. Scatterplot

Regression analysis showed that service quality and patient experience contributed positively and significantly to inpatient satisfaction. The service quality variable had a regression coefficient of 0.477 (β=0.510; t=7.515; p<0.001), while patient experience had a regression coefficient of 0.790 (β=0.382; t=5.633; p<0.001). Both variables were simultaneously significant (F=200.608; p<0.001) with an R^2 value of 0.712, meaning that 71.2% of the variation in patient satisfaction was explained by these two variables.

Table 11. Multiple Linear Regression

Coefficients[a]

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	t	Sig.	Tolerance	VIF
(Constant)	3.652	2.048		1.783	.076		
Service Quality	.477	.063	.510	7.515	.000	.385	2.595
Patient Experience	.790	.140	.382	5.633	.000	.385	2.595

Dependent Variable: Patient Satisfaction

Descriptive analysis results show that the majority of respondents were women and within the adult age range. This finding aligns with research by Tanjung et al. (2023), which revealed that women tend to be more critical and thorough in assessing healthcare services than men. Respondents aged 30–59 also have higher expectations for service quality, making them more sensitive to service discrepancies. A relatively high level of education reinforces patients' tendency to critically evaluate the services they receive. Meanwhile, a hospital stay of 3–5 days provides an opportunity for patients to evaluate quality dimensions such as empathy, responsiveness, and comfort, as also found by Maameah et al. (2022).

In general, respondents' responses to service quality were categorized as good, with an average score above 3.5. The reliability and responsiveness dimensions received the highest scores, indicating that healthcare workers are able to provide timely, accurate services and are ready to assist patients. This supports Sabarguna's theory that consistent, scheduled service will improve service quality. (Nurmawati & Pramesti, 2022) Conversely, the tangibles dimension received relatively low scores, indicating that physical facilities, completeness of facilities, and staff appearance still need improvement. This finding aligns with research by Ulandari & Yudawati (2019), which emphasized the importance of cleanliness, room comfort, and complete facilities as factors in patient satisfaction.

Patient responses to the service experience were also in the good category, although pain management did not fully meet expectations (Angelini et al., 2018; Geurts et al., 2017). Patients appreciated the staff's communication regarding medication use and side effects and positively assessed the comfortable hospital environment. Clear discharge information helped patients prepare for follow-up care at home. These findings support the views of Abu-Rumman et al. (2022) and Omaghomi et al. (2024), which state that patient experience encompasses all interactions during the healthcare journey, from communication and empathy to ease of access and participation in decision-making.

Regression test results show that service quality contributes a positive and significant influence on patient satisfaction. This finding aligns with research by Lampus et al. (2023) at Prof. Dr. Soetomo General Hospital. R. D. Kandou Manado also found the influence of the dimensions of assurance, reliability, tangibles, responsiveness, and empathy on inpatient satisfaction. Good service quality increases patients' trust and positive perceptions of the hospital. Patient experience contributes a significant positive influence on patient satisfaction, supporting Nurulhuda (2021) findings that patient experience contributes to satisfaction and impacts loyalty. According to Moore et al. (2016) Good interactions, effective communication, and emotional support increase patient satisfaction with the services received.

Service quality and patient experience simultaneously contribute significantly to patient satisfaction, with an R^2 value of 0.712, meaning 71.2% of the variation in patient satisfaction can be explained by these two variables. However, the beta coefficient indicates that service

quality has a greater influence than patient experience. These results align with research by Gomoi et al. (2021), which emphasized the importance of service quality as a dominant factor in shaping inpatient satisfaction. Differences in the dimensions of patient experience indicate that this aspect is more subjective, resulting in varying results across studies (Ferreira et al., 2023). The findings of this study reinforce the importance of simultaneously improving service quality and patient experience (Amerta & Madhavi, 2023; Nguyen et al., 2021). Hospitals need to strengthen tangibles and patient pain management, while maintaining the reliability and responsiveness of staff. Improving physical aspects and interpersonal experiences can further enhance patient satisfaction, thus supporting the hospital's reputation and sustainability.

Conclusion

This study shows that service quality at Dr. Abdul Aziz Regional General Hospital in Singkawang is in the good category, with the highest score in the responsiveness dimension, while the physical evidence dimension still needs improvement. Patient experience is also in the good category, particularly in terms of communication and comfort of the hospital environment. However, pain management and discharge information do not fully meet patient expectations. Inpatient satisfaction is in the good category, indicated by appreciation for the professionalism and ethics of healthcare workers, although the implementation of health care standards is still suboptimal. Regression analysis results show that service quality contributes a positive and significant influence on patient satisfaction, with the most dominant contribution ($\beta = 0.510$), while patient experience also contributes a positive and significant influence on patient satisfaction ($\beta = 0.382$). Together, these two variables explain 71.2% of the variation in patient satisfaction. Service quality and patient experience positively influence inpatient satisfaction. However, the reliability of these results is still affected by limitations in the sampling design and analytical approach.

Suggestion

Further research is recommended using probability sampling methods with a more representative sample size and SEM analysis to uncover more complex causal relationships.

Research Limitations

The purposive sampling method limits the generalizability of the study results to the entire patient population. The sample size is relatively small compared to the population, without strong statistical justification. The Likert-scale questionnaire instrument has the potential to introduce social desirability bias. Multiple linear regression analysis is unable to explain the mediation and interaction effects between variables.

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