



Hospital Management Practices and their Influence on Patient Satisfaction in Tertiary Care Facilities

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Abstract

This study examines the influence of hospital management practices on patient satisfaction in tertiary healthcare facilities in Jeneponto Regency, Indonesia. The research focuses on four principal dimensions of hospital management practices consisting of service efficiency, staff responsiveness, communication quality, and facility quality. A quantitative cross-sectional design was employed using structured questionnaires distributed to 320 patients at RSUD Lanto Dg. Pasewang. Data were analyzed using descriptive statistics, Pearson correlation analysis, and multiple linear regression analysis. The findings reveal that all dimensions of hospital management practices significantly influence patient satisfaction, with staff responsiveness and communication quality emerging as the strongest predictors. Service efficiency and facility quality also contributed positively, although their effects were comparatively weaker than interpersonal dimensions. The study demonstrates that patient satisfaction is strongly shaped by organizational responsiveness, communication systems, and patient-centered managerial practices rather than solely by physical infrastructure. The novelty of this research lies in its integration of healthcare service quality dimensions with broader hospital management perspectives within a developing regional healthcare system. The findings provide important implications for healthcare managers and policymakers by emphasizing the importance of responsive organizational culture, effective communication, and continuous quality improvement in strengthening healthcare performance and institutional legitimacy.

INTRODUCTION

Healthcare systems across the world are undergoing substantial transformation driven by increasing public expectations, demographic changes, technological development, and the growing demand for patient-centered services. Within this context, patient satisfaction has emerged as one of the most important indicators of healthcare quality because it reflects the extent to which hospital services meet patient expectations, needs, and experiences. Contemporary healthcare literature increasingly positions patient satisfaction not merely as an outcome of medical treatment but as a multidimensional construct associated with institutional trust,

treatment adherence, hospital reputation, and organizational sustainability (Wang et al., 2023; Gavurova et al., 2021). Hospitals are therefore required to deliver healthcare services that are not only clinically effective but also operationally efficient, responsive, communicative, and empathetic. In many developing countries, including Indonesia, improving patient satisfaction has become a strategic priority within broader healthcare reform agendas intended to strengthen public health systems and institutional accountability (Khatri et al., 2025; Bhaladhare & Rishipathak, 2025; Hoxha et al., 2024; Debie et al., 2022).

The increasing emphasis on healthcare quality has directed scholarly attention toward hospital management practices as critical determinants of patient experiences. Hospital management practices encompass administrative coordination, operational efficiency, leadership systems, communication processes, human resource management, and facility governance that collectively shape healthcare delivery outcomes (Bhati et al., 2023; Khatri et al., 2025; Alanazi et al., 2025). Previous studies indicate that effective management systems improve both technical and interpersonal dimensions of healthcare quality, thereby influencing patient perceptions and institutional legitimacy (Amporfro et al., 2021). Research conducted across healthcare institutions demonstrates that waiting time management, staff responsiveness, communication quality, and organizational efficiency significantly influence patient satisfaction levels (Tan et al., 2023). These findings reinforce the argument that healthcare quality cannot be separated from managerial performance because hospital governance directly structures how services are delivered and experienced by patients (Jalilvand et al., 2024; Malik & Shankar, 2025).

The SERVQUAL framework remains one of the most widely applied theoretical approaches for understanding service quality within healthcare organizations (Ali et al., 2024; Al-Balas et al., 2025; Datt et al., 2025). This framework conceptualizes service quality through five principal dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Chen et al., 2022). In hospital settings, these dimensions are closely linked to managerial practices and organizational behavior. Reliability reflects the hospital's ability to provide consistent and accurate services, responsiveness concerns the willingness of staff to assist patients promptly, assurance relates to professional competence and trustworthiness, while empathy and tangibility involve interpersonal attention and physical facilities. Existing studies consistently reveal that responsiveness and communication quality are among the strongest predictors of patient satisfaction because patients tend to evaluate healthcare experiences through direct interaction with medical personnel rather than solely through clinical outcomes (Karimbux et al., 2023; Friedel et al., 2023; De Rosis et al., 2022; Chen et al., 2024). This perspective highlights the growing importance of patient-centered management systems within modern healthcare institutions.

Alongside SERVQUAL, strategic management approaches such as Total Quality Management (TQM) have increasingly been integrated into healthcare systems to improve organizational performance and service quality. TQM emphasizes continuous improvement, institutional accountability, and customer-oriented organizational culture, which align closely with patient-centered healthcare principles. Studies conducted in developing healthcare systems show that TQM implementation significantly improves patient safety culture, operational consistency, and service satisfaction (Akthar et al., 2023). Similarly, organizational studies indicate that healthcare institutions with stronger managerial coordination and communication systems are better able to maintain patient trust and institutional effectiveness (Omaghomi et al., 2024). These findings suggest that patient satisfaction is shaped not only by medical competence but also by the

organizational environment created through managerial decisions and leadership practices.

Communication quality constitutes one of the most decisive dimensions of hospital management because healthcare interactions are inherently relational and information-intensive. Effective communication reduces patient uncertainty, strengthens trust, and enhances perceptions of empathy and professionalism (Mrabet et al., 2022). In tertiary healthcare facilities, where patients often experience heightened anxiety and vulnerability, communication quality becomes particularly important in shaping overall service evaluations. Studies in emergency and inpatient settings confirm that inadequate communication frequently contributes to patient dissatisfaction, complaints, and negative institutional perceptions (Aljarallah et al., 2023). Conversely, hospitals that institutionalize transparent communication systems and responsive interpersonal practices generally report higher patient satisfaction levels and stronger organizational legitimacy.

Another central dimension influencing patient satisfaction is staff responsiveness. Responsiveness refers to the willingness and ability of healthcare personnel to provide timely assistance, address patient concerns, and deliver services efficiently. Existing empirical evidence demonstrates that long waiting times, delayed treatment, and poor responsiveness significantly reduce patient satisfaction even when clinical outcomes remain acceptable (Al Owad et al., 2022; Alsubahi et al., 2024; Goenka et al., 2024). In many developing healthcare systems, responsiveness represents a persistent institutional challenge due to high patient volumes, resource limitations, and administrative inefficiencies. Indonesian hospitals, particularly public referral facilities, frequently encounter operational pressures that affect service responsiveness and patient experiences. Consequently, responsiveness has become an increasingly important variable in evaluating hospital performance and healthcare quality in Indonesia.

The Indonesian healthcare sector has undergone significant transformation following the implementation of the Jaminan Kesehatan Nasional (JKN) program, which expanded healthcare access and increased patient utilization of public hospitals (Nurmidin, 2025; Susilo et al., 2025; Mendriani et al., 2025). Although the program has improved healthcare coverage, it has simultaneously intensified institutional pressures on hospitals, especially tertiary referral facilities operating in developing regions. Many hospitals continue to face challenges related to overcrowding, administrative inefficiency, limited infrastructure, and uneven managerial capacity. Previous studies conducted in Indonesian healthcare institutions reveal that patient dissatisfaction often emerges from operational issues such as delayed services, inadequate communication, and insufficient responsiveness rather than from purely clinical problems (Rahman et al., 2023; Norsaputera et al., 2025). These conditions indicate that strengthening hospital management practices is essential for ensuring healthcare quality and institutional sustainability within the Indonesian context.

Jeneponto Regency in South Sulawesi represents a particularly important setting for examining the relationship between hospital management practices and patient satisfaction. As a developing region, Jeneponto faces structural healthcare challenges associated with infrastructure limitations, resource allocation constraints, and growing service demand. RSUD Lanto Dg. Pasewang, as the primary tertiary referral hospital in the regency, plays a central role in providing emergency, inpatient, and specialized healthcare services. Despite ongoing institutional efforts to improve service quality and operational performance, anecdotal reports and preliminary observations indicate persistent dissatisfaction among patients regarding waiting times, communication quality, and responsiveness. This discrepancy between institutional objectives and patient experiences demonstrates

the need for empirical investigation into how management practices influence healthcare outcomes within tertiary care facilities in the region.

Although extensive international literature discusses healthcare quality and patient satisfaction, several important gaps remain unresolved. First, many previous studies focus predominantly on developed healthcare systems, limiting contextual understanding of patient satisfaction determinants in developing regions such as eastern Indonesia. Second, existing Indonesian studies frequently emphasize service quality dimensions without sufficiently integrating broader hospital management perspectives involving organizational coordination, responsiveness, and operational governance (Wijaya & Alfarizi, 2026; Almadana et al., 2025). Third, empirical evidence concerning tertiary healthcare facilities in Jeneponto Regency remains highly limited despite the strategic importance of referral hospitals in regional healthcare systems. Consequently, there is insufficient evidence explaining how managerial practices shape patient satisfaction within resource-constrained healthcare environments in Indonesia.

This study addresses these gaps by examining the influence of hospital management practices on patient satisfaction in tertiary care facilities in Jeneponto Regency, focusing specifically on service efficiency, staff responsiveness, communication quality, and facility quality. The novelty of this research lies in its integration of healthcare service quality perspectives with broader hospital management dimensions within the context of a developing regional healthcare system. Unlike previous studies that primarily emphasize technical healthcare quality, this research positions patient satisfaction as a strategic managerial outcome shaped by organizational behavior and institutional governance. The study contributes theoretically by extending patient-centered management discourse into the context of tertiary healthcare in developing regions, while practically providing evidence-based recommendations for hospital leaders and policymakers to strengthen healthcare quality, organizational responsiveness, and patient-centered governance in Indonesia.

METHODS

Research Design

This study employed a quantitative research design using a cross-sectional survey approach to examine the influence of hospital management practices on patient satisfaction in tertiary healthcare facilities in Jeneponto Regency, Indonesia. Quantitative research was considered appropriate because it enables the systematic measurement of relationships among variables through statistical analysis and objective interpretation of empirical data. According to Creswell and Creswell (2018), quantitative approaches are particularly effective for testing causal relationships and identifying the magnitude of influence between independent and dependent variables within organizational settings. The cross-sectional design allowed data to be collected from respondents at a single point in time, thereby providing a contemporary representation of patient experiences and perceptions regarding hospital management practices. This design has been widely used in healthcare management studies because it facilitates efficient evaluation of service quality and patient satisfaction across large respondent groups (Tessema et al., 2024).

Research Setting and Context

The research was conducted at RSUD Lanto Dg. Pasewang, the principal tertiary referral hospital located in Jeneponto Regency, South Sulawesi, Indonesia. The hospital was selected because it functions as the central healthcare institution in the region, providing emergency services, inpatient care, outpatient treatment, and specialized medical services for patients from both urban and rural areas. As a

tertiary healthcare facility operating within a developing regional healthcare system, the hospital faces increasing demand for quality services alongside institutional challenges associated with resource allocation, operational efficiency, and service responsiveness. This context makes the hospital highly relevant for analyzing the relationship between management practices and patient satisfaction within Indonesian public healthcare institutions.

Population and Sample

The study population consisted of patients who had received healthcare services at RSUD Lanto Dg. Pasewang during the three months preceding data collection. Respondents included both inpatient and outpatient service users aged 17 years or older who were capable of understanding and completing the questionnaire independently. Patients in critical medical condition and those unwilling to participate were excluded from the study to ensure ethical appropriateness and response reliability.

The sample size was determined using Slovin's formula with a 5% margin of error, resulting in a minimum sample requirement of 320 respondents. To ensure proportional representation across hospital service units, the study employed a stratified random sampling technique. Respondents were proportionally selected from outpatient clinics, inpatient wards, and emergency services to minimize sampling bias and improve the representativeness of the findings. Stratified sampling is considered effective in healthcare research because it enables balanced representation from heterogeneous service populations (Sekaran & Bougie, 2020).

Data Collection Techniques

Primary data were collected using structured questionnaires distributed directly to respondents over a four-week period. The questionnaire instrument was designed based on previous healthcare management and service quality studies, particularly those related to the SERVQUAL framework and patient satisfaction measurement. The instrument measured four dimensions of hospital management practices: service efficiency, staff responsiveness, communication quality, and facility quality. Patient satisfaction was measured through indicators related to overall service evaluation, willingness to revisit the hospital, and likelihood of recommending the institution to others.

All questionnaire items employed a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). For inpatient respondents, questionnaires were administered prior to discharge to capture immediate perceptions of healthcare experiences. For outpatient and emergency service users, questionnaires were distributed following completion of treatment services. Research assistants were present to assist respondents when necessary while maintaining response confidentiality and minimizing interviewer bias.

Validity and Reliability

To ensure the validity and reliability of the research instrument, a pilot test was conducted involving 30 respondents from a comparable public hospital outside the study location. Content validity was evaluated through expert review involving healthcare management academics and hospital practitioners to ensure conceptual consistency between questionnaire items and research variables. Construct validity was assessed through item-total correlation analysis, with all items exceeding the acceptable threshold value.

Reliability testing was conducted using Cronbach's alpha coefficient. The results demonstrated that all research variables exceeded the recommended threshold of 0.70, indicating strong internal consistency and measurement reliability. These

procedures ensured that the instrument was sufficiently valid and reliable for measuring hospital management practices and patient satisfaction.

Data Analysis Techniques

The collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistical analysis, including frequencies, percentages, means, and standard deviations, was used to summarize respondent characteristics and describe general patterns of patient perceptions. Inferential statistical analysis was subsequently performed to test the relationships between variables.

Pearson correlation analysis was employed to identify the strength and direction of relationships between hospital management dimensions and patient satisfaction. Multiple linear regression analysis was further utilized to examine the simultaneous influence of service efficiency, staff responsiveness, communication quality, and facility quality on patient satisfaction

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$$

A significance level of 0.05 was applied to determine statistical significance. This analytical approach enabled the study to identify which dimensions of hospital management practices exerted the strongest influence on patient satisfaction within tertiary healthcare services in Jeneponto Regency.

RESULTS AND DISCUSSION

This section presents the empirical findings of the study concerning the influence of hospital management practices on patient satisfaction in tertiary healthcare facilities in Jeneponto Regency. The findings are organized systematically into four major subsections consisting of respondent characteristics, descriptive statistical analysis, correlation analysis, and multiple regression analysis. The presentation aims to explain how service efficiency, staff responsiveness, communication quality, and facility quality contribute to patient satisfaction within the hospital setting. All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS) based on questionnaire responses collected from 320 patients at RSUD Lanto Dg. Pasewang, Jeneponto Regency. The results are presented in tables accompanied by analytical explanations to ensure clarity, consistency, and academic rigor in interpreting the research findings.

Respondent Characteristics

The demographic characteristics of respondents provide an overview of the patient population involved in the study. Understanding respondent profiles is essential because patient perceptions toward healthcare services may vary according to demographic background and service utilization patterns. Table 1 presents the distribution of respondents based on age, gender, and type of healthcare service received.

Table 1. Demographic Characteristics of Respondents (N = 320)

Variable	Category	Frequency (n)	Percentage (%)
Age Group	17–29 years	72	22.5
	30–50 years	168	52.5
	Above 50 years	80	25.0
Gender	Male	144	45.0
	Female	176	55.0
Type of Service	Outpatient	192	60.0

	Inpatient	128	40.0
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Source: Primary Data Processed by Researchers, 2025

Table 1 shows that the majority of respondents were aged between 30 and 50 years, accounting for 52.5% of the total sample. Respondents above 50 years represented 25%, while younger respondents aged between 17 and 29 years accounted for 22.5%. This distribution indicates that most respondents belonged to productive age groups that frequently utilize healthcare services due to work-related stress, family obligations, and chronic health conditions. Female respondents slightly dominated the sample with 55%, while male respondents represented 45% of participants.

In terms of healthcare utilization, outpatient service users constituted the majority of respondents at 60%, whereas inpatient respondents accounted for 40%. This finding reflects the operational condition of tertiary healthcare facilities where outpatient services generally receive higher patient volumes compared to inpatient services. The demographic composition demonstrates that the study successfully captured perspectives from diverse healthcare users across different service units within the hospital.

Descriptive Analysis of Hospital Management Practices and Patient Satisfaction

Descriptive statistical analysis was conducted to examine respondents' perceptions regarding hospital management practices and patient satisfaction. The analysis focused on four dimensions of hospital management practices, namely service efficiency, staff responsiveness, communication quality, and facility quality. Patient satisfaction was measured as the dependent variable. Mean scores and standard deviations were calculated to identify the general tendency of respondent evaluations.

Table 2. Descriptive Statistics of Research Variables

Variables	Mean	Standard Deviation
Service Efficiency	3.89	0.71
Staff Responsiveness	4.12	0.65
Communication Quality	4.05	0.69
Facility Quality	3.76	0.74
Patient Satisfaction	4.01	0.68

Source: Primary Data Processed by Researchers, 2025

As presented in Table 2, staff responsiveness obtained the highest mean score (M = 4.12), indicating that respondents generally perceived healthcare personnel as responsive, attentive, and willing to assist patients promptly. Communication quality also received a relatively high evaluation with a mean score of 4.05, suggesting that patients positively assessed interactions between healthcare providers and service users. Patient satisfaction recorded a mean score of 4.01, reflecting an overall favorable perception of healthcare services provided by RSUD Lanto Dg. Pasewang.

Service efficiency achieved a mean score of 3.89, indicating moderate satisfaction regarding operational processes such as waiting times, administrative coordination, and service procedures. Facility quality recorded the lowest mean score (M = 3.76), implying that respondents perceived several limitations associated with the hospital's physical infrastructure, environmental comfort, and supporting facilities. Although all variables demonstrated positive evaluations overall, the findings indicate that interpersonal dimensions such as responsiveness and communication were perceived more positively than tangible infrastructural aspects.

The relatively low standard deviation values across variables indicate consistent responses among participants, suggesting that respondents shared similar

perceptions regarding hospital management practices and service quality within the healthcare institution.

Correlation Analysis

Pearson correlation analysis was conducted to examine the strength and direction of relationships between hospital management practices and patient satisfaction. Correlation coefficients range from -1 to +1, where positive values indicate direct relationships between variables. Table 3 presents the correlation matrix for all variables included in the study.

Table 3. Correlation Analysis between Hospital Management Practices and Patient Satisfaction

Variables	Service Efficiency	Staff Responsiveness	Communication Quality	Facility Quality	Patient Satisfaction
Service Efficiency	1.00	0.62	0.59	0.55	0.64
Staff Responsiveness	0.62	1.00	0.67	0.61	0.71
Communication Quality	0.59	0.67	1.00	0.63	0.68
Facility Quality	0.55	0.61	0.63	1.00	0.60
Patient Satisfaction	0.64	0.71	0.68	0.60	1.00

Source: Primary Data Processed by Researchers, 2025

The correlation analysis demonstrates positive relationships between all dimensions of hospital management practices and patient satisfaction. Among the variables, staff responsiveness exhibited the strongest correlation with patient satisfaction ($r = 0.71$), indicating that patients who perceived healthcare staff as responsive and attentive were more likely to report higher satisfaction levels. Communication quality also demonstrated a strong positive relationship with patient satisfaction ($r = 0.68$), reinforcing the importance of effective interpersonal interaction within healthcare delivery processes.

Service efficiency showed a substantial correlation with patient satisfaction ($r = 0.64$), suggesting that operational effectiveness and timely service delivery significantly influence patient perceptions regarding healthcare quality. Facility quality recorded the weakest correlation with patient satisfaction ($r = 0.60$), although the relationship remained statistically meaningful. These findings indicate that while physical infrastructure contributes to positive patient experiences, interpersonal and operational dimensions exert greater influence on patient satisfaction outcomes. The results further reveal moderate correlations among the independent variables, particularly between staff responsiveness and communication quality ($r = 0.67$). This suggests that hospitals with more responsive healthcare personnel also tend to demonstrate stronger communication practices. Nevertheless, the correlation coefficients remained below critical multicollinearity thresholds, indicating that the variables were statistically distinct and appropriate for regression analysis.

Multiple Regression Analysis

Multiple linear regression analysis was performed to determine the simultaneous influence of service efficiency, staff responsiveness, communication quality, and facility quality on patient satisfaction. The regression model aimed to identify which dimensions of hospital management practices exerted the strongest predictive effect on patient satisfaction.

Table 4. Multiple Regression Analysis Results

Variables	Unstandardized B	Standardized Beta	t-value	Sig. (p-value)
Constant	1.05	–	3.12	0.002
Service Efficiency	0.28	0.25	5.45	0.000
Staff Responsiveness	0.35	0.33	6.12	0.000
Communication Quality	0.31	0.30	5.87	0.000
Facility Quality	0.22	0.20	4.02	0.001

Source: Primary Data Processed by Researchers, 2025

The regression results presented in Table 4 indicate that all independent variables significantly influenced patient satisfaction at the 0.05 significance level. Staff responsiveness emerged as the strongest predictor of patient satisfaction with a standardized beta coefficient of 0.33 ($p < 0.001$). This finding demonstrates that improvements in staff responsiveness substantially contribute to higher levels of patient satisfaction.

Communication quality represented the second strongest predictor with a beta coefficient of 0.30 ($p < 0.001$). This result indicates that effective communication between healthcare providers and patients plays a critical role in shaping patient experiences and institutional evaluations. Service efficiency also significantly influenced patient satisfaction ($\beta = 0.25, p < 0.001$), suggesting that timely services, efficient administrative procedures, and operational coordination positively affect patient perceptions.

Facility quality recorded the lowest standardized beta coefficient ($\beta = 0.20, p = 0.001$), although its effect remained statistically significant. This finding suggests that while physical infrastructure and environmental conditions remain important for healthcare quality, they exert comparatively weaker influence than interpersonal service dimensions. Overall, the regression findings emphasize that human interaction and organizational responsiveness constitute the most decisive determinants of patient satisfaction within tertiary healthcare facilities.

To evaluate the explanatory power of the regression model, the coefficient of determination analysis was conducted and is presented in Table 5.

Table 5. Model Summary

R	R Square	Adjusted R Square	Std. Error of Estimate
0.72	0.52	0.51	0.45

Source: Primary Data Processed by Researchers, 2025

Table 5 demonstrates that the regression model produced an R value of 0.72, indicating a strong overall relationship between hospital management practices and patient satisfaction. The R Square value of 0.52 indicates that 52% of the variation in patient satisfaction could be explained by the four independent variables included in the model. The remaining 48% may be associated with external factors not examined in this study, such as individual patient expectations, socioeconomic conditions, cultural perspectives, health status, or broader healthcare policy influences.

The adjusted R Square value of 0.51 confirms that the regression model maintained substantial explanatory power after controlling for the number of predictor variables included in the analysis. These findings suggest that hospital management practices

play a highly important role in shaping patient experiences and institutional evaluations within tertiary healthcare facilities in Jenepono Regency.

Hospital Management Practices and Patient-Centered Healthcare Performance

The findings of this study demonstrate that hospital management practices significantly influence patient satisfaction in tertiary healthcare facilities in Jenepono Regency, particularly through staff responsiveness and communication quality. These findings reinforce the growing argument within healthcare management literature that patient satisfaction is not merely determined by clinical outcomes or infrastructural adequacy, but by the quality of organizational interaction and managerial effectiveness embedded within healthcare systems. The strong influence of staff responsiveness identified in this study aligns with previous research emphasizing that patients evaluate healthcare quality primarily through direct experiences with frontline healthcare personnel (Al Owad et al., 2022; Gavurova et al., 2021; Zehra et al., 2025). Responsive healthcare staff create perceptions of empathy, professionalism, and institutional reliability, which collectively shape positive patient experiences. The findings therefore confirm that responsiveness functions as a strategic organizational capability rather than simply an operational attribute.

The significant role of communication quality also corresponds with earlier studies showing that effective communication strengthens patient trust, reduces uncertainty, and enhances perceptions of healthcare quality (Mrabet et al., 2022; Aljarallah et al., 2023). In tertiary healthcare environments where patients frequently experience psychological stress and informational vulnerability, communication becomes central to organizational legitimacy and patient-centered care. The present study extends these arguments by demonstrating that communication quality remains critically important even within resource-constrained healthcare systems such as those found in developing regions of Indonesia. This finding supports Chen et al. (2022), who argue that interpersonal dimensions of healthcare often exert stronger influence on patient satisfaction than technical service components.

The findings further reveal that service efficiency significantly contributes to patient satisfaction, although its influence was weaker than staff responsiveness and communication quality. This result is consistent with studies conducted in public hospitals across developing countries, which show that delays in treatment, administrative inefficiencies, and long waiting times negatively affect patient evaluations (Amporfro et al., 2021; Radu et al., 2022). Efficient healthcare delivery therefore represents an important managerial mechanism for improving patient experiences and institutional performance. However, the present findings indicate that operational efficiency alone is insufficient to generate high satisfaction if interpersonal dimensions remain weak. This suggests that healthcare management requires an integrated approach combining organizational efficiency with relational competence and patient-centered communication.

Facility quality also demonstrated a significant influence on patient satisfaction, although its predictive power was comparatively lower than interpersonal variables. This finding partially differs from studies conducted in highly developed healthcare systems where technological infrastructure and physical facilities are often dominant determinants of patient satisfaction (Karimbux et al., 2023). In the context of Jenepono Regency, patients appear to prioritize interpersonal responsiveness and communication over physical infrastructure. This difference highlights the contextual nature of patient satisfaction and supports arguments that healthcare quality perceptions are shaped by socio-cultural and institutional environments (Bankins et al., 2024). In collectivist social settings such as Indonesia, relational interaction and social empathy may carry stronger symbolic value than tangible

hospital facilities. Consequently, this study contributes theoretically by contextualizing healthcare management perspectives within developing regional healthcare systems.

The novelty of this study lies in its integration of hospital management dimensions with patient-centered healthcare analysis within a tertiary healthcare institution located in a developing Indonesian region. Previous studies in Indonesia have largely focused on general service quality dimensions without sufficiently examining how managerial practices shape patient experiences at the organizational level. By simultaneously examining service efficiency, staff responsiveness, communication quality, and facility quality, this research provides a more comprehensive understanding of hospital management as a multidimensional determinant of patient satisfaction. The study therefore contributes to healthcare management theory by extending SERVQUAL and patient-centered care perspectives into the context of decentralized healthcare governance in developing regions.

Practically, the findings imply that hospital administrators and policymakers should prioritize managerial reforms that strengthen human resource responsiveness, communication systems, and organizational culture. Investment in infrastructure remains important, but the evidence indicates that patient satisfaction can be improved more effectively through relatively low-cost managerial interventions such as communication training, patient feedback systems, staff performance evaluation, and service responsiveness monitoring. Hospital leaders should therefore shift organizational priorities toward patient-centered governance models emphasizing empathy, interaction quality, and institutional accountability. These findings are particularly relevant for Indonesian public hospitals operating under increasing service pressures following the expansion of the national health insurance system.

Despite its contributions, this study has several limitations. First, the research was conducted within a single tertiary healthcare institution, limiting the generalizability of findings to other hospitals or regional healthcare systems. Second, the cross-sectional design captured patient perceptions at a single point in time, making it difficult to observe changes in satisfaction over longer periods. Third, the study focused primarily on managerial and organizational variables without incorporating broader socioeconomic, psychological, or cultural determinants that may also influence patient satisfaction. These limitations suggest the need for broader and more longitudinal approaches in future healthcare management research.

Future studies should therefore expand the geographical scope of analysis by involving multiple hospitals across different Indonesian regions to enable comparative evaluation of healthcare management practices. Longitudinal research designs may also provide deeper understanding regarding how organizational reforms influence patient satisfaction over time. Furthermore, future researchers are encouraged to integrate additional variables such as leadership style, organizational culture, digital healthcare systems, and patient trust to develop more comprehensive models of healthcare management performance. Such approaches would strengthen theoretical understanding of patient-centered healthcare governance while providing more robust evidence for healthcare policy development in emerging healthcare systems.

CONCLUSION

The study shows the effective role of hospital management practices in affecting patient satisfaction in the hospital in Jeneponto Regency, especially in terms of the response of the staff and communication quality provided by the hospital. The results suggest that interpersonal aspects of healthcare management have a greater influence on patient satisfaction than physical components and efficiency of the operation. Additionally, service efficiency and service quality had positive

contributions to patient satisfaction, which further demonstrated that patient satisfaction is dependent on the effective delivery of services—including the responsiveness of the service, the communication system, and supportive institutional environments.

From the theoretical point of view, this study is important because it expands the SERVQUAL approach to the case of the tertiary healthcare services of a developing country. The study highlights the need to conceptualize patient satisfaction as an outcome of the strategic management process influenced by organizational culture, relational interaction and institutional governance. In practice, the results indicate that hospital managers and policy makers should emphasize managerial changes that involve communication training, a service culture that is responsive, and mechanisms for ongoing quality improvement that will enhance the performance of health services and institutional legitimacy. Although these contributions have been made, the study has some limitations due to the single hospital setting and cross sectional design that may restrict broader generalizations. Future study should thus be conducted from multiple Healthcare Institutions, longitudinal studies, and other factors including leadership style, organisational culture and digital Healthcare systems, to gain a wider picture of the performance of Healthcare management and the delivery of healthcare to patients.

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