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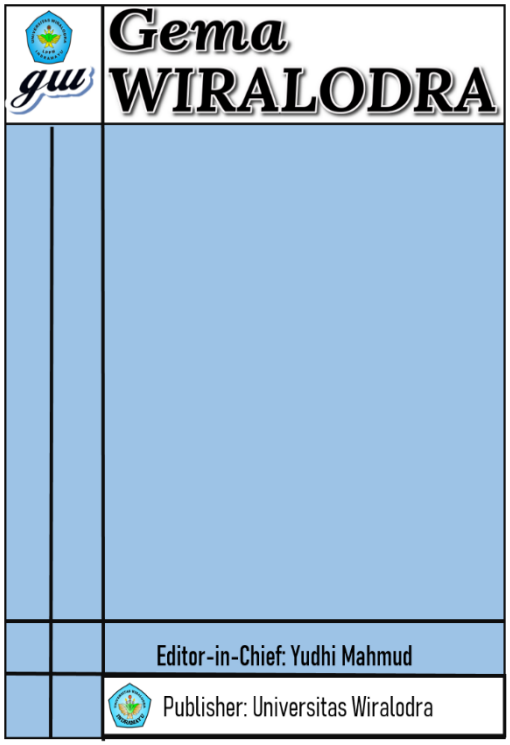

The Influence of Hemodialysis Services on Patient Satisfaction at Level III Hospital 06.03.01 Ciremai

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The Influence of Hemodialysis Services on Patient Satisfaction at Level III Hospital 06.03.01 Ciremai

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Abstract
This study seeks to examine the impact of hemodialysis services on patient satisfaction at the 06.03.01 Ciremai Level III Hospital. Hemodialysis is a critical medical treatment that requires a high level of professionalism and rigorous quality standards, as it is directly associated with the safety and quality of life of individuals suffering from chronic kidney failure. High service quality not only reflects the hospital's overall performance but also enhances patient confidence and contributes to the institution's public image. The research applied a quantitative method using a descriptive and correlational approach. The population consisted of all 80 patients receiving hemodialysis therapy at Ciremai Hospital, with 44 respondents selected through accidental sampling. Data were collected using a questionnaire developed according to the SERVQUAL service quality framework, which includes five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The findings demonstrate that the quality of hemodialysis services has a positive and statistically significant influence on patient satisfaction. Correlation analysis produced a coefficient of 0.331 with a significance value of 0.015, indicating a moderate and positive relationship between service quality and satisfaction. This suggests that improvements in service delivery are associated with higher levels of patient satisfaction. Among the SERVQUAL dimensions, empathy and responsiveness were identified as the most influential factors, whereas tangibles showed the weakest effect. Overall, the study highlights the necessity of enhancing service quality, particularly in communication, prompt responsiveness, and individualized patient care. Hospitals are encouraged to further promote a culture of excellent service by providing continuous training for medical staff, upgrading supporting facilities, and implementing regular evaluations of service quality.
Keywords: Employee Performance, Work Discipline, Work Productivity, Quantitative Analysis

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1. Introduction

Healthcare represents an essential form of public service that holds a strategic role in enhancing overall quality of life. Among the wide range of healthcare services, hemodialysis is particularly significant because it is directly associated with the treatment of patients suffering from chronic kidney disease, who depend on regular and lifelong therapy. For this reason, the quality of hemodialysis services must be consistently maintained so that patients not only obtain proper medical care but also experience satisfaction with every aspect of the service delivered.

Patient satisfaction serves as a critical indicator of the effectiveness of hospital service provision. It reflects the degree to which patient expectations regarding healthcare services are fulfilled or even surpassed. Kotler and Keller (2016) define customer satisfaction, including patient satisfaction, as the feeling of pleasure or disappointment that arises from comparing perceived service performance with prior expectations. In the healthcare setting, satisfaction is influenced not only by the quality of medical treatment but also by the professionalism of healthcare personnel, the adequacy of facilities, the responsiveness of service delivery, and the empathy shown by medical staff.

The 06.03.01 Ciremai Level III Hospital functions as a referral healthcare institution for Cirebon and surrounding regions, offering hemodialysis services for individuals with chronic renal failure. In recent years, the number of patients undergoing hemodialysis at this hospital has increased considerably, creating a greater demand for service capacity in terms of facility availability, staff competence, and effective service management. Nevertheless, preliminary observations and interviews with several patients reveal ongoing complaints related to waiting times, the availability of equipment, and staff–patient interactions, which are perceived as less than optimal.

These concerns suggest that hemodialysis services have not yet fully aligned with patient expectations. While some patients acknowledge that the medical treatment is adequate, non-medical elements such as communication, friendliness, and personalized attention remain insufficient. This is consistent with the work of Zeithaml, Parasuraman, and Berry (1990), who highlighted that service quality must balance technical outcomes with functional aspects, namely how services are delivered. Therefore, assessing patient satisfaction is essential in determining the extent to which hemodialysis services address patient needs and expectations.

From the perspective of public administration, enhancing hospital service quality is an important component of bureaucratic reform within the healthcare sector. Law Number 25 of 2009 on Public Services mandates that service providers deliver services that are fast, accessible, affordable, and equitable. Consequently, hospitals as public institutions are required to adopt a patient-centered approach. Delivering high-quality and satisfactory services not only improves the hospital's reputation but also strengthens accountability in public healthcare service delivery.

The quality of hemodialysis services can be measured through five main dimensions introduced in the SERVQUAL model (Parasuraman et al., 1988):

1. Tangibles: including the condition of medical equipment, room cleanliness, facility comfort, and staff tidiness.
2. Reliability: the hospital's ability to provide services according to promises and within specified timeframes.
3. Responsiveness: the promptness of medical personnel and staff in addressing patient complaints and needs.
4. Assurance: includes the knowledge, courtesy, and patient confidence in the abilities of medical personnel.
5. Empathy: individual attention and interpersonal communication between staff and patients.

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2. Method

Research Approach and Design

This study used a quantitative approach with a descriptive correlational method, which aims to describe the condition of hemodialysis services and analyze the relationship between service quality and patient satisfaction levels. The quantitative approach was chosen because this study sought to statistically measure the influence between variables through processing numerical data obtained from field surveys.

According to Sugiyono (2018), the descriptive correlational method is used to determine the relationship between two or more variables without providing specific treatment to the research subjects. Therefore, this study is non-experimental in nature because it only describes the conditions in the field and tests the strength of the relationship between service variables and patient satisfaction.

Research Location and Time

The study was conducted at the Level III Hospital 06.03.01 Ciremai, an Indonesian Army hospital in the Cirebon area. This location was chosen purposively because the hospital has a hemodialysis unit that regularly serves patients with chronic kidney failure. The study was conducted over three months, from primary data collection, processing, and analysis of the results.

Population and Sample

The population in this study was all patients undergoing hemodialysis therapy at the 06.03.01 Ciremai Level III Hospital, totaling 80 patients during the study period. Given the relatively small population, sampling was conducted using an accidental sampling technique, which involves selecting anyone who happens to be present and meets the criteria for a respondent.

The sample size was determined using the Slovin formula with a 10% margin of error, resulting in 44 respondents. The respondent selection criteria included:

1. Patients who have undergone hemodialysis therapy at least three times;
2. Good communication skills;
3. Willingness to participate in the study.

This technique was deemed appropriate because it allowed for quick and efficient data collection from active patients undergoing treatment.

Data Types and Sources

The types of data used in this study were primary and secondary data.

1. Primary data were obtained by distributing questionnaires to hemodialysis patients. The questionnaires were structured using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree).
2. Secondary data was obtained from hospital documents such as hemodialysis unit profiles, service quality reports, patient satisfaction data from previous years, and relevant scientific literature.

These two types of data complement each other to provide a comprehensive picture of hemodialysis service conditions and patient satisfaction.

Operational Definition of Variables

This study uses two main variables:

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1. Independent Variable (X): Hemodialysis Services

Hemodialysis services are defined as the efforts made by the hospital, through medical personnel and supporting facilities, to provide dialysis therapy services to patients safely, appropriately, and comfortably. This variable is measured using five dimensions based on the SERVQUAL model:

- Tangibles: room cleanliness, comfort, equipment condition, and staff appearance;
- Reliability: timeliness, schedule consistency, and accuracy of medical procedures;
- Responsiveness: staff readiness to provide service and respond to complaints;
- Assurance: staff competence and friendliness that instill a sense of security;
- Empathy: individual attention to patients and good interpersonal communication.

2. Dependent Variable (Y): Patient Satisfaction

Patient satisfaction is defined as the level of positive feelings a patient has after receiving hemodialysis services, reflecting the extent to which their expectations are met. Indicators include:

- Quality of medical treatment;
- Speed and accuracy of service;
- Attention and friendliness of staff;
- Comfort of the service environment;
- Appropriateness of costs to benefits received.

Research Instrument

The main instrument of this study was a closed-ended questionnaire developed based on the theory of service quality and customer satisfaction. Each item was rated on a Likert scale (1–5).

The questionnaire was tested through:

- Validity testing using Pearson Product Moment correlation to ensure that each item measures the correct construct.
- Reliability testing using Cronbach's Alpha, and the results showed an alpha value of 0.86, indicating that the research instrument is reliable ($\alpha > 0.70$).

Thus, the questionnaire used was suitable for measuring the research variables.

Data Collection Techniques

The data collection process was carried out through the following stages:

1. Field observations, to understand the hemodialysis service process and interactions between staff and patients.
2. Questionnaires were distributed to patients undergoing or have completed hemodialysis, accompanied by the researcher.
3. Informal interviews with several nurses and medical staff to obtain additional information regarding service policies and patient responses to services.

Data Analysis Techniques

The collected data were analyzed using descriptive and inferential statistical methods using SPSS.

The analysis steps included:

1. Descriptive Analysis, used to describe respondent characteristics and patient perceptions of service and satisfaction variables.

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2. Pearson Correlation Test, to determine the level of relationship between hemodialysis services (X) and patient satisfaction (Y).
3. Simple Linear Regression Test, to analyze the partial influence of service on patient satisfaction.

The hypothesis testing criteria were performed at a 5% significance level ($\alpha = 0.05$). If the significance value <0.05, then the service variable has a significant effect on patient satisfaction.

Research Ethics

This research was conducted with adherence to social and health research ethics. Each respondent was given an explanation of the research objectives, the right to refuse participation, and guaranteed confidentiality. The data collection process was conducted in a respectful manner, without disrupting the patient's therapy schedule, and with official permission from the hospital.

Using a quantitative approach and correlational analysis, this study aims to objectively describe the empirical relationship between the quality of hemodialysis services and patient satisfaction levels. The results will serve as a basis for improving the quality of hospital services in order to realize more effective, humane, and professional public services.

3. Result and Discussion

Results

Descriptive Statistical Analysis

Descriptive analysis was conducted to understand the overall tendency of respondent perceptions regarding hemodialysis service and patient satisfaction. The descriptive statistics show a generally positive perception of the hemodialysis service variable. The mean score obtained for the hemodialysis service variable was 3.788 on a five-point Likert scale, indicating that patients evaluated the quality of service as high. The results also show that each service dimension was rated above the mid-point value, suggesting that the operational, procedural, and staffing components of the hemodialysis service were perceived as satisfactory by the respondents.

To examine the perception of each dimension more comprehensively, the average value of each independent variable was calculated. The following are the mean values of the five service dimensions:

Table 1.
Descriptive Statistics of the Service Dimensions

Dimension	Mean	Std. Deviation
SOP implementation	3.99	0.745
Standard achievement	3.74	0.605
SOP evaluation	3.69	0.559
Employee reliability	3.77	0.598
Assurance	3.85	0.637

The highest mean value was observed in the SOP implementation (3,99), indicating that patient value the SOP implementation, and second highest is assurance dimension (3.85), indicating that patients particularly value the confidence and trust they place in healthcare professionals. Meanwhile, the SOP evaluation dimension scored the lowest mean value (3.69), although still above the mid-point.

These descriptive results suggest that the hospital's hemodialysis service was generally well-perceived across all dimensions and that the patient experience was largely positive.

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Correlation Analysis

Pearson's product-moment correlation was computed to examine the relationship between hemodialysis services and patient satisfaction. The analysis indicates a positive and statistically significant relationship between the variables, with a correlation coefficient of:

r=0.568

The associated p-value was:

Sig=0.000

Since the significance value is below 0.05, the correlation between service and satisfaction is statistically significant. The hypothesis test comparing the calculated t-value with the critical value further supports this result:

T count = 6.83198 > t table = 1.987

Thus, the null hypothesis stating that there is no relationship between hemodialysis service and patient satisfaction is rejected.

Regression Analysis

Multiple regression analysis was conducted to determine the extent to which the five dimensions of service affect patient satisfaction. The model yielded the following R value:

R = 0.332

and the coefficient of determination:

$R^2 = 0.110$

This indicates that 11% of the variation in patient satisfaction can be explained by the service dimensions, while the remaining 89% is explained by other external variables.

Table 2.
Coefficients of the Regression Model

Dimension	B	Std. Error	Beta	t	Sig
Constant	2.789	0.529	–	5.268	0.000
SOP implementation	0.082	0.098	0.116	0.841	0.403
Standard achievement	0.120	0.216	0.133	0.554	0.581
SOP evaluation	0.144	0.132	0.152	1.097	0.277
Employee reliability	-0.335	0.235	-0.371	-1.425	0.159
Assurance	0.214	0.123	0.260	1.737	0.087

Explanation of the Table 2:
The regression analysis examined the effect of several dimensions—**SOP implementation, standard achievement, SOP evaluation, employee reliability, and assurance**—on the

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dependent variable. The results are summarized based on the **regression coefficients (B), standardized coefficients (Beta), t-values, and significance levels (Sig.)**.

The constant has a coefficient value of **2.789** (t = 5.268; p = 0.000), indicating that when all independent variables are held constant at zero, the predicted value of the dependent variable is **2.789**. The constant is statistically significant, suggesting a baseline level of the dependent variable independent of the predictors.

The coefficient for SOP implementation is **B = 0.082** with a significance value of **p = 0.403** (> 0.05). This indicates that SOP implementation has a **positive but statistically insignificant** effect on the dependent variable. Thus, improvements in SOP implementation do not significantly influence the dependent variable in this model.

Standard achievement shows a coefficient of **B = 0.120** with **p = 0.581** (> 0.05). Although the direction of the relationship is positive, the effect is **not statistically significant**, suggesting that standard achievement does not meaningfully contribute to explaining variations in the dependent variable.

The SOP evaluation variable has a regression coefficient of **B = 0.144** and a significance level of **p = 0.277** (> 0.05). This result implies that SOP evaluation has a **positive but insignificant** effect on the dependent variable.

Employee reliability has a **negative coefficient (B = −0.335)** with **p = 0.159** (> 0.05). This suggests an inverse relationship between employee reliability and the dependent variable; however, the effect is **not statistically significant**, meaning the relationship cannot be generalized statistically.

The assurance variable shows a coefficient of **B = 0.214** with a significance level of **p = 0.087**. At the **5% significance level**, this variable is not statistically significant; however, at the **10% significance level**, assurance can be considered **marginally significant**, indicating a relatively stronger influence compared to the other independent variables.

From these values, the following regression equation was derived:

$$Y = 2.789 + 0.082X_1 + 0.120X_2 + 0.144X_3 - 0.335X_4 + 0.214X_5Y$$

where:

X_1: SOP implementation
X_2: standard achievement
X_3: SOP evaluation
X_4: employee reliability
X_5: assurance
Y: patient satisfaction

Discussion

The correlation analysis suggests that an improved perception of hemodialysis service is associated with increased patient satisfaction. This supports the conceptual understanding that healthcare service quality is a critical predictor of patient satisfaction. The regression results, however, show that while the relationship is statistically significant, only a small proportion of satisfaction is explained by the five dimensions measured. This indicates that hemodialysis service quality is not the only determinant of satisfaction.

From the regression model, the assurance dimension emerges as the strongest positive predictor, suggesting that patient trust, confidence in medical personnel, and communication

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significantly influence satisfaction. In the context of chronic treatment such as hemodialysis—where patients undergo repeated, prolonged, and high-risk procedures—perceived assurance and trust may play a more pivotal role than procedural adherence.

Interestingly, the reliability dimension shows a negative coefficient. Although statistically insignificant, this suggests the possibility of perceived inconsistency in the reliability of the medical staff, or that reliability may function indirectly through other dimensions rather than as a direct predictor.

The insignificant coefficients for SOP implementation, standard achievement, and SOP evaluation may be explained using hygiene–motivator theory in healthcare. These elements may be viewed as baseline requirements and thus do not significantly elevate satisfaction when fulfilled, but their absence could decrease it. Therefore, the hospital needs to focus on improving emotional, interpersonal, and behavioral components of service, which tend to be more powerful in influencing patient satisfaction.

The relatively low R Square value further implies that other factors may play a dominant role. These could include patient interaction with nurses, waiting time, physical comfort in the dialysis unit, psychological support, and clinical outcomes.

Overall, the results confirm that service quality remains a crucial determinant of patient satisfaction, but continuous improvement in both clinical and relational aspects of care is necessary. Hospitals should therefore focus not only on procedural compliance and medical competence but also on personalized care, empathy, and communication to achieve better patient satisfaction outcomes.

4. Conclusion

The results of this study provide empirical confirmation of the influence of hemodialysis services on patient satisfaction. The descriptive findings indicate that the overall perception of service quality is high, with a mean score of 3.788 on a five-point Likert scale. This suggests that patients generally perceive the hemodialysis unit as delivering high-quality service across the measured dimensions.

The bivariate analysis demonstrates a statistically significant and positive association between hemodialysis service and patient satisfaction. The Pearson correlation coefficient of r=0.568r = 0.568r=0.568 with p=0.000 p = 0.000 p=0.000 indicates a strong linear relationship between both variables. The hypothesis testing further reinforces this conclusion, where the calculated t-value of tcount=6.83198t_{count} = 6.83198tcount=6.83198 exceeds the critical value of 1.987. These findings confirm that improvements in service quality are consistently associated with increases in patient satisfaction.

The multiple regression analysis reveals that the hemodialysis service variables explain approximately 11% of the variance in satisfaction, as reflected in the coefficient of determination R2=0.110R^2 = 0.110R2=0.110. The regression model produced the following equation:

$$Y = 2.789 + 0.082\ X_1 + 0.120\ X_2 + 0.144X_3 - 0.335X_4 + 0.214X_5Y$$

Among the predictors, the assurance dimension demonstrates the largest positive coefficient (B=0.214B = 0.214B=0.214), indicating that trust, perceived competence, and confidence in healthcare personnel are the primary drivers of satisfaction in the hemodialysis setting. Conversely, the reliability dimension shows a negative sign (B=−0.335B = -0.335B=−0.335) although not statistically significant, indicating the possibility that reliability

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may not serve as a direct determinant of satisfaction but may instead influence other perceptual or experiential factors of care.

Taken together, these results suggest that patient satisfaction in hemodialysis services is shaped by both clinical and relational aspects of care. Assurance and communication excellence serve as key determinants, while procedural standards represent fundamental conditions that do not necessarily elevate satisfaction unless they fail to meet expectations.

Practical and Theoretical Implications

The findings have both practical and theoretical implications. From a practical standpoint, the strong influence of assurance highlights the critical importance of interpersonal communication, clarity of information, professional confidence, and clinical competence. Healthcare providers should emphasize strategies for improving trust and relational quality, including empathy, transparency, and structured patient–provider communication. These factors are especially relevant in chronic treatment such as hemodialysis, where long-term physical, psychological, and emotional dependence on medical staff is common.

The negative direction of the reliability coefficient suggests that consistency or procedural smoothness may not directly contribute to satisfaction unless disruptions occur. This result reinforces the notion that reliability and SOP compliance constitute basic quality requirements. These elements must be maintained through continuous monitoring, periodic audits, and standardized clinical evaluation. Hospitals must ensure that procedural failures do not occur, as they are likely to induce dissatisfaction rather than enhance satisfaction.

The low value of the coefficient of determination (R2=0.110R^2 = 0.110R2=0.110) implies that satisfaction is influenced by factors beyond the service elements measured in this model. These may include waiting time, physical environment, medical outcomes, psychosocial support, nursing competence, or continuity of care. Future research should explore these additional dimensions to develop a more comprehensive predictive model of satisfaction in hemodialysis services.

From a theoretical perspective, the findings are consistent with the argument that clinical service quality and patient satisfaction are multi-dimensional constructs shaped by interaction between operational reliability, relational competence, and patient experience. These results support the understanding that technical and procedural standards are necessary but insufficient conditions for high satisfaction unless combined with interpersonal and experiential elements.

Recommendations

Based on the empirical results, several recommendations can be developed:

1. **Strengthen assurance and communication.** Medical personnel should prioritize trust-building and interpersonal communication through targeted training, patient counseling, and transparency in the dialysis procedure.
2. **Maintain stringent SOP compliance.** Although SOPs did not statistically predict satisfaction, their failure may lead to dissatisfaction. Hospitals must institutionalize monitoring and evaluation mechanisms.
3. **Develop patient-centered service innovations.** These may include educational programs, psychological support, individualized care pathways, and digital reminders for treatment sessions.
4. **Improve environmental and operational aspects.** Waiting time, physical comfort, and availability of resources must be optimized to enhance patient experience.
5. **Enhance professional capacity.** Regular competency development programs should be emphasized for both clinical and non-clinical staff.

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Several key points that can be summarized from the results of this study are as follows:

1. The quality of hemodialysis services at Ciremai Hospital is generally considered good, especially in the dimensions of empathy, assurance, and reliability. Patients feel that medical personnel work professionally, are responsive to their needs, and provide personalized attention throughout the therapy process.
2. The dimensions of empathy and responsiveness are the most dominant factors influencing patient satisfaction. Humanistic interactions, effective communication, and individual attention have been shown to have a positive impact on the patient experience.
3. The tangibles dimension has the lowest influence on patient satisfaction, although it remains important. Several supporting facilities, such as waiting rooms and comfort, need to be improved to support optimal medical services.
4. Hemodialysis services are not yet fully developed. Several obstacles still encountered include the limited number of dialysis machines during peak hours, varying response times for staff, and the lack of a regular patient satisfaction evaluation system.

Overall, the results of this study demonstrate that quality hemodialysis services not only impact patient satisfaction but also strengthen the hospital's image and accountability as a professional and community-oriented public service provider.

Research Implications

This study has two main implications:

1. Theoretical Implications:

This study strengthens the SERVQUAL theory (Parasuraman et al., 1988) in the context of healthcare, which asserts that five dimensions of service quality have a positive relationship with user satisfaction. These findings also support the Expectation Disconfirmation model (Oliver, 1980), which states that satisfaction arises when service performance meets or exceeds patient expectations.

2. Practical Implications:

The results of this study can be used as considerations by hospital management in establishing strategies for improving service quality. Improving the competence of medical personnel, optimizing physical facilities, and establishing a patient feedback system are important steps to achieving excellent service.

Recommendations

Based on the research findings, several strategic recommendations can be put forward, including:

1. Improving the Competence and Professionalism of Medical Personnel

Hospitals need to conduct regular training for nurses and doctors involved in hemodialysis services. This training should cover therapeutic communication, professional empathy, and handling patients with special needs.

2. Improving Supporting Facilities and Infrastructure

Patient waiting rooms need to be made more comfortable by adding amenities such as air conditioning, ergonomic chairs, light entertainment, and a family-friendly area. This is important to improve patient psychological comfort while waiting for their turn for therapy.

3. Optimizing Service Time Management

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Hospital management is expected to evaluate the therapy scheduling system to minimize patient waiting times. Adding dialysis machines or scheduling more flexibly can be solutions to reduce queues.

4. Implementing a Periodic Patient Satisfaction Evaluation System

Hospitals should develop a mechanism for conducting patient satisfaction surveys every six months to evaluate service performance. Survey results can be used to determine priorities for the most urgent service improvements.

5. Strengthening Empathy and Interpersonal Communication

Patient satisfaction is not only determined by technical aspects, but also by the attitude and attention of staff. Therefore, every healthcare professional needs to be equipped with training in effective communication and human-centered service.

6. Sustainable Public Service Integration

Improving service quality should not be incidental. Hospitals must have a continuous quality improvement system with measurable performance indicators and involve all elements of the organization.

Research Limitations and Suggestions for Further Research

This study has several limitations that need to be considered:

- The study was only conducted at one hospital, so the results cannot be generalized to all hospitals in Indonesia.
- The data used are patient perceptions at a specific point in time, so they do not reflect long-term changes in perception.
- The study used a simple quantitative approach and did not include moderating variables such as hospital image or service costs.

For further research It is recommended that:

1. Use a mixed-methods approach (quantitative and qualitative) for a more comprehensive analysis.
2. Compare public and private hospitals in terms of service quality and patient satisfaction.
3. Develop a model of the relationship between service quality, patient trust, and long-term patient loyalty.

Overall, this study confirms that a hospital's success in providing hemodialysis services is determined not only by the sophistication of medical technology, but also by the quality of human interactions within the hospital. Empathy, reliability, and responsiveness of staff are key to creating patient satisfaction and strengthening public trust in government healthcare services.

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