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WAITING PERIOD, PRICE AFFORDABILITY, AND SERVICE QUALITY AS THE DETERMINANTS OF PATIENT SATISFACTION AND REVISIT INTENTION AT JALA AMMARI NAVY HOSPITAL, MAKASSAR CITY

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ABSTRACT

Patient satisfaction impacts patient loyalty, especially on the intention to revisit and use the services offered by a hospital. The primary objective of this study is to analyze the impact of waiting period, price affordability, and service quality on patient satisfaction and revisit intention at Jala Ammari Navy Hospital in Makassar City. This study used a nonprobability sampling method with a consecutive sampling approach to select respondents, as it allowed researchers to collect data through questionnaires distributed to patients who visited the hospital on 1st - 30th April 2025. The data obtained were analyzed using Partial Least Squares-Structural Equation Modeling (PLS-SEM) with SmartPLS software. The analysis revealed a clear hierarchy of importance among the examined factors, with service quality emerging as the most influential determinant (=0.423, $p < 0.001$). Regarding operational factors, the waiting period showed a meaningful, relatively modest impact on satisfaction. The study's comprehensive measurement approach robustly validated the hypothesized relationships (Hair et al., 2022). The findings offer valuable evidence-based insights for hospital administrators seeking to improve patient care and foster long-term relationships with their patients in a private hospital setting.

KEYWORDS *Patient Satisfaction; Revisit Intention; Waiting Period; Price Affordability; Service Quality; Healthcare Management*

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INTRODUCTION

In recent years, the healthcare industry has witnessed significant changes in both the quality of service, including the factors that influence it, and the expectations of patients (Ferreira et al., 2023). The quality of service offered in each hospital is an important factor for patients in choosing a hospital service; it makes a difference between one hospital and another (Novitasari, 2022). The result of expectations and experience of

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the services provided by a hospital is measured by the patients' satisfaction. By determining the factors that play a significant role in patient satisfaction, health care providers can fill the gaps between expectations and the service given to patients (Geberu et al., 2019). Patient satisfaction impacts patient loyalty, especially on the intention to revisit and use the services offered by a hospital. The more satisfied patients are with the service they receive, the more positive reviews will increase, leading to increased patient visits (Nguyen et al., 2021). One of the key elements that impact patient satisfaction is the waiting period. A Patient waiting period is the time a patient needs before consultation or being seen by a doctor or other medical professional. In the competitive environment of the healthcare industry, a short waiting period plays a significant role in the hospital's ability to attract patients (Usman et al., 2020). The Institute of Medicine recommends that at least 90% of patients' waiting period is within 30 minutes of their scheduled appointment. Some contributing factors that can be a limitation on reducing the waiting period are the shortage of medical professionals, poor staff attitude, and the inability to manage time in serving each patient (O'Malley et al., 1983; Usman et al., 2020). Long waiting times can lead to frustration, and in turn, negatively affect the overall patient experience. Therefore, reducing the waiting period for patients seeking healthcare services is important (Soremekun et al., 2011; Usman et al., 2020).

Although the waiting period plays a crucial role in patient satisfaction, the affordability of healthcare services is another significant factor, especially in a developing country, where many patients struggle with the cost of treatment (Sumardika et al., 2024). Medicine affordability refers to the cost of medicines or treatments about the income of the lowest-paid government employees. It is measured by how much of their monthly salary would be needed to purchase a one-month course of medication at the standard or common dose from the private sector. To assess the affordability of a single treatment course for selected diseases, the calculation is based on the daily wage of the lowest-paid unskilled government worker, assuming that most people in poverty have an income similar to this worker's salary (Mathewos Oridanigo et al., 2021).

Lastly, service quality, including the professionalism of healthcare staff, the availability of medical facilities, and the communication between medical personnel and patients, plays a vital role in shaping patient perceptions. Quality service is often defined by how well a company meets customer expectations. These expectations are shaped by a company's efforts to serve its consumers, while customer perceptions reflect the actual service received. Customers are satisfied when their perception of the service matches or exceeds expectations. Service quality is typically evaluated through five dimensions, which include reliability and responsiveness, among others. These dimensions help measure how effectively a company delivers on its promises and meets customer needs (Novitasari, 2022; Noviyani & Viwattanakulvanid, 2024).

The study investigates the impact of waiting period, price affordability, and service quality on patient satisfaction and their intention to revisit a hospital. In the evolving landscape of healthcare services, understanding what drives patient loyalty is crucial. However, existing hospital services often fail to align with patient expectations, particularly regarding operational efficiency, economic accessibility, and perceived quality. This misalignment may affect patient retention and overall service effectiveness.

In the competitive healthcare industry, patient satisfaction has become a critical benchmark for hospital performance, influencing not just service quality ratings but also the long-term viability of healthcare institutions. Increasingly, patients demand quicker service, affordable care, and respectful, high-quality interactions from healthcare

professionals. Failure to meet these needs can lead to negative patient experiences, reduced return visits, and weakened trust in the health system.

Furthermore, in developing countries like Indonesia, financial barriers and prolonged waiting periods often deter patients from seeking or returning to medical facilities. These constraints disproportionately affect lower-income groups, potentially compromising equitable access to care. Identifying and addressing the core elements that shape patient satisfaction is, therefore, essential not only for hospital management but also for public health policy and service delivery frameworks.

Several studies have analyzed similar variables in different contexts. Nguyen et al. (2021) found that service quality significantly affects patient satisfaction and loyalty in Vietnamese hospitals. Their mixed-methods study emphasized the role of trust, empathy, and communication. Similarly, Sumardika et al. (2024) confirmed that pricing influences satisfaction in Indonesian healthcare settings, especially among patients with limited financial resources.

Geberu et al. (2019), in their research across Addis Ababa hospitals, revealed that patient satisfaction varies notably between public and private sectors, primarily due to differences in perceived quality and waiting times. Their findings emphasized that organizational efficiency and timely service delivery were pivotal in shaping positive patient experiences.

In another Indonesian context, Novitasari (2022) employed the SERVQUAL model to demonstrate how tangibles, reliability, and responsiveness are major contributors to satisfaction. Meanwhile, Angelica & Bernarto (2023) highlighted how price fairness and physical evidence significantly shaped revisit intentions in a Makassar hospital. These diverse perspectives reflect a broad scholarly consensus on the key variables while exposing the need for integrated studies combining these dimensions in a single framework.

Despite abundant literature on patient satisfaction, very few studies examine the simultaneous impact of operational, economic, and service-quality factors on satisfaction and loyalty within a single structural framework in Indonesian private hospitals. Prior works often isolate these factors or focus on public hospitals. This study fills the gap by exploring how waiting period, price affordability, and service quality influence satisfaction and revisit intention in a private healthcare setting.

This research introduces a novel integrative model by employing PLS-SEM to empirically test the direct and indirect relationships between waiting period, price affordability, service quality, patient satisfaction, and revisit intention in the context of a private hospital in a developing country. Unlike prior studies, it offers a comprehensive, statistically validated model that ranks these determinants hierarchically based on their influence.

This study aims to analyze and determine the extent to which waiting period, price affordability, and service quality affect patient satisfaction, and subsequently, how patient satisfaction influences the intention to revisit Jala Ammari Navy Hospital in Makassar City.

The findings offer strategic insights for hospital administrators seeking to improve patient care and foster loyalty. Enhancing service quality, optimizing operational efficiency, and ensuring affordability can strengthen patient relationships and sustain long-term institutional growth. The results can guide healthcare managers in designing interventions that improve patient experiences and satisfaction holistically.

RESEARCH METHOD

This study aims to analyze the impact of waiting period, price affordability, and service quality on patient satisfaction and revisit intention at Jala Ammari Navy Hospital in Makassar City. The research adopts a quantitative approach, specifically a cross-sectional design, with individual patients as the unit of analysis. This study used a non-probability sampling method with a consecutive sampling approach to select respondents, as it allowed researchers to collect data through questionnaires distributed to patients who visited the hospital on 1st - 30th April 2025. The inclusion criteria for respondents were patients aged 18 to 60 years, with no more than two previous visits in inpatient or outpatient settings or emergency department, who were conscious and able to communicate effectively. Exclusion criteria include patients who are unable to read and write. The minimum sample size was calculated using the Cochran formula, with a confidence level of 95% and a margin of error of 5%, resulting in 196 respondents. A structured questionnaire was used to gather data, which adapted a 5-point Likert scale to measure respondents' opinions on waiting period, price affordability, service quality, patient satisfaction, and revisit intention. The data obtained were analyzed using Partial Least Squares-Structural Equation Modeling (PLS-SEM) with SmartPLS software. The analysis included the outer model (to evaluate loading factors, AVE, and Fornell-Larcker discriminant validity) and the inner model (to assess path coefficients, variance inflation factors, and determinant coefficients). This method allows for an in-depth understanding of how these factors influence patient satisfaction and revisit intention at Jala Ammari Navy Hospital.

RESULTS AND DISCUSSION

The study involved 196 participants, mostly women (57.1%, n=112) compared to men (42.9%, n=84). The age distribution showed that most respondents were young adults: 36.2% (n=71) aged 26–34 years, followed by 29.1% (n=57) aged 35–42 years, and 25.5% (n=50) aged 18–25 years. Older age groups (43–50 and 51–60 years) accounted for 6.6% (n=13) and 2.6% (n=5), respectively. Education levels were predominantly high school (48%, n=94) and undergraduate (45.4%, n=89), with minimal representation from elementary/junior high school (6.1%, n=12) and other categories (0.5%, n=1). Occupations varied, with private employees (28.1%, n=55) and self-employed individuals (24%, n=47) forming the largest groups, followed by civil servants (16.8%, n=33), students (13.8%, n=27), and housewives (13.3%, n=26). Notably, 64.3% (n=126) of participants had visited the hospital twice, while 35.7% (n=70) were first-time visitors.

Table 1. Socio-Demographic Profile of Survey Respondents

Categories		Total	Percentage
Gender	Men	84	42.9%
	Woman	112	57.1%
Age	18 - 25 years old	50	25.5%
	26 - 34 years old	71	36.2%
	35 - 42 years old	57	29.1%
	43 - 50 years old	13	6.6%
	51 - 60 years old	5	2.6%

Education	Elementary School	2	1%
	Junior High School	10	5.1%
	Senior High School	94	48%
	Undergraduate	89	45.4%
	Others	1	0.5%
Occupation	Student	27	13.8%
	Private Employee	55	28.1%
	Self-employed	47	24%
	Civil Servant	33	16.8%
	Housewife	26	13.3%
	Unemployed	8	4.1%
Number of visits	1	70	35.7%
	2	126	64.3%

Outer Model Evaluation

The measurement model assessment involved three key tests: convergent validity, discriminant validity, and reliability. Before these tests, the relationships between variables and their indicators were examined through factor loadings, which also evaluate the validity and reliability of the constructs (Hair et al., 2022)Table 2 presents the factor loadings. All indicators exhibited loadings > 0.70, confirming their suitability for further analysis.

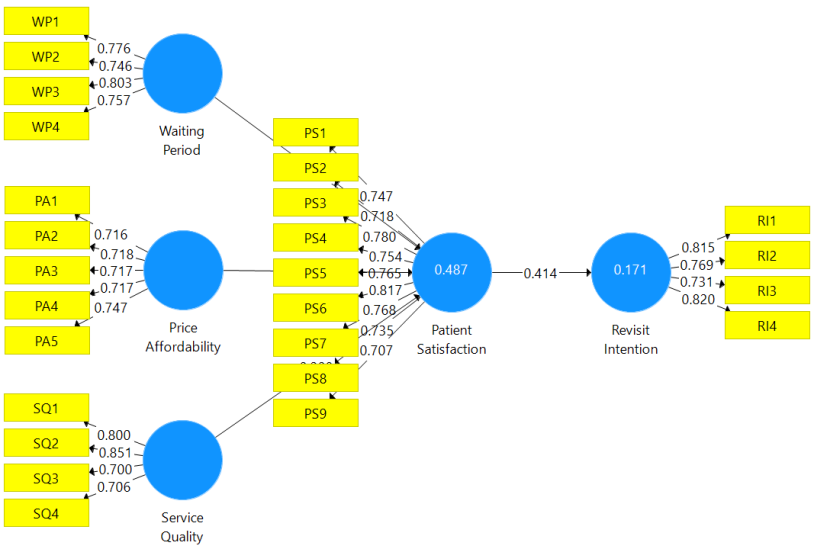

Figure 2. PLS-Algorithm

Table 2. Outer Loading

	Patient Satisfaction	Price Affordability	Revisit Intention	Service Quality	Waiting Period
PA1		**0,716**			
PA2		**0,718**			

PA3		0,717		
PA4		0,717		
PA5		0,747		
PS1	0,747			
PS2	0,718			
PS3	0,780			
PS4	0,754			
PS5	0,765			
PS6	0,817			
PS7	0,768			
PS8	0,735			
PS9	0,707			
RI1		0,815		
RI2		0,769		
RI3		0,731		
RI4		0,820		
SQ1			0,800	
SQ2			0,851	
SQ3			0,700	
SQ4			0,706	
WP1				0,776
WP2				0,746
WP3				0,803
WP4				0,757

1. Convergent validity

Convergent validity testing is used to determine whether the data used in the study is valid, using the measurement instrument of questionnaires. Convergent validity can be assessed through the AVE (Average Variance Extracted) values obtained. An AVE value is considered valid when it exceeds 0.5 (>0.5) (Hair et al., 2022). The AVE values are presented in the following Table 2

Table 3. Average Variance Extracted (AVE) Results

	Average Variance Extracted (AVE)
Patient Satisfaction	0,570
Price Affordability	0,523
Revisit Intention	0,615
Service Quality	0,588
Waiting Period	0,594

The table above shows that all latent variables have AVE values > 0.5. Therefore, all indicators used can adequately represent their respective variables.

2. Discriminant validity

Discriminant validity testing examines how much a construct differs from other constructs. The correlation values obtained between the same construct should not be smaller than the correlations with different constructs (Hair et al., 2022). The discriminant validity results are in the Fornell-Larcker Criterion and cross-loading values below.

Table 4. Fornell-Larcker Criterion Results

	Patient Satisfaction	Price Affordability	Revisit Intention	Service Quality	Waiting Period
Patient Satisfaction	0,755				
Price Affordability	0,517	0,723			
Revisit Intention	0,414	0,461	0,785		
Service Quality	0,490	0,365	0,463	0,767	
Waiting Period	0,637	0,515	0,408	0,473	0,771

Table 4 presents the results of the Fornell-Larcker Criterion, showing that the correlation values between a construct and itself are not smaller than those between that construct and other constructs. This indicates distinct differences between the constructs used in the study. In addition to the Fornell-Larcker Criterion, discriminant validity can also be assessed through cross-loading values.

Table 5. Cross-Loading Results

	Patient Satisfaction	Price Affordability	Revisit Intention	Service Quality	Waiting Period
PA1	0,364	0,716	0,341	0,147	0,323
PA2	0,337	0,718	0,358	0,276	0,308
PA3	0,376	0,717	0,414	0,335	0,341
PA4	0,399	0,717	0,276	0,238	0,431
PA5	0,389	0,747	0,286	0,322	0,444
PS1	0,747	0,365	0,356	0,335	0,438
PS2	0,718	0,454	0,308	0,395	0,484
PS3	0,780	0,378	0,336	0,405	0,498
PS4	0,754	0,368	0,278	0,364	0,457
PS5	0,765	0,410	0,291	0,368	0,479
PS6	0,817	0,376	0,253	0,403	0,506
PS7	0,768	0,340	0,291	0,300	0,493
PS8	0,735	0,422	0,339	0,355	0,488
PS9	0,707	0,391	0,348	0,391	0,475
RI1	0,378	0,364	0,815	0,328	0,327
RI2	0,313	0,367	0,769	0,326	0,293
RI3	0,251	0,401	0,731	0,399	0,319
RI4	0,336	0,332	0,820	0,417	0,344
SQ1	0,397	0,293	0,357	0,800	0,403
SQ2	0,459	0,288	0,387	0,851	0,403
SQ3	0,288	0,278	0,432	0,700	0,325

SQ4	0,328	0,269	0,257	0,706	0,308
WP1	0,507	0,397	0,312	0,355	0,776
WP2	0,400	0,373	0,320	0,294	0,746
WP3	0,527	0,463	0,373	0,447	0,803
WP4	0,512	0,349	0,254	0,347	0,757

Cross-loading is used to determine whether the indicators of a latent variable can effectively distinguish or relate to the indicators of other variables (Hair et al., 2022). The results demonstrate that the values between indicators and their respective latent variables are not smaller than the correlation values between indicators and other latent variables. Therefore, it can be concluded that the measurement model requirements have been satisfied.

Reliability Test

Reliability testing is used to evaluate the consistency of an instrument in producing the same data under identical conditions. This ensures that the generated data can be trusted and used for research, minimizing measurement bias and errors. The reliability test results can be observed through Cronbach's Alpha and Composite Reliability values. A variable is considered to have good reliability when it demonstrates a Composite Reliability value greater than 0.7 and a Cronbach's Alpha value ranging between 0.6 to 0.7 or higher (Hair et al., 2022).

Table 6. Construct Reliability and Validity

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Patient Satisfaction	**0,906**	**0,906**	**0,923**	**0,570**
Price Affordability	**0,772**	**0,773**	**0,846**	**0,523**
Revisit Intention	**0,793**	**0,807**	**0,865**	**0,615**
Service Quality	**0,766**	**0,794**	**0,850**	**0,588**
Waiting Period	**0,773**	**0,778**	**0,854**	**0,594**

The table above presents each variable's Cronbach's Alpha and Composite Reliability values. The Composite Reliability values predominantly exceed 0.7, indicating that the generated data is reliable and suitable for research purposes. Similarly, all Cronbach's Alpha values fall within the 0.6 to 0.7 or above range, with the lowest value being 0.766 for the Service Quality variable. These results demonstrate good internal consistency, confirming that the measurement statements are reliable and accurately reflect field conditions.

Inner Model Evaluation

The structural or inner model is used to assess how well the designed model can explain the correlations between latent variables in the research (Hair et al., 2022). The structural model evaluation can be conducted by testing the Coefficient of Determination (R^2), Path Coefficient (β), and Predictive Relevance (Q^2).

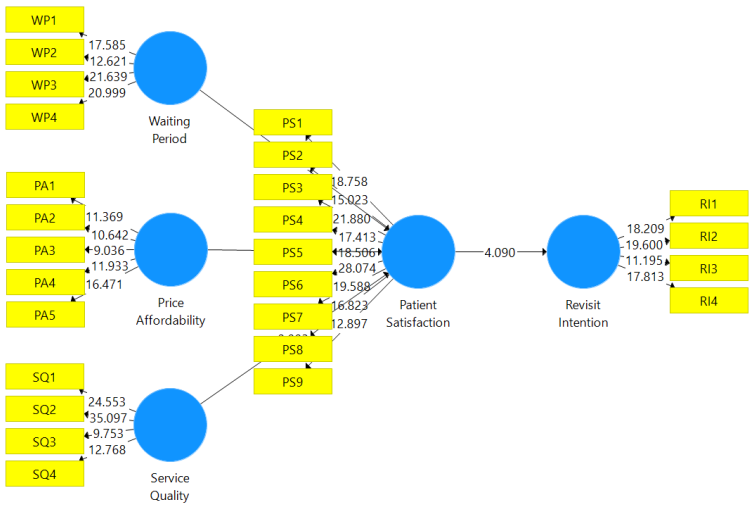

Figure 3. PLS-Bootstrapping

1. **Coefficient of Determination (R2)**

The Coefficient of Determination (R^2) is used to demonstrate the extent to which independent variables influence dependent variables (Hair et al., 2022).

Table 7. Coefficient of Determination (R2)

	R Square	R Square Adjusted
Patient Satisfaction	0,487	0,479
Revisit Intention	0,171	0,167

The table above shows the R^2 values. The first dependent variable, Patient Satisfaction, is influenced by 48.7% by the variables of waiting period, price affordability, and service quality. The remaining 51.3% is likely influenced by other variables not included in the study. The second dependent variable, Revisit Intention**,** is influenced by 17.1% by the variables of waiting period, price affordability, service quality, and Patient Satisfaction. The remaining 82.9% is likely influenced by other variables not included in the study.

***2. Path coefficient* (β)**

Path coefficient (β) testing determines the direction of relationships between variables used in the research. Path coefficient values within the range of -0.1 to 0.1 are considered negative and inversely related. Meanwhile, values considered positive and directly related must be greater than 0.1 (Hair et al., 2022).

Table 8. Path coefficient (β)

	Patient Satisfaction	Price Affordability	Revisit Intention	Service Quality	Waiting Period
Patient Satisfaction			0,414		
Price Affordability	0,224				
Revisit Intention					

Service Quality	0,208
Waiting Period	0,423

The table above presents the path coefficient results, showing that all relationships between variables have values greater than 0.1. This means all relationships between variables are positive or directly proportional.

3. Predictive Relevance (Q2)

Predictive Relevance (Q2) is a test to determine how accurately the research model can predict dependent variables. In other words, the Q2 test results indicate how good the observed values are. A high Q2 value shows that the research model has good capability in predicting dependent variables (Hair et al., 2022).

Table 9. Predictive Relevance (Q2)

	SSO	SSE	Q^2 (=1-SSE/SSO)
Patient Satisfaction	1764,000	1322,117	0,251
Price Affordability	980,000	980,000	
Revisit Intention	784,000	717,090	0,085
Service Quality	784,000	784,000	
Waiting Period	784,000	784,000	

The Q2 test results show that the dependent variables have values greater than 0. Patient Satisfaction and Revisit Intention have Q2 values of 0.251 and 0.085, respectively, meaning the model can explain the information in the data and has good observed values.

4. T-statistic

The t-test in the research shows how much influence independent variables have on dependent variables. A t-test result greater than 1.96 is considered significant at a 5% alpha level. Therefore, the criteria for rejecting or accepting hypotheses are: if the p-value is < 0.05, the hypothesis is accepted; conversely, if the p-value is > 0.05, the hypothesis is rejected (Hair et al., 2022).

Table 10. Hypothesis Testing Results

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Patient Satisfaction -> Revisit Intention	0,414	0,413	0,101	4,090	**0,000**
Price Affordability -> Patient Satisfaction	0,224	0,244	0,090	2,496	**0,013**
Service Quality -> Patient Satisfaction	0,208	0,201	0,070	2,993	**0,003**
Waiting Period -> Patient Satisfaction	0,423	0,407	0,073	5,760	**0,000**

The table above shows that all relationships between variables in this research demonstrate t-statistic values greater than 1.96 with p-values (significance) less than 0.05. Through the given table, the path coefficient value of Patient Satisfaction on Revisit Intention is 0.414 (> 0.1), demonstrating a positive and direct relationship. The t-statistic value of 4.090 (> 1.96) and p-value of 0.000 (< 0.05) confirm the significant influence. Therefore, the first hypothesis, stating that Patient Satisfaction positively and significantly affects Revisit Intention, is accepted. The path coefficient value of Waiting Period on Patient Satisfaction is 0.224 (> 0.1), indicating a positive and direct relationship. The t-statistic value of 2.496 (> 1.96) and p-value of 0.013 (< 0.05) confirm the significant influence. Therefore, the second hypothesis is accepted, stating that the Waiting Period positively and significantly affects Patient Satisfaction. The test results for the third hypothesis demonstrate that Price Affordability positively and significantly affects Patient Satisfaction. The path coefficient value of Price Affordability on Patient Satisfaction is 0.208 (> 0.1), showing a positive and direct relationship. The t-statistic value of 2.993 (> 1.96) and p-value of 0.003 (< 0.05) confirm the significant influence. Therefore, the third hypothesis is accepted, stating that Price Affordability positively and significantly affects Patient Satisfaction. The test results for the fourth hypothesis show that Service Quality positively and significantly affects Patient Satisfaction. The path coefficient value of Service Quality on Patient Satisfaction is 0.423 (> 0.1), indicating a positive and direct relationship. The t-statistic value of 5.760 (> 1.96) and p-value of 0.000 (< 0.05) confirm the significant influence. Therefore, the fourth hypothesis, stating that Service Quality positively and significantly affects Patient Satisfaction, is accepted.

Discussion

This study provides compelling evidence about the key drivers of patient satisfaction and loyalty at Jala Ammari Navy Hospital. The findings reveal a clear hierarchy of importance among the examined factors, with service quality emerging as the most influential determinant (β=0.423, $p<0.001$). This strong relationship aligns with Parasuraman's SERVQUAL framework (Parasuraman et al., 1985), confirming that patients value reliability, responsiveness, and tangible aspects of healthcare delivery. The magnitude of this effect suggests that investments in staff training, facility upgrades, and service process improvements would yield the most significant returns in terms of patient satisfaction (Novitasari, 2022; Sumardika et al., 2024).

The study also establishes a robust connection between patient satisfaction and revisit intention (β=0.414, $p<0.001$), supporting the fundamental premise of service-profit chain theory in healthcare settings (Nguyen et al., 2021). This finding is particularly significant as it demonstrates that satisfied patients are not only more likely to return but may also become advocates through positive word-of-mouth (Angelica & Bernarto, 2023). The strength of this relationship underscores the economic value of patient satisfaction, as loyal patients contribute to sustainable hospital revenue streams while reducing customer acquisition costs (Guspianto et al., 2022).

Regarding operational factors, waiting period showed a meaningful though relatively modest impact on satisfaction (β=0.224, p=0.013). This finding gains special relevance when considering the hospital's location in a developing country where patients typically endure longer wait times (Usman et al., 2020). The results suggest that while patients may have adapted to certain service delays, there remains a significant opportunity to enhance satisfaction through queue management innovations, appointment system improvements, and better staff scheduling (O'Malley et al., 1983).

Price affordability demonstrated a significant positive effect (β=0.208, p=0.003), highlighting the economic realities of healthcare in developing nations (Mathewos Oridanigo et al., 2021). This finding reflects patients' sensitivity to out-of-pocket expenses and suggests that transparent pricing policies and financial assistance programs could substantially improve satisfaction levels (Sumardika et al., 2024). The result is particularly noteworthy given the hospital's private status, indicating that even in fee-for-service models, affordability remains a critical concern for patients (Nurhab, 2019; Setiawati et al., 2021).

The study's comprehensive measurement approach, utilizing PLS-SEM analysis, provides robust validation of the hypothesized relationships (Hair et al., 2022). All constructs demonstrated strong reliability (CR>0.7) and validity (AVE>0.5), while the model showed good predictive power (Q^2>0). These methodological strengths enhance confidence in the findings and their potential applicability to similar healthcare contexts.

From a managerial perspective, these results suggest several actionable strategies. First, service quality improvements should be prioritized, particularly in staff-patient interactions and facility maintenance (Noviyani & Viwattanakulvanid, 2024). Second, operational efficiencies could be enhanced through digital queue management systems and process re-engineering to reduce wait times (Usman et al., 2020). Third, pricing transparency initiatives and flexible payment options may help address affordability concerns (Sumardika et al., 2024).

CONCLUSION

This study confirms that patient satisfaction significantly influences revisit intention at Jala Ammari Navy Hospital, emphasizing its role in cultivating patient loyalty. The analysis shows that service quality, waiting period, and price affordability all positively affect patient satisfaction, with service quality being the most influential factor. These results highlight the importance of a patient-centered approach in delivering healthcare services and provide practical guidance for hospital administrators to improve service delivery and organizational performance. However, the study's limitations include its focus on outpatient services at a single private hospital, the use of consecutive sampling with specific inclusion criteria, and the limited number of factors examined, potentially excluding other relevant variables like trust, facility location, and emotional support. Future researchers are encouraged to adopt broader sampling methods, include inpatient and multi-institutional data, and utilize qualitative approaches to gain deeper insights. Moreover, incorporating new variables such as digital service quality, cultural influences, and staff empathy, as well as conducting longitudinal studies to observe temporal changes in patient satisfaction, would enhance the comprehensiveness and applicability of future findings. Researchers should also consider comparing public and private hospital settings to identify systemic strengths and challenges across healthcare models.

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