THE INFLUENCE OF OPERATIONS MANAGEMENT ON PATIENT SATISFACTION WITH SERVICE QUALITY AS MEDIATION IN INPATIENT CARE AT RSMJ

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INFORMATION	ABSTRACT
Correspondence: dyah.ning.in-2024@fk.um-surabaya.ac.id **Keywords:** Bed management; Discharge planning; Service quality; Patient satisfaction; Sobel test	*Objective:* *This study analyzes the effect of operational management on patient satisfaction with service quality as a mediating variable in inpatient care.* *Methods:* *A quantitative cross-sectional study was conducted on 120 adult inpatients (≥48 hours) using convenience sampling. Data were collected through SERVQUAL-based questionnaires and patient satisfaction using a five-point Likert scale. Analysis used multiple linear regression and the Sobel test ($\alpha = 0.05$).* *Results:* *Operational management had a positive effect on patient satisfaction ($\beta = 0.189$; $p = 0.020$), while service quality showed a significant effect ($\beta = 0.705$; $p < 0.001$). The R^2 value of 0.749 indicates a 74.9% contribution. The Sobel test ($Z = 7.24$; $p < 0.001$) confirmed the mediating role of service quality.* *Conclusion:* *Operational management and service quality significantly influence patient satisfaction, with service quality as a key mediator.*
INFORMASI	**ABSTRAK**
Korespondensi: dyah.ning.in-2024@fk.um-surabaya.ac.id **Kata kunci:** Manajemen Tempat Tidur; Perencanaan Pemulangan; Mutu	Tujuan: Penelitian ini menganalisis pengaruh manajemen operasional terhadap kepuasan pasien dengan mutu layanan sebagai variabel mediasi pada pelayanan rawat inap. Metode: Penelitian kuantitatif cross-sectional pada 120 pasien dewasa rawat inap (≥48 jam) dengan convenience

Pelayanan; Kepuasan Pasien; Analisis Mediasi	sampling. Data dikumpulkan melalui kuesioner SERVQUAL dan kepuasan pasien menggunakan skala Likert lima poin. Analisis menggunakan regresi linier berganda dan uji Sobel (α=0,05). Hasil: Manajemen operasional berpengaruh positif terhadap kepuasan pasien (β=0,189; p=0,020), dan kualitas layanan berpengaruh signifikan (β=0,705; p<0,001). Nilai R^2 sebesar 0,749 menunjukkan kontribusi 74,9%. Uji Sobel (Z=7,24; p<0,001) mengonfirmasi peran mediasi kualitas layanan. Kesimpulan: Manajemen operasional dan mutu layanan berpengaruh signifikan terhadap kepuasan pasien, dengan mutu layanan sebagai mediator penting.

INTRODUCTION

More people are needing better healthcare, so hospitals around the world are working to improve their management systems. Hospitals must not only offer good medical care but also use their resources wisely to give patients the best possible care. In the context of modern hospital management, operational efficiency has become a crucial factor influencing service quality and overall organizational performance. Taking care of how patients move through the hospital, managing the number of beds available, and working together to provide care are all important parts that help make hospital services work well. Managing hospital capacity well helps improve the quality of patient care, makes hospital operations run more smoothly, and strengthens the ability of health systems to handle growing healthcare needs.

Hospitals have important daily tasks, and managing beds and planning when patients leave are two key activities that have a big impact on how inpatient care is handled. Bed management involves the planning, allocation, utilization, and monitoring of hospital beds to optimize patient placement, reduce length of stay, and enhance bed turnover rates. A good bed management system helps hospitals handle their services better, cut down on how long patients have to wait, and make the best use of medical resources. Meanwhile, discharge planning is a teamwork

process where doctors, nurses, and other healthcare workers work together with patients and their families to make sure that care continues smoothly after the patient leaves the hospital. This process involves making plans for follow-up, teaching patients about their care, and working with other healthcare providers to avoid problems and lower the chance of needing to go back to the hospital.

In modern healthcare systems, patient satisfaction is not only a measure of service quality but also determinant of the longevity of hospitals and their operations. The link between the functioning of a hospital and patient satisfaction may not always be seamless. In many cases, the impact of operational management practices on patient happiness can be indirectly caused by intermediary factors, such as service quality. Service quality refers to the way patients experience and think about their healthcare experiences while in the hospital. The SERVQUAL model is based on five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. This model allows for the assessment of the disparity between patients' expectations and their perceptions of care delivered within the institution.

Research conducted in various countries has revealed that the quality of service is a significant factor in how patients perceive their healthcare experiences. Recent studies have found that empathy, assurance, and responsiveness are the most influential factors on inpatient satisfaction levels. Inpatient satisfaction levels are most influenced by the dimensions of empathy, assurance, and responsiveness, as per recent research. Studies have shown that the quality of healthcare services goes beyond patient satisfaction and can enhance patient loyalty and trust in healthcare facilities.

Further people are starting to realize how important it's to manage sanitarium operations well, but there is not important exploration looking at how functional operation, service quality, and patient satisfaction are connected in Indonesian hospitals. utmost before exploration has substantially looked at how service quality directly affects patient satisfaction, but they have not taken into account how sanitarium operations play a big part in determining service quality. farther exploration is demanded on the interceding part of service quality in the relationship between functional operation and case satisfaction, especially within the

environment of inpatient healthcare services. Muhammadiyah Jombang Hospital is a sanitarium that provides secondary- position healthcare services and is positioned in Jombang Regency, which is part of East Java, Indonesia. In recent times, the sanitarium has started several sweats to make its services more by perfecting how it manages its operations. This includes making changes to how beds are handled and how cases are prepared to leave the sanitarium. still, original compliances suggest that patient satisfaction scores remain inconsistent. In the first three months of 2024, the average case satisfaction score was 76.5, which is still lower than the sanitarium's thing of 85. functional checkups of the bed allocation system and discharge planning processes showed varying performance situations that could affect the quality of care given to cases.

Thus, this study aims to dissect the effect of functional operation, conforming of bed operation and discharge planning, on patient satisfaction in outpatient services, as well as to examine the interceding part of service quality in this relationship. This study uses several direct retrogression analyses along with the agreement framework developed by Baron and Kenny to provide real evidence about how functional operation, service quality, and patient satisfaction are connected. The findings of this study are anticipated to give practical perceptivity for sanitarium directors in developing strategies to ameliorate service quality and enhance patient satisfaction in a sustainable manner.

METHODS

The researchers from Muhammadiyah Jombang Hospital in East Java, Indonesia, used a quantitative method with an across-sectional design for their study. Ethical approval was obtained from the Health Research Ethics Committee of the Faculty of Health Lores, Universitas Muhammadiyah Surabaya (Ref. No. 008/ KEPK/ F/ I/ FIK/ 2026) and the research was sanctioned by the sanitorium (reference number 737/ III.6. UA./ A2025). Participants in the research were adults who had undergone at least one round of rehabilitation and were able to converse well; they had to have advanced at least 18 times. Based on their availability and willingness to participate throughout the data collecting period, a convenience slice manner was used to identify a total of 120 attesters. This study's variables were service quality as an

intermediary, patient satisfaction as the dependent variable, and functional operation as the independent variable. functional operation was measured using two confines bed operation and discharge planning. Case satisfaction was assessed using a single dimension representing overall satisfaction. Meanwhile, service quality was measured predicated on the SERVQUAL model, which includes five confines tangibles, responsibility, responsiveness, assurance, and empathy. Data were collected using a structured questionnaire shaped from previously validated instruments. The questionnaire comported of 8 particulars measuring functional operation, 11 particulars measuring service quality, and 2 particulars measuring patient satisfaction. All particulars were assessed using a five- point Likert scale ranging from 1(strongly differ) to 5(strongly agree). Instrument validity was tested using Pearson correlation analysis, with a minimum respectable correlation measure of r> 0.30. responsibility was assessed using Cronbach's birth, with a threshold value of ≥ 0.70, indicating good internal consistence. Data collection was conducted in December 2025. Questionnaires were distributed directly to attesters duringnon- peak service hours after carrying written informed concurrence. Completed questionnaires were collected directly to ensure wholeness and delicacy of the data. The SPSS was used to conduct the data analysis. The study's variables and the attesters' traits were characterized using descriptive analysis. The use of multiple direct regression analysis allowed for the examination of both direct and indirect relations among variables. To determine the importance of the functional operation's indirect influence on patient satisfaction via service quality, the Sobel test was used to measure the interposing component of service quality. The Sobel test was named because it provides a straightforward and considerably accepted approach for assessing agreement goods in regression- predicated models, particularly with a moderate sample size and proposition- driven analysis. also, this system is applicable when the data meet the supposition of normality in the slice distribution of the indirect effect. Although bootstrap styles are constantly recommended for more complex models, the Sobel test remains suitable for this study due to its simplicity, interpretability, and adequacy for proposition- driven agreement analysis. A significance position of 0.05 was applied for all statistical tests. All disquisition procedures stuck to ethical principles, including voluntary

participation, confidentiality, and obscurity of attesters. Written informed concurrence was attained from all actors former to their involvement in the study.

RESULTS

Table 1. Socio Demographic Characteristics of Respondents (N = 120)

Variable	Category	n	%
Age (years)	18–19	2	1.7
	20–29	19	15.8
	30–39	38	31.7
	40–49	28	23.3
	50–59	20	16.7
	>60	13	10.8
Gender	Male	38	31.7
	Female	82	68.3
Education	No formal education	1	0.8
	Primary school	6	5.0
	Junior high school	14	11.7
	Senior high school	57	47.5
	Diploma	12	10.0
	Bachelor (S1)	29	24.2
	Master (S2)	1	0.8
Occupation	Student	3	2.5
	Farmer	9	7.5
	Civil servant	11	9.2
	Private employee	39	32.5
	Entrepreneur	11	9.2
	Retired	1	0.8
	Unemployed	23	19.2
	Others	23	19.2

A aggregate of 120 repliers shared in this study. The maturity of repliers were aged 30 – 39 times(31.7), followed by those aged 40 – 49 times(23.3) and 50 – 59 times(16.7). In terms of gender, utmost repliers were womanish(68.3), while 31.7 were manly. Regarding education position, nearly half of the repliers had completed elderly high academy(47.5), followed by bachelorette's degree holders(24.2). In terms of occupation, the largest group was private workers(32.5), while 19.2 were jobless and 19.2 were distributed as others.

Table 2. Results of Multiple Linear Regression Analysis

Variable	β	p-value
Operational Management (X)	0.189	0.020
Service Quality (Z)	0.705	<0.001

Model Fit: $R^2 = 0.749$; $F = 175.855$; $p < 0.001$

The model is statistically significant ($F = 175.855$; $p < 0.001$) according to the multiple linear regression analysis, which also shows a R^2 value of 0.749. This means that operational management and service quality account for 74.9% of the variation in patient satisfaction.

Operational management positively and significantly impacts patient satisfaction on an individual level ($\beta = 0.189$; $p = 0.020$). At the same time, there is a greater positive and statistically significant effect of service quality ($\beta = 0.705$; $p < 0.001$). These findings indicate that improvements in hospital operational management and service quality contribute significantly to increasing patient satisfaction.

Table 3. Integrated Mediation Analysis of Operational Management, Service Quality, and Patient Satisfaction

Path	Relationship	B / Beta	Std. Error	t-value	p-value	Result
X → Y	Operational Management → Patient Satisfaction	0.189	0.041	2.367	0.020	Significant
Z → Y	Service Quality → Patient Satisfaction	0.705	0.029	8.844	<0.001	Significant
X → Z	Operational Management → Service Quality	0.098	0.041	2.367	0.020	Significant
X → Y (Direct)	Operational Management → Patient Satisfaction (without mediator)	0.396	0.031	12.879	<0.001	Significant
X → Z → Y	Indirect Effect (Sobel Test)	–	–	7.24*	<0.001	Significant

The results show that how well a hospital is run (X) has a positive and important effect on how satisfied patients are (Y). The effect size is 0.189, and this result is statistically significant with a p-value of 0.020. This suggests that improved hospital operations management, such as bed allocation and discharge planning, can also enhance patient satisfaction. Operational management had a larger direct effect on patient satisfaction when all other variables were disregarded ($B = 0.396$; $p < 0.001$), indicating that operational considerations significantly influence the patient's treatment experience.

The magnitude of the relationship between service quality (Z) and patient satisfaction was greater, with a coefficient of 0.705 ($p < 0.001$). Patients' judgments of service quality which include aspects like responsiveness, dependability, assurance, empathy, and tangibles are the primary determinants of patient satisfaction, according to this report. Theoretically, these results match up with the SERVQUAL model created by A. Parasuraman, Valarie A. Zeithaml, and Leonard L. The statement indicates that customer perceived service quality is the main predictor of satisfaction.

The analysis also revealed that operational management significantly influenced service quality ($B = 0.098$; $p = 0.020$). This shows that having a good system in place is important for making sure services are of high quality. From a healthcare management perspective, enhancing process efficiency, coordination between departments, and ensuring timely service delivery will lead to improved patient perceptions of the quality of care received.

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Operating management indirectly affects patient satisfaction via service quality, according to the Sobel mediation test findings ($Z = 7.24$; $p < 0.001$). This suggests that service quality functions as a significant mediating variable in this relationship. So, most of how operational management affects patient satisfaction happens because of better service quality.

The difference in coefficient values reflects the distinction between total effect (without mediator) and direct effect (with mediator included in the model).

This finding aligns with Richard L. Oliver's idea about customer satisfaction says that how satisfied a customer is depends on how much what they expected matches what they actually experienced. In this study, effective operational management enhances service performance, which is perceived as service quality, thereby influencing patient satisfaction. Overall, the connection between the variables shows partial mediation, meaning that the effect of operational management on

patient satisfaction is mostly passed through service quality. Therefore, enhancing satisfaction necessitates the integration of operational efficiency and patient-perceived service quality.

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MEDIATION TEST RESULT

In order to determine the importance of the indirect influence of operational management on patient satisfaction via service quality, the mediating function of service quality was examined using the Sobel test. The standard errors and regression coefficients from the prior study formed the basis of the test.

1. Sobel Test Calculation

$$Z = \frac{a \times b}{\sqrt{(b^2 \times Sa^2) + (a^2 \times Sb^2)}}$$

$$Z = \frac{0.396 \times 0.255}{\sqrt{(0.255^2 \times 0.031^2) + (0.396^2 \times 0.029^2)}}$$

$$Z = \frac{0.10098}{\sqrt{(0.0650 \times 0.000961) + (0.1568 \times 0.000841)}}$$

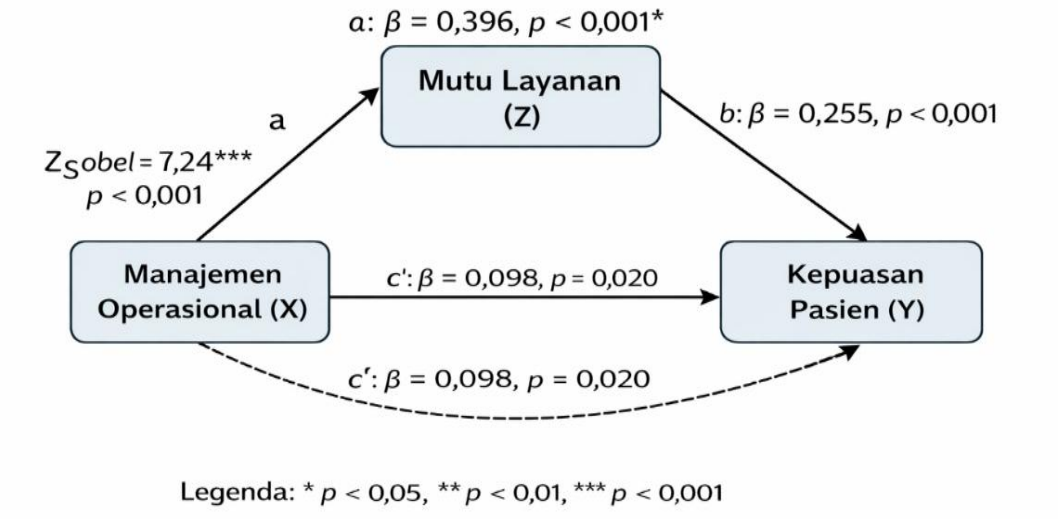
$$Z = \frac{0.10098}{\sqrt{0.0000625 + 0.0001318}}$$

$$Z = \frac{0.10098}{0.01394}$$

$$Z = 7.24$$

Table 4. Integrated Mediation Effect and Sobel Test Results

Path	Relationship	Coefficient (B)	Std. Error	t / Z value	p-value	Result
X → Y	Operational Management → Patient Satisfaction	0.396	0.031	12.879	<0.001	Significant
X → Z	Operational Management → Service Quality	0.098	0.041	2.367	0.020	Significant
Z → Y	Service Quality → Patient Satisfaction	0.255	0.029	8.844	<0.001	Significant
X → Z → Y	Indirect Effect (Sobel Test)	–	–	7.24*	<0.001	Significant



Picture 1. Mediation Model

The mediation analysis with the Sobel test shows that service quality plays a significant role in connecting how well operations are managed with how satisfied patients are. The Sobel test showed a Z value of 7.24 ($p < 0.001$), which is higher than the critical value of 1.96, meaning there's a significant indirect effect.

The regression analysis showed that operational management has a significant positive effect on patient satisfaction ($\beta = 0.396$; $p < 0.001$). Operational management has a noticeable impact on service quality ($\beta = 0.098$; $p = 0.020$), and service quality demonstrates a substantial influence in determining patient satisfaction ($\beta = 0.255$; $p < 0.001$). These findings suggest that enhancements in hospital operational management not only directly boost patient satisfaction but

also indirectly contribute to improved patient satisfaction by enhancing perceived service quality. Therefore, service quality serves as a significant mediating variable in the relationship between operational management and patient satisfaction.

DISCUSSION

The findings of this study punctuate the complex relationship between management operation, service quality, and patient satisfaction, which will be bandied in light of being propositions and empirical substantiation. To dissect the relationship between variables, this study used direct retrogression and agreement tests to examine the effect of functional operation on patient satisfaction, both directly and through service quality as an intermediating variable. The first model tested the direct effect, while the alternate tested the interceding part of service quality. The results of this analysis are presented in Table 4 below.

Table 4. Regression and Mediation Analysis of Operational Management, Service Quality, and Patient Satisfaction

Variable	B	S.E.	t	Sig.	Std. Beta
Model 1					
Operational Management (X)	0.396	0.031	12.879	<0.001	0.763
Model 2					
Operational Management (X)	0.098	0.041	2.367	0.020	0.189
Service Quality (Z)	0.255	0.029	8.844	<0.001	0.705

The results of the retrogression analysis in Model 1 indicate that functional operation has a positive and significant influence on patient satisfaction (B = 0.396; S.E. = 0.031; t = 12.879; $p < 0.001$; $\beta = 0.763$). The fairly large measure value and high t- value indicate that functional operation is a strong predictor in explaining variation in patient satisfaction. Empirically, this finding confirms that the further effective sanitarium functional operation — similar as bed allocation, service inflow effectiveness, and discharge planning — the advanced the position of patient satisfaction. Theoretically, these results align with the conception of functional operation in healthcare, which emphasizes process effectiveness, resource optimization, and timely service delivery as crucial determinants of patient experience. Within the frame of service operation proposition, a good functional system will minimize staying times, ameliorate collaboration between units, and

insure durability of service, eventually having a direct impact on patient satisfaction. therefore, these findings support the view that patient satisfaction is n't only told by clinical aspects, but also by how the functional system is managed as a whole. From the author's perspective, the significant direct influence of functional operation indicates that hospitals still calculate heavily on specialized and executive aspects in shaping patient comprehensions. This can be interpreted as meaning that cases tend to be sensitive to palpable aspects of the process, similar as speed of service, bed vacuity, and smooth executive processes. In Model 2, where service quality was considered as a mediating factor, the findings indicated that the direct effect of functional operations on patient satisfaction decreased (B = 0.098; S.E. = 0.041; t = 2.367; p = 0.020; β = 0.189), even though it was still statistically significant. Once again, the quality of service had a bigger impact on how satisfied patients were (B = 0.255; S.E. = 0.029; t = 8.844; p < 0.001; β = 0.705). The decrease in the measure value for the functional operation variable suggests the intervening aspect of service quality in this relationship. In theory, these results match up with service quality models like SERVQUAL, which suggests that patient satisfaction is mostly influenced by how well they understand the quality of service, including aspects like trustworthiness, how quickly they respond, the confidence they feel, how caring they are treated, and the physical elements of the service. In this case, functional operation works as an enabler system that helps produce the stylish possible service quality. This means that a good working system doesn't directly make people feel better, but it helps by making the service seem more understanding from the person's point of view. In the author's view, these results suggest that cases estimate a sanitarium not just grounded on the effectiveness of its system, but primarily on their perception of the service. In other words, the effectiveness of sanitarium functional operation a service is delivered shows how successful the functional operation has been in practice. When we include the service quality variable, the direct impact of functional operation becomes lower, which shows that utmost of the effect of functional operation is passed on through how cases perceive the quality of service. likewise, this pattern indicates partial agreement, where functional operation still has a direct influence on patient satisfaction, but the maturity of its influence is

conducted through service quality. This means that hospitals can be more successful in making cases happy if they focus on making processes run smoothly and ensure that every part of their operations helps provide a good quality experience for the cases. Overall, these findings indicate that the way an installation is managed, the quality of care provided, and the happiness of patients are part of a larger, interconnected system. Therefore, strategies to improve patient satisfaction should be thoroughly implemented, integrating functional system improvements with enhancements in service quality to achieve optimal results. Thus, strategies to enhance patient satisfaction should be thoroughly implemented, combining functional system advancements with service quality improvements to achieve optimal results.

CONCLUSION

The study shows that how well a service works and the quality of the service both play a role in how satisfied patients are. The way the service functions influences patient satisfaction, but this impact becomes less noticeable when the quality of the service is taken into account. This shows that service quality has a bigger effect on how satisfied the cases are. Functional operation has also been shown to play a part in perfecting service quality. utmost of how functional operation affects patient satisfaction happens through participated services. So, just making effects run faster is not enough to make cases happier; you also need to make sure they feel the care and service they admit is of good quality. Hospitals need to use a combined approach that includes keeping things working well and improving services with patient involvement to get the best results for patients.

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