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Employee Performance and Patient Retention: Service Quality as a Mediating Mechanism for Institutional Growth

Beny Irawan[1], Pipit Festi Wiliyanarti[1], Mochamad Mochklas[1], Setya Haksama[1]

[1] *Master of Hospital Administration Program, Faculty of Medicine, University of Muhammadiyah Surabaya, Indonesia*

Correspondence should be addressed to:
Pipit Festi Wiliyanarti
pipitfestiwiliyanarti@um-surabaya.ac.id

Abstract:
Escalating patient volume is a critical metric of healthcare institutional efficacy, fundamentally driven by internal organizational dynamics. This study investigates the impact of employee performance on perceived patient volume growth at Qonaah Hospital, utilizing service quality as a mediating variable. A quantitative exploratory design with a cross-sectional approach was adopted. Data were synthesized from structured interviews with 100 outpatients and analyzed via multiple linear regression and the Sobel mediation test. Employee performance was operationalized through work quality and efficiency metrics, service quality was evaluated using the SERVQUAL framework, and patient volume was quantified through satisfaction and revisit intention indicators. Statistical analysis revealed that employee performance exerts a positive and significant influence on service quality ($\beta = 0.413$; $p = 0.001$) and perceived patient volume ($\beta = 0.416$; $p < 0.001$). Service quality also significantly predicts perceived patient growth ($\beta = 0.353$; $p < 0.001$). The Sobel test confirmed that service quality partially mediates the relationship between performance and patient volume ($t = 3.135$; $p < 0.05$). Optimizing workforce efficacy directly drives institutional growth within competitive healthcare environments. This internal operational excellence achieves maximum impact when systematically translated into tangible, patient-centered care experiences. Hospital administrators must adopt a synergistic management paradigm integrating continuous professional development with rigorous quality assurance protocols to ensure sustainable market viability.

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INTRODUCTION

The global healthcare sector navigates intense competition driven by escalating public expectations for clinical excellence. Patient volume accrual is a definitive metric of institutional efficacy, reflecting both public trust and operational viability (Barraza-Lloréns et al., 2025). Healthcare institutions must continuously adapt their service delivery models to meet the sophisticated demands of modern consumers (Nwosu et al., 2024). The long-term sustainability of these facilities is fundamentally contingent on optimizing internal organizational dynamics. Medical professionals collectively shape the clinical environment, directly influencing how the public perceives institutional credibility (Lu et al., 2025).

Regional hospitals in developing nations face significant operational challenges in maintaining patient volume amid rising consumer demand. Facilities located outside major metropolitan centers often face resource constraints and intense competition from private urban clinics (Du et al., 2024).

Qonaah Hospital in Sampang exemplifies this context, requiring administrators to continually innovate to attract a growing patient demographic. The survival of such institutions relies heavily on delivering exceptional care experiences that foster deep-seated patient loyalty. Inadequate attention to internal operational metrics inevitably leads to declining satisfaction and a subsequent loss of market share (Amankwah et al., 2024).

Contemporary healthcare management literature recognizes internal organizational determinants, specifically employee performance and service quality, as primary catalysts for institutional growth (Hoxha et al., 2023). Workforce efficacy encompasses the qualitative excellence of staff output, directly shaping the reliability and responsiveness of clinical encounters (Alqahtani et al., 2022). High-quality service delivery is the critical interface between the hospital and its patrons, fulfilling patients' needs across multiple dimensions (Guzmán-Leguel & Rodríguez-Lara, 2024). The synergy between optimized human capital and superior service protocols fosters heightened satisfaction and positive word-of-mouth advocacy. Academic consensus consistently indicates that staff proficiency is the strongest predictor of perceived quality of care (Eshete & Kassahun, 2026).

Existing empirical investigations predominantly examine these internal variables in isolation without extending the analytical framework to actual institutional growth metrics. Previous scholarly endeavors frequently isolate the relationship between workforce efficiency and service delivery standards, stopping short of measuring patient volume (Mostafa & El-Atawi, 2024). Other studies evaluate service quality solely in relation to immediate patient satisfaction, neglecting broader strategic implications for hospital expansion (Ali et al., 2024). This fragmented analytical approach leaves a substantial void in understanding how internal operational enhancements sequentially drive external market success. The failure to integrate these variables within a single comprehensive model limits the practical utility of prior findings.

The unique contribution of this investigation lies in its integrated examination of a rural hospital setting, positioning service quality as a mediating mechanism that explains the translation of workforce efficacy into patient volume expansion. Unlike prior research confined to urban tertiary centers, this study captures the distinct operational realities of regional healthcare facilities. The conceptual framework bridges human resource management theories with consumer behavioral outcomes through a service-dominant logic perspective (Wu et al., 2023). By operationalizing patient volume in terms of satisfaction and revisit intentions, the research provides a nuanced behavioral perspective on institutional growth (Saadi & Junadi, 2025). This integrated approach offers a robust foundation for understanding hospital competitiveness in saturated regional markets.

This study systematically evaluates the impact of employee performance on perceived increases in patient volume at Qonaah Hospital, using service quality as an intervening variable. The research specifically investigates how metrics of work quality, operational efficiency, and collaborative teamwork influence the multidimensional evaluation of care (Udensi et al., 2025). Statistical modeling will quantify the direct pathways linking internal staff competencies to external patient retention indicators. The analytical framework also seeks to isolate the indirect effects transmitted through the rigorous execution of patient-facing service protocols (Rusdianita et al., 2025). These objectives collectively address the need for a unified model explaining the sequential translation of internal effort into market success.

Addressing this knowledge gap provides hospital administrators with actionable strategies to optimize human capital and ensure sustainable market competitiveness. The findings will compel management teams to adopt a dual-strategy approach that simultaneously cultivates internal staff competencies and enforces rigorous quality assurance protocols. Aligning human resource strategies with consumer experience frameworks becomes an absolute necessity for facilities striving to maintain operational viability. Immediate implementation of these insights will directly

bolster patient retention, encourage positive community advocacy, and secure long-term institutional expansion (Hanafi et al., 2026). The urgency of this research is underscored by rapidly evolving healthcare consumer expectations and the critical need for regional adaptation.

METHOD

Design

This study employed a quantitative explanatory design with a cross-sectional approach. The research examined the causal relationships among employee performance, service quality, and increased patient volume.

Setting and Time

The research took place at Qonaah Hospital in Sampang. Data collection conducted between November 2025 and February 2026.

Population, Sample, and Sampling

The study population consisted of outpatient patients. The sample comprised 100 outpatients, selected based on the recommended sample size for the study's number of variables. This calculation required 5 to 10 respondents per indicator, resulting in a target of 55 to 110 participants. Inclusion criteria required the ability to understand Indonesian and informed consent indicating willingness to participate. Exclusion criteria applied to outpatients with severe medical conditions or cognitive impairments that could hinder effective participation.

Instrument and Measurement Properties

Data collection used a structured questionnaire derived from the indicators for each research variable. The independent variable, employee performance, was operationalized through indicators of work quality, quantity, efficiency, and teamwork. Service quality, serving as the mediating variable, was assessed using the SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles. The dependent variable, patient volume, was measured through indicators of patient satisfaction and intention to revisit. All items were rated on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Instrument validity was examined using the Pearson product-moment correlation. Reliability was assessed through Cronbach's alpha, with coefficients of 0.700 or higher deemed acceptable.

Data Collection Procedure

The questionnaires were administered directly to outpatient respondents to obtain primary data.

Data Analysis

Data processing was performed with SPSS version 25. Classical assumption tests were conducted prior to hypothesis testing to verify the adequacy of the regression model. Multicollinearity was examined using the Variance Inflation Factor and tolerance values. The mediating role of service quality in the relationship between employee performance and patient volume was analyzed using regression-based mediation techniques. The significance of indirect effects was further evaluated using the Sobel test. P-values of 0.05 or lower indicated a statistically significant mediation effect.

Ethical Declaration

The Faculty of Medicine at the University of Muhammadiyah Surabaya granted ethical approval. All participants provided informed consent prior to their involvement in the study.

RESULT

The research instrument underwent rigorous psychometric evaluation to ensure data integrity. Construct validity was established via Pearson Product-Moment Correlation analysis; all measurement items yielded correlation coefficients exceeding the critical threshold ($r > 0.30$), thereby confirming their empirical validity. Furthermore, the internal consistency of the scales was evaluated using Cronbach's Alpha. All research constructs demonstrated high reliability, with coefficients consistently surpassing the recommended minimum benchmark of 0.70, indicating that the instruments provide a stable and consistent measure of the intended variables.

Table 1. Reliability Test Result

Variables	Cronbach's alpha	Items	Interpretation
Employee performance	0.765	8	Reliable
Service quality	0.733	10	Reliable
The number of patients is perceived to have increased	0.668	8	Moderate

These results indicate that the measurement instruments were appropriate for further statistical analysis. A simple linear regression analysis was conducted to examine the effect of employee performance on the perceived increase in patient numbers, with service quality as a mediating variable.

Table 2. Correlation test results and coefficient of determination

Variables	R2	VIF	Toller	Koef	SE	T	Sig
Model 1							
Constant				28.294	4.148	6.821	0,000
Employee performance	0.112	1.000	1.000	0.413	0.118	3.510	0.001
Model 2							
Constant				5.531	2.933	1.886	0.062
Employee performance	0.528	0.888	1.126	0.416	0.059	4.862	0.000
Service quality				0.353	0.073	7.067	0.000

Statistical verification confirmed the absence of multicollinearity across all models. Model 1 registered a Variance Inflation Factor of 1.000 and a tolerance of 1.000. Model 2 yielded a Variance Inflation Factor of 0.888 and a tolerance of 1.126. Initial regression analysis demonstrated that employee performance explains 11.2% of the variance in service quality ($R^2 = 0.112$). This positive effect reached statistical significance ($t = 3.510$, $p = 0.001$, $B = 0.413$), producing the equation: Service Quality = 28.294 + 0.413 (Employee Performance) + e.

Subsequent modeling predicted the perceived increase in patient numbers using both independent variables. Employee performance exerted a stronger direct effect ($B = 0.416$, $p = 0.000$) compared to service quality ($B = 0.353$, $p = 0.000$). The resulting regression equation is formulated as: Perceived Increase in Patient Numbers = 5.531 + 0.416 (Employee Performance) + 0.353 (Service Quality) + e. The Sobel test confirmed a significant partial mediation effect ($t = 3.135$, $p = 0.000$). Workforce efficacy drives patient volume expansion through both direct pathways and indirect mechanisms transmitted via enhanced service delivery standards.

Table 3. Sobel test results

	Sobel Test Value	
	T	Sig.
Employee performance on the perception of an increase in the number of patients with service quality as a mediating variable	3.135	0.000

The Sobel test yielded a t-value of 3.135 ($p < 0.05$), indicating that service quality significantly mediates the effect of employee performance on the perceived increase in patient numbers. This finding confirms a partial mediation effect, indicating that employee performance influences the perceived increase in patient numbers both directly and indirectly through service quality.

Table 4. Summary of hypothesis testing results

Hypothesis	Statement	Result
H1	Employee performance greatly affects service quality.	Supported
H2	Service quality significantly affects the perceived increase in patient numbers.	Supported
H3	Employee performance significantly affects the perceived increase in patient numbers.	Supported
H4	Employee performance significantly affects the perceived increase in patient numbers, with service quality as a mediating variable.	Supported

DISCUSSION

The primary objective of this investigation was to elucidate the complex interplay between employee performance, service quality, and perceived patient volume within a regional hospital setting. Statistical analyses confirmed that workforce efficacy directly enhances service delivery standards while simultaneously fostering patient satisfaction and revisit intentions. The integration of service quality as a mediating variable provided a nuanced understanding of how internal operational metrics translate into external institutional growth. These outcomes collectively demonstrate that human capital optimization remains a critical catalyst for sustainable healthcare expansion in highly competitive environments (Amos et al., 2022). The empirical evidence underscores the necessity of viewing staff performance not merely as an administrative metric but as a fundamental driver of market viability.

Employee performance emerged as a fundamental driver of service quality, demonstrating a robust positive influence on patients' perceptions of healthcare delivery. Work quality, operational efficiency, and collaborative teamwork among medical and administrative staff directly shape the reliability and responsiveness of clinical encounters. Patients inherently evaluate the tangibles and empathy of their care experience through the behavioral outputs of the frontline workforce. An increase in staff competence inevitably elevates the overall service environment, ensuring that clinical protocols are executed with precision and compassion. This internal operational excellence creates a foundation of trust that is immediately recognizable to individuals seeking medical assistance (Voznyi et al., 2025). The seamless execution of daily tasks by dedicated personnel forms the bedrock upon which positive patient evaluations are constructed.

This empirical evidence strongly corroborates existing theoretical frameworks and prior scholarly investigations linking internal operational effectiveness to external service excellence. The established literature consistently posits that the human element is the primary interface between healthcare institutions and their patrons. Previous studies across diverse clinical settings have consistently found that staff proficiency is the strongest predictor of perceived care quality. The

alignment of these current results with broader academic consensus reinforces the universal applicability of performance-driven service models. Healthcare organizations universally rely on the dedication and skill of their personnel to fulfill the core promises of patient-centered care (Chen et al., 2024). The current findings validate the enduring relevance of human resource theories in explaining contemporary variations in healthcare service delivery standards.

Service quality functions as a critical determinant of patient retention and institutional growth, directly elevating satisfaction and revisit intentions. The multidimensional evaluation of care, encompassing assurance, empathy, and reliability, dictates the long-term loyalty of the patient demographic. Individuals who experience seamless and compassionate clinical interactions are highly predisposed to recommend the facility to their social networks (Hanafi et al., 2026). This positive word-of-mouth advocacy serves as a powerful mechanism for organic expansion of patient volume without proportional increases in marketing expenditures. The current data confirm that superior service delivery is a definitive competitive advantage in regions with expanding healthcare options. Maintaining rigorous quality standards ensures that the institution remains the preferred choice for both routine check-ups and complex medical interventions.

The direct pathway from employee performance to increased patient numbers highlights the indispensable role of human capital in shaping patient behavioral intentions. Clinical competence and professional courtesy significantly reduce patient anxiety, thereby fostering a deep-seated institutional loyalty. Patients actively seek out facilities where they perceive the medical staff to be highly capable and deeply committed to their well-being. This direct relationship underscores that workforce metrics are not merely internal administrative concerns but vital components of external market positioning (AlOmari, 2022). The reputation of a hospital is inextricably linked to the daily actions and attitudes of its medical and support personnel. A highly motivated workforce naturally cultivates an atmosphere of healing that attracts and retains a growing patient base.

The mediating effect of service quality reveals that internal performance enhancements must be systematically translated into tangible patient experiences to drive institutional expansion. Workforce efficiency alone remains insufficient if the resulting operational improvements fail to manifest in visible, patient-facing interactions. The partial mediation identified in this study illustrates that service delivery serves as the essential transmission mechanism that converts internal effort into external market success. Hospital administrators must recognize that investing in staff training yields maximum returns only when those skills are explicitly directed toward improving the patient journey (Sharma et al., 2024). This sequential process validates the necessity of aligning human resource strategies with customer experience management frameworks. Internal operational metrics must always be evaluated based on their ultimate visibility and impact on the end-user experience.

Theoretical contributions of this research extend current healthcare management literature by integrating human resource metrics with consumer behavioral outcomes through a service-dominant logic perspective. Traditional models often treat employee performance and patient volume as isolated variables, each requiring a separate analytical approach. The current framework successfully bridges this gap by positioning service quality as the conceptual link between organizational behavior and market dynamics. This integration provides a more holistic paradigm for understanding hospital competitiveness in saturated healthcare markets (Andrieiev et al., 2023). Future academic models can build upon this integrated approach to explore additional mediating constructs within the healthcare ecosystem. The synthesis of internal management theories with external marketing concepts offers a robust foundation for subsequent scholarly endeavors in health administration.

Hospital administrators must adopt a dual-strategy approach that simultaneously cultivates internal staff competencies and enforces rigorous patient-facing quality assurance protocols.

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Management teams should implement continuous professional development programs focused on both clinical excellence and interpersonal communication skills. Establishing robust performance evaluation systems tied directly to patient satisfaction metrics will ensure accountability at every organizational level (Kurtović et al., 2023). Regular patient feedback loops are essential for identifying service gaps and rapidly deploying corrective interventions. A culture of continuous improvement must be embedded into the institutional ethos to maintain a sustainable competitive advantage. Strategic resource allocation should prioritize initiatives that directly enhance the interpersonal dimensions of care, ensuring that technical proficiency is matched by genuine empathy.

Several methodological constraints necessitate a cautious interpretation of the empirical findings presented in this study. The cross-sectional design captures data at a single point in time, precluding the establishment of definitive causal relationships among the variables. Data collection was restricted to a single regional hospital, which may limit the external validity and broader generalizability of the outcomes to different cultural or urban healthcare settings. The reliance on self-reported questionnaires introduces the potential for common method bias and social desirability effects. Patient volume was operationalized using perceptual indicators rather than objective administrative records, which may differ slightly from actual visitation statistics. These methodological boundaries define the specific context within which the current conclusions remain valid and applicable.

Future scholarly inquiries should address these limitations by employing longitudinal designs and incorporating multi-institutional sampling frameworks. Tracking the same patient cohorts over extended periods would provide stronger evidence of causal pathways and long-term behavioral shifts. Expanding the research scope to include diverse hospital types, such as private tertiary centers and rural public clinics, would enhance the model's universal applicability. Subsequent investigations could also integrate objective operational data alongside perceptual metrics to validate the behavioral outcomes. Exploring additional variables, such as organizational culture, digital health integration, and leadership styles, would further enrich the understanding of hospital growth dynamics. Such comprehensive approaches will ultimately yield more resilient models capable of guiding healthcare institutions through evolving market landscapes.

CONCLUSION

This investigation establishes that optimizing workforce effectiveness is a fundamental catalyst for institutional growth in competitive healthcare environments, significantly elevating both service delivery standards and perceived patient volume. The identified partial mediation effect of service quality reveals that internal operational excellence must be systematically translated into tangible, patient-centered care experiences to maximize clinical satisfaction and longitudinal retention. Hospital administrators are compelled to adopt a synergistic management paradigm that integrates continuous professional development with rigorous, patient-facing quality assurance protocols. Aligning human resource strategies with consumer experience frameworks ensures sustainable market viability and fosters enduring institutional expansion across diverse regional healthcare settings.

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CONFLICT OF INTEREST

The authors would like to express their sincere gratitude to Qonaah Hospital, Sampang, for granting permission and providing support for this study. Appreciation is also extended to all respondents who voluntarily participated in the research and provided valuable information.

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