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The Effects of Service Quality, Healthcare Facilities, and Waiting Time-Patient Trust on Patient Satisfaction at Urip Sumoharjo Hospital, Bandar Lampung

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ABSTRACT
Patient satisfaction is a critical outcome indicator for hospital performance because it reflects how patients evaluate the technical, functional, and environmental aspects of care. This study examined the effects of service quality, healthcare facilities, and waiting time-patient trust on patient satisfaction at Urip Sumoharjo Hospital, Bandar Lampung. A quantitative cross-sectional explanatory design was employed. Data were collected through a structured questionnaire using a five-point Likert scale and analyzed using partial least squares structural equation modeling (PLS-SEM). The study involved 90 respondents, with demographic data indicating that 64.44% were female and 61.11% were younger than 25 years. The measurement model screening retained indicators with adequate outer loadings and removed weaker items below the recommended threshold. The structural model showed strong explanatory power, with service quality, healthcare facilities, and waiting time-patient trust explaining 70.8% of the variance in patient satisfaction ($R^2 = 0.708$; adjusted $R^2 = 0.697$). Path analysis demonstrated that service quality had a positive and significant effect on patient satisfaction ($\beta = 0.345$; $t = 4.215$; $p < 0.001$), followed by waiting time-patient trust ($\beta = 0.312$; $t = 3.890$; $p < 0.001$) and healthcare facilities ($\beta = 0.289$; $t = 3.182$; $p = 0.001$). These findings indicate that patient satisfaction is shaped not only by tangible facilities but also by reliable, responsive, and trustworthy service processes. Hospital management should prioritize staff responsiveness, communication clarity, waiting time control, facility cleanliness, and equipment readiness to strengthen patient-centered service quality.

Keywords: service quality; healthcare facilities; waiting time; patient trust; patient satisfaction; PLS-SEM; hospital management

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INTRODUCTION

Hospitals operate in an increasingly competitive healthcare environment in which patient experience, service quality, and trust have become important strategic indicators. Contemporary quality frameworks emphasize that high-quality health services should be effective, safe, people-centered, timely, equitable, integrated, and efficient (World Health Organization, 2025). In hospital management, patient satisfaction is therefore not merely a subjective response but an outcome indicator that reflects the alignment between patient expectations and the services actually received.

The assessment of hospital quality is commonly anchored in Donabedian's structure-process-outcome framework. In this framework, healthcare facilities, equipment, human resources, and physical infrastructure represent the structural foundation of quality; patient-provider interaction, responsiveness, communication, and

waiting time represent service processes; and patient satisfaction represents a key outcome of care (Donabedian, 1988). This framework is relevant for Urip Sumoharjo Hospital, Bandar Lampung, because the hospital is expected to provide safe, reliable, accessible, and comfortable services for patients in a competitive regional healthcare market.

Service quality is also frequently measured through the SERVQUAL framework, which conceptualizes service quality through tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). In healthcare settings, these dimensions are highly applicable because patients evaluate not only clinical competence but also staff communication, administrative efficiency, responsiveness to complaints, perceived safety, facility comfort, cleanliness, and the clarity of information delivered by healthcare personnel. Prior studies in healthcare settings have shown that perceived service quality is associated with patient satisfaction and subsequent behavioral intentions, including loyalty and willingness to recommend the hospital (Andaleeb, 2001; Dagger et al., 2007; Ferreira et al., 2023).

In the Indonesian hospital context, dissatisfaction may arise from long waiting times, insufficient responsiveness, unclear communication, inadequate facility maintenance, and perceived mismatch between expectations and service delivery. Previous Indonesian studies also report that healthcare service quality, patient safety, and facility-related aspects are related to patient satisfaction and loyalty (Ahmad et al., 2022; Kartika et al., 2023; Widiasari et al., 2019). However, many hospital-level studies remain descriptive and do not simultaneously test the contribution of service quality, healthcare facilities, and waiting time-related trust within an integrated structural model. This creates an opportunity to strengthen empirical evidence using PLS-SEM, especially in a hospital-specific case such as Urip Sumoharjo Hospital.

Based on this background, this study aims to analyze the effects of service quality, healthcare facilities, and waiting time-patient trust on patient satisfaction at Urip Sumoharjo Hospital, Bandar Lampung. The study contributes to hospital service management by identifying which determinants have the strongest influence on patient satisfaction and by providing practical recommendations for improving patient-centered service delivery.

Literature Review and Hypotheses Development

1. Service Quality in Hospital Care

Service quality refers to the extent to which services meet or exceed customer expectations. In hospitals, this concept includes both clinical and non-clinical dimensions. The SERVQUAL model remains widely used because it captures five service dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). Reliability refers to the hospital's ability to provide promised services accurately and consistently; responsiveness reflects staff willingness to help patients quickly; assurance reflects competence and courtesy that build confidence; empathy captures individualized attention; and tangibles represent the physical appearance of facilities, equipment, and personnel.

From a hospital management perspective, service quality is directly linked to patient satisfaction because patients often evaluate the care experience through

interactions with doctors, nurses, administrative staff, pharmacists, and support personnel. Prompt registration, clear explanation of procedures, courteous communication, and efficient complaint handling can strengthen patients' perceived value and trust. Conversely, delays, unfriendly behavior, unclear instructions, and fragmented information can produce dissatisfaction even when clinical treatment is technically adequate. The broader healthcare literature has consistently positioned service quality as a strong predictor of satisfaction and future behavioral intentions (Andaleeb, 2001; Dagger et al., 2007; Zeithaml et al., 2018). H1: Service quality has a positive and significant effect on patient satisfaction.

2. Healthcare Facilities and Patient Satisfaction

Healthcare facilities represent the tangible and structural elements of hospital quality. They include medical equipment, diagnostic support, waiting rooms, inpatient rooms, sanitation facilities, parking areas, accessibility features, lighting, ventilation, and cleanliness. Within Donabedian's framework, facilities form part of the structure of care and provide the foundation for safe and effective service delivery (Donabedian, 1988). Within SERVQUAL, facilities also correspond to the tangibles dimension, which influences first impressions and perceived professionalism.

The physical environment can affect patient comfort, perceived safety, and satisfaction. Clean toilets, well-maintained medical equipment, comfortable waiting rooms, and accessible service areas may reduce anxiety and increase confidence in the hospital. Bitner's servicescape theory also explains that physical surroundings shape customer evaluations and behavioral responses in service encounters (Bitner, 1990). In healthcare settings, this is particularly important because patients may be vulnerable, anxious, or physically uncomfortable during treatment. Therefore, facility quality is expected to enhance patient satisfaction. H2: Healthcare facilities have a positive and significant effect on patient satisfaction.

3. Waiting Time, Patient Trust, and Patient Satisfaction

Waiting time is a critical process indicator in hospital service delivery. Timeliness is recognized by the World Health Organization as one of the core dimensions of quality health services (World Health Organization, 2025). In practical terms, waiting time includes the duration between registration and consultation, the length of administrative procedures, and the time required to obtain examinations or treatment. Long or unpredictable waiting times may reduce satisfaction, especially when patients receive insufficient information regarding queue status or expected delays.

Patient trust is closely related to waiting time because patients are more likely to tolerate service delays when staff communicate clearly, provide realistic time estimates, and demonstrate professional concern. Trust may function as a psychological bridge between process efficiency and satisfaction. When hospitals provide timely services and clear information, patients tend to perceive the institution as reliable and accountable. Accordingly, waiting time-patient trust is expected to influence patient satisfaction. H3: Waiting time-patient trust has a positive and significant effect on patient satisfaction.

4. Conceptual Framework

The conceptual framework positions service quality, healthcare facilities, and waiting time-patient trust as exogenous variables that influence patient satisfaction as the

endogenous variable. Patient loyalty was identified in the preliminary framework as a potential downstream outcome of satisfaction; however, the available empirical model focuses on patient satisfaction because path coefficients for loyalty were not available in the analyzed output. Future studies may extend the model by examining patient satisfaction as a mediator of patient loyalty.

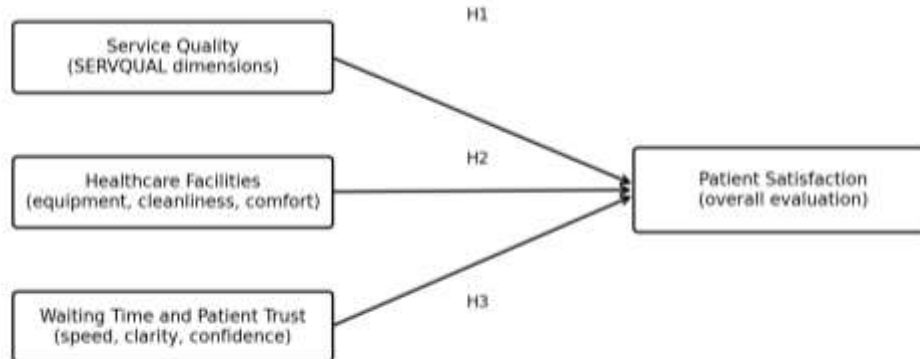

Figure 1. Conceptual framework of the study.

METHODS

This study used a quantitative cross-sectional explanatory design. The design was appropriate because the study aimed to test the relationships among latent constructs at a single point in time and to estimate the contribution of service quality, healthcare facilities, and waiting time-patient trust to patient satisfaction. The study was conducted at Urip Sumoharjo Hospital, Bandar Lampung, Indonesia.

The target population consisted of hospital service users at Urip Sumoharjo Hospital during the study period. The preliminary population estimate was approximately 5,000 patients based on hospital service records. Respondents were selected using non-probability convenience sampling, locally referred to as accidental sampling, in which eligible and willing respondents were recruited after receiving healthcare services. The final demographic table contained 90 respondents. Eligibility criteria included being at least 25 years old or otherwise eligible to provide an independent assessment, being conscious and able to complete the questionnaire, and having completed the relevant service process at the hospital.

Primary data were collected using a structured questionnaire with a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire measured service quality, healthcare facilities, waiting time-patient trust, and patient satisfaction. Table 1 summarizes the operational definitions and indicators used in this study.

Table 1. Operational definitions and measurement indicators

Construct	Operational definition	Indicators	Scale
Service quality (X1)	The perceived ability of healthcare personnel and service units to provide prompt, accurate, friendly, and professional services.	Reliability; responsiveness; assurance; empathy; tangibles.	Five-point Likert scale
Healthcare facilities (X2)	The completeness, cleanliness, comfort, accessibility, and	Completeness of medical equipment; cleanliness;	Five-point Likert scale

Construct	Operational definition	Indicators	Scale
	maintenance of physical facilities and equipment supporting hospital services.	waiting area comfort; treatment room availability; accessibility.	
Waiting time-patient trust (X3)	The perceived efficiency of service processes and the extent to which time-related communication builds confidence in the hospital.	Registration speed; service speed; waiting time before meeting the doctor; punctuality; service process efficiency.	Five-point Likert scale
Patient satisfaction (Y)	The patient's overall evaluation after receiving healthcare services, based on whether the service experience meets expectations.	Expectation fulfilment; satisfaction with services; satisfaction with facilities; willingness to return; willingness to recommend.	Five-point Likert scale

Primary data were obtained through questionnaires distributed directly after respondents completed their healthcare service process. Secondary data were obtained from hospital-related information and relevant literature. The instrument was designed to capture patient perceptions of service processes, facility quality, waiting time, trust, and overall satisfaction. Before submission to a journal, the authors should insert the institutional permission or ethics approval number, if available, and confirm that written or verbal informed consent was obtained from all respondents.

Data were analyzed using partial least squares structural equation modeling (PLS-SEM). PLS-SEM is suitable for prediction-oriented research involving latent variables, smaller samples, and models that may not meet strict multivariate normality assumptions (Hair et al., 2022; Ringle et al., 2023). The measurement model was assessed through outer loadings, convergent validity, internal consistency reliability, and discriminant validity. Items with outer loadings below the recommended threshold of 0.70 were removed when they weakened construct measurement quality. Discriminant validity should be assessed using the Fornell-Larcker criterion and the heterotrait-monotrait ratio (HTMT), as recommended in the PLS-SEM literature (Fornell & Larcker, 1981; Henseler et al., 2015).

The structural model was evaluated using path coefficients, t-statistics, p-values, coefficient of determination (R^2), adjusted R^2, and predictive relevance where available. Hypotheses were considered supported when the direction of the coefficient was positive and the p-value was below 0.05.

RESULTS AND DISCUSSION

1. Respondent Characteristics

The demographic profile of the respondents is shown in Table 2. The sample was dominated by female respondents (64.44%) and respondents younger than 25 years (61.11%). The role or affiliation category was dominated by respondents classified as "others" (52.22%), followed by pharmacists and administrative personnel (12.22% each), nurses (11.11%), and doctors (7.78%). Most respondents were associated with rotating shifts (60.00%). These characteristics should be interpreted cautiously because the respondent-role categories need to be checked against the final inclusion criteria before journal submission.

Table 2. Respondent characteristics

Characteristic	Category	Frequency	Percentage
Gender	Female	58	64.44%
Gender	Male	32	35.56%
Gender	Total	90	100.00%
Age group	< 25 years	55	61.11%
Age group	25-35 years	15	16.67%
Age group	36-45 years	14	15.56%
Age group	> 45 years	5	5.56%
Age group	Unknown	1	1.10%
Age group	Total	90	100.00%
Role/affiliation	Others	47	52.22%
Role/affiliation	Pharmacist	11	12.22%
Role/affiliation	Administration	11	12.22%
Role/affiliation	Nurse	10	11.11%
Role/affiliation	Doctor	7	7.78%
Role/affiliation	Unknown	1	1.11%
Role/affiliation	Total	90	100.00%
Work shift	Rotating shift	54	60.00%
Work shift	Morning shift	16	17.78%
Work shift	Afternoon shift	11	12.22%
Work shift	Night shift	7	7.78%
Work shift	Unknown	2	2.22%
Work shift	Total	90	100.00%

2. Descriptive Summary of Construct Items

The descriptive item-level results indicated that most responses were below the neutral midpoint of the five-point scale. Patient satisfaction item means ranged from 1.16 to 2.34, healthcare facility item means ranged from 1.72 to 2.18, and waiting time-patient trust item means ranged from 2.13 to 2.31. These values suggest that respondents tended to evaluate several service attributes as low to moderate, indicating an important managerial need to improve the patient service experience.

Table 3. Descriptive summary of construct item means

Construct	Item	Mean
Patient satisfaction	KP1	2.34
Patient satisfaction	KP2	1.79
Patient satisfaction	KP3	1.94
Patient satisfaction	KP4	2.06
Patient satisfaction	KP5	1.16
Healthcare facilities	FK1	2.03
Healthcare facilities	FK2	1.72
Healthcare facilities	FK3	2.18
Healthcare facilities	FK4	1.99
Healthcare facilities	FK5	2.11
Waiting time-patient trust	WTKP1	2.31
Waiting time-patient trust	WTKP2	2.19
Waiting time-patient trust	WTKP3	2.13
Waiting time-patient trust	WTKP4	2.14
Waiting time-patient trust	WTKP5	2.16

3. Measurement Model Screening

Indicator screening was conducted by examining outer loadings. In line with common PLS-SEM recommendations, indicators with loadings below 0.70 were not retained in the final measurement model when they did not meet the recommended threshold. The retained indicators included LP3 and LP4 for service quality; FK1, FK3, and FK5 for healthcare facilities; KP1, KP4, and KP5 for patient satisfaction; and WTKP1, WTKP2, and WTKP3 for waiting time-patient trust. The preliminary reliability values reported for service quality (α = 0.87), healthcare facilities (α = 0.83), and patient satisfaction (α = 0.89) indicate acceptable internal consistency, although the final manuscript should report Cronbach's alpha, composite reliability, rho_A, AVE, and HTMT for all constructs.

Table 4. Indicator screening based on outer loadings

Construct item statement	Code	Outer loading	Decision
Services are provided quickly and accurately according to patient expectations.	LP1	0.689	Removed
Employees are always ready and responsive in handling patient complaints.	LP2	0.675	Removed
Employees possess adequate knowledge and are courteous when answering questions.	LP3	0.759	Retained
Customer service staff demonstrate patience and full attention to patients.	LP4	0.704	Retained
Employees maintain a neat, clean appearance and wear appropriate uniforms.	LP5	0.652	Removed
The working environment is clean and comfortable.	FK1	0.701	Retained
Medical equipment is complete and well maintained.	FK2	0.564	Removed
Sanitation facilities are adequate.	FK3	0.745	Retained
Parking facilities are sufficient.	FK4	0.648	Removed
Lighting and ventilation in the healthcare facilities are adequate.	FK5	0.710	Retained
The current quality of service makes patients satisfied.	KP1	0.710	Retained
Healthcare facilities contribute to patient satisfaction.	KP2	0.593	Removed
The operational costs of the facilities are balanced with the benefits received.	KP3	0.668	Removed
Patients frequently recommend this hospital to others.	KP4	0.706	Retained
Overall, patients are satisfied with the services provided.	KP5	0.755	Retained
Administrative and examination processes are carried out without excessive delays.	WTKP1	0.725	Retained
Staff provide accurate and clear estimates of waiting times.	WTKP2	0.781	Retained
The waiting time from registration to meeting the doctor meets patient expectations.	WTKP3	0.743	Retained
Service speed increases patients' trust in the hospital.	WTKP4	0.612	Removed
Staff knowledge and prompt responses build patients' confidence in the services provided.	WTKP5	0.689	Removed

4. Structural Model Results

The structural model demonstrated strong explanatory power. The R^2 value for patient satisfaction was 0.708 and the adjusted R^2 value was 0.697, indicating that service quality, healthcare facilities, and waiting time-patient trust jointly explained 70.8% of the

variance in patient satisfaction. This suggests that the model has substantial predictive relevance for explaining patient satisfaction in the hospital context.

Table 5. Coefficient of determination

Endogenous variable	R^2	Adjusted R^2	Interpretation
Patient satisfaction	0.708	0.697	Strong explanatory power

Path coefficient analysis showed that all three predictors had positive and statistically significant effects on patient satisfaction. Service quality had the strongest effect (β = 0.345; t = 4.215; p < 0.001), followed by waiting time-patient trust (β = 0.312; t = 3.890; p < 0.001) and healthcare facilities (β = 0.289; t = 3.182; p = 0.001). Therefore, H1, H2, and H3 were supported.

Table 6. Path coefficients and hypothesis testing

Hypothesis	Path	β	t-statistic	p-value	Decision
H1	Service quality -> Patient satisfaction	0.345	4.215	< 0.001	Supported
H2	Healthcare facilities -> Patient satisfaction	0.289	3.182	0.001	Supported
H3	Waiting time-patient trust -> Patient satisfaction	0.312	3.890	< 0.001	Supported

Discussion

1. The Effect of Service Quality on Patient Satisfaction

The findings confirm that service quality has a positive and significant effect on patient satisfaction. This result indicates that patients place high value on service accuracy, staff responsiveness, politeness, clarity of explanation, and empathetic interaction. The path coefficient for service quality was the strongest among the tested predictors, suggesting that interpersonal and process-related dimensions of care may be more influential than facilities alone. This finding is consistent with SERVQUAL theory and previous healthcare studies showing that reliable and responsive service improves patient evaluations and behavioral intentions (Andaleeb, 2001; Dagger et al., 2007; Parasuraman et al., 1988).

For Urip Sumoharjo Hospital, this result implies that improving patient satisfaction requires more than physical facility improvement. Staff must be trained to communicate procedures clearly, respond to complaints promptly, explain waiting times honestly, and show empathy toward patients and family members. In addition, standard operating procedures should support consistency across registration, clinical examination, pharmacy, laboratory, and complaint-handling units.

2. The Effect of Healthcare Facilities on Patient Satisfaction

Healthcare facilities also had a positive and significant effect on patient satisfaction. This supports the idea that the physical environment shapes patient perceptions of comfort, safety, and professionalism. Clean waiting areas, adequate sanitation facilities, good lighting and ventilation, complete medical equipment, and accessible service areas can reduce anxiety and improve the perceived quality of hospital care. This finding is consistent with Donabedian’s structure dimension and Bitner’s servicescape theory, both of which recognize the role of physical context in shaping service evaluations (Bitner, 1990; Donabedian, 1988).

The managerial implication is that hospital facilities should not be treated merely as supporting infrastructure. They are part of the patient experience and can influence trust in the hospital's clinical capacity. Facility maintenance, cleanliness audits, equipment readiness checks, patient-friendly signage, and accessible parking should be integrated into the hospital's quality improvement program.

3. The Effect of Waiting Time-Patient Trust on Patient Satisfaction

The positive and significant effect of waiting time-patient trust indicates that service timeliness and communication about waiting processes are important determinants of satisfaction. The effect size was slightly larger than that of healthcare facilities, suggesting that patients may value predictable and transparent service processes as much as, or even more than, physical comfort. This finding aligns with the WHO quality dimension of timely care and with service management theory, which highlights the role of reliability and communication in building trust (World Health Organization, 2025; Zeithaml et al., 2018).

In practice, hospitals can improve waiting time-related trust by providing queue information, estimated service time, clear referral or examination pathways, and staff explanations when delays occur. Digital registration systems, appointment scheduling, triage optimization, and service flow monitoring can also help reduce perceived and actual waiting time.

4. Theoretical Implications

The study integrates SERVQUAL, Donabedian's quality framework, and PLS-SEM analysis in a hospital-specific empirical model. The results support the proposition that patient satisfaction is jointly shaped by structural factors, process factors, and trust-building service interactions. The high R^2 value indicates that the model is useful for explaining patient satisfaction in the study setting, although additional variables such as perceived value, hospital image, patient safety, clinical outcome, and cost fairness may further improve explanatory power.

5. Practical Implications

The findings provide several practical implications for hospital management. First, service quality improvement should prioritize staff responsiveness, communication clarity, courtesy, and empathy. Second, facility improvement should focus on cleanliness, sanitation, ventilation, lighting, medical equipment readiness, and accessible waiting areas. Third, waiting time management should be strengthened through queue monitoring, transparent communication, and realistic estimated waiting times. Fourth, hospital managers should periodically measure patient satisfaction using standardized instruments and link the findings to quality improvement cycles.

6. Limitations and Future Research

This study has several limitations. First, the use of convenience sampling limits the generalizability of the findings beyond the study setting. Second, the study was cross-sectional; therefore, causal claims should be interpreted cautiously. Third, the demographic variables and respondent-role categories should be rechecked before journal submission to ensure consistency with the definition of "patient respondents." Fourth, several indicators were removed during measurement model screening, and future research should refine item wording and test the instrument with a larger and more

representative sample. Finally, patient loyalty was identified in the preliminary conceptual framework but was not tested in the final structural model; future studies should examine whether patient satisfaction mediates the effects of service quality and facilities on loyalty.

CONCLUSION

This study examined the effects of service quality, healthcare facilities, and waiting time-patient trust on patient satisfaction at Urip Sumoharjo Hospital, Bandar Lampung. The results show that all three predictors have positive and significant effects on patient satisfaction. Service quality emerged as the strongest determinant, followed by waiting time-patient trust and healthcare facilities. The model explained 70.8% of the variance in patient satisfaction, indicating strong explanatory power. These findings suggest that hospital management should improve patient satisfaction through an integrated strategy that combines responsive and empathetic service delivery, well-maintained and comfortable facilities, and transparent waiting time management. Strengthening these three dimensions can improve patient experience, trust, and the hospital's overall service reputation.

Declarations

Ethics approval and consent to participate: The authors should insert the institutional ethics approval or research permission number before submission. All respondents should provide informed consent before completing the questionnaire.

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Competing interests: The authors should declare whether any competing interests exist.

Data availability: The dataset supporting the findings should be made available upon reasonable request or deposited according to the target journal policy.

Author contributions: The authors should specify contributions using the CRediT taxonomy before submission.

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