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Strategic hospital health promotion on patient satisfaction through healthcare services quality

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ABSTRACT

Patient satisfaction is when hospital services meet patients' needs, desires, or expectations. The government must promote everyone's right to health information and education, especially in hospitals, and guarantee comprehensive health services based on Minister of Health Regulation Number 004 of 2012 for optimal, effective, efficient, integrated, and sustainable hospital health services. The study was carried out using quantitative methods. Primary data was collected through questionnaires from patients at Royal Prima Medan Hospital, and 180 samples were obtained. Data was processed using SEM-PLS. The research results show that all hypotheses are accepted, and all variables have a positive and significant effect. The research results prove that implementing hospital health promotion helps improve the quality of health services (t-statistic value 7.294) and increase patient satisfaction (t-statistic value 4.419). Patients will be more loyal if their expectations are met from the health promotion carried out and the quality of service they perceive (t-statistic value 2.142). So, it can be concluded that government policy is appropriate in providing direction for hospitals to promote hospital health. Patients expect hospitals to have good service quality, cleanliness, and comfortable health facilities for patient satisfaction. Patients will be more loyal if their expectations are met, based on the perception of service quality and promotions carried out by the hospital, through the quality of personnel, and the empowerment of the community around the hospital.

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INTRODUCTION

Hospitals are the organizational hub of a more comprehensive healthcare provider network and the center for patient/consumer care delivery (Carrigan et al., 2022; King et al., 2024; van Boerdonk et al., 2021). Modern hospitals must now compete in an ever-expanding position as outpatient/consumer care providers, in a more competitive healthcare environment, and the leader of a more comprehensive managed care system (Haykal et al., 2020; McConnell et al., 2016; Zhou et al., 2021). Thus, hospitals provide intangible, indivisible, variable, and perishable services.

Consumer marketing studies show that the production and consumption of the service co-occur. Therefore, hospital healthcare delivery systems must incorporate consumer-focused tactics (Omachonu & Einspruch, 2010; Zhang & Oyama, 2016).

Indonesia, a developing nation, has health care issues. According to the 2021 Global Health Security Index, Indonesia ranks 71 out of 195 countries in clinic, hospital, and community care center capacity. Indonesia ranks 64th out of 195 nations in health system and healthcare worker supply chain and 32th in healthcare access (Index, 2021). A well-functioning healthcare system primarily benefits the patient (Suwarno et al., 2023). The healthcare delivery system revolves around the patient, a hospital customer. Hospitals that adhered to this satisfaction discipline outperformed those that did not, and customers who are just satisfied are less likely to return (Akbolat et al., 2023; Zhou et al., 2021). Loyal patients who return or suggest the hospital to others are crucial to the long-term viability of hospitals.

Patient satisfaction rapidly moves to customer delight, meaning patients are not just cured during hospital stays (Akbolat et al., 2023; Lacap & Alfonso, 2022). Patient happiness might indicate health care and staff quality. It shows how well the practitioner meets patient needs. Satisfied patients are likelier to use health care services, keep their physicians, and follow treatment plans (Batbaatar et al., 2015; MacStravic, 2008; Mahon, 1996). Nursing care is crucial to patient satisfaction since nurses are involved in every element of hospital care (Eriksen, 1995; Mahon, 1996). According to healthcare quality theory, patient satisfaction highly depends on their positive evaluations of several aspects of their perceptions of the quality of care they receive. Surprisingly, interpersonal care impacts happiness significantly (Afrashtehfar et al., 2020; H Gage et al., 2002).

The goal of patient-centered rehabilitation services is to encourage positive behavioral and environmental changes, as well as the active participation of patients, their families, hospital staff, visitors, and the surrounding community, to achieve and maintain optimal health status, as outlined in Minister of Health Regulation no. 44 of 2018 regarding the Implementation of Hospital Health Promotion (RI, 2018). All hospitals must have a health promotion staff. Hospital Health Promotion (H.H.P.) is a hospital P.R. or marketing department. Although different, these three functions must always be synergistic and implemented together. Patients are not the only ones seeking maximum Health. The word "optimal" implies that everyone can improve their Health. Each person's Health is different; thus, health promotion activities and goals must be tailored to each person's health level. Promoting patient health helps optimize treatment from illness to Health. For healthy people, health promotion can prevent illness or improve health (Iliopoulos & Priporas, 2011; Jamal Ali & Anwar, 2021; Sreenivas et al., 2013).

RESEARCH METHOD

This study employs quantitative research methodologies, including collecting and analyzing measurable data using numbers and statistics (Sugiyono, 2019). In this study, health promotion, service satisfaction, and quality of health services are independent factors. The research relies on variables, which can be anything from characteristics to traits to anything else of interest, to develop conclusions about the set of objects by comparing them to one another (Suwarno & Nugroho, 2023). This research emphasizes descriptive statistics and explanatory research types to test the relationship between variables. Exogenous variables, such as health promotion and service quality, were employed to explain the research measurements in this cross-sectional study on hospital service satisfaction. The total of 180 patients the Royal Prima Medan Hospital served between August and December 2023 made up the research population. The sample was selected using an accidental sampling technique; that is, any patient who meets the researcher by chance can be used as a sample if it is deemed that the person they meet is suitable as a data source (Sugiyono, 2019).

Research data was obtained by questionnaire using a 5-point Likert scale interval measurement strategy to assess exogenous and endogenous factors (Sullivan & Artino, 2013). The

value of good attributes is highest on this scale, while the value of negative traits is lowest. Also upheld is the notion of blending negative-positive and positive-negative. This study used a structural equation model (S.E.M.) with partial least squares (P.L.S.) as its data analysis technique. After developing a theory-based structural model to explain the interrelationships of latent variables, the next stage is to create a theory-based measurement model to specify the interrelationships of variables (Sarstedt et al., 2021).

Parameter estimation in P.L.S. uses the least squares method, often known as the last square method. An iterative approach calculates, with each iteration ending when a convergence condition is met. First, the weight estimate is utilized to compute data for latent variables; second, the path estimate establishes relationships between latent variables; and third, the estimated loading between latent variables and their indicators is part of the parameter estimation in P.L.S. (3) Indicators and latent variable means and location parameters (regression constant value, intercept), Fourth, determining the G.O.F. Using the same meaning as regression, the dependent latent variable R2 is used to measure the Goodness of Fit Model. For structural models, Q2 predictive relevance evaluates the accuracy of the model's output concerning the observed values and the predicted parameters. (5) The resampling approach (Bootstrap) is used to test the hypotheses (β, y, and λ). The t-test, or t-statistic, is the data-analysis tool of choice. Using the resampling method, you can get data that does not follow any distribution, and you will not even need a huge sample size (though we recommend at least 30) (Ghozali, 2021).

RESULTS AND DISCUSSIONS

Result

Table 1. Profile of participants

Demographics Characteristic		f = 180	%
Gender	Male	62	34
	Female	118	66
Age	25 -35	13	7
	36 – 45	36	20
	46 – 55	61	34
	56 – 65	46	26
	66 - up	24	13
Education	No school	4	2
	Elementary	17	9
	Junior school	31	17
	High School	64	36
	Diploma	25	14
	Bachelor	39	22
Occupation	Farmer	37	18
	Entrepreneur	46	26
	Government employees	65	36
	Other	32	18

From Table 1, the characteristics of the respondents, which will be described below, reflect the conditions of the respondents studied, including gender, age, education, and occupation. The characteristics of patients used as hospital respondents were dominated by women, with the majority aged 45–65 years and having the highest education in high school. The occupation of most patients in this study was that of civil servants.

Table 2. Findings of the measurement composite model

Reflective, First-Order Construct / Items		Factor loading
Hospital Health Promotion Strategic: AVE = 0.513; CR = 0.944; CA = 0.937		
HHP1	Preventive empowerment process for hospital staff	0.705
HHP2	Promotional process of empowering hospital staff	0.720

Reflective, First-Order Construct / Items		Factor loading
HHP3	Curative empowerment process for hospital staff	0.717
HHP4	Rehabilitative empowerment process for hospital staff	0.708
HHP5	Access services & promotional media for patients	0.710
HHP6	Access services & promotional media for patient families	0.714
HHP7	Access community services & promotional media	0.723
HHP8	Empowering the community around the hospital	0.754
HHP9	Health, disease, treatment, prevention, and rehabilitation educational activities for patients	0.713
HHP10	Supporting media for health information for patients or clients in hospitals	0.714
HHP11	Utilization of internal and external groups of hospital staff	0.701
HHP12	The use of mass media creates positive public opinion	0.705
HHP13	Collaboration with supporting parties in empowering indigent patients	0.744
HHP14	Support parties who participate in problem-solving when problems occur	0.719
HHP15	Strategies for achieving targets for inpatients	0.705
HHP16	Strategies for achieving healthy living goals for outpatients and patient families	0.703
Healthcare Service Quality: AVE = 0.574; CR = 0.904; CA = 0.876		
HSQ1	Infrastructure	0.767
HSQ2	Personnel quality	0.771
HSQ3	Clinical care processes	0.776
HSQ4	Administrative processes	0.751
HSQ5	Safety indicators	0.728
HSQ6	The overall experience of medical care	0.748
HSQ7	Social responsibility	0.763
Patient Satisfaction: AVE = 0.607; CR = 0.885; CA = 0.841		
PS1	Communication with healthcare providers.	0.778
PS2	Access to care and wait times.	0.772
PS3	Quality of care.	0.782
PS4	Cleanliness and comfort of healthcare facilities.	0.792
PS5	Information care and treatment options	0.772

Based on the results in Table 2, a reliability test was conducted to ensure the precision and accuracy of the data-gathering instruments. We looked at their composite reliability and Cronbach's alpha coefficient to determine how dependent each study instrument variable was. A Cronbach's alpha score greater than 0.7 denotes strong support, while a number more significant than 0.7 suggests mutual dependency.

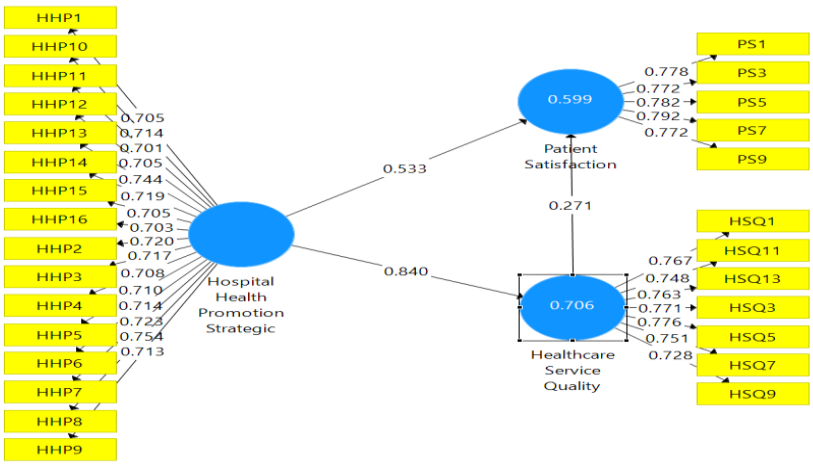

Figure 1. SEM-PLS result

Following data processing, eleven items were eliminated. Five items on patient satisfaction and six on healthcare service quality are impacted by unsatisfactory data reliance, as shown by Cronbach's alpha score below <0.70. A latent variable's unique meaning can be discovered through discriminant analysis. An AVE value greater than 0.5 is present in all buildings, as seen in Table 2. Therefore, there are no issues with discriminant validity in the tested model. Figure 1 displays the results of the SEM-PLS analysis.

Table 3 shows that each construct's Fornell-Larcker criterion value is the highest out of all the latent variables investigated. Because the latent variables in each concept expect each question indication to be effective, discriminant validity is achieved.

Table 3. Fornell-larcker criterion & r-square adjusted result

	HSQ	HHP	PS	R-Square	R-Square Adjusted
HSQ	0.758			0.706	0.704
HHP	0.840	0.716			
PS	0.718	0.760	0.779	0.599	0.595

Note: HSQ = Healthcare Service Quality, HHP = Hospital Health Promotion Strategic, PS = Patient Satisfaction

How well the independent variable accounts for the variation in the dependent variable is shown by the R-squared value (R2). The R-Squares Healthcare Service Quality result is 0.706, which equates to 70.6%, according to Table 3. The results demonstrate that Healthcare Service Quality may be impacted by 70.6% by varying Hospital Health Promotion strategies and Patient Satisfaction. The remaining 29.4% are affected by factors not included in the study. There is a 59.9% correlation between Patient Satisfaction and Healthcare Service Quality, as shown by the R-Square Patient Satisfaction result of 0.580. The remaining 40.1% comes from unmentioned variables. The results of the R-Square value show a good value because it is > 0.67 (Ghozali, 2018). Meanwhile, the Q-Square Predictive Relevance value can be measured in the following way:

Q = 1 - (1 - R2 Healthcare Service Quality) x (1 - R2 Patient Satisfaction)

= 1 - (1 - 0,706) x (1 - 0.599) = 1 - ((0.294) x (0,401)) = 1- 0.117894 = 0.882106

Q-Square values > 0 show predictive relevance, whereas < 0 indicates lack of significance. This study's Q-Square value is 0.882106, meaning that the structural model to explain patient's hospital customers' pleasure and loyalty is predictive. The F-Square Value Test determines if the exogenous latent variable significantly impacts the endogenous variable. An f-squared value of 0.054 indicates that the variable Patient Satisfaction (Y1) has a feeble influence on Healthcare Service Quality (Z1), as seen in Table 4. At the same time, the Hospital Health Promotion Strategic (X1) variable significantly affects Healthcare Service Quality (Z1), as indicated by an f-square value of 2.403. At the same time, the impact of Patient Satisfaction (Y1) on the Hospital Health Promotion strategy (X1) is less, as evidenced by an f-squared value of 0.208.

Table 4. F-square value result

	Healthcare Service Quality	Hospital Health Promotion Strategic	Patient Satisfaction
Healthcare Service Quality (Z1)			0,054
Hospital Health Promotion Strategic (X1)	2.403		0,208
Patient Satisfaction (Y1)			

Both the Root Mean Square Theta (R.M.S. Theta) value (0.118 > 0.102) and the Non-Finite Interval (NFI) value (0.792 < 0.9) in Table 5, the fit model image indicates that the model fit

requirements must still be satisfied. Despite this, the data is well-fitted by the model, with a Standardized Root Mean Square (SRMR) value of 0.068 < 0.10 and a d-G value above 0.9. Consequently, we find the model to be correct. The revised structural model has yielded predictions that are in line with forecasts. According to Ghozali, a model is deemed extremely excellent and fit if, after using two or more findings from the overall Goodness of Fit, the results are somewhat lower, indicating a good model fit. Consistent with expectations, the outcomes suggest that the model is suitable (Ghozali, 2018). How happy patients are with the nursing and doctor services they experience from a hospital influences the likelihood that they will return and be satisfied.

A bootstrapping test, shown in Figure 2, is run to evaluate the study hypothesis and overcome data anomaly difficulties, particularly with small sample sizes.

Table 5. Model fit test results

	Saturated Model	Std Value	Result
Chi-Square	661.271	Minimal in size	Less
d_ULS	1.875	> 2.00	Good
NFI	0.792	> 0.9	Less
D_G	0,697	> 0.90	Less
SRMR	0,068	< 0.10	Good
Rms Theta	0.118	> 0.102	Good

Table 6. Summary of hypothesis test results

Hypothesis	Relation	Sample (O)	Sample Mean	(STDEV)	T-Statistics (O/STDEV)	P-Value
H1	HSQ → PS	0.271	0.253	0.120	2.253	0.025
H2	H.H.P. → HSQ	0.840	0.805	0.115	7.294	0.000
H3	H.H.P. → PS	0.533	0.525	0.121	4.419	0.000
H4	H.H.P. →H.S.Q. → PS	0.228	0.206	0.106	2.142	0.033

Note: HSQ = Healthcare Service Quality, HHP = Hospital Health Promotion Strategic, PS = Patient Satisfaction

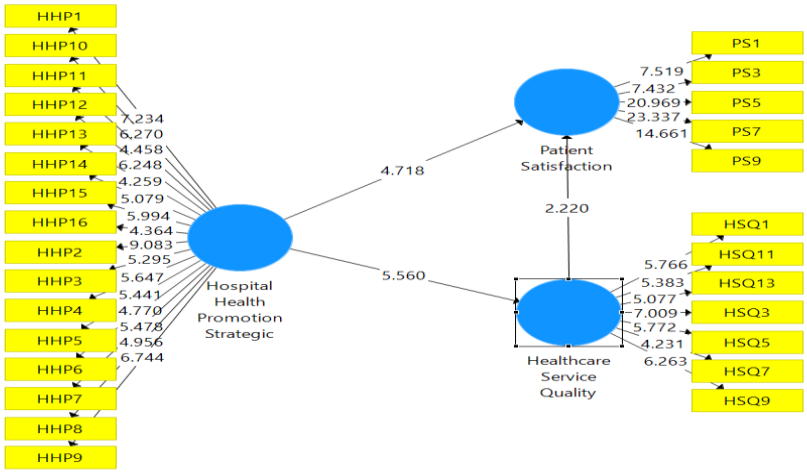

Figure 2. SEM-PLS Bootstrapping Output

Table 6 shows a positive influence of 0.271 between Healthcare Service Quality and Patient Satisfaction, with a t-statistic value of 2.253 > 1.96 and a p-value of 0.025 < 0.05. Thus, the first hypothesis that Healthcare Service Quality Influences Patient Satisfaction is proven and accepted. Then, the Hospital Health Promotion Strategic variable has a large positive influence of 0.840 on Healthcare Service Quality, as indicated by a t-statistic value of 7.2944 > 1.96 and a p-value of 0.000 < 0.05. The second hypothesis, that the hospital health promotion strategy influences healthcare service quality, has been proven and accepted. Likewise, there is a large positive influence of 0.533 between Hospital Health Promotion strategy and Patient Satisfaction, with a t-statistic value of 4.419 > 1.96 and a p-value of 0.000 < 0.05. The third hypothesis that Hospital Health Promotion strategy influences Patient Satisfaction has been proven and accepted. The Hospital Health Promotion strategy variable has a significant positive influence of 0.228 on the Patient Satisfaction and Healthcare Service Quality variables, with a t-statistic value of 2.142 > 1.96. P value = 0.033> 0.05. Thus, the fourth hypothesis shows that the Hospital Health Promotion strategy for Patient Satisfaction is between Healthcare Service Quality Proven and Accepted.

Discussion

The Influence of Healthcare Service Quality and Patient Satisfaction

Healthcare Service Quality, an external measure, significantly affects Patient Satisfaction, an endogenous variable, with a value of 0.271. This association has a t-statistic value of 2,253, more significant than 1.96, and a p-value of 0.025, less than 0.05. According to the First Hypothesis (Proven and Accepted), healthcare service quality influences patient satisfaction. The results of this research align with other research. The quality of hospital staff service will provide patient satisfaction (Afrashtehfar et al., 2020; Bleustein et al., 2014; Eriksen, 1995; Merkouris et al., 1999; Zhou et al., 2021). Because patients' perceptions of the factors contributing to their happiness vary widely, so patient satisfaction is multidimensional.

This proves that good doctors, nurses, and hospital staff provide quality services to patients and their families, increasing their satisfaction. In this study, the quality of health services felt by Royal Prima Hospital patients was good but could have provided better results, as evidenced by the results of the p-value, which was still low because it was close to the threshold of 0.05. Hospitals must increase patient satisfaction by improving personal service to patients because this will provide a positive assessment of all aspects of service quality, especially regarding interpersonal service.

The Influence of Hospital Health Promotion Strategic and Healthcare Service Quality

Hospital Health Promotion strategy, an external measure, significantly affects Healthcare Service Quality, an endogenous variable, with a value of 0.840. This association has a t-statistic value of 7,294, more significant than 1.96, and a p-value of 0.000, less than 0.05. According to the second hypothesis (proven and accepted), the hospital health promotion strategy strongly influences the quality of healthcare service.

This demonstrates the significance and utility of the government-recommended promotional program for implementing hospital health promotion, as outlined in Minister of Health Regulation No. 44 of 2018. The program aims to improve the quality of health services in Indonesia. Based on the research, this variable has the best relationship results. This means that when the hospital promotes itself internally and externally, it will help the staff understand how to serve patients best and provide the public with accurate information about disease management and health maintenance.

According to this study, health service providers, particularly hospitals, should not disregard patients' opinions of health care. These impressions, particularly those concerning service quality, influence confidence and actions involving selecting and utilizing accessible healthcare facilities. This approach to health promotion will yield positive results as a strategic decision to enhance the quality of services.

The Influence of Hospital Health Promotion Strategic and Patient Satisfaction

Hospital Health Promotion strategy, an external measure, significantly affects Patient Satisfaction, an endogenous variable, with a value of 0.533. This association has a t-statistic value of 4,419, more significant than 1.96, and a p-value of 0.000, less than 0.05. According to the third hypothesis (proven and accepted), the hospital health promotion strategy strongly influences Patient Satisfaction.

The value of 0.533, which reflects that Royal Prima Hospital has given patients a sense of satisfaction, demonstrates that the strategy put into place by this government policy has had a positive impact. From this strategy, every advocacy and outreach carried out by the Royal Prima Hospital has delivered information, educated, and empowered the community to socialize health and control disease. So, assessing the efficacy of the hospital health promotion strategy as part of activities that can improve the quality of the health service system, including treatment outcomes, is an essential metric for patient satisfaction.

The Influence of Hospital Health Promotion Strategic and Patient Satisfaction Between Healthcare Service Quality

Hospital Health Promotion strategy, an external measure, significantly affects Patient Satisfaction with Healthcare Service Quality, an endogenous variable, with a value of 0.228. This association has a t-statistic value of 2,142, more significant than 1.96, and a p-value of 0.033, less than 0.05. According to the fourth hypothesis (proven and accepted). However, the results of the relationship between Hospital Health Promotion Strategy and Patient Satisfaction with the Quality of Health Services could be better in this study.

This proves that the quality of Royal Prima Hospital services can still provide little value in satisfying patients. This is an essential thing for the hospital to understand. However, Royal Prima Hospital has done a lot to implement health promotion for patients, patient families, human resources, hospital visitors, and the community around the hospital. It is felt that competent medical personnel and officers who serve them need to match the number of hospital beds. So, it is essential to implement sustainable health promotion to increase patient satisfaction.

CONCLUSION

Several conclusions have been drawn from the data collected and analyzed to address the study question. One of these is that the introduction of hospital health promotion has a favorable and substantial effect on patients' satisfaction levels with the medical care they receive at Royal Prima Hospital. The research has supported the conclusion that Royal Prima Hospital's services are of good quality, as most patients are content and have appreciated the health facilities and services. They perceive the staff to be good, attentive, and kind. The relationship between service quality and patient satisfaction is positively associated. According to this study, the goal of empowering hospital staff in preventative, promotive, curative, and rehabilitative aspects is to achieve loading factor results > 0.700, which shows that hospital services are well supplied, as indicated by patient satisfaction. Based on the research, the sub-variable of community empowerment surrounding the hospital had a best loading factor value of 0.754, and the area of collaboration with supporting parties in empowering impaired patients had a best of 0.744. Services that are well received because they meet patient needs will undoubtedly encourage excellence for the hospital. It is well known that satisfying patients dramatically increases their likelihood of returning to the hospital. The patients were satisfied with the quality of Royal Prima Hospital services, as shown by the positive comments from this research. This happens because the implementation of Hospital Health Promotion in the Atmosphere Development section at Royal Prima Hospital has been carried out, especially inside the building, where patients and families are given education about disease information and a culture of healthy living. As well as group benefits, internal and external atmosphere building by the Hospital Health Promotion Implementation Unit at Royal Prima

Hospital by holding socialization, education, advocacy, or consultation on health issues that are relevant to the needs and interests of the group through the use of mass media by establishing partnerships with various opinion groups in society, such as community leaders, religious leaders, non-governmental organizations (N.G.O.s), the business/private world, organizations profession, the government then carries out social marketing activities and campaigns, such as training, seminars. The research results show that the highest loading factor value is in the variable from the statement Quality of care, with a value of 0.782, and Cleanliness and comfort of health facilities, with a value of 0.792. Apart from providing unrivaled service, it is also possible for a prime royal hospital to exceed consumer expectations, resulting in an overall satisfying experience. If a hospital offers exceptional service to its customers, they will be more likely to recommend the hospital's services to their loved ones. This happened due to the implementation of advocacy at Royal Prima Hospital in collaboration with supporting parties in empowering indigent patients at Royal Prima Hospital by collaborating with related agencies such as N.G.O.s, social foundations, private companies, mass media, professional organizations, and local government. Hospital management's ability to produce the best service and make customers happy depends on its ability to respond to the evolving needs of patients/consumers quickly and effectively. For example, it can implement partnership activities at the Royal Prima Hospital by providing counseling, guidance, motivation, and advocacy to patients and their families who experience health problems in the inpatient room. Please note that this research only focuses on patient responses to the policy of the Republic of Indonesia Minister of Health No. 44 concerning implementing Hospital Health Promotion. Therefore, the results can be applied narrowly to this area of Health. Future research on patient satisfaction may benefit from combining data from different service companies to cover more ground. The impact of alternative distribution networks, demographics, patient experience, hospital appearance, and other characteristics can all be examined as potential moderators. Another possible subject for future research is the influence of these factors on patient satisfaction with health services.

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