JURNAL CINTA NUSANTARA

Volume 01 Nomor 02 November 2023
E-ISSN: 3025-4469
https://jurnalbundaratu.org/journal/index.php/cintanusantarajournal

THE INFLUENCE OF DOCTOR-PATIENT COMMUNICATION AND PATIENT TRUST ON INPATIENT OCCUPANCY RATE WITH WORD OF MOUTH AS AN INTERVENING VARIABLE AT X PULOMAS HOSPITAL

Valenchia Jeandry[1], MF. Arrozi Adhikara[2], Wahyuni Dian[3]
Esa Unggul University, Jakarta

valenchia.jeandry@gmail.com
arrozi@esaunggul.ac.id
wahyuni.dian@esaunggul.ac.id

This study aims to analyze the effect of doctor-patient communication, and patient trust in inpatient occupancy rates with word of mouth as an intervening variable at X Pulomas Hospital. The research methodology used the causality method (cause and effect relationship) and the Path Analysis method with the research design using the three box method. The sampling technique used a proportional random sampling technique for 120 respondents. The results of data processing are: doctor-patient communication has an influence on word of mouth, patient trust has an influence on word of mouth, doctor-patient communication has an influence on inpatient occupancy rates, patient trust has an influence on inpatient occupancy rates, word of mouth has an influence on the inpatient occupancy rate. Doctor-patient communication has an influence on inpatient occupancy rates with word of mouth as a mediating variable, patient trust has an influence on inpatient occupancy rates with word of mouth as a mediating variable. The findings of this study are that all variables have an influence on the inpatient occupancy rate, the variable that most influences the inpatient occupancy rate is doctor-patient communication. Word of mouth mediates the relationship between doctor-patient communication on inpatient occupancy rates and mediates the relationship between patient confidence in inpatient occupancy rates. The managerial implications of this research are approaches to DPJP and other PPA, increasing insight and knowledge, increasing collaboration between PPA, maximizing the case manager function.

Keywords: Doctor-Patient Communication, Patient Trust, Word of Mouth, Inpatient Occupancy Rate

Author correspondence: arrozi@esaunggul.ac.id

Introduction

In accordance with Law No. 44 of 2009 concerning hospitals, a hospital is a health service institution that organizes full individual health services that provide inpatient, outpatient and emergency services. Plenary health services are health services that include promotive, preventive, curative and rehabilitative According to the Indonesian Ministry of Health 2005, BOR is the percentage of bed usage at a certain time unit. This indicator provides an overview of the high and low levels of bed utilization in hospitals. The level of achievement of the BOR of a hospital is influenced by various factors.

Which means all hospitals in Indonesia must make use of beds. Based on data obtained from X Pulomas Hospital, it tends to decrease from 2016 to 2022, so the percentage is obtained, in 2016: 26.7%, in 2017: 30.6%.

With respect to inpatient occupancy rates, the achievement of BOR is closely related to elements of service quality such as doctor-patient communication and patient trust in the hospital or in doctors. Besides that, there are several aspects that play a role in increasing BOR, namely the role of marketing in providing services and promos which are the main attraction for increasing BOR. Based on a survey of inpatient review data that was carried out from January to April 2022 for hospitalized patients, out of 150 respondents said patients were often treated again with the same doctor (50%) because they felt familiar and comfortable with the doctor and had been compatible so far. with the therapy given by the doctor. Patients want to be treated by a communicative doctor (55%) because the doctor is friendly and wants to explain about the disease and the next program that will be carried out by the patient, the doctor also gives the opportunity for the patient to discuss their illness so that the patient feels more valued as an individual.

Based on a survey of inpatients from January - April 2022 conducted at X Pulomas Hospital of 150 respondents, it was found that several patients who were hospitalized were patients who received information or references from relatives of WOM patients (50%), there were also outpatients. who came because of a reference from a relative (40%) because they are used to being treated by a doctor at X Pulomas Hospital.

In this survey, it was found that patients wanted to be treated by a communicative doctor (55%), this was because the doctor was friendly and wanted to explain about the disease and the next program to be carried out by the patient, the doctor also gave the patient the opportunity to discuss his illness so that the patient felt more valued as an individual. In this survey, it was found that patients were often treated again with the same doctor (50%) because they felt trusted and comfortable with the doctor and had been compatible with the therapy given by the doctor.

The inpatient occupancy rate (BOR) needs to be measured in X Pulomas Hospital because based on data obtained from X Pulomas Hospital BOR tends to decrease from 2020 to the present, the percentage for 2020 is: 70.35%, 2021; 56.16%, 2022; 53.28%, and BOR RS X Pulomas has not reached the ideal indicator for the last 2 years because it is still below the standard set by the Ministry of Health, which is <70% while the ideal figure from the Ministry of Health is 70-80%. BOR, which has decreased in the last 2 years, is probably due to the increasing covid pandemic so that families or patients do not dare to take patients to the hospital, they even feel dangerous if the patient stays in the hospital. well, some doctors only provide very short and rushed visit times, causing a feeling of discomfort from the patient towards the doctor, and giving the impression that the doctor pays little attention to the patient so that this also has an impact on the level of patient trust in the doctor and the services provided by the hospital .

This study raises WOM as a hospital issue, namely the performance of hospitals supported by WOM so that it is a novelty in this study because WOM is not only a marketing role in increasing BOR of hospitals but WOM is an assessment of hospital performance that has been going on so far. If the resulting WOM is positive, then the hospital's performance is good and needs to be maintained or improved. Meanwhile, if the WOM is negative, this indicates that the hospital's performance is still below what is expected by the community.

From the results of the recapitulation of BOR for X Pulomas Hospital for the last 3 years it has tended to decrease every year, therefore researchers are interested in conducting research on **"The Influence of Doctor-Patient Communication and Patient Trust on Inpatient Occupancy Rates with Word of Mouth as an Intervening Variable in Hospitals X Pulomas"**

The novelty of this research is placing word of mouth as a mediating variable and using path analysis as a data analysis method.

Literature Review

The inpatient occupancy rate or Bed Occupancy Rate (BOR) is the number of bed usage. BOR is an indicator that describes the high

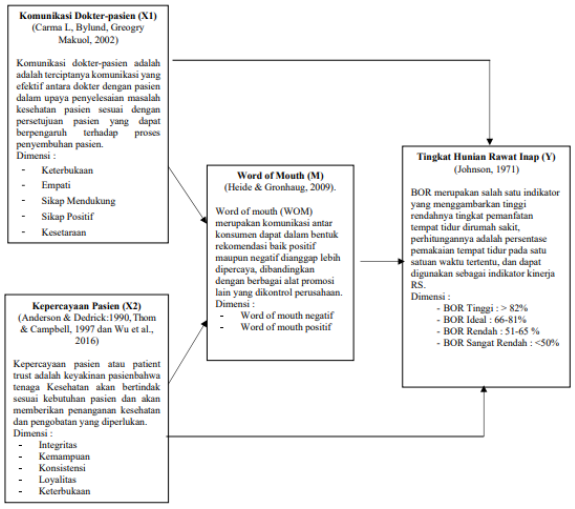
and low levels of hospital bed utilization, the calculation is the percentage of bed usage at a certain time unit, so that an overview of the use of hospital beds in a certain period of time can be seen. The BOR rate of a hospital can increase and decrease, this number is directly proportional to the use of beds in the hospital (Kotler, 2000).

BOR is used to determine the utilization rate of hospital beds. BOR is an indicator of utilization of hospital inpatient services. The success of the hospital can be judged by the high BOR, while patient dissatisfaction can cause complaints in patients and result in a low hospital BOR value. According to the Indonesian Ministry of Health, the ideal BOR is 70-80%.

Theoretical Framework

In this study, researchers limited to examining doctor-patient communication, patient trust, and word of mouth on inpatient occupancy rates. Word of mouth is a mediating factor that influences hospital inpatient occupancy rates. The theoretical framework of this research is as follows:

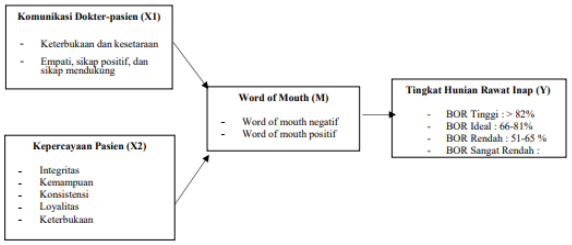
Figure 1
Theoretical Framework



Conceptual framework

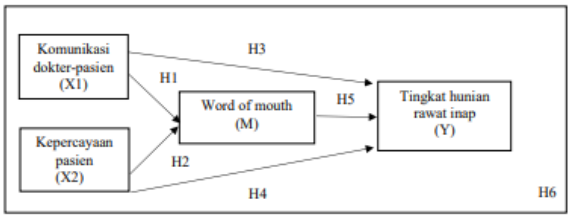
The conceptual framework of this research is as follows:

Figure 2
Conceptual framework



Research Methods

Figure 3
Research Constellation



Research Hypothesis

H1: Doctor-patient communication has an influence on word of mouth

H2: Patient trust has an influence on word of mouth

H3: Doctor-patient communication has an influence on inpatient occupancy rates

H4: Patient trust has an influence on the inpatient occupancy rate

H5: Word of mouth has an influence on the inpatient occupancy rate

H6: Doctor-patient communication and patient trust mediated by word of mouth have an influence on the inpatient occupancy rate.

Research methods

Research Approach and Analysis

This research is a research using the causality method (cause and effect). The dependent variable is the inpatient occupancy rate (Y), and the independent variables are: doctor-patient communication (X1), patient trust (X2), and word of mouth (M) as mediating variables.

Data collection technique

The data collection technique in this study used an instrument in the form of a questionnaire. Data collection was carried out by researchers assisted by room staff nurses for one month (June 2023). Researchers also took secondary data to see BOR RS. The sampling

technique for this study used a proportional random sampling technique. The researcher tested the validity of the completeness and clarity of the questionnaire that was filled in by the respondents and collected secondary data which was then processed by the researcher.

Descriptive Analysis

Variable descriptions are used to determine the effect of doctor-patient communication and patient trust on inpatient occupancy rates, with word of mouth as the mediating variable. To get the tendency of respondents' answers to each variable, it will be based on the score based on the calculation of the three box method (Augusty, 2006).

Path Analysis

This study discusses the relationship between doctor-patient communication, patient trust, and word of mouth on inpatient occupancy rates using a path analysis model. The purpose of using this path analysis model is to determine the direct and indirect effects of doctor-patient communication variables, patient trust, and word of mouth on inpatient occupancy rates.

Results and Discussion

Table 1.
Sample Description Statistics

Keterangan	Frekuensi	Persentase
Jenis Kelamin		
Perempuan	59	49.17%
Laki-laki	61	50.83%
Total	**120**	**100.00%**
Usia		
11-20 tahun	14	11.67%
21-30 tahun	25	20.83%
31-40 tahun	35	29.17%
41-50 tahun	22	18.33%
51-60 tahun	14	11.67%
>= 61 tahun	10	8.33%
Total	**120**	**100.00%**
Pendidikan Terakhir		
SD	4	3.33%
SMP	13	10.83%
SMA/Sederajat	15	12.50%
S1	80	66.67%
S2	8	6.67%
Total	**120**	**100.00%**
Pekerjaan		
Wirausaha	19	15.83%
Siswa	12	10.00%
PNS	4	3.33%
Perawat	4	3.33%
Karyawan Swasta	74	61.67%
Ibu Rumah Tangga	3	2.50%
Dokter	4	3.33%
Total	**120**	**100.00%**

Source: Primary data that has been processed, 2023

The sample used is a saturated sample with a total of 120 patients in the inpatient room of X Pulomas Hospital. The research instrument used was a questionnaire given directly to respondents in each treatment room where the research was conducted. Questionnaires were distributed from April 2023 to June 2023. The total number of questionnaires distributed in this study was 120 questionnaires. Of the 120 questionnaires distributed, 120 (100%) questionnaires were received back. Of the 120 received, 120 (100%) can be processed. In table 1, you can see a description of the gender, age, last education, and type of work of the respondents.

When viewed from the gender of the respondents 61 people (50.83%) were male and 59 people (49.17%) were female. From the age of the majority of respondents aged 31-40 years there were 35 people (29.17%). From the last education, the majority of respondents were S1 graduates with as many as 80 people (66.67%). From the type of work, the majority of

respondents were private employees, 74 people (61.67%).

Validity test

According to Cooper and Schindler (2006), validity test is a test used to indicate the extent to which a measuring instrument can be used in a measure of what is being measured. The validity test is used to measure whether or not a questionnaire is valid, the questionnaire is said to be valid if the questions on the questionnaire are able to reveal something that the questionnaire will measure. Testing the validity of the instrument was carried out by analyzing the relationship between the scores of each instrument item and the total score using the Pearson Product Moment formula in SPSS.

Table 2
Validity Test

No	Variable	Statements	Conclusion
1	Inpatient Occupancy Rate (Y)	5	Valid
2	Doctor-patient communication (X1)	7	Valid
3	Patient Trust (X2)	15	Valid
4	Word of Mouth (M)	3	Valid

Reliability Test

Reliability is a test of the extent to which the measurement of a test remains consistent after being repeated on the subject and under the same conditions. Reliable measuring instruments have a high level of reliability which is determined by a number called the reliability coefficient ranging from 0 to 1 (Hair et al, 2010). A variable is said to be reliable if the result of Cronbach's Alpha is 0.70. The higher the reliability coefficient, which is close to 1, the more reliable the measuring instrument is. The results of the reliability test can be seen in the following table:

Table 3
Reliability Test

Variabel	Nilai Cronbach alpha	Keterangan
Tingkat Hunian Rawat Inap	0.924	Reliable
Komunikasi Dokter Pasien	0.969	Reliable
Kepercayaan Pasien	0.992	Reliable
Word of Mouth	0.964	Reliable

Source : Data processing results, 2023

Descriptive statistics

Three Box Method Analysis

Based on the calculation above, the resulting index number shows a score of 30 – 120, with a range of 90. By using the Three Box Method, the range of 90 is divided into three parts, resulting in a range for each part of 30, which will be used as a list of interpretations index as follows:

Table 4. Three-box Method

Range	Criteria
30 – 60	Low
61 – 91	Medium
92 – 122	High

Table 5.
Recapitulation of Descriptive Value of Research Variables

No	Variable	Low	Medium	High
1	Inpatient Occupancy Rate		64.20	
2	Doctor-patient communication			108.29
3	Patient Trust			112.73
4	Word of Mouth			112.00

The average value of the distribution of respondents from the inpatient occupancy rate variable is 64.20 which is included in the medium category. The average value of the distribution of respondents from the doctor-patient communication variable is 108.29 which is included in the high category, and the average value of the distribution of respondents from the patient's trust variable is 112.73 which is included in the high category, and the average value of the distribution of respondents from the word of

mouth variable is 112.00 included in the high category.

Partial Test

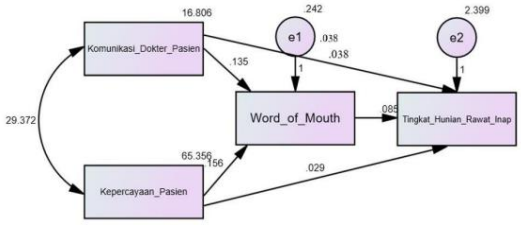
Partial test is used to test the hypothesis between the independent variable and the dependent variable. The partial test results using path analysis are as follows:

Table 6
Partial Test

	Estimate	S.E	C.R	P	Label	Conclusions
Word of mouth ← Doctor-patient communication	0,135	0,024	5.668	***	par_1	Ho rejected
Word of mouth ← Patient Trust	0,156	0,012	12.924	***	par_2	Ho rejected
Inpatient Occupancy Rate ← Word of mouth	0,085	0,289	0.293	***	par_3	Ho rejected
Inpatient Occupancy Rate ← Doctor-patient communication	0,038	0,084	0.090	***	par_4	Ho rejected
Inpatient Occupancy Rate ← Patient Trust	0,029	0,059	0.500	***	par_5	Ho rejected

*Regression Weights: (Group number 1 – Default model)

Figure 4
Value Estimation in Path Analysis Model



Model Fit Test

Based on the path diagram of the results of data processing using AMOS, it can be done to form equations and estimates, then a goodness of fit test (model suitability) and hypothesis testing are carried out. The goodness of fit test is based on the table display below:

Table 7
Model Fitment Level Measurement Results (*Goodness of Fit*)

Indeks Model Fit	Batas Penerimaan Goodness Of Fit	Hasil
Chi Square	<3, semakin kecil semakin baik	0,000
RMSEA	0,05 ≤ RMSEA ≤ 0,08	0,829
CFI	0,80 ≤ CFI ≤ 1	1,000
NFI	0,80 ≤ NFI ≤ 1	1,000

Sumber : Hasil penelitian yang diolah menggunakan SEM-AMOS 25, 2023

Based on the results of data processing and the acceptance criteria for the goodness of fit test model based on absolute fit measures that determine the degree of prediction of the overall model (structural measurement model) on the correlation matrix and covariance is good. This can be seen by the chi-square value of 0.000 where the ideal value is <3, the smaller the chi-square value, the more suitable the model is. Meanwhile, based on the incremental fit measure, namely comparing the proposed model with the baseline model, it is also very good because the NFI (Normed Fit Index) value is 1,000 or so-called good fit. So that overall the path analysis

equation model used can be accepted and the hypothesis testing step can be continued.

Discussion

Discussion of Hypothesis Test Results

Hypothesis testing is done by analyzing the significance of the regression weight. This analysis was conducted to show the magnitude of the overall effect (total effect), direct effect (direct effect), and indirect effect (indirect effect) of one variable on another variable. The basis for making a decision on the significance test of the reference weight is:

- If the p-value < alpha 0.05 then the hypothesis becomes zero (0) and H0 is rejected, meaning that there is a statistical influence between the two variables.
- If the p-value > alpha 0.05 then the hypothesis becomes zero (0) and H0 is accepted, meaning that there is no statistically significant effect between the two variables.

The following table summarizes the path analysis, where the results of processing with the AMOS program obtained the regression weight results as shown in table 8.

Table 8
Result Regression Weight Direct Effect

Pengaruh Langsung	Koefisien Jalur	Standard Error	P-Value	R-square (koefisien determinasi)
Komunikasi Dokter-Pasien terhadap Word of Mouth	0,135	0,024	*** (artinya nilai P-value < 0,001 yang sama saja sudah < 0,05, signifikan)	0,928
Kepercayaan Pasien terhadap Word of Mouth	0,156	0,012	*** (artinya nilai P-value < 0,001 yang sama saja sudah < 0,05, signifikan)	
Komunikasi Dokter-Pasien terhadap Tingkat Hunian Rawat Inap	0.038	0,289	*** (artinya nilai P-value < 0,001 yang sama saja sudah < 0,05, signifikan)	0,755
Kepercayaan Pasien terhadap Tingkat Hunian Rawat Inap	0.029	0,084	*** (artinya nilai P-value < 0,001 yang sama saja sudah < 0,05, signifikan)	
Word of Mouth terhadap Tingkat Hunian Rawat Inap	0.085	0.059	*** (artinya nilai P-value < 0,001 yang sama saja sudah < 0,05, signifikan)	

Sumber : Hasil penelitian yang diolah menggunakan SEM-AMOS 25, 2023

From the results of data processing it can be seen that all variables have a significant effect. Thus the hypothesis test can be interpreted as follows:

Discussion

Hypothesis 1: Effect of doctor-patient communication on word of mouth

After testing these conjectures, it was proven that the coefficient of the doctor-patient communication variable on word of mouth was positive at 0.135. The effect of doctor-patient communication is statistically significant because it is known that the P value is <0.001 which is less than 0.05. Then H0 is rejected, which means there is a significant direct effect of the doctor-patient communication variable on word of mouth. **Hypothesis 1 is accepted.**

Hypothesis 2: Effect of patient trust in word of mouth

From these conjectures after being tested it was proven that the variable coefficient of the patient's trust in word of mouth was positive at 0.156. The effect of patient trust on word of mouth is statistically significant because it is known that the P value is <0.001 which is less than 0.05, then H0 is rejected which means there is a significant direct effect of the patient's trust variable on word of mouth. **Hypothesis 2 is accepted.**

Hypothesis 3: Effect of doctor-patient communication on inpatient occupancy rates

From these assumptions after being tested it was proven that the coefficient of the doctor-patient communication variable on the inpatient occupancy rate was positive at 0.038 The effect of doctor-patient communication is significant on the inpatient occupancy rate because it is known that the P value is <0.001 which is less than 0.05, then H0 is rejected which means there is a significant direct effect of the doctor-patient communication variable on the inpatient occupancy rate. **Hypothesis 3 is accepted.**

Hypothesis 4: Effect of patient confidence on inpatient occupancy rates

From these assumptions after being tested it was proven that the coefficient of the patient's trust variable on the inpatient occupancy rate was positive at 0.029. The effect of patient trust is significant on the inpatient occupancy rate because it is known that the P value is <0.001 which is less than 0.05, then H0 is rejected which means there is a significant direct effect of the

patient's trust variable on the inpatient occupancy rate. **Hypothesis 4 is accepted**.

Hypothesis 5: Effect of word of mouth on inpatient occupancy rates

From these conjectures after being tested it was proven that the word of mouth variable coefficient on the inpatient occupancy rate was positive at 0.085. The effect of word of mouth is significant on the inpatient occupancy rate because it is known that the P value is <0.001 which is less than 0.05, then H0 is rejected which means there is a significant direct effect of the word of mouth variable on the inpatient occupancy rate. **Hypothesis 5 is accepted.**

\

Hypothesis 6: Effect of doctor-patient communication on inpatient occupancy rates with word of mouth as a mediating variable

In this hypothesis, the indirect effect of doctor-patient communication on inpatient occupancy rates has a significant value because the Z value > 1.96 is 1.98965954 and the p value < 0.05 is 0.00624. So it can be concluded that word of mouth mediates doctor-patient communication on inpatient occupancy rates. **Hypothesis 6 is accepted.**

Hypothesis 7: The effect of patient trust on inpatient occupancy rates with word of mouth as a mediating variable

In this hypothesis, the direct indirect effect of patient trust on the level of inpatient occupancy has a significant value because the Z value > 1.96 is 2.98645602 and the p value <0.05 is 0.0051. So it can be concluded that word of mouth mediates patient trust in the occupancy rate of inpatient care. **Hypothesis 7 is accepted.**

Research Findings

In this study it was found that all variables had an effect on the inpatient occupancy rate. The variable that has the most influence on the inpatient occupancy rate at X Pulomas Hospital is doctor-patient communication. Word of mouth is a variable that mediates the relationship between doctor-patient communication on inpatient occupancy rates. Word of mouth also mediates the relationship between patient confidence in inpatient ccupancy rates

Research Limitations

The limitations of this study are as follows:

- The research was only conducted in inpatient units, where the number of samples taken was still relatively small even though they had used the maximum sample
- This research uses only one research method so it cannot explore the effect of each variable further and there is no comparison

- This study has not analyzed the level of nurse-patient communication, where this may be one of the variables that influence the inpatient occupancy rate
- This research is limited by the patient's perception in giving the answer as a respondent.
- All of the variables in this study are significant but the percentages are small, so that for further research other variables that may be more related can be found, such as the price of inpatient care, quality of service, etc.

Conclusion, Implications, and Suggestions

Conclusion

This study provides empirical evidence regarding the effect of doctor-patient communication, patient trust and word of mouth on the inpatient occupancy rate at X Pulomas Hospital. In this study, word of mouth is a mediating variable. To analyze the relationship between variables, this research data analysis technique used the SPSS 16 and AMOS 25 programs. This study used a sample of 120 respondents who were inpatients at X Hospital and used secondary data related to inpatient occupancy rates/hospital BOR. Based on the analysis and discussion in the previous section, the following conclusions are obtained:

1. Doctor-patient communication, patient trust, and word of mouth have a significant direct influence on the inpatient occupancy rate of X Pulomas Hospital.
2. Doctor-patient communication and patient trust both influence word of mouth at X Pulomas Hospital. Where positive word of mouth will be supported by good doctor-patient communication and patient trust. To achieve patient trust, hospitals must ensure that the quality of services provided to consumers must always be the best to achieve patient satisfaction.
3. Thus the hypothesis of the effect of doctor-patient communication on word of mouth and patient trust in word of mouth is accepted and supported by empirical data.
4. Doctor-patient communication and patient trust have a significant effect on the inpatient occupancy rate at X Pulomas Hospital. This means that in increasing the inpatient occupancy rate, good doctor-patient communication and patient trust are needed, so that it will produce positive word mouth, the doctor-patient communication factor is the variable that most influences the inpatient occupancy rate of X Pulomas Hospital.
5. Word of mouth mediates doctor-patient communication and patient trust in the inpatient occupancy rate of X Pulomas Hospital.

Implications

Theoretical Implications

The results of the study found that doctor-patient communication had a positive direct effect on inpatient occupancy rates. This can be interpreted that effective doctor-patient communication will increase the occupancy rate of inpatient care at X Pulomas Hospital. Theoretically it is said to improve doctor-patient communication by improving communication between doctors and patients from the aspects of openness, empathy, supportive attitude, and equality, so that mutually supportive relationships are built that will create positive information reception for patients to be able to comply with the treatment given by doctors. (Gorden, 2009). Indicators of the success of doctor-patient communication are successful in reducing the number of complaints and lawsuits against doctors, increasing trust in doctors, increasing the number of hospitalizations (Whitcomb, M.E, 2000).

The results of the study found that patient confidence had a positive direct effect on the inpatient occupancy rate. This can be interpreted that increased patient confidence will increase the occupancy rate of inpatient care at X Pulomas Hospital. Theoretically it is said to increase patient trust by medical personnel performing relief measures that are comfortable for patients and medical staff having high integrity and can be trusted, which is associated with quality, namely competent, consistent, fair, honest, accountable (Morgan & Hunt, 2004).

The results of the study found that word of mouth had a direct positive effect on the inpatient occupancy rate. This can be interpreted that positive word of mouth will increase the occupancy rate of inpatient care at X Pulomas Hospital. Theoretically, it is said that to increase word of mouth, hospitals must

ensure that the quality of services provided to consumers must always be the best to achieve patient satisfaction (Heide & Gronhaug, 2009). In addition, hospitals must also set the right price so that consumers feel they are treated fairly when they have to make payments (Herrmann et al, 2007). 113 Finally, corporate image is very important in influencing patient trust (Alves & Raposo, 2010).

Managerial Implications

Based on the findings and conclusions from the research results described previously, the implications of this research that can be carried out to develop X Pulomas Hospital are to determine the hours of inpatient visits for specialist doctors which are divided into 2 visit schedules, for doctors who practice polyclinics in the morning, the visit time is is under 15.00, while for doctors who practice afternoon poly, the visit time is under 20.00. Determination of visiting hours will be disseminated to all specialist doctors at X Pulomas Hospital. With the determination of the doctor's visit time in hospitalization, it will increase the compliance of the doctor's visit which can increase the patient's confidence while in the hospital because the doctor always visits on time and the patient feels cared for as a patient, not just as an object.

Create a system so that customer care automatically sends WA to patients who have finished treatment or have closed bills, the WA contains links related to services that have been provided while in the inpatient treatment room. With the patient feedback sheet that will be filled in by the patient after completion of hospitalization, it will assess how the patient views the doctor and doctor-patient communication during hospitalization. Conduct periodic evaluations every month by looking at the role of specialists in effective doctor-patient communication, recording the names of doctors mentioned by patients who have provided good service, and collaborating with the HRD team to give appreciation to specialists by providing merchandise so doctors are able to provide even more optimal service.

Increasing the role of customer care so that it not only sends inpatient feedback links to patients but is also able to ask about the patient's condition while at home, as well as remind the next control schedule, this will increase patient satisfaction with hospital services, that patients are still cared for even though they have finished hospitalization .

Appoint and establish the role of case manager in X Pulomas Hospital so that it can function as a bridge between patients and families with DPJP and other PPA so that effective communication is maintained. Conduct periodic internal meetings between fellow DPJP and case managers to see potential patient constraints both in terms of health, finances, and the role of the family in caring for patients after returning from hospitalization. Conduct periodic family gatherings for patients so that all DPJP and PPA and their families receive and obtain the same information regarding patient care both in hospitalization and after returning from hospitalization.

Organize workshops/training, scientific seminars, RTDs needed to increase knowledge in their respective professional fields on a regular basis by involving specialist doctors, general practitioners, and other PPA. This will help doctors and other PPA in providing optimal and integrated services.

Improving facilities and infrastructure by equipping the equipment that is lacking, making the atmosphere of the hospital as comfortable as possible so that patients do not feel they are being treated at the hospital, with complete facilities and infrastructure that support patient needs during hospitalization will increase patient satisfaction and patient confidence not only to doctors but also to hospitals

Suggestion

Based on the conclusions of the research results and the implications of this study that have been described previously, in increasing the occupancy rate of inpatient care at X Pulomas Hospital, the following suggestions can be made:

The occupancy rate of inpatients at X Pulomas Hospital is still relatively moderate, this can be improved by increasing the compliance rate during visits, namely visits below 15.00 and below 20.00, this will increase patient confidence while in hospital because doctors always visit on time and patients feel cared for as a patient not just as an object..

Doctor-patient communication at X Pulomas Hospital is relatively high, this is because good and effective doctor-patient communication has taken place, but this must be maintained so that effective communication is maintained with doctors. directly if the doctor wishes, or by increasing the role of the case manager who can function as a bridge between patients and families with DPJP and other PPA so that effective communication is maintained. Case Managers can provide reports to DPJP regarding what patients feel and what patients and families complain about, and case managers must also be able to explain again the purpose of DPJP and other PPA services and care to patients or families so as to minimize the possibility of misperception or miscommunication between patients with the DJP.

Patient trust at X Pulomas Hospital is relatively high, this is because of the good interpersonal relationship between doctors and patients. Patient trust can be increased when visiting doctors, there is no need to limit the length of time the patient visits, but instead gives freedom to patients to ask questions or consult with a doctor. until the patient feels confident about the service and care that will be provided while in hospital. In addition, patient trust can also be increased by improving the facilities and infrastructure in the hospital so that patients feel comfortable because the patient's needs during hospitalization can be fulfilled, and this will increase patient trust and improve the image of the hospital in the eyes of patients.

Word of mouth at X Pulomas Hospital is relatively high, this is due to patient satisfaction with the services provided while the patient is inpatient. This can be improved by facilitating patients while in hospital from both DPJP and other PPA and can also increase the role of customer care to send inpatient feedback links via WA to patients and also be able to ask about the patient's condition while at home and remind the next control schedule, this will increase patient satisfaction and increase the role of patient word of mouth because patients feel cared for even though they have finished inpatient treatment.

All of the variables in this study are significant but the percentages are small, so that for further research other variables that may be more related can be found, such as the price of inpatient care, quality of service, etc.

Bibliography

- Ajami, M. P., Elola, L. N., & Pastor, J (2018). Validation and improvement of the European Customer Satisfaction Index for the Spanish wine sector. The TQM Journal, 30(2), 133– 152.
- Bakti, I. G. M. Y., & Sumaedi, S. (2013). An analysis of library customer loyalty:The role of service quality and customer satisfaction, a case study in Indonesia. Library Management, 34(6–7), 397–414.
- Bosque-Mercader, L (2022). The association between bed occupancy rates and hospital quality in the English National Health Service. European ournal of Health Economics.
- Bre´ dart A, Bouleuc C, Dolbeault S (2005). Doctor-patient communication and satisfaction with care in oncology. Curr Opin Oncol; 17(14):351–354.
- Brinkman WB, Geraghty SR, Lanphear BP, et al (2007). Effect of multisource feedback on resident communication skills and professionalism: a randomized controlled trial. Arch Pediatr Adolesc; 161(1):44–49.
- Brown, T. J., Barry, T. E., Dacin, P. A., & Gunst, R. F. (2005). Spreading the word: Investigating antecedents of consumers' positive word-of-mouth intentions and behaviors in a retailing context. Journal of the Academy of Marketing Science, 33(2), 123– 138.
- Chio` A, Montuschi A, Cammarosano S, et al (2008). ALS patients and caregivers communication preferences and information seeking behaviour. Eur J Neurol;15(1):55–60. Tongue JR, Epps HR, Forese LL (2005). Communication skills for patientcentered care: researchbased, easily learned techniques for medical interviews that benefit orthopaedic
- DiMatteo MR (1998). The role of the physician in the emerging health care

environment. West J Med; 168(5):328–333.
- Donabedian, A (1988). The Definition and Approaches to Its Assessment. Health Administration Press : Ann Arbour Michigan. Duffy FD, Gordon GH, Whelan G, et al (2004). Assessing competence in communication and interpersonal skills: the Kalamazoo II report. Acad Med; 79(6):495–507.
- Folland Sherman (2001). The Economics of Health and Health Care. Third Edition. New Jersey: Prentis Hall Inc.
- Gopinath, S., Thomas, J. S., & Krishnamurthi, L (2014). Investigating the relationship between the content of online word of mouth, advertising, and brand performance.
- Gorden, W I. (1978). Communication: Personal and Public. diunduh tanggal 18 April 2023.
- Konsil Kedokteran Indonesia (2006). Komunikasi Efektif Dokter-Pasien. Jakarta: KKI
- Kurtz, S., Silverman, J. & Drapper, J. (1998). Teaching and Learning Communication Skills
- Hall JA, Roter DL, Rand CS (1981). Communication of affect between patient and physician.
- Henrdon J, Pollick K (2002). Continuing concerns, new challenges, and next steps in physician-patient communication. J Bone Joint Surg Am; 84-A(2):309–315.
- Hisam, M. W., Sanyal, S., & Ahmad, M (2016). The impact of service quality on customer satisfaction: A study on selected retail stores in India. International Review of Management and Marketing, 6(4), 851–856.
- Hogan, J. E., & Lemon, K. N (2004). Quantifying the Ripple : Word-OfMouth and Advertising Effectiveness Quantifying the Ripple : Word-Of-Mouth and Advertising Effectiveness. Journal of Advertising Research, 44(3), 271–280. in Medicine. Oxon: Radcliffe Medical Press. J Health Soc Behav 1;22(1):18–30.
- Lee RG, Garvin T (2003). Moving from information transfer to information exchange in health and health care. Soc Sci Med; 56(3):449–464. 36.
- Netemeyer, R. G., Maxham, J. G., & Lichtenstein, D. R. (2010). Store Manager Performance and Satisfaction: Effects on Store Employee Performance and Satisfaction, Store Customer Satisfaction, and Store Customer Spending Growth. Journal of Applied Psychology, 95(3), 530–545.
- Sobel DS (1995). Rethinking medicine: improving health outcomes with cost-effective psychosocial interventions. Psychosom Med; 57(3):234–244. 35. surgeons and their patients. J Bone Joint Surg Am; 87:652–658
- Van Zanten M, Boulet JR, McKinley DW, DeChamplain A, Jobe AC (2007). Assessing the communication and interpersonal skills of graduates of international medical schools as part of the United States Medical Licensing Exam (USMLE) Step 2 Clinical Skills (CS) Exam. Acad Med 82(10 Suppl):S65–S68.
- Zaim, H. (2013). Service Quality And Determinants Of Customer Satisfaction In Hospitals: Turkish Experience. International Business & Economics Research Journal (IBER), 9, 51- 58.