

The Influence of the Appearance and Hospitality of Staff on Patients' Needs in Outpatient Ward Services

Muhammad Basirun^{1*}, Umi Aminatul Qirom², Dadi santoso³

¹Nursing Departement, Gombong Muhammadiyah University

²Clinical laboratory Departement, PKU Muhammadiyah Gombong Hospital, Indonesia

³Nursing Departement, Gombong Muhammadiyah University, Indonesia,

***Correspondence Author**

DOI: <https://doi.org/10.51244/IJRSI.2025.120600177>

Received: 05 June 2025; Accepted: 10 June 2025; Published: 25 July 2025

ABSTRACT

Background: outpatient services are the leading service of inpatient services in hospitals. Quality service is a must to reach more patients and be liked by customers. Customers need many types of services, including friendliness of officers, appearance of officers, services providing information and other services. This research reveals the extent to which friendly service and the appearance of staff contribute to patient needs. The aim of this research is to look in detail at the friendly factors and appearance of health workers in meeting patient needs.

Research method: the research method used was quantitative cross-sectional on 100 outpatients at the hospital. The analysis used is structural equation modelling (SEM Amos 22.0 0).

The research results show that: Ha1; There is an influence of the officer's appearance (Appearance) on the patient's needs with a value of $p = 0.521$, which means that the officer's appearance is not significant on the patient's needs. Ha2; there is an influence of hospitality on patient needs, the test result is a p value = 0.00 which means it is significant, this means that the friendliness of the staff influences or fulfills what the patient needs.

Conclusion: Any appearance of health workers is acceptable as long as the staff is friendly.

Keywords: friendliness, appearance, nurses, patient needs, satisfaction

INTRODUCTION

Medical attendants have an vital part in evaluating and arranging persistent care. In this article, the creators talk about the significance of person-centered care in surveying needs and highlight the require for all nursing intercessions to be based on prove. Themes secured incorporate evaluating understanding needs in nursing care.

The central part of medical attendants in evaluating persistent needs in nursing care is one of the center regions emphasized (NMC) (2018a). A patient's natural variables regularly impact his or her reasonableness for the counsel and treatment given. Subsequently, it is vital to get it the reasons for dissention and proposals for each person, in this manner moving forward the quality of administrations given.

On the other hand, components that impact persistent benefit needs must get consideration to be able to supply great benefit. These components incorporate the appearance of the officers within the benefit, the invitingness of the neighborliness officers in giving nursing care services.

The point of this inquire about is to supply a point by point clarification with respect to the components that impact the invitingness and appearance of medical attendants in assembly quiet needs.

RESEARCH METHODS

The research method used was quantitative cross-sectional on 100 outpatients at the Muhammadiyah Hospital, Kebumen Regency in 2024. The analysis used was SEM Amos 22.0. The variables in this study are exogenous variables, namely the appearance of the officers (Appearance), the friendliness of the officers (hospitality) and endogenous variables, namely the patient's needs (needs).

Research results

This inquire about started by looking at the quality of the instrument by going through a few testing stages and after that conducting theory testing. A few steps were taken in testing this investigate:

To begin with, Confirmatory Factor Analysis (CFA) , moment, pointer testing, third, ordinariness evaluation testing arrange, fourth, consistency or develop reliability test, fifth, model testing, sixth, hypothesis testing, and seventh, interpretation of test results. These steps are explained as follows;

Table 1. Standard Cut off Value and Amos test results

No	Goodness of Fit Index	Cut off Value	Test results	Outcome criteria
1.	Chi-Square= χ^2	$\leq \alpha.df$	119,977	fit
2.	Probabilitas= p	≥ 0.05	0,00	Moderat
3.	CMIN/DF	< 5.0	4,799	fit
4.	NFI	≥ 0.90	0,910	fit
5.	GFI= χ^2	≥ 0.90	08,25	fit
6.	IFI= χ^2	≥ 0.90	0928	fit
7.	DF= χ^2	≥ 0.00	25	fit
8.	AGFI= χ^2	≥ 0.90	0685	fit
9.	TLI= χ^2	≥ 0.90	0,895	fit
10.	CFI= χ^2	≥ 0.90	0,927	fit
11.	RMSEA= χ^2	≤ 0.08	0,196	Moderat

To begin with, Confirmatory Factor Analysis (CFA), Examination is utilized to get markers that are genuinely substantial in measuring investigate factors. CFA Show Achievability Test for each variable is evaluated from a few goodness-of-fit show criteria counting chi square likelihood, GFI, TLI, CFI, GFI, RMR, RMSEA which can be found within the AMOS 22.00 SEM demonstrate picture (Junaidi, 2021). The comes about of this test are markers of each variable, to be specific the exogenous variable, to be specific the appearance of the officer (Appearance), the neighborliness of the officer (neighborliness) and the endogenous variable, specifically the patient's needs (needs), which is goodness of fit (table 1) and satisfactory since it is more than The 5 goodness of fit criteria are in agreement with Hair's explanation (J. F. Hair Jr. et al., 2021) that factors with markers that meet criteria 4-5 fulfill goodness of fit.

Moment, pointer testing, this test is aiming to test whether the appraise of the marker is experimentally adjust in measuring the idle variable being tried. The test comes about are said to be noteworthy on the off chance that the standard stacking esteem is ≥ 0.5 (Igbaria et.al. in Ghazali, 2008). The comes about of marker testing for all factors with respect to standardized relapse weights can be seen that all pointers are substantial since they have estimates/loadings calculate ≥ 0.05 so that it can be proceeded with testing the possibility of the show (table 2.)

Table 2. Regression Weights

			Estimate	S.E.	C.R.	P	Label
Needs	<---	Hospitality	7,475	,416	17,973	***	par_6
Needs	<---	Appearance	,167	,260	,642	,521	par_7
pd2	<---	Hospitality	1,000				
pw2	<---	Hospitality	,984	,063	15,522	***	par_1
dr2	<---	Hospitality	1,055	,069	15,196	***	par_2
ap2	<---	Hospitality	,984	,064	15,447	***	par_3
pd1	<---	Appearance	1,000				
pw1	<---	Appearance	,994	,080	12,383	***	par_4
ap1	<---	Appearance	,982	,074	13,354	***	par_5
kbth	<---	Needs	1,000				
dr1	<---	Appearance	1,038	,071	14,597	***	par_9

The third organize of ordinariness evaluation testing, this organize is the arrange to get typical information through the Perceptions most distant from the centroid (Mahalanobis remove) test. The comes about of the typicality evaluation test appear that all kurtosis esteem factors are underneath 2.58, and concurring to Mardia (1970) in case the kurtosis esteem is < 2.58 , it can be concluded that the information is typical on a multivariate premise.

The fourth test is consistency or construct reliability. This test is intended to determine the consistency of the indicators of the forming variables. These indicators are in each variable. The standard value (cut-off values) for the consistency test with construct reliability is ≥ 0.70 while the extracted cut values are ≥ 0.50 (Ghozali, 2008).

Model Feasibility Test,

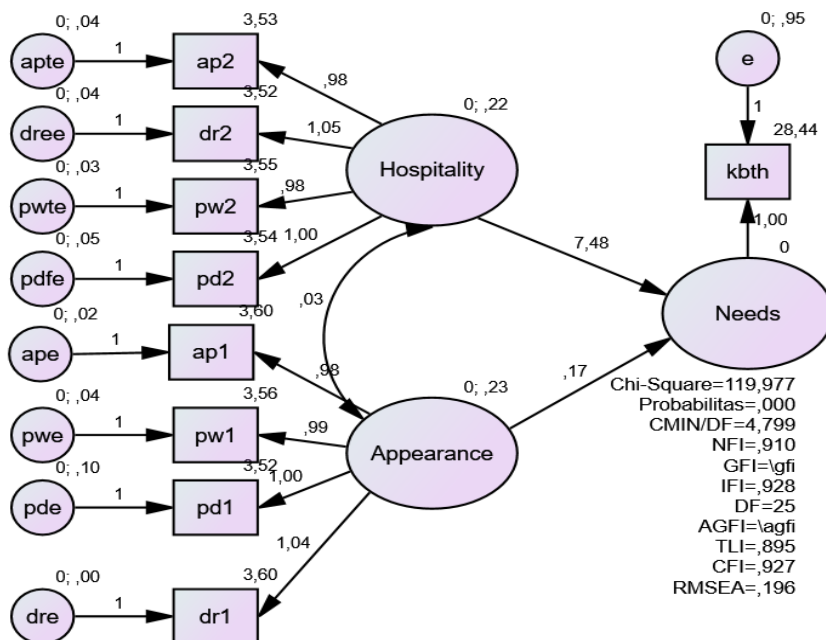


Figure 1. Structural equation modelling

The model feasibility test is assessed from several goodness of fit model criteria including chi square probability, GFI, TLI, CFI, GFI, RMR, RMSEA which are contained in the full SEM AMOS 22.00 model image and table 1. The results of this test are to find out model suitability, then the goodness of fit results can be accepted if they meet the measurement requirements and meet 4-5 goodness of fit criteria with one of the criteria, namely chi square probability fit, being acceptable (Hair, et al., 2010). The results of structural modeling are goodness of fit shown in table 1 and figure 1, so that hypothesis testing can then be carried out.

Hypothesis testing, the results of this research hypothesis testing are explained for each hypothesis test, AMOS 22.00 analysis hypothesis testing using standard t-Value values with a significance level of 0.05 and the results can be seen in the output regression weights text (table 2) from the fit full model in Amos program 22.00. The hypothesis in this research is Ha1; There is an influence between the officer's appearance variable (Appearance) and the patient's needs (needs). Ha2; There is an influence between the variable friendliness of the staff (hospitality) on patient needs (needs).

The results of this test are on Ha1; There is an influence of the officer's appearance (Appearance) on the patient's needs with a value of $p = 0.521$, which means that the officer's appearance is not significant on the patient's needs. Ha2; there is an influence of hospitality on patient needs, the test result is a p value = 0.00 which means it is significant, this means that the friendliness of the staff influences or fulfills what the patient needs.

DISCUSSION OF RESEARCH

The appearance of the officer and desires of the persistent

Ha1 research comes about; is that there's no impact of the appearance of the staff on the patient's needs. The quiet does not anticipate the appearance of the officer, what is taken note is his invitingness. Any appearance of wellbeing specialists is satisfactory as long as the staff is inviting.

The Appearance variable is affected by a few markers, counting pd1 (enlistment officer), pw1 (nurture appearance), ap1 (drug store officer's appearance) and dr1 (doctor's appearance). The comes about of the examination of this marker are that all pointers pd1, pw1, ap1 and dr1 appear positive importance (table 2). This implies that the officer's execution is affected by all the sub-variables or pointers that bolster it. Another, the variable quiet needs.

The comes about of past investigate are far fetched approximately the influence of officers' appearance on persistent needs, specifically there's no solid prove to bolster understanding inclinations for certain uniform styles and colors (1). Without a doubt, appearance is in some cases a characteristic of polished skill, which is impacted by numerous factors, such as hair, make-up, regalia, behavior and nursing picture, and patients accept in taking additional time to progress their appearance to be proficient(2). Most respondents accept that female and male medical caretakers ought to dress appropriately at work and regard proficient appearance requirements (3).

Distinctive discoveries appear the significance and affect of appearance issues in nursing circumstances and how this is often related to understanding wellbeing (4). Improvement of information related to fruitful person-centered methodologies for appearance-related mindfulness and back is critical

Hospitality and understanding needs

The comes about of the inquire about on Ha2 are that neighborliness is required by patients or is critical, particularly mental needs. A exact, clear and exact understanding of understanding encounter will advantage the healthcare industry (5). This result is affected by a few variables, to be specific the invitingness of the enlistment officer (pd2), friendliness from medical caretakers (pw2), neighborliness from specialists (dr2) and neighborliness from drug store staff (ap2) in table 2.

Some past inquire about comes about to clarify this result are; healthcare neighborliness can impact quiet involvement, wellbeing and well-being (6). The quintessence of wellbeing administrations incorporates the individuals who give the administrations. The involvement of neighborliness as feeling "truly" cared for, comfortable and recuperated (7). Passionate bolster may be a challenging but vital component of the way wellbeing administrations ought to, and can, be conveyed (8). Invitingness, illustrated with regard, is associated with positive and patient-centered communication behavior amid therapeutic experiences by specialists and patients (9). The encounters of patients and doctors are illustrated by:

(1) warmth and benevolence, (2) profound tuning in, and (3) social connections within the care handle (8). Understanding values and inclinations in wellbeing care through different approaches counting appearing

concern for the quiet as a individual, illustrating competence in overseeing illness, communicating with patients as accomplices (10).

Therapeutic care, communication with the quiet, and the patient's age are a few of the foremost vital factors (Ferreira et al., 2023). Neighborliness can be illustrated through giving quality physical help in assembly human needs through successful communication and instructing which is exceptionally critical to advance a all encompassing quiet approach, moving forward psychosocial bolster and nurse-patient intuitive (11). The caring relationship is based on correspondence, but remains topsy-turvy, since the nurture has the control and obligation to engage the understanding (12). The doctor-patient relationship is an vital portion of the doctor's visit and can alter quiet wellbeing results (13).

CONCLUSION

The patient does not expect the appearance of the officer, what is noticed is his friendliness. Any appearance of health workers is acceptable as long as the staff is friendly.

ACKNOWLEDGEMENT

We would like to express our thanks to Muhammadiyah Gombong University for assisting in the publication of this article

Funding

Research and publication costs were partly donated by Gombong Muhammadiyah University.

Conflict of Interest

The research process and publication of the results of this research has no conflict of interest from any party

Author Contributions

In this research, all researchers have their respective roles, such as the head researcher is directly responsible for research and scientific publications while the members have roles; assisting in preparing proposals, carrying out research such as data collection and including preparing and searching for article publishing institutions

Ethics approval

This research has passed ethical tests and complies with research principles

BIBLIOGRAPHY

1. Hatfield LA, Pearce M, Del Guidice M, Cassidy C, Samoyan J, Polomano RC. The professional appearance of registered nurses: An integrative review of peer-refereed studies. *J Nurs Adm.* 2013;43(2):108–12.
2. Wills NL, Wilson B, Woodcock EB, Abraham SP, Gillum DR. Appearance of Nurses and Perceived Professionalism. *Int J Stud Nurs.* 2018;3(3):30.
3. Galović L. The Opinion of Patients and Nurses About the Professional Appearance in Nursing. 2023;7(2):107–15.
4. Bringsén Å, Sjöbeck J, Petersson P. Nursing staff's experience of appearance issues in various nursing situations. *BMC Nurs.* 2021;20(1):1–12.
5. Oben P. Understanding the Patient Experience: A Conceptual Framework. *J Patient Exp.* 2020;7(6):906–10.
6. Majeed S, Kim WG. Toward understanding healthcare hospitality and the antecedents and outcomes of patient-guest hospital-hotel choice decisions: A scoping review. *Int J Hosp Manag.* 2023;112.
7. Kelly R, Wright-St Clair V, Holroyd E. Patients' experiences of nurses' heartfelt hospitality as caring:

- A qualitative approach. *J Clin Nurs*. 2020;29(11–12):1903–12.
8. Bradshaw J, Siddiqui N, Greenfield D, Sharma A. Kindness, Listening, and Connection: Patient and Clinician Key Requirements for Emotional Support in Chronic and Complex Care. *J Patient Exp*. 2022;9.
 9. Tabor E. Flickinger, MD et al. Respecting patients is associated with more patient-centered communication behaviors in clinical encounters. *HHS Public Access*. 2016;42(7):1241–4.
 10. Tringale M, Stephen G, Boylan AM, Heneghan C. Integrating patient values and preferences in healthcare: a systematic review of qualitative evidence. *BMJ Open*. 2022;12(11).
 11. Vujančić J, Mikšić Š, Barać I, Včev A, Lovrić R. Patients' and Nurses' Perceptions of Importance of Caring Nurse–Patient Interactions: Do They Differ? *Healthc*. 2022;10(3):1–16.
 12. Hynnekleiv II, Jensen JK, Giske T, Lausund H, Mæland E, Heggdal K. Patients' and Nurses' experiences of caring in nursing: An integrative literature review across clinical practices. *J Clin Nurs*. 2024;33(4):1233–55.
 13. Chipidza FE, Wallwork RS, Stern TA. Impact of the doctor-patient relationship. *Prim Care Companion J Clin Psychiatry*. 2015;17(5):360.