

## THE MEDIATING ROLE OF PATIENT SATISFACTION ON THE EFFECT OF PHYSICIAN COMPETENCE QUALITY, SERVICE QUALITY, AND SHARED DECISION MAKING ON PATIENT COMPLIANCE AT EKA BEKASI HOSPITAL



Andry Giovanni<sup>1\*</sup>  
Universitas Pelita Harapan, Jakarta, Indonesia  
[giovanny.andry@gmail.com](mailto:giovanny.andry@gmail.com)

Oscar Jayanegara<sup>2</sup>  
Universitas Pelita Harapan, Jakarta, Indonesia  
[oscar.fe@uph.edu](mailto:oscar.fe@uph.edu)

### Abstract

Polyclinic services act as the frontline in the health system, providing primary and secondary care to the wider community. However, the quality of services in polyclinics often still does not meet patient expectations. Factors such as doctor quality, service quality, and Shared Decision Making are interrelated and contribute directly or indirectly to patient satisfaction. Good service quality in each of these aspects creates a more positive experience for patients and builds trust in health services in polyclinics. Conversely, dissatisfaction with one of these aspects can affect patients' perceptions of overall service quality, which ultimately impacts their level of compliance with medical recommendations. This study aims to analyze the mediating role of patient satisfaction on the influence of doctor competence quality, service quality, and shared decision making on patient compliance at Eka Bekasi Hospital. This method uses a quantitative cross-sectional method. Using the Non-Probability Sampling Technique, the sample in this study was 89 respondents. Service Quality affects patient compliance and patient satisfaction. And service quality affects patient compliance, which is mediated by patient satisfaction. These findings underscore the importance of focusing on improving service quality in efforts to improve patient satisfaction and compliance, indicating that aspects of the patient experience are more important than individual factors such as physician competence or shared decision-making processes.

**Keywords:** Patient Satisfaction, Doctor Competence Quality, Service Quality, Shared Decision Making, Patient Compliance

## INTRODUCTION

Patient satisfaction with healthcare services has been globally recognized as a key indicator of service quality. Satisfied patients are more likely to comply with medical recommendations and achieve better health outcomes. Polyclinic services serve as an important starting point for patients in receiving medical services before deciding on further medical steps such as surgery (Ekaterina, 2017; Zakaria et al., 2024). In Indonesia, polyclinic services play a central role in treatment, where most patients first interact with doctors at polyclinic services before making significant decisions regarding surgery or further care. Based on data from the Ministry of Health in 2023, the trend of patient satisfaction with polyclinic services in Indonesia has increased. The Indonesian Health Profile 2023 shows that 78% of patients reported satisfaction with the quality of services at polyclinic facilities, especially related to improved facilities, reduced waiting times, and the quality of doctor communication (Indonesian Health Profile, 2023).

Patient satisfaction has a direct impact on the medical decisions they make. Studies have shown that patients who are satisfied with the quality of care and communication they receive from their physicians are more likely to comply with medical recommendations, including undergoing necessary surgical procedures. Across studies, patients who feel they have received sufficient and accurate information are more likely to trust and commit to their treatment plans (Elwyn et al., 2012; Brabers et al., 2017).

Communication patterns between doctors and patients are an important aspect that influences patient satisfaction. Research shows that patients who engage in open discussions with their doctors about treatment options and risks of care are more likely to be satisfied with the medical decisions they make (Petek Šter et al., 2008). The trend of doctor communication in Indonesia still shows challenges in conveying comprehensive information. Most doctors still use a one-way approach in explaining the diagnosis and treatment plan, which often does not provide space for patients to actively participate in decision-making (Sacks et al., 2015).

The average doctor-patient consultation time in Indonesian polyclinics ranges from 10 to 15 minutes per session. This limited time is often considered insufficient to fully discuss the patient's condition, treatment options, and the implications of recommended procedures (Bleustein et al., 2014). Shorter consultation times often result in suboptimal communication and inadequate explanation of the risks and benefits of surgical procedures. This can decrease patient satisfaction levels and increase anxiety about medical decisions that must be made.

The distribution of health service quality in Indonesia varies widely, especially between urban and rural areas. Health facilities in urban areas such as Jakarta and Surabaya tend to be more complete and organized, with shorter waiting times and better service quality than in remote areas. This gap reflects the challenge for the government in equalizing access to quality health services, especially in areas with limited infrastructure and medical personnel resources (Indonesian Health Profile, 2023). Efforts to improve access and quality of services in remote areas continue to be a priority, but logistical, human resource, and budget challenges remain major obstacles.

Improving the quality of health services in Indonesia is not an easy task. Factors such as budget constraints, lack of health infrastructure, and uneven distribution of medical personnel are major obstacles in providing optimal services to all levels of society. Government programs such as BPJS Kesehatan and Puskesmas have helped expand access

to health services, but quality issues remain a challenge, especially in polyclinics and primary health facilities. In addition, the challenge of ensuring that patients understand the medical information they receive is still an obstacle that needs to be addressed immediately. Hospitals as health service units need to improve the quality of their services to maintain competitiveness. One way to compete with other hospitals is to improve patient satisfaction by improving the quality of polyclinic services. In an era of intense competition, hospitals that offer more satisfying services, including effective communication and fast service, are better able to attract patients and retain them in the health care system (Sacks et al., 2015). Effective management of polyclinic services is a key factor in improving the overall competitiveness and performance of hospitals.

Within the framework of the grand vision of Indonesia Emas 2045, where Indonesia is targeted to become one of the countries with the strongest economies in the world, the health sector is one of the main components that must be improved. Improving the quality of polyclinic services and other health services will be an important foundation in realizing this vision. As a country with a large population, the potential for the health business in Indonesia is very large. With service improvements that focus on patient satisfaction, hospitals and health facilities can become major players in the health industry in Southeast Asia (Ministry of Health, 2023).

Research shows that patient satisfaction is significantly correlated with patient compliance with medical recommendations. Patients who are satisfied with the healthcare they receive are more likely to comply with their doctor's instructions, including following recommended surgical procedures. Conversely, patients who are dissatisfied are more likely to fail to comply with or delay recommended treatment, which can ultimately worsen their health condition (Tevis et al., 2015).

This study aims to identify how patient satisfaction with polyclinic services affects patient compliance to undergo surgical procedures. Factors such as the quality of information received, patient involvement in decision-making, and doctor-patient communication patterns will be analyzed to provide important insights in improving the quality of polyclinic services in Indonesia. This study is expected to make a significant contribution to improving the health care system in Indonesia and increasing patient compliance with their treatment plans. In addition, with increasing competition in the health sector, improving the quality of polyclinic services can be one way for hospitals to maintain their competitiveness, in line with the vision of Indonesia Emas 2045 which aims to make Indonesia one of the countries with the largest economies in the world and quality health services. The vision of Indonesia Emas 2045 places the health sector as one of the main pillars to achieve developed country status. As a country with a very large population, improving health services is an important priority in maintaining the quality of life of the community and driving national productivity.

## RESEARCH METHOD

The object of this study is the polyclinic service at Eka Bekasi Hospital. In this study, there are three types of variables, namely independent variables (doctor competence quality, service quality and shared decision making), dependent variables, namely patient satisfaction and mediating variables, namely patient compliance. This study is included in the category of survey research with quantitative data analysis. Quantitative research is a research method

that uses numerical data and statistical analysis to test hypotheses or answer research questions objectively. The population in this study were patients who underwent surgical procedures at Eka Bekasi Hospital, totaling 746 respondents during the period August-October 2024. Using the Non-Probability Sampling Technique, the sample in this study was 89 respondents. The data collection method in this study uses primary data, which is taken directly from respondents, namely patients at Eka Bekasi Hospital. Primary data was collected through questionnaires. In this study, the method chosen was partial least square - structural equation modeling (PLS-SEM) based on variance. PLS-SEM is a second-generation multivariate method which is currently considered more advanced.

### Research Hypothesis

This study aims to analyze the influence of responsiveness, empathy, and interpersonal communication on customer satisfaction in telecommunication services. Based on the review of the literature and previous research, the hypothesis proposed in this study is as follows:

- H1:** Physician Competence Quality has a positive and significant effect on Patient Satisfaction.
- H2:** Service Quality has a positive and significant effect on Patient Satisfaction.
- H3:** Shared Decision Making has a positive and significant effect on Patient Satisfaction.
- H4:** Physician Competence Quality has a positive and significant effect on Patient Compliance.
- H5:** Service Quality has a positive and significant effect on Patient Compliance.
- H6:** Shared Decision Making has a positive and significant effect on Patient Compliance.
- H7:** Patient Satisfaction has a positive and significant effect on Patient Compliance.
- H8:** Patient Satisfaction mediates the effect of Physician Competence Quality on Patient Compliance.
- H9:** Patient Satisfaction mediates the effect of Service Quality on Patient Compliance.
- H10:** Patient Satisfaction mediates the effect of Shared Decision Making on Patient Compliance.

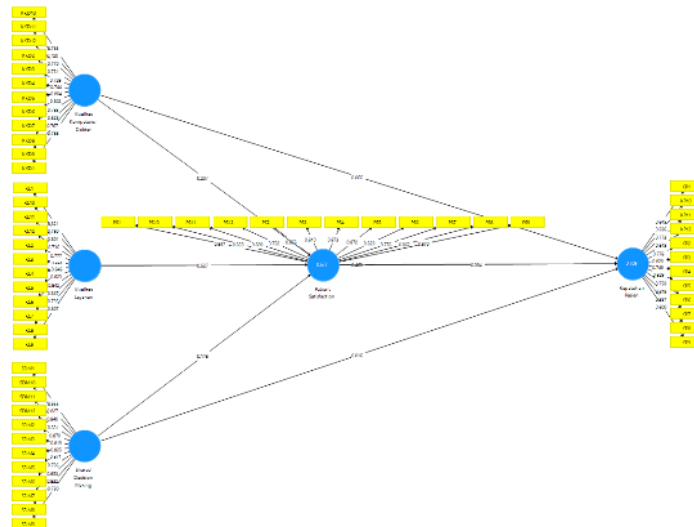
## RESULTS AND DISCUSSION

**Table 1.**  
**Respondent Characteristics**

Characteristic Data	Amount	Percent	
Gender	Man	43	48.31
	Woman	46	51.69
	Total	89	100.00
Age	18-30 Years	44	49.44
	31-50 Years	35	39.33
	51-65 Years	10	11.24
	Total	89	100.00

Table 1 above shows the characteristics of respondents in this study, with details based on gender and age. Based on gender, respondents are divided fairly evenly between men and women, where there are 43 male respondents (48.31%) and 46 female respondents (51.69%). This shows that the distribution of respondent gender is almost balanced. As for age, most respondents are in the 18-30 age group, with a total of 44 respondents (49.44%). The 31-50 age group is followed by 35 respondents (39.33%), while the 51-65 age group has a smaller number of respondents, namely 10 people (11.24%). This shows that the majority of respondents come from the young to adult age group.

**Outer Model**



**Figure 1.**  
**Outer Model**

Source: processed by researchers (2024)

The outer model defines constructs or latent variables that describe the relationship between indicators and their latent variables (Hair et al., 2019). This model explains how observed indicators relate to more abstract and non-directly measurable constructs.

To evaluate the validity of the outer model, several methods are used, namely convergent validity, discriminant validity, and composite reliability (Cronbach's alpha). These methods are used to test the validity and reliability of the instruments used in the study, ensuring that the selected indicators can measure the intended construct accurately and consistently.

**Validity and Reliability Constructs**

**Table 2.**  
**Validity and Reliability Constructs**

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Patient Compliance	0.952	0.953	0.958	0.655
Doctor Competency Quality	0.937	0.94	0.945	0.589

Quality of Service	0.952	0.954	0.958	0.656
Patient Satisfaction	0.96	0.961	0.965	0.695
Shared Decision Making	0.96	0.963	0.964	0.693

Based on Table 2 above, the analysis of construct validity and reliability shows very good results. The Cronbach's Alpha value for all constructs is above 0.7, with the highest value in patient satisfaction and shared decision making of 0.96, reflecting very good internal consistency. Composite Reliability for all constructs also exceeds the threshold of 0.7, indicating high combined reliability, with the highest value of 0.965 in patient satisfaction. In addition, the Average Variance Extracted (AVE) value for all constructs is greater than 0.5, indicating good convergent validity, with the highest value in patient satisfaction (0.695) and shared decision making (0.693). Thus, all constructs meet the reliability and validity criteria.

**Hypothesis Testing**

**Table 3.**  
**Direct Hypothesis Testing**

				Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics ( O/STDEV )	P Values
Doctor Competence	Quality	->		0.066	0.076	0.109	0.604	0.546
Patient Compliance								
Doctor Competency	Quality	->		0.207	0.235	0.179	1.155	0.249
Patient Satisfaction								
Quality of Service	Compliance	->	Patient	0.463	0.474	0.185	2,506	0.013
Service Quality	Satisfaction	->	Patient	0.527	0.508	0.158	3.346	0.001
Patient Satisfaction	Compliance	->	Patient	0.394	0.365	0.161	2.453	0.015
Shared Decision Making	Compliance	->	Patient	0.016	0.004	0.061	0.253	0.8
Shared Decision Making	Satisfaction	->	Patient	0.178	0.165	0.142	1,261	0.208

Based on the table above, the results of the hypothesis test show the relationship between constructs, the Quality of Doctor Competence on Patient Compliance has a path coefficient value of 0.066 with a T-statistic of 0.604 and a P-value of 0.546. Because the P-value is greater than 0.05, there is no significant influence between the quality of doctor competence on patient compliance.

The Quality of Doctor Competence on Patient Satisfaction has a path coefficient value of 0.207 with a T-statistic of 1.155 and a P-value of 0.249. Because the P-value is greater than 0.05, there is no significant influence between the quality of doctor competence on patient satisfaction.

Service Quality on Patient Compliance has a path coefficient value of 0.463 with T-statistics of 2.506 and P-value of 0.013. Because the P-value is smaller than 0.05, there is a significant positive influence between service quality and patient compliance.

Service Quality on Patient Satisfaction has a path coefficient value of 0.527 with T-statistics of 3.346 and P-value of 0.001. Because the P-value is smaller than 0.05, there is a significant positive influence between service quality and patient satisfaction.

Patient Satisfaction on Patient Compliance has a path coefficient value of 0.394 with a T-statistic of 2.453 and a P-value of 0.015. Because the P-value is smaller than 0.05, there is a significant positive effect between patient satisfaction on patient compliance. Shared Decision Making on Patient Compliance has a path coefficient value of 0.016 with a T-statistic of 0.253 and a P-value of 0.8. Because the P-value is greater than 0.05, there is no significant effect between shared decision making on patient compliance. Shared Decision Making on Patient Satisfaction has a path coefficient value of 0.178 with a T-statistic of 1.261 and a P-value of 0.208. Because the P-value is greater than 0.05, there is no significant effect of shared decision making on patient satisfaction.

Thus, a significant relationship was found between service quality and patient compliance and patient satisfaction, as well as between patient satisfaction and patient compliance, while the other relationships were not significant.

**Table 4.**  
**Indirect Hypothesis Test (Mediation)**

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics ( O/STDEV)	P Values
Doctor Competence Quality -> Patient Satisfaction -> Patient Compliance	0.082	0.085	0.077	1,058	0.291
Service Quality -> Patient Satisfaction -> Patient Compliance	0.208	0.182	0.093	2.24	0.026
Shared Decision Making -> Patient Satisfaction -> Patient Compliance	0.07	0.069	0.068	1.03	0.303

Based on the table above, Doctor Competence Quality → Patient Satisfaction → Patient Compliance has a path coefficient value of 0.082, with a T-statistic of 1.058 and a P-value of 0.291. Because the P-value is greater than 0.05, there is no significant mediation effect. This means that patient satisfaction does not mediate the relationship between doctor competence quality and patient compliance.

Service Quality → Patient Satisfaction → Patient Compliance has a path coefficient value of 0.208, with a T-statistic of 2.240 and a P-value of 0.026. Since the P-value is less than 0.05, there is a significant mediation effect. This means that patient satisfaction mediates the relationship between service quality and patient compliance.

Shared Decision Making → Patient Satisfaction → Patient Compliance has a path coefficient value of 0.070, with a T-statistic of 1.030 and a P-value of 0.303. Because the P-value is greater than 0.05, there is no significant mediation effect. This means that patient satisfaction does not mediate the relationship between shared decision making and patient compliance.

The quality of doctor competence does not affect patient satisfaction based on the results of the analysis in this study. Although the quality of doctor competence, which includes technical ability and effective communication skills, should be able to increase patient satisfaction, the results of this study showed no significant effect between the quality

of doctor competence on patient satisfaction. Previous research by Petek Šter et al., 2008 showed that good interpersonal relationships between doctors and patients do affect patient satisfaction, but other factors outside of technical competence can affect higher levels of satisfaction.

Service quality has a positive effect on patient satisfaction. This is in line with Alfred's (2024) research, which found that the responsiveness of medical personnel has a significant effect on patient satisfaction, with a Prevalence Ratio of 15.104. In this study, responsiveness in medical services, such as quick and responsive responses in providing care, was shown to be a very important factor in increasing patient satisfaction. The responsiveness of emergency room personnel, which includes speed and accuracy in responding to patient emergencies, is one of the main benchmarks in assessing the quality of medical services that is directly related to the level of patient satisfaction (Alfred, 2024).

There is no significant influence of shared decision making (SDM) and patient satisfaction at Eka Bekasi Hospital. Although SDM should be able to improve patient satisfaction by involving them in medical decision-making, the results of this study indicate that it does not have a direct effect on patient satisfaction at Eka Bekasi Hospital. Based on previous research by (Dreves, 2013), SDM can improve patient satisfaction because they feel valued and have control over the care they receive. However, at Eka Bekasi Hospital, patient involvement in the decision-making process was not proven to have a significant impact on patient satisfaction perceptions of the services provided. There is a significant positive effect of patient satisfaction on compliance with medical recommendations at Eka Bekasi Hospital. Patient satisfaction plays an important role in increasing the level of patient compliance with medical decisions, including the decision to undergo surgery. Patients who are satisfied with the services provided, such as clear communication from doctors and full attention to their needs, tend to be more confident and motivated to follow medical recommendations (Tevis et al., 2015).

The quality of a doctor's competence does not affect patient compliance; this is due to several factors that affect the relationship between the two. As explained in the research of SS Kim (2004), although the quality of a doctor's competence is important, empathy and effective communication from the doctor to the patient have a more dominant role in influencing patient compliance. Good communication between the doctor and the patient can improve the patient's understanding of their medical condition, as well as the risks and benefits of the recommended procedure or treatment, which can ultimately improve patient compliance.

Service quality has a positive effect on patient compliance; the better the quality of service provided, the higher the level of patient satisfaction, which in turn increases their compliance with medical recommendations. As found in the studies of Putri et al. (2023) and Edi S. (2015), good service quality affects the level of patient compliance, which is influenced by factors such as patient characteristics and psychosocial factors. Service quality, which includes various aspects such as communication and attention to patient needs, can increase patient trust and satisfaction, which encourages them to follow medical instructions better.

## CONCLUSION

Based on the results of hypothesis testing using the SEM method and data processing through SmartPLS, the following research findings can be concluded:

1. The quality of a doctor's competence does not affect patient compliance. This means that the level of expertise, knowledge, and professional ability of a doctor does not directly determine whether a patient will comply with the recommendations or medical instructions given.
2. The quality of a doctor's competence does not affect patient satisfaction. This means that there are other factors besides competence and quality of service that can affect patient satisfaction.
3. Service Quality affects patient compliance. This means that the better the quality of service perceived by patients, the more likely they are to comply with medical instructions.
4. Service Quality affects patient satisfaction. This means that the higher the quality of service, the more likely patients are to be satisfied with their experience.
5. Patient satisfaction has an impact on patient compliance. This means that the more satisfied patients are with their healthcare experience, the more likely they are to follow the medical instructions given.
6. Shared decision-making does not affect patient compliance. This means that the process of shared decision-making between patients and medical personnel does not directly affect the level of patient compliance with medical recommendations or treatments.
7. Shared decision-making does not affect patient satisfaction. This means that the process of shared decision making between patients and medical personnel (shared decision making or SDM) does not directly affect the level of patient satisfaction with the health services they receive.
8. The quality of doctor competence does not significantly affect patient compliance mediated by patient satisfaction. This means that doctors who have high competence do not significantly affect patient compliance through patient satisfaction.
9. Service quality affects patient compliance mediated by patient satisfaction. This means that good service quality can increase patient satisfaction, and this satisfaction ultimately contributes to encouraging patient compliance with treatment or medical instructions.

Shared decision-making does not affect patient compliance mediated by patient satisfaction. This means that the shared decision-making process between doctors and patients (shared decision-making or SDM) does not have a significant effect on patient compliance, even when patient satisfaction is considered as a mediator.

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