

Quality of Service and Accessibility of Health Services and Its Implications for Patient Compliance through Patient Satisfaction as an Intervening Variable at the Medical Rehabilitation Polyclinic of Meranti Islands Regency Hospital

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Abstract

Service quality refers to the extent to which healthcare services can improve the desired health outcomes in accordance with the abilities and knowledge of professionals. One of the services in hospitals is Medical Rehabilitation. Based on the visit data to the Meranti Islands Regency Hospital in 2024 at the Medical Rehabilitation Polyclinic, the three most common diseases out of the top ten at the Rehabilitation Polyclinic were obtained, namely: Sequela of cerebral infarction, primary gonarthrosis, and Low Back Pain. Currently, RSUD Kab. Kep. Meranti has only one Medical Rehabilitation Specialist Doctor who practices from Monday to Wednesday. This study is a quantitative research with an associative approach aimed at determining the effect of service quality and service accessibility on patient satisfaction and compliance with a total of 90 respondents. Based on the results of data analysis and hypothesis testing conducted simultaneously, Service Quality, Service Accessibility, and Patient Satisfaction have a significant effect on Patient Compliance. Nevertheless, the coefficient of determination (R^2) value of 0.257 indicates that the regression model can only explain 25.7% of the Patient Compliance variable, while the remaining 74.3% is influenced by other factors not studied in this research.

INTRODUCTION

Hospitals according to law number 44 of 2009 are health service institutions that provide individual health services in a complete manner that provide inpatient, outpatient, and emergency services. The purpose of plenary health services is health services that include promotive, preventive, curative, and rehabilitation (Law No. 44, 2009). Hospitals are required to be able to provide optimal services for patients. Patient satisfaction is not enough to assess the rate of disease recovery but also from other aspects, one of which is service to patients (Sondakh et al., 2023).

Service quality is the extent to which health services can improve the desired health service results according to the latest professional abilities and knowledge. There are several important factors that affect a patient's assessment of medical services, namely staff attitudes, medical environment, and other factors (Sondakh et al., 2023). By knowing the quality of hospital services, the management can evaluate the related problems in the future. One of the indicators in assessing the quality of patient service is the assessment of patient satisfaction. Patient satisfaction is a patient's assessment of the overall quality of medical services received (Lin, et al., 2021).

Parasuraman, Zeithaml, and Berry in 1985 argued that there are five dimensions known as the SERVQUAL model in service quality, namely tangibility (the appearance of staff, equipment, and available facilities), reliability (the ability to provide services accurately and reliably),

responsiveness (responsiveness in providing services), assurance (the ability to gain consumer trust and confidence), and empathy (personal attention given to consumers). S., 2021). This is justified by research conducted by Wong in 2020 which explains the analysis of patient satisfaction when undergoing treatment at health care facilities. The factors that affect patient satisfaction when visiting the hospital for treatment are medical services, communication with patients, waiting time, patient age, perception of the patient's health condition, and patient education (Wong, et al., 2020).

The level of patient satisfaction is the extent to which the patient is satisfied with the services provided by the hospital. Service satisfaction can affect the patient's interest in returning visits. By providing quality services, it can create a good perception and satisfy patients so that they can gain higher trust. The patient's interest in revisiting the hospital is influenced by the patient's experience based on the quality of service he has received. Research conducted by Yani et al in 2024 shows that there is a significant relationship between reliability, assurance, tangibility, and responsiveness with interest in readmission at Rantauprapat Hospital. Meanwhile, empathy is not significantly related to repeat visits, so the suggestions in this study so that the quality of service such as the schedule of doctor and nurse visits can be improved (Yani, F. A., Agustina, D., & Gurning, F. P. 2022).

Qualified service quality is certainly expected to increase patient satisfaction. Therefore, every field in the hospital must implement the best quality of service. One of the services in hospitals that always have to improve the quality of service is medical rehabilitation services. Medical Rehabilitation Poly plays a role in improving the function of the body that experiences disabilities, accidents and certain diseases. Medical rehabilitation poly has a role in the management of physiotherapy, speech therapy and occupational therapy.

Based on research conducted by Kottke, Lehmann et al that only 50% of patients adhere to chronic disease cure programs. In cases in medical rehabilitation services, if the treatment results are not effective, it will cause disability, which ultimately prevents the patient from carrying out activities both daily and productivity and causes a loss of income (Kottke, F. J, 1990).

Research conducted by Kasimbara et al at Tk.II Dr. Soepraoen Hospital Malang on 85 respondents who visited physiotherapy showed that there was a relationship between physiotherapy services and patient compliance. In this study, as many as 6% of respondents did not comply with the control to physiotherapy because the respondents were not satisfied with the facilities and facilities available, lack of empathy from the physiotherapist. Patients' dissatisfaction with the facilities and infrastructure in this study is more related to the cleanliness and comfort of the room, the cleanliness and readiness of medical and non-medical equipment, and the cleanliness of the bathroom. In addition, the length of therapy also affects respondents' perception of the quality of physiotherapy services. This is the basis for conducting research on the quality of medical rehabilitation services at the Meranti Islands Regency Hospital (Kasimbara, R. P., Abdullah, A., & Fau, Y. D. 2021).

Meranti Islands Regency as one of the districts in Riau Province, this regency was established in 2009 which consists of 3 large islands, namely Merbau, Rangsang and Tebing Tinggi and surrounded by hundreds of other small islands. The population of Meranti Islands Regency in 2024 is 213.73 thousand people. Based on the percentage of poor people obtained from the Central Statistics Agency in Meranti Islands Regency as of November 30, 2024, it was recorded at 23.15 percent or 44.34 thousand people who are still in poverty and the highest in Riau Province. Meranti Islands Regency until 2025 only has 1 Hospital, namely the Meranti Islands Regency Hospital (Central Statistics Agency of Meranti Islands Regency., 2024).

The Meranti Islands Regency Regional General Hospital (RSUD) is a Technical Implementation Unit (UPI) of the Meranti Islands Regency Health Office with a class C general hospital classification that provides professional health services. Meranti Islands Regency Hospital is the only hospital in the easternmost district in Riau province. Currently, the Meranti Regency Hospital has a medical rehabilitation polyclinic with a polyclinic schedule from Monday to Wednesday, and the number of medical rehabilitation specialists has been one person since the last 1 year with the status of contract doctors of the Regional Public Service Agency (BLUD).

Based on data obtained from the Meranti Regency Health Office, there has been a decrease in the number of outpatient visits to the Meranti Regency Hospital. This is certainly a homework for the quality of health services in the region. Data obtained from 2021 showed that there were 30712 people who were treated at the Meranti Regency Hospital and there was a 31% decrease in 2022. The total treatment payments in 2021 were 26592 BPJS payments, 3715 certificates of incapacity, 5920 general payments. This decrease is felt in all aspects of outpatient poly. Since the establishment of the Hospital, medical rehabilitation services have not been able to help financially for outpatient services, due to the absence of a person in charge of a medical rehabilitation specialist. However, the service only focuses on hospitalization and is applied by physiotherapists. Therefore, there are still many needs that need to be improved in the management of various diseases, especially in the archipelago area that is far from adequate health facilities (Meranti Islands Regency Health Office. 2024).

The results of the 2020 Indonesian population census published by the Central Statistics Agency found that the number of Indonesia's population was 270.2 million people with an elderly population of 9.78%. This shows an increase in the number of elderly people from the previous year and Indonesia has become a country that has a phase of elderly population structure because the percentage of the elderly is above 10% of the total population. The elderly population is vulnerable to attacks and disorders to their health, one of which is Stroke. In the world there are 5.5 million people who die from stroke and it is estimated that stroke cases will increase gradually to 21.9% by 2030 (Central Statistics Agency., 2021).

In Indonesia, stroke is a non-communicable disease that is the leading cause of death in all age groups (15.4%). According to the Rikesdas in 2018, the prevalence of stroke increased compared to 2013, from (7%) to (10.9%). Based on age groups, it can be seen that the incidence of stroke occurs more in the age group of 55-64 years (33.3%) and the least proportion of stroke sufferers is the age group of 15-24 years (Rikesdas, 2018).

Based on the data of visits to the Meranti Islands Regency Hospital in 2024 at the Medical Rehabilitation Polyclinic, the 3 most common diseases were found out of a total of 10 largest diseases at the Medical Rehabilitation polyclinic, namely: Sequele of cerebral infarction, primary gonathrosis and Low Back Pain. This explains that stroke is still the most frequent case that visits the medical rehabilitation polyclinic of the Meranti Islands Regency Hospital (Kep Meranti Regency Hospital, 2024).

The number of Physical Medicine and Rehabilitation Specialists (Sp.KFR) in Indonesia is currently around 1,185 people. This figure was recorded in 2023 and is managed by the Indonesian Association of Physical Medicine and Rehabilitation Specialists (PERDOSRI). This number is still far from the ideal need, considering the ratio of specialist doctors to the

2	Service accessibility (X2)	Healthcare accessibility is the relationship between patient needs and the system's ability	Approachability	<ul style="list-style-type: none"> • Access to services • The professional attitude of medical personnel in 	Ordinal
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		to meet those needs. Access to medical health services can be measured in the availability of resources and the number of people who have insurance to pay for the use of resources. (Thomas) <i>et al.</i> , 1984).		<ul style="list-style-type: none"> providing Information 	
			Acceptability	<ul style="list-style-type: none"> Maintaining medical confidentiality Expectations for Services 	Ordinal
			Availability	<ul style="list-style-type: none"> Number of medical personnel working Availability of tools- Quality medical equipment 	Ordinal
			Affordability	<ul style="list-style-type: none"> Insurance guarantees received by the service Transportation costs to get to Hospitals 	Ordinal
			Appropriateness	<ul style="list-style-type: none"> Get a chance to ask questions Optimal explanation from medical personnel 	Ordinal
3	Patient Satisfaction (Z)	Subjective evaluation of the patient on the service received compared to the expectations (Source: extracted from the literature of Oktari <i>et al.</i> , Wijayanti & Daely, Mulisa <i>et al.</i>)	Accessibility	<ul style="list-style-type: none"> Ease of service access Service waiting time 	Ordinal
			Communication	<ul style="list-style-type: none"> Clarity of information Communicative attitude Officers 	Ordinal
			Courtesy & Empathy of the Staff	<ul style="list-style-type: none"> Friendly and polite Attention to the patient 	Ordinal
			Physical Environment	<ul style="list-style-type: none"> Comfort of space Cleanliness of the service environment 	Ordinal
			Medical Services	<ul style="list-style-type: none"> Diagnostic accuracy Speed of medical action 	Ordinal
			Privacy and Security	<ul style="list-style-type: none"> Confidentiality of patient data Protection during inspection 	Ordinal
4	Patient Compliance (Y)	The level of patient compliance in following all medical recommendations given, such as re-control and therapy. (Source: based on Laili <i>et al.</i> , Wasila <i>et al.</i> , Velandi <i>et al.</i>)	Re-Control	<ul style="list-style-type: none"> Arrive on schedule Routinely follow a set schedule 	Ordinal
			Therapy Compliance	<ul style="list-style-type: none"> Undergoing complete therapy Don't miss a session Therapy 	Ordinal
			Use of Medication (if applicable)	<ul style="list-style-type: none"> Take medication as directed Not stopping Unlicensed Therapy 	Ordinal
			Obey Medical Advice	<ul style="list-style-type: none"> Execute instructions doctor (exercise, diet, etc.) 	Ordinal
			Perception of Benefits	<ul style="list-style-type: none"> Confident therapy helps Feeling like there's progress after therapy 	Ordinal

population in Indonesia is very low. The Ministry of Health targets the ratio of Sp.KFR to the distribution of Sp.KFR doctors is also uneven throughout Indonesia.

In 2023, the Meranti Islands Regency Hospital officially has a Physical Medicine and Rehabilitation Specialist (KFR) to fill the Medical Rehabilitation poly, the medical rehabilitation outpatient polyclinic service can only operate for the first time when the Hospital was established in 2005 and accepts outpatients in all forms of payment including BPJS, general and others. Because currently it is not allowed to appoint honorary personnel, Meranti Hospital can only carry out the BLUD Contract system according to the Hospital's ability to provide medical rehabilitation services. However, even though the outpatient polyclinic is already operational, this is also felt to be not optimal. Rehabilitation services for outpatient polyclinics have not been able to handle disability and functional disorders comprehensively.

Medical rehabilitation is defined as an effort to reduce the impact of disability conditions and enable disabled groups (individuals with special needs) to achieve optimal functioning and integration. In dealing with people with disabilities, KFR Specialist Doctors must collaborate with other health personnel, who are members of the Medical Rehabilitation team. The Medical Rehabilitation Team is as follows: Physical Medicine and Rehabilitation Specialists, Physiotherapists, Speech Therapists, Occupational Therapists, Orthosis and Prosthetic Makers, Medical Rehabilitation Nurses, Psychologists, Medical Social Workers. This is felt to be far from complete, because the outpatient polyclinic of Medical Rehabilitation Hospital of the Meranti Islands Regency Hospital is still relatively limited, with only Medical Rehabilitation Specialists, Physiotherapists and Nurses.

METHODS

This study is a quantitative research with an associative approach that aims to determine the influence between service quality and service accessibility on patient satisfaction and compliance. The research design used is cross-sectional, where data are collected simultaneously at a certain time to find out the relationships between variables.

Source : Results of the Researcher's analysis based on literature studies and previous research

RESULTS AND DISCUSSION

The Regional General Hospital (RSUD) of Meranti Islands Regency as a provider of health services in the Meranti Islands Regency area, is one of the pillars of health development, especially in an effort to improve individual health, and continues to carry out comprehensive health services including preventive, promotive, curative and rehabilitative efforts.

The Meranti Islands Regency Regional General Hospital was built in 2003 and completed the construction project in 2005. This hospital began operating on February 4, 2008 under the name of Tebing Tinggi District Hospital and is still under the Regional Government of Bengkalis Regency. The Bengkalis Regency Government launched the establishment of this hospital to support health services in the Tebing Tinggi District and Other Neighboring Districts. After the expansion of Bengkalis Regency and the official establishment of Meranti Islands Regency based on Law No. 12 of 2009, the Tebing Tinggi District Hospital was renamed the Meranti Islands Regency Hospital and inaugurated by the Governor of Riau H. M. Rusli Zainal, SE, MP on June

22, 2009.

Meranti Islands Regency is divided into 9 sub-districts, namely Tebing Tinggi, East Tebing Tinggi, West Tebing Tinggi, Merbau, Merbau Island, Rangsang, West Rangsang, Coastal Rangsang and Puyu Putri Lake. Meranti Islands Regency consists of 3 large islands, namely: Merbau, Rangsang and Tebing Tinggi. It is located easternmost in Riau Province, which is also supported by small islands. Meranti Islands Regency only has 1 Hospital, namely the Meranti Islands Regency Hospital.

Kabupaten Meranti Islands Hospital has accreditation to pass with Plenary with the status of Regional Apparatus Organization (OPD) and has a type C Hospital class.

4.1.1 Vision, Mission and Motto

1. Vision of Meranti Islands Regency Hospital

In the context of the implementation of public services, the Meranti Islands Regency Hospital has a vision, "The Realization of Quality Hospitals and Excellent Service".

2. Mission of Meranti Islands Regency Hospital

The mission of the Meranti Islands Regency Hospital is as follows:

- a. To make efforts to provide quality and excellent health services as a community.
- b. Increasing the independence of hospitals with the management pattern of the Regional Public Service Agency.

3. Motto of Meranti Islands Regency Hospital

The motto of the Meranti Islands Regency Hospital is as follows: Serving for MERANTI (**Humane, Empathy, Friendly, Trustworthy, Comfortable, Frontier, Initiative**).

4.2 Data Analysis and Research Results

4.2.1 Descriptive Analysis of Respondent Data

At this stage, an analysis was carried out on outpatients at the Meranti Islands Regency Hospital at the Medical Rehabilitation Polyclinic, with a total of 90 respondents. For more details the data is presented in the following table.

A. Gender

The results of the analysis regarding the gender of the respondents can be seen in the following table:

Table 4.1 Respondent Gender

Gender	Quantity	Presses
Male	41	45,5
Women	49	54,5
Total	90	100

Source: Questionnaire Processing Results

From the table above, it can be seen that most of the outpatients are women, which is 54.5%. While men 45.5%.

B. Age

The results of the analysis based on the age of the respondents can be seen from the following table:

Table 4.2 Age of Respondents

Age	Quantity	Presses
12-25 years	1	1,11%
26-45 years old	13	14,44%
46-65 years old	56	62,22%
≥65 years old	20	22,22%

Source: Questionnaire Processing Results

Based on the data above, it can be concluded that patients who visit the medical rehabilitation polyclinic are elderly patients with the highest average age of 46-65 years as many as 56 people or 62.22%.

C. Address

The results of the analysis based on the respondents' addresses can be seen from the following table:

Table 4.3 Respondent Address

Address	Quantity	Presses
Stimulus Island	13	14,4%
Tebing Tinggi Island	73	81,1%
Merbau Island	4	4,4%

Source: Questionnaire Processing Results

From the table above, it was found that most of the outpatients came from Tebing Tinggi Island, which consisted of several sub-districts (Tebing Tinggi District, West Tebing Tinggi District and East Tebing Tinggi District) as much as 81.1%. It was followed by people from Rangsang island, which consisted of sub-districts (Rangsang, West Rangsang and Rangsang Pesisir) as much as 14.4%. The least number comes from the island of Merbau, which is 4.4%

4.2.2 Respondent Data Results

A. Quality of Service (X1)

The level of patient compliance is dominated by the category of moderately compliant, while there are still almost a third of respondents who are in the non-compliant category. This shows that patient compliance in undergoing medical rehabilitation services is not fully optimal.

Table 4.4 Distribution of Respondent Answers for Service Quality Variables

Categories	Frequency	Percentage
Low (Non-Compliant)	26	28,9%
Medium (Moderately Obedient)	47	52,2%
High (Compliant)	17	18,9%
Total	90	100%

Source: Questionnaire Processing Results

B. Service Accessibility (X2)

The majority of respondents assessed that the accessibility of services is in the medium category, which indicates that access to health services is relatively sufficient, but still faces certain obstacles.

Table 4.5 Distribution of Respondent Answers for Service Accessibility Variables

Categories	Frequency	Percentage
Low	32	35,6%
Medium	46	51,1%
Height	12	13,3%
Total	90	100%

Source: Questionnaire Processing Results

C. Patient Satisfaction (Z)

Most respondents were at a moderate level of satisfaction, indicating that the services received met the basic needs of the patient but were not fully optimal.

Table 4.6 Distribution of Respondent Answers for Patient Satisfaction Variables

Categories	Frequency	Percentage
Low	10	11,1%
Medium	58	64,4%
Height	22	24,4%
Total	90	100%

Source: Questionnaire Processing Results

D. Patient Compliance (Y)

The level of patient compliance is dominated by the category of moderately compliant, while there are still almost a third of respondents who are in the non-compliant category. This shows that patient compliance in undergoing medical rehabilitation services is not fully optimal.

Table 4.7 Distribution of Respondent Responses for Patient Compliance Variables

Categories	Frequency	Percentage
Low (Non-Compliant)	26	28,9%
Medium (Moderately Obedient)	47	52,2%
High (Compliant)	17	18,9%
Total	90	100%

Source: Questionnaire Processing Results

4.2.3 Data Quality Test Results

The variables of this study consist of several variables, this survey uses a measurement scale with a likert scale with the highest weight of each statement being 5 and the lowest weight being 1 with the number of respondents as many as 90 people. Each statement item is measured based on the standard category of average assessment as shown in the following table:

Table 4.8 Assessment Standards

Rating	Score
Strongly agree	Point 5
Agree	Point 4
Neutral	Point 3
Disagree	Point 2
Strongly Disagree	Point 1

A. Normality Test

The Normality Test aims to test whether in the regression model, the bound variable and the independent variable both have a normal distribution or not. A good regression model is to have a normal or near-normal distribution of data. Methods that can be used for normality include: graph analysis and statistical analysis. As is known that the t and F tests assume that the residual values follow a normal distribution. If this assumption is violated, the statistical test becomes invalid for a small sample number (Sugiyono, 2022, p. 321). The method used in this study to detect the normality of data distribution is to use the Kolmogorov-Smirnov (K-S) statistical test with the criteria for testing normal distributed data if the significance value is greater than 0.05 (Sugiyono, 2022, p. 257).

This study also uses the Monte Carlo exact test method in conducting the Kolmogorov-Smirnov test with a confidence level of 95%, the basis for decision-making for the normality test using the Monte Carlo exact test is as follows: normal distributed data if the Sig value is greater than 0.05 (Ghozali, 2021, p. 170).

Table 4.9 Kolmogorov-Smirnov normality test (K-S)

Statistics	Value	Remarks
N	90	Normal Distributed
Red	0.000	
Standard Deviation	2.769	
Kolmogorov-Smirnov	0.058	
Monte Carlo Sig. (2-tailed)d	0.059	

Source : Research data processed using SPSS 30 software year 2025

Remarks: Normal distribution Sig. > 0.05. (Field, 2018, p. 53)

Based on the results of the normality calculation in the table above, the following information can be known:

- The Kolmogorov-Smirnov Significance value of 0.058 is greater than 0.05.

- The significance value of the Monte Carlo Sig. (2-tailed) normality alternative test of 0.059 is greater than 0.05.
- Based on these results, it can be decided that the residual research model is distributed Normal.

B. Research Model Autocorrelation Test

The autocorrelation test aims to test whether there is a correlation between the disruptive error in the t-period and the disruptive error t-1 (previously) in the linear regression model. If there is a correlation, then there is an autocorrelation problem. Autocorrelation arises because there are observations that are sequential all the time related to each other. This problem arises because residual (disruptive error) is not free from one observation to another.

To detect the presence or absence of autocorrelation is used the Durbin Waston test, where in decision-making by looking at the number of samples studied which then looks at the number of provisions on the Durbin Waston table. The Durbin-Watson value (dW) must be calculated first. It is then compared with the upper limit value (dU) and the lower limit value (dL) for the various values n (number of samples) and k (number of free variables) in the Durbin-Watson table provided that there is no autocorrelation if $dU < dW < 4-DU$. (Ghozali, 2021, p. 107).

Table 4.10 Durbin-Watson (dW) Autocorrelation Test Results

Criteria	Value	Remarks
DL	1.589	Autocorrelation occurs
FROM	1.726	
4-DU	2.274	
Durbin-Watson	1.570	

Source : Research data is processed using SPSS 30 Software of 2025. The description does not autocorrelate if $dU < dW < 4-DU$. (Ghozali, 2021, p. 107).

Based on the results of the calculation of the Durbin-Watson (dW) Autocorrelation Test in the table above, the following information can be known:

- The value of the Durbin-Watson research model is **1,570**, based on the provisions in the table above, it can be found that the DW value of the model is smaller than 4-DU (**2,274**) and smaller than DU (**2,274**). Based on these calculations, it can be decided that the research model has symptoms of autocorrelation.

C. Multicolligiate Test

The multicollinearity test aims to test whether the regression model finds a correlation between independent variables. To detect the presence or absence of multicollinearity in the regression model, it can be seen from the tolerance value and variance inflation factor (VIF). These two measures show which independent variable is described by the other independent variables. Tolerance measures the variability of a selected independent variable that is not explained by other independent variables. So, a low tolerance value is equal to a high VIF value. The cutoff value that is commonly used to indicate the existence of a multicollinearity test is a tolerance value ≤ 0.10 or equal to the VIF value ≥ 10 , on the other hand, if the tolerance value is ≥ 0.10 or equal to the VIF value ≤ 10 , it means that there is no multicollinearity (Ghozali, 2021, p. 105)

Table 4.11 Multicolligiate Test of Research Model

Variable	Collinearity Statistics		Multicollinearity
	Tolerance	VIVID	
X1 Quality of Service	0.852	1.173	No
X2 Service Accessibility	0.931	1.074	No
Z patient satisfaction	0.850	1.176	No

Source : Research data is processed using SPSS 30 Software of 2025. Remarks:

Multicollinearity does not occur if the VIF score is ≤ 10 .

Based on the results of the calculation of the Multicollinearity Test in the table above, the following information can be known:

- The research variables X1 Service Quality, X2 Service Accessibility, Z patient satisfaction has a VIF value of less than 10, based on which it is stated that there is no multicollinearity,

D. Glejser method Heteroscedasticity Test

The heteroscedasticity test aims to test whether there is a variance and residual dissimilarity of one observation to another in a regression model. If the variance from one residual to another observation is fixed, then it is called homogeneity and if it is different it is called heteroscedasticity. A good regression model is one that is homogeneous or that does not have heteroscedasticity. In this study, the heteroscedasticity test uses a glycer test by regressing the residual absolute value to an independent variable. There are no symptoms of heteroscedasticity if the Sig value is greater than 0.05 (Sig. > 0.05).

Table 4.12 Heteroscedasticity Test of the Glejser method of Research Variables

Variable	Sig.	Heteroscedasticity
X1 Quality of Service	0.001	Yes
X2 Service Accessibility	0.790	No
Z patient satisfaction	0.010	Yes

Source : Research data is processed using SPSS 30 Software of 2025. Remarks : heteroscedasticity does not occur if Sig. > 0.05

Based on the results of the calculation of the Heteroscedasticity of the Research Variable Glycascsticity method in the table above, the following information can be known:

- The research variable X1 is Quality of Service, Z patient satisfaction is less than 0.05. Based on this value, it is stated that there are symptoms of heteroscedasticity. but at X2 Service Accessibility greater than 0.05 it is stated that there is no heteroscedasticity.

4.2.4 Multiple Linear Regression Analysis

The quantitative analysis of the research that I am conducting will be carried out using multiple linear regression analysis with the help of SPSS software version 30.

A. Analysis of the determination coefficient (R²)

According to (Sugiyono, 2022, p. 224) the analysis of the determination coefficient (R²) is used to find out how large the percentage of connections of independent variables is simultaneously with respect to dependent variables. The value of R square is said to be good if it is above 0.5 because the value of R square ranges from 0 to 1. The correlation coefficient has the criteria found in the appendix. The following are the results of the calculation of the determination coefficient (R²) Using SPSS 30 software.

Table 4.13 Results Analysis of the determination coefficient (R²)

R	R Square	Adjusted R Square	Std. Error of the Estimate	Remarks
0.507	0.257	0.231	2.817	Low

Source : Research data processed using SPSS 30 software year 2025

Based on the results of the analysis in the table above, the following results were obtained:

- The value of the determination coefficient (R²) of the Patient Compliance Y research model of **0.257** is classified as **Low**. These values show that the independent variables of the study X1 Service Quality, X2 Service Accessibility, Z patient satisfaction affected by 25.7% while the remaining 74.3% was influenced by other variables outside this study.

B. Simultaneous F Test

The F test is a simultaneous test of the regression coefficient. This test was carried out to determine the influence of all independent variables contained in the model together (simultaneously) on the dependent variables. The test criterion is that it is stated to be significant if the Sig < 0.05 or the value of f is calculated > f table (Sugiyono, 2022, p. 257). The following are the results of the simultaneous f test using SPSS 30.0 software.

Table 4.14 Results of Simultaneous F Test

Models	Sum of Squares	df	Mean Square	F count	Sig.	Remarks
Regression	236.043	3	78.681	9.913	0.000	Significant
Residual	682.579	86	7.937			
Total	918.622	89				

Source: Research data processed using SPSS 30 of 2025 Software Remarks: significant if the Sig < 0.05 or the value of f calculated > f table (Sugiyono, 2022, p. 257).

Based on the results of the analysis in the table above, the following results were obtained:

- The significance value of the results of the simultaneous F test calculation of **0.000** is smaller than 0.05. then it can be found that the independent variables X1 Service Quality, X2 Service Accessibility, Z patient satisfaction have a significant effect on Y Patient Compliance. Based on these results, it can be decided that **H4 is accepted** and Ho is rejected.

C. Partial t-test

The t-test tests the regression coefficient partially, this test is carried out to determine the partial significance of the role between independent variables and dependent variables by assuming that other independent variables are considered constant The test criteria are declared significant if the Sig < 0.05 (Sugiyono, 2022, p. 250). The following are the results of the partial t-test using SPSS 30 software.

Table 4.15 Partial t-test results of the research model

Variable	Regression coefficient (B)	Std. Error	t count	Sig.	Remarks
(Constant)	7.054	6.854	1.029	0.306	
X1 Quality of Service	0.091	0.096	0.949	0.345	No
X2 Accessibility Services	0.070	0.123	0.574	0.567	No
Z patient satisfaction	0.403	0.091	4.447	0.000	Significant

Source: Research data processed using SPSS 30 Software in 2025 is significant if the Sig < 0.05 (Sugiyono, 2022, p. 257).

Multiple Linear Regression Equations

$$Y = 7.054 + 0.091 (X1) + 0.070 (X2) + 0.403 (Z) + e$$

Based on the results of the analysis in the table above, the following results were obtained:

- X1 Quality of Service has a regression coefficient value (B) of **0.091** and significance (Sig.) of **0.345** greater than 0.05. Therefore, it can be stated that there is a negative influence of insignificant positive influence on Patient Compliance. Each addition of 1 value will increase the Patient Compliance Dependent Y by **0.091** points. Based on these results, it can be decided that **Ha is rejected** and H0 is accepted.
- X2 Service Accessibility has a regression coefficient value (B) of **0.567** and significance (Sig.) of **0.345** greater than 0.05. Therefore, it can be stated that there is a negative influence of insignificant positive influence on Patient Compliance. Each addition of 1 value will increase the Patient Compliance Dependent Y by **0.070** points. Based on these results, it can be decided that **Ha is rejected** and H0 is accepted.
- Z patient satisfaction has a regression coefficient value (B) of **0.403** and significance (Sig.) **0.000** is less than 0.05. Therefore, it can be stated that there is a significant positive influence on Patient Compliance. Each addition of 1 value will increase the Patient Compliance Dependent Y by **0.403** points. Based on these results, it can be decided that **H5 is accepted** and H0 is rejected.

D. Multiple Linear Regression Analysis of Research Models X1 and X2 Against Z

Table 4.16 Results Analysis of the coefficient of determination (R²)

R	R Square	Adjusted Square	R	Std. Error of the Estimate	Remarks
0.387a	0.150	0.130		3.335	Very Low

Source : Research data is processed using SPSS 30 of 2025 Software Based on the results of the analysis in the table above, the following results were obtained:

- The value of the determination coefficient (R²) of the Z Patient Satisfaction research model of **0.673** is classified as Very **Low**. This value shows that the independent variables of the study are X1 Service Quality, X2 Service Accessibility by 15.0% while the remaining 85.0% is influenced by other variables outside this study.

Table 4.17 Results of Simultaneous F Test

Models	Sum of Squares	df	Red Square	F count	Sig.	Remarks
Regression	170.461	2	85.230	7.662	0.001	Significant
Residual	967.761	87	11.124			
Total	1138.222	89				

Source : Research data is processed using SPSS 30 Software of 2025. Remarks: significant if the Sig < 0.05 or the value of f is calculated > f table (Sugiyono, 2022, p. 257).

Based on the results of the analysis in the table above, the following results were obtained:

- The significance value of the results of the simultaneous F test calculation of **0.001** is less than 0.05. then it can be known that the variables of X1 Service Quality, X2 Service Accessibility have a significant effect on Z Patient Satisfaction based on these results, it can be decided **that H3 is accepted** and Ho is rejected.

Table 4.18 Partial t-test results of the research model

Variable	Coefficients Regression (B)	Std. Error	t count	Sig.	Remarks
(Constant)	26.505	7.601	3.487	0.001	
X1 Quality Services	0.345	0.107	3.224	0.002	Significant
X2 Accessibility Services	0.212	0.143	1.480	0.142	No

Source: Research data processed using SPSS 30 Software in 2025 is significant if the Sig < 0.05 (Sugiyono, 2022, p. 257).

Multiple Linear Regression Equation $Z = 26.505 + 0.345 (X1) + 0.212 (X2) + e$.

Based on the results of the analysis in the table above, the following results were obtained:

- X1 Quality of Service has a regression coefficient value (B) of **0.345** and a significance (Sig.) of **0.002** less than 0.05. Therefore, it can be stated that there is a significant positive influence on Z Patient Satisfaction. Each addition of 1 value will increase Dependent Z Patient Satisfaction by **0.345** points. Based on these results, it can be decided that **H1 is accepted** and H0 is rejected.
- X2 Service Accessibility has a regression coefficient value (B) of **0.212** and

significance (Sig.) **0.142** greater than 0.05. Therefore, it can be stated that there is an insignificant positive influence on Z Patient Satisfaction. Each addition of 1 value will increase Dependent Z Patient Satisfaction **by 0.212** points. Based on these results, it can be decided that **H2 is rejected** and H0 is accepted.

E. Hypothesis test summary

Based on the results of multiple regression analysis consisting of research variables X1 Service Quality, X2 Service Accessibility, Z patient satisfaction and Y Patient Compliance, the following conclusions were obtained:

Table 4.19 Hypothesis Test Conclusion Results

Hypothesis	Path Coefficients	Coefficients Regression (B)	P Value	Remarks
H1	X1 Service Quality → Z Patient satisfaction	0.345	0.002	Significant
H2	X2 Service Accessibility → Z patient satisfaction	0.212	0.142	No
H3	X1 Service Quality → Y Patient Compliance	0.091	0.345	No
H4	X2 Service Accessibility → And Patient Compliance	0.070	0.567	No
H5	Z patient satisfaction → Y Patient Compliance	0.403	0.000	Significant
H6	X1 Quality of Service, X2 Accessibility Patient satisfaction → Z service		0.001	Significant
H7	X1 Quality of Service, X2 Accessibility Service, Z patient satisfaction → Y Patient Compliance		0.000	Significant

Source: Research data processed using SPSS 30 Software in 2025 is significant if the Sig < 0.05 (Sugiyono, 2022, p. 257).

Based on the results of the analysis in the table above, the following results were obtained:

- X1 Quality of Service → Z patient satisfaction with a regression coefficient (B) of 0.345 and significance (Sig.) of 0.002 which is smaller than 0.05. So it can be stated that there is a significant positive influence. So **H1 is accepted** and H0 is rejected.
- X2 Service Accessibility → Z patient satisfaction with a regression coefficient (B) of 0.212 and significance (Sig.) of **0.142** greater than 0.05. So it can be stated that there is a positive but not significant influence. So **H2 is rejected** and H0 **is accepted**.
- X1 Quality of Service → Y Patient adherence with a regression coefficient (B) of 0.091 and significance (Sig.) of 0.345 which is greater than 0.05. So it can be stated that there is a positive influence that is not significant. So **H3 is rejected** and H0 **is accepted**.
- X2 Service Accessibility → Y Patient Compliance the regression coefficient (B) is 0.07 and the significance (Sig.) is 0.567 which is greater than 0.05. So it can be stated that there is a positive influence that is not significant. So **H4 is rejected** and H0 **is accepted**.
- Z patient satisfaction → Y Patient compliance with a regression coefficient (B) of 0.403 and significance (Sig.) of 0.000 which is smaller than 0.05. So it can be stated that there is a significant positive influence. So **H5 is accepted** and H0 is rejected.
- X1 Quality of Service, X2 Accessibility of Service → Z satisfaction has a significance (Sig.) of 0.001 which is smaller than 0.05. So it can be stated that there is a significant simultaneous influence. So **H6 is accepted** and H0 is rejected.

- X1 Quality of Service, X2 Service Accessibility, Z patient satisfaction → Y Patient Compliance has a significance (Sig.) of 0.000 which is less than 0.05. So it can be stated that there is a significant simultaneous influence. So **H7 is accepted** and H0 is rejected.

The Effect of Service Quality through Patient Satisfaction as an Intervening Variable in the Medical Rehabilitation Polyclinic at the Meranti Islands Regency Hospital

The results showed that the quality of service (X1) had a positive and significant effect on patient satisfaction (Z) with a regression coefficient value of 0.345 and a significance value of 0.002 (<0.05). This finding indicates that the better the quality of services provided by the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital, the higher the level of patient satisfaction.

This result is in line with the SERVQUAL theory (Parasuraman, Zeithaml & Berry, 1988) which states that the dimensions of tangibles, reliability, responsiveness, assurance, and empathy are the main indicators that shape the perception of service quality. In the context of medical rehabilitation services, the availability of physiotherapy equipment, the friendliness of medical personnel, and the accuracy of the therapy schedule are the factors that most affect the perception of patients.

Conceptually, these findings also support the Donabedian Service Quality Model (1968) which emphasizes that the quality of health services can be seen from three main aspects: *structure* (facilities, resources), *process* (service process), and *outcome* (results/level of satisfaction and improvement of patient conditions). Improving the quality of service structures and processes will have a positive impact on outcomes in the form of patient satisfaction. These results are in line with previous research conducted by Ardhiangtyas *et al* (2024) which explains that good communication and empathy allow patients to feel more valued and cared for, which can increase their level of adherence to the treatment program.

The Effect of Service Quality on Patient Compliance through Patient Satisfaction as an Intervening Variable in the Medical Rehabilitation Polyclinic of Meranti Islands Regency Hospital

Based on the results of the multiple linear regression test, it was obtained that the Service Quality variable (X1) had a positive but not significant influence on the Patient Compliance variable (Y), with a regression coefficient value (B) of 0.091 and a significance value of 0.345 (> 0.05). These results show that improving the quality of service does not directly increase patient compliance significantly at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital.

These findings are not in line with the theory of Parasuraman, Zeithaml, & Berry (1988) which states that high quality of service will create customer satisfaction and ultimately increase loyalty or adherence to services. However, this can be explained by the theory of the Expectancy-Disconfirmation Model (Oliver, 1980) which states that perception of services does not automatically result in compliant behavior if the patient's expectations have not been met emotionally or personally. In the context of medical rehabilitation, patient compliance is strongly influenced by psychological factors, belief in the benefits of therapy, and interpersonal relationships with medical personnel.

Although the direct effect was not significant, the results showed that:

- Quality of Service (X1) has a positive and significant influence on Patient Satisfaction (Z) (B = 0.345; sig = 0.002),
- Patient Satisfaction (Z) has a positive and significant effect on Patient Compliance (Y) (B = 0.403; Sig = 0.000).

This shows that Patient Satisfaction plays a role as a mediating variable (intervening) in the relationship between Service Quality and Patient Compliance. Thus, the influence of Service

Quality on Patient Compliance is indirect, and mediated by Patient Satisfaction.

This is in line with research conducted by AlOmari, F., & Hamid, A. B. A. (2023) in the context of health services in Damascus, the overall quality of service does not have a direct influence on medication adherence. Based on the results of the study, only a few dimensions of service quality (empathy, reliability, responsiveness) have been proven to have a direct effect on medication adherence, but the most important thing that affects compliance is other dimensions such as tangibility (physical facilities) and assurance (guarantee/trust). It is the patient's sense of satisfaction that mediates the relationship between *reliability* and *financial aspects* and medication compliance.

Previous research by Velandia *et al.* (Velandia) *et al.*, (2024), which states that patient compliance is also influenced by the relationship between patients and health workers, between the quality of health services and patient satisfaction. If patients feel valued and supported by the service provider, they are more likely to adhere to the treatment provided. This shows that patient compliance is not only determined by individual factors and the quality of service, but also by the social interactions that occur during the treatment process.

It is also strengthened by the findings of previous researchers by Ardhiantyas *et al.* (2024) who applied Effective Communication of Midwives in Improving Patient Compliance Implementing Antenatal Care Research Methods of Analytical Correlation Research, with a total of 15 research samples. The sampling technique uses simple random sampling. The spearman correlation test through SPSS obtained a spearman correlation coefficient value (r_s) = 0.320 with a sig value of 2 tailed (p) = 0.005 where $p < 0.05$ so that the conclusion of the relationship between effective communication in service and patient compliance in carrying out pregnancy check-ups according to schedule There is a relationship between effective communication and patient compliance in carrying out pregnancy check-ups according to schedule.

Based on the above studies, it was found that the quality of service did not have a significant effect on treatment compliance, but it was Patient Satisfaction that played an intervening variable in the relationship between Service Quality and Patient Compliance at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital.

4.3.3 The Effect of Service Accessibility on Patient Compliance through Patient Satisfaction as an Intervening Variable at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital

Based on the results of data analysis, it is known that service accessibility does not have a direct and significant effect on patient compliance at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital. This can be seen from the significance value of 0.567, which is greater than 0.05, and the regression coefficient of 0.070. Conclusion Then H4 is rejected and H0 is accepted. Thus, it can be concluded that although access to services is available and easily accessible, this is not enough to encourage patients to comply with the treatment or rehabilitation process directly.

However, when the patient satisfaction variable was included as the intervening variable, it was found that service accessibility had a significant effect on patient satisfaction (Sig. = 0.142, although not partially significant) and patient satisfaction had a significant effect on patient compliance (Sig. = 0.000). This means that service accessibility has an indirect influence on patient compliance through patient satisfaction, even though the direct influence is weak.

This phenomenon explains that patients are more likely to show compliant behavior if they feel satisfied first, and that satisfaction is influenced by the extent to which access to services is felt to be easy, fast, and convenient. In other words, accessibility will only be effective in driving compliance if it provides a positive experience that increases satisfaction. Although it does not have a significant effect, there is still an indirect influence through patient satisfaction.

In an effort to ensure equitable health services, the government relies on and has a referral system improvement program. Unfortunately, geographical challenges are still quite a problem felt

in Meranti Islands Regency, the main obstacle. Research conducted by Ihantamalala (2021) in rural Madagascar using the method of estimating distance and reference time, showed that the referral journey can last between five minutes to ten hours. In fact, only 13% of the population is able to reach the referral facility in less than two hours, and this figure drops further when it rains.

Meranti Islands Regency does not have online motorcycle taxi services (Gojek, Grab, Maxim etc.), which are commonly found in urban areas. Inter-island transportation still relies on wooden boats, pompons, or speedboats, which have limited schedules and are heavily influenced by the weather. For public transportation on land, it is only related to motorcycle rickshaws and motorcycle motorcycle taxis. As a result, patients are prone to being late or absent from visits to health facilities such as hospitals, especially for repetitive services such as medical rehabilitation.

Based on data, the 3 most common diseases visited by polyclinics in 2024 are as follows: *Cerebral Infarction (Stroke)*, *low back pain*, and *bilateral primary gonathrosis*. The disease is a disease that is often acquired by elderly patients over 45 years old. This is evidenced by the data in this study, a total of 90 visits were obtained, the elderly being the most patients by contributing 62%.

Based on research by Prasanu and Setyawati (2023) which examined the influence of service quality, accessibility, and corporate image on patient loyalty at the Pratama Sentra Medika Clinic. This study involved 100 respondents who were selected through purposive sampling techniques with questionnaires as data collection instruments. The results of the t-test analysis showed that the calculated t-value of 1.547 was smaller than the t-table of 1.985 with a significance level of 0.125 (> 0.05). These findings confirm that accessibility does not have a significant influence on patient loyalty in choosing health services at the clinic. This means that while accessibility is often considered important in making it easier for patients to obtain health services, in these cases patient loyalty is more of an important factor, so hampered accessibility is not a key factor influencing their decision to continue utilizing Health services at Klinik Pratama Sentra Medika.

Similar findings were reported in a study by Sundari, H., Ikhwan, H., & Suriana (2025) which examined the Influence of Accessibility and Responsiveness on Consumer Satisfaction of Indomaret Ringroad Dormitory Unit Medan. This study used a quantitative method with Multiple Linear Regression and involved 100 respondents. The results showed that responsiveness had a positive and significant influence on consumer satisfaction, while accessibility did not show a statistically significant influence. The two variables together had a significant effect on consumer satisfaction with a contribution of 16.7%, while the remaining 83.3% were influenced by other factors outside the model such as product quality, price, and variety of goods.

As explained by Lupiyoadi (2013) in his book *Service Marketing Management*, the service dimension will not have an impact on customer behavior (in this context it is the patient) if it does not provide satisfaction. If access is easy but the service experience is disappointing (for example, the service is slow or unfriendly), then the patient will still not feel satisfied, and as a result, there is no motivation to comply in undergoing the medical process. In accordance with previous research, Sonhaji *et al.* (2024) and Mustaqimah (2023) who found that other factors that affect medication adherence are health education, family support, and service facilities.

The results of this study are not fully in line with previous research conducted by Rieke *et al* (2023) who have published a literature review on the Impact of Geographical Barriers and Health Service Access Strategies. In the research that has been conducted, thirteen articles that meet the inclusion and exclusion criteria from 686 articles were obtained, six of which (46.15%) described geographical barriers, the impact of geographical barriers, and described solutions to overcome these geographical barriers. The remaining seven articles discuss geographical barriers to access to health facilities and their impact on the health care system.

Based on the research that has been attached, it is found that the accessibility of services has an indirect influence on patient compliance through patient satisfaction, even though the direct influence is weak. This is due to other factors beyond accessibility that are more dominant, such as loyalty and service quality. The steep geographical location of the Meranti Islands Regency, the lack of adequate public transportation and the majority of diseases in Medical Rehabilitation

suffered by the Elderly certainly have an effect, but it will be heavier for patients who come from outside Tebing Tinggi Island where the Hospital operates.

In the study, it was found that 73 people (81.1%) were on Tebing Tinggi island, 13 people (14.4%), Merbau island 4 people (4.4%), of course, because there was only 1 hospital, and the practice of Physical Medicine and Rehabilitation Specialists (Sp.KFR) was only Monday-Wednesday, accessibility was not a significant factor for re-control patients. If the patient is comfortable, suitable and loyal to the hospital, it will also increase compliance in re-control. This also applies to patients who have easy and close accessibility to the hospital, even though the accessibility of the patient's area where they live is quite close, but if they are constrained by disease diagnosis problems, transportation and lack of comfort with services, it becomes the toughest factor in re-control to the hospital.

This is explained by the effect of low patient control and compliance by other studies on service accessibility. One of the factors that affects is the waiting time. Service wait time is an important factor that can affect patient satisfaction and ultimately patient compliance in re-control. Studies by Andaleeb (2001) and Kusuma & Setiawan (2017) show that long waiting times can decrease patient satisfaction, which has negative implications for patients' intention to return to control.

The context of archipelagic areas such as the Meranti Islands, where access and travel time are already challenging and the diseases suffered from are very vulnerable, will have a significant impact. Despite getting affordable accessibility, but patients who are dissatisfied will increase non-compliance with re-control. On the other hand, services with efficient waiting times and optimal service quality increase the perception of service quality and encourage patient compliance for re-control even with limited accessibility (Lupiyoadi, 2013).

The effect of patient satisfaction as an intervening variable and its implications on patient compliance at the Medical Rehabilitation Polyclinic of Meranti Islands Regency Hospital

Based on the results of research at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital, patient satisfaction plays a role as an intervening variable that links the influence of service quality and accessibility to patient compliance. This is in accordance with the theory that patient satisfaction is a mediator that determines how the service experience translates into patient behavior (Akter *et al.*, 2015).

In this study, it was found that:

- **X1 (Quality of Service)** and **X2 (Accessibility)** did not have a significant direct effect on patient compliance (Y).
- However, **X1 → Z (patient satisfaction)** had a **significant** effect (B = 0.345, Sig. = 0.002)
- **Z → Y (patient adherence)** also had a **significant** effect (B = 0.403, Sig. = 0.000)

This means that the quality of service and accessibility will have an impact on patient compliance if it goes through patient satisfaction first.

The implication is that even if factors such as service quality or accessibility are not yet able to directly affect compliance, when patients are satisfied, they will still be motivated to return to re-control, even in difficult access conditions.

This confirms the role of patient satisfaction as an intervening variable that mediates the relationship between the quality and accessibility of services to patient compliance, as supported by previous research (Pascoe, 1983; Thong *et al.*, 2020).

Theoretically, this patient satisfaction mediation model supports the theory of healthcare management that states that patient satisfaction is not only the end result, but also an important mediator that influences patient behavior (Parasuraman, Zeithaml, & Berry, 1988; Andaleeb, 2001). Satisfaction reflects patients' perceptions of the quality and accessibility of the services they receive, which then motivates adherence to the rehabilitation program (Alves, Marques, & Coelho, 2018).

The results of the study Lee *et al.* (2021) also showed that female patients were statistically

more compliant in following medical recommendations, such as recontrol schedules and rehabilitation therapy, than men. The data of this study shows that female patients (54.5%) are slightly more than male patients (45.5%) who are treated at rehabilitation polyclinics. This is appropriate and important because the three most common diseases treated at the polyclinic: *cerebral infarction, gonarthrosis, and low back pain*, require high adherence for effective rehabilitation therapy.

In practical terms, the geographical condition of the Meranti Islands, which is an archipelago with limited transportation (the absence of online motorcycle taxi services, cars and the distance traveled by seaboat) can be a significant physical accessibility obstacle. However, if patient satisfaction with medical services at the polyclinic can be improved, for example through friendly service, effective communication, and good schedule management, patient compliance can be maintained. This is a positive value in this study that the importance of patient experience and satisfaction in mediating accessibility constraints based on the services obtained.

Direct and Indirect Influence Analysis

An analysis of direct and indirect influences was carried out to see the role of patient satisfaction variables as an intervening variable in the relationship between service quality and service accessibility to patient compliance at the Medical Rehabilitation Polyclinic of Meranti Islands Regency Hospital. This analysis aims to provide a more comprehensive picture of the pattern of relationships between research variables, both direct and intermediate.

Direct influence is reviewed through the relationship between independent variables and dependent variables without involving intervening variables. The results of the analysis showed that the quality of service and accessibility of services did not have a significant direct effect on patient compliance. These findings indicate that improving the quality of services and ease of access to services have not directly encouraged patients to increase compliance with the recommendations or medical rehabilitation programs provided.

In addition, the direct influence of service quality and service accessibility on patient satisfaction was also analyzed. The results showed that service quality had a significant influence on patient satisfaction, while service accessibility did not show a significant influence on patient satisfaction. This shows that patient satisfaction is more influenced by the service experience felt directly during the service process than by the ease of access to services.

Table 4.20 Summary of Direct and Indirect Influences Between Research Variables

Influence Path	Coefficients	Remarks
$X1 \rightarrow Y$	insignificant	Direct influence
$X1 \rightarrow Z$	Significant	Direct influence
$Z \rightarrow Y$	Significant	Direct influence
$X1 \rightarrow Z \rightarrow Y$	Significant	Indirect influence
$X2 \rightarrow Z \rightarrow Y$	insignificant	Indirect influence

Source: Research data processed using SPSS 30 Software in 2025 is significant if the Sig < 0.05 (Sugiyono, 2022, p. 257).

Indirect influences were analyzed through relationship pathways involving patient satisfaction variables as intervening variables. The results of the analysis show that the quality of service has an indirect influence on patient compliance through patient satisfaction. These findings indicate that the quality of service first affects patient satisfaction levels, which further drives increased patient compliance. Thus, patient satisfaction acts as an intermediate variable that bridges the relationship between service quality and patient compliance.

Meanwhile, service accessibility does not show a significant indirect influence on patient compliance through patient satisfaction. This shows that patient satisfaction has not been able to play an optimal role in mediating the relationship between service accessibility and patient compliance. In other words, although service accessibility is an important aspect of health services, its role in improving patient compliance is still limited if it is not accompanied by adequate service quality.

Overall, the results of the analysis of direct and indirect influences show that patient satisfaction has a strategic role in shaping patient compliance. The quality of service contributes to patient compliance indirectly through patient satisfaction, while the accessibility of services has not shown any direct or indirect influence on patient compliance in the context of this study.

Patient Satisfaction

Based on the results of the descriptive analysis of respondent characteristics, patients who showed low levels of compliance with recontrol and rehabilitation programs were dominated by the productive age group, namely the age range of 36–55 years. This age group tends to have limited time due to work activities and family responsibilities, resulting in irregularities in control visits and the continuous implementation of rehabilitation therapy.

In contrast, patients in the elderly age group (>55 years) tended to show better levels of adherence. This is suspected to be due to increased awareness of health conditions, dependence on medical services, and the presence of family support in delivering and reminding the recontrol schedule.

The results show that the direct influence of service quality on patient compliance is not absolute and not always statistically significant. These findings indicate that patient compliance is not solely influenced by the quality of service received, but is a complex behavior influenced by psychological, social, and structural factors.

In the context of medical rehabilitation services, patient compliance requires long-term commitment, regularity of control, and consistency in undergoing therapy. Therefore, even if patients assess the quality of service as good, it does not necessarily directly encourage compliance if it is not followed by an adequate level of satisfaction.

Patient satisfaction plays a role as an intervening variable that bridges the perception of service with compliance behavior. Satisfied patients not only assess the technical aspects of the service, but also feel the comfort, ease of access, and attention of health workers, which ultimately encourages the willingness to comply with ongoing therapy.

CONCLUSION

The quality of service has a real influence on increasing patient satisfaction at the Medical Rehabilitation Polyclinic of the Meranti Islands Regency Hospital. The services shown through the dimensions of tangibility, reliability, responsiveness, assurance, and empathy are able to form a positive perception of patients towards the services received, thereby encouraging the creation of

The accessibility of services in this study has not shown a significant role in patient satisfaction. These findings indicate that ease of access, such as distance, travel time, and availability of supporting facilities, has not been the main factor in shaping patient satisfaction compared to the quality of service that is directly felt during the service process.

The quality of service has not directly affected the level of patient compliance. This shows that even though the services provided have been assessed as good, the quality of the service alone is not enough to encourage patients to consistently comply with the recommended re-control schedule and rehabilitation program.

Service accessibility has also not had a direct impact on patient compliance. This condition shows that the ease of accessing medical rehabilitation services has not automatically encouraged patients to be more compliant, so other factors outside of accessibility still play a role in determining patient compliance behavior.

Patient satisfaction has been proven to play an important role in improving patient compliance. Patients who are satisfied with the services they receive tend to be more willing to follow the recommendations of health workers, undergo re-control, and comply with the rehabilitation program that has been set.

The quality of service contributes to increasing patient compliance through patient satisfaction as an intermediate variable. These findings show that patient satisfaction is an important mechanism that bridges the influence of service quality on compliance behavior, so that improving service quality will be more effective in increasing compliance if it is able to first increase patient satisfaction.

7. Service accessibility has not been able to have an optimal influence on patient compliance through patient satisfaction. This shows that patient satisfaction has not been able to play an effective role as an intermediate variable in the relationship between service accessibility and patient compliance in the context of medical rehabilitation services at the Meranti Islands Regency Hospital.

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