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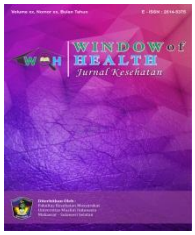

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The Effect Of Communication, Patient Engagement, and Facilities on the Patient Experience at Mother and Child Hospital Tinatapura Palu

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ABSTRACT

Patient experience is an important indicator of healthcare quality because it reflects how patients perceive communication, involvement in care, and the healthcare environment. This study aimed to examine the influence of communication, patient involvement, and facilities on patient experience among outpatient service users at RSIA Tinatapura Palu. An analytical observational study with a cross-sectional design was conducted from August to September 2025. Using accidental sampling, 111 respondents were recruited from a population of 154 outpatients. Data were collected using a structured questionnaire measuring communication, patient involvement, facilities, and patient experience. Data were analyzed using descriptive statistics, classical assumption tests (normality, multicollinearity, and heteroscedasticity), and multiple linear regression at the 0.05 significance level. The analysis showed that communication ($\beta = 0.443$; $p = 0.003$), patient involvement ($\beta = 0.326$; $p = 0.020$), and facilities ($\beta = 0.490$; $p < 0.001$) were each significantly and positively associated with patient experience, with facilities demonstrating the strongest standardized effect. The overall regression model was statistically significant ($F = 21.925$; $p < 0.001$) and explained 38.1% of the variance in patient experience ($R^2 = 0.381$), indicating moderate explanatory power. These findings suggest that strengthening provider–patient communication, promoting patient involvement in care, and improving outpatient facilities should be prioritized in continuous quality improvement initiatives to enhance the patient experience.

Keywords: Communication; Patient involvement; Facilities; Patient experience; Outpatient services

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INTRODUCTION

Health systems worldwide are increasingly evaluated not only by clinical outcomes, but also by how patients *experience* the care process, because patient experience reflects the quality of interactions, responsiveness, and the care environment that patients directly perceive.[1] Patient-centered care has therefore become a practical quality paradigm, where improving experience is aligned with broader quality goals, including better outcomes and more sustainable service delivery.[2] In hospital settings, patient experience is frequently positioned as a core dimension of service quality improvement and organizational performance because it captures aspects that routine clinical indicators may not fully represent.[3,4]

Empirically, patient experience is strongly shaped by what patients encounter during service encounters, particularly communication clarity, the degree to which patients are involved in decisions about their care, and the adequacy of physical facilities that support comfort, safety, and smooth service flow.[5] Patient involvement, especially participation in decision-making, has been reported as a key element of a positive experience because it increases patients' sense of control, understanding, and trust in care processes.[6] In parallel, the physical environment (services cape) is not merely an aesthetic attribute; it functions as a service resource that can influence perceived quality and satisfaction through its impact on comfort, navigation, privacy, and perceived professionalism.[7] At the operational level, communication between providers and patients is consistently linked to perceptions of service quality, because ineffective communication can create uncertainty, reduce adherence, and increase dissatisfaction even when clinical care is appropriate.[8]

In the Indonesian health service context, quality gaps are often expressed through patient complaints closely related to service processes, such as waiting time, administrative flow, and interpersonal communication, indicating that experience-based evaluation is needed to complement technical quality indicators.[9] Recent Indonesian studies also highlight that structured quality-improvement strategies can be developed by mapping patient experience domains to actionable service redesign, emphasizing that experience is a manageable quality target rather than a purely subjective outcome.[10] Operational issues, such as prolonged waiting time and inconsistent service flow, remain recurrent problems that can reduce perceived service quality, particularly in outpatient and administrative processes where patients interact intensively with non-clinical service units.[11]

Despite ongoing quality improvement initiatives, outpatient services at RSIA Tinatapura Palu continue to receive complaints regarding communication, prolonged waiting times, and inadequate supporting facilities. Preliminary observations by the researchers indicated that many patients perceived healthcare provider communication as insufficiently clear, experienced waiting times exceeding 1 hour, and expressed dissatisfaction with the physical environment. These conditions may degrade the patient experience and indicate the need for a systematic evaluation of the determinants of patient experience within this hospital.

At the local level, RSIA Tinatapura Palu has identified practical service problems that are directly relevant to patient experience, particularly communication issues, waiting time, and physical facility adequacy.[12] Based on the preliminary survey described in this study context, most respondents reported waiting times exceeding one hour, perceived communication from staff as unclear, and judged supporting facilities as inadequate indicating a concentrated set of experience drivers that require systematic evaluation.[13] Such conditions create a credible risk that patient dissatisfaction will persist despite clinical services, because negative perceptions can accumulate across administrative steps, provider encounters, and environmental constraints.[14,15] These patterns also suggest a service-quality gap that is not limited to a single unit but may reflect the combined influence of interpersonal processes (communication and involvement) and structural resources (facilities) throughout the patient journey.[16]

RSIA Tinatapura Palu was selected because it is one of the major maternal and child hospitals in Palu City and has identified patient experience issues through internal quality monitoring and preliminary observations. These conditions made the hospital an appropriate setting for evaluating determinants of patient experience. Although prior studies commonly examine communication, waiting time, or facility factors separately, a simultaneous model that evaluates communication, patient involvement, and facilities as integrated predictors of patient experience is still needed for context-specific managerial decision-making in RSIA Tinatapura Palu. Therefore, this study aims to analyze the influence of communication, patient involvement, and facilities both simultaneously and partially on patient experience in health services at RSIA Tinatapura Palu.[17]

METHOD

This analytical observational study employed a cross-sectional design and was conducted at RSIA Tinatapura Palu from August to September 2025. The study population comprised 154 outpatient service users who attended the hospital during the study period. The required sample size was calculated using the Slovin formula with a 5% margin of error, resulting in a minimum sample of 111 respondents. Respondents were recruited using accidental sampling immediately after completing outpatient services. This sampling approach was considered appropriate because outpatient visits occurred continuously throughout the study period, enabling efficient recruitment while minimizing recall bias. Data were collected using a structured questionnaire developed to measure communication (X_1), patient involvement (X_2), facilities (X_3), and patient experience (Y). All items were rated on a five-point Likert scale, and questionnaires were administered immediately after respondents completed their outpatient visit. Data were analyzed using IBM SPSS Statistics version XX. Descriptive statistics were used to summarize respondent characteristics and study variables. Prior to hypothesis testing, the assumptions of multiple linear regression were evaluated using the Kolmogorov–Smirnov test for normality, tolerance, and variance inflation factor (VIF) for multicollinearity, and heteroscedasticity testing. Multiple linear regression analysis was subsequently performed to examine the influence of communication, patient involvement, and facilities on patient experience, with $p < 0.05$ set as the threshold for statistical significance.

RESULTS

Table 1. Respondent characteristics (n=111) in The RSIA Tinatapura Palu

Characteristic		n	%
Sex	Female	109	98.2
	Male	2	1.8
Age (years)	18-25	51	45.9
	26-35	52	46.8
	36-45	8	7.2
Occupation	student	18	16.2
	civil servant/employee	23	20.7
	self-employed	6	5.4
	housewife	51	45.9
	other	13	11.7
Education	no schooling	2	1.8
	primary school	3	2.7
	senior high/diploma	63	56.8
	D3	1	0.9
	bachelor (S1)	37	33.3
	master (S2)	3	2.7
	professional degree	2	1.8

Most respondents were female (109/111; 98.2%). The most common age group was 26–35 years (52/111; 46.8%), followed by 18–25 years (51/111; 45.9%). The dominant occupation was housewife (51/111; 45.9%), and the most frequent education level was senior high/diploma (63/111; 56.8%).

Based on the Three Box Method, communication, patient involvement, facilities, and patient experience were all classified as high. Among the indicators, clear explanation of examination procedures by doctors (communication), adherence to medical advice (patient involvement), comfort and cleanliness of the waiting area (facilities), and overall satisfaction during visits (patient experience) obtained the highest index scores within their respective dimensions.

The Kolmogorov–Smirnov test of the unstandardized residuals indicated a normal distribution ($p = 0.200$), suggesting that the normality assumption for multiple linear regression was satisfied. Multiple linear regression analysis showed that communication, patient involvement, and facilities were all significantly associated with patient experience. Among these variables, facilities demonstrated the strongest standardized effect ($\beta = 0.490$; $p < 0.001$), followed by communication ($\beta = 0.443$; $p = 0.003$) and patient involvement ($\beta = 0.326$; $p = 0.020$). The overall regression model was statistically significant ($F = 21.925$; $p < 0.001$) and explained 38.1% of the variance in patient experience ($R^2 = 0.381$), indicating moderate explanatory power.

Table 2. Multiple linear regression of patient experience (Y)

Predictor	*B*	*Beta*	*t*	*p-value*
Communication (X1)	0.474	0.443	3.092	0.003
Patient involvement (X2)	0.378	0.326	2.367	0.020
Facilities (X3)	0.436	0.490	5.487	<0.001

DISCUSSION

This study demonstrates that communication, patient involvement, and facilities were all significantly associated with patient experience among outpatient service users at RSIA Tinatapura Palu. Among these variables, facilities exhibited the strongest standardized effect, indicating the prominent role of the physical care environment in shaping patients' overall experiences. These three dimensions represent key service-process and service-environment components that are consistent with healthcare quality frameworks emphasizing both process and structural determinants of patient-perceived outcomes.[18]

Communication had a positive and statistically significant association with patient experience. Clear explanations, timely responses, and respectful interactions may enhance patients' understanding, reduce uncertainty, and strengthen trust in healthcare providers, thereby contributing to more favorable patient experiences. This finding is consistent with previous studies reporting that effective communication is closely associated with improved patient satisfaction and positive healthcare experiences, particularly in outpatient settings.[20]

Patient involvement also showed a significant positive association with patient experience. When patients are encouraged to participate in their care, understand their health conditions, follow medical recommendations, and receive support from family members when appropriate, they are more likely to report positive healthcare experiences. This finding is consistent with previous evidence demonstrating that patient participation in decision-making and active engagement during healthcare delivery are important components of patient-centered care and contribute substantially to improving patient experience.[21]

Facilities emerged as the strongest predictor of patient experience ($\beta = 0.490$). Aspects such as the comfort and cleanliness of waiting areas, the adequacy of examination rooms, appropriate lighting and ventilation, and an efficient registration process are likely to shape patients' evaluation of the healthcare environment. The stronger contribution of facilities may reflect patients' continuous exposure to the physical environment throughout their outpatient visit. Comfortable waiting areas, clean facilities, adequate ventilation, and an efficient registration system contribute to positive perceptions before, during, and after interactions with healthcare providers. Consequently, improvements in the physical environment may have a broad and lasting impact on overall patient experience. This finding is consistent with previous studies showing that the physical environment plays an important role in shaping patient experience and perceived service quality.[23]

From a management perspective, these findings suggest that improving patient experience requires coordinated interventions targeting both service processes (communication and patient involvement) and the physical care environment (facilities). Strengthening these dimensions can support continuous quality improvement and enhance organizational performance, as patient experience is increasingly recognized as a strategic indicator of healthcare quality in modern health systems.

Although the regression model explained 38.1% of the variance in patient experience, a substantial proportion of the variation remained unexplained. This finding suggests that additional determinants, such as waiting time, administrative efficiency, continuity of care, and individual patient expectations, may also influence patient experience. Future studies should therefore incorporate these factors to provide a more comprehensive understanding of the determinants of patient experience in hospital settings.[25]

CONCLUSIONS AND RECOMMENDATIONS

Communication, patient involvement, and facilities each have a positive and statistically significant influence on patient experience among outpatient service users at RSIA Tinatapura Palu. Facilities showed the largest standardized effect, indicating the importance of the physical care environment in shaping perceived experience.

Hospital management should prioritize improvements based on each predictor's relative contribution. Facility improvements should receive immediate attention because they demonstrated the strongest influence, followed by strengthening communication competencies among healthcare providers and promoting patient engagement through shared decision-making and patient education.

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REFERENCES

1. Keperawatan Profesional, J. et al. Pengaruh Komunikasi Terapeutik Perawat Terhadap Tingkat Kecemasan Pada Pasien Preoperasi. Jurnal Keperawatan Profesional (JKP) vol. 7 https://ejournal.unuja.ac.id/index.php/jkp/index (2019).
2. Inra, N. H. et al. Analisis Kepuasan Pasien Ditinjau Dari Komunikasi Perawat Di Ruang Rawat Inap Melati Rumah Sakit Pekanbaru Medical Center. Jurnal Keperawatan Abdurrab, (2025).
3. Syukur, S. B. & Asnawati, R. Komunikasi Terapeutik Perawat Terhadap Tingkat Kecemasan Keluarga Pada Pasien Yang Dirawat Di Ruang Perawatan Khusus Rsud Mm Dunda Limboto. Jurnal Zaitun Universitas Muhammadiyah Gorontalo (2023).
4. Asyerem, A. Y., Ruhukail, P. P., Tinggi, S. & Kesehatan Papua, I. Faktor-Faktor Yang Mempengaruhi Waktu Tunggu Pelayanan Rawat Jalan Di Poliklinik Interna Rsud Sele Be Solu Kota Sorong. Jurnal Penelitian Ilmiah Multidisiplin Vol. 8 (2024).
5. Inra, N. H. Et Al. Analisis Kepuasan Pasien Ditinjau Dari Komunikasi Perawat Di Ruang Rawat Inap Melati Rumah Sakit Pekanbaru Medical Center. Jurnal Keperawatan Abdurrab, (2025).

6. Umi Musarofah, Dwi Retnaningsih & Maulidta Karunianingtyas Wirawati. Hubungan Komunikasi Terapeutik Perawat dengan Tingkat Kecemasan Pasien Preoperasi di RSI Pekajangan. Vitamin : Jurnal ilmu Kesehatan Umum, 258–275 (2025).
7. Talibo, N. A., Dewi, S., Riu, M. & Akili, M. Hubungan Tingkat Kompetensi Perawat Dengan Penerapan Pendokumentasian Catatan Perkembangan Pasien Terintegrasi Di Ruang Rawat Inap Interna. Nutrix Journal, (2024).
8. Ahmad, F., Arif, E. & Sarmiati. Komunikasi Dalam Penanganan Keluhan Pasien Di Rumah Sakit Khusus Bedah Ropanasuri Kota Padang. Journal Publicuho, 155–163 (2025).
9. Annisah, S. S., Rochyani, D. & Hisni, D. Hubungan Komunikasi Terapeutik Perawat dengan Kepuasan Pasien di Rawat Inap Rumah Sakit Umum Daerah Pasar Rebo. Malahayati Nursing Journal, 2944–2959 (2023).
10. Rizwan, A. K., Zainaro, M. A. & Kusumanignsih, D. Hubungan Fasilitas Kesehatan dan Komunikasi Perawat dengan Tingkat kepuasan Pasien di UPTD Puskesmas Krui. Malahayati Nursing Journal, 1919–1929 (2024).
11. Safitri, W., Ediyono, S. & Sebelas Maret, U. Universitas Kusuma Husada Surakarta 2). Jurnal Kesehatan Kusuma Husada Universitas Kusuma Husada Surakarta vol. 15 (2024).
12. Hermina Nurmalita Sari *et al.* Pengaruh Kompetensi, Komunikasi Interpersonal, dan Kualitas Pelayanan Kesehatan terhadap Kepuasan Pasien di Puskesmas Pembantu Lubang Buaya, Jakarta Timur. Jurnal Manajemen, Bisnis dan Kewirausahaan, 585–603 (2025).
13. Arumsari, D. P., Emaliyawati, E., Sriati, A., Keperawatan, F. & Padjadjaran, U. Hambatan Komunikasi Efektif Perawat Dengan Keluarga Pasien Dalam Perspektif Perawat (2021).
14. Ulandari, E., Zainaro, M. A. & Kusumaningsih, D. Kunci Sukses Meningkatkan Kepuasan Pasien dengan Kinerja dan Komunikasi Perawat. Malahayati Nursing Journal, 4093–4104 (2023).
15. Nurfitriani, S., Hamidah, E. & Abdillah, H. Hubungan Komunikasi Terapeutik Perawat dengan Kepuasan Pasien di Rawat Inap. Malahayati Nursing Journal, 1475–1482 (2025).
16. Candra, S. *et al.* Hubungan Komunikasi dan Empati Perawat dengan Kepuasan Pasien BPJS Rawat Inap di Rumah Sakit Rajawali Citra Bantul Yogyakarta. Healthy Indonesian Journal, (2025).
17. Kurniawati, S. & Faridah, I. Komunikasi Terapetik pada Pasien Pasca Operasi dalam Penerapan Pasien Safety Terhadap Pelayanan Keperawatan. Malahayati Nursing Journal , 4166–4173 (2023).
18. Haeriati, M. & Nur, F. Hubungan Komunikasi Terapeutik Perawat Dengan Kepuasan Pasien Rawat Inap Di Rumah Sakit Umum Daerah Majene Artikel info. https://doi.org/10.58554/jkm doi:10.58554/jkm.
19. Rauf, M. Komunikasi Terapeutik Perawat Pada Tingkat Kepuasan Pasien: Studi Kasus Di Rumah Sakit Ulin Banjarmasin. Jurnal Terapung : Ilmu – Ilmu Sosial (2021).
20. Bidang, J. *et al.* Hubungan Komunikasi Terapeutik dengan Tingkat Kepuasan Pasien dalam Pemberian Obat di Ruang Rawat Inap RS Rawa Lumbu Tahun 2023. http://ejournal.urindo.ac.id/index.php/kesehatan (2023).

21. Elyana, D. et al. Pengalaman Pasien Rawat Jalan Di Rsia Mardi Waloeja Rampal, Malang (2022).

22. Fitria, N., Shaluhiyah, Z., Cut Meutia Lhokseumawe, R. & Promosi Kesehatan Universitas Diponegoro Semarang, ABSTRAK, M. Perbedaan Komunikasi Terapeutik Perawat Di Ruang Rawat Inap RS Pemerintah Dan RS Swasta (2024).

23. Anggriani, M. Pengalaman Pasien Dan Kepuasan Pasien Di Fasilitas Pelayanan Kesehatan: Literature Review. Jurnal Ners, (2025).

24. Rizkiawan, R., Novikasari, L. & Kusumanignsih, D. Hubungan Kualitas Pelayanan Keperawatan dan Komunikasi Terapeutik dengan Kepuasan Pasien di Rumah Sakit Daerah dr. A. Dadi Tjokrodipo Kota Bandar Lampung. *Malahayati Nursing Journal* **6**, 700–714 (2024).

25. Prasetyo, A. Pengaruh Kemampuan Komunikasi Terhadap Kinerja Karyawan di Instansi Penerbangan: Studi pada Karyawan di UPBU Kelas 1 Mutiara Sis Al-Jufri Palu. MES Management Journal (2024).