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The Influence of Information System Quality, Facilities, and Competence on Inpatient Satisfaction With Service Quality as an Intervening Variable at Raja Ahmad Thabib Hospital, Riau Islands Province

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Abstract. *This study examines the impact of information systems, facilities, and competence on inpatient satisfaction with service quality as an intervening variable at Raja Ahmad Thabib Hospital, Riau Islands Province. The sample for this study consists of 100 individuals who either received healthcare services or are family members of patients. The research method employed is an associative method with a quantitative approach, utilizing Partial Least Square (PLS) analysis techniques through the SmartPLS Version 4.0 program. The results of the study indicate that the information system has a positive and significant effect on the satisfaction variable, facilities have a positive and significant effect on the satisfaction variable, competence does not significantly affect the satisfaction variable, service quality significantly affects the satisfaction variable, competence does not significantly affect the service quality variable, the information system has a positive and significant effect on the service quality variable, facilities have a positive and significant effect on the service quality variable, the information system positively and significantly affects the satisfaction variable with service quality as an intervening variable, facilities positively and significantly affect the satisfaction variable with service quality as an intervening variable, and competence does not significantly affect the satisfaction variable with service quality as an intervening variable at Raja Ahmad Thabib Hospital, Riau Islands Province.*

Keywords: *Information System, Facilities, Competence, Satisfaction, Service Quality*

1. INTRODUCTION

The progress of the health world is getting better. This can be proven by the number of medical personnel and health technology created. This condition is utilized by the health business world to take advantage of these opportunities, by establishing various forms of health services. Hospitals are one of the health facilities that function to carry out basic health efforts or referral health and supporting health efforts. At present the role of hospitals as health service organizations is entering a competitive and changing global environment. A hospital is a health care institution that organizes comprehensive individual services that provide outpatient, inpatient and emergency services (Article 1 paragraph 1 (one) of Law No. 44 of 2009 concerning hospitals). Currently, hospitals have experienced rapid development and progress. This challenge must be faced by the hospital industry to be able to compete to achieve its goals. It takes management that is not static, but dynamic. This is what makes the process of adaptation and adjustment always necessary, when changes occur in the hospital, including resources, hospital processes and activities to hospital facilities.

Health care facilities in Indonesia, when viewed from the management, consist of the government and the private sector. Government-run health care facilities such as health centers, hospitals. Health service facility is a place used to organize health service efforts, both promotive, preventive, curative, and rehabilitative carried out by the government, local

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government, or the community. If the facilities in the hospital are complete, customer satisfaction will also increase, because what is needed is always informed to the patient. The quality of information systems plays an important role in supporting all processes in hospitals with information technology. Implementation of information systems is needed to integrate all services in the hospital, in this era of globalization, the quality of information systems is important to support the management of hospital operations from both the medical and business sides. The quality of hospital information systems is an arrangement that deals with data collection, data management, presentation of information, analysis and inference of information and delivery of information needed for hospital activities (Regulation of the Indonesian Minister of Health No. 1171 2011).

In addition to facilities and the quality of information systems, competence is an element that is needed in hospital development. This is in line with the direction of RPJMN 2020-2024 health development, policies and strategies of the Ministry of Health. One of the objectives of the Ministry of Health is the fulfillment of competent and equitable health human resources, with strategic targets being (1) Increased fulfillment of equitable distribution of quality health human resources, (2) Increased competence and education system for training health human resources. Raja Ahmad Tabib Hospital of Riau Islands Province is a hospital that is directed to become a class B Education hospital and has been operating since February 29, 2012 (soft opening) based on the Hospital Operational License by the Riau Islands Provincial Health Office with Number 001/Dinkes/II / 2013. Hospital management has implemented a full Regional Public Service Agency (BLUD) since January 1, 2014 based on Governor Regulation No. 1A of 2014 concerning Guidelines for the Implementation of Regional Public Service Agency Financial Management at the Riau Islands Provincial General Hospital.

Service quality and patient satisfaction were chosen as variables in this study because research on patient satisfaction is very important to study because patient satisfaction is the most discussed issue in all hospital patients. Service satisfaction in the hospital is highly dependent on the patient, if the patient no longer believes in the hospital due to poor results, the hospital will lose the patient's trust due to the bad responses formed. Based on the background of the problems that have been stated above, several problems can be identified in this study, namely:

a. The low quality of the information system perceived by patients, there is no definite information such as the estimated service hours do not match the actual hours of service, causing patient discomfort.

b. Lack of hospital facilities perceived by patients so that it has an impact on the lack of satisfaction of patients doing health services at the Raja Ahmad Tabib Hospital, Riau Islands Province.
c. Medical equipment that is not available and still lacking (operating equipment), so that patients are not satisfied because they have to wait.
d. Employee competence is still lacking, administrative errors are still found, causing patients to distrust the competence of hospital employees.
e. Hospital rules that some patients find confusing, such as the rules for getting referrals under BPJS coverage.

2. LITERATURE REVIEW

Satisfaction (Y)

According to Wijayanti (2017), explains that satisfaction is the level of a person's feelings after comparing the performance of a product or service and the perceived results with consumer expectations. Satisfaction is a person's feeling of pleasure or disappointment that arises from comparing the perceived performance of a product (or result) against their expectations (Kotler & Keller, 2018). If performance fails to meet expectations, the patient will be dissatisfied. If performance matches expectations, the patient will be satisfied. In addition, if performance exceeds expectations, the patient will be very satisfied or happy. Based on the above theory, it can be concluded that patient satisfaction is a patient's response or response in the form of feelings or assessments of product use where expectations and needs are met.

Community satisfaction is the main factor that must be considered by public service providers, because community satisfaction will determine the success of the government in organizing public services, the definition of community satisfaction is often confused with the definition of patient satisfaction or consumer satisfaction, this is only differentiated in who the provider is and what the motive for providing the service is. Public Satisfaction is a person's feeling of pleasure or disappointment resulting from comparing the performance or perceived results of a product or service with expectations (Atmaja, 2018). Patient satisfaction is the level at which an achievement of the performance of a product received by the patient is equal to the patient's own expectations (Suryati, 2015).

Service Quality (Z)

According to Kotler & Keller (2016), explaining that quality is the completeness of the features of a product or service that has the ability to provide satisfaction to a need. Service quality can be defined as focusing on meeting needs and requirements, as well as on timeliness

to meet patient expectations (Arianto, 2018). Service quality is an important component that must be considered in providing excellent service quality (Aria & Atik, 2018). Service quality is a dynamic condition that is closely related to products, services, human resources, as well as processes and environments that can at least meet or even exceed the expected service quality (Manengal, 2021). Service quality is a strategic system involving all work units or organizational units from leaders to employees so as to meet the needs expected by consumers.

Service quality is a level of service related to meeting the expectations and needs of customers or users (Armaniah et al., 2019). Service quality as a measure to assess whether the service already has the desired use value or in other words, an item can be said to have quality if its use value or function is in accordance with the desired value. said to have quality if its use value or function is as desired (Gunawan et al., 2019). Consumers will buy a product or service because of its good service quality. Service in this case is defined as a service or service delivered by the service owner in the form of convenience, speed, ability and friendliness shown through the attitude in providing services for customer satisfaction. Attitude in providing services for customer satisfaction

Information System (X_1)

A quality information system is a collection of computer hardware and software and human devices that will process data using the hardware and software. In addition, data also plays an important role in the quality of information systems. The data to be included in an information system quality can be in the form of forms, procedures and other forms of data (Kristanto, 2018). Quality information systems are technically a set of interconnected components that collect, store, process, and distribute information to support decision-making and supervision in an organization (Laudon, 2017). Information system quality is a collection of interconnected components that collect, process, store, provide and distribute information to support decision making and control within the organization (Kurniawan & Mumtahana, 2019). Information system quality is a measure of how well an information system can meet the needs of users and organizations. This quality includes aspects of reliability, speed, accuracy, security, and ease of use that enable users to achieve business goals effectively and efficiently (Sumaryati et al., 2020; Ahmad et al., 2023).

Information system quality refers to the level of satisfaction users receive from using the system. This includes how well the system provides accurate, relevant and timely information, as well as how the system supports the organization's decision-making and operational processes. Information system quality is the ability of the system to provide consistent output and in accordance with user expectations and needs. This quality is assessed

based on various factors such as data integrity, ease of access, interoperability, and the ability to adapt to changes in technology and business needs (Jo & Park, 2023; Bertl et al., 2023).

Facilities (X_2)

Facilities can be interpreted as facilities that must be fulfilled to support the success of an activity from the planning stage to the implementation of activities (Ginting, 2018). Facilities are everything that can facilitate and smooth the implementation of something (Ngulandari, 2016). Facilities are physical resources that must exist before a service is offered to consumers. facilities are the main element of a service business, therefore interior conditions and cleanliness must be considered by the company in order to achieve satisfaction with the consumer (Tjiptono, 2017). Facilities are everything that is physical equipment and is provided by the service seller to support consumer comfort (Kotler, 2016). Facilities are facilities or infrastructure provided to support and facilitate certain activities or activities (Fetra & Fradiani, 2023; Othman et al., 2020). Facilities can be buildings, equipment, services, or infrastructure that help improve efficiency and convenience for users or organizations (Kumar, 2024; Wartana, 2024).

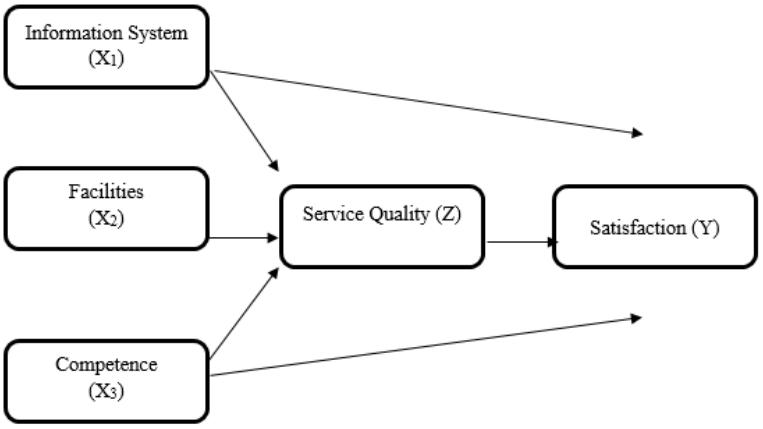
Facilities refer to any form of physical or non-physical support provided to meet a specific need. This includes tools, equipment, services and spaces designed to enable the achievement of a desired goal or function more easily and effectively. A facility is anything designed to facilitate a process or activity. These facilities can be in the form of technology, tools, services, or infrastructure that allow activities to be carried out more quickly, safely, and efficiently (Jeaheng et al., 2020; Sari & Zuhri, 2023; Lee & Kim, 2014).

Competence (X_3)

According to Spencer (2014), explaining that competence is an underlying characteristic of a person related to the effectiveness of individual performance in his job or the basic characteristics of individuals who have a causal or causal relationship with the criteria used as a reference. Competence lies on the inside of every human being and is forever present in a person's personality that can predict behavior and performance broadly in all work situations and tasks. competence is needed to help organizations to create a culture of high performance, the competency factor is the most important thing in determining a person's performance achievement. Competency is an ability to carry out or perform a job or task based on skills and knowledge and supported by the work attitude required by the job (Wibowo, 2016).

Competency is an ability to carry out or perform a job or task based on skills and knowledge and supported by the work attitude demanded by the job (Agustian et al., 2018). Competencies also indicate the characteristics of knowledge and skills possessed or required by individuals that enable them to perform their duties and responsibilities effectively and raise the standard of professional quality in their work. Competence is an ability to carry out a job that is based on skills and knowledge and supported by the work attitude required by the job.

Conceptual framework



Source: Researcher (2024)

Figure 1. Conceptual Framework

3. RESEARCH METHOD

Type of research

The research method used in this study is a descriptive research strategy with a quantitative approach. Quantitative research is a research approach based on the philosophy of positivism, which aims to investigate a particular population or sample which ultimately leads to the formulation of conclusions.

Data source

This research uses primary and secondary data sources, as follows:

a. According to Sugiyono, (2017), primary data is data that directly provides data to data collectors. Primary data sources are obtained through an interview activity with the research subject and by observation or observation in the field. The primary data used by the authors in the study was a questionnaire.
b. According to Sugiyono, (2017), secondary data is a data source that does not directly provide data to data collectors, for example through other people or through documents. Secondary data sources are complementary data sources that function to complement the data needed by primary data. Secondary data referred to in this

study is a source of research data obtained through intermediary media or indirectly published or unpublished in general.

Population and Sample

The population in this study were people who sought treatment and were hospitalized at Raja Ahmad Tabib Hospital totaling 3.034. The sampling technique used in this research is non probability sampling with purposive sampling. Purposive sampling is a sample determination technique by selecting samples among the population according to the researcher's wishes (objectives / problems in the study).

From a population of 3,034 patients, the researcher took sampling using the Slovin formula using an error rate of 10% with the Slovin formula. So as for the number of sampling based on the number of patient visits at Raja Ahmad Tabib Hospital in March to May of 2024 with a total of 100 respondents.

4. RESULTS AND DISCUSSION

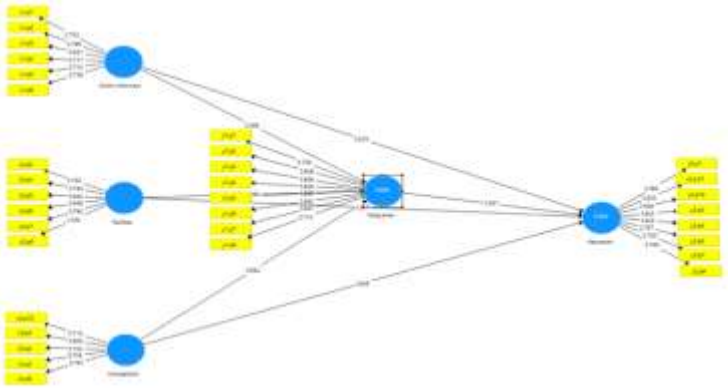
Loading Factor

Table 1. Loading Factor

Variable	Item	Provision	Loading Factor	Description
Information System (X_1)	X1.1	0.60	0.745	Valid
	X1.2	0.60	0.742	Valid
	X1.3	0.60	0.817	Valid
	X1.4	0.60	0.684	Valid
	X1.5	0.60	0.678	Valid
	X1.6	0.60	0.751	Valid
	X1.7	0.60	0.615	Valid
Facilities (X_2)	X2.2	0.60	0.734	Valid
	X2.4	0.60	0.755	Valid
	X2.5	0.60	0.838	Valid
	X2.6	0.60	0.830	Valid
	X2.7	0.60	0.765	Valid
	X2.9	0.60	0.770	Valid
Competence (X_3)	X3.3	0.60	0.679	Valid
	X3.4	0.60	0.715	Valid
	X3.5	0.60	0.769	Valid
	X3.9	0.60	0.721	Valid
	X3.10	0.60	0.724	Valid
Service Quality (Z)	Z.1	0.60	0.763	Valid
	Z.3	0.60	0.809	Valid
	Z.4	0.60	0.836	Valid
	Z.5	0.60	0.766	Valid
	Z.6	0.60	0.783	Valid
	Z.7	0.60	0.600	Valid
	Z.8	0.60	0.738	Valid
	Z.9	0.60	0.816	Valid
	Z.10	0.60	0.608	Valid
Satisfaction (Y)	Y.1	0.60	0,757	Valid
	Y.2	0.60	0,822	Valid
	Y.3	0.60	0,781	Valid
	Y.4	0.60	0,802	Valid
	Y.5	0.60	0,789	Valid
	Y.6	0.60	0,816	Valid
	Y.7	0.60	0,810	Valid
	Y.8	0.60	0,799	Valid

Source: Processed by researchers (2024)

The data shows that the indicators are declared feasible or valid for research use and can be used for further analysis.



Source: Researcher (2024)

Figure 2. Outer Model

Cronbach's Alpha & Composite Reliability

Table 2. Cronbach's Alpha & Composite Reliability

	Cronbach's Alpha	Composite Reliability
Information System (X1)	0.855	0.891
Facilities (X2)	0.882	0.910
Competence (X3)	0.815	0.868
Service Quality (Z)	0.887	0.911
Satisfaction (Y)	0.913	0.931

Source: Processed by researchers (2024)

Based on the table above, In the Cronbach's Alpha test, the results of the Cronbach alpha test show that all variables in this study have a value of> 0.7 and are in accordance with the predetermined construct value limits. So the results for all variables in this study on Cronbach's alpha are acceptable. It shows that the good enough category of each construct has met the criteria for assessing the reliability of the outer model with a composite reliability value > 0.7.

Average Variance Extracted

Table 3. Average Variance Extracted (AVE)

	Average Variance Extracted (AVE)
Information System (X1)	0.577
Facilities (X2)	0.630
Competence (X3)	0.568
Service Quality (Z)	0.566
Satisfaction (Y)	0.658

Source: Processed by researchers (2024)

Based on the table above, it shows that the AVE value of each construct in the final model has reached a value > 0.5. Thus, the proposed structural equation model has met the convergent validity criteria.

Structural Model Evaluation (Inner Model)

Tabel 4. R-Square

	R Square	*Adjusted R Square*
Service Quality (Z)	0.608	0.595
Satisfaction (Y)	0.681	0.667

Source: Processed by researchers (2024)

The results obtained from the effect of information systems, facilities and competence on service are 59.5%, and the remaining 40.5% is influenced by other variables outside those studied in this study. Meanwhile, the effect of information systems, facilities and competence on satisfaction is 66.7%, and the remaining 33.3% is influenced by other variables outside those studied in this study.

Direct Effect Test

Table 5. Path Coefficients

	Original Sample (O)	**Sample Mean (M)**	**Standard Deviation (STDEV)**	**T Statistics (|O/STDEV|)**	**P Values**
Information System ->Satisfaction	0.240	0.224	0.113	2.129	0.034
Facilities -> Satisfaction	0.422	0.448	0.121	3.488	0.001
Competence -> Satisfaction	0.050	0.047	0.059	0.847	**0.397**
Service Quality -> Satisfaction	0.280	0.270	0.092	3.059	0.002
Competence i -> Service Quality	0.053	0.057	0.061	0.870	**0.385**
Information System -> Service Quality	0.596	0.588	0.082	7.244	0.000
Facilities -> Service Quality	0.260	0.271	0.089	2.936	0.003

Source: Processed by researchers (2024)

Based on the table above, it is known that:

1. The direct effect of the information system variable on the satisfaction variable with a P-Value of 0.034 < 0.05 or it can also compare the t-statistic value with the tcount of 2.129 > 1.9839715 it can be stated that the effect between the information system variable on the satisfaction variable is positive and significant.
2. The direct effect of the facility variable on the satisfaction variable with a P-Value of 0.001 < 0.05 or by comparing the t-statistic value with the t-table value with tcount 3.488 > 1.9839715 it can be stated that the effect between facilities on satisfaction is positive and significant.
3. The direct effect of the competency variable on the satisfaction variable with a P-Value of 0.397 > 0.05 or comparing the t-statistic value with the t-table value with tcount 0.847 < 1.9839715, it can be stated that the effect between the competency variable on the performance variable is positive and insignificant.
4. The direct effect of the service variable on the satisfaction variable with a P-Value of 0.002 < 0.05 or comparing the t-statistic value with the t-table value of 3.059 > 1.9839715, it can be stated that the effect between service and satisfaction is positive and significant.

5. The direct effect of the competency variable on the service variable with a P-Value of 0.385 > 0.05 or comparing the t-statistic value with the t-table value with tcount 0.870 < 1.9839715 can be stated that the effect between the competency variable on the service variable is positive and insignificant.
6. The direct effect of the information system variable on the service variable with a P-Value of 0.000 < 0.05 or comparing the t-statistic value with the t-table value with a tcount of 7.244 > 1.9839715 it can be stated that the effect between the information system variable on the service variable is positive and significant.
7. The direct effect of the facility variable on the service variable with a P-Value of 0.003 > 0.05 or comparing the t-statistic value with the t-table value with a tcount of 2.936 > 1.9839715 it can be stated that the effect between the facility variable on the service variable is positive and significant.

Indirect Effect Test

Table 7. Indirect Effect Test

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Information System -> Service Quality -> Satisfaction	0.167	0.160	0.062	2.697	0.007
Facilities -> Service Quality -> Satisfaction	0.073	0.074	0.037	1.967	0.050
Competence -> Service Quality -> Satisfaction	0.015	0.015	0.018	0.844	**0.399**

Source: Processed by researchers (2024)

Based on the table above, it is known that:

1. The indirect effect of information system variables on the satisfaction variable with service as an intervening variable has a P-Values value of 0.007 <0.05. The type of mediation produced is partial mediation so that it can be stated that the effect between information system variables on satisfaction variables with service as an intervening variable is positive and significant.
2. The indirect effect of facility variables on satisfaction variables with satisfaction as an intervening variable has a P-Values value of 0.050 ≤ 0.05. The type of mediation produced is partial mediation so that it can be stated that the effect between the facility variable on the satisfaction variable with service as the intervening variable is positive and significant.
3. The indirect effect of the competency variable on the satisfaction variable with satisfaction as the intervening variable has a P-Values value of 0.399> 0.05. The type of mediation produced is partial mediation so that it can be stated that the effect

between the competency variable on the satisfaction variable with service as an intervening variable is positive and insignificant.

5. CONCLUSIONS AND SUGGESTIONS

Conclusion

Based on the results of the research and discussion, the following conclusions can be drawn:

1. There is a direct influence of the information system variable on the satisfaction variable which has a positive and significant effect on the Raja Ahmad Tabib Hospital, Riau Islands Province.
2. There is a direct effect of the facility variable on the satisfaction variable, which has a positive and significant effect on the Raja Ahmad Tabib Hospital, Riau Islands Province.
3. There is a direct effect of the competency variable on the satisfaction variable which has no significant effect on the Raja Ahmad Tabib Hospital, Riau Islands Province.
4. There is a direct effect of service variables on satisfaction variables stated to have a significant effect on Raja Ahmad Tabib Hospital, Riau Islands Province.
5. The direct effect of competency variables on service variables has no significant effect on Raja Ahmad Tabib Hospital, Riau Islands Province.
6. There is a direct effect of information system variables on service variables that have a positive and significant effect on Raja Ahmad Tabib Hospital, Riau Islands Province.
7. There is a direct effect of facility variables on service variables that have a positive and significant effect on Raja Ahmad Tabib Hospital, Riau Islands Province.
8. There is an indirect effect of information system variables on the papal variable with service as an intervening variable is positive and significant at Raja Ahmad Tabib Hospital, Riau Islands Province.
9. There is an indirect effect of facility variables on satisfaction variables with satisfaction as an intervening variable is positive and significant at Raja Ahmad Tabib Hospital, Riau Islands Province.
10. There is an indirect effect of competency variables on satisfaction variables with satisfaction as an intervening variable has no significant effect on Raja Ahmad Tabib Hospital, Riau Islands Province.

11. The results of R Square obtained from the effect of information systems, facilities and competence on service are 59.5%, and the remaining 40.5% is influenced by other variables outside those studied in this study. Meanwhile, the effect of information systems, facilities and competence on satisfaction is 66.7%, and the remaining 33.3% is influenced by other variables outside those studied in this study.

Suggestion

Based on the conclusions obtained from the above research, the following suggestions are made:

1. The hospital information system should be carried out periodic evaluation and preventive maintenance to identify and overcome technical problems by connecting various departments in Raja Ahmad Thabib Hospital which has an impact on fast and accurate data access, speeding up the service process and reducing the possibility of errors.
2. Conduct physical inspections to assess the condition of facilities and equipment. Identify the need for new facilities or upgrades based on evaluation findings. Hospital management undertakes an action plan to implement necessary facility repairs and updates.
3. The competence of Raja Ahmad Thabib Hospital employees needs to be upgraded. Management needs to conduct regular training for medical and non-medical personnel on the latest developments in clinical practice, medical technology, new technology, latest standards of practice and administrative procedures. This includes courses on service training, effective communication and others related to reliable service to the community.
4. Increasing patient satisfaction must first improve service quality by fulfilling employee competencies according to service competency standards in the hospital. The management of Raja Ahmad Tabib Hospital must routinely evaluate and improve the competence of staff both health and non-health personnel through continuous training.
5. It is recommended that Raja Ahmad Tabib Hospital continue to improve service quality to ensure patient satisfaction. Focusing on positive patient experiences through responsive, friendly, and effective services will help achieve optimal care outcomes and increase patient trust in the hospital.

6. For future researchers, they can develop research models by including other variables that are not included in the model, such as organizational commitment, career development, job insecurity and others.

REFERENCES

Agustian, I., Saputra, H. E., & Imanda, A. (2019). Pengaruh sistem informasi manajemen terhadap peningkatan kualitas pelayanan di PT. Jasaraharja Putra Cabang Bengkulu. *Profesional: Jurnal Komunikasi Dan Administrasi Publik, 6*(1), 42–60. https://doi.org/10.37676/professional.v6i1.837

Ahmad, A. Y. A. B., Atta, A. A. M. B., Alawawdeh, H. A., Aljundi, N. A., Morshed, A., Dahbour, S. A., & Alqaraleh, M. H. (2023). The effect of system quality and user quality of information technology on internal audit effectiveness in Jordan, and the moderating effect of management support. *Applied Mathematics, 17*(5), 859-866.

Amary, A., & Suprayitno, S. (2021). Analisis hubungan fasilitas terhadap kepuasan pasien pengguna BPJS di UPT Puskesmas Segiri Kota Samarinda. *Borneo Student Research (BSR), 2*(2), 1067–1073.

Ardiansyah, I. A. (2022). Pengaruh kompetensi pegawai terhadap kualitas pelayanan (studi kasus di kantor kecamatan Kiaracondong Kota Bandung). *KarismaPro, 12*(2), 9–16. https://doi.org/10.53675/karismapro.v12i2.504

Audon, K. C., & Laudon, J. (2014). *Sistem informasi manajemen: Mengelola perusahaan digital* (13th ed.). Salemba Empat.

Bau Salman, A., Purwanto, A., Heri Rukmana, I., & Rangga, A. (2024). Pengaruh kualitas pelayanan dan fasilitas terhadap kepuasan pasien rawat inap pada RSUD Lamaddukelleng Kabupaten Wajo. *PRECISE: Journal of Economic, 3*(1), 45.

Bertl, M., Kankainen, K. J. I., Piho, G., Draheim, D., & Ross, P. (2023). Evaluation of data quality in the Estonian national health information system for digital decision support. In *HEDA@ STAF*.

Darmawan, R., Hubeis, M., & Sukandar, D. (2018). Pengaruh kompetensi, motivasi dan kepuasan kerja terhadap kinerja karyawan di PT Elnusa Tbk. *Jurnal Ekonomi, 6*(1), 1–11.

Edison, E., Anwar, Y., & Komariyah, I. (2016). *Manajemen sumber daya manusia*. Alfabeta.

Elyanovianti, E., Palu, M. B., & Batara, A. S. (2021). Pengaruh kualitas sistem informasi e-Siantri terhadap kepuasan pasien rawat jalan di RSUD Sinjai. *An Idea Health Journal, 1*(1), 48–53. https://doi.org/10.53690/ihj.v1i1.30

Erpurini, W. (2019). Pengaruh sistem informasi pemasaran dan kualitas pelayanan terhadap kepuasan pelanggan pada Hotel Él Royale Bandung. *JIM UPB, 7*(2), 181–188.

Fetra, R., & Pradiani, T. (2023). The influence of price, facilities, and service quality on re-staying interest. *ADI Journal on Recent Innovation, 4*(2), 184-193.

Govinaz, A., & Budiani, M. S. (2019). Hubungan antara kualitas pelayanan terhadap kepuasan konsumen pada toserba X Ardeva Govinaza. *Character: Jurnal Penelitian Psikologi, 1*, 143–152.

Gunadi, Irawan, A., Ratnasari, S. L., & Wibisono, C. (2015a). Kualitas pelayanan sebagai variabel intervening antara kawasan perdagangan bebas dan pelabuhan bebas Batam. *Jurnal* 3(1), 56–65.

Gunadi, Irawan, A., Ratnasari, S. L., & Wibisono, C. (2015b). Kualitas pelayanan sebagai variabel intervening antara kompetensi pegawai dan budaya kerja terhadap kepuasan mitra di pelayanan terpadu satu pintu Badan Pengusahaan Kawasan Perdagangan Bebas dan Pelabuhan Bebas Batam. *Jurnal Akuntansi, Ekonomi Dan Manajemen Bisnis, 3*(1), 56–65.

Harfika, J., & Abdullah, N. (2017). Pengaruh kualitas pelayanan dan fasilitas terhadap kepuasan pasien pada rumah sakit umum Kabupaten Aceh Barat Daya. *Jurnal Balance, 44*(1), 44–56.

Hasrianty, Sudirman, & Rosnawati. (2020). Pengaruh kualitas pelayanan kesehatan terhadap kepuasan pasien di wilayah kerja Puskesmas Dolo Kabupaten Sigi. *Jurnal Kalaboratif Sains, 3*(1), 1–10.

Hermawati. (2018). Pengaruh kompetensi pegawai, kualitas pelayanan dan disiplin kerja terhadap kepuasan pelanggan pada kantor UPT Pendapatan Wilayah Makassar 01 Selatan, Provinsi Sulawesi Selatan. *Jurnal Mirai Management, 3*(1), 78–91.

Hutahaean, J. (2015). *Konsep sistem informasi*. CV BUDI UTAMA.

Ismail, R. (2021). Pengaruh kompetensi dan kompensasi terhadap kinerja pegawai negeri sipil melalui kepuasan kerja di Politeknik Angkatan Darat Malang. *Sketsa Bisnis, 8*(1), 1–18. https://doi.org/10.35891/jsb.v8i1.2623

Jais, A., Hasniaty, & Bakri, A. M. (2024). Analisis fasilitas armada kendaraan samsat, teknologi sistem informasi terhadap kepuasan masyarakat pengguna dengan variabel intervening efektivitas pelayanan. *Manajemen Strategis Terkini, 6*(1), 19–30.

Jannah, D. N. (2021). Fasilitas Hotimart Agro Center sebagai daya tarik wisatawan di Kabupaten Semarang. *Jurnal Sains Dan Seni ITS, 3*(9).

Jeaheng, Y., Al-Ansi, A., & Han, H. (2020). Impacts of halal-friendly services, facilities, and food and beverages on Muslim travelers' perceptions of service quality attributes, perceived price, satisfaction, trust, and loyalty. *Journal of Hospitality Marketing & Management, 29*(7), 787-811.

Jo, H., & Park, D. H. (2023). Mechanisms for successful management of enterprise resource planning from user information processing and system quality perspective. *Scientific Reports, 13*(1), 12678.

Kumar, A. (2024). Does facility-maintenance service quality drive tenants' willingness to pay higher rent? Evidence from Indian residential real estate infrastructure. *Facilities*.

Kurniawati, D., Nurazi, R., & NP, L. M. (2013). Pengaruh kualitas sistem informasi, kualitas informasi, perceived usefulness, terhadap kepuasan pengguna akhir software akuntansi. *Jurnal Fairness, 3*(2), 145–158.

Kwateng, K. O., Lumor, R., & Acheampong, F. O. (2017). Service quality in public and private hospitals: A comparative study on patient satisfaction. *Journal of Health Management, 19*(3), 1–12. https://doi.org/10.1080/20479700.2017.1390183

Laia, O., Halawa, O., & Lahagu, P. (2022). Pengaruh sistem informasi manajemen terhadap pelayanan publik. *Jurnal Akuntansi, Manajemen Dan Ekonomi, 1*(1), 70–76. https://doi.org/10.56248/jamane.v1i1.15

Lee, S. Y., & Kim, J. H. (2014). Effects of servicescape on perceived service quality, satisfaction and behavioral outcomes in public service facilities. *Journal of Asian Architecture and Building Engineering, 13*(1), 125-131.

Maulidiah, E. P., & Budiantono, B. (2023). *Jurnal Economina, 2*(3), 727–737. https://doi.org/10.55681/economina.v2i3.375

Moeheriono. (2014). *Pengukuran kinerja berbasis kompetensi* (revisi). PT RajaGrafindo Persada.

Mohammad Ariansyah Sahputra, & Haris Abizar. (2022). Pengaruh kompetensi karyawan terhadap kepuasan pelanggan bengkel manufaktur di Kota Serang. *Steam Engineering, 3*(2), 120–126. https://doi.org/10.37304/