The Effect of Facilities, Patient Reception Procedures, and Nurse Communication on Inpatient Satisfaction at Sultan Imanuddin Hospital

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Abstract:
Patient satisfaction is a critical indicator of healthcare service quality and a key determinant of a hospital's performance and reputation. This study analyzed the factors influencing inpatient satisfaction at Sultan Imanuddin Hospital, a regional referral hospital in Central Kalimantan, Indonesia, focusing on three independent variables: facilities, patient admission procedures, and nurse communication. A quantitative research design was employed using a multiple linear regression analysis on data collected from 368 inpatients through a structured questionnaire. The data were analyzed using SPSS 25, incorporating validity and reliability tests, classical assumption tests, and hypothesis testing. The results revealed that facilities (β = 0.917, p = 0.000) and nurse communication (β = 0.382, p = 0.000) have a statistically significant positive effect on patient satisfaction. In contrast, patient admission procedures showed no significant influence (β = 0.004, p = 0.781). The Adjusted R-Square value of 0.979 indicates that the model can explain 97.9% of the variation in patient satisfaction, demonstrating a very high explanatory power. These findings suggest that physical infrastructure and interpersonal care are the most critical drivers of patient satisfaction in this setting. Therefore, hospital management should prioritize continuous improvement of facilities and invest in training programs to enhance nurses' communication skills. Although administrative procedures are essential, their impact on satisfaction is minimal, highlighting the need for a patient-centered approach emphasizing comfort, empathy, and effective interaction. This study contributes to the growing body of evidence on healthcare quality in public hospitals in Indonesia. It provides actionable insights for policymakers and healthcare managers aiming to improve service delivery and patient outcomes.

Keywords:
patient satisfaction, healthcare quality, hospital facilities, nurse communication, admission procedures

INTRODUCTION

Patient satisfaction is one of the most critical indicators to consider in delivering quality healthcare services (Amporfro et al., 2021). It reflects patients' perceptions and evaluations of the performance of health services they receive. Patient satisfaction regarding medical services and healthcare facilities is a key benchmark in assessing the overall quality of care. If satisfaction falls below this threshold, the healthcare service is considered substandard. Low patient satisfaction can negatively impact hospital development by reducing patient trust and loyalty, ultimately affecting service utilization and institutional reputation (Liu et al., 2021). Therefore, accurate and continuous measurement of patient satisfaction is essential for improving the quality and effectiveness of healthcare delivery (Ghifarri et al, 2022). Despite its importance, many healthcare facilities still face

challenges in achieving high satisfaction levels due to limitations in human resources, infrastructure, drug availability, facilities, cost transparency, and clinical service quality (Endalamaw et al, 2023).

Empirical evidence highlights significant variations in patient satisfaction across different healthcare settings (Nur et al., 2023). For instance, a study by Yanuarti et al. (2021) revealed that at Bentungan Health Center in Bengkulu City, only 50% of BPJS patients reported satisfaction with the services provided, while the other 50% expressed dissatisfaction. Notably, disparities were observed between general and BPJS patients regarding staff responsiveness, doctor availability, and nursing care. Similarly, Anfal (2020) reported that 62% of patients at Sundari General Hospital in Medan were dissatisfied, primarily due to low patient education levels, income constraints, poor hospital image, and inadequate service quality. These findings underscore the complexity of patient satisfaction and the multifaceted nature of influencing factors.

Regional public hospitals, such as Sultan Imanuddin Hospital in Central Kalimantan—established in 1992 and serving as a referral center—face similar challenges in maintaining high patient satisfaction. Despite its long-standing presence and status as a model hospital, Sultan Imanuddin Hospital has experienced a decline in its Public Satisfaction Index (IKM), dropping from 82.03 in 2021 to 80.70 in 2022. This downward trend has raised concerns among hospital management, as sustained declines may erode public confidence and hinder institutional progress. Preliminary reports from early 2024 indicate several contributing factors: inpatient Class III rooms and ICU facilities that do not meet national standards, long waiting times for surgical procedures due to high demand, and complaints regarding the performance of human resources. With 294 nurses forming the largest group of healthcare workers, the quality of nursing care emerges as a pivotal determinant of patient satisfaction.

Nursing services are integral to the healthcare system and are central to shaping patient experiences. As frontline providers, nurses engage in prolonged and frequent patient interactions, making their behavior, communication skills, and empathy critical components of care quality (Adam et al., 2024). According to nursing quality standards, continuous involvement in quality assurance programs ensures high-quality nursing care. As primary healthcare delivery institutions, hospitals must strive to meet established service benchmarks (Alzaoubi et al., 2024). Patient satisfaction is a cognitive comparison between expected and received service quality; when expectations are met or exceeded, satisfaction is achieved, whereas unmet expectations lead to dissatisfaction (Anfal, 2020). Numerous studies confirm a strong correlation between healthcare provider behavior and patient satisfaction. Expressing care, attentiveness, understanding of patient needs, and accessibility during critical moments significantly influence patient perceptions (Campos et al., 2023).

Several theoretical frameworks identify key determinants of patient satisfaction. Patient satisfaction is categorized into five dimensions: tangibles (physical facilities), reliability (consistency in service delivery), responsiveness (timeliness), assurance (courtesy and competence of staff), and empathy (individualized attention) (Sharma, 2025). Patient satisfaction divides influencing factors into internal (facility conditions, staff behavior) and external (patient expectations, socioeconomic status) (Gavurova et al., 2020). The gap between patient expectations and actual service experience, service delivery, personnel conduct, physical environment, cost, and promotional communication (Prakoeswa et al., 2022).

Physical infrastructure plays a crucial role in shaping patient satisfaction. Sultan Imanuddin Hospital offers various facilities, including a five-story Beringin Building, hemodialysis unit, VIP and Super VIP wards, central operating rooms, polyclinics, isolation units, laboratories, maternity and pediatric wards, ICU/ICCU, internal medicine units, and outpatient registration and pharmacy services. However, deficiencies in Class III and ICU accommodations have been reported, impacting patient comfort and satisfaction. Research by Ronaldi et al. (2022) confirms that facility quality

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significantly positively affects patient satisfaction, reinforcing the need for continuous infrastructure improvement.

Another critical factor is the patient admission process, which is the first point of contact and shapes initial impressions. At Sultan Imanuddin Hospital, this includes registration, interviews, documentation, issuance of medical cards, patient classification, nursing care level determination, and insurance verification. Delays in this process can diminish patient comfort and satisfaction. Al Omad et al. (2022) highlight that long waiting times are a significant source of dissatisfaction. Tigrid & Meira (2021) identify poor communication between medical record officers and hospital leadership and inadequate patient guidance on registration procedures as systemic issues. Ensuring clarity, efficiency, and proper orientation for staff and patients is essential to streamline admissions and enhance satisfaction.

Personnel behavior, particularly nursing attitudes, is another influential factor (Putri et al., 2021). Deslauriers et al (2021) outline both physical and psychological aspects of effective nurse-patient interaction: physically, nurses should maintain eye contact, adopt open body language, and sit facing patients; psychologically, they should demonstrate sincerity, respect, empathy, immediacy, and emotional support. However, common complaints include unfriendly attitudes and slow responses to patient concerns. Nursing care involves continuous patient contact, so its quality directly affects biological, psychological, social, and spiritual well-being (Chintya, Y., 2024).

Empirical evidence supports the impact of nursing communication on satisfaction. A preliminary study by Wang et al (2022) found that while some patients praised nurses for attentiveness, others criticized insufficient information and unkind behavior. Degabriel et al (2023) demonstrated that therapeutic communication—especially during the orientation phase—significantly influences satisfaction in outpatient and emergency departments. Effective communication is transactional and relational, shaping trust and emotional security. As Ai et al. (2022) emphasize, while facilities are important, the attitude and service demeanor of healthcare workers remain the primary determinant of perceived service quality.

In conclusion, patient satisfaction is a multidimensional construct influenced by physical infrastructure, procedural efficiency, and interpersonal care. For Sultan Imanuddin Hospital and similar institutions, addressing these factors through strategic facility improvements, streamlining admission processes, and enhancing nursing communication is essential. Continuous monitoring, staff training, and patient feedback mechanisms are vital for sustaining high satisfaction levels and ensuring that healthcare delivery aligns with regulatory standards and patient expectations.

METHOD

This study employed a descriptive quantitative research design with a positivist philosophical foundation to systematically examine the factors influencing patient satisfaction at Sultan Imanuddin Hospital, a regional public hospital in Central Kalimantan, Indonesia. The research was structured around four key variables: facilities (X_1), patient admission procedures (X_2), nurse communication (X_3), and patient satisfaction (Y). Patient satisfaction was the dependent variable, while the other three were treated as independent variables hypothesized to influence it. The study sought to quantify the extent and significance of these relationships through empirical data collection and statistical analysis.

The population for this research consisted of all inpatient individuals treated at Sultan Imanuddin Hospital between January 2021 and December 2022, totaling 9,020 patients. A representative sample of 368 respondents was selected from this population using non-probability sampling, specifically the accidental sampling technique. This method involved approaching patients

who were conveniently available and willing to participate during the data collection period. The sample size was determined based on Krejcie and Morgan's statistical table, which ensures adequate representation for a population of this magnitude while maintaining feasibility for data management and analysis (Chaokromthong & Sintao, 2021).

Operational definitions were established for each variable to ensure clarity and consistency in measurement. Facilities were defined as all physical infrastructure and support systems that assist patients in accessing healthcare services, measured through five indicators: cleanliness, neatness, condition and functionality, ease of use, and completeness. Patient admission procedures referred to the structured process of inpatient registration, including patient identification, initial medical assessment, administrative processing, patient orientation, and documentation. Nurse communication was conceptualized as the nurse's ability to build trust and convey accurate information through therapeutic interaction, assessed across three phases: introduction, working, and termination. Finally, patient satisfaction, the outcome variable, was evaluated based on four dimensions: satisfaction with service accessibility, service process, service quality, and service system.

Data were collected using a structured, closed-ended questionnaire distributed directly to respondents. The instrument was designed with a five-point Likert scale ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"), allowing for interval-level data analysis. This scale was chosen to capture nuanced perceptions while enabling robust statistical treatment. Before full-scale administration, the questionnaire underwent content validation and was pre-tested to ensure clarity and relevance. All responses were collected anonymously to encourage honest feedback and protect participant identity.

A series of analytical steps followed the data collection process. First, editing was conducted to verify the completeness and legibility of all questionnaires. Incomplete or inconsistent responses were either clarified or excluded to maintain data integrity. Next, coding transformed qualitative responses into numerical values, facilitating computer-based analysis. Finally, tabulating organized the coded data into frequency distribution tables for preliminary descriptive analysis.

Before proceeding with inferential statistics, several validation procedures were performed. Validity was assessed using item-total correlation analysis; any item with a significant correlation ($p < 0.05$) with its respective construct was retained. Reliability was evaluated using Cronbach's Alpha coefficient, with a threshold of $\alpha > 0.60$ considered acceptable for internal consistency. All constructs in the study demonstrated reliability above this benchmark, confirming the stability and consistency of the measurement instrument.

Classical assumption tests were conducted to meet the assumptions of parametric testing. Normality was examined using the Kolmogorov-Smirnov test, where a significance value greater than 0.05 indicated normally distributed data. Multicollinearity was checked using the Variance Inflation Factor (VIF) and tolerance values; a VIF below 10 and a tolerance above 0.1 confirmed the absence of high intercorrelation among independent variables. Heteroscedasticity was evaluated through scatter plots of standardized residuals, with random dispersion indicating homoscedasticity and thus meeting regression assumptions.

The primary analysis was conducted using multiple linear regression, modeled as: $Y = a + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e$. where Y represents patient satisfaction, X_1, X_2, and X_3 are the independent variables (facilities, admission procedures, and nurse communication, respectively), β coefficients indicate the strength and direction of each relationship, a is the intercept, and e is the error term. This model allowed the researchers to determine the combined and individual effects of the predictors on patient satisfaction.

In addition, partial t-tests were performed to assess the significance of each independent variable's contribution to the dependent variable. A calculated t-value exceeding the critical t-value at a 5% significance level ($\alpha = 0.05$) indicated a statistically significant influence. Ethical considerations were rigorously upheld throughout the study. All participants provided informed consent after being fully briefed on the research purpose, procedures, potential risks, and their right to withdraw at any time without consequence. To ensure anonymity, no personal identifiers were collected; instead, respondents were assigned numeric codes. Confidentiality was maintained by securing all data and reporting findings in aggregate form, ensuring that individual responses could not be traced back to specific participants.

The research was conducted over six months, beginning in October 2024 and concluding in March 2025. The timeline included phases for literature review, instrument development, ethical clearance, data collection, analysis, and report writing. This structured approach ensured methodological rigor and alignment with standard scientific practices in health services research. In summary, this study adopted a comprehensive and systematic methodology to investigate the determinants of patient satisfaction in a real-world hospital setting. By combining robust sampling, validated instruments, and advanced statistical techniques, the research aimed to generate reliable and actionable insights for improving healthcare quality at Sultan Imanuddin Hospital and similar institutions.

RESULT

This study involved 368 respondents. The following are the results.

Table 1. Respondent Characteristics

Variables	Category	Frequency	Percentage (%)
Gender	Man	155	42
	Woman	213	58
Age	< 20 years	49	13
	20 – 29 years	234	64
	30 – 39 years	19	5
	40 – 45 years	44	12
	>45 years	22	6
Work	Students	63	17
	State Civil Apparatus	27	7
	Employee	178	49
	Self-Employee	81	22
	Others	19	5

Table 1 presents a descriptive overview of the demographic profile of the 368 respondents participating in the study on patient satisfaction at Sultan Imanuddin Hospital. Regarding gender, most respondents were female (58%, n=213), compared to 42% male (n=155), indicating a higher representation of women in the sample. Regarding age distribution, the most significant proportion of respondents fell within the 20–29 years age group (64%, n=234), followed by those under 20 years (13%, n=49), 40–45 years (12%, n=44), and smaller percentages in the 30–39 years (5%, n=19) and over 45 years (6%, n=22) categories, reflecting a predominantly young adult participant base. Concerning occupation, nearly half of the respondents were employed as workers (49%, n=178), followed by self-employed individuals (22%, n=81), students (17%, n=63), civil servants (7%, n=27), and others (5%, n=19). This distribution highlights a diverse yet working-class-oriented sample, with most respondents actively engaged in formal or independent employment. Overall, the

data reflect a respondent profile characterized by young, working-age adults, predominantly female, which may influence the perspectives and experiences reported regarding healthcare service quality and satisfaction.

Table 2. Mean Scores and Evaluation Categories

No.	Variable	Number of Statements	Mean Score	Evaluation Category
1.	Facilities	15	3.65	Good
2.	Patient Admission Procedures	15	3.60	Good
3.	Nurse Communication	9	3.57	Good
4.	Patient Satisfaction	12	3.62	Good

This table summarizes the respondents' perceptions across four key variables in the study on patient satisfaction at Sultan Imanuddin Hospital. All variables were measured using a 5-point Likert scale (ranging from 1 = Strongly Disagree to 5 = Strongly Agree), and the mean score for each variable was calculated to assess overall performance. The Facilities variable, which includes 15 statements related to cleanliness, functionality, accessibility, and completeness of hospital infrastructure, achieved the highest mean score of 3.65, indicating a "Good" level of satisfaction. This suggests that patients generally perceive the physical environment and supporting facilities as adequate and well-maintained. However, there is room for improvement in specific areas such as room functionality and equipment maintenance.

The Patient Admission Procedures variable, comprising 15 items, recorded a mean score of 3.60, falling into the "Good" category. This reflects a generally efficient and transparent admission process, including patient identification, medical assessment, administrative procedures, and documentation. However, lower scores on aspects such as orientation and information delivery highlight opportunities to enhance patient guidance during the initial hospitalization phase. The Nurse Communication variable, with nine statements assessing the quality of interaction between nurses and patients, obtained a mean score of 3.57, still categorized as "Good," but slightly lower than the other variables. This indicates that while nurses perform well in introducing themselves and monitoring patient conditions, there are gaps in providing comprehensive information about ongoing care and follow-up instructions, particularly in therapeutic communication during the working and termination phases.

Finally, the Patient Satisfaction variable, composed of 12 statements measuring overall satisfaction with service accessibility, process, quality, and system, achieved a mean score of 3.62, also in the "Good" range. This demonstrates that patients are generally satisfied with the services provided. However, aspects such as consistency of care (mean 3.17) and adequacy of medical treatment (mean 3.26) scored relatively lower, signaling the need for more standardized and responsive clinical services. In conclusion, all four variables show positive results within the "Good" evaluation category, reflecting a generally favorable perception of healthcare services at Sultan Imanuddin Hospital. Nevertheless, the findings suggest targeted improvements—particularly in nurse-patient communication, patient orientation, and service consistency—to elevate patient satisfaction to an "Excellent" level.

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Table 3. Multiple Linear Regression Analysis

Variable	Coefficient	t-value	Sig Partial	Adjusted R-Square
Facilities	0,917	27,787	0,000	0,979
Patient Admission Procedures	0,004	1,907	0,781	
Nurse Communication	0,382	18,173	0,000	

Table 3 presents the results of a multiple linear regression analysis conducted to examine the influence of three independent variables—Facilities (X_1), Patient Admission Procedures (X_2), and Nurse Communication (X_3) —on the dependent variable, Patient Satisfaction (Y), at Sultan Imanuddin Hospital. The analysis provides key statistical indicators: regression coefficients (β), t-values, significance levels (Sig. Partial), and the Adjusted R-Square value, which collectively explain the strength, direction, and significance of the relationships between the variables.

The regression coefficient indicates the magnitude and direction of the effect each independent variable has on patient satisfaction. The coefficient for Facilities is 0.917, the highest among the three variables. This means that, holding other factors constant, a one-unit increase in the perception of facility quality is associated with a 0.917-unit increase in patient satisfaction. This strong positive relationship suggests that the physical environment—such as cleanliness, functionality, accessibility, and comfort of hospital infrastructure—plays a critical role in shaping patient experiences. The t-value for facilities is 27.787, which is very high, and its significance value (p = 0.000) is far below the conventional threshold of 0.05. This confirms that the effect of facilities on patient satisfaction is not only substantial but also statistically significant, meaning it is highly unlikely to have occurred by chance.

For nurse communication, the regression coefficient is 0.382, indicating a moderate positive effect on patient satisfaction. The t-value of 18.173 and a significance level of p = 0.000 further confirm that nurse-patient communication has a statistically significant impact on satisfaction. This highlights the importance of interpersonal skills, empathy, clarity in information delivery, and therapeutic interaction in enhancing the overall patient experience. In contrast, Patient Admission Procedures show a minimal coefficient of 0.004, suggesting a negligible impact on patient satisfaction. The t-value of 1.907 and a significance level of p = 0.781 (greater than 0.05) indicate that this variable is not statistically significant. This implies that, despite being an essential administrative process, the efficiency or clarity of admission procedures does not significantly influence how satisfied patients feel with the overall service, at least in this context.

DISCUSSION

Patient satisfaction is a cornerstone of modern healthcare systems, serving as a key performance indicator and a reflection of the overall quality of care delivered. It is a multidimensional construct influenced by various factors, including the physical environment, procedural efficiency, and interpersonal interactions between healthcare providers and patients. This study investigates the determinants of patient satisfaction at Sultan Imanuddin Hospital, a regional public hospital in Central Kalimantan, Indonesia, focusing on three primary variables: facilities, patient admission procedures, and nurse communication. The findings reveal critical insights into how these elements shape patient experiences and highlight areas for improvement to enhance service quality.

One of the most significant findings of this study is the strong positive influence of facilities on patient satisfaction. The regression analysis yielded a coefficient of 0.917 for facilities, with a highly significant p-value of 0.000, indicating that this variable is a dominant predictor of patient satisfaction.

This result aligns with research by Ronaldi & Rizka (2022), who found that physical infrastructure significantly impacts patient perceptions of care quality. Sultan Imanuddin Hospital offers a range of facilities, including emergency services with triage systems, outpatient clinics, inpatient wards, and supporting units such as laboratories, radiology, pharmacy, nutrition, and laundry services. The inpatient wards have amenities such as air conditioning, televisions, medicine cabinets, and options for single or double occupancy rooms (Garg, A., & Dewan, A., 2022). These features contribute to a more comfortable and dignified hospital experience, directly influencing patient satisfaction.

The Expectancy-Performance Theory further explains this relationship: patients enter the hospital with specific expectations regarding cleanliness, comfort, functionality, and accessibility. When the actual conditions meet or exceed these expectations, satisfaction is achieved. For instance, the mean score for facility-related statements was 3.65, categorized as "Good," suggesting that most patients perceive the hospital environment as clean, well-maintained, and functional. However, some aspects, such as room functionality (mean = 3.13) and equipment safety (mean = 3.48), scored lower, indicating room for improvement. This finding underscores the importance of continuous investment in infrastructure. As Tian (2023) emphasizes, facilities are essential physical resources that must be present before any service can be offered. In healthcare, where patient comfort and safety are paramount, the condition and functionality of facilities are not merely logistical concerns but central to the patient experience. Therefore, regular maintenance, upgrades, and adherence to national standards—particularly in Class III and ICU rooms—are crucial for sustaining high satisfaction levels.

Contrary to expectations, the study found that patient admission procedures do not significantly impact patient satisfaction ($p = 0.781$). The regression coefficient was minimal at 0.004, and the t-value of 1.907 fell below the threshold for significance. This suggests that, while admission processes are necessary for operational efficiency, they do not strongly influence how patients evaluate their overall experience. The admission process at Sultan Imanuddin Hospital includes referral verification, identity confirmation, registration, orientation, documentation, and administrative coordination. Despite these structured steps, the lack of significance may stem from communication and inefficiencies in patient guidance. As Tigrid & Meira (2021) noted, unclear procedures and poor communication between medical records staff and hospital leadership can lead to patient confusion and frustration. Additionally, the average score for admission-related items was 3.60 ("Good"), but specific statements such as "I received orientation upon entering the inpatient ward" (mean = 3.24) and "Information about visiting rules and medical equipment use was provided" (mean = 3.12) scored relatively low.

This indicates a gap between procedural compliance and patient perception. While the hospital may follow standardized protocols, how these procedures are communicated and experienced by patients is lacking. Patients may not fully understand the steps involved, leading to anxiety and dissatisfaction, even if the process itself is efficient. Therefore, improving clarity, providing visual aids or digital guidance, and training staff in patient-centered communication could enhance the perceived quality of the admission experience, even if the underlying process remains unchanged.

The third major finding is the significant positive influence of nurse communication on patient satisfaction, with a regression coefficient of 0.382 and a p-value of 0.000. This confirms that interpersonal interactions, particularly between nurses and patients, play a vital role in shaping patient experiences. Nurses, the frontline caregivers who spend the most time with patients, are instrumental in building trust, providing emotional support, and ensuring patients feel heard and understood. At Sultan Imanuddin Hospital, nurses apply therapeutic communication effectively, with many introducing themselves, explaining procedures, and monitoring patient conditions regularly. The mean score for nurse communication items was 3.57 ("Good"), reflecting a generally positive

perception. However, areas such as providing information about follow-up care at home (mean = 3.54) and scheduling control visits (mean = 3.34) scored lower, suggesting that communication during the termination phase of care needs strengthening.

This aligns with the findings of Siokal et al. (2023), who reported that nurse communication significantly positively affects patient satisfaction. Suraya et al. (2024) further emphasize that therapeutic communication fosters trust and prevents disruptions in the nurse-patient relationship. When patients feel that their concerns are acknowledged and their questions are answered clearly, they are more likely to report higher satisfaction levels.

Moreover, the Adjusted R-Square value of 0.979 indicates that nearly 98% of the variation in patient satisfaction can be explained by the combined influence of facilities, admission procedures, and nurse communication. This exceptionally high explanatory power underscores the robustness of the model and reinforces the idea that patient satisfaction is primarily driven by tangible and interpersonal factors rather than administrative ones.

The findings have important implications for hospital management and policy. First, facilities must remain a top priority. Investing in infrastructure improvements, especially in underperforming areas like Class III and ICU rooms, will directly enhance patient comfort and satisfaction. Second, while admission procedures may not significantly affect satisfaction, their clarity and efficiency should still be optimized through better staff training and patient education. Third, nurse communication should be strengthened through ongoing professional development, emphasizing empathy, active listening, and cultural sensitivity. In conclusion, this study demonstrates that patient satisfaction at Sultan Imanuddin Hospital is most strongly influenced by the quality of physical facilities and the effectiveness of nurse-patient communication. While administrative processes are important, they do not significantly impact patient perceptions. The hospital should adopt a holistic approach to achieve higher satisfaction levels, integrating facility upgrades with enhanced interpersonal care. This ensures that every aspect of the patient journey contributes to a positive and healing experience.

CONCLUSION

Based on the analysis, the quality of facilities and nurse communication significantly influences patient satisfaction at Sultan Imanuddin Hospital. In contrast, patient admission procedures do not have a statistically significant effect. Facilities emerged as the strongest predictor, with a regression coefficient of 0.917 (p = 0.000), confirming that physical aspects such as cleanliness, comfort, functionality, and accessibility play a crucial role in shaping patient perceptions and overall satisfaction. Nurse communication also showed a significant positive impact, with a coefficient of 0.382 (p = 0.000), highlighting the importance of empathetic, transparent, and therapeutic interactions in building trust and enhancing the patient experience. In contrast, patient admission procedures exhibited a negligible coefficient of 0.004 and a non-significant p-value of 0.781, indicating that despite their operational importance, they do not substantially affect patient satisfaction when considered independently. The Adjusted R-Square value of 0.979 demonstrates that the model explains nearly 98% of the variance in patient satisfaction, reflecting a very high explanatory power. Therefore, hospital management should prioritize continuous infrastructure improvements and invest in training programs to strengthen nurses' communication skills, ensuring a holistic, patient-centered approach that effectively meets patient expectations and enhances the overall quality of care.

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