The Antecedence and Consequences of Patient Satisfaction in Emergency Department of XYZ Hospital

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Abstract

Data on patient visits to the emergency room from all visits to public hospitals in Indonesia are always increasing from year to year. In line with this fact, the Community Satisfaction Index survey data conducted by the Ministry of Health of the Republic of Indonesia (2017) reported that hospital services have not met patient expectations or in other words the level of patient satisfaction is still low. This study aims to determine the influence of service quality factors consisting of responsiveness, tangible, empathy, assurance, and reliability in influencing customer satisfaction and to analyze customer satisfaction as a mediating variable on revisit intention in the Emergency Room (ER) at XYZ Hospital. This study used quantitative research and data collection was carried out using a questionnaire. The target population of this study were all patients undergoing treatment in the emergency room at XYZ Hospital. Based on data for August 2022 there were 2,564 outpatients. The number of samples was determined as many as 200 samples. The sampling technique used was purposive sampling. Partial Least Square-Structural Equation Modeling (SEM-PLS) was applied in this study. The results showed that revisit intention was positively influenced by patient satisfaction in the emergency room at XYZ Hospital, and service quality had a positive effect on patient satisfaction. The practical implications of this research show that to maintain revisit intention in the XYZ Hospital Emergency Room, one must always listen to the voice of consumers, and have the ability to respond to every wish, expectation and demand of service users of health care facilities.

Keywords: responsivness, tangible, empathy, assurance, reliability, customer satisfaction revisit intention.

1. Introduction

In the healthcare industry, competition intensifies as consumers become more selective on where they receive care. Patients can quickly acquire information about hospitals, their services, and the benefits they offer through various print and digital media. In the contemporary healthcare sector, competitive pressures require a focus on patient safety and cost reduction to fulfill patient expectations, which will increase service quality. Improving the quality-of-care services is a primary objective for the World Health Organization's (WHO) goal of sustainable growth of the health reform system from 2019 to 2023. There is competition in every sector that can influence the business of health, including the improvement of the quality of health services. Therefore, anyone claiming to provide medical treatment must be competent to deliver care of the highest quality (Zebua, 2018).

Worldwide the annual growth of ED traffic is steady at around 30% (А.М. амонтов, 2019). The phenomenon of visits to emergency rooms around the world has increased roughly twice as fast as the United States' global population growth (Tang, et al. 2011). According to data published by the United Kingdom's National Health Service, emergency room visits increased by almost 20% between 2007-2008 and 2011-2012. (NHS). According to the Indonesian Minister of Health, 13.3 % of all hospital visits in Indonesia occurred in the emergency room (2018). Many hospitals have sprung up in response to the emergence of ED competition.

Rapidly developing life-threatening conditions in emergency patients, including cardiac arrest and respiratory arrest; without treatment, the patient will experience clinical death within 6 to 8 minutes; and after 8 to 10 minutes without a pulse, irreversible damage (states where recovery is not possible) will occur in the brain (Kusniawati & Susanti,

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2019). According to statistics, about 90% of patients stay incapacitated until they die because they did not obtain timely treatment or because the discovery period has past the most crucial window of opportunity (golden moment) for execution (Saponti, 2020).

It is essential to have high-quality health care services for universal health coverage to be successful. As a result, all nations are committed to ensuring that their populations experience optimal health and receive medical care that is effective, safe, and patient-centered. According to research findings, Indonesian patients are dissatisfied with their nursing care. In Indonesia and other developing nations, patient dissatisfaction with nursing care remains a problem (Hafid, 2014). According to the 2017 Ministry of Health Republic of Indonesia Community Satisfaction Index survey, hospital services have not matched patients' expectations; in other words, patient satisfaction remains low. There is evidence, according to the World Health Organization (WHO), that hospital nurses believe their workload is increasing, and there is still a need for a balanced number of nurses in several Southeast Asian nations, including Indonesia. Workload will impact both accuracy and response time. Consequently, there are numerous areas in which hospital services must be enhanced.

The patient's perception of hospital nursing services is a factor in determining the quality of service (Grocott & McSherry, 2018). Patients are more likely to return for medical care in the future if they receive helpful information, high-quality consultations, and a comfortable hospital environment (Pouragha & Zarei, 2016). Consistent with this assumption, (Kon Роfoyo & Wodchis, 2013) argues that unsatisfactory nursing care can make patients unhappy. Some of the indicators used to evaluate the quality of hospital services are patient acceptance, information, medical treatment, daily care, hospital staff and environment, costs/bills, overall quality of nursing services, recommendations and intentions, and overall health, as described by (Laschinger et al., 2005). When a patient who requires immediate medical care arrives at the hospital, they will be directed to the Emergency Space (IGD), a designated room within the hospital dedicated to provide emergency care as prescribed (Freitas et al., 2014) The primary functions of the emergency department are patient triage, stabilization, and the provision of acute health care, including for resuscitators and patients with a certain degree of urgency (Sandison, 2018). Each patient's socioeconomic, cultural, educational, and experiential background adds to a unique patient or societal perspective in the emergency room. Patients are more likely to be satisfied with the services offered if emergency nurses provide prompt care, are available when required, are courteous and helpful, and deliver the best possible care. Patients and the community are unsatisfied with emergency department services, however, if nurses cannot care for patients independently and promptly (Karaca & Durna, 2019).

Some study indicates that there is a clear relationship between service quality and tangible aspects, such as reliability, responsiveness, assurance, and empathy, that have a significant and positive effect on patient satisfaction. loyalty of Siloam Bali hospital patients. In addition, patients at Siloam Bali Hospital demonstrated high levels of patient satisfaction, which had a significant impact on patient loyalty, and patient satisfaction mediated the relationship between service quality and patient loyalty at Siloam Bali Hospital.

Research (Amarantou et al., 2019) concluded that overall satisfaction acts as a mediator between patients' "perceived service quality" and "revisit intention", while "perceived waiting time" is the most significant indicator of service quality and the most important predictor of ED patient satisfaction.

According to previous study by (Abdulaziz Ar. Bajamal, Supriyantoro Supriyantoro, 2020) At the Harum Kalimalang Hospital in East Jakarta, tangible can improve patient satisfaction; conversely, reducing the tangible component will lower patient contentment. According to research by (Mahmud, 2020), When receiving treatment at At-Medika Palopo Hospital, real quality has a significant impact on the overall level of patient satisfaction. According to research conducted by Mahmud in 2022, outpatients at the Ibnu Sina Makassar Hospital are more satisfied when the hospital offers real facilities. According to a study conducted by Depati Bahrin Regional General Hospital Sungailiat Bangka, patients are more satisfied if they are given with more tangible products (maryana, 2022).

According to (Mahmud, 2020), The level of empathy at At-Medika Palopo Hospital has a substantial impact on patient satisfaction. According to Mahmud's research conducted in 2022, the empathy variable has no significant effect on the outpatient satisfaction variable at Ibnu Sina Makassar Hospital. According to research conducted in 2022 by Maryana and Maya Christiany, there is a statistically significant relationship between patient satisfaction and empathy at Depati Bahrin Regional General Hospital Sungailiat Bangka.

According to (Parasuraman et al., 1988) satisfaction felt with the quality of services in the health sector will increase interest in returning in the future if needed (Agnes, 2022) In research that has been conducted by (Sukiswo, 2018) shows a correlation between patient satisfaction and intent to revisit at the Sangkalan Health Center in Susoh District,

Southwest Aceh Regency. The results is in line with (Mudlikah et al., 2020) indicating a relationship between patient satisfaction and the desire to reuse health services at the Pegantenan Pamekasan Health Center. According to (Agnes, 2022), private hospitals in the outpatient setting in Jakarta have a greater impact on patient satisfaction with hospital care than service quality. In a study by, there was no significant relationship between patient satisfaction and patient desire to return. (Ahri et al., 2023), However, the patient's motivation to return is influenced by the quality of services offered. through their level of happiness with their hospital care. Kak Aldjufrie Palu's city. Similarly, previous research performed by (Sangkot et al., n.d.) showed that there was no significant relationship between the level of outpatient satisfaction and the patient's revisit intention at RS X Madiun City.

2. Research Method

This study used quantitative methodology with a cross-sectional approach. Quantitative study is research in which quantitative data is obtained through structured questions to explain the effect of responsiveness, tangible, empathy, assurance, and reliability on patient satisfaction, which mediates on and revisit intention that is derived from indicators that can be measured using applied statistics. In addition, based on statistical test results, research hypotheses and theories based on research results can be tested, thereby adding novelty to science. According to (Riyanto, 2011) Humans, experimental animals, and laboratory data constitute the population. On this premise, the study population comprises all patients treated in the emergency department of XYZ Hospital. Statistics indicate that there were 2,564 outpatients in August of 2022, and the sample size for this study was based on a minimum of 5–10 times the total indication. This survey contains 32 indicators, hence the sample size should range between 160 and 320 respondents. According to additional requirements outlined by Memon et al. (2020), the number of valid samples used for the multivariate statistical analysis technique (PLS-SEM) should be between 160 and 300. This research used 200 samples. Tangibility variable consists of 5 indicators, responsiveness variable consists of 5 indicators, reliability variable consists of 6 indicators, assurance variable consists 4 indicators, empathy variable consists of 5 variables and patient satisfaction consists 3 variables adopted from Meilana (2017). The revisit intention variable has 4 indicators adopted from Sangkot, Latifah, Suryandari and Wijaya (2022).

SmartPLS 3.0 was used in conjunction with the structural equation model (SEM) approach, the Measurement Model (Outer Model), the Structural Model (Inner Model), and Hypothesis Testing to process and display these study data. Rule of thumb used for outerloading or an indicator that is considered valid if it has a value above 0.7. Rule of thumb used for AVE (Average Varience Exracted) is above 0.5 used to compare every construct and its correlation between each construct in the model. Rule of thumb for composite reliability or to measure each construct and determine its reliability if it has a value above 0.7. Discriminant validity uses the rule of thumb of HTMT (Heterotrait Monotrait ratio) and is considered valid if it has a value below 0.9. For hypothesis testing, the hypothesis is accepted if T-statistic is above 1.65 as it is a one-tailed experiment.

3. Results and Discussions

3.1. Result

Respondent demographic profile. Researchers distributed 230 questionnaires and of these, there were about 200 questionnaires that returned and were suitable for use in this study or with a percentage of around 87%. In this study the number of respondents is 134 (67%) patients were male and 66 (33%) were female. There were no respondents with age below 20, 40 (20%) patients in the age group 21-29, 45 (22.5%) patients in the age group 30-39 and 115 (57.5%) patients in the age group above 40 years old. The Last education dominated by 80 (40%) patients graduating with a diploma, 75 (37.2%) graduating with higher secondary, 35(17.5%) patients graduated with bachelor's degree and the remaining 10 (5%) last education was in elementary school. Occupation of respondents were mostly private workers 115 (57%) followed by Laborers 35(17.5%) and Retired workers 35 (17.5%). 10 (5%) of the respondents were Government workers and the remaining 5 (2.5%) were teachers. The domicile of respondents was dominated by those living in North Jakarta 170 (85%) patients, East Jakarta 20 (10%) respondents and 10 (5%) living in West Jakarta. The frequency of respondents who have visited the emergency department in the last 6 months are 35 (17.5%) patients who have visited 1x, 140 (70%) visited 2-5 times, 15 (7.5%) visited 6-10 times and 10 (5%) visited more than 10 times.

Table 1. Demographic profile of Respondents

Demographic Characteristics	Frequency	Percentage (%)
Gender		
• Male	134	67
• Female	66	33
Age		
• 17-20	0	0
• 21-29	40	20
• 30-39	45	22.5
• >40	115	57.5
Last Education		
• Bachelor's Degree	35	17.5
• Diploma	80	40
• Higher Secondary	75	37.2
• Middle School	10	5
• Elementary School	0	0
Occupation		
• Teacher	5	2.5
• Government Worker	10	5
• Laborer	35	17.5
• Private Worker	115	57
• Retired/ No work	35	17.5
Domicile		
• North Jakarta	170	85
• West Jakarta	10	5
• East Jakarta	20	10
Emergency Department Visit		
• Day Shift	145	72.5
• Night Shift	55	27.5
Frequency of Emergency Department Visit in the last 6 months		
• 1x	35	17.5
• 2-5x	140	70
• 6-10x	15	7.5
• >10x	10	5

Source: (SPSS output, 2022)

3.1.1. Measurement Models (Outer Model)

3.1.1.1. Convergent Validity Test

Table 2 shows outer loading measurement results for seven variables, namely tangibility, responsiveness, reliability, assurance, empathy, patient satisfaction and revisit intention. Based on table 4.13, all indicators in this study have fulfilled the rule of thumb requirements of outer loading > 0.70 and AVE > 0.50. The variables tangibility, responsiveness, reliability, assurance, empathy, patient satisfaction and revisit intention fulfill the AVE requirements with the A VE value for the tangibility variable of 0.507, the AVE value for the responsiveness variable of 0.720, the AVE value for the reliability variable of 0.702, the AVE value for the assurance variable of 0.710, the AVE value for the empathy variable is 0.700, the AVE value for the patient satisfaction variable is 0.797, the A VE value for the revisit intention variable is 0.641.

Based on the table 2 analysis, it can be concluded that the variables tangibility, responsiveness, reliability, assurance, empathy, patient satisfaction and revisit intention are valid and can be used in this research. In table 2, It is seen that the whole construct in this research follows the rule of composite reliability that is value above 0.70. The values for composite reliability for Tangibility is 0.837, Reliability is 0.934, Responsiveness is 0.928, Assurance is 0.907, Empathy is 0.921, Patient satisfaction is 0.922, and Revisit Intention is 0.876. Based on the results above, it can be concluded that all the variables are valid and reliable enough to be used in this research.

Table 2. Results of Measurement Model

Model Construct & Measurement Item	Loading
Tangibility (CR=0.837; AVE= 0.507)	
T1: The ED uses the most technologically advanced medical equipment	0.692
T2: This ED offers complete medical equipment	0.664
T3: Staff in this ED are dressed neatly	0.732
T4: Staff in this ED uses ID/ name tag provided by the facility	0.744
T5: Staff in this ED performs procedures based on SOP	0.725
Reliability (CR=0.934;AVE=0.702)	
R1: Staff in this ED provides me the service as promised.	0.846
R2: Staff in this ED gives me an honest information about my condition	0.857
R3: Staff in this ED provides prompt first aid	0.834
R4: Staff in this ED provides service on time.	0.881
R5: Staff in this ED delivers information regarding procedures to be done.	0.822
R6: Medical equipment used in this ED works well	0.786
Responsiveness (CR=0.928;AVE= 0.720)	
RES1: Nurse in the ED gives me prompt service towards me	0.821
RES2: Staff in this ED responds nicely	0.869
RES3: The nurse in this ED attends to my needs	0.855
RES4: The nurse in this ED attends to my family's needs	0.870
RES5: The doctor in this ED gives me a chance to ask questions	0.826
Assurance (CR= 0.907;AVE= 0.710)	
ASS1: Staff in this ED makes me feel safe	0.795
ASS2: I feel the amount I have spent is worth the service offered to me	0.835
ASS3: Staff in this ED acts courteous towards me	0.862
ASS4: Staff in this ED answers my questions well	0.876
Empathy (CR= 0.921; AVE=0.700)	
E1: Staff in this ED spends time to communicate with me	0.766
E2: Staff in this ED gives me special attention	0.842
E3: Staff in this ED were patient throughout my care	0.898
E4: The doctors in this ED visited me personally to follow up on my condition	0.910
E5: Staff in this ED comforts me	0.755
Patient Satisfaction (CR=0.922;AVE=0.797)	
KP1: I am satisfied with the service offered by this ED	0.838
KP2: The health service provided by this ED exceeds my expectation	0.923
KP3: The health service provided in this ED suited my needs	0.915
Revisit Intention (CR=0.876; AVE=0.641)	
RI1: I will revisit this ED in the future when needed	0.677
RI2: I will still revisit this ED even if there is an increase in service price	0.837
RI3: I will bring my ill family to get health care in this ED	0.832
RI4: The ED in this hospital will be my first option when I seek healthcare.	0.843

Notes: CR= Composite Reliability; AVE= average varience extracted.

Source: (Smart-PLS output, 2022)

3.1.1.2. Discriminant Validity Test

Because it shows a high multicollinearity value, it will cause the indicator to be insignificant. So it is important to check multicollinearity. If the VIF value is > 5 then you experience symptoms of multicollinearity (Hair et all, 2011). The table above shows if the VIF value is around 1.00-3.223 or <5 which indicates that this study did not experience symptoms of multicollinearity.

Table 3. Discriminant Validity of Constructs HTMT

	Assurance	Empathy	Patient Satisfaction	Reliability	Responsiveness	Revisit Intention	Tangibility
Assurance	0.842						
Empathy	0.516	0.837					
Patient Satisfaction	0.532	0.507	0.893				
Reliability	0.675	0.598	0.518	0.838			
Responsiveness	0.745	0.487	0.479	0.747	0.849		
Revisit Intention	0.439	0.435	0.542	0.435	0.451	0.800	
Tangibility	0.690	0.508	0.522	0.610	0.686	0.552	0.710

Source: (Smart-PLS output, 2022)

Table 4. Collinearity Statistic

Variables	Patient Satisfaction	Revisit Intention
Tangibility	2.278	
Reliability	2.802	
Responsiveness	3.223	
Assurance	2.759	
Empathy	1.662	
Patient Satisfaction		1.000

Source: (Smart-PLS output, 2019)
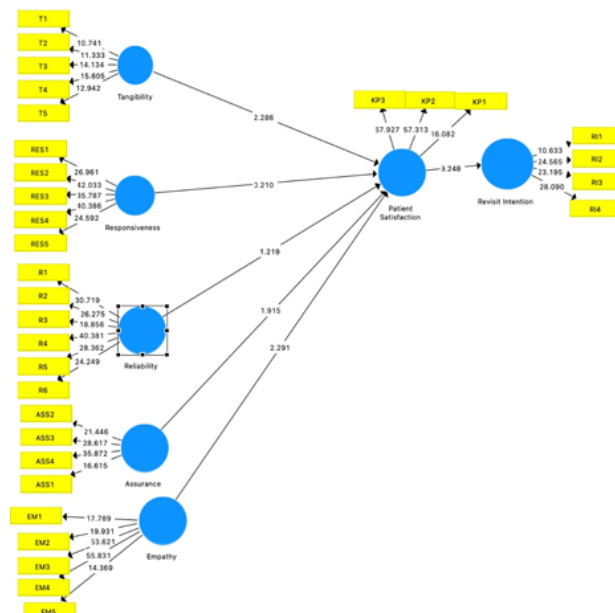
3.1.1.3. Structural Model (Inner Model)

Figure 1. Result of structural model (inner model)

Figure 1 shows that the research model has one dependent variable, one mediating variable, and five independent variables. In the inner model image above, you can see the p-values of the six paths in the research model. This value illustrates the significance of the relationship between variables with a p-value < 0.05.

3.1.2. Hypotheses Test Results

Tabel 5. Hypotheses test results

	Hipotesis	Coefficient	*T-Statistic*	*P-Values*	Conclusion
H$_1$	*Responsiveness* has positive effect on patient satisfaction	0.024	0.207	0.418	Rejected
H$_2$	*Tangible* has a positive effect on patient satisfaction	0.197	2.069	0.019	Accepted
H$_3$	*Empathy* has a positive effect on patient satisfaction	0.231	2.139	0.016	Accepted
H$_4$	*Assurance* has a positive effect on patient satisfaction	0.198	1.915	0.028	Accepted
H$_5$	*Reliability* has a positive effect on patient satisfaction	0.143	1.187	0.118	Rejected
H$_6$	Patient Satisfaction has a positive effect *revisit intention*	0.420	9.248	0.000	Accepted

Table 4 shows the results of testing the hypothesis for this study. Based on the results of the above hypothesis testing, the first hypothesis, namely responsiveness, does not have a positive influence on patient satisfaction, as indicated by a standardized path coefficient of 0.06, a positive direction, and p-values of 0.418 > 0.05. This indicates that responsiveness when serving patients has no effect on patient satisfaction. The first hypothesis that responsiveness has no positive influence on patient satisfaction has been refuted. The result of testing the second hypothesis, that tangible has a positive effect on patient satisfaction, is a standardized path coefficient of 0.06 with a positive direction and p-values of 0.019 < 0.05. The findings of testing this hypothesis indicate that the quality of the tangible influences patient satisfaction, and vice versa. The second hypothesis that tangible has a beneficial effect on patient satisfaction has therefore been supported. The third hypothesis, empathic care has a positive impact on patient satisfaction, is supported by a standardized path coefficient of 0.05, a positive direction, and p-values of 0.016 < 0.05. The findings of testing this hypothesis indicate that the degree of empathy will influence patient satisfaction and vice versa. The third hypothesis that empathy has a positive impact on patient satisfaction has therefore been supported. The fourth hypothesis, which states that assurance has a positive influence on patient satisfaction, is supported by a standardized path coefficient of 0.06 and a positive direction, as well as p-values of 0.028 < 0.05. The findings of testing this hypothesis indicate that the level of assurance influences patient satisfaction, and vice versa. Thus, the fourth hypothesis has been supported, which argues that certainty has a positive effect on patient satisfaction. " With a standardized path coefficient of 0.07 and a positive direction and p-values of 0.118 > 0.05, the fifth hypothesis is that reliability has no effect on patient satisfaction. This suggests that the aspect of reliability when serving patients has no effect on patient satisfaction. Therefore, the fifth hypothesis asserting that dependability has no effect on patient satisfaction has been refuted. The sixth hypothesis, which states that patient satisfaction has a positive effect on intention revisit, is supported by a standardized path coefficient of 0.06, a positive direction, and p-values of 0.000 <0.05. The findings of testing this hypothesis indicate that patient satisfaction influences the likelihood of future visits and vice versa. Thus, the sixth hypothesis that patient satisfaction has a positive impact on intention revisit has been supported.

Table 6. Result Determination Test

	R Square	Remarks
Patient Satisfaction	0.388	Moderate
Revisit Intention	0.294	Moderate

Table 6 shows that R^2 value for satisfaction was 0.388. It means that the effect of tangibility, reliability, responsiveness, assurance and empathy on satisfaction is moderate. The R^2 for revisit intention was 0.294. It means that revisit intention is moderate.

3.2. Discussion

This study aims to inform managers and businesspeople in the hospital service industry about the quality factors of hospital emergency room services that influence patient satisfaction in health care requiring emergency assistance, as well as the effect of patient satisfaction as a moderator on their revisit intention.

The results of evaluating the six hypotheses in this study indicate that the dimensions of service quality can partially influence the dependent variables patient satisfaction and revisit intention. In evaluating services in the health service industry (health care services), the professionalism of doctors, the professionalism of employees and nurses, and the standard of services given all contribute to the overall evaluation of service quality.

This study has proven that tangibility (hypothesis 2), empathy (hypothesis 3), and assurance (hypothesis 4) have a significant positive effect on patient satisfaction. Other previous studies also support that tangibility, empathy, and assurance have a significant effect on patient satisfaction (Bajamal, Supriyantoro, 2020; Haryeni, 2019; Mahmud, 2020; maryana, 2022). Meanwhile, service quality in terms of responsiveness (hypothesis 1) and reliability (hypothesis 5) did not have much impact on efforts to influence patient satisfaction in the emergency room of XYZ Hospital.

In this study, hypothesis 1 regarding service quality in the responsiveness aspect was derived from construct statements regarding "Nurses provide assistance services as soon as possible," "Doctors and nurses always respond in a friendly and courteous manner," "Nurses pay attention to the needs and complaints of patients and patient families," and "The doctor provides the patient with the opportunity to ask questions and an explanation of the patient's disease." Patient satisfaction is of course highly dependent on the responsiveness aspect of the quality of service, as demonstrated by the fact that the average respondent answered strongly agree and agreed with the statement of the questionnaire used in this study. However, based on inferential statistical analysis, the responsiveness aspect was not shown to be statistically significant, and the results of this study cannot be generalized to the population. This is possible because, as is well-known, the Emergency Room (ER) is the first point of contact and referral for patients. All staff in the emergency room, particularly nurses, are required to be ready to serve patients at all times, as the conditions of patients in the emergency room range from serious, emergency, emergency conditions to those that are neither serious nor urgent (Kruse et al., 2017). This unit's primary goals are to receiving, triaging, stabilizing, and providing acute health services to patients who require resuscitation and patients with a certain level of urgency (Nurlina et al., 2019). The responsiveness aspect has a significant impact on the quality of service experienced by patients in emergency situations where they require immediate, rapid, and professional care 24 hours a day. In this study, however, respondents responded indifferently to the statements used and did not place a significant value on patient satisfaction. Even if responsiveness does not affect directly towards patient satisfaction, it is still kept. In the emergency department of XYZ hospital, nurses need to give the help in a timely manner towards patients as well as acting courteously and give them special attention. Hence, even if this variable does not affect patient satisfaction directly this variable is not omitted.

Hypothesis 2, the relationship between tangibility-based service quality and patient satisfaction is positive. Obviously, quality of service from the tangibility aspect is a major factor in determining patient satisfaction. However, as demonstrated in this study, the average respondent answered strongly agree and agree on the statement of the questionnaire, indicating that there is a gap between what is felt and what is expected by the patient on the tangibility aspect. This is consistent with the results of inferential statistical analysis, which demonstrated that the tangibility aspect had a significant relationship with patient satisfaction. This is possible because, as is well known, enhancing the dimensions of health service quality from the tangibility aspect, such as the completeness of care support facilities, bed comfort, and cleanliness, demonstrates the level of perfection of health services in creating a sense of patient satisfaction. Based on the findings of this study, it can be concluded that patient satisfaction will increase proportionally to the quality of health services in the tangibility aspect provided by the ER XYZ Hospital and will decrease proportionally to the quality of services provided by the IGD RS XYZ. These results are in line with the theory which explains that tangible in the form of hospital facilities greatly influences patient satisfaction (Mongkaren, 2013). (Lupiyoadi, 2018) reveals tangible as a company's ability to demonstrate its existence to external parties. The appearance and capabilities of the company's physical facilities and infrastructure, which can be judged by the state of the surrounding environment, are unmistakable evidence that service providers deliver quality services.

The findings of this study are consistent with those of previous research conducted by (Abdulaziz Ar. Bajamal, Supriyantoro Supriyantoro, 2020; Haryeni, 2019; Mahmud, 2020; maryana, 2022)

Hypothesis 3, the relationship between empathy-based service quality and patient satisfaction is positive. Quality of service from the perspective of empathy is unquestionably a crucial factor in determining patient satisfaction. It is evident in this study that the average respondent agreed with the statement of the questionnaire indicating that there was a gap between what the patient felt and what was expected in the aspect of empathy. This is possible because, as is well known, the improvement of the dimensions of the quality of health services from the perspective of empathy, such as caring for patients, services that do not consider social status, the convenience of contacting nurses, and service systems that make life easier for patients all contribute to the increase in patient satisfaction. Based on the findings of this study, it can be concluded that patient satisfaction will increase proportionally to the quality of health services in terms of empathy provided by the Emergency Room at XYZ Hospital and will decrease proportionally to the quality of services provided by the Emergency Room at XYZ Hospital. This result is consistent with the theory that explains empathy as providing sincere and individual or personal attention, having understanding and knowledge of the patient, understanding the patient's specific needs, and providing a comfortable operating time by attempting to understand the patient's desires (Parasuraman et al., 1988). The results of this study are in line with the results of research conducted by (Abdulaziz Ar. Bajamal, Supriyantoro Supriyantoro, 2020; Haryeni, 2019; Mahmud, 2020; maryana, 2022)

Hypothesis 4, t he assurance aspect of service quality has a positive relationship with patient satisfaction. The average respondent answered strongly agree and agreed on the statement of the questionnaire, indicating that there is a gap between what is felt and what is expected by the patient on the assurance aspect. This is consistent with the results of the inferential statistical analysis, which demonstrated that the assurance aspect had a significant relationship with patient satisfaction. This is possible because, as is well-known, in addition to enhancing the dimensions of health service quality from the perspective of assurance, such as procedural and accurate diagnoses, skilled and affable nurses play a role in increasing patient satisfaction. Based on the findings of this study, it can be concluded that patient satisfaction will increase proportionally to the quality of health services in terms of assurance provided by the ER at XYZ Hospital, and will decrease proportionally to the quality of services provided by the IGD RS XYZ. This result is consistent with the theory that explains assurance is a guarantee to consumers that includes the ability, courtesy, and trustworthiness of staff, free of danger or risk of doubt, and that the behavior of employees should foster a sense of security for its customers (Parasuraman, 2017). Accoding to Supriyanto and (Supriyanto & Ernawati, 2010) assurance is the ability of service providers to generate customer confidence in the services offered. The results of this study are in line with the findings of research conducted by (Abdulaziz Ar. Bajamal, Supriyantoro Supriyantoro, 2020; Haryeni, 2019; Mahmud, 2020; maryana, 2022)

Hypothesis 5, which states that reliability is positively related to patient satisfaction is rejecte. Service quality from a reliability perspective is, of course, a crucial factor in patient satisfaction, as demonstrated by the fact that the average respondent agreed or strongly agreed with the questionnaire statements. However, based on inferential statistical analysis, the reliability aspect was not demonstrated to be statistically significant, and the results of this study cannot be generalized to the population. This is possible because, as is well-known, the Emergency Room (ER) is the first point of contact and referral for patients. All staff in the emergency room, particularly nurses, are expected to be prepared and dependable to serve patients, as the conditions of patients in the emergency room are extremely diverse, ranging from serious conditions to those that are neither serious nor urgent (Kruse et al., 2017). The influence of the aspect of dependability is a significant factor in the quality of service experienced by patients in emergency situations where they require immediate, professional care that is available 24 hours a day. However, in this study, respondents gave neutral responses to statements describing the reliability aspect, and they did not place a significant value on patient satisfaction. Even if reliability does not impact patient satisfaction directly, it is still kept In The emergency department of RS XYZ, It is vital that they give patients the promised service. Patients have the right to all the information regarding their disease and condition. Staffs have to be able to deliver service on time as the ED is a mobile environment and deals with emergency patients that require prompt service. So this variable still plays an important role even though it does not affect patient satisfaction directly.

Hypothesis 8, patient satisfaction is positively related to revisit intention is declared accepted. This study's findings support the theory that consumer satisfaction is a person's feeling of pleasure or disappointment based on a comparison between his perception of product outcomes and his expectations (Rita et al., 2019b). It is believed that consumer expectations play a significant role in determining satisfaction. A higher level of consumer satisfaction will increase their propensity to repurchase the company's products. If consumers were satisfied, there will be good cooperation and relations between consumers and companies (Holloway & Beatty, 2008). According to Zeithaml and

Bitner, the perceived satisfaction with the quality of services in the health sector will increase interest in returning in the future if needed (Agnes, 2022). The results of this study are reinforced by research findings from previous studies (Agnes, 2022; Mudlikah et al., 2020; Sukiswo, 2018) However, these results differ from the findings of the research conducted (Ahri et al., 2023; Sangkot et al., n.d.) showed that there was no significant relationship between the level of outpatient satisfaction and the patient's revisit intention.

4. Conclusion

The purpose of this study was to examine and analyze the positive influence of aspects of health service quality, such as responsiveness, tangibility, empathy, assurance, and reliability, on patient satisfaction in the IGD RS XYZ, which mediates the revisit intention. The model tested in this study was empirically validated using data from 200 respondents. Respondent data was obtained from online questionnaires distributed to patients being treated at the Emergency Room of XYZ Hospital. Respondents were required to be receiving care at the Emergency Room of XYZ Hospital. Using Smart PLS version 3.3 software, the SEM-PLS method was used to analyze data. The outer model analysis with SEM-PLS demonstrates that all indicators used in this study are reliable and valid measures of their respective constructs. Then, the inner model analysis is conducted, and the following conclusions are reached: a) The responsiveness component of the quality of health services has no effect on patient satisfaction. Responsiveness plays no role in determining the satisfaction of ER patients at XYZ Hospital in this study, b) The tangibility aspect of health service quality factors has a positive influence on patient satisfaction; the greater the tangibility, the greater the satisfaction of ER patients at XYZ Hospital, c) The empathy aspect of the health service quality factor has a positive influence on patient satisfaction; the greater the empathy, the greater the satisfaction of ER patients at XYZ Hospital, d) The quality factor of health service quality assurance aspect has a positive influence on patient satisfaction, the better the assurance, the ER patient satisfaction in XYZ Hospital is increasing, e) The reliability aspect of health service quality factors does not have a positive influence on patient satisfaction. Reliability is not a factor that plays a role in determining the satisfaction of emergency room patients at XYZ Hospital in this stud, f) Patient satisfaction has a positive impact on the revisit intention. The higher the satisfaction of ER patients at XYZ Hospital, the higher the likelihood that a revisit intention will occur.

The managerial implications of this study are as follows. Tangibility is an essential factor to consider because it influences patient satisfaction. Therefore, it is vital that the ED in this hospital uses the most technologically advanced and complete medical equipment required for the healthcare of the patient. It is also important that the staff in the ED pay attention to their physical appearance and are dressed neatly and uses ID or nametag provided by the facility to engage better with patients. It is essential for staffs to perform procedure based on SOP given. Assurance plays an important factor toward patient satisfaction therefore it is important to keep patient feeling safe by acting courteous towards them and answer their questions without hesitation. They should feel that the amount their spending is worth the service offered by the facility. As a healthcare provider, empathy is mandatory as it improves communication between staff and patient. Staff should focus on giving the patient the care, special attention and comfort that they need. It is also essential that doctors visite their patient to follow up on their condition.

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