The Influence of Facilities Maintenance, Service Quality and Work Culture on Inpatient Satisfaction at Medika Dramaga Hospital Bogor

Ludfia Kurniasari [1] , Masyhudzulhak Djamil [2] , Suherman [3]
Management Study Program, Postgraduate School, Ibn Khaldun University, Bogor ; Bogor, Indonesia [1,2,3]
Email: ludfia84@gmail.com

Submitted:
NOVEMBER 2023

Accepted:
DECEMBER 2023

ABSTRACT

This research is about the satisfaction of inpatients at Medika Dramaga Hospital which explores patient statements regarding facilities, service quality and staff work culture. The method used is descriptive research with a quantitative approach. The sample consisted of 100 patients or families of inpatients as respondents using data collection techniques through questionnaires and hypothesis analysis using SEM-PLS. Data processing in this study shows that all hypotheses are accepted, with details based on the Path coefficient value, it is known that the T-statistic value of Facility Maintenance on Patient Satisfaction is 8.772 so that the T-Statistic > t-table (1.96), from these results it can be stated that Facility Maintenance has an effect positive impact on patient satisfaction. The Path coefficient value shows the T-statistic value of Service Quality on Patient Satisfaction of 2.122 so that the T-Statistic > t table (1.96), from these results it can be stated that Service Quality has a positive effect on Patient Satisfaction. And the Path coefficient value shows that the T-statistic value of Work Culture on Patient Satisfaction is 2.943 so that the T-Statistic > t table (1.96), from these results it can be stated that Work Culture has a positive effect on Patient Satisfaction.

Keywords *: Facility Maintenance, Service Quality , Work Culture , Patient Satisfaction*

INTRODUCTION

Law no . 44 of 2009 has regulated the structure of hospital organizations, namely that it must consist of several elements including the head of the hospital, medical service elements, nursing elements and medical support elements, medical committees and internal audit units as well as general administration and finance. In accordance with the provisions of Article 7 of Law Number 44 of 2009 concerning Hospitals, it is stated that hospitals must meet the requirements for location, building, infrastructure, human resources, pharmaceuticals and equipment . Based on this, hospitals must be able to fulfill these requirements in order to obtain a permit to establish a hospital, and carry out their operational activities smoothly without worrying about the permit being revoked or the hospital's operational permit not being renewed.

General administrative elements in hospital organizations according to Law no. 44 of 2009 must consist of IPSRS, cleaning service and mortuary. Hospital Facilities Maintenance Installation (IPSRS) is a technical and coordinative hospital organization that is technically oriented towards preventive measures and minimizing damage to facilities and infrastructure by carrying out maintenance of medical and non-medical equipment in the hospital. IPSRS has a big role and responsibility in maintaining the optimal function of medical and non-medical equipment so that the quality of hospital services is achieved completely. Having good, competent and reliable human resources as well as support in providing adequate hardware *and* software *is* a primary requirement for IPSRS in carrying out its functions, roles and responsibilities in supporting the achievement of complete quality of hospital services. .

JIMKES

Jurnal Ilmiah Manajemen Kesatuan
Vol. 11 No. 3, 2023
pp. 1601-1612
IBI Kesatuan
ISSN 2337 – 7860
E-ISSN 2721 – 169X
DOI: 10.37641/jimkes.v11i3.2305

The main effort to maintain the existence of hospitals is to provide services to patients. Apart from that, to avoid a crisis of public trust, hospitals must really maintain the quality of service. Quality of service can be said to be perfect if health services can satisfy customers in accordance with professional standards and ethics. This is closely related to customer satisfaction based on the quality of service provided which can encourage customers to establish mutually beneficial relationships with the hospital (Nasution, 2004) . In essence, the quality of health services is closely related to the satisfaction aspect patient *(client satisfaction*). According to Muninjaya (2011), customer (patient) satisfaction is the customer's response to the suitability of the customer's level of interest or expectations (expectations) before they receive services and after the services they receive.

Perfect patient satisfaction will also make the quality of health services perfect (Azwar, 1996). Quality is not easy to define, but it can take the form of, for example, unpleasant staff service, long waiting queues, slow *response time* in service, and less convincing patient diagnosis . This will occur as services that do not meet expectations, services that are not of high quality so that patients feel less satisfied after receiving the services provided (Utami, 2003).

Service quality is a form of consumer (patient) assessment of the level of service received and the expected level of service. Quality is a dynamic condition related to products, people/labor, processes and tasks as well as the environment that meets or exceeds customer or consumer expectations (Garvin and Davis in Nasution (2004)). The quality of health services provided shows the level of perfection of health services in meeting the needs and demands of each patient. The more perfect the needs and demands of each patient, the better the quality of health services (Azwar, 1996).

Medika Dramaga Hospital is a type C private hospital, which was founded in 2012, with 105 *beds* and has inpatient service facilities consisting of patient beds, sofas, *bedside cabinet* , AC, TV, refrigerator, waiting chair, *dispenser* , cupboard, patient dining table, and bathroom, and the number of inpatients averages 630 patients per month. To maintain the quality of service and service quality, apart from providing facilities, it is supported by 278 employees, consisting of medical, paramedical and general personnel, including IPSRS with a total of 8 personnel who are prepared to support health service activities by optimizing medical equipment and non-medical in maintenance activities so that complete patient satisfaction can be achieved. In carrying out work, apart from work tools, they are provided with Standard Operational Procedures (SPO), standard policies so that their work can be directed and educated to build a good work culture.

As a reference in maintaining hospital facilities, each provider of health service facilities can be guided by the Regulation of the Minister of Health of the Republic of Indonesia Number 24 of 2016 concerning Technical Requirements for Hospital Buildings and Infrastructure, Technical Guidelines for Class C Hospital Facilities and Infrastructure of 2007, and Technical Guidelines for Buildings. Hospital Inpatient Rooms in 2012. The intensity of the problems faced by IPSRS at Medika Dramaga Hospital are more problems with air conditioning and bathrooms , where every year there is an increase both in terms of quantity of damage and other things. Based on the phenomena that occur at Medika Dramaga Hospital, the problems discussed are the AC not functioning properly so it disrupts the air conditioning system, the condition of the bathroom building is not yet standard so damage often occurs, the maintenance of the facilities (AC and Bathroom) is not in accordance with the SOP, and comfort patient is disturbed. Thus, research is needed to determine the influence of facility maintenance, service quality of IPSRS officers, and work culture on the satisfaction of inpatients at Medika Dramaga Hospital.

Maintenance according to Duffuaa et al. (1999), namely a combination of activities in which equipment and/or a system is maintained or repaired so that it continues to function according to plan. According to (Sugiama & Gima, 2013) asset maintenance is "a collection of activities organized to ensure that assets can be operated in the best condition at the lowest cost", while the classification of maintenance activities that will be used in this research is the classification made by Chanter and Swallow (1996) because the grouping form is simple but complete, making it suitable for application to buildings

or systems that have many components, such as hospitals. These components are planned maintenance, unplanned maintenance, preventive and *corrective.* Setiawati (2010) found that there was a relationship between bathroom sanitation and patient satisfaction at PKU Muhammadiyah Gombong Hospital.

Garvin and Davis in Nasution (2004), state that quality is a dynamic condition related to products, people/labor, processes and tasks as well as the environment that meets or exceeds customer or consumer expectations. Parasuraman (1995) divides service quality into five dimensions, namely *tangible, reliable, responsiveness, assurance, empathy* . Arianty (2015) states that product quality and service quality influence consumer satisfaction. There is a relationship between service quality and patient satisfaction with services at RSIA Srikandi IBI Jember (Sudibyo, 2014). Rizal (2016) stated that there is a positive and significant influence of service, facility and physical evidence variables on patient satisfaction. Suzanto (2011) found that service quality consisting of physical evidence *,* reliability *,* responsiveness *,* assurance *and* empathy *have* a significant influence on patient satisfaction and are at a strong level. . Patient experience in relation to private hospital services has a strong impact on patient loyalty. The relationship between service quality and patient loyalty proves the importance of strategies to improve quality services to retain patients and expand the market (Arab *et al.* , 2012). Shafwan *et al.* (2019) also found that service quality has a positive and significant effect on customer satisfaction.

According to Nurhadijah (2017), indicators of work culture are discipline, openness, mutual respect and cooperation. Implementation of the noble values of Pancasila in organizations requires a change in communication methods, from what is usually done vertically from top to bottom; be a horizontal and participative relationship. Likewise, the leadership style becomes more inviting than commanding, providing an example, encouraging, and giving greater trust to subordinates. As a consequence of this participatory style, decision making is carried out by deliberation and consensus. This management style will encourage subordinates to feel more ownership, responsibility and introspection. This is very important for the development of human resources so that they are able to provide the best or optimal work contribution to management (Umam, 2010).

Kotler (2005) states that satisfaction is the level of a person's perceived state which is the result of comparing the perceived appearance/outcome of the product in relation to one's expectations. According to Berry, Pasurraman (1991) quoted from Athiyyah (2003), that hope is the basis of consumer satisfaction in health services, hope is formulated as the service that the patient thinks he will receive. According to Bannet NB Silalahi in Damayanti (2000), satisfaction is the feeling or state of someone who has experienced an action or treatment that is in accordance with their expectations.

Based on the literature review above, the following research hypothesis can be formulated :

H1 : There is a positive influence of the Facility Maintenance variable (X1) on the satisfaction of inpatients at Medika Dramaga Hospital

H2 : There is a positive influence of the Service Quality variable (X2) on the satisfaction of inpatients at Medika Dramaga Hospital

H3 : There is a positive influence of the Work Culture variable (X3) on the satisfaction of inpatients at Medika Dramaga Hospital

METHOD

This research uses an explanatory research type . The type of explanatory research according to Sugiyono (2013), is research that is used to obtain data from a certain place, but the researcher carries out treatments in collecting data, for example distributing questionnaires, tests, interviews and so on. The method used is descriptive research with a quantitative approach which aims to analyze research results and test the level of influence or relationship between variables.

This research was conducted at Medika Dramaga Hospital which is located at Jl. Dramaga KM 7.3 Margajaya West Bogor Bogor. The population in this study were VVIP/VIP inpatients , class 1, and class 2 at Medika Dramaga Hospital with a total of

7563 patients within 1 year, and the samples from this study were patients treated from 25 August 2019 to 24 September 2019 which was determined using the Slovin formula, according to Siregar (2010) at a *margin of error level of 0.1.* From the calculation results, n=98.7, rounded up to n= 100. So in the research the sample size was 100 respondents.

There are two types of data collected in this research, namely primary data and secondary data. Primary data was obtained directly by researchers using various techniques such as interviews and surveys (distributing questionnaires). Data collection using this questionnaire media contains a number of questions related to the variables studied, namely competition, motivation, organizational commitment and service quality. Secondary data is data obtained or collected by researchers from various existing sources. Secondary data used in this research were obtained from books, journals, websites and data from Medika Dramaga Hospital .

Quantitative data processing in this research uses a *Likert scale* as an assessment tool in the questionnaire. The *Likert* scale consists of a number of statements or questions, each of which shows an attitude towards a certain object or shows a certain characteristic that will be measured. The way to purchase scores for responses given by respondents to the statements provided in the questionnaire is to provide a score for each answer that has been determined by ticking in the answer pool provided. According to Sugiyono (2017) the *Likert scale* is used to measure the attitudes, opinions and perceptions of a person or group of people about social phenomena. In research on social phenomena, it has been specifically applied by researchers, hereinafter referred to as research variables. With a *Likert scale* , the variables to be measured are translated into indicator variables. The answers to the *Likert scale* have a gradation from very positive to very negative, in the form of words strongly agree, with a score of 5; agree, with a score of 4; quite agree, with a score of 3; disagree, with a score of 2; strongly disagree, with a score of 1.

To get maximum research results, the data obtained from the respondents needs to be tested for validity , testing the seriousness of the respondents' answers, tests of *validity* and *tests of reliability are needed.* Validity test uses factor analysis with output from SmartPLS in the form of AVE (*Average Variance Extracted*) values, namely *Convergent Validity* and *Descriminant Vilidity. The Convergent Vilidity* value is the factor loading value on the latent variable with its indicators. Expected value >0.7. Meanwhile, the reliability test uses *Cronbach's Alpha* and *Composite Reliability.* The reliability of a construct can be assessed from the *Cronbach's Alpha value,* the closer it is to one, the more reliable the construct. According to Sekaran (2006), in general, reliability of less than 0.60 is considered poor, reliability in the range of 0.70 is acceptable, and more than 0.80 is good. The analysis in this research uses a data analysis method using Smart PLS version 2.0 software which is run using computer media. Ghozali and Latan (2015) explained that SEM PLS is an analysis method that is soft modeling because it does not assume that the data must be measured on a certain scale, with a small sample size (under 100 samples). In addition, PLS is capable of modeling many dependent variables and independent variables (complex models).

FINDING AND RESULTS

Descriptive Statistics

Questionnaires were distributed to inpatients in VIP/VVIP class as many as 14 respondents, Class 1 as many as 35 respondents, and Class 2 as many as 51 respondents. Most respondents aged 26-35 years were 34%, while others aged >55 years were 31%, 25 years were 20% and those aged between 36-45 were 15%. There were more female respondents, namely 70%, and 30% male respondents. The largest number of respondents had a high school education at 50%, followed by a Bachelor's/Master's degree at 19%, a junior high school education at 17%, a D3 education at 8%, an elementary school education at 6%.

Descriptive Research Data

The questionnaire uses a Likert scale with a scale of 1-5, namely STS (Strongly Disagree), TS (Disagree), CS (Somewhat Agree), S (Agree), and SS (Strongly Agree). The index value of the questionnaire statement is as follows: 1) Average value 1 – 1.5 is STS; 2) The average value of 1.6 – 2.5 is TS; The average value of 2.6 – 3.5 is CS; An average score of 3.6 – 4.5 is S; and an average value of 4.6 –5 is SS.

analysis was carried out to describe respondents' perceptions of statements related to the research variables used. Descriptive analysis is calculated based on respondents' answers to research statements using the average *(mean)* of each indicator proposed to describe the perceptions of all respondents. From the average *(mean) results* , respondents' perceptions were then interpreted using the *three-box criteria the method* proposed by Ferdinand, namely: 1) 1.0 – 2.3 = low ; 2.4 – 3.7 = moderate ; and 3.8 – 5.0 = high . Next, based on these criteria, an index of respondents' perceptions of the variables in the research is determined . Descriptive Analysis of Facility Maintenance Variables (X1). **Table 1** shows that respondents answered agree with the highest average value being 3.69 on the indicator of clean water distribution having no problems and the lowest average value with the answer quite agree value being 3.38 on the fragrant bathroom indicator.

Table 1 . Frequency of Answers to the Facilities Maintenance Questionnaire

Indicator	Average	Information
The sound of the AC does not disturb the patient's comfort	3.41	Simply Agree
The AC remote can be used by patients well	3.44	Simply Agree
The air from the AC does not smell	3.39	Simply Agree
The AC doesn't leak	3.49	Simply Agree
The risk of patient falls in the bathroom can be anticipated	3.51	Agree
Clean bathroom	3.56	Agree
The bathroom smells good	3.38	Simply Agree
There is no flooding in the water channels	3.59	Agree
Clean water distribution does not experience problems	3.69	Agree
Hand wash basin that works well	3.63	Agree

Source: processed data (2019)

Descriptive analysis of the service quality variable (X2) in **Table 2** shows that the majority of respondents answered that they agreed with the highest average value being 3.79 on the indicator of officers being able to communicate well with patients and the lowest average value that the majority answered quite agree with was 3. 4 on the indicator that the officers quickly handled the damage and the officers were able to handle the damage that occurred.

Table 2. Frequency of Answers to the Service Quality Questionnaire

Indicator	Average	Information _
Officers quickly responded to the damage	3.44	Just S e aim
officers were able to handle the damage that occurred	3.44	Simply Agree
Officers Have high self-confidence in solving problems	3.51	Agree
Staff have high concern for patients	3.7	Agree
Staff are friendly towards patients	3.71	Agree
Staff are able to communicate well with patients	3.79	Agree
Staff are very interactive in providing services to patients	3.62	Agree
Work tools according to what is needed	3.57	Agree
The work tool is very safe to use	3.59	Agree
The work tool is easy to use	3.6	Agree

Source: processed data (2019)

Descriptive analysis of the work culture variable (X3) in **Table 3** shows that the majority of respondents answered Agree with the highest average value being the indicator for officers carrying out their work neatly and the indicator for officers communicating well with patients and their team with the same average, namely 3. 73.

And the majority answered Quite Agree with the lowest average being 3.65, namely the indicator that cleaning staff use gloves and masks when cleaning.

Table 3. Frequency of Answers to the Work Culture Questionnaire

Indicator	Average	Information
Officers wear neat uniforms	3.71	Agree
The officer smells good	3.68	Agree
Officers use identification badges	3.69	Agree
Cleaning staff use gloves and masks when cleaning the bathroom	3.65	Agree
The officers carry out their work neatly	3.73	Agree
Officers carry out double checks when carrying out their work	3.68	Agree
Staff communicate well with patients and their team	3.73	Agree
The officers seemed to respect each other in dealing with each other	3.71	Agree
Officers were seen helping each other in handling complaints	3.66	Agree
Officers dare to express opinions to resolve complaints	3.68	Agree

Source: processed data (2019)

Descriptive analysis of the patient satisfaction variable (Y) in **Table 4** shows that the majority of respondents answered Agree with the highest average value of 3.78 for the officer accuracy indicator and the lowest average value of 3.32 for the room air indicator. bathe.

Table 4. Frequency of Answers to the Patient Satisfaction Questionnaire

Indicator	Average	Information
Position of AC unit placement	3.37	Simply Agree
AC operation	3.43	Simply Agree
Patient Comfort	3,4	Simply Agree
Bathroom Interiors	3.49	Simply Agree
Bathroom Facilities	3.45	Simply Agree
Convenience of bathroom facilities	3.5	Simply Agree
Air in the bathroom	3.32	Simply Agree
handling officers	3.77	Agree
officer accuracy	3.78	Agree
staff support for patients	3.63	Agree

Source: processed data (2019)

Validity test

Validity testing is carried out to test whether the measuring instrument or questionnaire used is valid or invalid using *product moment correlation* . Validity testing in this research was carried out using *the one shot method* where the questionnaire was given once to respondents and then the data was analyzed. If a question is declared valid then it is used for further discussion and if the question is invalid the question is ignored or discarded.

Table 5. Questionnaire validity test

Variable	Indicator	r-count	r-table	Information
X1.Maintenance_Means	X1.01	0.763	0.361	Valid
	X1.02	0.790	0.361	Valid
	X1.03	0.849	0.361	Valid
	X1.04	0.761	0.361	Valid
	X1.05	0.872	0.361	Valid
	X1.06	0.830	0.361	Valid
	X1.07	0.712	0.361	Valid
	X1.08	0.833	0.361	Valid
	X1.09	0.851	0.361	Valid
	X1.10	0.787	0.361	Valid
X2.Quality_Service	X2.01	0.873	0.361	Valid
	X2.02	0.870	0.361	Valid
	X2.03	0.907	0.361	Valid
	X2.04	0.947	0.361	Valid
	X2.05	0.920	0.361	Valid
	X2.06	0.906	0.361	Valid
	X2.07	0.933	0.361	Valid

	X2.08	0.933	0.361	Valid
	X2.09	0.933	0.361	Valid
	X2.10	0.932	0.361	Valid
X3. Work_culture	X3.01	0.916	0.361	Valid
	X3.02	0.929	0.361	Valid
	X3.03	0.897	0.361	Valid
	X3.04	0.838	0.361	Valid
	X3.05	0.922	0.361	Valid
	X3.06	0.958	0.361	Valid
	X3.07	0.932	0.361	Valid
	X3.08	0.911	0.361	Valid
	X3.09	0.965	0.361	Valid
	X3.10	0.952	0.361	Valid
Y.Patient_Satisfaction	Y01	0.650	0.361	Valid
	Y02	0.606	0.361	Valid
	Y03	0.524	0.361	Valid
	Y04	0.757	0.361	Valid
	Y05	0.647	0.361	Valid
	Y06	0.823	0.361	Valid
	Y07	0.782	0.361	Valid
	Y08	0.585	0.361	Valid
	Y09	0.688	0.361	Valid
	Y10	0.679	0.361	Valid

Source: processed data (2019)

Decision making on whether an attribute is valid or not is based on the calculated r value compared with the table r value or probability value (p-value). An attribute is declared valid if the correlation coefficient (r-value) > r-table or p-value < 0.05. The r-table for n=30 (df=28) is 0.361. The validity test results **in Table 5** show that all indicators are valid so that these indicators can be used for research.

Reliability test _

The reliability test that will be used in this research is by using SPSS facilities, namely the *Cronbach Alpha statistical test* . **Table 6** shows the results of reliability testing for all indicators on the dimensions used in the research which are acceptable, as well as for the overall level of measurement in accordance with what Ghozali (2006) stated that a construct or variable is declared reliable if the *Cronbach alpha value* is > 0.60 (Ghozali 2006).

Table 6. Overall reliability test results

Variable	Cronbach's Alpha	Indicator	Information
X1.Maintenance_Means	0.937	10	Reliable
X2.Quality_Service	0.977	10	Reliable
X3. Work_culture	0.980	10	Reliable
Y.Patient_Satisfaction	0.868	10	Reliable

Source: processed data (2019)

Test data analysis

The research analysis carried out refers to the guidebook " *Partial Least Squares* Concepts, techniques and Applications using the SmartPLS 2.0 Program for Empirical Research" written by Imam Ghozali and Hengky Laten in 2012. The data obtained from the distributed questionnaire is input into Excel and then processed into the *SmartPLS software program.* This research aims to find out how much influence Variable X_1 (Maintenance of Facilities), Variable X_2 (Service Quality), Variable The *SmartPLS* output used for the above analysis is as follows:

Evaluation of Measurement Models

This evaluation is used to evaluate the relationship between constructs and indicators with two validity tests and reliability tests. There are two types of validity tests, namely *convergent validity* and *discriminant validity.* **Convergent** *validity* is evaluated with 3 parameters, namely factor loading, *Average Variance Extracted* (AVE) value and

Communality . Meanwhile, *discriminant validity* is evaluated from 2 parameters, namely cross loading and comparing the correlation between constructs and AVE

Convergent validity test . To find out the validity indicators, first input the value of each survey result by clicking *calculate* then entering the "PLS Algorithm" option. After that you can find out the value of the results of each indicator for each variable. The following displays *the loading factor results* in the measurement model:

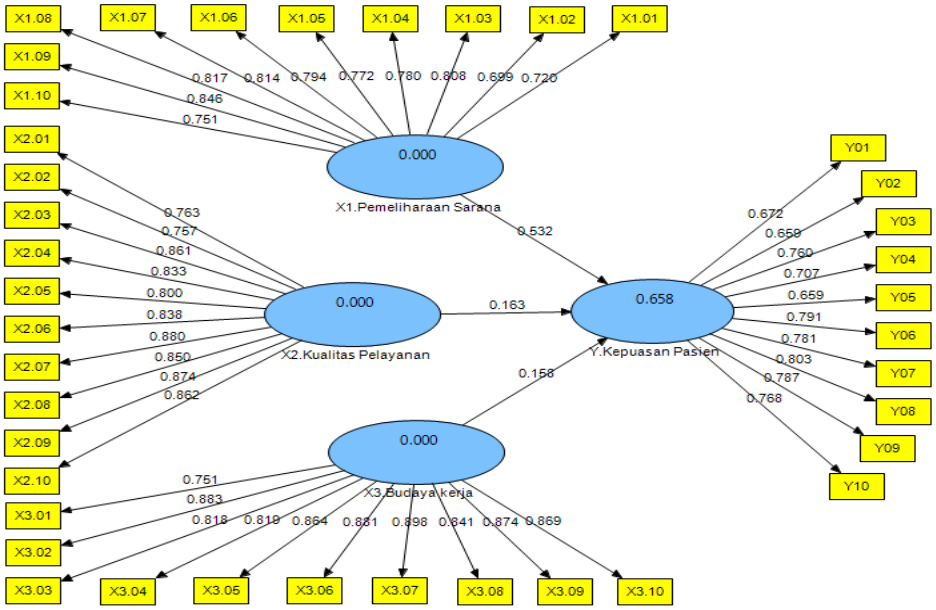

Figure 1 . SEMPLS

If there are indicators that have a *loading factor value* < 0.5, the initial model must be recalculated to produce *a loading factor* for all reflective indicators with a value of > 0.5 as a criterion for testing the *convergent validity* of latent constructs (Ghozali, 2012). **Figure 1** shows that all indicators have *a loading factor* > 0.5, meaning the model meets the requirements for *convergent validity*. The condition for the model to have good validity is if each latent variable with reflective indicators has an AVE > 0.5, from this research it can be seen from the table as follows:

Table 7. AVE and *Communality Values*

	AVE	*Communality*
X1. Facility Maintenance	0.611	0.611
X2. Quality of Service	0.693	0.693
X3. Work culture	0.724	0.724
Y. Patient Satisfaction	0.549	0.549

Source: SmartPLS output data

The results of the analysis shown in **Table 7** show that the AVE value of each latent variable has a value of > 0.5, so it can be said that the PLS model in this research meets the requirements for good *convergent validity*. *Discriminant* validity testing is carried out with the principle that the measures (manifest variables) of different constructs should not be highly correlated (Ghozali, 2012). The following are the results of the *discriminant* validity test from this research:

Table 8. *Crossloading* Values

	X1. Facility Maintenance	X2. Quality of Service	X3. Work culture	Y. Patient Satisfaction
X1.01	**0.720**	0.557	0.508	0.582
X1.02	**0.699**	0.606	0.567	0.497
X1.03	**0.808**	0.676	0.667	0.711
X1.04	**0.780**	0.663	0.645	0.566
X1.05	**0.772**	0.647	0.607	0.550
X1.06	**0.794**	0.660	0.623	0.704
X1.07	**0.814**	0.679	0.623	0.721

	X1. Facility Maintenance	X2. Quality of Service	X3. Work culture	Y. Patient Satisfaction
X1.08	**0.817**	0.663	0.676	0.618
X1.09	**0.846**	0.703	0.675	0.621
X1.10	**0.751**	0.665	0.628	0.570
X2.01	0.669	**0.763**	0.606	0.559
X2.02	0.674	**0.757**	0.591	0.513
X2.03	0.767	**0.861**	0.717	0.682
X2.04	0.662	**0.833**	0.736	0.629
X2.05	0.573	**0.800**	0.729	0.566
X2.06	0.630	**0.838**	0.666	0.563
X2.07	0.711	**0.880**	0.796	0.633
X2.08	0.730	**0.850**	0.714	0.646
X2.09	0.758	**0.874**	0.744	0.682
X2.10	0.755	**0.862**	0.747	0.667
X3.01	0.565	0.583	**0.751**	0.495
X3.02	0.761	0.755	**0.883**	0.647
X3.03	0.608	0.655	**0.818**	0.506
X3.04	0.636	0.730	**0.819**	0.572
X3.05	0.710	0.739	**0.864**	0.616
X3.06	0.690	0.772	**0.881**	0.656
X3.07	0.732	0.777	**0.898**	0.665
X3.08	0.651	0.694	**0.841**	0.627
X3.09	0.676	0.756	**0.874**	0.631
X3.10	0.720	0.735	**0.869**	0.674
Y01	0.529	0.512	0.519	**0.672**
Y02	0.536	0.495	0.466	**0.659**
Y03	0.522	0.501	0.473	**0.760**
Y04	0.539	0.459	0.418	**0.707**
Y05	0.506	0.369	0.401	**0.659**
Y06	0.633	0.514	0.539	**0.791**
Y07	0.615	0.503	0.474	**0.781**
Y08	0.627	0.596	0.573	**0.803**
Y09	0.663	0.711	0.698	**0.787**
Y10	0.666	0.728	0.682	**0.768**

Source: SmartPLS output data

Discriminant validity testing in **Table 8** shows that all indicators have greater *cross-loading values* for their latent variables compared to other latent variables , so it can be said that the model has met the requirements for *discriminant validity.* For example, *the loading factor* X1.01 is 0.720 compared to the Service Quality variable of 0.557 and so on.

To determine the closeness of the relationship between variables, *latent Variable Correlations are tested,* as in the following table:

Table 9. *Latent Variables Correlations*

	X1. Facility Maintenance	X2. Quality of Service	X3. Work culture	Y. Patient Satisfaction
X1. Facility Maintenance	**1,000**	0.835	0.797	0.794
X2. Quality of Service	0.835	**1,000**	0.849	0.742
X3. Work culture	0.797	0.849	**1,000**	0.720
Y. Patient Satisfaction	0.794	0.742	0.720	**1,000**

Source: SmartPLS output data

Table 1 0. AVE Value and AVE Root

	AVE	AVE Root
X1.Facility Maintenance	0.611	0.7816
X2. Quality of Service	0.693	0.8324
X3. Work culture	0.724	0.8508
Y. Patient Satisfaction	0.549	0.7409

Source: SmartPLS output data

Results of **latent** *Variables Correlations* in **Table 9** and AVE roots in **Table 10** , it can be seen that the AVE roots are greater than the correlation between constructs.

Construct reliability k. The next measurement is reliability testing of the model used to prove the accuracy, consistency and correctness of the instrument in measuring the construct. The reliability test by measuring *composite reliability* and *Cronbach's alpha* on latent variables that have a value > 0.7 is said to be reliable. The following is a table of *composite reliability* and *Cronbach's alpha* measurement results :

Table 11. *composite reliability* and *Cronbach's alpha*

	Composite Reliability	Cronbach's Alpha
X1. Facility Maintenance	0.940	0.929
X2. Quality of Service	0.958	0.951
X3. Work culture	0.963	0.957
Y. Patient Satisfaction	0.924	0.908

Source: SmartPLS output data

The research results based on **Table 11** show that all latent constructs have good, accurate and consistent reliability because they meet the requirements with *composite reliability* and *Cronbach's alpha values* for each latent construct of more than 0.7.

Table 12. *Path coefficient* and t-statistic values have direct influence

	Path coefficient	T-statistics	R^2
X1.Facilities Maintenance -> Y.Patient Satisfaction	0.532	8,772*	0.658
X2. Quality of Service -> Y. Patient Satisfaction	0.163	2,122*	
X3. Work culture -> Y. Patient satisfaction	0.158	2,943*	

Source: SmartPLS output data

Inner Model Test (Structural Model)

bootstrapping results in **Table 12** show that Facility Maintenance, Service Quality and Work Culture have an influence on Patient Satisfaction with a t-statistic value > t-table (1.96). The effect of facility maintenance on patient satisfaction is 0.532, meaning that the better the facility maintenance, the more patient satisfaction will increase. Apart from that, Service Quality also influences Patient Satisfaction by 0.163, meaning that the better the Service Quality, the more Patient Satisfaction will increase. Likewise, work culture has an effect on patient satisfaction of 0.158, meaning that the better the work culture, the more patient satisfaction will increase. The structural model of Patient Satisfaction produces an R- *square value* of 65.8%, meaning that the variation in Patient Satisfaction that can be explained by the model is 65.8%, while the remaining 34.2% is explained by other factors outside the model in the table above.

Discussion

Based on the data that has been processed, the hypothesis in this study can be answered. The hypothesis test in this study was carried out by looking at the statistical T value in **Table 13.**

Table 13. T -statistic values

	T-statistics	Results
X1.Facilities Maintenance -> Y.Patient Satisfaction	8,772*	accepted
X2. Quality of Service -> Y. Patient Satisfaction	2,122*	accepted
X3. Work culture -> Y. Patient satisfaction	2,943*	accepted

Source: SmartPLS output data

Based on the results of data processing that has been carried out to answer the hypotheses in this research, it is known that all hypotheses are accepted, while hypothesis testing can be detailed as follows:

1. Based on the *Path coefficient value* , it is known that the T statistical value of Facility Maintenance on Patient Satisfaction is 8.772 so that T Statistics > t-table (1.96), from these results it can be stated that Facility Maintenance has a positive effect on Patient Satisfaction. So the hypothesis which states that Facility Maintenance influences Patient Satisfaction is accepted.

2. The Path *coefficient* value shows that the T statistical value of Service Quality on Patient Satisfaction is 2.122 so that T Statistics > t-table (1.96), from these results it can be stated that Service Quality has a positive effect on Patient Satisfaction. So the hypothesis which states that Service Quality influences Patient Satisfaction is accepted .

3. *The Path coefficient* value shows that the T statistical value of Work Culture on Patient Satisfaction is 2.943 so that T Statistics > t-table (1.96), from these results it can be stated that Work Culture has a positive effect on Patient Satisfaction. So the hypothesis which states that work culture influences patient satisfaction is accepted.

One of the factors supporting patient satisfaction is in terms of the facilities needed by patients, if these facilities are not well maintained then the facilities will not be able to be used optimally by patients, this is in accordance with what was stated by Duffuaa *et al.* (1999), which states that maintenance is a combination of activities in which equipment and/or a system is maintained or repaired so that it continues to function according to plan.

Based on correlation testing, it can be concluded that service quality has a good effect, so that if service quality gets better, patient satisfaction will increase. According to Damayanti (2000), in order to provide quality services, it is said that the quality of services and even the overall quality of an organization is largely determined by the quality of each of its personnel. All personnel, whether in contact with customers or patients, from top management to *cleaning service* , security guards and parkers are responsible for supporting the provision of quality services in the sense of services that can provide satisfaction to customers (patients and families). This theory can strengthen previous research by Ida Yunari Ristiani entitled The influence of infrastructure and service quality on patient satisfaction, that health service quality variables strongly influence patient satisfaction, because one strategy to provide satisfaction to patients is to display excellent quality health services.

Based on previous research by Pavilonita (2019) regarding the influence of work culture and medical record flow on patient satisfaction at the Kertosono health center, it is stated that the elements of work culture consist of an attitude of liking to work, a sense of responsibility, willingness to sacrifice, and elements of behavior, creative hard work, independent cooperation and likes helping colleagues, the work culture at the Kertosono Community Health Center has a significant influence on patient satisfaction. This is reinforced by Triguno's statement (2002) which states that work culture is a philosophy based on a view of life as values that become traits, habits and driving forces, entrenched in the life of a community group or organization, and a reflection of attitudes that become behavior. , beliefs, ideals, opinions, and actions that manifest as work or work.

CONCLUSION

Based on the results of the analysis above, it can be concluded that facility maintenance is a variable that has a positive effect on patient satisfaction compared to the other two variables, which means that the better the facility maintenance at Medika Dramaga Hospital, the higher the level of patient satisfaction. Service quality has a positive effect on patient satisfaction, which means that the better the quality of service at Medika Dramaga Hospital, the higher the level of patient satisfaction. Work culture has a positive effect on patient satisfaction, which means that the better the work culture at Medika Dramaga Hospital, the higher the level of patient satisfaction. Among the three variables in this study, the facility maintenance variable is the most dominant variable influencing patient satisfaction at Medika Dramaga Hospital .

From the results of this research and based on the results of questionnaires filled out directly by respondents, where the respondents are patients/customers of Medika Dramaga Hospital, they suggest that Medika Dramaga Hospital is required to further improve the quality of service, especially in facilities/facilities that often experience errors, where these facilities is a reflection of service quality. To improve the quality of these facilities, it is recommended that maintenance of facilities/facilities be carried out according to existing SOPs, so as to reduce the occurrence of damage. It is recommended

that future researchers conduct further research on maintenance management of medical and non-medical facilities and work culture at Medika Dramaga Hospital.

REFERENCES

[1] Arab, M., Tabatabaei, S. G., Rashidian, A., Forushani, A. R., & Zarei, E. (2012). The effect of service quality on patient loyalty: a study of private hospitals in Tehran, Iran. *Iranian journal of public health*, *41*(9), 71.

[2] Arianty, N. (2015). Pengaruh Kualitaspelayanan Dan Kualitas Produk Terhadap Kepuasan Konsumen Handphone Samsung. *Jurnal Ilmiah Manajemen Dan Bisnis*, *16*(2).

[3] Athiyyah, N. (2003). *Kepuasan Pasien Rawat Jalan terhadap Pelayanan Kesehatan Puskesmas di Kabupaten Jember.* Skripsi. Surabaya: Universitas Airlangga.

[4] Azwar, A. (1996). *Menjaga Mutu Pelayanan Kesehatan*, Jakarta: Pustaka Sinar Harapan.

[5] Chanter, B., & Swallow, P. (1996). *Building Maintenance Management* (Australia). London: Blackwell Publishing.

[6] Damayanti, N. A. (2000). Kontribusi Kinerja Perawat dan Harapan Pasien dalam Dimensi Non Teknik Keperawatan Terhadap Kepuasan Pasien Rawat Inap Kasus Kronis: Suatu Studi Eksplorasi dan Intervensi di Rumah Sakit (Doctoral Dissertation, Universitas Airlangga).

[7] Duffuaa, S. O., Raouf, A., & Campbell, J. D. (1999). *Planning and control of maintenance systems*. New York: John Willey and Son.

[8] Ghozali, I. 2006. *Structural Equation Modeling Metode Alternatif dengan Partial Least Square (PLS)* Semarang: Badan Penerbit UNDIP

[9] Ghozali, I., & Latan, H. (2012). *Partial least square: Konsep, teknik dan aplikasi SmartPLS 2.0 M3.* Semarang: Badan Penerbit Universitas Diponegoro.

[10] Ghozali, I., & Latan, H. (2015). *Konsep, teknik dan aplikasi menggunakan Program Smart PLS 3.0.* Semarang: Universitas Diponegoro.

[11] Kotler, P. (2005). *Manajemen Pemasaran. Edisi Kesebelas, Jilid 1*. Jakarta: Gramedia.

[12] Muninjaya. (2011). *Manajemen Kesehatan.* Jakarta: EGC.

[13] Nasution, M. N. (2004). *Manajemen Jasa Terpadu*. Bogor: Ghalia Indonesia.

[14] Nurhadijah. (2017). Studi Tentang Budaya Kerja Pegawai Sekolah Menengah Kejuruan Negeri 1 Penajam Paser Utara. *eJournal Administrasi Negara*, *5*(1), 5476-5489.

[15] Parasuraman, A. (1995). Measuring and monitoring service quality. *Understanding services management*, 143-177.

[16] Pavilonita, A. R. (2019). Pengaruh Budaya Kerja dan Alur Rekam Medik terhadap Kepuasan Pasien di Puskesmas Kertosono. *Jurnal Ilmu Manajemen*, *6*(1), 14-22.

[17] Rizal, M. (2016). *Analisis pengaruh pelayanan, fasilitas, harga serta physical evidence terhadap kepuasan pasien dalam melakukan pengobatan di RSI Sultan Agung Semarang.* Undergraduate thesis, Universitas Islam Negeri Walisongo Semarang.

[18] Sekaran, Uma. 2006. *Metodologi Penelitian untuk Bisnis*. Jakarta: Salemba Empat

[19] Setiawati, E. (2012). *Hubungan Sanitasi Rawat Inap Kelas Iii Dengan Kepuasan Pasien Di Rumah Sakit Pku Muhammadiyah Gombong* (Doctoral dissertation, Universitas Muhammadiyah Surakarta).

[20] Shafwan, D., Qomariah, N., & Rahayu, J. (2019). The Influence of Quality Of Service, Facilities and Location of Customer Satisfaction. *Prosiding Icogiss 2019*, 910-919. DOI: https://doi.org/10.32528/pi.v0i0.2553

[21] Siregar., & Sofyan. (2010). *Statistik Deskriptif untuk Penelitian*, Jakarta: PT. Raja Grafindo Persada.

[22] Sudibyo, A. R. (2014). Hubungan Antara Kualitas Pelayanan Dengan Kepuasan Pasien Terhadap Pelayanan Di RSIA Srikandi IBI Jember Tahun 2014.

[23] Sugiama., & Gima, A. (2013). *Manajemen Aset Pariwisata: Pelayanan Berkualitas Agar Wisatawan Puas dan Loyal.* Bandung: Guardaya Intimarta.

[24] Sugiyono, D. (2013). *Metode penelitian pendidikan pendekatan kuantitatif, kualitatif dan R&D*.

[25] Sugiyono, S. (2007). *Statistika untuk penelitian.*

[26] Sugiyono. (2017). *Metode Penelitian Kuantitatif, Kualitatif dan R&D (25th ed.)*. Bandung: Alfabeta.

[27] Suzanto, B. (2011). Pengaruh Kualitas Jasa Pelayanan Terhadap Kepuasan Pasien Pada Rumah Sakit Umum Kota Banjar. *Jurnal Ekonomi, Bisnis & Entrepreneurship*, *5*(1), 41329.

[28] Truguno. (2002). *Budaya Kerja.* Jakarta: PT Golden trayon Press.

[29] Umam, K. (2010) *Perilaku Organisasi, Cetakan I*, Bandung: CV Pustaka Setia.