

Strategy For Improving the Quality of Hospital Services Through the Implementation of SNARS Accreditation at Pelamonia Level II Hospital

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Abstract

This study aimed to analyze the effect of the implementation of the Indonesian National Hospital Accreditation Standards (SNARS) on service quality and patient satisfaction, as well as to examine the mediating role of service quality at Pelamonia Level II Hospital, Makassar. The study employed a quantitative approach with a cross-sectional design. A total of 57 respondents were selected using a total sampling technique. Data were analyzed using Structural Equation Modeling-Partial Least Squares (SEM-PLS) with the assistance of SmartPLS 4 software. The results showed that the implementation of SNARS accreditation had a positive and significant effect on service quality ($\beta = 0.980$; $p < 0.001$), but a positive and non-significant effect on patient satisfaction ($\beta = 0.236$; $p = 0.404$). Service quality had a positive and significant effect on patient satisfaction ($\beta = 0.735$; $p = 0.007$) and was proven to mediate the relationship between the implementation of SNARS accreditation and patient satisfaction. It can be concluded that improvements in patient satisfaction can be achieved through strengthening the implementation of SNARS accreditation with a focus on enhancing service quality. Hospitals are therefore recommended to sustain the continuous implementation of accreditation standards to improve service quality and patient satisfaction.

Introduction

In the midst of an increasingly competitive health care industry and increasing public awareness of patient rights, hospitals are required to not only function as healing institutions, but also as organizations that are oriented towards service quality and patient safety. Service quality is now the main measure of hospital success because it has a direct impact on patient satisfaction, trust and loyalty. In addition, quality services can increase service efficiency, reduce the risk of unexpected events, and strengthen the hospital's image in the eyes of the public (World Health Organization, 2023).

The increasingly dynamic development of the health service environment means that patient expectations regarding service quality also continue to increase. Patients not only assess services based on the success of medical procedures, but also pay attention to aspects of safety, comfort, speed of service, communication from health workers, and the overall service experience. Therefore, hospitals are required to be able to provide services that are oriented towards patient needs and carry out continuous quality improvements so that they remain able to compete and meet community expectations (Al-Hanawi et al., 2020).

The Indonesian government through the Ministry of Health has established hospital accreditation as a mechanism to guarantee the quality of service and patient safety. This is in line with the mandate of Law Number 44 of 2009 concerning Hospitals which requires every hospital to undergo accreditation periodically. Accreditation is recognition of hospitals that

have met the service, management and patient safety standards set by the government. Through accreditation, hospitals are expected to be able to continuously improve the quality of service and provide better protection to patients and the community.

As a follow-up to this policy, the Hospital Accreditation Commission (KARS) developed National Hospital Accreditation Standards (SNARS) which began to be implemented nationally in 2018. SNARS emphasizes the implementation of standards that focus on patients, patient safety, hospital governance, facility management and safety, as well as quality improvement and risk management. The implementation of SNARS is expected to be able to encourage hospitals to build a service system that is more structured, measurable, and oriented towards improving the quality of health services on an ongoing basis (Shenaaz, 2023; Paramarta & Yuliaty, 2025).

Various studies show that the implementation of accreditation is related to improving the quality of hospital services. Brubakk et al. (2015) stated that accreditation contributes to strengthening quality systems and patient safety in health service organizations. Hussein et al. (2021) also found that the implementation of accreditation standards was able to improve service quality through improving work processes, compliance with service standards, and strengthening quality culture in health organizations. These findings show that accreditation not only functions as an assessment instrument, but also as a means of continuously improving service quality.

As one of the referral hospitals in Makassar City, Tk. II Pelamonia has an important role in providing health services to the community. This hospital has obtained plenary accreditation status as a form of recognition for its fulfillment of established service standards. However, achieving accreditation status does not necessarily directly guarantee the optimal quality of service experienced by patients. Implementation of accreditation standards requires consistent implementation, commitment of all human resources, as well as good integration between service units so that the standards that have been set can be implemented effectively in daily service practices (Baharun & Khomairotusshiyamah, 2025; Afshari et al., 2026).

Apart from service quality, patient satisfaction is also an important indicator in assessing the success of hospital services. According to Oliver (1980), patient satisfaction is the result of a comparison between the patient's expectations before receiving service and his perception of the service received. Patients who receive services that meet or exceed their expectations will tend to feel satisfied, have higher trust in the hospital, and are willing to reuse the services provided. Research by Al-Hanawi et al. (2020) shows that service quality has a positive influence on patient satisfaction, so that improving service quality is an important factor in increasing patient satisfaction.

Based on the results of research conducted on 57 respondents at Tk Hospital. II Pelamonia Makassar, the implementation of SNARS Accreditation was proven to have a positive and significant effect on service quality, but did not have a direct effect on patient satisfaction. This research also shows that service quality acts as a mediating variable in the relationship between SNARS implementation and patient satisfaction. These findings confirm that increasing patient satisfaction is achieved more through improving the quality of service resulting from consistent implementation of accreditation standards.

Method

Type and Research Design

This research is quantitative research with an explanatory research design. Explanatory research aims to explain the causal relationship between research variables through testing hypotheses that have been formulated. In this research, the relationships tested include the influence of SNARS Accreditation Implementation on Service Quality, the influence of SNARS Accreditation Implementation on Patient Satisfaction, the influence of Service Quality on Patient Satisfaction, as well as the role of Service Quality as a mediating variable in the relationship between SNARS Accreditation Implementation and Patient Satisfaction. The approach used is cross-sectional, that is, data collection is carried out at a certain time without making repeated observations of respondents. This research uses a survey method by distributing questionnaires to Kindergarten Hospital patients. II Pelamonia Makassar.

Location and Time of Research

This research was carried out at Tk Hospital. II Pelamonia Makassar. The choice of research location was based on the consideration that the hospital had implemented the National Hospital Accreditation Standards (SNARS) and was one of the referral hospitals that provided health services to the community. The research was carried out from May to June 2026, which included research preparation stages, instrument preparation, data collection, data processing, data analysis, and preparation of research reports. Data collection was carried out directly at Tk Hospital. II Pelamonia Makassar by distributing questionnaires to patients who meet the research criteria from 20 May to 4 June 2026.

Research Population and Sample

The population in this study were all outpatients and inpatients who received health services at Tk Hospital. II Pelamonia Makassar during the data collection period, namely 20 May to 4 June 2026. This population was chosen because it is a group that directly receives health services so that it can provide an assessment of the implementation of the National Hospital Accreditation Standards (SNARS), quality of service, and patient satisfaction at the hospital. The sample in this study was all patients who met the research criteria during the data collection period. The sampling technique used is total sampling, namely a sample determination technique by taking all members of the population who meet the research criteria as respondents. According to Sugiyono (2023), total sampling is used if the population is relatively small so that all members of the population can be used as research samples.

Based on the results of data collection, the number of respondents who met the research criteria and were willing to participate in this research was 57 respondents. Determination of sample criteria was carried out to ensure that the respondents selected were in accordance with the research objectives and were able to provide valid information. These criteria were prepared to maintain uniformity in respondent characteristics and increase the accuracy of data interpretation. Inclusion criteria in this study included outpatients or inpatients who had received services at Tk Hospital. II Pelamonia Makassar, at least 17 years old, able to read and understand the contents of the questionnaire, and willing to participate in the research by signing an informed consent. Meanwhile, exclusion criteria include patients who are unwilling to be respondents as well as patients who experience communication disorders or have health conditions that make it impossible to complete the questionnaire.

Table 1. Operational Definition

Variable	Operational Definition	Dimensions/Indicators	Measuring Scale	Measuring Instrument
Implementation of SNARS Accreditation (X)	The level of implementation of hospital accreditation standards that focus on improving the quality of services and patient safety at Tk. II Pelamonia Hospital, Makassar.	1. Patient-Focused Services 2. Patient Safety Goals	Ordinal (Likert Scale 1–5)	Closed-ended questionnaire
Service Quality (Z)	Patients' perceptions of the quality of services received while obtaining healthcare services at Tk. II Pelamonia Hospital, Makassar.	1. Tangibles (Physical Evidence) 2. Reliability 3. Responsiveness 4. Assurance 5. Empathy	Ordinal (Likert Scale 1–5)	Closed-ended questionnaire
Patient Satisfaction (Y)	The level of patients' feelings after comparing the services received with their expectations of hospital services.	1. Satisfaction with Services 2. Fulfillment of Patient Needs 3. Intention to Reuse the Services 4. Willingness to Recommend the Services 5. Fulfillment of Expectations	Ordinal (Likert Scale 1–5)	Closed-ended questionnaire

Research Instruments

Research instruments are tools used by researchers to collect data in accordance with research objectives. In this research, the instrument used was a closed questionnaire prepared using a Likert scale. The questionnaire was used to measure respondents' perceptions regarding the implementation of National Hospital Accreditation Standards (SNARS), service quality and

patient satisfaction at Tk Hospital. II Pelamonia Makassar. The preparation of research instruments is based on theories and concepts relevant to the research variables. The SNARS Accreditation Implementation Variables are prepared based on the concept of National Hospital Accreditation Standards (SNARS) which include Patient Focused Services and Patient Safety Goals. The Service Quality variable is structured based on the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988), while the Patient Satisfaction variable is structured based on the Expectation Confirmation Theory proposed by Oliver (1980) and the customer satisfaction theory of Kotler and Keller (2022). Questionnaires were given to outpatients and inpatients who met the research criteria to obtain direct primary data regarding SNARS implementation, service quality and patient satisfaction. The research instrument is in the form of a questionnaire using a 5 point Likert scale. The Likert scale is used to measure the respondent's level of agreement with each statement given.

Table 2. Likert Scale

Score	Category
1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

Instrument Structure

The research questionnaire consists of three main parts which are adjusted to the research variables. The independent variable (X), namely the implementation of SNARS Accreditation, is measured using 10 statement items which include 5 patient-focused service dimensions and 5 patient safety goals. The mediating variable (Z), namely service quality, is measured using 10 statement items consisting of five dimensions, namely tangibles or physical evidence, reliability, responsiveness, assurance, and empathy, with each dimension consisting of 2 items. Meanwhile, the dependent variable (Y), namely patient satisfaction, is measured using 5 statement items which include satisfaction with services, fulfillment of patient needs, intention to return to use the service, willingness to recommend the hospital, and conformity of service with expectations. Thus, the total statement items used in this research were 25 statement items, consisting of 10 SNARS Accreditation Implementation items, 10 Service Quality items, and 5 Patient Satisfaction items.

Data Collection Techniques

Data collection techniques are an important stage in obtaining the information needed to answer the research problem formulation. This research uses primary data and secondary data. Primary data was obtained directly from respondents by filling out questionnaires to measure the variables SNARS Accreditation Implementation (X), Service Quality (Z), and Patient Satisfaction (Y). Before data collection, researchers applied for research permission from the Tk Hospital. II Pelamonia Makassar. Next, potential respondents were given an explanation regarding the objectives, benefits, research procedures, as well as guarantees of data confidentiality. Respondents who were willing to participate were asked to provide consent via an informed consent form. Questionnaires were then distributed to outpatients and inpatients who met the inclusion criteria. Respondents filled out questionnaires independently based on their experiences while receiving services at the hospital. Completed questionnaires are collected and checked for completeness before entering the data processing stage. This method is used because it allows information to be obtained directly from respondents so that the

resulting data is in accordance with the research objectives (Creswell & Creswell, 2018). Secondary data was obtained from documents and information sources that support the implementation of the research, especially the profile of the Kindergarten Hospital. II Pelamonia Makassar. This data includes a brief history, vision and mission, organizational structure, service facilities, and other general information related to the research location. Secondary data is used to provide an overview of the characteristics of the hospital as a place for conducting research.

The data collection procedure begins with coordinating and arranging research permits from the Tk Hospital. II Pelamonia Makassar. After permission was obtained, researchers determined respondents based on predetermined inclusion and exclusion criteria. Questionnaires were distributed to respondents during the research period, namely 20–26 May 2026. The completed questionnaires were then collected and checked for completeness through an editing process. Next, the data is coded and entered into a Microsoft Excel worksheet. The data cleaning process is carried out to ensure that there is no empty, duplicate or inappropriate data. Data that has been declared complete and valid is then imported into the SmartPLS version 4 application for analysis using the Structural Equation Modeling–Partial Least Squares (SEM-PLS) method.

Data Analysis Techniques

Data analysis in this research was carried out using the Structural Equation Modeling–Partial Least Squares (SEM-PLS) method with the help of the SmartPLS version 4 application. This method was used to analyze the relationship between SNARS Accreditation Implementation, Service Quality, and Patient Satisfaction, as well as testing the mediating role of Service Quality. The first stage is descriptive analysis to describe the characteristics of respondents based on gender and type of service received, as well as providing a general description of the distribution of respondents' answers to each research variable.

The next stage is evaluating the measurement model (outer model) to test the validity and reliability of the construct. Convergent validity is assessed based on the outer loading and Average Variance Extracted (AVE) values. An indicator is declared to meet convergent validity if it has an outer loading value > 0.70 , while a construct is declared valid if the AVE value is > 0.50 . Construct reliability was evaluated using composite reliability and Cronbach's alpha values. A construct is declared reliable if both values are more than 0.70 (Hair et al., 2022).

Evaluation of the structural model (inner model) was carried out to assess the model's ability to explain the relationship between research variables. This evaluation includes the coefficient of determination (R -square or R^2) and the size of the effect (effect size or f^2). The R^2 value is used to measure the ability of exogenous variables to explain variations in endogenous variables; The higher the R^2 value, the greater the model's ability to explain the variable. Meanwhile, the f^2 value is used to assess the magnitude of the influence of each exogenous variable on the endogenous variable, with a value of 0.02 indicating a small influence, 0.15 indicating a medium influence, and 0.35 indicating a large influence.

Hypothesis testing is carried out through the bootstrapping procedure in SmartPLS by paying attention to the path coefficient, T-statistics and p-values. At a significance level of 5%, the effect is declared significant if the T-statistics value is > 1.96 and p-values < 0.05 . On the other hand, the effect is declared not significant if the T-statistics value is ≤ 1.96 and p-values ≥ 0.05 . Testing was carried out on the effect of SNARS Accreditation Implementation on Service

Quality (H1), the effect of SNARS Accreditation Implementation on Patient Satisfaction (H2), and the effect of Service Quality on Patient Satisfaction (H3).

Next, indirect effect testing was carried out to determine the role of Service Quality in mediating the influence of SNARS Accreditation Implementation on Patient Satisfaction. The significance of the mediation effect was assessed through a bootstrapping procedure based on T-statistics and p-values on the indirect path. The mediation effect is declared significant if the T-statistics value is > 1.96 and p-values < 0.05 .

Research Ethics

This research was carried out by observing the principles of research ethics to protect the rights, dignity, security and confidentiality of respondents during the research process. All research activities are carried out in accordance with the ethical principles of health research and the provisions that apply at Tk Hospital. II Pelamonia Makassar. The principle of respect for persons is applied by respecting the right of every respondent to participate voluntarily without coercion. Before filling out the questionnaire, respondents were given an explanation of the aims, benefits, research procedures, as well as the right to refuse or stop participation at any time without affecting the health services they receive.

The principle of informed consent is applied by providing adequate and easy-to-understand information to potential respondents before the research is carried out. After understanding this information, respondents were asked to give consent as a form of willingness to participate in the research. The principle of beneficence is applied by ensuring that the benefits of research outweigh the potential risks that may arise. This research does not involve actions or treatments that could harm respondents physically or psychologically. It is hoped that the research results will provide benefits for improving service quality and implementing SNARS accreditation at Kindergarten Hospital. II Pelamonia Makassar.

The principle of confidentiality is applied by maintaining the confidentiality of all information obtained from respondents and using it only for research purposes. The identity of the respondent is not included in the questionnaire or research report. Each respondent is given a certain code, while the research results are presented in aggregate form so that it is not possible to identify individual respondents. The principle of justice is applied by providing equal opportunities to all potential respondents who meet the research criteria without distinguishing between gender, age, social status and other characteristics. All respondents were treated fairly and equally during the research process.

Before the research was carried out, the researcher obtained permission from Tk Hospital. II Pelamonia Makassar based on Research Permit Approval Letter Number B/01/V/2026 dated 20 May 2026 and Service Memorandum Number B/ND-89/V/2026/Dik concerning permission to carry out research at Tk Hospital. II Pelamonia Makassar. All research activities are carried out in accordance with the provisions set by the hospital and the data obtained is only used for academic purposes and the development of science.

Results and Discussion

Table 1. Characteristics of Respondents Based on Gender

Gender	Frequency (Persons)	Percentage (%)
Male	13	22.8
Female	44	77.2
Total	57	100.0

Source: Primary Data, 2026

Based on Table 1, out of the 57 respondents, 44 (77.2%) were female and 13 (22.8%) were male. Therefore, most respondents in this study were female.

Table 2. Characteristics of Respondents Based on Type of Healthcare Service

Type of Healthcare Service	Frequency (Persons)	Percentage (%)
Outpatient Care	28	49.1
Inpatient Care	29	50.9
Total	57	100.0

Source: Primary Data, 2026

Based on Table 4.2, out of the 57 respondents, 29 (50.9%) were inpatient patients, while 28 (49.1%) were outpatient patients. Therefore, the respondents were predominantly inpatient patients, although the difference in the number of inpatient and outpatient respondents was relatively small.

Table 3. Descriptive Analysis of the SNARS Accreditation Implementation Variable

Dimension	Mean
Patient-Focused Care Standards	4.61
Patient Safety Goals	4.59

Source: Primary Data, 2026

Based on Table 3, the Patient-Focused Care Standards dimension obtained a mean score of 4.61, while the Patient Safety Goals dimension obtained a mean score of 4.59. These results indicate that the Patient-Focused Care Standards dimension had a slightly higher mean score than the Patient Safety Goals dimension. In general, both dimensions obtained mean scores above 4.00, indicating that SNARS Accreditation Implementation was perceived by respondents to be in the very good category.

Table 4. Descriptive Analysis of the Service Quality Variable

Dimension	Mean
Tangibles	4.52
Reliability	4.55
Responsiveness	4.50
Assurance	4.58
Empathy	4.57

Source: Primary Data, 2026

Based on Table 4.4, the Assurance dimension obtained the highest mean score of 4.58. This was followed by Empathy, with a mean score of 4.57; Reliability, with a mean score of 4.55; Tangibles, with a mean score of 4.52; and Responsiveness, with a mean score of 4.50. Overall, all five dimensions obtained mean scores above 4.00. These findings indicate that the service quality perceived by respondents at Tk. II Pelamonia Hospital, Makassar, was in the very good category.

Table 5. Descriptive Analysis of the Patient Satisfaction Variable

Indicator	Mean
Satisfaction with Hospital Services	4.58
Fulfillment of Patient Needs	4.61
Willingness to Return for Treatment	4.51
Willingness to Recommend the Hospital	4.60
Conformity of Services with Patient Expectations	4.56

Source: Primary Data, 2026

Based on Table 4.5, the Fulfillment of Patient Needs indicator obtained the highest mean score of 4.61. This was followed by Willingness to Recommend the Hospital, with a mean score of 4.60; Satisfaction with Hospital Services, with a mean score of 4.58; Conformity of Services with Patient Expectations, with a mean score of 4.56; and Willingness to Return for Treatment, with a mean score of 4.51.

Table 6. Outer Loading Values

Variable	Dimension/Indicator	Loading Factor
SNARS Accreditation Implementation	Patient-Focused Care Standards	0.996
SNARS Accreditation Implementation	Patient Safety Goals	0.996
Service Quality	Tangibles	0.958
Service Quality	Reliability	0.970
Service Quality	Responsiveness	0.980
Service Quality	Assurance	0.979
Service Quality	Empathy	0.976
Patient Satisfaction	Satisfaction with Hospital Services	0.965
Patient Satisfaction	Fulfillment of Patient Needs	0.984
Patient Satisfaction	Willingness to Return for Treatment	0.931
Patient Satisfaction	Willingness to Recommend the Hospital	0.969
Patient Satisfaction	Conformity of Services with Patient Expectations	0.954

Source: Primary Data, 2026

Based on Table 6, the outer loading values for all indicators ranged from 0.931 to 0.996. The SNARS Accreditation Implementation variable had outer loading values of 0.996 for both Patient-Focused Care Standards and Patient Safety Goals. For the Service Quality variable, the outer loading values ranged from 0.958 to 0.980, with Responsiveness obtaining the highest value of 0.980. Meanwhile, the Patient Satisfaction variable had outer loading values ranging from 0.931 to 0.984, with Fulfillment of Patient Needs obtaining the highest value of 0.984. All indicators had outer loading values above the recommended threshold of 0.70. These results indicate that all indicators met the criteria for convergent validity based on outer loading and demonstrated strong relationships with their respective constructs. Methodological note: The values in Table 6 are retained exactly as provided. Before finalizing the thesis, ensure that these values correspond to the actual SmartPLS output and verify whether the variables were modeled as higher-order constructs, since the table presents dimensions or indicators rather than the original 25 individual questionnaire items.

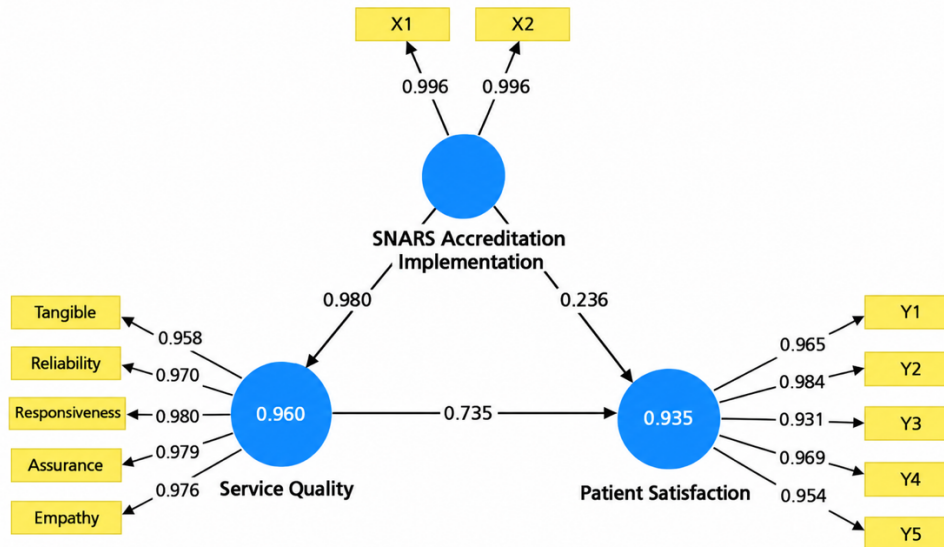


Figure 1. PLS Algorithm

Figure 1. show that all indicators have outer loading values above 0.70. The highest outer loading value is found in the indicators for "Patient-Centered Service Standards" and "Patient Safety Goals," both at 0.996. Meanwhile, the lowest outer loading value is found in the indicator for "willingness to return for treatment," at 0.931. Thus, all indicators are considered valid and meet the criteria for convergent validity.

Table 7. Average Variance Extracted (AVE) Values

Variable	AVE
SNARS Accreditation Implementation	0.991
Service Quality	0.946
Patient Satisfaction	0.923

Source: Primary Data, 2026

Based on Table 7, all constructs had AVE values greater than 0.50. The highest AVE value was obtained by SNARS Accreditation Implementation, at 0.991, while the lowest was obtained by Patient Satisfaction, at 0.923. These findings indicate that all constructs met the recommended criteria for convergent validity. Therefore, the indicators demonstrated adequate convergent validity in measuring their respective constructs.

Table 8. Cronbach's Alpha and Composite Reliability Values

Variable	Cronbach's Alpha	Composite Reliability
SNARS Accreditation Implementation	0.991	0.996
Service Quality	0.986	0.989
Patient Satisfaction	0.979	0.984

Source: Primary Data, 2026

Based on Table 4.8, all constructs had Cronbach's Alpha and Composite Reliability values greater than 0.70. SNARS Accreditation Implementation obtained the highest Cronbach's Alpha value, at 0.991, and the highest Composite Reliability value, at 0.996. Meanwhile,

Service Quality had a Cronbach's Alpha value of 0.986 and a Composite Reliability value of 0.989, while Patient Satisfaction had values of 0.979 and 0.984, respectively. These results indicate that all three constructs met the recommended reliability criteria and demonstrated high internal consistency. Thus, the measurement instruments were considered reliable for measuring SNARS Accreditation Implementation, Service Quality, and Patient Satisfaction.

Table 9. Coefficient of Determination (R^2) Values

Endogenous Variable	R-Square
Service Quality	0.960
Patient Satisfaction	0.935

Source: Primary Data, 2026

Based on Table 4.9, the coefficient of determination (R^2) for Service Quality was 0.960. This indicates that SNARS Accreditation Implementation explained 96.0% of the variance in Service Quality, while the remaining 4.0% was explained by other factors not included in the research model. Furthermore, the R^2 value for Patient Satisfaction was 0.935. This indicates that SNARS Accreditation Implementation and Service Quality jointly explained 93.5% of the variance in Patient Satisfaction, while the remaining 6.5% was attributable to other factors outside the research model. The highest coefficient of determination was observed for Service Quality, with an R^2 value of 0.960, while Patient Satisfaction had an R^2 value of 0.935. Overall, these findings indicate that the research model had high explanatory power for both endogenous variables.

Table 10. Effect Size (f^2) Values

Relationship Between Variables	f^2
SNARS Accreditation Implementation → Service Quality	24.307
SNARS Accreditation Implementation → Patient Satisfaction	0.034
Service Quality → Patient Satisfaction	0.327

Source: Primary Data, 2026

Based on Table 10, the relationship between SNARS Accreditation Implementation and Service Quality had an effect size (f^2) value of 24.307. This was the highest effect size among the three relationships examined, indicating a very substantial contribution of SNARS Accreditation Implementation to explaining Service Quality in the model. The relationship between Service Quality and Patient Satisfaction had an f^2 value of 0.327, indicating a medium-to-large effect. Based on the commonly used interpretation thresholds, f^2 values of 0.02, 0.15, and 0.35 represent small, medium, and large effects, respectively. Meanwhile, the relationship between SNARS Accreditation Implementation and Patient Satisfaction had an f^2 value of 0.034, indicating a small effect.

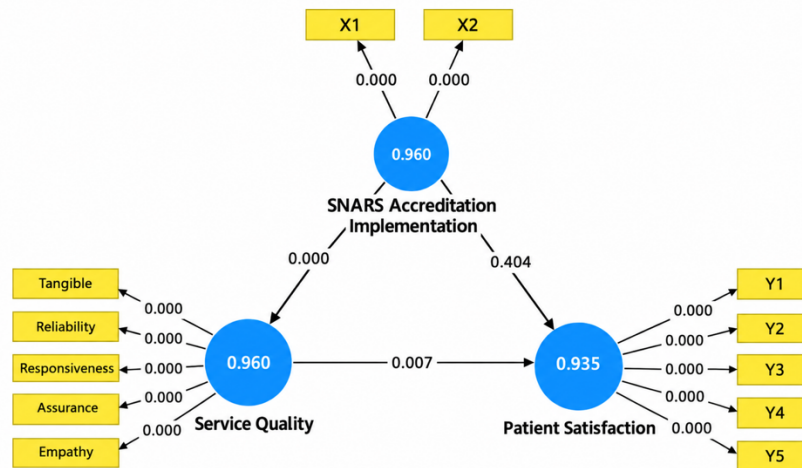


Figure 2. PLS Algorithm

Figure 2. presents the bootstrapping results, which serve as the basis for testing the research hypotheses. The significance values for each relationship between the variables are subsequently provided in the hypothesis testing table.

Below is the English translation of your Indonesian research text, using formal academic language suitable for a thesis or dissertation. The original headings, hypothesis results, statistical values, and discussion structure are preserved.

Table 11. Results of Hypothesis Testing H1

Variable Relationship	Path Coefficient (β)	T-Statistics	P-Values
SNARS Accreditation Implementation → Service Quality	0.980	76.732	0.000

Source: Primary Data, 2026

Based on Table 11, the relationship between SNARS Accreditation Implementation and Service Quality has a path coefficient of 0.980, a t-statistic of 76.732, and a p-value of 0.000. The path coefficient indicates a positive relationship. Furthermore, the t-statistic is greater than 1.96, and the p-value is less than 0.05. Therefore, H1, which states that SNARS Accreditation Implementation has a positive and significant effect on Service Quality, is accepted.

Table 12. Results of Hypothesis Testing H2

Variable Relationship	Path Coefficient (β)	T-Statistics	P-Values
SNARS Accreditation Implementation → Patient Satisfaction	0.236	0.834	0.404

Source: Primary Data, 2026

Based on Table 12, the relationship between SNARS Accreditation Implementation and Patient Satisfaction has a path coefficient of 0.236, a t-statistic of 0.834, and a p-value of 0.404.

The path coefficient indicates a positive relationship. However, the t-statistic is less than 1.96, and the p-value is greater than 0.05. Therefore, H2, which states that SNARS Accreditation Implementation has a positive and significant effect on Patient Satisfaction, is rejected.

Table 13. Results of Hypothesis Testing H3

Variable Relationship	Path Coefficient (β)	T-Statistics	P-Values
Service Quality $\rightarrow$ Patient Satisfaction	0.735	2.699	0.007

Source: Primary Data, 2026

Based on Table 13, the relationship between Service Quality and Patient Satisfaction has a path coefficient of 0.735, a t-statistic of 2.699, and a p-value of 0.007. The path coefficient indicates a positive relationship. Furthermore, the t-statistic is greater than 1.96, and the p-value is less than 0.05. Therefore, H3, which states that Service Quality has a positive and significant effect on Patient Satisfaction, is accepted.

Table 14. Results of Hypothesis Testing H4

Variable Relationship	Path Coefficient (β)	T-Statistics	P-Values
SNARS Accreditation Implementation $\rightarrow$ Service Quality $\rightarrow$ Patient Satisfaction	0.720	2.733	0.006

Source: Primary Data, 2026

Based on Table 14, the indirect effect of SNARS Accreditation Implementation on Patient Satisfaction through Service Quality has a path coefficient of 0.720, a t-statistic of 2.733, and a p-value of 0.006. The path coefficient indicates a positive relationship. Furthermore, the t-statistic is greater than 1.96, and the p-value is less than 0.05. Therefore, H4, which states that Service Quality mediates the effect of SNARS Accreditation Implementation on Patient Satisfaction, is accepted. The hypothesis testing results indicate that the direct effect of SNARS Accreditation Implementation on Patient Satisfaction is not significant, whereas the indirect effect through Service Quality is significant. Therefore, Service Quality functions as a full mediator in the relationship between SNARS Accreditation Implementation and Patient Satisfaction.

The Effect of SNARS Accreditation Implementation on Service Quality at Level II Pelamonia Hospital, Makassar

The research results indicate that SNARS Accreditation Implementation has a positive and significant effect on Service Quality at Level II Pelamonia Hospital, Makassar. The hypothesis testing results show a path coefficient of 0.980, a t-statistic of 76.732, and a p-value of 0.000. A p-value below 0.05 indicates that SNARS Accreditation Implementation has a significant effect on Service Quality. Therefore, the first hypothesis (H1), which states that SNARS Accreditation Implementation has a positive and significant effect on Service Quality, is accepted.

These findings indicate that the better the implementation of SNARS accreditation standards by the hospital, the better the quality of services provided to patients (Saputro et al., 2024; Paramarta & Yuliaty, 2025; Fitriyah et al., 2026). The implementation of patient-centered service standards and the consistent achievement of patient safety goals enable the hospital to provide services that are more structured, safe, effective, and aligned with patients' needs. This

is reflected in the high path coefficient, which indicates that accreditation implementation makes a substantial contribution to improving service quality (Iqbal et al., 2025).

In this study, SNARS Accreditation Implementation is represented by two main dimensions: Patient-Centered Care Standards and Patient Safety Goals. Both dimensions are essential components of SNARS, intended to ensure that all hospital services comply with quality and patient safety standards. When these standards are implemented optimally, service delivery becomes more systematic and organized, thereby improving the quality of care received by patients.

These findings are consistent with the Structure–Process–Outcome theory proposed. This theory explains that healthcare service quality is influenced by the quality of structures and processes, which ultimately produce favorable service outcomes. In the context of this study, SNARS implementation represents an effort to improve the structure and processes of hospital services, thereby producing better service quality (Donabedian, 2003).

Furthermore, these findings are supported by the theory of Continuous Quality Improvement (CQI), which states that service quality improvement must be carried out continuously through ongoing evaluation, monitoring, and corrective actions. Hospital accreditation is one mechanism used to ensure that quality improvement takes place systematically and sustainably. Through the implementation of accreditation standards, hospitals are encouraged to conduct periodic evaluations of all service processes so that service quality can continue to improve (Kelly, 2022).

Another theory supporting these findings is the concept of healthcare accreditation proposed by the World Health Organization (WHO). WHO explains that accreditation is an independent external assessment process conducted against healthcare quality standards to ensure that the services provided meet quality and patient safety requirements. Accreditation functions not only as an evaluation tool but also as an instrument for continuous service quality improvement.

These findings are consistent with research conducted, who concluded that hospital accreditation can improve healthcare service quality because hospitals are required to operate in accordance with standards established by independent accreditation bodies. Their research showed that service quality improved significantly after accreditation standards were implemented consistently (Alhawajreh et al., 2023; Iqbal et al., 2024; Shihab, 2024).

These findings are also supported, who stated that the implementation of hospital accreditation standards has a positive effect on improving service quality and patient safety. The application of accreditation standards encourages hospitals to improve their service systems, increase compliance with procedures, and establish a sustainable quality culture.

From an international perspective, these findings are consistent with the systematic review conducted by Hussein et al. (2021), which found that hospital accreditation has consistently positive effects on patient safety culture, service performance, organizational efficiency, and various healthcare quality indicators. The review showed that hospitals implementing accreditation standards consistently tend to provide higher-quality services than hospitals that have not implemented accreditation standards optimally.

Research also indicates that accreditation has positive effects on clinical outcomes, service processes, and overall healthcare quality. Accreditation encourages organizational improvement, greater compliance with standards, and the strengthening of a quality-oriented culture, thereby improving service quality.

These findings are further supported by the review conducted by Nasution et al. (2025), which found that hospital accreditation implementation in ASEAN countries has positive effects on patient safety and hospital compliance with service standards. The review emphasizes that accreditation has become an important instrument for improving healthcare quality throughout the ASEAN region.

Based on the research findings, supporting theories, and previous national and international studies, it can be concluded that SNARS Accreditation Implementation plays a very important role in improving hospital service quality. This study demonstrates that the better the implementation of accreditation standards, the better the quality of services provided to patients. Therefore, H1, which states that SNARS Accreditation Implementation has a positive and significant effect on Service Quality, is accepted.

The Effect of SNARS Accreditation Implementation on Patient Satisfaction at Level II Pelamonia Hospital, Makassar

The research results indicate that SNARS Accreditation Implementation does not have a significant effect on Patient Satisfaction at Level II Pelamonia Hospital, Makassar. The hypothesis testing results show a path coefficient of 0.236, a t-statistic of 0.834, and a p-value of 0.404. A p-value greater than 0.05 indicates that SNARS Accreditation Implementation does not have a significant effect on Patient Satisfaction. Therefore, the second hypothesis (H2), which states that SNARS Accreditation Implementation has a positive and significant effect on Patient Satisfaction, is rejected.

These findings indicate that the existence and implementation of SNARS accreditation standards have not been able to increase patient satisfaction directly. Although the hospital has implemented accreditation standards effectively, patients do not directly experience the accreditation processes taking place within the hospital organization. Patients are more likely to evaluate services based on their experiences while receiving healthcare rather than on the hospital's success in meeting accreditation standards (Alhawajreh et al., 2023).

Empirically, this situation may occur because most patients are not familiar with the specific accreditation standards implemented by the hospital. Patients generally pay greater attention to aspects they can experience directly, such as staff friendliness, service speed, facility comfort, ease of obtaining information, service accuracy, and the attention provided by healthcare professionals. Therefore, even when SNARS implementation is functioning effectively, it does not necessarily increase patient satisfaction directly if its benefits are not tangibly reflected in patients' everyday service experiences (Shenaaz, 2023; Daru, 2025; Onchwari, 2025).

These findings are consistent with Expectation Confirmation Theory (ECT), developed by Oliver. This theory explains that satisfaction results from a comparison between customers' expectations before receiving a service and their perceived performance after receiving it (Oliver, 1980). In healthcare settings, patients feel satisfied when the services they receive meet or exceed their expectations. Therefore, patient satisfaction is more strongly influenced by directly experienced service encounters than by the existence of an accreditation system that primarily operates at the administrative and managerial levels.

Furthermore, these findings are supported by the customer satisfaction theory proposed by Kotler & Keller (2022), which states that customer satisfaction is a feeling of pleasure or disappointment that arises after comparing the performance of a product or service with existing expectations. This theory explains that customers do not evaluate an organization's internal processes; instead, they assess the service outcomes they experience directly. Thus,

accreditation implementation does not necessarily have a direct effect on patient satisfaction unless it results in improvements in service quality that patients can perceive.

Another theory supporting these findings is the concept of Patient-Centered Care, which emphasizes that patient experience is a key component in assessing healthcare quality. According to the Institute of Medicine, patient-centered healthcare must consider patients' needs, preferences, and values so that care decisions can provide a positive experience (Institute of Medicine, 2021). This theory explains that patients tend to evaluate healthcare services based on their direct experiences throughout the service delivery process.

These findings are consistent with research conducted by Handayani et al. (2023), which found that hospital accreditation status does not have a direct effect on patient satisfaction. The study showed that patients generally do not know a hospital's accreditation level and pay greater attention to the quality of services they receive during the healthcare process.

These findings are also supported by research conducted by Rachmawati & Prasetyo (2024), which showed that the implementation of accreditation standards does not have a significant direct relationship with patient satisfaction. Their study explained that the effect of accreditation on patient satisfaction generally occurs through improvements in perceived service quality.

From an international perspective, these findings are consistent with research conducted by Ng et al. (2013), which found that hospital accreditation does not always have a direct effect on patient satisfaction. Their research showed that patients primarily evaluate service quality based on interactions with healthcare professionals, waiting times, and facility comfort rather than the hospital's accreditation status.

These findings are also supported by the systematic review conducted by Hussein et al. (2021), which concluded that the effects of accreditation on patient satisfaction remain mixed. Some studies have reported increased patient satisfaction following accreditation, whereas others have found no significant direct effect. The review explained that accreditation has a greater influence on healthcare systems and processes than on patients' immediate perceptions.

Similar findings were reported by Greenfield et al. (2009), who stated that the benefits of hospital accreditation are more evident in improvements to service processes, patient safety culture, and organizational governance than in direct increases in patient satisfaction. Patient satisfaction is more strongly influenced by the quality of care received throughout the service delivery process.

Based on the research findings, supporting theories, and previous national and international studies, it can be concluded that SNARS Accreditation Implementation has not been able to increase Patient Satisfaction directly. This study shows that patients evaluate service quality primarily through their experiences while receiving healthcare rather than through the implementation of accreditation standards by the hospital. Therefore, H2, which states that SNARS Accreditation Implementation has a positive and significant effect on Patient Satisfaction, is rejected.

The Effect of Service Quality on Patient Satisfaction at Level II Pelamonia Hospital, Makassar

The research results indicate that Service Quality has a positive and significant effect on Patient Satisfaction at Level II Pelamonia Hospital, Makassar. The hypothesis testing results show a path coefficient of 0.735, a t-statistic of 2.699, and a p-value of 0.007. A p-value below 0.05 indicates that Service Quality has a significant effect on Patient Satisfaction. Therefore, the

third hypothesis (H3), which states that Service Quality has a positive and significant effect on Patient Satisfaction, is accepted.

These findings indicate that the better the quality of services provided by the hospital, the higher the level of patient satisfaction. This suggests that patients pay considerable attention to the quality of care they receive throughout the healthcare process. Services that are prompt, accurate, safe, comfortable, and responsive provide patients with positive experiences, thereby increasing their satisfaction with hospital services (Alibrandi et al., 2023; Sharma, 2025; Szewczyk & Hoque, 2026).

In this study, Service Quality was measured using the five SERVQUAL dimensions: Tangibles, Reliability, Responsiveness, Assurance, and Empathy. The analysis indicates that all five dimensions make substantial contributions to the Service Quality variable. This suggests that patients evaluate not only the hospital's physical facilities but also service reliability, staff responsiveness to patient needs, staff ability to provide a sense of security, and the attention given to patients throughout the service delivery process.

These findings are consistent with the SERVQUAL theory developed by Parasuraman, Zeithaml, and Berry. This theory explains that service quality is shaped by five main dimensions: tangibles, reliability, responsiveness, assurance, and empathy. These five dimensions provide a basis for evaluating the service quality delivered by service organizations, including hospitals (Parasuraman et al., 1988). The better the service quality perceived by customers across these five dimensions, the higher their level of satisfaction.

Furthermore, these findings are supported by Expectation Confirmation Theory (ECT), developed by Oliver. This theory explains that customer satisfaction arises when the performance of a service meets or exceeds prior expectations (Oliver, 1980). In healthcare settings, patients who receive services that meet their expectations tend to feel satisfied with hospital services. Conversely, if the services received fall below their expectations, patient satisfaction decreases.

Another theory supporting these findings is the service quality theory proposed by Grönroos (2015). According to Grönroos, service quality consists of technical quality and functional quality. Technical quality relates to the outcomes of the services received by patients, whereas functional quality concerns how those services are delivered. Both aspects play an important role in shaping patients' perceptions of service quality and ultimately influence patient satisfaction.

These findings are consistent with research conducted, which found that Service Quality has a positive and significant effect on patient satisfaction in hospitals. Their research showed that improvements in reliability, responsiveness, assurance, empathy, and tangible aspects of service can significantly increase patient satisfaction.

These findings are also supported by Suryani et al. (2024), who stated that Service Quality is the most dominant factor in increasing patient satisfaction. Their research explained that patients who receive prompt, friendly services that meet their needs tend to have higher satisfaction levels than patients who receive lower-quality services.

From an international perspective, these findings are consistent with research conducted by Al-Hanawi et al. (2020), which found a significant positive relationship between healthcare service quality and patient satisfaction. Their research showed that reliability, responsiveness, assurance, and empathy are among the most influential factors shaping patient satisfaction with healthcare services.

These findings are also supported by the research of Batbaatar et al. (2017), which concluded that service quality is a major determinant of patient satisfaction across various healthcare facilities. The review indicated that consistent improvements in service quality contribute to increased patient satisfaction and patient loyalty toward healthcare facilities.

Similar findings were reported, who found that hospitals providing high-quality services tend to achieve higher patient satisfaction levels than hospitals providing lower-quality services. Their research emphasized that service quality is one of the key indicators of a healthcare organization's success in meeting patients' needs and expectations.

Based on the research findings, supporting theories, and previous national and international studies, it can be concluded that Service Quality is a crucial factor in increasing Patient Satisfaction. This study demonstrates that the better the quality of services provided by a hospital, the higher the satisfaction level of the patients receiving those services. Therefore, H3, which states that Service Quality has a positive and significant effect on Patient Satisfaction, is accepted.

The Role of Service Quality in Mediating the Effect of SNARS Accreditation Implementation on Patient Satisfaction at Level II Pelamonia Hospital, Makassar

The research results indicate that Service Quality mediates the effect of SNARS Accreditation Implementation on Patient Satisfaction at Level II Pelamonia Hospital, Makassar. The hypothesis testing results show an indirect effect coefficient of 0.720, a t-statistic of 2.733, and a p-value of 0.006. A p-value below 0.05 indicates that the indirect effect is statistically significant. Therefore, the fourth hypothesis (H4), which states that Service Quality mediates the effect of SNARS Accreditation Implementation on Patient Satisfaction, is accepted.

These findings indicate that SNARS Accreditation Implementation does not increase Patient Satisfaction directly but can increase Patient Satisfaction through improvements in Service Quality. This finding explains that the benefits of accreditation implementation are not immediately experienced by patients. Instead, they are first reflected in improvements in the quality of services provided by the hospital. When Service Quality improves, patients experience better care, which subsequently increases their satisfaction.

The previous hypothesis testing results indicate that the direct relationship between SNARS Accreditation Implementation and Patient Satisfaction is not significant, whereas the indirect relationship through Service Quality is significant. This situation indicates that Service Quality functions as a full mediator. In other words, the effect of SNARS Accreditation Implementation on Patient Satisfaction occurs entirely through Service Quality as an intervening variable.

Empirically, these findings indicate that patients do not evaluate a hospital's success based on its accreditation certificate or status. Instead, they pay greater attention to the quality of care they experience while receiving healthcare services. Therefore, the implementation of accreditation standards will affect patient satisfaction only when it leads to improvements in service quality that patients can experience directly.

These findings are consistent with the Structure–Process–Outcome theory proposed. According to Donabedian (2003), healthcare quality is formed through the relationship between structure, process, and outcome. Accreditation implementation can be viewed as an effort to improve the structure and processes of healthcare delivery, whereas patient satisfaction represents an outcome. In this study, Service Quality forms part of the process that connects the effect of accreditation implementation to the outcome of patient satisfaction.

Furthermore, these findings are supported by the theory of Continuous Quality Improvement (CQI), which states that service quality improvement is achieved through continuous improvements to organizational systems, work processes, and services provided to customers (Kelly, 2022). Hospital accreditation is one instrument used to encourage such continuous improvement. Nevertheless, the outcomes ultimately experienced by patients do not arise directly from accreditation itself but through the improvements in Service Quality resulting from accreditation processes.

Another theory supporting these findings is SERVQUAL, which explains that customer satisfaction is influenced by perceived service quality across the dimensions of tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). In this study, SNARS implementation contributes to improvements in service quality across these dimensions, ultimately leading to increased patient satisfaction.

These findings are consistent with research conducted by Rachmawati and Prasetyo (2024), which found that Service Quality mediates the relationship between the implementation of hospital accreditation standards and patient satisfaction. Their research showed that accreditation influences patient satisfaction primarily through improvements in perceived service quality rather than through a direct effect.

These findings are also supported, who stated that hospital accreditation implementation can improve patient satisfaction when it successfully enhances hospital service quality. The study emphasized that service quality is the primary mechanism linking accreditation implementation to patient satisfaction.

From an international perspective, these findings are consistent with research conducted by Greenfield et al. (2009), who stated that the main effects of hospital accreditation lie in improvements to service processes, patient safety culture, and service quality. The effects on patients generally occur indirectly through changes in service quality resulting from accreditation implementation.

These findings are also supported by the systematic review conducted by Hussein et al. (2021), which showed that hospital accreditation has positive effects on service quality and patient safety. However, its effect on patient satisfaction is generally mediated by improvements in Service Quality resulting from the implementation of accreditation standards.

Similar findings were reported, who concluded that accreditation has a stronger impact on service processes and quality than on patients' direct perceptions. Therefore, increased patient satisfaction generally occurs because of improvements in Service Quality resulting from accreditation implementation.

Based on the research findings, supporting theories, and previous national and international studies, it can be concluded that Service Quality plays a very important role as a mediating variable in the relationship between SNARS Accreditation Implementation and Patient Satisfaction. This study demonstrates that the implementation of accreditation standards affects patient satisfaction when it successfully improves the quality of services provided to patients. Therefore, H4, which states that Service Quality mediates the effect of SNARS Accreditation Implementation on Patient Satisfaction, is accepted.

Note: The translation preserves the statistical results and references as provided in the original Indonesian text. For academic submission, ensure that all cited studies and theoretical references are included in your bibliography and that the reference details are accurate.

Conclusion

Implementation of SNARS Accreditation has a positive and significant effect on the Quality of Service at Tk Hospital. II Pelamonia Makassar. The research results show that the better the implementation of accreditation standards, especially in the aspects of Patient Focused Service Standards and Patient Safety Goals, the better the quality of services provided to patients. Thus, the first hypothesis (H1) is accepted. Implementation of SNARS Accreditation has no significant effect on Patient Satisfaction at Tk Hospital. II Pelamonia Makassar. The research results show that the implementation of accreditation standards has not been able to directly increase patient satisfaction. Patients tend to assess services based on the experience they have while receiving health services rather than based on the application of hospital accreditation standards. Thus, the second hypothesis (H2) is rejected. Service Quality has a positive and significant effect on Patient Satisfaction at Tk Hospital. II Pelamonia Makassar. The research results show that the better the quality of service provided, the higher the level of patient satisfaction. Service quality dimensions which include tangibles, reliability, responsiveness, assurance and empathy have been proven to contribute to increasing patient satisfaction. Thus, the third hypothesis (H3) is accepted. Service Quality is able to mediate the influence of SNARS Accreditation Implementation on Patient Satisfaction at Tk Hospital. II Pelamonia Makassar. The research results show that the implementation of accreditation does not have a direct effect on patient satisfaction, but has an effect through improving service quality. Therefore, Service Quality plays a role as full mediation in the relationship between the Implementation of SNARS Accreditation and Patient Satisfaction. Thus, the fourth hypothesis (H4) is accepted.

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