

## The Role of Patient Satisfaction in Mediating Quality and Accessibility to Health Service Utilization

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### ABSTRACT

Concerns regarding patient satisfaction at Kasih Ibu Denpasar Hospital indicate potential issues related to service quality and accessibility. This study aims to examine the mediating role of patient satisfaction in the relationship between service quality, service accessibility, and health service utilization. A quantitative approach was employed involving 82 outpatient respondents, with data collected through structured questionnaires. Partial Least Squares-Structural Equation Modeling (PLS-SEM) was used for data analysis. The results show that service quality has a strong and significant effect on patient satisfaction ( $\beta = 0.728$ ;  $p < 0.001$ ), as does service accessibility ( $\beta = 0.233$ ;  $p < 0.01$ ). Service quality does not have a significant direct effect on health service utilization ( $\beta = 0.020$ ;  $p > 0.05$ ), whereas service accessibility has a significant positive effect ( $\beta = 0.454$ ;  $p < 0.001$ ). Patient satisfaction also significantly influences health service utilization ( $\beta = 0.167$ ;  $p < 0.05$ ). Mediation analysis indicates that patient satisfaction fully mediates the relationship between service quality and utilization and partially mediates the relationship between service accessibility and utilization. These findings highlight the importance of improving service quality, accessibility, and patient experience to enhance health service utilization.

**Keywords:** Health Service Utilization; Healthcare Management; Patient Satisfaction; Service Accessibility; Service Quality

## INTRODUCTION

Health services play a critical role in improving population health outcomes, and hospitals serve as essential providers of promotive, preventive, curative, and rehabilitative care. Recent studies emphasize that service utilization is influenced not merely by the availability of facilities but by patients' perceptions of service quality, accessibility, and satisfaction, which shape their willingness to seek and continue care (Duong et al., 2021). At Kasih Ibu Denpasar Hospital, outpatient and inpatient visits have continued to decline over the past four years, alongside decreasing satisfaction levels in administrative services, communication, and facilities. Although the hospital is geographically and financially accessible, issues such as long waiting times, ineffective communication, and discomfort in service areas persist. Research shows that even when structural access is adequate, negative patient experiences can significantly reduce service utilization and retention (Fu et al., 2021; Xiao et al., 2021). To explore these issues empirically, this study utilizes primary data collected from 82 outpatients during the 2024 operational period, representing the hospital's active patient population.

In light of these service performance issues, the urgency of this research becomes increasingly evident. Persistent declines in patient visits and satisfaction can undermine hospital competitiveness, disrupt continuity of care, and reduce public trust, particularly in private hospitals where patients expect higher service responsiveness and comfort (Singh et al., 2021). If these problems remain unaddressed, they may escalate into broader organizational challenges such as decreased revenue streams, inefficient resource utilization, and weakened patient loyalty. Consequently, identifying the key determinants that drive satisfaction and utilization is not only academically relevant but also essential for ensuring the hospital's operational sustainability.

Beyond these local service challenges, recent global and regional evidence highlights that patients increasingly evaluate health services not only based on clinical outcomes but also on the overall experiential value they receive. Elements such as interpersonal interactions, clarity of information, service timeliness, and emotional comfort have been identified as strong determinants of satisfaction, especially in private healthcare settings where expectations of personalized and responsive service are higher (Ali & Agyapong, 2015). These changing expectations require hospitals to continuously adapt service delivery models in order to remain competitive and to maintain patient loyalty.

In addition, emerging literature emphasizes a shift toward integrated service performance models that place patient experience at the center of service evaluation. Models such as the Patient-Experience Value Framework and the revised SERVQUAL perspectives (2020–2024 updates) highlight that accessibility and quality are no longer viewed as isolated determinants but are part of a multidimensional pathway that ultimately influences utilization behavior through satisfaction. This perspective strengthens the rationale for analyzing satisfaction as a mediating mechanism that links structural service attributes to actual patient behavior. Empirical findings on the relationships among service quality, accessibility, satisfaction, and utilization remain inconsistent.

Recent studies showed that service quality strongly influences satisfaction and reuse intentions (Blixen et al., 2020), while other research reported that service quality does not directly affect utilization, suggesting the potential role of mediating variables (Alim et al., 2023). Similarly, accessibility has been found to both significantly influence utilization in other cases and show weak or insignificant effects when quality and satisfaction are low (Shen & Yahya, 2021). These inconsistencies indicate a clear research gap,

particularly regarding whether service quality and accessibility exert direct or indirect effects on utilization in private hospital settings.

Recent literature also highlights patient satisfaction as a key psychological mechanism that shapes how patients evaluate service experiences and translate them into behavioral outcomes, including repeated visits and service utilization (Iseselo & Ambikile, 2020; Shen & Yahya, 2021). Positioning satisfaction as a mediator provides a theoretical pathway to explain why improvements in service quality or accessibility alone may not increase utilization without corresponding improvements in patient experience. Therefore, this study aims to examine the direct effects of service quality and service accessibility on patient satisfaction and the utilization of health services at Kasih Ibu Denpasar Hospital, and to analyze whether satisfaction mediates these relationships. Theoretically, this study contributes to the current literature by offering an integrated model that clarifies the behavioral mechanism linking service structure to utilization. Practically, the findings provide evidence-based recommendations for Kasih Ibu Denpasar Hospital to improve service procedures, enhance communication effectiveness, and strengthen patient experience in order to increase satisfaction and service utilization.

## **LITERATURE REVIEW**

### **Stakeholder Theory**

Stakeholder theory explains that the success of an organization is largely determined by its ability to balance the interests of all parties involved or affected by its activities. This theory places the organization as a social entity that is not only accountable to shareholders, but also to various parties such as consumers, employees, society, suppliers, and governments. Negash et al. (2020) stated that the balance of stakeholder interests is the key to creating sustainable organizational performance. Bridoux and Vishwanathan (2020) added that this theory aims to minimize the negative risks of company activities to stakeholders. Furthermore, Lee and Cheng (2019) emphasized that organizational responsibility must go beyond mere profit orientation and pay attention to broader social aspects. Adhikari et al. (2021), as the main initiator of this theory, explain that organizations that focus on creating shared value for all stakeholders tend to be more successful in the long run.

In the context of healthcare, stakeholder theory is closely related to customer satisfaction as one of the indicators of organizational success. When the principles of stakeholder theory are applied, organizations will be more responsive to customer expectations, improve service quality, and build long-term mutually beneficial relationships. This includes the development of services that pay attention to the technical and social dimensions, as well as building effective two-way communication (Yamagami, 2024). Organizations that integrate stakeholder theory across the board are likely to show improvements in customer satisfaction and service quality, as management's focus is directed at meeting the needs and expectations of all stakeholders. Good implementation of this theory also strengthens the organization's ability to deal with risks and create innovation opportunities.

### **Theory of Planned Behavior (TPB)**

The Theory of Planned Behavior (TPB) remains one of the most widely applied behavioral frameworks for predicting health-related decisions in contemporary research. Recent studies emphasize that individuals' behavior is shaped by intention, which emerges from three components: attitudes toward the behavior, subjective norms, and perceived behavioral control. These components guide how individuals interpret

information, evaluate consequences, and make rational choices regarding healthcare utilization (Mwebesa et al., 2025). TPB is highly relevant in health service contexts because it explains how psychological factors interact with structural service conditions to influence patients' decisions to seek, continue, or avoid care.

Recent literature highlights that service quality is a key driver shaping positive attitudes toward healthcare services. When patients perceive reliability, responsiveness, assurance, and empathy from service providers, they develop more favorable attitudes and stronger intentions to reuse services (Pedersen et al., 2023). Subjective norms, such as encouragement from family, peers, and social groups, have also been shown to influence healthcare-seeking decisions, particularly in cultures where collective expectations guide individual actions (Dawson et al., 2024). Meanwhile, accessibility strongly affects perceived behavioral control, reflecting the extent to which patients feel capable of accessing services based on affordability, location, and procedural clarity (Ahmed et al., 2025). Studies confirm that when patients perceive high control, their intention to utilize services significantly increases (Aryani et al., 2021).

Recent empirical evidence also reinforces TPB's relevance in mediating the relationship between service perceptions, satisfaction, and behavioral outcomes. Research shows that patients who experience high-quality services are more likely to form positive behavioral intentions such as recommending services, revisiting the facility, or maintaining care continuity (Bailusy et al., 2022). Satisfaction serves as an important affective outcome within TPB pathways and strengthens intentions by translating positive service perceptions into repeat behaviors (Aqila et al., 2022). Therefore, TPB provides a robust theoretical foundation for explaining how service quality, social influence, and accessibility shape patient decision-making in modern healthcare environments.

### **Expectation-Confirmation Theory (ECT)**

Expectation-Confirmation Theory (ECT) explains that satisfaction arises when consumers compare initial expectations with perceived service performance. Positive confirmation leads to satisfaction, whereas negative disconfirmation results in dissatisfaction. Recent studies show that disconfirmation is the strongest predictor of satisfaction, surpassing expectations or performance alone (Alamanda et al., 2021). In healthcare, ECT is highly relevant because patient experiences depend on transparency, empathy, and reliability. When service performance exceeds expectations, patients demonstrate greater loyalty and intention to reuse services (Tan et al., 2022). Contemporary research also highlights that emotional responses strengthen the link between confirmation and satisfaction, making ECT suitable for analyzing modern healthcare interactions, including telemedicine (Runtunuwu & Kotib, 2021).

### **Customer Satisfaction Theory**

Recent developments in customer satisfaction theory emphasize that satisfaction is shaped by both cognitive evaluations and emotional responses. Studies indicate that satisfaction is influenced not only by rational assessments of service quality but also by emotional engagement formed during service encounters (Singh et al., 2021). Strong satisfaction subsequently develops into loyalty through trust and consistent positive experiences (Blixen et al., 2020). In healthcare settings, this model underscores the importance of both technical service quality and empathetic provider interactions in fostering patient retention and positive recommendations.

### **Service Quality**

Service quality is the perception of consumers regarding the extent to which services meet their expectations. This quality is determined by the comparison between actual

performance and consumer expectations. Good service can provide satisfaction to the community. The quality of service is assessed through established standards and can be considered very good if it exceeds expectations, good if it meets expectations, and bad if it is below expectations (Amrizal, 2020). In health services, there are two levels of customer expectations: adequate service and desired service (Azwar, 2017).

### **Accessibility of Health Services**

Accessibility refers to the ease of reaching health services, including location, transportation, and facility readiness (Iseselo & Ambikile, 2020). Access involves factors that make it easier to use services. Good accessibility affects the use of health services and reflects the adjustment between service providers and community needs (Adhikari et al., 2021). Factors such as distance, travel time, and socio-economic conditions affect the ease of access.

### **The Concept of Patient Satisfaction**

Patient satisfaction is the result of a subjective evaluation that shows a comparison between expectations of ideal service and perception of actual services received. Satisfaction reflects the patient's cognitive and emotional reactions. Satisfaction is achieved if the actual performance is in accordance with previous expectations. Understanding the factors that shape satisfaction is important to create a positive service experience and support the utilization of health services.

### **Utilization of Health Services**

The utilization of health services refers to the use of health facilities for the prevention, detection, and treatment of diseases. Utilization is influenced by the accessibility of the service and the individual's capacity to use it (Levesque et al., 2023). Utilization is an important indicator in assessing the effectiveness and fairness of health systems. Utilization behavior is influenced by individual characteristics, the environment, and social forces (Yamagami, 2024).

### **Hypotheses Development**

#### ***The Effect of Service Quality on Patient Satisfaction***

The quality of service is a crucial factor that influences the level of patient satisfaction. When services are delivered promptly, professionally, and supported by adequate facilities, patients tend to report higher satisfaction. Conversely, inefficient procedures, poor communication, or unmet emotional needs can significantly reduce satisfaction. Recent international studies consistently confirm this relationship. For instance, Dawson et al. (2024) found that service quality dimensions, such as reliability, responsiveness, and empathy, significantly enhance patient satisfaction in hospital settings. Similarly, Aqila et al. (2022) demonstrated that high-quality service delivery contributes directly to higher satisfaction and strengthens patients' trust and loyalty toward healthcare institutions. Based on this evidence, the first hypothesis was formulated:

H1: The quality of service has a positive effect on patient satisfaction at Kasih Ibu Denpasar Hospital.

#### ***The Effect of Service Accessibility on Patient Satisfaction***

Healthcare accessibility also plays an important role in shaping patient satisfaction. Factors such as an easy-to-reach location, flexible operating hours, and the availability of adequate facilities and health personnel determine patients' perception of the ease of service. Research by Bailusy et al. (2022) and Yamagami (2024) confirms that the better the access the patient has, the higher the level of satisfaction felt. Thus, the second hypothesis in this study is formulated as follows:



H2: Service accessibility has a positive effect on patient satisfaction at Kasih Ibu Denpasar Hospital.

***The Influence of Service Quality on Health Service Utilization***

Good service quality not only has an impact on satisfaction, but also on the level of utilization of health services. When services show high reliability, empathy, and responsiveness, patients are more likely to return and use services repeatedly. This is supported by findings from [Alim et al. \(2023\)](#) and [Ibidunni et al \(2018\)](#), who state that service quality has a significant effect on the intention and behavior of health service utilization. So, the following hypothesis is formulated:

H3: The quality of service has a positive effect on the utilization of health services at Kasih Ibu Denpasar Hospital.

***The Effect of Service Accessibility on Health Service Utilization***

In the context of the health service system, accessibility is the main supporting factor for the community to take advantage of health facilities. Factors such as distance, travel time, and means of transportation influence a person's decision to access services. Research by [Adhikari et al. \(2021\)](#) consistently shows that accessibility has a positive and significant influence on service utilization. Therefore, the next hypothesis can be formulated as:

H4: Service accessibility has a positive effect on the utilization of health services at Kasih Ibu Denpasar Hospital.

***The Effect of Patient Satisfaction on Health Service Utilization***

Patient satisfaction plays an important role in driving increased frequency of visits and loyalty to healthcare services. When patients are satisfied, they tend to comply with the treatment, make repeat visits, and recommend the service to others. Research by [Alamanda et al. \(2021\)](#), [Aryani et al. \(2021\)](#), and [Tan et al. \(2022\)](#) confirmed a significant positive relationship between satisfaction and utilization of health services. Thus, the following hypothesis was formulated:

H5: Satisfaction has a positive effect on the utilization of health services at Kasih Ibu Denpasar Hospital.

***Patient Satisfaction Mediates Service Quality Towards Health Service Utilization***

Patient satisfaction can also act as a mediating variable in the relationship between service quality and healthcare utilization. Through positive experiences gained from quality services, patients form perceptions and emotions that encourage them to use the service repeatedly. The SERVQUAL theory and the TPB support this mediation role, as evidenced by the research of [Mwebesa et al. \(2025\)](#), [Negash et al. \(2020\)](#), and [Rahmawati & Rinofah \(2021\)](#). Therefore, the following hypothesis is proposed:

H6: Patient satisfaction is able to mediate the influence of service quality on the utilization of health services at Kasih Ibu Denpasar Hospital.

***Patient Satisfaction Mediates Service Accessibility to Health Service Utilization***

Similarly, good accessibility does not always guarantee the utilization of the service if it is not accompanied by a satisfactory experience. In this case, patient satisfaction can be a bridge between easy access and the decision to actually use the service. Findings from [Duong et al. \(2021\)](#) show that the influence of accessibility on service utilization is

strengthened by patient satisfaction levels. Based on this, the last hypothesis in this study is:

H7: Patient satisfaction is able to mediate the influence of service accessibility on the utilization of health services at Kasih Ibu Denpasar Hospital.

### Conceptual Framework

**Figure 1.** Research Framework

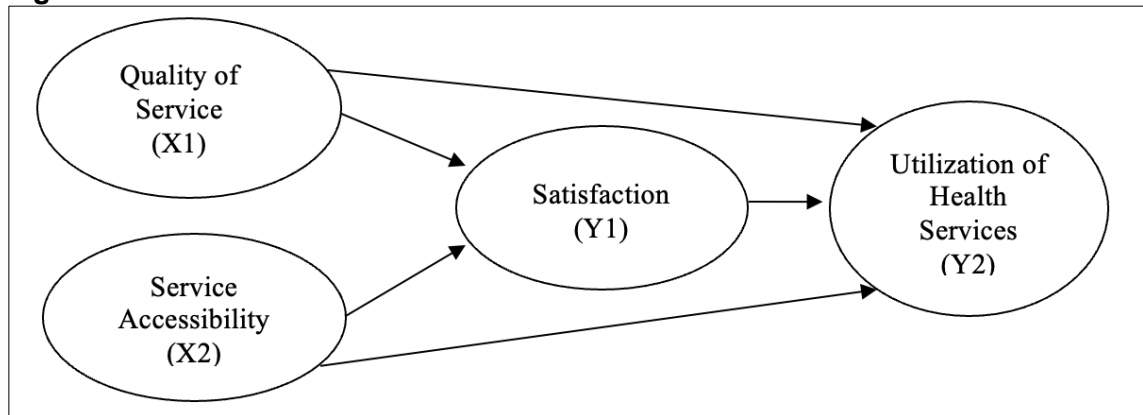


Figure 1 presents the conceptual framework of this study, illustrating the relationships among the main variables. It depicts how service quality (X1) and service accessibility (X2) influence health service utilization (Y2), both directly and indirectly through patient satisfaction (Y1) as a mediating variable. This framework highlights the central role of patient satisfaction in bridging the effects of service quality and accessibility on the utilization of health services.

## RESEARCH METHOD

This study employed a rigorous quantitative research design utilizing a causal-mediation approach to investigate the hypothesized relationships between variables. The research was conducted at Kasih Ibu Denpasar Hospital between April and May 2025. The core focus was to assess the influence of service quality and service accessibility on the utilization of health services, with patient satisfaction serving as the crucial mediating variable.

The target population for this study encompassed all outpatients utilizing services at Kasih Ibu Denpasar Hospital, averaging 320 patients per month. The sample was determined using a non-probability purposive sampling technique. The minimum required sample size was precisely calculated using G\*Power analysis with the following parameters:

$$\text{Correlation } \rho_{H1} = 0.3, \alpha \text{ err prob} = 0.05 \text{ and Power } (1 - \beta \text{ err prob}) = 0.80$$

This analysis yielded a minimum sample size requirement of 82 respondents. This size is also consistent with best practices for Partial Least Squares-Structural Equation Modeling (PLS-SEM), ensuring adequate statistical power and stability for model estimation.

The operational definitions of the research variables are as follows: Service Quality (X1) is operationalized as the service activity provided that meets patient expectations and needs, measured by five SERVQUAL dimensions: Reliability, Assurance, Tangibles,

Responsiveness, and Empathy. Service Accessibility (X2) is defined as the patient's ability to reach and utilize health services according to their needs, guided by the indicators of Approachability, Acceptability, Availability and Accommodation, Affordability, and Appropriateness (Fu et al., 2021). Patient Satisfaction (Y1) is the patient's level of feeling towards service quality, resulting from comparing actual performance with expected performance, measured through Comfort, Patient-Staff Relationship, Technical Staff Competence, and Cost. Finally, Health Service Utilization (Y2) refers to the actual use of health service facilities, measured by Frequency of Visits, Type of Service Used, Appropriateness of Service to Needs, Service Utilization Ratio, and Continuity of Utilization.

Data collection involved a combination of methods, including structured questionnaires (for quantitative data) and supplementary interviews, observations, and documentation (for qualitative context). Prior to deployment, the quantitative instrument underwent rigorous testing. Validity was assessed using the Corrected Item-Total Correlation to ensure all items adequately measure their intended constructs. Reliability was confirmed using Cronbach's Alpha, with minimum thresholds met across all variable scales. Ethical considerations were paramount. Before data collection, formal ethical clearance was secured from the hospital and an independent review board (or equivalent institution). All potential respondents were thoroughly informed about the study's purpose, their right to voluntary participation or withdrawal, and the measures taken to ensure the confidentiality and anonymity of their responses. Written informed consent was obtained from all 82 participants before administering the questionnaire.

Data analysis included both descriptive and inferential statistics. Inferential analysis was carried out using the PLS-SEM approach, implemented via SmartPLS software. Evaluation of the measurement model (Outer Model) involved assessing Convergent Validity (Average Variance Extracted/AVE and factor loadings), Discriminant Validity (Fornell-Larcker criterion or Heterotrait-Monotrait Ratio/HTMT), and Composite Reliability (CR) and Cronbach's Alpha. The structural model (Inner Model) was evaluated by examining its predictive power, specifically the R-square value for endogenous variables, and the model's relevance, measured by the Q-square statistic. Hypothesis testing was conducted using the bootstrapping procedure (t-test) at a significance level of  $p \leq 0.05$ . The mediation analysis followed the specific procedure outlined by Hair et al. (2019) to determine the nature and significance of patient satisfaction's mediating effect.

## RESULTS

### Descriptive Analysis Results

#### *Respondent Characteristics*

**Table 1.** Respondent Characteristics

Characteristics	Frequency	Percentage (%)
Gender		
Man	38	46.3
Woman	44	53.7
Age		
31-40 years old	22	26.8
41-50 years old	59	72.0
> 50 years old	1	1.2
Education		
Junior High School	5	6.1
Senior High School	33	40.2



Bachelor	44	53.7
Work		
Private	49	59.8
Self employed	22	26.8
PNS	11	13.4
How many times as a hospital patient		
1 Time	5	6.1
2 Times	23	28.0
3 Times	42	51.2
4 times	12	14.6
Total	82	100

The respondent characteristics reveal that females dominate with 53.7%, while males make up 46.3%. This suggests that females are more likely to utilize services at Rumah Sakit Kasih Ibu Denpasar. However, this does not generalize that women are more likely to use technology. Regarding age, the majority of respondents are between 41-50 years old (72%), followed by 31-40 years old (26.8%), and those over 50 years old (1.2%). This indicates that patients utilizing services are predominantly adults. Regarding education, 53.7% of respondents hold a bachelor's degree, followed by high school graduates (40.2%) and middle school graduates (6.1%). This reflects that most patients at Rumah Sakit Kasih Ibu Denpasar are well-educated. In terms of occupation, 59.8% are private employees, followed by self-employed individuals (26.8%) and civil servants (13.4%). This suggests that private employees are more likely to use the hospital's services. Regarding the frequency of visits, 51.2% of respondents have visited the hospital three times, with 6.1% visiting only once, indicating that most respondents are frequent users of the hospital's services (see Table 1).

### **Description of Service Quality Variables (X1)**

**Table 2.** Description of Respondents' Perception of Service Quality Variables (X1)

Indicator		Response (%)					Mean	Information
		STD	D	SD	A	SA		
X 1.1.1	The hospital has modern-looking equipment	0	1.2	3.7	59.8	35.4	4.29	Excellent
X 1.1.2	The physical facilities of the hospital look attractive	0	0	3.7	64.6	31.7	4.28	Excellent
X 1.1.3	Employees appear clean/tidy	0	0		54.9	45.1	4.45	Excellent
X 1.1.4	Other related means, such as brochures and forms and so on look attractive	0	2.4	18.3	47.6	31.7	4.08	Good
Tangible (X1.1)							4.30	Excellent
X 1.2.1	If the hospital attendant promises to do something at a certain time, then	0	0	1.2	42.7	56.1	4.54	Excellent

	the attendant does it.							
X 1.2.2	When you have a problem, the hospital staff shows a genuine interest in solving it.	0	0	0	78	22	4.22	Excellent
X 1.2.3	Hospital staff performed the service correctly from the first time.	0	1.2	3.7	51.2	43.9	4.38	Excellent
X 1.2.4	The hospital staff provides their services at the promised time.	0	0	11	68.3	20.7	4.09	Good
X 1.2.5	Hospital officials emphasize the importance of error-free records.	0	0	0	58.5	41.5	4.41	Excellent
Reliability (X1.2)							4.43	Excellent
X 1.3.1	The hospital staff tells you exactly when the service will be provided.	0	0	0	65.9	34.1	4.34	Excellent
X 1.3.2	Hospital staff provide services quickly.	0	0	1.2	64.6	34.1	4.31	Excellent
X 1.3.3	Hospital staff through a superior telephone company will always be willing to help customers.	0	0	0	32.9	67.1	4.67	Excellent
X 1.3.4	Hospital staff are never too busy responding to customer requests.	0	0	9.8	54.9	35.4	4.25	Excellent
Responsiveness (X1.3)							4.41	Excellent
X 1.4.1	Hospital staff behavior fosters trust in customers	0	0	0	22	78	4.78	Excellent
X 1.4.2	You feel safe when transacting with hospital staff	0	0	0	43.9	56.1	4.56	Excellent
X 1.4.3	A good hospital attendant will always be polite to customers.	0	0	1.2	43.9	54.9	4.53	Excellent
X 1.4.4	The hospital staff	0	0	13.9	81.7	13.4	4.08	Good

	has the knowledge to answer your questions							
Insurance (x1.4)							4.51	Excellent
X 1.5.1	The hospital staff gives you personal attention.	0	0	0	48.8	51.2	4.51	Excellent
X 1.5.2	The Hospital's operating hours are appropriate and suitable for all customers.	0	0	0	42.7	57.3	4.57	Excellent
X 1.5.3	The Hospital has employees who pay special attention to you.	0	0	9.8	75.6	14.6	4.04	Good
X 1.5.4	The hospital staff really cares about your interests.	0	0	4.9	64.6	30.5	4.25	Excellent
X 1.5.5	Hospital staff understand your specific needs.	0	0	9.8	75.6	14.6	4.04	Good
Empathy (X1.5)							4.28	Excellent
Quality of Service (X1)							4.36	Excellent

The service quality variable (X1) in this study is measured through five indicators: tangible (X1.1), reliability (X1.2), responsiveness (Y1.3), assurance (Y1.4), and empathy (Y1.5). The results show that patient perceptions of the service quality at Rumah Sakit Kasih Ibu Denpasar have an average score of 4.36, which falls into the "very good" category. The assurance dimension received the highest score (4.51), followed by reliability (4.43), responsiveness (4.41), tangible (4.30), and empathy (4.28). This indicates that respondents are satisfied with the service they received, with assurance being the most dominant indicator reflecting patients' trust in the quality of the services provided. The information for STD is Strongly Disagree, D is Disagree, SD is Slightly Disagree, A is Agree, and SA is Strongly Agree (see Table 2).

### **Description of Health Service Accessibility Variables (X2)**

**Table 3.** Description of Respondents' Perception of Health Service Accessibility Variables (X2)

Size		Respond (%)					Mean	Information
		STD	D	SD	A	SA		
X 2.1.1	The health facilities I need are easily accessible from where I live.	0	9.8	15.9	47.6	26.8	3.91	Good
X 2.1.2	The location of the health facility is easy to find and not confusing to reach.	0	6.1	11	47.6	35.4	4.12	Good
Approachability (X2.1)							4.01	Good
X 2.2.1	The health workers	0	11	30.5	48.8	9.8	3.57	Good

	at this facility treated me with respect and kindness.							
X 2.2.2	The healthcare facility is open to serving patients from various social and cultural backgrounds.	0	2.4	28	48.8	20.7	3.87	Good
Acceptability (X2.2)							3.72	Good
X 2.3.1	This health facility has operating hours that match my schedule.	0	8.5	29.3	42.7	19.5	3.73	Good
X 2.3.2	The health facility has a comfortable and adequate waiting room.	0	4.9	30.5	48.8	15.9	3.75	Good
Availability and Accommodation (X2 .3)							3.74	Good
X 2.4.1	The cost incurred to get services at this health facility is affordable according to my ability.	0	6.1	20.7	56.1	17.1	4.18	Good
X 2.4.2	This healthcare facility provides a variety of payment options that make it easy for me.	0	8.5	17.1	59.8	14.6	4.29	Excellent
Affordability (X2.4)							4.23	Excellent
X 2.5.1	The services I received at this facility were in accordance with my medical needs.	0	0	2.4	76.8	20.7	3.84	Good
X 2.5.2	I feel that the procedures performed at this healthcare facility are up to the standard of care I expected	0	0	3.7	63.4	32.9	3.80	Good
Appropriateness (X2.5)							3.82	Good
Healthcare Accessibility (X2)							3.90	Good

The healthcare accessibility variable (X2) is measured through five indicators: approachability (X2.1), acceptability (X2.2), availability and accommodation (X2.3), affordability (X2.4), and appropriateness (X2.5). The results indicate that the average patient perception of accessibility at Rumah Sakit Kasih Ibu Denpasar is 3.90, which is

categorized as good. The affordability indicator (4.23) received the highest score, showing that the cost of services at this hospital is considered affordable. This reflects the hospital's success in providing services at a reasonable cost, which contributes to increased accessibility and encourages continuous visits (see Table 3).

**Description of Patient Satisfaction Variables (Y1)**

**Table 4.** Description of Patient Satisfaction Variables (Y1)

Size		Respond (%)					Mean	Information
		STD	D	SD	A	SA		
AND 1.1.1	I felt comfortable with the cleanliness and layout of the room during my time in the hospital.	0	0	0	58.5	4.15	4.67	Excellent
AND 1.1.2	Facilities such as toilets/bathrooms, lighting, and cleanliness of the hospital environment are very adequate.	0	0	0	4.15	58.5	4.78	Excellent
Comfort (Y1.1)							4.72	Excellent
AND 1.2.1	The medical staff provided clear and easy-to-understand information during my treatment.	0	0	1.2	58.5	40.2	4.39	Excellent
AND 1.2.2	I felt treated kindly and attentively by both doctors and nurses.	0	0	0	68.3	31.7	4.30	Excellent
Patient-hospital staff relationship (Y1.2)							4.35	Excellent
AND 1.3.1	Hospital staff show good skills and speed in providing services.	0	0	0	51.2	48.8	4.48	Excellent
AND 1.3.2	I am confident in the medical abilities and knowledge of the doctors and other health workers in this hospital.	0	1.2	2.4	72.0	24.4	4.19	Excellent
Technical competence of officers (Y1.3)							4.34	Excellent
AND 1.4.1	The service fee I received was in	0	0	0	32.9	67.1	4.41	Excellent



	accordance with and reasonable with the service provided.							
AND 1.4.2	Information about the details of the service fee is communicated to me clearly and transparently	0	0	0	22	78	4.58	Excellent
Cost (Y1.4)							4.50	Excellent
Satisfaction (Y1)							4.49	Excellent

The patient satisfaction variable (Y1) is measured through four indicators: comfort (Y1.1), patient-staff relationships (Y1.2), staff technical competence (Y1.3), and cost (Y1.4). The average patient satisfaction at Rumah Sakit Kasih Ibu Denpasar is 4.49, indicating a very high level of satisfaction. The comfort dimension (4.72) received the highest score, followed by cost (4.50), patient-staff relationships (4.35), and staff technical competence (4.34). These results indicate that respondents are satisfied with the service provided, which aligns with their expectations (see Table 4).

#### **Description of Health Service Utilization Variables (Y2)**

**Table 5.** Description of Service Utilization Variables (Y2)

Size		Respond (%)					Mean	Information
		STD	D	SD	A	SA		
AND 2.1.1	I often visit this health facility to get the services I need.	0	2.4	0	51.2	46.3	4.41	Excellent
AND 2.1.2	I visit this healthcare facility more often than other places for my health needs	0	0	0	48.8	51.2	4.48	Excellent
Frequency of Visits (Y2.1)							4.45	Excellent
AND 2.2.1	The type of services available at this healthcare facility met all my medical needs.	0	0	0	39	61	4.43	Excellent
AND 2.2.2	I feel like the services I need are	0	0	0	26.8	73.2	4.41	Excellent

	always available at this healthcare facility.							
Type of Service Used (Y2.2)							4.42	Excellent
AND 2.3.1	The services I receive at this facility are always in accordance with my health needs.	0	0	0	36.6	63.4	4.63	Excellent
AND 2.3.2	I felt the service I was getting was in line with my expectations for the health issues I was facing.	0	0	0	45.1	54.9	4.54	Excellent
Fit of Service to Needs (Y2.3)							4.59	Excellent
AND 2.4.1	I feel like I take advantage of almost all the services available at this healthcare facility.	0	0	0	57.3	42.7	4.60	Excellent
AND 2.4.2	I feel that the health services I use are very beneficial for my condition.	0	0	2.4	52.4	45.1	4.73	Excellent
Service Utilization Ratio (Y2.4)							4.67	Excellent
AND 2.5.1	I plan to continue to utilize the healthcare services at this facility in the future.	0	0	4.9	64.6	30.5	4.25	Excellent
AND 2.5.2	I am	0	0	4.9	64.6	30.5	4.25	Excellent

	satisfied with the quality of service provided, which motivates me to continue using this facility.							
Sustainability Utilization (Y2.5)							4.25	Excellent
Utilization of Health Services (Y2)							4.47	Excellent

The healthcare service utilization variable (Y2) is measured through five indicators: frequency of visits (Y2.1), type of services used (Y2.2), service alignment with needs (Y2.3), service utilization ratio (Y2.4), and sustainability of utilization (Y2.5). The average healthcare service utilization at Rumah Sakit Kasih Ibu Denpasar is 4.47, which is categorized as very good. The service utilization ratio indicator (4.67) received the highest score, indicating that the level of usage of facilities and services by the community is very high. This demonstrates that the hospital has successfully attracted patients' interest and built trust in the quality of services, facilities, and accessibility offered (see Table 5).

#### Validity Test Results and Reliability

##### *Validation of Service Quality Variables (X1)*

**Table 6.** Validity Test Results of Service Quality Variables (X1)

Question	Result	Information
X1.1.1	0.569	Valid
X1.1.2	0.722	Valid
X1.1.3	0.610	Valid
X1.1.4	0.620	Valid
X1.2.1	0.657	Valid
X1.2.2	0.612	Valid
X1.2.3	0.703	Valid
X1.2.4	0.621	Valid
X1.2.5	0.716	Valid
X1.3.1	0.569	Valid
X1.3.2	0.722	Valid
X1.3.3	0.681	Valid
X1.3.4	0.723	Valid
X1.4.1	0.679	Valid
X1.4.2	0.820	Valid
X1.4.3	0.604	Valid
X1.4.4	0.614	Valid
X1.5.1	0.829	Valid
X1.5.2	0.641	Valid
X1.5.3	0.681	Valid
X1.5.4	0.640	Valid
X1.5.5	0.823	Valid

Table 6 shows the validity test results for the service quality variable, with a correlation coefficient of all items greater than 0.30. This means that all questions used to measure the service quality variable are declared valid.

#### **Validation of Health Service Accessibility Variables (X2)**

**Table 7.** Validity Test Results of Health Service Accessibility Variables (X2)

Question	Result	Information
X2.1.1	0.766	Valid
X2.1.2	0.403	Valid
X2.2.1	0.845	Valid
X2.2.2	0.804	Valid
X2.3.1	0.792	Valid
X2.3.2	0.442	Valid
X2.4.1	0.507	Valid
X2.4.2	0.700	Valid
X2.5.1	0.810	Valid
X2.5.2	0.871	Valid

In Table 7, the results of the validity test of the health service accessibility variable showed that all questionnaire items had a correlation coefficient above 0.30, so that all questions used to measure the accessibility variables were declared valid.

#### **Validation of Patient Satisfaction Variables (Y1)**

**Table 8.** Results of the Validity Test of Patient Satisfaction Variables (Y1)

Question	Result	Information
X2.1.1	0.766	Valid
X2.1.2	0.403	Valid
X2.2.1	0.845	Valid
X2.2.2	0.804	Valid
X2.3.1	0.792	Valid
X2.3.2	0.442	Valid
X2.4.1	0.507	Valid
X2.4.2	0.700	Valid
X2.5.1	0.810	Valid
X2.5.2	0.871	Valid

Table 8 shows that all items used to measure patient satisfaction variables have a correlation coefficient above 0.30, so that all questions are declared valid.

#### **Validation of Health Service Utilization Variables (Y2)**

**Table 9.** Validity Test Results of Health Service Utilization Variables (Y2)

Question	Corrected Item-Total Correlation	Information
Y2.1.1	0.675	Valid
Y2.1.2	0.754	Valid
Y2.2.1	0.693	Valid
Y2.2.2	0.560	Valid
Y2.3.1	0.674	Valid
Y2.3.2	0.693	Valid
Y2.4.1	0.703	Valid
Y2.4.2	0.784	Valid

Y2.5.1	0.548	Valid
Y2.5.2	0.694	Valid

In Table 9, the results of the validity test of the health service utilization variables showed that all questionnaire items had a correlation coefficient above 0.30, so the questions used to measure this variable were declared valid.

### Reliability Test

**Table 10.** Reliability Test Results

Variable		Coefficient Cronbach Alpha	Information
1	Quality of Service (X1)	0.814	Reliable
2	Healthcare Accessibility (X2)	0.926	Reliable
3	Patient Satisfaction (Y1)	0.846	Reliable
4	Utilization of Health Services (Y2)	0.905	Reliable

The reliability test of the variables of this study was carried out using the Cronbach's Alpha coefficient. Table 10 shows the results of the reliability test, where all variables have a Cronbach's Alpha value above 0.60, which indicates that the research instrument is reliable.

### Inferential Analysis Results

#### Evaluation of Measurement Models (Outer Model)

**Table 11.** Outer Loading Results

Variable	Indicator	Outer Loading	T-Statistic
Quality of Service (X1)	Tangible (X1.1)	0.591	8.086
	Reliability (X1.2)	0.655	8.707
	Responsiveness (Y1.3)	0.853	31.741
	Insurance (Y1.4)	0.859	31.033
	Empathy (Y1.5).	0.800	20.221
Healthcare Accessibility (X2)	Approachability (X2.1)	0.858	22.165
	Acceptability (X2.2)	0.782	13.050
	Availability and accommodation (X2.3)	0.855	22.458
	Affordability (X2.4)	0.949	94.497
	Appropriateness (X2.5).	0.943	78.825
Patient Satisfaction (Y1)	Comfort (Y1.1)	0.871	30.242
	Patient-hospital staff relationship (Y1.2)	0.806	18.363
	Technical competence of officers (Y1.3)	0.821	25.141
	Cost (Y1.4)	0.808	23.102
Utilization of Health Services (Y2)	Frequency of visits (Y2.1)	0.859	10.881
	The type of service used (y2.2)	0.766	9.137
	Suitability of Service to Needs (Y2.3)	0.846	12.815
	Service Utilization Ratio (Y2.4)	0.916	13.220
	Sustainability Utilization (Y2.5)	0.854	9.894

Based on Table 11 in the analysis results, all indicators have an outer loading value of more than 0.50 and a T-statistic of more than 1.96, which indicates good convergent validity.



### ***Discriminant Validity***

**Table 12.** Discriminant Validity Checks

	Variable	X2	Y1	X1	Y2
1	Service Accessibility (X2)	0.880			
2	Satisfaction (Y1)	0.476	0.827		
3	Quality of Service (X1)	0.335	0.806	0.760	
4	Health Utilization of Health Services (Y2)	0.381	0.065	0.037	0.850

Based on [Table 12](#), the results of the discriminant validity examination show that the square root value of AVE of each latent variable is greater than the correlation coefficient between other latent variables, which indicates good discriminant validity.

### ***Composite Reliability***

**Table 13.** Composite Reliability Results

	Variable	Composite Reliability
1	Service Accessibility (X2)	0.944
2	Satisfaction (Y1)	0.896
3	Quality of Service (X1)	0.870
4	Utilization of Health Services (Y2)	0.928

The results of the composite reliability evaluation in [Table 13](#) show that all latent variables have a value of more than 0.70, which indicates that the indicator block is reliable in measuring latent variables.

### ***Evaluation of Structural Models (Inner Model)***

**Table 14.** Results of Structural Model Evaluation (Inner Model)

Model Structural	Variable Dependency	R-Square
1	Satisfaction (Y1)	0.697
2	Utilization of Health Services (Y2)	0.913
Calculation $Q^2 = 1 - [(1 - R1^2) (1 - R2^2)]$ $Q^2 = 1 - [(1 - 0.697) (1 - 0.913)]$ $= 0.973$		

The evaluation of the structural model was carried out by paying attention to  $Q^2$  predictive relevance, which measures how well the observation value was produced by the model. The results of the evaluation showed in [Table 14](#) that the structural model had a good fit, with a  $Q^2$  value of 0.973.

### ***Direct Influence Hypothesis Test***

Hypothesis testing was carried out to test the direct influence of variables, using the path coefficient. The test results showed that the quality of service and accessibility of services had a significant effect on patient satisfaction, while the quality of service had no significant effect on the utilization of health services.

**Table 15.** Path Coefficient Results

	Variable	Path Coefficients	T Statistics	P value	Information
1	Service Quality (X1)-> Satisfaction (Y1)	0.728	16.145	0.000	Significant
2	Service Accessibility (X2)-> Satisfaction (Y1)	0.233	3.354	0.001	Significant

3	Quality of Service (X1)-Health > Utilization of Health Services (Y2)	0.020	0.106	0.916	Insignificant
4	Service Accessibility (X2)-> Health Service Utilization (Y2)	0.454	3.684	0.000	Significant
5	Satisfaction (Y1)-> Utilization Health Services (Y2)	0.167	1.823	0.011	Significant

Based on Table 15, the results of the hypothesis testing reveal several significant relationships among the studied variables. First, service quality (X1) has a positive and significant effect on patient satisfaction (Y1), with a path coefficient of 0.728 and a T-statistic of 16.145 ( $p < 0.05$ ). This means H1 is accepted, indicating that the better the quality of service provided, the higher the level of patient satisfaction. Second, service accessibility (X2) also shows a positive and significant effect on patient satisfaction (Y1), supported by a path coefficient of 0.233 and a T-statistic of 3.354 ( $p < 0.05$ ). Thus, H2 is accepted, indicating that patients who can more easily access health services tend to feel more satisfied.

However, service quality (X1) does not significantly affect the utilization of health services (Y2), as shown by a path coefficient of 0.020 and a T-statistic of 0.106 ( $p > 0.05$ ). Therefore, H3 is rejected, implying that quality alone does not directly drive service utilization. Conversely, service accessibility (X2) has a positive and significant influence on the utilization of health services (Y2), with a path coefficient of 0.454 and a T-statistic of 3.684 ( $p < 0.05$ ), which means H4 is accepted, suggesting that easier access strongly encourages the use of available health services. Finally, patient satisfaction (Y1) exerts a positive and significant effect on health service utilization (Y2), with a path coefficient of 0.167 and a T-statistic of 1.823 ( $p < 0.05$ ), leading to H5 being accepted, indicating that satisfied patients are more likely to continue utilizing health services in the future.

**Table 16.** Mediation Testing's Result

Satisfaction Variable as Mediation Variable (Y1)		Coefficient Effect				Result
		A	B	C	D	
1	Service's Quality (X1) -> Health Services (Y2)	0.020 (no sig)	0.056	0.728 (sig)	0.167 (sig)	Fully Mediated
2	Service Accessibility (X2) -> Health Services (Y2)	0.454	0.368 (no sig)	0.233 (sig)	0.167 (sig)	Partially Mediated

Based on Table 16, both hypotheses, H6 and H7, are accepted, indicating that patient satisfaction (Y1) plays a significant mediating role in the relationship between service quality, service accessibility, and health service utilization.

For H6, the path from service quality (X1) to health service utilization (Y2) shows that the direct effect ( $A = 0.020$ ) is not significant, while both the indirect paths through patient satisfaction ( $C = 0.728$ ;  $D = 0.167$ , both significant) are statistically significant. This indicates a full mediation effect; therefore, H6 is accepted. In other words, the influence of service quality on health service utilization occurs entirely through patient satisfaction. High-quality service enhances patient satisfaction, which in turn increases the likelihood of utilizing health services.

For H7, the results show that service accessibility (X2) also affects health service utilization (Y2) through patient satisfaction (Y1). The indirect paths ( $C = 0.233$ ;  $D = 0.167$ ) are significant, and although the direct effect ( $A = 0.368$ ) is not significant, the overall

pattern reflects a partial mediation. Accordingly, H7 is accepted, meaning that accessibility influences service utilization both directly and indirectly through patient satisfaction. Easier access to health services not only encourages patients to seek care but also improves their satisfaction, further enhancing their willingness to use health services.

## **DISCUSSION**

### **The Effect of Service Quality on Patient Satisfaction**

The findings indicate that service quality has a strong and positive effect on patient satisfaction at Kasih Ibu Denpasar Hospital. The significant path coefficient demonstrates that improvements in reliability, responsiveness, assurance, and empathy are directly perceived by patients and translated into higher satisfaction levels. This result aligns with Stakeholder Theory, which emphasizes that organizational success depends on fulfilling stakeholder expectations, particularly patients as primary stakeholders in healthcare services. When hospitals prioritize service quality, they demonstrate accountability and responsiveness to patient needs, thereby enhancing satisfaction.

This finding also supports ECT, which explains that satisfaction emerges when perceived service performance meets or exceeds patient expectations. High service quality confirms patients' expectations and generates positive emotional responses, leading to satisfaction. Consistent with recent studies, [Aqila et al. \(2022\)](#) and [Dawson et al. \(2024\)](#) similarly found that service quality significantly improves patient satisfaction in hospital settings. Therefore, the acceptance of H1 reinforces the importance of continuous quality improvement as a core strategy for strengthening patient satisfaction.

### **The Effect of Service Accessibility on Patient Satisfaction**

The results further show that service accessibility has a positive and significant effect on patient satisfaction. This indicates that ease of access, including location, service procedures, and facility readiness, contributes to patients' positive evaluations of healthcare services. From the perspective of the TPB, accessibility enhances perceived behavioral control, allowing patients to feel more capable and confident in utilizing health services, which subsequently increases satisfaction. This finding is consistent with studies by [Bailusy et al. \(2022\)](#) and [Yamagami \(2024\)](#), which confirm that better physical and procedural access to healthcare services leads to higher levels of patient satisfaction. When access barriers are minimized, patients experience less stress and uncertainty during service encounters, strengthening their overall satisfaction. Thus, the acceptance of H2 confirms that accessibility functions not only as a structural factor but also as a psychological driver of satisfaction.

### **The Effect of Service Quality on Health Service Utilization**

Contrary to expectations, service quality does not have a significant direct effect on health service utilization. This result suggests that although patients may perceive service quality positively, it does not automatically translate into repeated visits or continued utilization. This finding can be explained using TPB, where attitudes alone are insufficient to drive behavior without strong intentions or enabling factors. This result aligns with [Alim et al. \(2023\)](#), who reported that service quality does not directly influence utilization when mediating variables are present. In private hospital settings, patients may consider other practical factors such as access, cost, or scheduling convenience before deciding to utilize services. Therefore, the rejection of H3 indicates that service quality alone is not enough to stimulate utilization without being internalized through patient satisfaction.

### **The Effect of Service Accessibility on Health Service Utilization**

The analysis reveals that service accessibility has a positive and significant effect on health service utilization. This finding confirms that ease of access plays a decisive role in encouraging patients to seek and reuse healthcare services. According to TPB, accessibility strengthens perceived behavioral control, which directly increases the likelihood of actual behavior. This result is consistent with [Adhikari et al. \(2021\)](#), who demonstrated that factors such as distance, travel time, and transportation availability significantly influence healthcare utilization. In the context of Kasih Ibu Denpasar Hospital, convenient access, shorter travel time, and clear procedures reduce practical barriers, making patients more willing to utilize available services. Therefore, the acceptance of H4 highlights accessibility as a critical determinant of utilization behavior.

### **The Effect of Patient Satisfaction on Health Service Utilization**

The findings indicate that patient satisfaction has a positive and significant effect on health service utilization. Satisfied patients are more likely to return, comply with treatment plans, and recommend the hospital to others. This supports Customer Satisfaction Theory, which posits that satisfaction is a key antecedent of loyalty and repeat behavior. This result is consistent with Research by [Alamanda et al. \(2021\)](#), [Aryani et al. \(2021\)](#), and [Tan et al. \(2022\)](#), which confirms that higher patient satisfaction is associated with increased frequency of visits. Satisfaction acts as an affective response that strengthens behavioral intentions, as explained in TPB. Thus, the acceptance of H5 underscores the importance of managing patient experiences to ensure sustained utilization.

### **The Mediating Role of Patient Satisfaction**

The mediation analysis reveals that patient satisfaction fully mediates the relationship between service quality and health service utilization. This indicates that service quality influences utilization only through satisfaction, not directly. This finding aligns with ECT and TPB, where positive service perceptions must first be translated into satisfaction before influencing behavior. High-quality services that fail to create satisfying experiences may not encourage patients to return. Similarly, patient satisfaction partially mediates the relationship between service accessibility and utilization. Accessibility directly encourages utilization while also indirectly influencing behavior through satisfaction. This dual pathway highlights that structural access and experiential evaluation jointly shape utilization decisions.

These findings are consistent with [Mwebesa et al. \(2025\)](#), [Negash et al. \(2020\)](#), and [Rahmawati & Rinofah \(2021\)](#), who emphasize satisfaction as a key mechanism linking service attributes to utilization. The acceptance of H6 and H7 confirms that improving service quality and accessibility without enhancing patient satisfaction may limit their impact on utilization. Therefore, hospitals should adopt integrated service strategies that simultaneously address structural access, service quality, and patient experience to ensure sustainable utilization growth.

## **CONCLUSION**

This study concludes that service quality and service accessibility play important roles in shaping patient satisfaction at Kasih Ibu Denpasar Hospital. Both variables significantly influence satisfaction, indicating that patients value not only how well services are delivered but also how easily services can be accessed. These findings confirm that satisfaction is formed through a combination of structural service attributes and patients' experiential evaluations. However, the results demonstrate that service quality does not directly affect health service utilization. This indicates that high-quality services alone are

insufficient to encourage repeated use unless they are perceived by patients as satisfying experiences. In contrast, service accessibility has a significant direct effect on utilization, highlighting that practical considerations such as ease of access, procedures, and convenience remain decisive factors in patients' decisions to use health services.

Patient satisfaction is proven to be a key behavioral mechanism in this study. Satisfaction significantly influences health service utilization and fully mediates the relationship between service quality and utilization, while partially mediating the relationship between service accessibility and utilization. These findings emphasize that satisfaction serves as a crucial bridge that translates service performance into actual utilization behavior. Theoretically, this study contributes to the healthcare service literature by strengthening integrated models that position patient satisfaction as a central mediator linking service quality and accessibility to utilization behavior. Practically, the findings suggest that hospital management should focus not only on improving technical service quality and access but also on enhancing overall patient experience. By prioritizing patient satisfaction, hospitals can improve service utilization, strengthen patient loyalty, and support long-term organizational sustainability.

#### **LIMITATION**

This research has several limitations. The use of data based on patient perceptions through questionnaires can lead to subjective bias, where respondents' answers are influenced by momentary perceptions, recent personal experiences, or social tendencies. In addition, the scope of the study is limited to one healthcare facility, so the results cannot be generalized to all facilities with different characteristics. Finally, other variables that can affect the utilization of health services, such as economic conditions, culture, education level, or family support, are not directly analyzed, so their effects have not been thoroughly described.

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#### **DECLARATION OF CONFLICTING INTERESTS**

The authors of this article state that there are no known potential conflicts of interest in the implementation and preparation of this research.

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