

Optimizing Service Quality: Exploring the Impact of Service Excellence and Service with Care, Mediated by Community Culture

Dian Dinarafika Arieanti*

Master of Management, Universitas Terbuka, Indonesia

Rismawati

Department of Management, Sekolah Tinggi Ilmu Ekonomi Indonesia Surabaya, Indonesia

Suparti

Master of Management, Universitas Terbuka, Indonesia

Abstract

This study aims to analyze the effect of Service Excellent and Service with Care on Service Quality at RSI Garam Kalianget. In addition, this study also aims to examine the effect of Service Excellent and Service with Care on Community Culture at RSI Garam Kalianget. This study used a quantitative approach with a sample of 120 respondents from urban, rural and island areas. The results of the study show that Service Excellent and Service with Care have a positive and significant impact on Service Quality. In addition, Service Excellent also has a positive and significant impact on Community Culture, as well as Service with Care. These results indicate that the implementation of superior service and attention to customer care simultaneously contribute to improving service quality in this hospital, and Community Culture acts as a mediating variable that influences the relationship between service and service quality. This research contributes by expanding understanding of the factors that play a role in improving service quality and the role of community culture as an important mediator in this relationship.

Keywords: Community Culture, Service Excellent, Service Quality, Service With Care

Introduction

Healthcare service providers are competing to create a positive organizational culture and to recruit and train human resources with the right characteristics for healthcare service needs. This is because the success or failure of an organization offering services hinges on its people, who are the backbone of the organization (Hermawan et al., 2018). Competition among hospitals has an impact on hospital management, whether government-owned, private, or foreign, with the ultimate goal of improving services (Baringbing, 2019). Increasing demands from society for adequate healthcare services are adding complexity in the era of globalization, compelling hospitals to provide the best services to avoid being marginalized by the public (Haskas, 2020). Patients remember their hospital experiences when they return home, and if they are satisfied with the nursing care provided by the hospital, they are likely to return for treatment when needed (Mayasari, 2016). Hospitals play a vital role in community development and service, yet not all hospitals maintain the same standards of quality. With the growing number of hospitals and increasing demands for quality and affordable healthcare facilities, hospitals must strive to survive in the increasingly competitive environment while meeting these demands. Hospitals must deliver excellent services and showcase high-quality care for outpatient, inpatient, and emergency services (Maatisya & Santoso, 2022).

Patient satisfaction is a desired outcome of customer service. Patient satisfaction can be categorized as a high-level goal in performance measurement systems. Banking performance should

*Corresponding Author: Dian Dinarafika Arieanti (dian.dina@gmail.com)

Received: 10 July 2023, Revised: 01 August 2023, Accepted: 05 August 2023, Published: 10 August 2023

Cite this: Arieanti, D. D., Rismawati, R., & Suparti, S. (2023). Optimizing Service Quality: Exploring the Impact of Service Excellence and Service with Care, Mediated by Community Culture. *Innovation Business Management and Accounting Journal*, 2(3), 165-178. <https://doi.org/10.56070/ibmaj.v2i3.54>



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License. (<https://creativecommons.org/licenses/by-sa/4.0/>)

match customer expectations, ensuring satisfaction with the services provided by bank management (Sumadi et al., 2021). Service excellence represents exceptionally good or best-in-class service. It's labeled as such because it adheres to existing service standards or guidelines set by the institution delivering the service, which should serve as a benchmark for customer satisfaction (Frimayasa, 2017). The concept of "service with care" in providing care services is based on aspects such as human altruism, faith-hope, sensitivity, helping-trust, positive and negative emotional expression, systematic problem-solving, interpersonal teaching and learning processes, supportive environments, basic human needs fulfillment, and existential-phenomenological factors (Irawan & Wati, 2021).

Service quality focuses on improving the services provided to customers to ensure their satisfaction and comfort. The main components of service quality are expected service and perceived service. If the service received aligns with expectations, it's perceived as good quality. If it surpasses expectations, it's perceived as ideal quality (Parasuraman et al., 1988; Sulistyan et al., 2017). Hospitals, as healthcare service facilitators, should offer comprehensive and high-quality healthcare services, emphasizing compassion and considering various factors, including processes, environments, and personnel (Tjiptono & Chandra, 2016). Nursing service quality significantly impacts overall healthcare service quality and can determine the reputation of healthcare institutions like hospitals. Nursing quality indicators include patient satisfaction with nursing care (Susaldi et al., 2018). Nursing services play a pivotal role in hospital success, offering continuous care around the clock. Therefore, nursing services are critical indicators of healthcare service quality and play a role in determining patient satisfaction. Caring behavior is a crucial aspect of nursing professionalism (Purwaningsih, 2015).

Hospital employees must provide service with excellence and care to patients. These behaviors form the basis of providing quality nursing care. However, current nursing standards and service quality relate to patient and family satisfaction. Therefore, the "service with care" behavior needs to be developed according to current needs (Perwita et al., 2020). Patient expectations from nurses as service providers encompass responsiveness, competence, politeness, credibility, sensitivity, and attention to patient needs, as well as environmental awareness (Anfal, 2020).

Every patient visiting a healthcare unit seeks satisfaction with the desired healthcare service. Patient satisfaction with healthcare services is a measure of the individual's feelings about the difference between their perceived service and their pre-service expectations. If expectations are met, the service is considered of exceptional quality and leads to high satisfaction. Conversely, unmet expectations imply subpar service quality (Kurniawati et al., 2023). Hospitals play a role in curative and rehabilitative care through health promotion and prevention efforts. Hospital healthcare services target not only individual patients but also their families and the broader community. This approach signifies a comprehensive and holistic healthcare service model (Kalianget Islamic Hospital, 2022).

Patient satisfaction is an indicator of service quality and a means of attracting more patients. Long-term customer satisfaction enhances competitiveness and has become a cultural commitment among all employees. Dissatisfied patients may avoid seeking services even when they are available and accessible. Thus, service quality directly influences patient satisfaction (Kalianget Islamic Hospital, 2022). The current models of service excellence and service with care emphasize personal and solution-oriented service that goes beyond standard operating procedures and differentiates similar institutions (Subkhan, 2016).

Kalianget Islamic Hospital, serving the Sumenep District and its surroundings, is dedicated to improving healthcare service quality while maintaining its social role as a healthcare institution. The hospital's service with excellence and care, encompassing Friendliness, Smiles, Sincerity, Enthusiasm, and Kinship, is provided to patients based on Islamic values and ethical professionalism. Amidst various strategic challenges, Kalianget Islamic Hospital faces issues such as suboptimal healthcare services, patient complaints, inadequate facilities, transitioning to a Public Service Agency (BLU), and competition with other government and private hospitals. This competitive landscape necessitates improvements in service quality (Kalianget Islamic Hospital, 2022).

Furthermore, the local culture, particularly in rural communities, contributes to issues such as overcrowding during patient visits and a lack of adherence to regulations, disrupting patient tranquility. This practice has become a negative habit among families visiting patients, often ignoring rules and even staying in undesignated areas, thereby affecting hospital cleanliness (Kalianget Islamic Hospital, 2022).

Social interaction patterns and patient perceptions play a significant role in depicting patient satisfaction levels with hospital services. For instance, in 2022 (from January to October), Kalianget Islamic Hospital recorded 6,000 outpatient visits and 4,600 inpatient admissions with a staff count of

146 (Source: Kalianget Islamic Hospital, 2022). Based on these perceptions, patients form impressions of the hospital, subsequently referred to as the quality of hospital services. These impressions are built upon the perceptions of individuals within their relationships.

In addressing the aforementioned issues, researchers sought to evaluate the gap between patient expectations and perceptions of the quality of healthcare services provided by the outpatient department of Kalianget Islamic Hospital. This gap represents the disparity between perceived service and expected service, arising from management's lack of understanding regarding customer expectations. Kalianget Islamic Hospital, as a service provider, assesses not only the overall quality of its services as perceived by customers but also identifies key dimensions and aspects that require improvement. This is evident in the high-quality services provided, as indicated by the numerous patient visits for outpatient and inpatient care at Kalianget Islamic Hospital. The quality of services demonstrated by Kalianget Garam Islamic Hospital is positively perceived by the community. The positive attitude and behavior of nursing staff, characterized by sympathy and responsibility toward patients, significantly contribute to patient satisfaction. However, there is room for improvement in the quality of hospital services, as some patients display varying levels of satisfaction.

According to Perwita et al. (2020), the majority of respondents expressed dissatisfaction with patient satisfaction (80%). There were three dimensions categorized as dissatisfactory: reliability, responsiveness, and physical evidence. Meanwhile, two other dimensions, assurance and empathy, were categorized as satisfactory. The research findings indicated a correlation between excellent service and patient satisfaction. Hospitals should offer training in excellent service and routinely conduct internal audits to ensure that every service provided aligns with procedural and professional standards.

In addition to the aforementioned issues, as a service user or consumer at Kalianget Islamic Hospital, the researcher aimed to investigate whether employees at Kalianget Islamic Hospital provide services with adequate facilities. However, the layout and utilization of these facilities do not always meet the intended goals. The researcher explored whether this situation is influenced by societal culture. To address this, the researcher employed the mediating variable of societal culture to assess its impact.

Methods

The research type employed a quantitative research design. Statistical data analysis was conducted using SPSS 26 software. Data collection involved direct observations of the subjects under study, ensuring accurate representation of the actual conditions. The research population consisted of 801 respondents, categorized as follows: a) Hospital employees: 146 respondents; b) Patients, inpatients' families, and visitors: 655 respondents.

Consequently, the research sample was 15% of 801, which equals 120.15. Therefore, the sample size comprised 120 respondents, distributed as follows: a) Hospital employees: 40 respondents; b) Patients, inpatients' families, and visitors: 80 respondents.

Among the 120 respondents, a variety of residential characteristics were considered:

1. Urban : 65 respondents,
2. Rural : 35 respondents,
3. Island : 20 respondents.

The sampling technique employed in this research was probability sampling, using purposive random sampling. This technique ensures an equal chance for every element (member) of the population to be selected as a sample member.

Path Analysis was used to examine the effect of intervening variables in the data analysis. Data collection involved the use of observation guidelines and questionnaires provided to respondents, which were then validated and made reliable, resulting in Likert scale responses.

The following is the lattice of the variable components and their research indicators:

Table 1. Research component grids

No	Variable	Indicator Component Measured	Question	Description
1	Service Excellent	a. Attitude	1 - 3	Nurhadi (2018)
		b. Attention	4 - 6	
		c. Action	7 - 9	
		d. Ability	10 - 12	
		e. Connectivity	13 - 15	
2	Service Service With Care	a. Credibility	1 - 3	Subkhan (2011)
		b. Dependability	4 - 6	
		c. Courtesy	7 - 9	
		d. Comfortability	10 - 12	
		e. Connectivity	13 - 15	
3	Service Quality	a. Reliability	1 - 3	Parasuraman et al. (2016)
		b. Responsiveness	4 - 6	
		c. Assurance	7 - 9	
		d. Empathy	10 - 12	
		e. Tangible	13 - 15	
4	Community Culture	a. Trust in user generated content	1 - 3	Kalfaris (2018)
		b. Social togetherness	4 - 6	
		c. High cooperation	7 - 9	
		d. Tend to be loyal and work effectively	10 - 12	
		e. Consumptive tendencies	13 - 15	

Source: Data Processed (2023)

Results and Discussion

The research findings from 120 respondents at Kalianget Garam Islamic Hospital (RSIGK) were categorized and presented as follows:

Table 2. Characteristics of Respondents

Description	Frequency	Percentage
Gender		
Male	57	47,5
Female	63	52,5
Age		
25 - 39 years	45	37,5
40 - 55 years	75	62,5

Source: Data Processed (2023)

Table 2 shows that there were 57 male respondents or 47.5% and 63 female respondents or 52.5%. It can be concluded that there are more male respondents than female. In terms of age, it was found that the largest was 40-55 years, namely as many as 75 people or 62.5%. The age of the respondents in this range dominates in this study.

The data above indicates descriptive statistics for the variable "service excellent" from 15 question indicators. The mean value is 4.00, and the standard deviation is 0.700. All of these values fall within a statistical range of 2.00, with a maximum value of 5.00 and a minimum value of 3.00, based on responses from 120 respondents. The highest mean statistic is observed at SE1.12 with a value of 4.16, which corresponds to the "Ability" component. This implies that the healthcare professionals at RSI Kalianget, serving as healthcare providers, have the capability to significantly impact patient satisfaction.

Table 3. Descriptive Statistics

	N	Range	Min	Max	Mean	Std. Deviation	Variance
Service Excellence							
SE1.1	120	2	3	5	4,01	0,772	0,597
SE1.2	120	2	3	5	4,02	0,686	0,470
SE1.3	120	2	3	5	4,01	0,750	0,563
SE1.4	120	2	3	5	4,05	0,708	0,502
SE1.5	120	2	3	5	4,03	0,788	0,621
SE1.6	120	2	3	5	4,06	0,702	0,492
SE1.7	120	2	3	5	4,05	0,839	0,703
SE1.8	120	2	3	5	4,06	0,677	0,459
SE1.9	120	2	3	5	3,95	0,646	0,418
SE1.10	120	2	3	5	3,97	0,777	0,604
SE1.11	120	2	3	5	3,87	0,795	0,631
SE1.12	120	2	3	5	4,16	0,767	0,588
SE1.13	120	2	3	5	3,96	0,703	0,494
SE1.14	120	2	3	5	4,03	0,788	0,621
SE1.15	120	2	3	5	3,94	0,714	0,509
Service with Care							
SWC 2.1	120	2	3	5	3,91	0,698	0,487
SWC 2.2	120	2	3	5	3,97	0,607	0,369
SWC 2.3	120	2	3	5	4,06	0,702	0,492
SWC 2.4	120	2	3	5	4,04	0,640	0,410
SWC 2.5	120	2	3	5	3,98	0,727	0,529
SWC 2.6	120	2	3	5	3,96	0,666	0,444
SWC 2.7	120	2	3	5	4,11	0,683	0,467
SWC 2.8	120	2	3	5	4,03	0,673	0,453
SWC 2.9	120	2	3	5	4,00	0,674	0,454
SWC 2.10	120	2	3	5	4,02	0,673	0,454
SWC 2.11	120	2	3	5	3,92	0,717	0,514
SWC 2.12	120	2	3	5	4,07	0,670	0,449
SWC 2.13	120	2	3	5	4,13	0,709	0,503
SWC 2.14	120	2	3	5	4,06	0,677	0,459
SWC 2.15	120	2	3	5	4,02	0,727	0,529
Service Quality							
SQ 1	120	2	3	5	4,01	0,772	0,597
SQ 2	120	2	3	5	4,02	0,686	0,470
SQ 3	120	2	3	5	4,01	0,750	0,563
SQ 4	120	2	3	5	4,05	0,708	0,502
SQ 5	120	2	3	5	4,03	0,788	0,621
SQ 6	120	2	3	5	4,06	0,702	0,492
SQ 7	120	2	3	5	4,05	0,839	0,703
SQ 8	120	2	3	5	4,06	0,677	0,459
SQ 9	120	2	3	5	3,91	0,698	0,487
SQ 10	120	2	3	5	4,00	0,635	0,403
SQ 11	120	2	3	5	4,06	0,702	0,492
SQ 12	120	2	3	5	4,04	0,640	0,410
SQ 13	120	2	3	5	3,93	0,758	0,574
SQ 14	120	2	3	5	3,96	0,666	0,444
SQ 15	120	2	3	5	4,11	0,683	0,467
Community Culture							
BD 1	120	2	3	5	4,06	0,677	0,459
BD 2	120	2	3	5	3,95	0,646	0,418
BD 3	120	2	3	5	3,97	0,777	0,604
BD 4	120	2	3	5	3,87	0,795	0,631
BD 5	120	2	3	5	4,16	0,767	0,588

BD 6	120	2	3	5	4,03	0,673	0,453
BD 7	120	2	3	5	4,00	0,674	0,454
BD 8	120	2	3	5	4,02	0,673	0,454
BD 9	120	2	3	5	3,92	0,717	0,514
BD 10	120	2	3	5	4,07	0,670	0,449
BD 11	120	2	3	5	4,06	0,677	0,459
BD 12	120	2	3	5	3,91	0,698	0,487
BD 13	120	2	3	5	4,00	0,635	0,403
BD 14	120	2	3	5	4,06	0,702	0,492
BD 15	120	2	3	5	4,04	0,640	0,410

Source: Data Processed (2023)

The data above illustrates descriptive statistics for the variable "service with care" from 15 question indicators. The mean value is 3.95, and the standard deviation is 0.635. All of these values fall within a statistical range of 2.00, with a maximum value of 5.00 and a minimum value of 3.00, based on responses from 120 respondents. The highest mean statistic is observed at SWC2.13 with a value of 4.13, corresponding to the "Connectivity" component. This suggests that the healthcare professionals at RSI Kalianget, as healthcare providers, consistently maintain good relationships with patients.

The data provided above presents descriptive statistics for the variable "service quality" based on 15 question indicators. The mean value is 4.04, and the standard deviation is 0.750. All of these values are within a statistical range of 2.00, with a maximum value of 5.00 and a minimum value of 3.00. These results are derived from responses collected from 120 respondents. The highest mean statistic is observed for SQ.15 with a value of 4.11, corresponding to the "Tangible" component. This indicates that the healthcare professionals at RSI Kalianget, as healthcare providers, are capable of demonstrating effective health recovery to patients.

The data above displays descriptive statistics for the variable "community culture" based on 15 question indicators. The mean value is 4.00, and the standard deviation is 0.675. All of these values fall within a statistical range of 2.00, with a maximum value of 5.00 and a minimum value of 3.00. These results are derived from responses collected from 120 respondents. The highest mean statistic is observed for BD 5 with a value of 4.16, corresponding to the "Tangible" component. This suggests that patients and their families exhibit a sense of togetherness within their surrounding environment.

The results of the validity and reliability tests indicate that the data is valid and reliable, both for service quality, service with care, service excellent, and community culture. Meanwhile, for the classic assumption tests, the results are as follows:

Table 4. Results of Normality Test

		Unstandardized Residual
N		80
Normal Parameters ^{a,b}	Mean	0,0000000
	Std. Deviation	1,69004423
Most Extreme Differences	Absolute	0,051
	Positive	0,049
	Negative	0,051
Test Statistic		0,051
Asymp. Sig. (2-tailed)		0,200 ^{c,d}

Source: Data Processed (2023)

The table above (Table 4) indicates that the value of Asymp. Sig. (2-tailed) is 0.200, which is greater than $\alpha = 0.05$. Therefore, it can be concluded that the data meets the assumption of normality. This implies that the data from the variables service excellent, service with care, service quality, and community culture as a mediating variable are normally distributed.

Table 5. Results of Multicollinearity Test

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	2,255	1,380		1,634	0,105		
Service Excellent	0,324	0,059	0,383	5,535	0,000	0,106	9,409
Serviced With Care	0,518	0,056	0,516	9,198	0,000	0,161	6,200

Source: Data Processed (2023)

Based on the table above (Table 5), the results of the tolerance test indicate that all independent variables, namely service excellent with a tolerance value of 0.106 and service with care with a tolerance value of 0.161, are greater than 0.10 (10%). Additionally, the VIF (Variance Inflation Factor) calculations show that the variable service excellent has a VIF value of 9.409, which is less than 10, and the variable service with care has a VIF value of 6.200, also less than 10. This leads to the conclusion that there is no multicollinearity among the independent variables in the regression model for RSI Garam Kalianget.

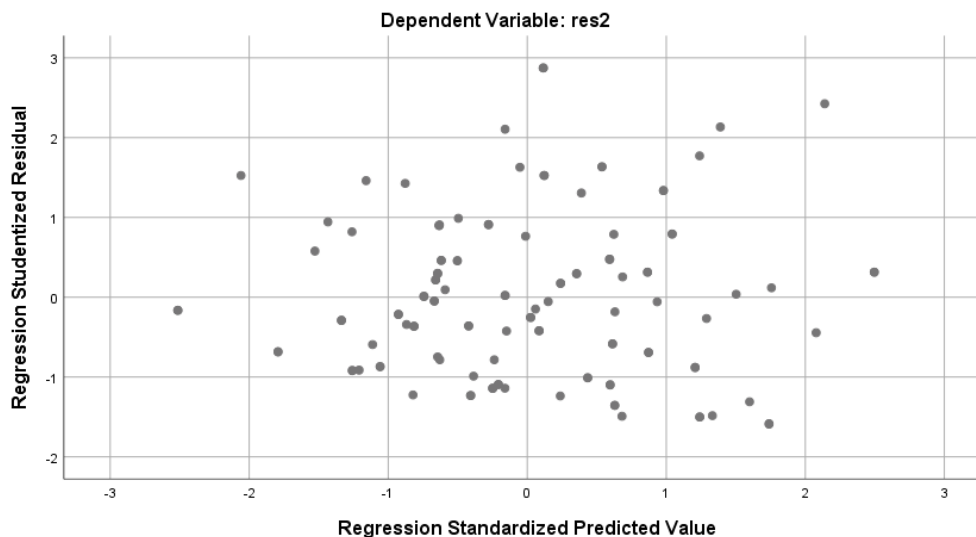


Figure 1. Scatterplot
Source: Data Processed (2023)

The scatterplot graph in Figure 1 above shows the distribution of data points scattered randomly and does not form a specific pattern. The points are randomly distributed both above and below the value of 0 on the Y-axis, ranging from approximately -2 to 3 on the Y-axis. As a result, it can be concluded that the data does not exhibit heteroskedasticity in this multiple linear regression model.

Table 6. The results of the Autocorrelation Test

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	,970 ^a	,941	,940	1,690	1,785

a. Predictors: (Constant), *Service with care*, *Service excellent*

b. Dependent Variable: Service quality

Source: Data Processed (2023)

The data above shows a calculated Durbin-Watson (DW) value of 1.785. The criteria for determining the DU and DL values can be obtained from the Durbin Watson statistical table. With $n = 120$ and $k = 2$, we find that $DL = 1.6684$ and $DU = 1.7361$. Additionally, $4-DL = 2.3316$ and $4-DU = 2.2639$. The Durbin-Watson value falls between DL and 4-DL ($1.6684 < 1.785 < 2.3316$) and between

DU and 4-DU ($1.7361 < 1.785 < 2.2639$). This indicates that there is no autocorrelation present, leading to the conclusion that the autocorrelation test is satisfied.

Table 7. The results of the Simple Linear Regression Test

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	14,225	2,054		6,924	0,000
Service Excellent	0,763	0,034	0,901	22,535	0,000
R-Square	0,811				

a. Dependent Variable: Community Culture
Source: Data Processed (2023)

From the test, it is evident that the variable service excellent (X1) has a significant influence on the variable cultural society (Z) with a coefficient of 0.763. The coefficients table shows that the significance value of the variable service excellent (X1) is 0.000, which is less than 0.05. This result suggests that the variable service excellent (X1) has a significant influence on the variable cultural society (Z). Furthermore, the calculated R-square value is 0.811. The R-square value indicates that the contribution of service excellent (X1) to cultural society (Z) is 81.1%, while the remaining 18.9% represents contributions from other variables not examined in the study.

Table 8. The results of the Simple Linear Regression Test (X2-Z)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	4,038	2,117		1,907	0,059
Service With Care	0,930	0,035	0,926	26,655	0,000
R-Square	0,858				

a. Dependent Variable: Community Culture
Source: Data Processed (2023)

From the results of the path analysis regression model, it is evident that the variable service with care (X2) significantly influences the cultural society variable (Z) by 0.930, and the coefficients table shows that the significance value of the variable service with care (X2) is 0.000, which is less than 0.05. This conclusion suggests that the variable service with care (X2) has a significant influence on the cultural society variable (Z). Furthermore, the calculated R-square value is 0.858. The R-square value indicates that the contribution of service with care (X2) to cultural society (Z) is 85.8%, while the remaining 14.2% represents contributions from other variables not examined in the study.

Table 9. The results of the Simple Linear Regression Test (Y -Z)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	6,305	1,699		3,712	0,000
Service Quality	0,893	0,028	0,947	31,904	0,000
R-Square	0,896				

a. Dependent Variable: Community Culture
Source: Data Processed (2023)

From the test, it is evident that the variable service quality (Y) significantly influences the cultural society variable (Z) by 0.893, and the coefficients table shows that the significance value of the variable service quality (Y) is 0.000, which is less than 0.05. This conclusion suggests that the variable service quality (X2) significantly influences the cultural society variable (Z). Furthermore, the calculated R-square value is 0.896. The R-square value indicates that the contribution of service quality (Y) to cultural society (Z) is 89.6%, while the remaining 10.4% represents contributions from other variables not examined in the study.

Table 10. The results of the Multiple Linear Regression Test (X1-Y-Z)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1,409	1,563		0,902	0,369
Service excellent	0,390	0,050	0,434	7,791	0,000
Community Culture	0,590	0,059	0,556	9,982	0,000
R-Square	0,932				

a. Dependent Variable: Service Quality
Source: Data Processed (2023)

Equation for Service Excellent (X1) and Cultural Society (Z) as Mediating Variable (Y). Based on the data from the tables above, the regression equations obtained are as follows:

$$Y = \beta_1X_1 + \beta_1M + e_1$$

$$Y = 1.409 + 0.390X_1 + 0.590M + e_1$$

From the results of the Multiple Linear Regression Test (X1-Y-Z), it can be determined that service excellent (X1) significantly influences service quality (Y) by 0.390 with a significance value of 0.000, which is less than 0.05 (α), and the cultural society variable (Z) significantly influences service quality (Y) by 0.590 with a significance value of 0.000, which is less than 0.05 (α). This implies that the cultural society (Z) significantly affects service quality (Y). Furthermore, the calculated R-square value is 0.932. The R-square value indicates that the contribution of service excellent (X1) to service quality (Y) through cultural society (Z) is 93.2%, while the remaining 6.8% represents contributions from other variables not examined in the study.

Table 11. The results of the Multiple Linear Regression Test (X2-Y-Z)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0,873	1,923		0,454	0,651
Service with care	0,166	0,083	0,155	2,002	0,048
Community Culture	0,851	0,082	0,803	10,339	0,000
R-Square	0,900				

a. Dependent Variable: Service Quality
Source: Data Processed (2023)

Equation for Service with Care (X2) and Cultural Society (Z) as Mediating Variable (Y):

$$Y = \beta_2X_2 + \beta_2M + e_2$$

$$Y = 0.873 + 0.166X_2 + 0.851M + e_2$$

From the results of the Multiple Linear Regression Test (X2-Y-Z), it can be determined that service with care (X2) significantly influences service quality (Y) by 0.166 with a significance value of 0.000, which is less than 0.05 (α), and the cultural society variable (Z) significantly influences service quality (Y) by 0.851 with a significance value of 0.000, which is less than 0.05 (α). This implies that the cultural society (Z) significantly affects service quality (Y). Furthermore, the calculated R-square value is 0.900. The R-square value indicates that the contribution of service with care (X2) to service quality (Y) through cultural society (Z) is 90.0%, while the remaining 10.0% represents contributions from other variables not examined in the study.

Table 12. The results of the t-test

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	2,255	1,380		1,634	0,105		
Service excellent	0,324	0,059	0,383	5,535	0,000	0,106	9,409
Service with care	0,518	0,056	0,516	9,198	0,000	0,161	6,200
Service quality	0,118	0,093	0,125	1,264	0,009	0,052	19,373

a. Dependent Variable: Community Culture
Source: Data Processed (2023)

- The table above shows the respondents' average assessment values for the independent variables:
1. The calculated t-value for service excellent is 5.535 with a significance of 0.001. With a tabulated t-value of 0.67654, this implies that the calculated t-value > tabulated t-value (5.535 > 0.67654) and significance < 0.05 (0.001 < 0.05), so H1 is accepted. This states that there is a significant influence of service excellent on cultural society at RSI Garam Kalianget.
 2. The calculated t-value for service with care is 9.198 with a significance of 0.000. With a tabulated t-value of 0.67654, this implies that the calculated t-value > tabulated t-value (9.198 > 0.67654) and significance < 0.05 (0.000 < 0.05), so H2 is accepted. This states that there is a significant influence of service with care on cultural society at RSI Garam Kalianget.
 3. The calculated t-value for service quality is 1.125 with a significance of 0.009. With a tabulated t-value of 0.67654, this implies that the calculated t-value > tabulated t-value (1.264 > 0.67654) and significance > 0.05 (0.009 > 0.05), so H3 is accepted. This states that there is a significant influence of service quality on cultural society at RSI Garam Kalianget.
 4. Partially, service excellent and service with care positively influence service quality and cultural society as a mediating variable, with the calculated t-value > tabulated t-value, indicating a positive influence on cultural society at RSI Garam Kalianget. Therefore, H4 is accepted.

Table 13. The results of the Mediation Test (X1, X2-Y)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	,118	1,364		,087	,931		
Service excellent	,535	,030	,596	17,852	,000	,396	2,527
Service with care	,464	,036	,435	13,042	,000	,396	2,527

a. Dependent Variable: Service Quality

Source: Data Processed (2023)

The regression table (X1, X2-Y) shows that the regression coefficients of service excellent and service with care on service quality are 0.535, with a standard error of 0.030 and a significance value of 0.000.

Table 14. Mediation Test Results (X1, X2-Y-Z)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	2,255	1,380		1,634	0,105		
Service excellent	0,324	0,059	0,383	5,535	0,000	0,106	9,409
Service with care	0,518	0,056	0,516	9,198	0,000	0,161	6,200
Service quality	0,118	0,093	0,125	1,264	0,009	0,052	19,373

a. Dependent Variable: Community Culture

Source: Data Processed (2023)

In the regression table (X1, X2-Y-Z), the coefficient value for service excellent is 0.324, with a standard error of 0.056 and a significance value of 0.001. Therefore, service excellent significantly and directly affects cultural society. Similarly, service with care significantly and directly influences cultural society, and both service quality and service with care directly impact cultural society.

This research's mediation test employs the Sobel test. The Sobel test is conducted by assessing the indirect influence strength of independent variables on dependent variables through a mediating variable. The Sobel test is performed at the level of significance of the mediation variable by calculating the standard error (Sab). This test will yield a p-value. Below are the results of the Sobel test:

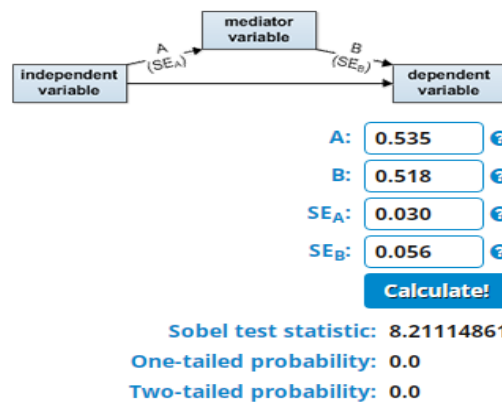


Figure 2. Result of Sobel Test Z-value
Source: Data Processed (2023)

Based on the calculation results of the Sobel test, the Z-value obtained using the Sobel calculator is 8.21114861, which is $Z = 8.21114861 >$ the critical Z-value of 1.96.

From the Sobel test calculation above, the obtained Z-value is $8.21114861 > 1.96$ with a 5% level of significance, and H₅ is accepted. This demonstrates that cultural society can mediate the relationship between the impact of service excellent and service with care on service quality. Thus, it can be concluded that there is an influence of service excellent and service with care on service quality through cultural society at RSI Garam Kalianget.

The research findings indicate significant results that are prominently visible from the high scale range. In the variables of service excellent and service with care, high values are observed, while in the service quality variable, satisfactory values are evident. This indicates the presence of good service provided by the employees of RSI Garam Kalianget, supported by a well-organized cultural society, which results in high service performance at RSI Garam Kalianget.

Influence of Service Excellent on Service Quality

The research results using linear regression equations reveal a strong influence of service excellent on service quality at RSI Garam Kalianget. Providing excellent service is a way in which employees serve customers satisfactorily. Excellent service represents the best possible service, surpassing the services provided by others or in the past. This corresponds with the study conducted by Perwita et al. (2020), which demonstrates that service excellence in the inpatient installation is considerably excellent (73.3%). Each component of excellent service falls within the "adequate" category, including attitude (74.7%), appearance (85.3%), attention (69.3%), action (69.3%), and accountability (72%). Patient satisfaction, however, indicates a majority of respondents deeming it unsatisfactory (80%). Three dimensions, including reliability, responsiveness, and tangible evidence, are categorized as unsatisfactory, while the remaining two dimensions, assurance and empathy, are categorized as satisfactory.

Based on observations made by the researchers at RSI Garam Kalianget, it is evident that all employees are dedicated to providing wholehearted service, aiming to win over the hearts of patients and their families. This creates a sense of being cared for at home and accelerates the patients' recovery. The concept of "Excellent Service" aspires to attain customer satisfaction, with the hospital guided by key components like Ability, Attitude, Appearance, Attention, Action, and Accountability.

Influence of Service with Care on Service Quality

The research results using linear regression equations demonstrate that service with care has a positive impact on service quality among the employees of RSI Garam Kalianget. The coefficient value of the regression of service with care is positive, indicating that an increase of one point in service with care leads to a higher increase in service quality.

This is in line with the study conducted by Anfal (2020), which indicates that variables affecting satisfaction levels include education, income, hospital image, and service quality. Notably, service quality is the most dominant factor affecting patient satisfaction. The researchers suggest that the hospital should enhance service quality and its image by providing training to doctors and nurses.

Observations conducted at RSI Garam Kalianget show that employees strive to provide service wholeheartedly. This commitment serves as a foundation for RSI Garam Kalianget to ensure that the quality of service remains pleasant and empathetic, making patients feel comfortable and satisfied during their stay.

Influence of Service Excellence on Community Culture

Based on the calculations, community culture is capable of mediating the influence of excellent service provided by hospital employees, with a well-established coefficient of indirect effect. Achieving patient satisfaction can motivate employees to consistently exhibit excellent service and service with care while carrying out their tasks effectively to achieve optimal performance.

This finding aligns with the research conducted by Wildani et al. (2020), which shows that the quality of service at Puskesmas Siko is good when viewed from the perspective of direct evidence. The dimension of service quality involved 54 respondents (54%) who considered it to be good, while 46 respondents (46%) reported it as not good. A significant relationship was observed between tangible evidence and the satisfaction level of participants in the National Health Insurance (JKN) program at Puskesmas Siko Ternate.

Observations made on-site indicate that employees consistently provide excellent quality service driven by their emotional commitment. This ensures that the services offered provide comfort and satisfaction to patients. It is evident that patients and their families feel comfortable during their stay at RSI Garam Kalianget.

Influence of Service with Care on Community Culture

The results of the calculations demonstrate that community culture is capable of mediating the impact of service with care provided by hospital employees, with a good coefficient of indirect effect. This is particularly notable through the provision of services that are friendly, welcoming, and wholehearted towards patients. The concept of connectivity plays a key role and directly influences service with care within an organization. It emphasizes the need for companies to build strong relationships with customers, thereby understanding their needs and expectations, and taking their feedback seriously to enhance service quality.

Observations on-site at RSI Garam Kalianget illustrate that employees wholeheartedly provide service, and this commitment has become inherent to the hospital's values. The emphasis is on creating a pleasant and empathetic environment for patients, aiming to ensure their comfort and satisfaction during their stay at the hospital.

Influence of Service Quality on Community Culture

The research findings through linear regression analysis reveal that service quality has a positive influence on community culture at RSI Garam Kalianget. This is indicated by the linearity observed between service quality and community culture. The positive coefficient of service quality suggests that an increase in service quality by one point will result in a higher increase in community culture.

The concept of service quality reflects the comparison between the level of service delivered by a company and the expectations of its customers. Quality service involves meeting the needs and desires of customers and ensuring the accuracy of service delivery while exceeding their expectations. This aligns with the findings of Yolanda & Sumedi (2018), indicating that service quality significantly and positively influences patient satisfaction at Rumah Sakit Islam Karawang. Thus, good service quality positively affects patient satisfaction, and appropriate pricing also contributes to patient satisfaction. Furthermore, service quality significantly influences patient loyalty at Rumah Sakit Islam Karawang.

Field observations conducted by the researcher at RSI Garam Kalianget indicate an improved performance of employees as they diligently strive to provide quality service, thus contributing to increased patient visits to the hospital. The satisfaction and performance of employees can significantly influence the quantity and quality of their work in line with established norms set by the organization.

Influence of Service Excellence and Service with Care on Service Quality Through Community Culture

Based on the calculations, community culture is capable of mediating the influence of both service excellence and service with care provided by hospital employees on service quality, with a

positive coefficient of indirect effect. The achievement of patient satisfaction can serve as a motivation for employees to consistently demonstrate service excellence and service with care, effectively carrying out all assigned tasks to achieve optimal performance.

This finding is in line with the research conducted by Lakmi (2015), which explores the influence of service quality on community satisfaction through a simple linear regression model using SPSS version 16.0, tested at a significance level of 5%. The obtained result, represented as $Y = 9.938 + 0.379X_1$, suggests that without focusing on service quality, the average satisfaction level would be 9.938. However, an increase in service quality (X) by one unit would lead to an average increase in satisfaction (Y) of 0.379.

Observations made on-site indicate that the provision of excellent quality service by employees is driven by their emotional commitment. There is an alignment between the level of remuneration employees receive and their perception of organizational values. This alignment ensures that employees feel adequately rewarded for their contributions, as the company consistently prioritizes employee well-being.

Conclusion

Based on the research findings and discussions, the following conclusions can be drawn: 1) There is a significant influence of service excellence on service quality at RSI Garam Kalianget. 2) There is a significant influence of service with care on service quality at RSI Garam Kalianget. 3) There is a significant influence of service excellence on community culture at RSI Garam Kalianget. 4) There is a significant influence of service with care on community culture at RSI Garam Kalianget. 5) There is a significant influence of both service excellence and service with care on service quality at RSI Garam Kalianget. 6) There is a significant influence of both service excellence and service with care on service quality with community culture as a mediating variable at RSI Garam Kalianget.

Based on the alternative recommendations that can be provided from this study for further improvement: 1) The hospital management of RSI Garam Kalianget should consistently motivate employees in the service and action departments to enhance their productivity by incorporating friendly gestures, smiles, and greetings to all patients and their families. 2) There should be continuous efforts to elevate the performance of RSI employees to contribute to the hospital's increased production level. 3) Hospital facilities should be adapted to fit the local culture, fostering a comfortable and orderly environment. For instance, accommodating cultural practices like having a significant number of patient attendants in Sumenep, leading to the presence of mats or seating arrangements in hospital corridors. 4) High performance should be accompanied by high-quality service and care in serving patients, contributing to their recovery process.

References

- Anfal, A. (2020). Pengaruh Kualitas Pelayanan Dan Citra Rumah Sakit Terhadap Tingkat Kepuasan Pasien Rawat Inap Rumah Sakit Umum Sundari Medan Tahun 2018. *Excellent Midwifery Journal*, 3(2). <https://doi.org/10.55541/emj.v3i2.130>
- Baringbing, E. P. (2019). Analisis Hubungan Caring Perawat Dengan Kepuasan Pasien Di Instalasi Gawat Darurat Rumah Sakit Umum Dr. Doris Sylvanus Palangka Raya Tahun 2019. *Jurnal Surya Medika*, 6(1), 133-137. <https://doi.org/10.33084/jsm.v6i1.1627>
- Frimayasa, A. (2017). Konsep Dasar Dan Strategi Pelayanan Prima (Service Excellent) Pada Perusahaan Telekomunikasi Indosat Ooredoo. *Cakrawala*, 17(1), 65-71. <https://doi.org/10.31294/jc.v17i1.1882>
- Haskas, Y. (2020). Hubungan Caring Perawat Dengan Tingkat Kepuasan Pasien Ruang Rawat Inap Kelas III RSUD Barru. *Jurnal Ilmiah Kesehatan Diagnosis*, 15(3), 296-299. <https://jurnal.stikesnh.ac.id/index.php/jikd/article/view/367>
- Hermawan, H., Brahanto, E., & Hamzah, F. (2018). *Pengantar Manajemen Hospitality*. PT. Nasya Expanding Manajemen.
- Irawan, B., & Wati, W. (2021). Faktor-Faktor Yang Berhubungan Dengan Kepuasan Pasien Di Ruang Rawat Inap RSUD Sultan Abdul Aziz Syah Peureulak Kabupaten Aceh Timur. *Jurnal Edukes*, 4(2), 274-282. <https://doi.org/10.52136/eduk.v4i2.414>

- Kurniawati, Rusdianti, I. S., Saputra, G. W., & Kanjanamethakul, K. (2023). How is the Condition of Health Services at the UPT Puskesmas Griya Antapani Bandung City? *Innovation Business Management and Accounting Journal*, 2(1), 14-20. <https://doi.org/10.56070/ibmaj.v2i1.30>
- Lakmi, A. R. (2014). Pengaruh Kualitas Pelayanan Terhadap Tingkat Kepuasan Masyarakat Pada Rumah Sakit Umum Daerah Badung. *Citizen Charter*, 1(2), 28595.
- Maatisya, Y. F., & Santoso, A. P. A. (2022). Rekonstruksi Kesejahteraan Sosial Bagi Tenaga Kesehatan Di Rumah Sakit. *Jurnal Ilmu Sosial dan Pendidikan (JISIP)*, 6(3), 10337-10355. <https://doi.org/10.36312/jisip.v6i3.3395>
- Mayasari, F. (2016). Analisis Hubungan Waktu Pelayanan dan Faktor Total Quality Service Terhadap Kepuasan Pasien di Poliklinik Kebidanan dan Kandungan RSIA Anugerah Medical Centre Kota Metro Tahun 2015. *Jurnal Administrasi Rumah Sakit*, 2(3), 214-230. <https://doi.org/10.7454/arsi.v2i3.2203>
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*, 64(1), 12-40.
- Perwita, F. D., Sandra, C., & Hartanti, R. I. (2020). Pengaruh Pelayanan Prima Terhadap Kepuasan Pasien di Instalasi Rawat Inap Rumah Sakit Daerah Kalisat Kabupaten Jember. *Jurnal Ilmu Kesehatan Masyarakat*, 16(1), 27-35. <https://doi.org/10.19184/ikesma.v16i1.16925>
- Purwaningsih, D. F. (2015). Strategi Meningkatkan Perilaku Caring Perawat Dalam Mutu Pelayanan Keperawatan. *Jurnal Manajemen Keperawatan*, 3(1), 1-6.
- Sulistyan, R. B., Pradesa, H. A., & Kasim, K. T. (2017). Peran Mediasi Kepuasan dalam Pengaruh Kualitas Pelayanan dan Citra Institusi terhadap Retensi Mahasiswa (Studi Pada Mahasiswa Perguruan Tinggi di Lumajang). *Jurnal Penelitian Ilmu Ekonomi WIGA*, 7(2), 77-87. <https://doi.org/10.30741/wiga.v7i2.337>
- Sumadi, Efendi, T. F., Agustini, T., & Aslama, S. (2021). Pengaruh Pelayanan Dengan Prinsip-Prinsip Syariah Terhadap Kepuasan Pasien Umum Rawat Jalan (Studi Kasus di Rumah Sakit Universitas Sebelas Maret Surakarta). *Jurnal Ilmiah Ekonomi Islam*, 7(3), 1774-1784. <https://doi.org/10.29040/jiei.v7i3.3663>
- Susaldi, Asikin, M., & Semana, A. (2018). Hubungan Efektivitas Pelayanan Perawat dengan Kepuasan Pasien Diabetes Melitus di Rumah Sakit Umum Lasinrang Kabupaten Pinrang. *Jurnal Ilmiah Kesehatan*, 17(3), 32-36. <https://doi.org/10.33221/jikes.v17i3.148>
- Tjiptono, F., & Chandra, G. (2016). *Service Quality and Satisfaction* (4th ed.). Andi.
- Wildani, H., Badiran, M., & Hadi, A. J. (2020). Relationship of Outpatients Quality Health services with The Satisfaction of Patients National Health Insurance in Muhammadiyah Hospital North Sumatera. *Jurnal Komunitas Kesehatan Masyarakat*, 1(2), 7-21.
- Yolanda, & Sumedi, E. (2018). Pengaruh Kualitas Pelayanan Dan Harga Terhadap Kepuasan Pasien Serta Dampaknya Terhadap Loyalitas Pasien Rumah Sakit Islam Karawang. *Jurnal Manajemen FE-UB*, 6(2), 17-28.