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ANALYSIS OF PATIENT EXPERIENCE AT PRIVATE HOSPITALS IN THE ISLAND AREAS OF AMBON CITY AS A BASIS FOR DEVELOPING MARKETING STRATEGIES

Floria Veramaya Imlabla[1]*, Paramita Kurnia Wiguna[1], Ratna Dwi Puji Astuti[2]
[1]Sekolah Tinggi Ilmu Kesehatan RS Prof. Dr. J.A Latumeten, Jln. Dr. Apituley, Silale, Nusaniwe, Ambon, Maluku 97112, Indonesia
[2]Universitas Airlangga, Jl. Dr. Ir. H. Soekarno, Mulyorejo, Surabaya, Jawa Timur 60115, Indonesia
*floriaveramaya@gmail.com

ABSTRACT
Private hospitals in archipelagic regions—specifically Ambon City face challenges regarding limited access and resources, as well as healthcare service competition that necessitates marketing strategies grounded in quality and patient experience. Research mapping patient experience in private hospitals within archipelagic regions remains limited; thus, baseline data is required to develop contextual and sustainable marketing strategies. Objective to analyze factors associated with patient experience, specifically human resources (people), service processes (process), and facilities/infrastructure (physical evidence). A quantitative descriptive-analytic study using a cross-sectional design. The sample consisted of 150 patients who served as respondents and completed a Likert-scale questionnaire. The questionnaire employed a 1–5 Likert scale, with response options tailored to the specific statements, ranging from the lowest to the highest rating. Prior to primary data collection, the instrument underwent validity and reliability testing. Item validity was assessed using Corrected Item-Total Correlation with each statement item deemed valid and reliability was evaluated using Cronbach's Alpha (threshold $\geqslant 0.70$). Data were analyzed using chisquare test. The study revealed that people, process, and physical evidence were significantly associated with patient experience ($p = 0.000$; $p < 0.05$). These findings indicate that the quality of human resources, the effectiveness of service processes, and the comfort and completeness of facilities are crucial components in shaping patient experience. These three aspects can serve as an empirical baseline for developing patient experience-based marketing strategies to enhance service quality, satisfaction, loyalty, and the competitiveness of private hospitals in archipelagic regions.

Keywords: archipelagic region; hospital marketing; patient experience; private hospital; patient loyalty

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INTRODUCTION

Archipelagic regions possess geographic and demographic characteristics that differ from mainland areas, particularly regarding accessibility, transport connectivity, infrastructure availability, the distribution of healthcare personnel, and the equitable provision of healthcare facilities (Na'im et al., 2024). The geographical nature of an archipelagic region—characterized by islands separated by significant distances can result in longer travel times for patients, higher costs for accessing services, and a more limited range of available healthcare facilities. These challenges not only impact the equitable distribution of healthcare access but also influence how the community perceives the quality of care and their overall experience when receiving services. In this context, hospitals in archipelagic areas are required to provide high-quality care that is also responsive to the specific needs of the local population(Olyvia et al., 2025)

Private hospitals play a strategic role in supporting the provision of referral healthcare services in archipelagic regions. On one hand, they must maintain service quality and operational sustainability; on the other, they face intensifying competition—not only from other private hospitals but also from government hospitals and healthcare facilities in other regions. Shifts in public behavior regarding healthcare choices mean that patients no longer consider only service

availability or clinical capabilities; they increasingly prioritize ease of access, speed of service, communication with healthcare professionals, facility comfort, patient engagement, and the overall experience within the healthcare system. Consequently, hospital marketing approaches need to shift from a conventional promotional orientation toward strategies centered on patient needs, perceptions, and experiences (Laksono et al., 2024).

The evolution of healthcare service paradigms indicates that the success of healthcare organizations is determined not only by clinical outcomes and the technical quality of care but also by the patient experience (Bea et al., 2019). Patient experience encompasses the entirety of a patient's experience while interacting with a hospital—ranging from obtaining information and accessing services, registration and administrative processes, interactions with healthcare professionals, examination and treatment procedures, and communication regarding health status, to their experience of the hospital's physical environment and facilities. Thus, patient experience is a multidimensional construct reflecting how patients perceive, evaluate, and interpret the entire continuum of care services they receive (Herlina et al., 2020).

A positive patient experience holds strategic implications for hospitals. Patients who receive care that meets or exceeds their expectations tend to report higher satisfaction levels, build trust in the hospital, utilize its services again, and recommend the facility to family and the community. Conversely, a negative experience at any single point of service can influence a patient's perception of the hospital's overall quality. In the context of service marketing, this positions patient experience not merely as an indicator of service quality, but as a strategic asset capable of shaping loyalty, organizational image, and word-of-mouth recommendations. Consequently, understanding patient experience is crucial for private hospitals, which must simultaneously retain patients and build sustainable competitive advantage (Trisnayanti et al., 2020).

These issues are particularly complex for private hospitals in the Maluku archipelago, especially in Ambon City. As an archipelagic region, Maluku's geography presents challenges regarding patient mobility, the distribution of healthcare personnel, facility availability, service continuity, and access to specific health resources. Patients traveling from other islands for referral services in Ambon City may face longer journeys, a reliance on sea or air transport, and additional costs and time. Consequently, the patient experience cannot be understood solely through interactions within the hospital building; it must be viewed within the context of a service system shaped by the region's archipelagic geography.

Beyond access, the limitations and distribution of healthcare personnel also potentially influence the patient experience. Adequate staffing, along with the competence, attitude, empathy, communication skills, and responsiveness of healthcare workers, are crucial elements of the patient-hospital interaction. In this study, these aspects are categorized under the "people" dimension. The quality of personnel is vital because patients interact directly with doctors, nurses, administrative staff, support personnel, and other service providers. Friendly, communicative, and responsive service that respects patient needs can foster a positive experience, whereas ineffective communication, long wait times, or service responses that fall short of expectations can lead to a negative experience (Wiguna et al., 2026).

Beyond the human element, the patient experience is also shaped by how services are designed and delivered. The "process" aspect encompasses registration workflows, administration, examinations, payment, information provision, inter-service coordination, wait times, and the continuity of care. In archipelagic regions, process effectiveness is particularly critical, as patients often face time and financial constraints due to the travel required to reach the facility. Cumbersome, fragmented, and time-consuming service processes can increase the burden on patients. Conversely, processes that

are simple, clear, swift, transparent, and well-coordinated can reduce service barriers and enhance the patient experience (Mularczyk-Tomczewska et al., 2025).

The next dimension is physical evidence referring to the physical environment and tangible elements accompanying the service which includes cleanliness, waiting room comfort, room conditions, supporting facilities, information availability, hospital accessibility, and the adequacy of infrastructure and amenities. For patients, the hospital's physical condition is a directly observable aspect that shapes their perception of professionalism and service quality. In the context of private hospitals located in island regions, limited infrastructure and the costs associated with facility procurement and maintenance can pose distinct challenges (Mappadeceng et al., 2022). Therefore, mapping the contribution of physical evidence to the patient experience is crucial for identifying which facility-related aspects should be prioritized for quality improvement.

These three aspects people, process, and physical evidence are fundamental components of service marketing, as they represent the interaction between human resources, service delivery mechanisms, and the physical environment where the service is provided. However, most research on patient experience tends to treat it primarily as an indicator of satisfaction or service quality, while its application as a basis for formulating hospital marketing strategies particularly for private hospitals in archipelagic regions remains underdeveloped. Research integrating the characteristics of archipelagic regions with patient experience mapping based on the dimensions of people, process, and physical evidence is also limited, especially in Maluku and Ambon City.

These limitations indicate a research gap that needs to be addressed. Previous studies have demonstrated that patient experience is linked to satisfaction, loyalty, perceived quality, and service image. However, existing empirical evidence does not fully explain how patient experience is shaped within the context of private hospitals in archipelagic regions—areas characterized by access, resource, and infrastructure conditions that differ significantly from those on the mainland. Furthermore, there is currently no baseline mapping that systematically identifies the state of patient experience and its determining factors to serve as a foundation for managerial decision-making and marketing strategies for private hospitals in Ambon City.

Given this gap, the novelty of this research lies in the development of a patient experience map that integrates the archipelagic geographical context with three key service determinants people, process, and physical evidence and utilizes this as an empirical baseline to formulate marketing strategies for private hospitals. Through this approach, the study not only provides an overview of patient experience levels but also identifies the specific service aspects that contribute most significantly to that experience. The resulting map is expected to shift hospital marketing orientations from a promotion-centric model to a patient experience-based marketing approach. This approach offers a more contextual perspective, as hospital strategies are formulated based on the needs and perceptions of patients navigating healthcare services within an archipelagic setting.

The urgency of this research is underscored by the fact that the sustainability of private hospitals depends heavily on their ability to maintain patient trust, satisfaction, and loyalty. Amidst intensifying competition in the healthcare sector, hospitals can no longer rely solely on providing medical services; they must also be capable of creating a consistent service experience at every point of interaction. Failure to identify weak points in the patient experience risks rendering quality improvement and marketing efforts ineffective or misdirected. Conversely, the availability of baseline patient experience data enables management to prioritize interventions more objectively—whether regarding human resource development, the streamlining of service processes, or the enhancement of facilities and the physical environment.

Ambon City was selected as the research setting due to its strategic position as a healthcare and referral hub within Maluku Province. The influx of patients from surrounding areas means that hospitals in Ambon City encounter a diverse patient demographic and face service delivery challenges shaped by the region's archipelagic geography. Consequently, data regarding patient experiences in Ambon City's private hospitals holds strategic value—not only for the hospitals under study but also as preliminary information for understanding the development needs of private healthcare services within an archipelagic context. This study specifically aims to address three key issues: (1) the nature of patient experiences in private hospitals within the archipelagic region, specifically Ambon City; (2) the factors associated with and predictive of patient experience, examined through the lenses of people, processes, and physical evidence; and (3) how the mapping of patient experiences can serve as a baseline for developing patient-experience-based marketing strategies for private hospitals. This research is to analyze factors associated with patient experience, specifically human resources (people), service processes (process), and facilities/infrastructure (physical evidence).

METHOD

This study employs a quantitative approach utilizing a descriptive-analytic design and a cross-sectional method. This design is used to establish a baseline overview of patient experiences and to analyze the relationships and contributions of the "people," "process," and "physical evidence" dimensions to patient experiences in private hospitals within an archipelagic region specifically, Ambon City. The study is conducted at private hospitals in Ambon City, Maluku Province. The location was selected based on Ambon City's role as a central healthcare service hub in the Maluku archipelago and the need for empirical data regarding patient experiences in private hospital services. The study takes place in 2026, encompassing instrument preparation, obtaining research permits, data collection, data processing and analysis, and report compilation.

The study population consists of all patients receiving services at the private hospitals serving as research sites during the data collection period. The sample comprises 150 respondents, consisting of outpatients and/or inpatients who meet the study's inclusion and exclusion criteria. Inclusion criteria are: (1) patients who have received services at the research site hospitals; (2) patients aged ≥18 years or those capable of independently evaluating the services received; (3) patients who have undergone a series of services allowing them to assess the dimensions of people, process, and physical evidence; (4) patients capable of effective communication; and (5) patients willing to participate and provide informed consent after receiving an explanation of the study. Patients whose clinical condition prevents them from completing the questionnaire independently are excluded to ensure that the assessment of patient experience reflects direct personal experience. Exclusion criteria include patients with clinical conditions that prevent them from completing the questionnaire, patients who withdraw during the research process, and cases where questionnaires are incomplete.

A non-probability sampling technique using a consecutive sampling approach is employed; all patients meeting the study criteria and encountered during the data collection period are recruited sequentially until the target sample size of 150 respondents is reached. This technique was selected because it enabled the researcher to recruit respondents who had genuinely experienced the services at the research site and met the established criteria. The primary variable in the study was patient experience, while the predictor variables comprised three service dimensions: people, processes, and physical evidence. Data collection utilized a structured questionnaire developed based on patient experience indicators and the service dimensions serving as the study's focus. The questionnaire employed a 1–5 Likert scale, with response options tailored to the specific statements, ranging from the lowest to the highest rating. Prior to primary data collection, the instrument underwent validity and reliability testing.

Item validity was assessed using Corrected Item-Total Correlation with each statement item deemed valid and reliability was evaluated using Cronbach's Alpha (threshold ≥0.70). Respondents willing to participate were required to provide consent via an informed consent form. The questionnaire was then administered for respondents to complete based on the services they had received. The researcher or enumerator explained how to complete the questionnaire without influencing the respondents' answers. Upon completion, the questionnaires were checked for completeness before data processing began. The study adhered to research ethics principles, including autonomy, beneficence, non-maleficence, justice, and the confidentiality of respondent data. Participation was voluntary, and respondents retained the right to refuse or withdraw from the study without affecting the services they received. Respondents' identities were not disclosed in the research report, and all data were used solely for research purposes. Prior to the study, the researcher obtained ethical approval from the relevant ethics committee and authorization from the institution or hospital where the research was conducted.

RESULT

Table 1.
Characteristics of Respondents

Characteristics	Category	f	%
Gender	Male	69	46,0
	Female	81	54,0
Age	< 20 tahun	14	9,3
	20-30 tahun	45	30,0
	31-40 tahun	21	14,0
	41-50 tahun	53	35,3
	> 50 Tahun	17	11,3
Educational level	SD	4	2,7
	SMP	10	6,7
	SMA/SMK	73	48,7
	Sarjana	63	42,0
Hospital Location	RSU Al Fatah	50	33,3
	RSU Hative	50	33,3
	Rumkit TK III Dr. J.A. Latumeten	50	33,3
Visit Frequency	2-3 kali	94	62,7
	> 3 kali	56	37,3
Human Resources	< 20	48	32,0
	> 20	102	68,0
Service Process	< 20	55	36,7
	> 20	95	63,3
Physical Evidence	< 20	53	35,3
	> 20	97	64,7
Patient Experience	< 20	79	52,7
	> 20	71	47,3

Table 1, the characteristics of respondents according to gender were predominantly female, with 81 respondents (54.0%). In terms of age, the largest proportion of respondents was aged 41–50 years, comprising 53 respondents (35.3%). Regarding educational level, most respondents had completed senior high school/vocational school, totaling 73 respondents (48.7%). Based on hospital location, the respondents were evenly distributed across the three participating hospitals. Each hospital contributed 50 respondents (33.3%), consisting of RSU Al Fatah, RSU Hative, and Rumkit TK III Dr. J.A. Latumeten. Regarding visit frequency, the majority of respondents had visited the hospital 2–3 times, accounting for 94 respondents (62.7%), while 56 respondents (37.3%) had visited more than three times. For human resources, the majority of respondents had scores >20, comprising 102 respondents (68.0%). Similarly, for the service process dimension, most respondents had scores >20, totaling 95 respondents (63.3%). For overall patient experience, 79 respondents (52.7%) were categorized as having scores <20. These findings indicate that although the majority of respondents reported relatively higher scores for human resources, service processes, and physical evidence, overall patient experience remained slightly more concentrated in the lower-score category.

Table 2.
Chi-Square analysis (with Continuity Correction) of the relationship between people and patient experience

Human Resources	Patient Experience				Total		p-value
	Questions with the number of answers< 20		Questions with the number of answers> 20				
	f	%	f	%	f	%	
Questions with the number of answers< 20	42	87,5%	6	12,5%	48	100%	0,000
Questions with the number of answers> 20	37	36,3%	65	63,7%	102	100%	

The analysis of the relationship between human resources and patient experience revealed that 42 (87.5%) patients provided fewer than 20 responses regarding human resources and also fewer than 20 responses regarding their hospital experience. Meanwhile, among patients who provided 20 or more responses regarding human resources, 37 (36.3%) provided fewer than 20 responses regarding their hospital experience. The Chi-square test yielded a p-value of 0.000; thus, it can be concluded that there is a significant relationship between the human resources aspect and patient experience in the hospital.

Table 3.
Chi-Square analysis (with Continuity Correction) of the relationship between the service process and patient experience.

t	Patient Experience				Total		P Value
	Questions with the number of answers< 20		Questions with the number of answers> 20				
	f	%	f	%	f	%	
Questions with the number of answers< 20	48	87,3%	7	12,7%	55	100%	0,000
Questions with the number of answers> 20	31	32,6%	64	67,4%	95	100%	

The analysis of the relationship between the service process and patient experience revealed that 48 (87.3%) patients provided fewer than 20 responses regarding the service process and also fewer than 20 responses regarding their hospital experience. Meanwhile, among patients who provided 20 or more responses regarding the service process, 31 (32.6%) provided fewer than 20 responses regarding their hospital experience. The Chi-square test yielded a p-value of 0.000; thus, it can be concluded that there is a significant relationship between the service process aspect and the patient's hospital experience

Table 4.
Chi-Square analysis with Continuity Correction: Relationship between physical evidence and patient experience.

Physical Evidence	Patient Experience				Total		P Value
	Questions with the number of answers< 20		Questions with the number of answers> 20				
	f	%	f	%	f	%	
Questions with the number of answers< 20	51	96,2%	2	3,8%	53	100%	0,000
Questions with the number of answers> 20	28	28,9%	69	71,1%	97	100%	

The analysis of the relationship between physical evidence and patient experience revealed that 51 (96.2%) patients provided fewer than 20 responses regarding physical evidence and also fewer than 20 responses regarding their hospital experience. Meanwhile, among patients who provided 20 or more responses regarding physical evidence, 28 (28.9%) provided fewer than 20 responses regarding their hospital experience. The Chi-Square test yielded a p-value of 0.000; thus, it can be concluded that there is a significant relationship between the aspect of physical evidence and patient experience at the hospital.

DISCUSSION

The relationship between personnel and patient experience

Research findings indicate a significant relationship between human resources (personnel) and patient experience in the hospital. Analysis revealed that among the 48 respondents who scored below 20 on the human resources metric, 42 (87.5%) also scored below 20 on patient experience. Meanwhile, among the 102 respondents who scored above 20 on human resources, 65 (63.7%) scored above 20 on patient experience. The Chi-Square test yielded a p-value of 0.000; since the p-value is less than 0.05, it can be concluded that there is a significant relationship between human resources and patient experience. These results demonstrate that the condition and quality of the personnel providing care play a crucial role in shaping the patient's experience while receiving services at the hospital.

This relationship exists because staff members are the ones who interact directly with patients during the service process. Adequate staffing enables personnel to provide services more quickly, offer clear information, respond to patient needs, and deliver optimal attention. Conversely, if staffing levels are insufficient or the workload is excessive, staff may face time constraints when caring for patients. Such conditions can influence how patients perceive their experience while at the hospital (Bragge et al., 2024). Thus, the better the availability and capability of human resources in providing services, the greater the likelihood of patients having a positive service experience.
The results of this study are consistent with the research (Hong et al., 2021) which analyzed the relationship between nurse staffing levels and patient experience across 146 hospitals in South Korea. The study found that hospitals with better nurse staffing levels tended to have higher patient experience scores. Patient experiences related to nursing care also influenced overall hospital ratings. Studies in United States hospitals have similarly shown a link between nurse staffing patterns and levels and patient experience; higher staffing levels and better workforce composition are associated with improved patient experiences. Furthermore, research conducted at the ICVCU of Dr. Moewardi Regional General Hospital in Surakarta found that the quality of service provided by healthcare professionals is crucial in fostering a positive experience for patients and their families. Patients perceive the constructive attitudes of doctors and nurses, as well as the care provided, as integral parts of their experience while undergoing treatment (Ismandani et al., 2025).

The relationship between the service process and patient experience

Research findings indicate a significant relationship between the service process and patient experience in the hospital. Among the 55 respondents who provided responses regarding the service process with a score of less than 20, 48 respondents (87.3%) also reported a patient experience score of less than 20. Meanwhile, among the 95 respondents who provided responses regarding the service process with a score greater than 20, 64 respondents (67.4%) reported a patient experience score greater than 20. The Chi-Square test yielded a p-value of 0.000 ($p < 0.05$), leading to the conclusion that there is a significant relationship between the service process and patient experience. These results demonstrate that the better the service process received by the patient, the better their experience while undergoing care at the hospital.

This relationship exists because the service process comprises a series of activities directly experienced by the patient—ranging from arrival, registration, and examination to receiving information, undergoing medical procedures, and completing the service process. A process that is easy, fast, clear, organized, and aligned with patient needs can foster a positive experience. Conversely, a convoluted service process, long waiting times, a lack of information, or service delays can result in a poor experience for the patient. This aligns with the results of the community service activities Wiguna et al., (2026) which found that patients pay attention not only to the technical aspects of the service but also closely to how the service is delivered, including the processes and the manner in which it is provided.

These research findings also support the view that patient experience is a crucial element in the design of healthcare service processes. Interactions between patients and service providers at every service touchpoint can influence the patient experience. Furthermore, research on wait times indicates that longer waits are associated with lower patient experience ratings, including regarding perceptions of service quality and trust in service providers. This reinforces the finding that effective and efficient service processes are a key factor in creating a positive patient experience (Szewczyk et al., 2025). Based on the findings of the current and previous studies, it can be concluded that the service process plays a crucial role in shaping the patient experience. Therefore, hospitals need to continuously improve service workflows, eliminate unnecessary steps, clarify information provided to patients, address waiting times, and enhance coordination between service units. These improvements are expected to make the service process faster, easier, more organized, and patient-centric, thereby enhancing the patient experience while receiving care at the hospital

The relationship between physical evidence and patient experience

Research findings indicate a significant relationship between physical evidence and patient experience in the hospital setting. Among the 53 respondents who provided responses regarding physical evidence with a score of less than 20, 51 respondents (96.2%) also reported a patient experience score of less than 20. Meanwhile, among the 97 respondents who provided responses regarding physical evidence with a score greater than 20, 69 respondents (71.1%) reported a patient experience score greater than 20. The Chi-Square test yielded a p-value of 0.000 ($p < 0.05$); thus, it can be concluded that there is a significant relationship between physical evidence and patient experience. This demonstrates that the environmental conditions and physical facilities perceived or observed by patients can influence their experience while receiving care at the hospital.

Research findings indicate that this relationship exists because physical evidence is among the first aspects patients notice and experience when receiving services. Physical evidence encompasses factors such as the condition of the building, room cleanliness, the comfort of the waiting area, the availability of facilities, the completeness of equipment, and the appearance of staff. Facilities that are clean, comfortable, well-equipped, and well-maintained can instill a sense of safety and comfort in patients, thereby fostering a more positive experience. Conversely, an uncomfortable environment, inadequate facilities, or unclean premises can cause discomfort and influence the patient's assessment of the service experience (Nurseptiana et al., 2022). A well-rated physical environment can also support the relationship between patients and healthcare professionals and enhance the patient experience. The physical environment of the waiting area is linked to patient satisfaction and experience, including patients' perceptions of waiting times while at the healthcare facility (Arofi et al., 2021).

Research in Indonesia has also yielded supporting results. Physical evidence significantly influences inpatient satisfaction ($p = 0.000$) and, in fact, emerged as the most dominant variable in that study. Similar findings were reported by Surbakti et al., who demonstrated a significant relationship between the physical evidence dimension and patient satisfaction, identifying it as one of the most dominant dimensions of service quality. Although variables in previous studies focused primarily on measuring patient satisfaction, these results support the current study, as both satisfaction and patient experience are linked to how patients evaluate the care they receive (Nurseptiana et al., 2022), (Alfiana, 2019).

Based on the research findings and prior studies, it can be concluded that physical evidence is a crucial aspect in shaping the patient experience. Therefore, hospitals need to pay attention to room cleanliness and comfort, the availability of facilities, the condition of waiting areas, the adequacy of infrastructure and equipment, and the appearance of staff. Regular facility maintenance and improvements to the comfort of the service environment are essential to ensure patients feel comfortable and have a positive experience while receiving care at the hospital.

CONCLUSION

Based on a study of 150 respondents across three hospitals—RSU GPM, RSU Hative, and Rumkit TK III Dr. J.A. Latumeten—it can be concluded that "people" (human resources), "process" (service delivery), and "physical evidence" all have a significant relationship with patient experience. Specifically, there is a significant link between human resources and patient experience (p = 0.000); respondents who rated human resources more favorably tended to report better patient experiences. This highlights the importance of adequate staffing levels, competence, communication, responsiveness, and patient-oriented service. A significant relationship was also found between service processes and patient experience (p = 0.000). Service processes that are simple, fast, clear, organized, and aligned with patient needs contribute to a positive patient experience. Consequently, hospitals need to improve service workflows, reduce waiting times, clarify information, and enhance inter-unit coordination. Furthermore, physical evidence is significantly associated with patient experience (p = 0.000). Aspects such as building conditions, cleanliness, waiting room comfort, facility availability, the completeness of infrastructure, and staff appearance shape patient perceptions and experiences.

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