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# *THE INCIDENCE OF PATIENTS DISCHARGING AGAINST MEDICAL ADVICE (AMA) AS INFLUENCED BY SERVICE QUALITY AND MEDIATED BY PATIENT SATISFACTION*

# KEJADIAN PASIEN PULANG APS YANG DI PENGARUHI OLEH KUALITAS PELAYANAN DAN DI MEDIASI OLEH KEPUASAN PASIEN

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**ABSTRACT**

*The purpose of this study was to examine and analyze the influence of patient satisfaction and service quality on the incidence of APS patients returning home, the influence of service quality on patient satisfaction, and the influence of patient satisfaction mediating the influence between service quality on the incidence of APS patients returning home. This type of research is causal associative research. Causal associative research is research that aims to determine the influence or relationship between two or more variables, which are causal and one variable (independent) affects the other variable (dependent). Based on the results obtained in this study, it can be concluded that: patient satisfaction affects APS patients returning home. The incidence of APS patients returning home will decrease if patient satisfaction increases; Service quality affects APS patients returning home. The incidence of APS patients returning home will decrease if the quality of service provided improves; Service quality affects patient satisfaction. Patient satisfaction will increase if the quality of service improves; Patient satisfaction is able to mediate the influence of service quality on APS patients returning home. Patient satisfaction plays a role in the quality of service for APS patients returning home.*

***Keywords:*** *Service Quality; APS Patients Returning Home; Patient Satisfaction*

**ABSTRAK**

Tujuan penelitian ini adalah untuk mengkaji dan menganalisis pengaruh kepuasan pasien dan kualitas pelayanan terhadap kejadian pasien pulang APS, pengaruh kualitas pelayanan terhadap kepuasan pasien, dan pengaruh kepuasan pasien memediasi pengaruh antara kualitas pelayanan terhadap kejadian pasien pulang APS. Jenis penelitian ini adalah penelitian asosiatif kausal. Penelitian Asosiatif kausal adalah penelitian yang bertujuan untuk mengetahui pengaruh atau hubungan antara dua variabel atau lebih, yang bersifat sebab-akibat dan satu variable (independent) mempengaruhi variable lainnya (dependent). Berdasarkan hasil yang diperoleh pada penelitian ini dapat disimpulkan bahwa: kepuasan pasien berpengaruh terhadap pasien pulang APS. Kejadian pasien pulang APS akan menurun jika kepuasan pasien meningkat; Kualitas pelayanan berpengaruh terhadap pasien pulang APS. Kejadian pasien pulang APS akan menurun jika kualitas pelayanan yang disediakan membaik; Kualitas pelayanan berpengaruh terhadap kepuasan pasien. Kepuasan pasien akan meningkat bila kualitas pelayanan membaik; Kepuasan pasien mampu memediasi pengaruh kualitas pelayanan terhadap pasien pulang APS. Kepuasan pasien memiliki peran dalam kualitas pelayanan terhadap pasien pulang APS.

**Kata Kunci:** Kualitas Pelayanan; Pasien Pulang APS; Kepuasan Pasien

## INTRODUCTION

Hospitals are a very strategic health service in efforts to accelerate the health status of the community (Khotijah & Lestari, 2015). Hospitals can no longer be managed with simple management, but must be able to meet the needs of the community that arise due to various changes. Currently, the public expects hospitals to offer "one stop services" where every

patient's health care needs must be met efficiently, accurately, with high quality, and at an affordable cost. This aims to ensure patient satisfaction in accordance with the treatment of their illnesses, including services from doctors, nurses, and staff, as well as existing facilities and infrastructure, including aspects of environmental safety. Hospitals are one of the institutions that must be able to compete effectively. Therefore, providing high-quality health services to patients is very important. High-quality health services are an important factor in competing for hospitals (Jafar, 2023). Good service quality will increase user satisfaction. Ultimately, this superior service will then build patient loyalty that is beneficial for service providers (Juhana D, 2015).

Rosela Karawang Hospital is a general hospital located at Jalan Interchang Karawang Barat No.3, Wadas, Teluk Jambe Timur, Karawang, West Java 41361. The number of visitors recorded for treatment at Rosela Karawang Hospital in January - September 2024 was 3637 patients.

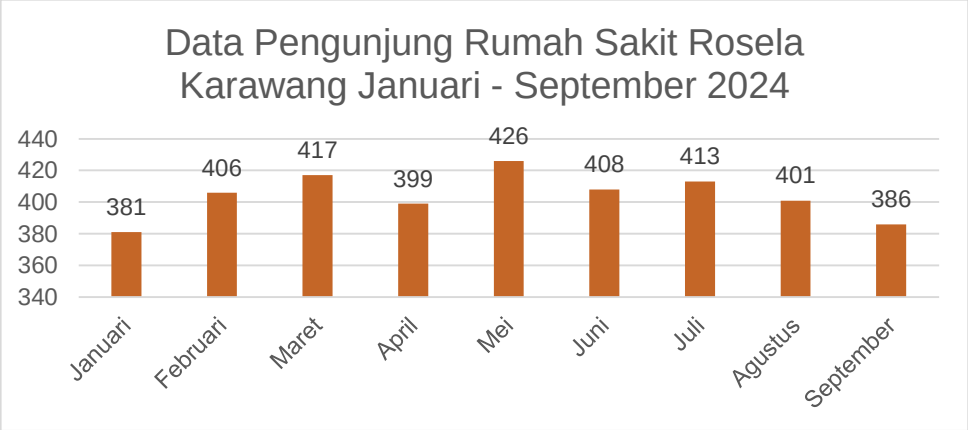


**Figure 1 Visitor data at Rosela Karawang Hospital January – September 2024 (Source: Rosela Karawang Hospital Monthly Report)**

In health services, improving the quality of service is needed to provide satisfaction to patients, health professionals, health managers and owners of health institutions. Measuring the quality of service can be done with indicators of service quality set by the government, namely the Minimum Service Standards. Based on the Regulation of the Minister of Health of the Republic of Indonesia No. 129 of 2008 concerning Minimum Service Standards for Hospitals, where the standard for the incidence of patients going home at their own request is ≤ 5%. Forced discharge is returning home at the request of the patient or the patient's family before being decided to go home by the doctor. At the Rosela Karawang Hospital itself, in 2023 the incidence of patients going home at their own request (PAPS) was 5.76% and until August 2024 the incidence of patients going home at their own request (PAPS) increased to an average of 6.8%.

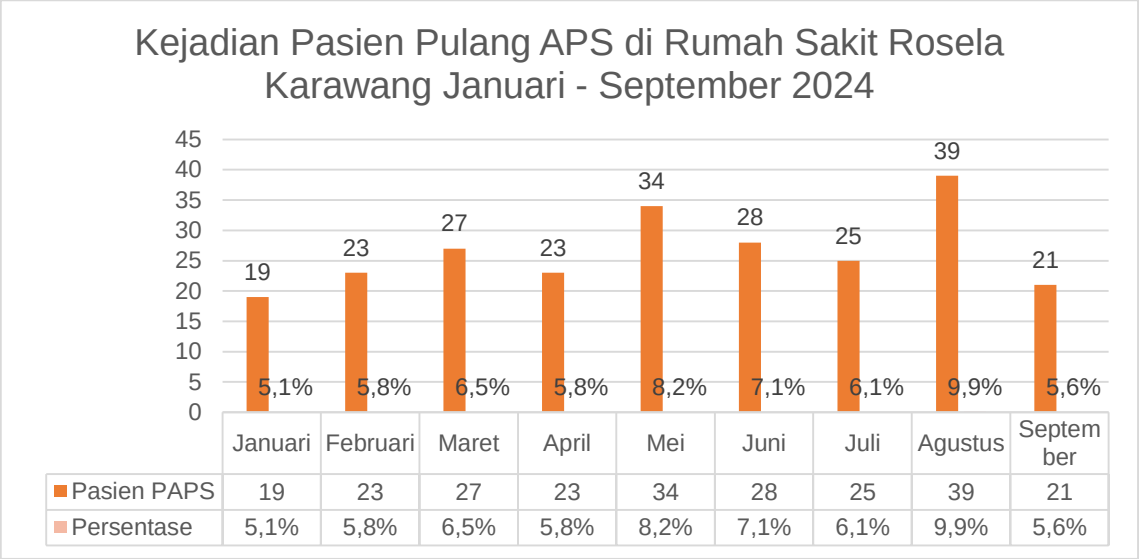


**Figure 2 Incidents of APS Discharge Patients at Rosela Hospital Karawang January – September 2024 (Source: Rosela Hospital Karawang Monthly Report).**

This proves that the PAPS incident at Rosela Karawang Hospital has not met the minimum standards set by the Ministry of Health of the Republic of Indonesia. Cases of forced discharge can be caused by several factors such as poor quality of hospital services and patient dissatisfaction.

Patient satisfaction can be described as "a feeling of satisfaction or disappointment that arises from a comparison between perceptions of product performance or results with customer expectations. The level of satisfaction is measured by how a person assesses the evaluation carried out by comparing the performance of the product or service received with their initial expectations. Regulation of the Ministry of Health of the Republic of Indonesia Number 43 of 2016 concerning Minimum Service Standards for patient satisfaction in Indonesia, namely above 95% (Ministry of Health of the Republic of Indonesia, 2016). If a health service shows a level of patient satisfaction below 95%, then the service is considered not to have met the minimum standard or is considered inadequate in quality. A survey of patient and family satisfaction with services at Rosela Karawang Hospital in 2022 found that the average patient satisfaction was 77% (Arfina, 2023). This can prove that patient satisfaction at Rosela Karawang Hospital does not meet the minimum standards set by the Ministry of Health.

**Table 1 Patient Complaint Data**

| No | Year | Average | Percentage |
|---|---|---|---|
| 1 | 2022 | 10 people | 21.23% |
| 2 | 2023 | 12 people | 27.49% |
| 3 | 2024 (January-September) | 17 people | 39.17% |

Source: ReportRosela Karawang Hospital Annual Report (processed by Researchers), 2024

One of the factors of an institution's success is their ability to provide quality service to customers. Service quality refers to the desired quality and monitoring of these standards to ensure that customer needs are met (Indahingwati, 2019). At Rosela Karawang Hospital itself, it was noted that many patients still complained about poor hospital services, as seen from the percentage of complaints to the hospital which increased every year (table 1.1). Patient

complaints about poor hospital services, namely the quality of this service, are not only related to hospital equipment, physical building facilities, administration, time and service efficiency, and the availability of specialist doctors, but also about how hospital employees communicate with patients to ensure that patients feel comfortable with the services they receive.

With a significant prevalence and increasing to 1-2% of all hospital admissions, PAPS practices impact both patients and healthcare providers (Albayati, et al., 2021). They leave patients with untreated medical problems and increase the risk of readmission. Although no hospital is willing to allow PAPS due to its detrimental effects, this problem has become one of the most common problems in our current healthcare system. A retrospective cohort study of 656 patients found that the risk of readmission was 12 times greater in patients with PAPS compared to the non-PAPS group. They also found that the PAPS group had an increased 12-month all-cause mortality rate (6.7% vs. 2.4%). Although there is little data available on the estimated total cost to the healthcare system, the increased mortality and readmissions certainly impose an economic burden. Meanwhile, treating physicians may struggle to fulfill their promise to benefit patients and respect their wishes. This problem affects both patients and physicians, but there may be a solution to this common problem. In our research, we explored risk factors, demographics, patient and healthcare system perspectives, consequences, prevention strategies, and other factors to address PAPS.

The risk of death for those who were discharged without medical permission was doubled within 28 days of discharge (Albayati, et al., 2021). In addition, the risk of death was still high even afterward. According to one study, the numbers were 1.4 and 1.2 for 1 year and up to 9 years, respectively. An example of this in HIV-infected patients was found in two different studies, both of which concluded that HIV-infected patients who decided to undergo PAPS would have higher readmission and death rates compared to patients who were discharged from the hospital on a planned basis.

Based on the explanation of the background of the problem that has been presented, the author plans to conduct this research with the aim of revealing how "THE INFLUENCE OF SERVICE QUALITY ON APS PATIENTS RETURNING HOME IS MEDIATED BY PATIENT SATISFACTION".

## RESEARCH METHODS

### Types and Design of Research

This type of research is causal associative research. Causal Associative Research is a research that aims to determine the influence or relationship between two or more variables, which are causal and one variable (independent) affects the other variable (dependent). This study aims to determine the relationship between the incidence of APS patients returning home and the level of patient satisfaction with the services of Rosela Karawang Hospital.

### Research Subjects

The subjects in this study were patients in joint practice at Rosela Karawang Hospital. The study focused more on the effect of service quality on the incidence of APS patients returning home mediated by patient satisfaction at Rosela Karawang Hospital in the period November 2024.

### Population and Sample

#### Population

The population of this study was patients at Rosela Hospital Karawang who had received services from January - September 2024, totaling 3637 patients.

**Sample**

The sample in this study were patients treated at Rosela Hospital Karawang. It is known that the incidence of APS patients returning home from Rosela Hospital Karawang in June - August 2024 was recorded as many as 92 patients, so the sample in this study was 92 respondents at Rosela Hospital Karawang.

**Operational Variables**

**Research Variables**

The research variables are divided into three, namely dependent variables, independent variables and intervening variables.

1) Independent Variables

   In Indonesian, independent variables are often called free variables. Independent variables are variables that influence or cause changes or the emergence of dependent variables. The independent variable in this study is patient satisfaction.

2) Dependent Variable

   Dependent variables are often referred to as output variables, criteria, consequences. In Indonesian, they are often called dependent variables. Dependent variables are variables that are influenced or that are the result of the independent variable. The dependent variable in this study is the incidence of APS patients returning home.

3) Intervening Variables

   Intervening variables are variables that theoretically affect the relationship between independent variables and dependent variables into an indirect relationship that cannot be observed and measured. This variable is an intervening/intermediate variable located between the independent and dependent variables, so that the independent variable does not directly affect the change or emergence of the dependent variable. The intervening variable in this study is the quality of service at Rosela Karawang Hospital.

**Operational Definition**

Operational definition is a clear definition of the concepts and variables used that refer to existing literature so that poisoning in measuring variables, data analysis, and conclusions can be avoided. The operational definition in this study is as follows:

**Table 2. Operational Definition of Variables**

| No. | Variables | Operational Definition | Indicator | Scale |
|---|---|---|---|---|
| 1. | APS Discharge Patient | APS discharge patients can be defined as "patients who choose to leave the hospital before the treating physician advises discharge" | 1. Service Effectiveness<br>2. Continuity of Service<br><br>Source: (Regulation of the Minister of Health of the Republic of Indonesia, 2008) | Ordinal |

| | | | | |
|---|---|---|---|---|
| 2. | Patient Satisfaction | Things that indicate the feelings of satisfaction or dissatisfaction of health patients with the services received when receiving treatment at Rosela Hospital Karawang | 1. Feeling of Satisfaction<br>2. Always buy products<br>3. Fulfilled Customer Expectations<br><br>Source: (Kotler & Keller, 2018) | Ordinal |
| 3. | Hospital Service Quality | Efforts to fulfill patient needs and desires and the accuracy of delivery from Rosela Karawang Hospital to match patient expectations | 1. Tangible<br>2. Empathy<br>3. Responsiveness<br>4. Reliability<br>5. Insurance<br><br>Source: (Mamusung, 2022) | Ordinal |

**Data collection technique**

The data collection technique in this study is using a questionnaire. The type of questionnaire used in this study is a closed questionnaire, namely a questionnaire that has been provided with answers on a Likert scale. The Likert scale is a quantitative measurement tool designed to evaluate attitudes and views on the variables being studied.

By collecting data that is already in the form of numbers and then the numbers are processed. The Likert scale provides numbers or values for an object so that its characteristics can be measured and indicate whether respondents agree or disagree with statements about it. This method is considered profitable because it is very easy to make and most respondents are ready and understand to answer it.

**Table 3 Likert Scale**

| No | Scale | Category |
|---|---|---|
| 1 | 1 | Strongly Disagree |
| 2 | 2 | Don't agree |
| 3 | 3 | Enough |
| 4 | 4 | Agree |
| 5 | 5 | Strongly agree |

**Source :** (Sugiyono, 2018)

**Data Analysis Techniques**

Data analysis that will be used in this study is with smart PLS software to analyze Structural Equation Model (SEM) data. Smart PLS is an application used to process data and measure research tools. The Smart PLS method will be used for data analysis, which is divided into two, namely:

**Measurement Model (Outer Model)**

*Convergent validity*from the measurement model with the reflective indicator model is assessed based on the correlation between the item score/component score with the construct score calculated by PLS. The reflective measure is said to be high if it correlates more than

0.70 with the construct to be measured. However, for early stage research from the development of the measurement scale, the loading value of 0.5 to 0.60 is considered sufficient (Ghozali, 2018).

*Discriminant validity*from the measurement model with reflective indicators assessed based on cross loading of measurements with constructs. If the correlation with the measurement item is greater than any other construct measure, it will indicate that the latent construct predicts the size of the block better than the size of the other construct, it will indicate that the latent construct predicts the size of the block better than the size of the other block. Another method for assessing discriminant validity is to compare the square root of Average Variance Extracted (AVE) value of each construct with the correlation between other constructs in the model. If the AVE root value of each construct is greater than the correlation value between the construct and other constructs in the model, it is said to have a good discriminant validity value. This measurement can be used to measure the reliability of the component score of latent variables and the results are more conservative than composite reliability. It is recommended that the AVE value should be greater than 0.50 (Ghozali, 2018). Composite reliability that measures a construct can be evaluated with two types of measures, namely internal consistency and Cronbach's Alpha.

**Structural Model (Inner Model)**

Inner model (inner relation, structural model and substantive theory) describes the relationship between latent variables based on substantive theory. The structural model is evaluated using R-square for dependent constructs, StoneGeisserQ-square test for predictive relevance and t-test and significance of structural path parameter coefficients.

In assessing the model with PLS, it begins by looking at the R-square for each dependent latent variable. The interpretation is the same as the interpretation in regression. Changes in the R-square value can be used to assess the influence of certain independent latent variables on the dependent latent variable whether it has a substantive influence. In addition to looking at the R-square value, the PLS model is also evaluated by looking at the Q-square predictive relevance for the constructive model. Q-square measures how well the observation values are produced by the model and also its parameter estimates.

**Hypothesis Tester**

The measure of the significance of the hypothesis support can be used by comparing the T-table and T-statistic values. If the T-statistic is higher than the T-table value, it means that the hypothesis is supported or accepted. In this study for a 95% confidence level (alpha 95 percent), the T-table value for the one-tailed hypothesis is > 1.960

## ANALYSIS AND DISCUSSION

### Analysis

### Respondent Characteristics

The respondent profile in this study is divided into 4 (four) criteria, namely: gender, last education, current job and monthly income. The following are the results of the respondent profile data.

1. Respondent Characteristics Based on Gender

**Table 4. Respondent Characteristics Based on Gender**

| Gender | Frequency | Percentage (%) |
|---|---|---|
| Man | 53 | 57.61% |
| Woman | 39 | 42.39% |
| Amount | 92 | 100% |

Source: Processed Primary Data, (Year 2024)

The following are the results of the data obtained in the questionnaire, the number of respondents studied based on gender as a whole was 92 respondents. The table above shows that the respondents in this study, the largest number were men as many as 53 people (57.61%) and the lowest number were women as many as 39 people (42.39%).

2. Respondent Characteristics Based on Age

**Table 5. Respondent Characteristics Based on Age**

| Age | Frequency | Percentage (%) |
|---|---|---|
| 21-30 Years | 20 | 21.74% |
| 31-40 Years | 19 | 20.65% |
| 41-50 Years | 36 | 39.13% |
| > 50 Years | 17 | 18.48% |
| Amount | 92 | 100% |

Source: Processed Primary Data, (Year 2024)

The following are the results of the data obtained in the questionnaire, the number of respondents studied based on age as a whole was 92 respondents. The table above shows that the respondents in this study, the largest number with an age range of 41-50 years as many as 36 people (39.13%) and the lowest number of ages with an age range of >50 years as many as 17 people (18.48%). For respondents with an age range of 31-40 years as many as 19 people (20.65%), respondents with an age range of 21-30 years as many as 20 people (21.74%).

3. Respondent Characteristics Based on Last Education

**Table 6. Respondent Characteristics Based on Last Education**

| Education | Frequency | Percentage (%) |
|---|---|---|
| SD | 25 | 27.17% |
| Junior High School/Islamic Junior High School | 29 | 31.52% |
| High School | 21 | 22.83% |
| Diploma | 4 | 4.35% |
| Bachelor degree) | 13 | 14.13% |
| Master (S2) | 0 | 0% |
| Amount | 92 | 100% |

Source: Processed Primary Data, (Year 2024)

The following are the results of the data obtained from the questionnaire, the number of respondents studied based on education as a whole was 92 respondents. The table above shows that the respondents in this study, the largest number with a junior high school/Islamic junior high school education level of 29 people (31.52%) and the lowest number of Masters (S2) education levels of 0 people (0%). For respondents with elementary school education levels of 25 people (27.17%), respondents with high school/Islamic high school education levels of 21 people (22.83%), respondents with a Diploma education level of 4 people (4.35%), respondents with a Bachelor's degree (S1) of 13 people (14.13%).

4. Respondent Characteristics Based on Occupation

**Table 7. Respondent Characteristics Based on Occupation**

| Work | Frequency | Percentage (%) |
|---|---|---|
| civil servant | 7 | 7.61% |
| Private employees | 18 | 19.57% |
| Businessman | 34 | 36.96% |
| Housewife | 27 | 29.35% |
| Other | 6 | 6.52% |
| Amount | 92 | 100% |

Source: Processed Primary Data, (Year 2024)

The following are the results of the data obtained in the questionnaire, the number of respondents studied based on education as a whole was 92 respondents. The table above shows that respondents with jobs as Civil Servants were 7 people (7.61%), respondents with jobs as Private Employees were 18 people (19.57%), respondents with jobs as Entrepreneurs were 34 people (36.96%), respondents with jobs as Housewives were 27 people (29.35%), respondents with jobs as Others were 6 people (6.52%).

5. Respondent Characteristics Based on Income

**Table 8. Respondent Characteristics Based on Income**

| Income | Frequency | Percentage (%) |
|---|---|---|
| Rp. 1,000,000 – Rp. 3,000,000 | 49 | 53.26% |
| Rp. 4,000,000 – Rp. 6,000,000 | 27 | 29.35% |
| Rp. 7,000,000 – Rp. 9,000,000 | 14 | 15.22% |
| > Rp. 10,000,000 | 2 | 2.17% |
| Amount | 92 | 100% |

Source: Processed Primary Data, (Year 2024)

The following are the results of the data obtained from the questionnaire, the number of respondents studied based on income as a whole was 92 respondents. The table above shows that respondents with income of Rp 1,000,000 - Rp 3,000,000 were 49 people (53.26%), respondents with income of Rp 4,000,000 - Rp 6,000,000 were 27 people (29.35%), respondents with income of Rp 7,000,000 - Rp 9,000,000 were 14 people (15.22%), respondents with income > Rp 10,000,000 were 2 people (2.17%)

**Descriptive Analysis**

With descriptive analysis, the characteristics of the research variables studied can be known. These characteristics are known from the answers given by respondents.

**Table 9. Descriptive Analysis of APS Discharged Patient Variables**

| Item | Very Agree | Agree | Neutral | No Agree | Very Don't agree | Mean |
|---|---|---|---|---|---|---|
| X1.1 | 42 | 42 | 5 | 2 | 1 | 4.33 |
| X1.2 | 51 | 36 | 2 | 1 | 2 | 4.45 |
| APS Discharge Patient | | | | | | 4.39 |

Table 9 above shows that item X1.2 is the dominant item in the APS discharged patient variable because it has the highest average value compared to other items. In item X1.2, the majority of respondents answered strongly agree as many as 51 respondents, while respondents who answered disagree were 1 person.

**Table 10. Descriptive Analysis of Service Quality Variables**

| Item | Very Agree | Agree | Neutral | No Agree | Very Don't agree | Mean |
|---|---|---|---|---|---|---|
| Z.1 | 25 | 41 | 22 | 2 | 2 | 3.92 |
| Z.2 | 18 | 34 | 32 | 6 | 2 | 3.65 |
| Z.3 | 21 | 44 | 23 | 3 | 1 | 3.88 |
| Z.4 | 20 | 44 | 23 | 4 | 1 | 3.85 |
| Z.5 | 21 | 50 | 20 | 0 | 1 | 3.98 |
| Quality of Service | | | | | | 3.86 |

Table 10. above shows that item X2.1 is the dominant item in the service quality variable because it has the highest average value compared to other items. In item X2.1, the majority of respondents answered agree as many as 41 respondents, while respondents who answered strongly disagree were 2 people.

**Table 11 Descriptive Analysis of Patient Satisfaction Variables**

| Item | Very Agree | Agree | Neutral | No Agree | Very Don't agree | Mean |
|---|---|---|---|---|---|---|
| Y.1 | 20 | 50 | 18 | 3 | 1 | 3.92 |
| Y.2 | 22 | 46 | 19 | 4 | 1 | 3.91 |
| Y.3 | 22 | 41 | 21 | 6 | 2 | 3.82 |
| Patient Satisfaction | | | | | | 3.88 |

Table 11. above shows that item Y.1 is the dominant item in the patient satisfaction variable because it has the highest average value compared to other items. In item Y.1, the majority of respondents answered agree as many as 50 respondents, while respondents who answered strongly disagree were 1 person.

**Data Analysis**

**Outer Model**

The analysis of the measurement model (outer model) in this study was carried out through validity and reliability tests. Validity tests include convergent validity and discriminant validity. Meanwhile, the reliability test is stated through the calculation of composite reliability and Cronbach's Alpha values. Discriminant validity can be identified through loading factors as shown in the figure below.

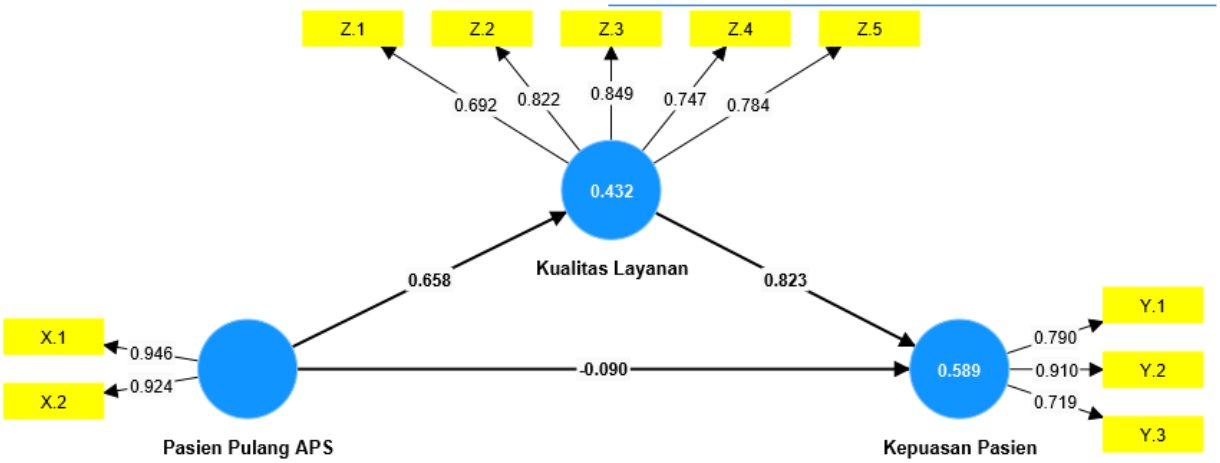


Figure 3 Results*Loading Factor*

Figure 1 shows the results of the loading factor calculation and the results obtained indicate that the loading factor value of the APS Discharge Patient variable (X1), Patient Satisfaction (Y) and Service Quality (Z) is above 0.70, from the measurement model it can be determined through the correlation between the item/instrument score and its construct score (loading factor), with the criteria that the loading factor value of each instrument must be more than 0.7 so that it is declared valid. For more details, see Table 11 below.

**Table 12 Outer Loading**

| | **Outer loading** | **Significance (>0.7)** |
|---|---|---|
| X.1 <- APS Discharged Patient | 0.946 | Valid |
| X.2 <- APS Discharged Patient | 0.924 | Valid |
| Y.1 <- Patient Satisfaction | 0.790 | Valid |
| Y.2 <- Patient Satisfaction | 0.910 | Valid |
| Y.3 <- Patient Satisfaction | 0.719 | Valid |
| Z.1 <- Quality of Service | 0.692 | Valid |
| Z.2 <- Quality of Service | 0.822 | Valid |
| Z.3 <- Quality of Service | 0.849 | Valid |
| Z.4 <- Quality of Service | 0.747 | Valid |
| Z.5 <- Quality of Service | 0.784 | Valid |

Determining convergent validity also requires the results of the Average Variance Extracted (AVE) value owned by the research variable, where Average Variance Extracted (AVE) has the meaning of a number that provides an understanding and explanation of the type owned by an indicator which can be understood through general factors explained in the form of numbers (Ghozali and Latan, 2018). Through this understanding, the Average Variance Extracted (AVE) value which is the basis for research on the variables used can be stated as a convergently valid variable, which is greater than 0.5 (Ghozali and Latan, 2018). The following are the results of the Average Variance Extracted (AVE) from actual research that has been conducted using the SmartPLS software program.

**Table 13 AVE Test Results**

| | *Average variance extracted (AVE)* |
|---|---|
| Patient Satisfaction | 0.656 |
| Quality of Service | 0.610 |
| APS Discharge Patient | 0.875 |

Adapting from the statement of Ghozali and Latan (2018) that the Average Variance Extracted (AVE) value is better to obtain results greater than 0.5 or 50%, where through the explanation if it can exceed this value then the statement of each indicator is conveyed well in a study. Through the results obtained from data processing on SmartPLS software, it was found that all variables have an Average Variance Extracted (AVE) value that exceeds the specified value of 0.5. Where the APS Discharged Patient variable (X) produces an Average Variance Extracted (AVE) of 0.875 greater than 0.5 so that 87.5% of the explanation of the indicators of the APS Discharged Patient variable can be well accepted by respondents. The Patient Satisfaction variable (Y) produces an Average Variance Extracted (AVE) of 0.656 greater than 0.5 so that 65.6% of the explanation of the indicators of the Patient Satisfaction variable can be well accepted by respondents. The Service Quality variable (Z) produces an Average Variance Extracted (AVE) of 0.610, which is greater than 0.5, so that 61.0% of the indicator explanations of the Service Quality variable can be well accepted by respondents.

***a. Discriminant Validity***

To test discriminant validity, it can be done by examining the Fornell-Lacker Criterion. In the Fornell-Lacker Criterion, discriminant validity is done by comparing the correlation between variables with AVE on a variable. A good discriminant validity measurement model if the AVE on the variable itself is greater than the correlation between other variables (Ghozali, 2014). The overall AVE value can be seen in the following table.

**Table 14 Fornell Lacker**

| | **Patient Satisfaction** | **Quality of Service** | **APS Discharge Patient** |
|---|---|---|---|
| Patient Satisfaction | **0.810** | | |
| Quality of Service | 0.764 | **0.781** | |
| APS Discharge Patient | 0.451 | 0.658 | **0.935** |

In Table 14, it can be seen that the correlation value of the variable is greater than the correlation of other variables, therefore it is concluded that all variables are valid for use. In addition to the fornell lacker test, discriminant validity can also be tested based on the Cross Loading value. An indicator is declared to meet discriminant validity if the cross loading value of the dimension on the variable is the largest compared to other variables (Ghozali, 2014). The following are the results of the cross loading value.

**Table 15 Cross Loading Value Results**

| | Patient Satisfaction | Quality of Service | APS Discharge Patient |
|---|---|---|---|
| X.1 | 0.471 | 0.651 | **0.946** |
| X.2 | 0.365 | 0.574 | **0.924** |
| Y.1 | **0.790** | 0.630 | 0.397 |
| Y.2 | **0.910** | 0.682 | 0.442 |
| Y.3 | **0.719** | 0.536 | 0.240 |
| Z.1 | 0.436 | **0.692** | 0.546 |
| Z.2 | 0.527 | **0.822** | 0.496 |
| Z.3 | 0.561 | **0.849** | 0.592 |
| Z.4 | 0.652 | **0.747** | 0.387 |
| Z.5 | 0.758 | **0.784** | 0.536 |

**b. Reliability Test**

Reliability shows the accuracy, consistency, and precision of a measuring instrument in making measurements (Ghozali, 2014). If a study is reliable, then the research data has been tested for reliability and consistency of the research results. Reliability Test in PLS can use 2 methods, namely Cronbach's alpha and Composite reliability. The following are the results of the research reliability test.

**Table 16 Composite Reliability Test Results**

| | Composite reliability (rho_c) |
|---|---|
| Patient Satisfaction | 0.850 |
| Quality of Service | 0.886 |
| APS Discharge Patient | 0.933 |

Based on table 16, it can be seen that all constructs in the study are declared reliable because the Composite Reliability value for all constructs is above 0.70 (Ghozali, 2014).

**Table 17 Cronbach Alpha Test Results**

| | Cronbach's alpha |
|---|---|
| Patient Satisfaction | 0.732 |
| Quality of Service | 0.839 |
| APS Discharge Patient | 0.858 |

Based on table 17, it can be seen that all constructs in the study are declared reliable because the Cronbach's Alpha value for all constructs is above 0.60.

**Inner Model**

**a. Coefficient of Determination Test (R2)**

After the estimated model meets the Outer Model criteria, the researcher then tests the Structural Model (Inner Model). The following are the R-Square (R2) values for the research constructs:

**Table 18 Test of Determination Coefficient**

| | R-square | R-square adjusted |
|---|---|---|
| Patient Satisfaction | 0.589 | 0.579 |
| Quality of Service | 0.432 | 0.426 |

Based on Table 18, it can be seen that the R-Square value for the patient satisfaction construct is 0.579. This means that the model has a good level of goodness-fit model. This also means that the variability of patient satisfaction can be explained by the variables in the model by 57.9%.

The R-Square value for the service quality construct is 0.426. This means that the model has a good level of goodness-fit model. This also means that the variability of service quality can be explained by the variables in the model by 42.6%.

**b. Significance Test t**

To see the significance results of the parameter coefficients, it can be calculated from the dimensions of the variables that have been validated. Researchers want to know whether there is a positive or negative influence and significant or insignificant based on the calculation of P Values which must be below 0.05 and t statistics greater than or equal to 1.96 (Ghozali, 2014). If the t statistics is greater than the t table (1.96) then the two constructs are declared significant and vice versa.

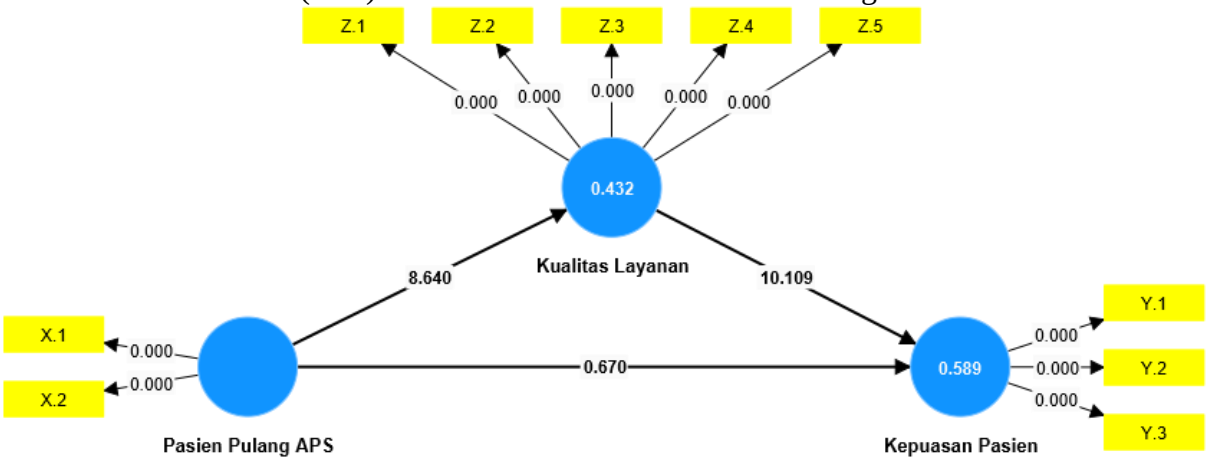


**Figure 4 Inner Model**

**Table 19 Direct Effect Significance Test**

| | Original sample (O) | T statistics (\|O/STDEV\|) | P values |
|---|---|---|---|
| Service Quality -> Patient Satisfaction | 0.823 | 10,109 | 0,000 |

| | | | |
|---|---|---|---|
| APS Discharge Patients -> Patient Satisfaction | 0.090 | 2,670 | 0.035 |
| APS Discharge Patients -> Quality of Service | 0.658 | 8,640 | 0,000 |

Based on Table 19, it can be seen that the Research Hypothesis can be answered as follows:

1. Patient Satisfaction with APS Discharge Events

Based on Table 19, it can be seen that the original sample estimate value of the APS discharged patient variable on the patient satisfaction variable is positive, which is 0.090. Then, the t statistic is 2.670> 1.96 (Ghozali, 2014) so it can be said to have a significant effect. Thus, Hypothesis H1 in this study is declared accepted. In conclusion, patient satisfaction has a positive and significant effect on APS discharged patients.

Patient self-discharge (SDI) is a patient's decision to leave a healthcare facility before completing the treatment recommended by the medical team. This phenomenon can affect patient satisfaction in various ways, depending on the patient's reasons for choosing SDI and their experiences during the care process. If the decision to SDI is made due to a patient's lack of understanding of the diagnosis, prognosis, or treatment plan, it can lead to patient dissatisfaction. Poor communication between patients and healthcare providers is often the main cause. When patients' expectations about the outcome or process of care are not met, they may choose SDI and feel dissatisfied with the healthcare services they receive. Non-medical factors, such as work, family, or financial constraints, can also lead patients to choose SDI. In these cases, dissatisfaction may be more influenced by external circumstances than by the quality of medical care. A significant relationship between SDI and patient satisfaction is often related to their experience at the healthcare facility and their decision to SDI. Further research can help to understand these aspects in more depth.

Research that is in line with this research was conducted by Suwandi et al. (2023) who discussed the relationship between factors and the level of satisfaction of inpatients at Permata Bunda Hospital, Purwodadi.

2. Quality of Service for APS Patient Discharge Incidents

Based on Table 19, it can be seen that the original sample estimate value of the APS discharged patient variable on the service quality variable is positive, which is 0.658. Then, the t statistic is 8.640> 1.96 (Ghozali, 2014) so it can be said to have a significant effect. Thus, Hypothesis H2 in this study is declared accepted. In conclusion, service quality has a positive and significant effect on APS discharged patients.

Patient discharge on own request (APS) is often an indicator that can affect the perception of the quality of care in a health facility. Patients who choose to go home APS may be dissatisfied with the care provided. If patients do not receive adequate explanations about their medical condition, the risks of leaving before treatment is completed, or the benefits of continuing hospitalization, this may reflect a lack of quality communication or education to patients. High rates of APS can affect the reputation of the hospital because it is seen as an inability to retain patients until treatment is completed. APS patients are at risk of

complications due to discontinuation of treatment that is not in accordance with medical recommendations, which in turn can increase the number of readmissions or morbidity. High rates of APS can be a signal that improvements need to be made to the health care system, especially in aspects related to patient satisfaction and experience.

Research that is in line with this research was conducted by Wati et al. (2021) which discussed the incidence of patients returning home at their own request (PAPS) at the Raja Ahmad Thabib Regional Hospital, Riau Islands Province.

3. Quality of Service to Patient Satisfaction

Based on Table 19, it can be seen that the original sample estimate value of the service quality variable on the patient satisfaction variable is positive, which is 0.823. Then, the t statistic is 10.109> 1.96 (Ghozali, 2014) so it can be said to have a significant effect. Thus, Hypothesis H3 in this study is declared accepted. In conclusion, service quality has a positive and significant effect on patient satisfaction.

Quality of healthcare services is a major factor that significantly influences patient satisfaction levels. In the context of healthcare services, quality of service encompasses various aspects, including the performance of medical personnel, facilities, administrative processes, and interactions between patients and service providers. Physical aspects such as cleanliness, comfort of the treatment room, availability of medical equipment, and the appearance of healthcare staff have a direct impact on patient perceptions. The ability of healthcare facilities to provide services that are consistent, timely, and in accordance with patient expectations greatly influences their satisfaction. The speed and readiness of staff in responding to patient needs are important indicators that demonstrate a commitment to quality service. The level of expertise, knowledge, and trust provided by healthcare workers provides a sense of security to patients, which contributes to their satisfaction. The ability of healthcare workers to understand needs, listen to complaints, and provide individual attention greatly influences patient perceptions of service quality.

Research that is in line with this research was conducted by Kosnan (2020) which discussed the influence of service quality on inpatient satisfaction at the Merauke Regency Regional General Hospital.

4. Patient Satisfaction Mediates the Influence between Service Quality and the Incidence of APS Patients Discharge.

5.

**Table 20 Hypothesis Test of Indirect Influence**

| | **Original sample (O)** | **T statistics (\|O/STDEV\|)** | **P values** |
|---|---|---|---|
| APS Discharged Patients -> Service Quality -> Patient Satisfaction | 0.541 | 5,426 | 0,000 |

Based on Table 20, it can be seen that the original sample estimate value of the APS discharged patient variable against the patient satisfaction variable through the service quality variable is positive, which is 0.541. Then, the t

statistic is 5.426> 1.96 (Ghozali, 2014) so that it can be said to have a significant effect. Thus, Hypothesis H4 in this study is declared accepted. In conclusion, patient satisfaction is able to mediate the effect of service quality on APS discharged patients.

The phenomenon of patients going home on their own request (APS) can have an indirect effect on patient satisfaction through the service quality dimension. In this case, service quality acts as a mediating variable that explains the relationship between APS decisions and patient satisfaction levels. If patients feel that the services provided do not meet their expectations, such as lack of attention from medical personnel, long waiting times, or inadequate facilities, they are more likely to decide to go home APS. This suggests that poor service quality can be a major factor in APS decisions. Patients who decide on APS are often dissatisfied, either because of the poor service experience or because of the health risks they face after leaving the facility before the treatment is completed. Service quality can worsen or improve the perception of patients who choose APS. If the service provided is attentive and remains oriented to the needs of the patient even though they choose APS, the negative impact on satisfaction can be minimized. Patients who experience low-quality services before making the APS decision tend to feel less satisfied overall. The way medical staff handles patients who want to go home APS (e.g., providing complete information, being friendly, and respecting the patient's decision) greatly influences patients' perceptions of service quality. If patients feel that APS decisions are made due to limited facilities or a lack of empathy from health workers, they are more likely to be dissatisfied with the service overall.

Research that is in line with this research was conducted by Budiarti (2017) which discussed the factors that influence patients to go home at their own request in the Bougainvillea ward of Dr. Tjitrowardojo Purworejo Regional Hospital.

## CONCLUSION AND SUGGESTIONS

### Conclusion

Based on the results obtained in this study, several things can be concluded as follows:

1. Patient satisfaction affects APS discharge patients. The incidence of APS discharge patients will decrease if patient satisfaction increases.
2. Quality of service affects APS discharge patients. The incidence of APS discharge patients will decrease if the quality of service provided improves.
3. Service quality affects patient satisfaction. Patient satisfaction will increase if service quality improves.
4. Patient satisfaction is able to mediate the influence of service quality on APS discharged patients. Patient satisfaction plays a role in the quality of service to APS discharged patients.

### Suggestion

Based on the conclusions obtained in this study, several suggestions can be given as follows.

1. For Agencies

For the agency, the results of this study are expected to be a source of information that in order to increase patient satisfaction, it is necessary to improve factors starting

fromAPS discharge patients and service quality because they have a significant influence on increasing patient satisfaction.

2. For Further Researchers

For further researchers, it is hoped that they can improve this research by using more complex models such as adding mediating and moderating variables to enrich the information that can be explained.

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