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THE EFFECT OF WAITING TIME AND EMPLOYEE SERVICES ON THE PATIENT DECISION TO CHOOSE A HOSPITAL AND ITS IMPACT ON PATIENT SATISFACTION

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Abstract - To overcome the competition in the hospital business, and quality service to fulfill the patient satisfaction, this research aimed at knowing the influence of waiting time and employee services to the patient's decision to choose a hospital and its impact on patient satisfaction. This research uses quantitative research with causal analysis method. The validity test, reliability test, and the analysis is processed using Smart PLS. The population in this study was patients, samples taken with simple random sampling techniques amounted to 90 patients. The results showed that waiting times do not positively affect patients in choosing hospitals, waiting times do not have a positive effect on patient satisfaction, employee services have a positive effect on patients in choosing hospitals, employee services have a positive effect in creating patient satisfaction, patient decisions in choosing hospitals have a positive effect on patient satisfaction levels, patient decisions in choosing hospitals cannot mediate waiting time relationships with patient satisfaction, and the decision to choose a hospital full mediation relationship between employee services to the decision of the patient to choose the hospital. The patient (participants BPJS) will choose the hospital based on quality of service and facilities owned by the hospital does not affect the patient's decision in the selection of health services.

Keywords: waiting time; employee services; decision of choosing a hospital; patient satisfaction; PLS.

INTRODUCTION

The hospital is an organization that sells services, so quality service is a requirement that must be fulfilled. If the patient does not find the satisfaction of the quality of service provided then the patient tends to make a decision not to re-visit the hospital. On the other hand, people demand quality, fast, and precise service. With the increasing number of patients, public complaints of services provided by hospitals often arise. Such dissatisfaction is due to the imbalance between patient coverage, facilities owned, quality, and competence of human resources in hospitals in cooperation with BPJS (The Indonesian National Health Insurance). So that hospitals are often described with quality or low service quality. High satisfaction will show the success of the hospital in providing quality healthcare services. Quality healthcare services affect patients in receiving treatment. Patients will be inclined to observe the counsel, loyal and obedient to the agreed treatment plan (Rensiner, 2018).

The main complaint that causes the patient dissatisfaction to occur is the result of a waiting time that is felt long enough. This can happen because there are a number of patients who have come very early in the morning, while the new service time is opened at 6, so the patient has been impressed long wait. This complaint occurs in the outpatient polyclinics with the number of swollen patients such as the nerve polyclinic, heart, internal illness, children, and surgery (Nur Laeliyah, 2017). Regulation Menkes Number: 129/Menkes/SK/II/2008 concerning Minimal Service standards at outpatient installations mention that the ideal standard of an outpatient waiting time is $\leq$ 60 minutes. The operational definition of the waiting time is the time it takes for the patient to register until served by a specialist. The ideal standard of customer satisfaction on outpatient $\geq$ 90%, while the operational definition of patient satisfaction is a statement about customer's perception of service rendered. At this time the average patient waiting time in AN-NISA hospital is 3 hours 59 minutes.

Therefore, this research aims to determine the influence of waiting time and Employee services to the patient's decision to take medication to Hospital and its impact on patient satisfaction. This research is expected to be able to provide input and donate advice in improving the quality of service, completeness of service facilities so that customer satisfaction is achieved, creating a flow of outpatient service to provide convenience for patients. This research is also expected to expand the science information about the quality of service so that AN-NISA hospital becomes the hospitals chosen by the community.

LITERATURE REVIEW

Waiting Time

For a hospital, service waiting time is one of the quality dimensions of healthcare services. Registration waiting time is the first service, as the gate of the hospital that gives the patient a good first impression. A queue that is too long leads to ineffectiveness of health care and also make the patient uncomfortable and ultimately cause patient dissatisfaction. Some studies have shown that there is a connection between registration waiting time and patient satisfaction (Dewi, 2015). Many patients are one of the causes for the buildup of patients resulting in service queue length. The length of the queue is not supported with adequate waiting room so some patients and families are forced to stand or wait outside the waiting room provided to wait for the administration service or doctor's service.

Late health workers are also often the reason for the accumulation of patients in the waiting room. The above has directly impacted the extended service waiting time. Long waiting time also causes the patient to do not want to make a return visit to the hospital (Camacho et al, 2017). Waiting time also has a great effect on the patient's perception of the hospital in the care of reliable and accurate healthcare services (De Man et al, 2017). Waiting time is a mandatory quality indicator that the hospital must have, the longer the patient's waiting time, the greater the dissatisfaction of patients with hospital services.

Employee Services

Healthcare personnel are individuals who devote themselves to health and have knowledge and/or skills through education in health and professional attitudes (anonymous, 2014). Timeliness and long service is a measured factor of health workers. Adequate availability of healthcare personnel and professional attitudes from healthcare professionals are among the factors that cause service time to be shorter and more effective. According to (Lovelock and Wright, 2002), service organizations as a system consist of service operation system and System delivery service (service delivery system).

On service operating systems are input components, processes and outputs through human resources components and physical components. In the service delivery system is related to where, where, and how the services are delivered to the customers, covering elements of the system in the operation of services and other things presented to other consumers. (Sabarguna, 2004) States health Organization needs to maintain comfort in addition to adequate equipment, room layout and service procedures provided by officers is an important element in the delivery of services. Contact personnel is a human element involved in delivering services and having direct contact with the patient. According to (Nguyen and Leblanc, 2002) Contact personnel is composed of all employees who are located on the front line of the organization and have direct contact with customers. As a high contact service, personnel on health organizations is central to delivering services. Contact personnel measured with 3 items namely, appearance, competence and professionalism.

Decision to Choose a Hospital

The Decision to choose is the screening process against two or more alternative options that result in the decision to buy or not to purchase. Alternative options should be available when consumers will make a decision. The purchase decision making process requires the search or receipt of different information (Kanuk, 2008). Heischimidt and Heischmidt's (1991) reported physical facilities, the role of hospital staff, hospital reputation and previous contact with hospital staff as the four main factors in the hospital's electoral process.

Lane and Lindquist (1994) reported 14 preferred factors defined by the National Research Corporation (NRC) based on a study covering three thousand people over three years, between the years 1984-1986, as follows: quality of medical personnel, the quality of emergency services, the quality of nursing care, the availability of a full set of services, doctor's recommendation, modern equipment, polite personnel, good environmental and physical conditions, the use of previous hospitals, maintenance costs, family recommendations, proximity to residence, private room availability and friend recommendations. Gooding (1995) Identifying the patient's experience while in the hospital can make word of mouth information as the most dominant factor.

Patient Satisfaction

(Kotler & Keller, 2016) in his book Marketing Management defines, Satisfaction is a person's feelings of pleasure or disappointment that result from comparing a productor Service's perceived performance (or outcome) to expectations. If the performance or experience falls short of expectations, the customer is dissatisfied. If It matches expectations, the customer is satisfied. If it exceeds expectations, the customer is highly satisfied or

delighted. (Lupiyoadi, 2013) suggested, many benefits for the company with the achievement of high level of customer satisfaction, which will increase customer loyalty and prevent turnover.

One indicator of the quality of health service that should be considered by the hospital is patient satisfaction. Patient satisfaction is the level by which one declares the result of a comparison of the performance of products and services received with the expected. It can be concluded that patient satisfaction is determined from the patient's waiting time, the flow of services that facilitate patients and contact between the service provider with the patient is very important in determining patient satisfaction.

Based on literature review and previous research, a framework of thought in research can be arranged as presented in the following figure:

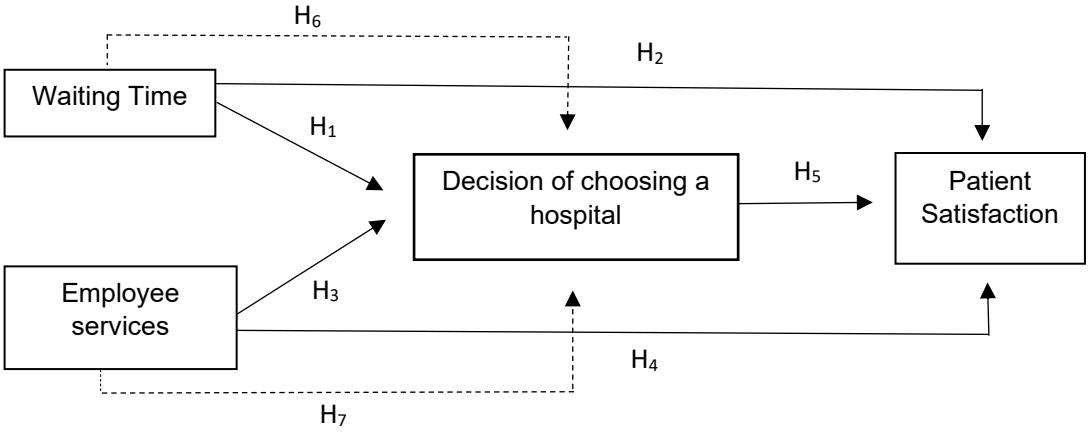

Figure 1. **Research Framework**

Based on the formulation of the problem and literature review then we obtained the following hypothesis:
H_1: The waiting time is thought to have a positive effect on the patient's decision to choose the hospital
H_2: Waiting time is thought to have a positive effect on patient satisfaction.
H_3: Employee services are thought to have a positive effect on a patient's decision in choosing a hospital.
H_4: Employee service is thought to have a positive effect on patient satisfaction.
H_5: The patient's decision in choosing a hospital is thought to have a positive effect on patient satisfaction.
H_6: The decision to choose a hospital becomes an intervening variable waiting time and patient satisfaction.
H_7: The patient's decision to choose a hospital is thought to be an intervening variable in employee services and patient satisfaction.

METHODS

This research uses quantitative research with causal analysis method, there are independent variables and dependent variables (Sugiyono, 2012). The method of collecting data using an online questionnaire containing statements, was carried out by 90 respondents. The population in this study were outpatients BPJS Health AN-NISA Hospital in the period February 2020 totaling 900 patients. The sample in this study was taken with a simple random sampling technique, and use the Slovin formula as follows:

$$n = N / (1 + (N \times e^2))$$

$$n = N / (1 + N\ e^2)$$
$$= 900 / (1 + 900 \times 0.1^2)$$
$$= 90 \text{ patients}$$

Information:
n : Number of samples
N: Total population
e: Error tolerance limit

Data analysis technique uses the Smart-PLS version 3.0 for causal-predictive analysis in situations of high complexity and low theoretical support with respondents less than 100 (Ghozali, 2014).

RESULT AND DISCUSSION

Table 1. Convergent Validity Testing

Variable	Indicator	Outer Loadings	Information
Waiting time	WT2	0.774	Valid
	WT3	0.854	Valid
	WT4	0.939	Valid
	WT5	0.783	Valid
	WT2	0.774	Valid
Employee services	PK1	0894	Valid
	PK2	0875	Valid
	PK3	0810	Valid
	PK4	0837	Valid
Decision to choose	KM1	0.685	Valid
	KM2	0.716	Valid
	KM3	0.200	Invalid
	KM4	0769	Valid
	KM5	0.781	Valid
	KM6	0.545	Valid
	KM7	0.687	Valid
	KM8	0747	Valid
	KM9	0.560	Valid
	KM10	0814	Valid
	KM11	0.804	Valid
	KM12	0.504	Valid
	KM13	0.698	Valid
Patient Satisfaction	KP1	0799	Valid
	KP2	0836	Valid
	KP3	0822	Valid
	KP4	0.450	Invalid
	KP5	0.565	Valid
	KP6	0.698	Valid
	KP7	0.788	Valid
	KP8	0.788	Valid

Table 1 shows that outer loading values below 0.5 are declared invalid. Therefore it is necessary to modify it by dropping or removing the indicator which has a value below 0.5 so that the indicator is declared valid or can be further analyzed.

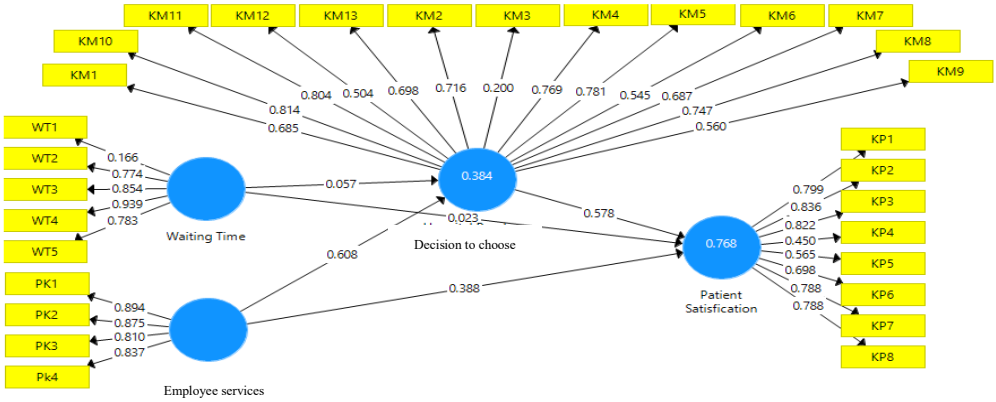

Figure 2. PLS Algorithm Results

From figure 2, it can be seen that the results of convergent validity testing, each indicator of the Employee services variable has fulfilled convergent validity (valid data) because it has a loading factor value above 0.50. But in the Waiting Time, the Decision to choose and Patient Satisfaction on the indicators WT1, KM3, and KP4

have an outer loadings value below 0.5 so that it can be modified by dropping or removing the indicator so that it can be further analyzed. Here are the output results of the recalculation from the removal of the indicators WT1, KM3 and KP4.

Based on figure 3 the final convergent validity test results of outer loadings have value above 0.5. Therefore, all indicators are declared valid or valid for research use and can be used for further analysis.

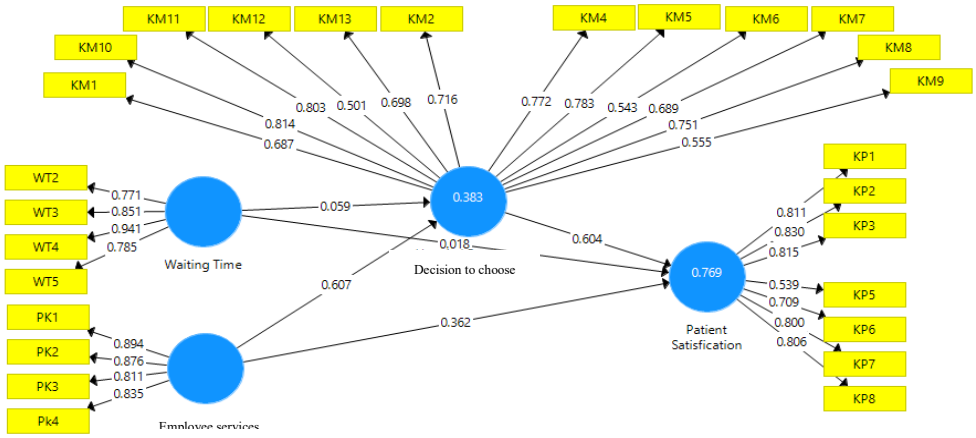

Figure 3. Results of PLS Algorithm (Initial Modification)

The results of the modification of the convergent validity test in image 3 above and Table 2, can be seen that all indicators have affected convergent validity because it has a loding factor value above 0.50.

Table 3. Average Variance Extracted (AVE) Testing

Variable	AVE
Waiting Time	0.705
Employee services	0730
Decision to choose	0.490
Patient Satisfaction	0.585

But even though the loading factor value is above the minimum limit of 0.50, in the Average Variance Extracted (AVE) test there is one variable, namely Decision to choose variable with an Average Variance Extracted (AVE) value below 0.5, because a model modification with the aim is that the value of the square root of average variance extracted (AVE) in Decision to choose variable can be said to have a good discriminant validity value then it is modified by removing the KM12 indicator (0.501) because the said indicator has the lowest loading factor value (figure 4).

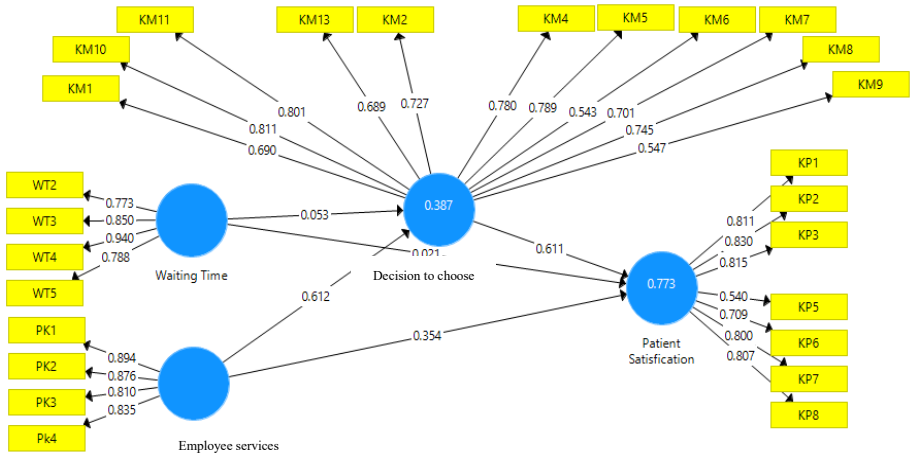

Figure 4. PLS Algorithm Results (Final Modification)

Testing discriminant validity, reflective indicators can be seen in the cross-loading table between indicators and their constructs. An indicator is declared valid if it has the highest loading factor to the intended construct compared to the loading factor to other constructs. Thus, latent constructs predict indicators in their blocks better than other block indicators.

Table 5 Testing Discriminant Validity (Cross Loadings)

Indicator	Waiting Time	Employee services	Decision to choose	Patient Satisfaction
WT2	0.773	0.072	-0.003	0.092
WT3	0850	0.096	0.040	0.082
WT4	0.940	0.164	0.214	0.192
WT5	0.788	0.121	0.050	0.097
PK1	0.120	0894	0.585	0703
PK2	0.184	0876	0.538	0.605
PK3	0.070	0810	0.411	0.513
PK4	0.136	0835	0.559	0.667
KM1	-0,106	0.454	0.690	0.593
KM2	-0.007	0.543	0727	0.664
KM4	0.056	0.471	0780	0.636
KM5	0.134	0.505	0789	0.637
KM6	0.018	0.229	0.543	0.367
KM7	0.174	0.312	0701	0.532
KM8	0.079	0.332	0745	0.556
KM9	0.158	0.450	0.547	0.529
KM10	0.192	0.483	0811	0.653
KM11	0.177	0.465	0.801	0.696
KM13	0.246	0.518	0.689	0.602
KP1	0.247	0601	0714	0811
KP2	0.118	0.585	0.690	0830
KP3	0.159	0.736	0.670	0815
KP5	-0,020	0.440	0.361	0.540
KP6	0.162	0.549	0.520	0709
KP7	0.067	0.482	0730	0800
KP8	0.095	0.524	0.694	0.807

Data from Table 5 can be seen that the correlation between the construct of Waiting Time (X_1) with the indicators that is WT2 to WT5 is higher than the indicator correlation with other constructs (Employee services, Decision to choose and Patient Satisfaction), then Employee services construct (X_2) with indicators namely PK1 through P4 higher than the correlation of indicators with other constructs (Waiting Time, Decision to choose and Patient Satisfaction). Furthermore, the correlation construct of Patient Satisfaction (Y) with its indicators namely KM1 to KM13 is higher than the correlation of Indicators with other constructs (Waiting Time, Employee services and Decision to choose).

In addition to seeing discriminant validity with the cross loadings method, there are other methods using average variance extracted (AVE), in AVE there is a good model of model if the AVE of each construct value is greater than 0.50.

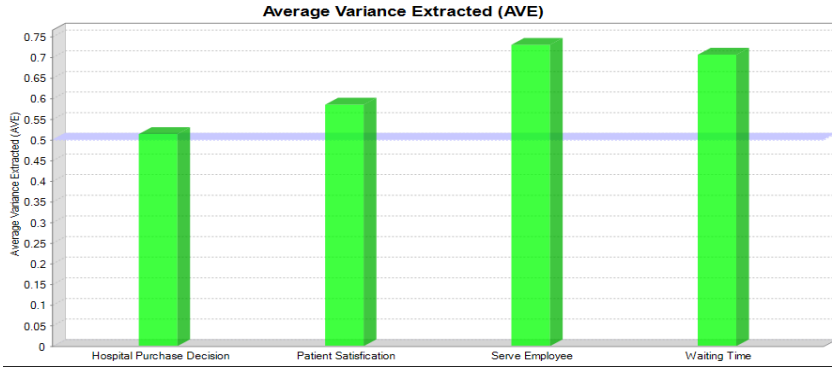

Figure 5. Final Discriminant Validity (AVE) Test Results
Source: PLS Output (2020)

From figure 5 the results of discriminant validity test (AVE) can be seen that the Waiting Time variable has a result of 0.706, then the Employee services variable has a value of 0.730, the next decision variable Choosing the Hospital has a result of 0.514 and the Patient Satisfaction variable has a value of 0.585. From the overall results it can be concluded that the Employee services variable has the highest results means that the Employee services variable has the greatest significant level, but when seen overall the four variables in this study are significant

Table 6. Testing Composite Reliability & Cornbach's Alpha

	Cornbach's Alpha	Information	Composite Reliability	Information
Waiting Time	0.882	Reliable	0.905	Reliable
Employee services	0877	Reliable	0.915	Reliable
Decision to choose	0903	Reliable	0.920	Reliable
Patient Satisfication	0887	Reliable	0907	Reliable

Source: PLS Output (2020)

The results of the Composite Reliability and Cronbach's Alpha tests show satisfactory values, ie all latent variables have Composite Reliability value ≥ 0.70. This means that the questionnaire used as a research tool is reliable or consistent. Inner model testing, namely the development of concept and theory based models in order to analyze the relationship between exogenous and endogenous variables has been described in terms of conceptual variables Composite Reliability information Waiting Time 0.905 Reliability, Employee services 0.915 Reliability, Decision to choose 0.920 Reliability, Patient Satisfaction 0.907 Reliability. The stages of testing the structural model (hypothesis testing) are carried out with the following steps:

Table 7. R^2 Value of Endogenous Variables

	R-square
Decision to choose	0.387
Patient Satisfaction	0.773

Source: PLS Output (2020)

Table 7 shows that the ability of the Waiting Time (X_1) and Employee services (X_2) variables in explaining the variable Decision to choose (Y) is 0.387 or 38.7%. While the ability of the variable Waiting Time (X_1), Employee services (X_2) and Decision to choose (Y) on the Patient Satisfaction variable (Z) is 0.773 or 77.3%.

Testing the Goodness of Fit structure model on the inner model uses predictive relevance (Q^2). Q-square value greater than 0 (zero) indicates that the model has a predictive relevance value. Q-square value of each endogenous variable in this study can be seen in the following calculation: Predictive relevance value is obtained by the formula:

$Q^2 = 1- (1-R1) (1-R2)$
$Q^2 = 1- (1-0.3872) (1-0.7732)$
$Q^2 = 0.6578$

The calculation result above shows the predictive relevance value of 0.6578> 0. This means that 65.87% of the variation in the Decision to choose and Patient Satisfaction (dependent variable) is explained by the variables used. Thus, the model is said to be feasible to have relevant predictive value.

Table 7. Hypothesis Testing

	Original Sample (O)	Sample Mean (M)	Standard Deviantion (STDEV)	T-Statistics (|O/STDEV|)	P Values	Information
waiting times -> decision to choose hospital	0.053	0.045	0.141	0.374	0.374	positive and not significant
waiting time -> patient satisfaction	0.021	0.025	0.059	0.357	0.721	positive and not significant
employee services -> decision to choose hospital	0.612	0.614	0.069	8,850	0,000	positive and significant
employee services -> patient satisfaction	0.354	0.354	0.082	4,294	0,000	positive and significant
decision to choose -> patient satisfaction	0.611	0.613	0.078	7,837	0,000	positive and significant

Source: PLS Output (2020)

It can be shown that the waiting time (X_1) has an original sample value of 0.053 which shows the relationship between the waiting time (X_1) and the decision to choose a Hospital (Y) which is positive while for the T-Statistics is 0.374. By using a significance of < t-table 1.96 and p-value of 0.374. Thus, the first hypothesis (H_1) which states the waiting time (X_1) influences the decision to choose (Y) is rejected.

Waiting time (X_1) has a positive impact on patient satisfaction (Z) as seen from the original sample value of 0.021. While the effect of waiting time (X_1) on patient satisfaction (Z) is not significant, this is seen from the T Statistic of 0.357. By using a significance of < t-table 1.96 and p-value of 0.721. Thus, the second hypothesis (H_2) which states the waiting time (X_1) effect on Patient Satisfaction (Z) is rejected.

Furthermore, employee services (X_2) has a positive effect on decision to chooses (Y) as seen from the original sample value of 0.612. The effect of employee services on the cecision to Choose a Hospital is significant, this is seen from the T Statistic of 8,850 which means it has fulfilled the requirements (t-statistic> t-table 1.96) and p-value of 0,000. Thus the third hypothesis (H_3) states that Employee services (X_2) influences the decision to choose (Y) is accepted.

Employee services (X_2) has an original sample value of 0.354 meaning that Employee services variable (X_2) has a positive effect on patient satisfaction (Z) with a statistical t value of 4,294 which means that it meets the conditions (t- statistics > t-table 1.96) and p-value 0.000 <0.5. Thus the fourth hypothesis (H_4) states that employee services has an effect on patient satisfaction (Z) which is accepted.

The decision to choose a hospital (Y) has a positive impact on patient satisfaction (Z) as seen from the original sample value of 0.611. While the influence of the decision to choose (Y) on patient satisfaction (Z) is significant, this is seen from the t-statistic of 7,837 which means that it meets the requirements (t-statistic > t-table 1.96) and the p-value 0.000 < 0.5. Thus, the fifth hypothesis (H_5) states that the decision to choose influences patient satisfaction (Z) is accepted.

Ghozali (2014) described that intervening variable is an intermediate variable or mediating, its function is mediating the relationship between the independent variable and the dependent variable. Mediation occurs if the predictor or independent variable indirectly affects the dependent variable through at least one intervening variable or mediator. If it consists of only one mediator, it is called simple mediation and if the mediational process involves more than one mediator, it is called multiple mediation.

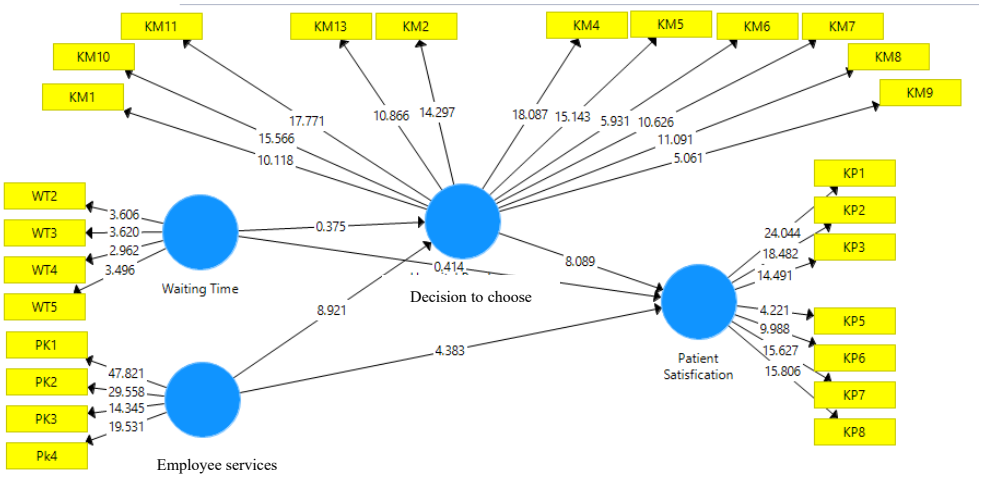

Figure 5. Boostrapping Test Results
Source: Smart PLS Output (2020)

Mediation test results on decision to choose (Y) with the causal step method shows that the influence of waiting time (X_1) on decision to choose (Y) is not significant seen from the statistical t-stat of 0.374 < t-table 1.96 and the p-value of 0.708 > 0.05 and the relationship between the decision to choose a hospital (Y) and patient satisfaction (Z) is significant at t-count 7.837 > 1.96 and the p-value of 0.000 < 0.05. For the influence of waiting time (X1) on patient satisfaction (Z) not significant is seen in the t-test 0.357 <1 .96 and the p-value of 0.721. Based on the three relationships, it can be concluded that the decision to choose a hospital (Y) cannot mediate the relationship between waiting time (X1) and patient satisfaction (Z) so that the sixth hypothesis (H_6) is rejected.

Furthermore, the results of mediation testing for the seventh hypothesis (H_7) show that the effect of Employee services (X_2) on the decision to choose (Y) is significant as seen from the count of 8,850 > 1.96 with a p-value of 0,000 while the relationship between the decision to choose (Y) towards patient satisfaction (Z) is also significant, this is seen from the t-count of 7,837 > 1.96 with a v-Value of 0,000 and the employee services (X_2) relationship to patient satisfaction (Z) is significant, this is seen from t-count 4.294 > 1.96 with a p-value of 0.000. With the significance of the three hospitals, it can be concluded that the decision to choose a hospital (Y) mediates in full mediation the relationship between employee services (X_2) to patient satisfaction (Z) so that the seventh hypothesis (H_7) is accepted.

Discussion

Waiting time has no effect toward decision to choose a hospital, this finding in line with previous research (Keinamada, 2018). It can be said that patients or hospital customers have a certain motivation for the quality of goods or services to be consumed, and the decision to choose depends on the consumer (Giebelhausen, 2011). The results of this study are in accordance with the state of AN-NISA Hospital where with a waiting time of 3 hours 59 minutes but the patient visit data of BPJS Kesehatan participants, AN-NISA Hospital nationally is still the highest for hospitals klas c with an average of 22,000 patients in each month. Based on the results of descriptive analysis test of the questionnaire, the availability of a complete specialist doctor, easy access to the hospital, long patient service time, complete health facilities, ease in administrative services and recommendations from family or relatives will be preferred by the public even though the waiting time for outpatient services is not in accordance with the minimum standard of service in the hospital.

Waiting time has no impact on Patient Satisfaction, this finding is supported by (Mayasari, 2016; Hasan, 2014) that there is no significant relationship between polyclinic waiting time and patient satisfaction. In the study Analysis of the relationship between waiting time and patient satisfaction at the Maccini Sombala puskesmas also stated that there was no relationship between waiting time for taking drugs and patient satisfaction (Maulana, 2019). From the descriptive test results of the patient satisfaction variable questionnaire, the average mean value was 4.17 and the highest mean gain was 4.71 on the statement "Employees are patient in serving patients". So patient dissatisfaction with long waiting times will be covered in circumstances where employees are patient in serving patients.

Employee services has a positive effect on decision to choose, this study supports previous research, which are; service quality, price, location appearance, competence and professionalism affect patient satisfaction (Widiastuti, 2010; Katemung, et.al., 2018; Anggraheni, 2012). In the descriptive test results of employee service variable questionnaires have the highest mean of 4 other variables, namely 4.21. The statement point "Employees quickly respond to patient complaints" has the highest mean of 4.31. So one of the decisions of consumers to choose products one of them is the speed of employees in responding to patient complaints.

Employee services has a positive effect on Patient Satisfaction. This research supports previous research, the final stage in the consumer buying process is post-purchase behavior. If the performance of the product / service is higher than the expectation, it will cause high patient satisfaction with the hospital (Kotler & Keller, 2016). Service quality has a significant effect on satisfaction (Fikri, et.al., 2016; Nova, 2010). In the descriptive test the questionnaire was obtained mean 4.17 with the highest mean on the statement of patient employees in serving patients with a mean of 4.71. So excellent service to consumers will increase customer satisfaction.

Decision to Choose a Hospital has a positive impact with Patient Satisfaction, this study supports previous research patient perception of the service has a positive and significant effect on the decision of patients to choose the hospital (Saudjana, 2016; Kafa, 2013). In the descriptive test results the decision questionnaire answers selecting the hospital average value of 3.79 and the highest score in the long service time statement of 4.36.

Waiting time cannot mediate patient satisfaction. Explanation of delays information will increase the level of patient satisfaction (Frederic Bielen, 2007). This research supports previous research, the results showed that the patient's decision in choosing was not affected by waiting time and patient satisfaction for the services received (TMB Palawatta, 2015).

Decision to choose the Hospital mediates in full mediation the relationship between employee services to the patient's decision, the previous study indicated that there is a relationship between service quality and patient satisfaction with the motivation to revisit the outpatient room (Fardiansyah, 2015; Widjaya & Suryawan, 2014).

CONCLUSIONS

The waiting time does not influence the patient in choosing the hospital and patient satisfaction, it means that even if the patient has to wait a long time in the hospital then the patient will still be treated at the hospital. Employee services have a positive effect on patients in choosing a hospital, this indicates that employee services are considered important in choosing a hospital. Employee services have a positive effect on creating patient satisfaction, because patient satisfaction depends on employee service. The patient's decision in choosing a hospital influences the level of patient satisfaction, the accuracy of choosing a hospital also leads to patient satisfaction. Therefore the decision to choose a hospital cannot mediate the relationship between waiting time and customer satisfaction, but the decision to choose a hospital mediates in full mediation the relationship between employee servicess and patient decisions.

REFERENCES

Agusty, Ferdinand. (2014). Structural Equation Modeling dalam Penelitian Manajemen. Seri Pustaka Kunci. Semarang

Al Harajin, R.S. (2019). “The association between waiting time and patient satisfaction in outpatient clinics: Findings from a tertiary care hospital in Saudi Arabia”. Journal of Family and Community Medicine, Vol 26, page 17-22.

Alamri, A.M. (2015). “Hubungan antara Mutu Pelayanan Perawat dan Tingkat Pendidikan dengan Kepuasan Pasien Peserta Badan penyelenggara Jaminan Sosial (BPJS) Kesehatan di Ruang Rawat Inap Rumah Sakit Islam (RSI) Sitti Maryam Kota Manado”. Jurnal Ilmiah Farmasi Universitas Samratulangi, Vol. 4, No. 4

Andrew, Miller. (2014). Redefining Operational Excellence. Amacom. United States of America

Azmaniza. (2015). “Healthcare Provider-Patient Communication: A Satisfication Study in the Outpatient Clinic at Hospital Kuala Lumpur”. Malaysian Journal of Medical Science 22(3):56-64

Baur, Axel. (2019). “Finding the Future of Care Provision: the Role of Smart Hospital.

Coster, Samantha. et al. (2017). “What is the Impact of Professional Nursing on Patients Outcomes Globally?, an Overview of Research Evidence. International Journal of Nursing Studies.

Deshmukh, M.A & Jayshree, J.U. (2019). “Patient Satisfication of Outpatient Departement at ESIS Hospital, Nagpur, India”. International Journal of Research in Medical Sciences, Vol. 7, Page 918

Farnsworth, S.S & Patrick, D.S. (2014). Advances in Health Care Organization Theory. Jossey-Bass. United States of America

Ghozali, I. (2014). Structural Equation Modelling Metode Alternatif Dengan Partial Least Square (PLS). Semarang: Badan Penerbit Undip.

Hanggraningrum, M.D., Hariyanti, Tita. (2017). "The Effect of Service Quality on Outpatient Satisfaction of DR. Soegiri General Hospital Lamongan". Journal of Applied Management,. Volume 15 nomor 4

Hardianto, I.N. (2019). Analisis Faktor-Faktor Kualitas Pelayanan terhadap Rekomendasi Pasien menggunakan Partial Least Square dengan Menggunakan Smart PLS 3.2 di Rumah Sakit Pondok Indah Bintaro Jaya.

Hilya, Magdalena. (2017). "Analisis Faktor-faktor Pendukung Pengambilan Keputusan Memilih Rumah Sakit Rujukan di Bangka Belitung dengan Analitycal Hierrachy Process". Fountain of Informatics journal, Vol 2, No 2.

Huang, Yuan-Han. (2017). "Emergency Departement Experience and Waiting Time Perceptions From Northwestern Pennsylvania Residents". American Journal of Emergency Medicine.

Jack, R.M & Scott, M.S. (2011). Operation Management 4th edition. John Wiley & Son, inc. Asia.

Joseph A, Michelli. (2014). 5 Principles for Connecting with Your Customers, Your Products, and Your People. Mc Graw Hill Education. United States of America.

Kol, Emine. Et al. (2019). "A quality indicator for the evaluation of nuRumah Sakiting care: determination of patient satisfaction and related factors at a university hospital in the Mediterranean Region in Turkey". The Australian Journal of Nursing Practice, Vol. 25, Page 51-56

Kumar, Pankaj. et al. (2018). "Assessment of patient satisfaction in outpatient department of a tertiary care hospital in West Bengal, India: a questionnaire based study". International Journal of Community Medicine and Public Health, Vol 5, No. 9

Kotler, Philip and Kevin Lane Keller. (2016). Marketing Management 15. Pearson Education, Inc.

Lambrini, Kourkouta. (2017). "Measurement of Patient Satisfaction as a Quality Indicator of Hospital Health Services: The Case of Outpatient Clinics in General Hospital". Science Journal of Public Health, Vol 5, Issue 2, Pages: 128-135

Lupiyoadi, Rambat. (2013). Manajemen Pemasaran Jasa Teori dan Praktek. Edisi Ketiga. Jakarta: Salemba Empat.

Matthias, Holweg. et al. (2018). Process Theory the Principles of Operations Management. Oxford University Press. United Kingdom.

Murniati, Nia. (2018). "Quality of Outpatient Care Services in a Private Hospital in Depok. The 2nd ICVHE

Nusraningrum, Dewi. (2019). "Web-Based Tickets Purchase". International Journal of Recent Technology and Engineering. 2277-3878, Volume-8 Issue-2S

Paschal, Nwose., Nwose Uchenna.(2019)." A Quality Improvement Project to Reduce Waiting Time and Improve Patients Satisfication in a Private Hospital in Lagos, Nigeria". Ibom Medical Journal, Vol.12, No.1

Pouraghal, Behrouz., Ehsan Zarei. (2015). "An Empirical Study of The Impact of Service Quality on Patient Satisfication in Private Hospitals, Iran. Global Journal of Health Science 7(1):1-9

Rensiner., Vivi Yanti Azwar., Abdi Setya Putra. (2018). Analisis Faktor Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Jalan RSUD DR. Achmad Darwis. Jurnal Kesehatan Andalas, Vol. 7

Setiawati, Lulu. Josephine Kurniawati Tjahjono. (2017). Pengaruh Komitmen Manajemen Terhadap Kualitas Layanan dan Kepuasan Pelanggan di Rumah Sakit Umum Daerah (Studi Kasus di RSUD Dr. Soetomo). Seminar Nasional dan Gelar Produk

Sirs. Kemkes, http://siRumah Sakit.yankes.kemkes.go.id/Rumah Sakitonline/data

Sun, Jing. Et al. (2017). "Reducing Waiting Time and Raising Outpatient Satisfication in a Chinese Public Tertiary General Hospital an Interrupted Time Series Study". BMC Public Health

Supartiningsih, Solichah. (2017). Kualitas Pelayanan Kepuasan Pasien Rumah Sakit: Kasus Pada Pasien Rawat Jalan. Jurnal Medicoeticolegal dan Manajemen Rumah Sakit, Vol.6, No 1

Tjiptono, F dan Chandra, G.; (2011). Service, Quality, and Satisfaction. Edisi ke-3. Yogyakarta: Andi.

Torry, M.K dan Sujianto. (2016). "Factors Influencing Service Waiting Times in Relation to Internist Clinic Outpatient's Satisfaction at Dr. Iskak Public Hospital Tulungagung". Jurnal Kedokteran Brawijaya, Vol. 29.

Waters, Stuart. Et al. (2016). "Identification of Factors Influencing Patients Satisfication with Orthopedic Outpatient Clinic Consultation: A Qualitative Study.

Zhenzhen, Xie & Calvin Or. (2017). "Association Between Waiting Times, Service Times, and Patient Satisfication in an Endocrinology Outpatient Departement: A Time Study and Questionnaire Survey". The Journal of Health Care Organization, Provision, and Financing,. Volume 54:1.