



**THE INFLUENCE OF MULTICULTURAL SERVICES AND RELIGIOUS
BACKGROUND ON PATIENT SATISFACTION THROUGH EMPLOYEE
LOYALTY AT ROSIDA MIDWIFE INDEPENDENT PRACTICE,
PURWAKARTA**

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Abstract

This study aims to analyze the effect of multicultural service and religious background on patient satisfaction through employee loyalty at Praktek Mandiri Bidan Rosida. This research uses a quantitative approach with a survey method conducted on respondents who have received services at the clinic. The population in this study consisted of all patients who had visited Praktek Mandiri Bidan Rosida, while the sample was determined using specific criteria of service recipients; however, the exact number of respondents is not specified in this abstract. Data were analyzed using path analysis to examine both the direct and indirect relationships among variables. The results show that multicultural service and religious background have a significant effect on patient satisfaction. Furthermore, patient satisfaction is proven to be a significant mediator in shaping patient loyalty. These findings highlight the importance of a service approach that respects cultural and religious diversity to enhance patient satisfaction and loyalty in midwifery care services.

Keywords: Multicultural Service, Religious Background, Patient Satisfaction, Loyalty



INTRODUCTION

Quality healthcare is a fundamental right of every individual, regardless of social, economic, cultural, or religious background, as stipulated in Law Number 36 of 2009 on Health. The quality of healthcare encompasses not only clinical and technical aspects but also interpersonal and cultural dimensions that can adapt to the unique needs of each patient (Donabedian, 1988). In the context of Indonesia, with its rich cultural and religious diversity, the principle of multiculturalism becomes crucial in ensuring equitable, inclusive, and effective healthcare services.

Multicultural services in healthcare emphasize understanding and respecting the values, beliefs, and health practices of diverse patients (Campinha-Bacote, 2022). In midwifery practice, a midwife's ability to provide multicultural services helps overcome barriers related to language, customs, and differing health perspectives. The diversity of ethnicities and cultures in Indonesia influences patients' perceptions of pregnancy, childbirth, and healthcare, making cultural sensitivity an important factor in maintaining patient satisfaction.

In addition to cultural factors, religious background also shapes patients' perceptions and experiences in receiving healthcare services. Religion serves as the foundation for moral values, ethics, and life practices that determine medical decisions, such as dietary restrictions, the use of certain medications, and consent for specific medical procedures (Puchalski, 2014). Midwives who understand and respect patients' religious beliefs can create a safe, comfortable, and value-aligned service environment, ultimately increasing patient satisfaction and loyalty (Betancourt et al., 2003).

Praktik Mandiri Bidan Rosida, as a primary healthcare provider, interacts directly with patients from diverse backgrounds. The midwife's sensitivity to multicultural and religious aspects is essential in building mutual trust. Neglecting these dimensions may lead to misunderstandings, discomfort, or even decreased patient trust. Although there have been many studies on patient satisfaction and loyalty, research examining the simultaneous influence of multicultural services and religious background on patient satisfaction through employee loyalty in the context of independent midwifery practice in Indonesia remains limited.

The limitations of previous studies open opportunities to examine the relationships among these variables in a more specific scope, particularly within independent midwifery services. This study seeks to explore in depth how multicultural services influence patient satisfaction levels at Praktik Mandiri



Bidan Rosida, the extent to which religious background shapes patients' perceptions and experiences of the services received, and how these two factors interact through employee loyalty in enhancing patient satisfaction. This research also aims to understand the simultaneous influence of multicultural services and religious background on patient satisfaction, thereby providing a more comprehensive picture of the mechanisms linking these variables.

This study aims to analyze the influence of multicultural services and religious background on patient satisfaction, with employee loyalty as a mediating variable, at Praktik Mandiri Bidan Rosida Purwakarta. Theoretically, this research is expected to enrich the literature on multicultural perspectives in healthcare services, while practically, the findings can serve as a reference in designing service policies that are sensitive to cultural and religious diversity, in order to strengthen employee loyalty and sustainably enhance patient satisfaction.

LITERATURE REVIEW

Human Resources in Health Services

Human resources (HR) are a crucial asset in health services, including at PMB Rosida, where midwives serve as the front line of direct care. HR quality encompasses technical competence, interpersonal skills, and adaptability. According to Dessler (2024), HR management includes recruitment, training, appraisal, compensation, and attention to health, safety, and workplace fairness, which in the health context means ensuring that midwives are qualified, well-trained, and work in a supportive environment. Competent and valued HR will provide better services, making investment in HR development an investment in service quality and patient satisfaction.

The Role of Human Resources in Multicultural Services

In a diverse society, midwives at PMB Rosida must possess multicultural competence, which includes self-awareness, knowledge, and skills. Self-awareness prevents personal bias from influencing service delivery, knowledge includes understanding cultural practices and health beliefs, while skills refer to the ability to adjust communication and approaches. Such adaptation creates an inclusive environment and enhances patient satisfaction, whereas failure to do so may result in miscommunication and dissatisfaction (Saadah et al., 2023).

The Contribution of Human Resources to Patient Satisfaction and Loyalty

HR performance determines patient satisfaction because direct interaction with midwives shapes perceptions of care. In the SERVQUAL model Zeithaml



dkk. (1996), highlight empathy and responsiveness as key factors. An empathetic midwife provides personal attention and emotional support, while responsiveness means promptly addressing patient needs. Effective communication builds trust that fosters loyalty, where patients will return and recommend the services. Therefore, technical, interpersonal, and multicultural HR development becomes a key strategy.

Basic Concepts of Health Management

Health management regulates the planning, organizing, directing, and controlling of resources for effective and efficient service delivery. Terry & Rue (1982) define it as the process of directing a group toward organizational goals, while Gillies (1994) emphasizes the use of management functions to achieve objectives through optimal resource utilization. The orientation of health management is not only on outcomes but also on the efficiency of resource use.

The Importance of Effective Health Management

Effective health management ensures access, quality, and efficiency of services by optimizing resources, reducing costs, and increasing patient satisfaction. Porter & Teisberg (2006) stress the need to shift focus from service volume to value, measured by health outcomes relative to costs, so that every managerial decision should contribute to patient quality of life and cost efficiency.

Dimensions of Multicultural Service

Multicultural service in healthcare acknowledges and responds to patients' cultural diversity to provide care that is sensitive to their values, beliefs, and practices. The cultural competence model includes five elements: awareness, knowledge, skills, desire, and cultural encounters that help healthcare providers, including midwives, deliver equitable and culturally sensitive services. Applying these elements allows midwifery services to be adjusted to patients' expectations and needs, thereby improving service quality (Campinha-Bacote, 2022).

Religious Background

Religion influences an individual's views on health, illness, and treatment, including in midwifery care (Aziato et al., 2016). Beyond being a belief system, religion functions as a psychosocial support that helps in coping with stress and shaping life identity (Koenig, 2001). Respecting and accommodating patients' spiritual needs, including birth-related practices and rituals, is essential for creating a sense of safety, strengthening patient-provider relationships, and optimizing service outcomes.

Patient Satisfaction

Patient satisfaction is a subjective assessment of the care received, influenced by the alignment between expectations and perceptions of service



quality (Oliver, 1980). In multicultural services, satisfaction includes technical, interpersonal, physical environment, and responsiveness to cultural and religious needs (Parasuraman et al., 1988). Integrating cultural competence into practice enhances patient trust and comfort, which in turn affects satisfaction and loyalty (Zeithaml et al., 1996).

Employee Loyalty

Employee loyalty is the commitment to remain dedicated and contribute optimally to an organization, reflected in behavior, attitudes, and dedication (Oliver, 1980). Influencing factors include salary, career advancement, work environment, and personal characteristics (Rezaee Moradali et al., 2023). Indicators include high levels of obedience, responsibility, dedication, and honesty, which can increase productivity while reducing absenteeism and turnover (Wati & Tan, 2025). Strong loyalty supports organizational sustainability and progress.

One relevant previous study was conducted by Purnama and Sari (2018) entitled *The Influence of Nurses' Cross-Cultural Competence on Patient Satisfaction at Hospital X*. This research examined the influence of nurses' cross-cultural competence, as a form of multicultural service, on patient satisfaction. The findings indicate that cross-cultural competence is an important predictor of patient satisfaction, thereby providing a strong theoretical basis for the relationship between culturally respectful services and the level of patient satisfaction.

RESEARCH METHOD

This research uses a quantitative descriptive approach with survey methods, supported by qualitative data as a complement. The study was conducted from May to July 2025 at the *Praktek Mandiri Bidan Rosida*. The primary data were obtained from respondents' answers to closed-ended questionnaires, while secondary data came from literature studies and direct observations. The research population consisted of 70 patients, and the sampling used the Slovin formula so that the entire population was included as respondents. The research instruments used a five-point Likert scale questionnaire to measure multicultural service (X1), religious background (X2), patient satisfaction (Y1), and employee loyalty (Y2). Data analysis employed Partial Least Squares-Structural Equation Modeling (PLS-SEM) with SmartPLS software, chosen for its ability to handle independent, dependent, and mediating variables. The analysis stages included measurement model testing (validity and



reliability) and structural model testing (hypothesis testing, R^2 , and mediation analysis).

RESULTS AND DISCUSSION

Research Analysis

This study employs the SmartPLS-SEM method, which comprises two essential elements for data analysis. According to Ghozali (2021), there are two stages in PLS data processing: (i) measurement model evaluation (the relationship between constructs and indicators) and (ii) structural model evaluation (the relationships between constructs).

Measurement Model Analysis

Through PLS-SEM analysis, the main stage includes the evaluation of the outer model (measurement model) and the inner model. The outer model focuses on assessing reliability and validity, which include internal consistency, convergent validity, and discriminant validity. Reliability is measured using Composite Reliability and Cronbach's Alpha, while validity is assessed through convergent validity (Average Variance Extracted, loading factor) and discriminant validity (cross-loadings and Fornell-Larcker criterion). This evaluation ensures that the measurement instruments are reliable and valid before proceeding to the inner model analysis.

Theoretical Model of Research

Following the conceptual framework in Chapter 3, the theoretical model positions multicultural service (PM) as the independent variable, religious background (LBA) and employee loyalty (L) as mediating variables, and patient satisfaction (KP) as the dependent variable.

The theoretical model is presented in the following figure:

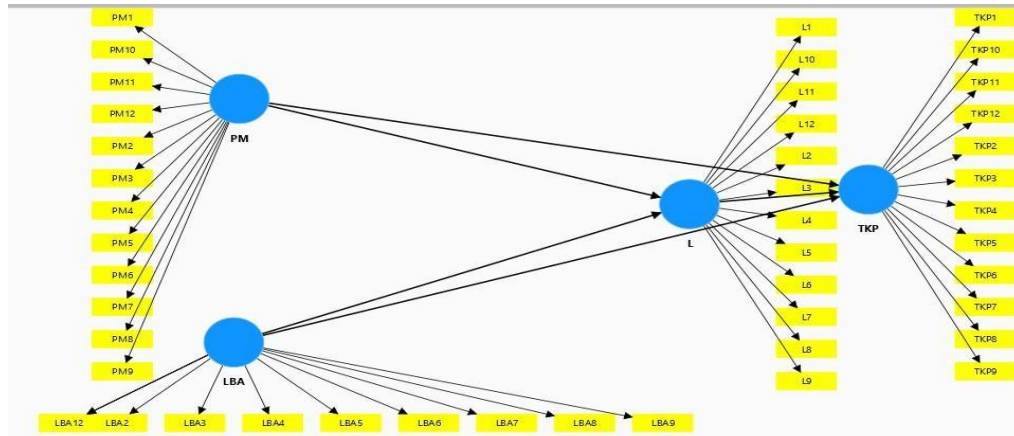


Figure 1.
Theoretical Model

The theoretical model in this study serves as a visual and conceptual representation of the causal relationships among the variables to be tested. This model is constructed based on a synthesis of various relevant theories and previous studies, thereby providing a solid foundation for hypothesis formulation and empirical analysis

Research Hypotheses

The research hypotheses are formulated based on theoretical foundations and previous research findings as follows:

1. H1: Multicultural service has a positive and significant effect on patient satisfaction at Praktek Bidan Mandiri Rosida.
2. H2: Religious background has a positive and significant effect on patient satisfaction at Praktek Bidan Mandiri Rosida.
3. H3: Employee loyalty has a positive and significant effect on patient satisfaction at Praktek Bidan Mandiri Rosida.
4. H4: Multicultural service and religious background simultaneously have a positive and significant effect on patient satisfaction at Praktek Bidan Mandiri Rosida.

Measurement Model Test

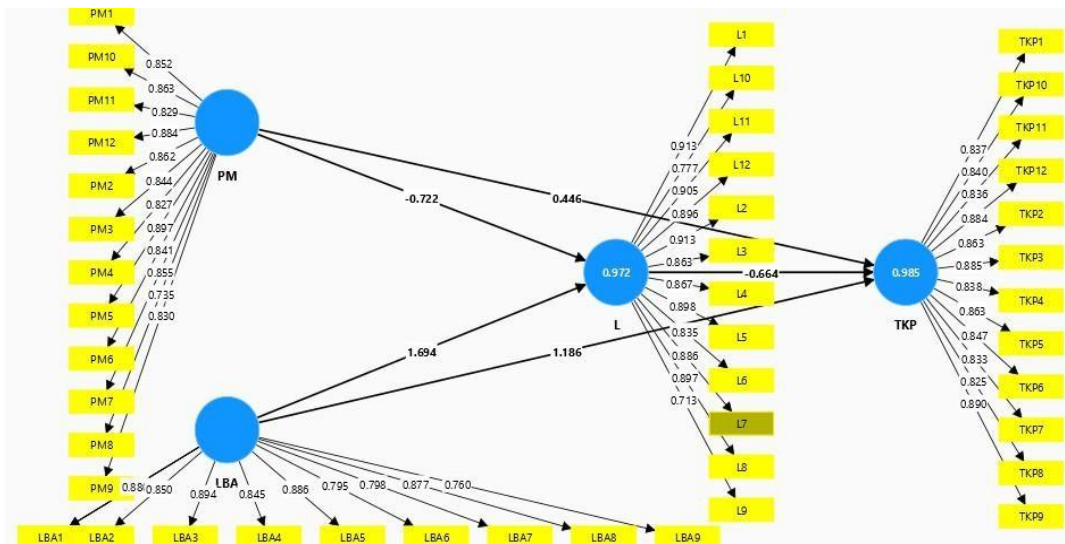


Figure 2.
Measurement Model

The measurement model test, also referred to as outer model evaluation, is a crucial stage in the partial least squares structural equation modelling (PLS-SEM) analysis using SmartPLS. The primary objective of this test is to evaluate the validity and reliability of each construct (latent variable) measured by indicators (questionnaire items) used in the study.

Convergent Validity Test

This assesses the extent to which the indicators (question items) of a construct are positively correlated with each other and substantially measure the same latent construct.

Reliability Test

This measurement assesses the consistency of indicators within a construct, i.e., the degree to which repeated measurements yield the same results.



Table 1.
Construct Reliability and Validity – Overview

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
L	0.969	0.970	0.973	0.749
LBA	0.963	0.964	0.967	0.713
PM	0.963	0.964	0.967	0.713
TKP	0.966	0.966	0.970	0.729

Description:

- Composite Reliability (CR) must be > 0.70 – the results are acceptable.
- Cronbach’s Alpha must be > 0.70 – the results are acceptable.
- AVE must be > 0.50 – the results are acceptable.

R-Square Test

In SmartPLS 4, the R-square (coefficient of determination) value is one of the key indicators for evaluating the structural model (inner model). The R-square value shows the proportion of variance in the endogenous (dependent) variable explained by the exogenous (independent) variables in the model.

Table 2.
R-Square

	R-square	R-square adjusted
L	0.972	0.971

Description: Very high R² values (≥ 0.97) indicate that the independent variables can explain more than 97% of the variance in L and TKP.

Direct Relationship Test (Path Coefficient)

Path coefficient is a statistical measure in the PLS-SEM model that indicates the magnitude of the direct effect between latent variables (constructs). This coefficient is derived from the structural model (inner model) and is used to test direct hypotheses.



Table 3.
Path Coefficient

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ((O/STDEV))	P values
L -> TKP	-0.664	-0.662	0.139	4.775	0.000
LBA -> TKP	1.186	1.166	0.246	4.829	0.000
PM -> TKP	0.446	0.463	0.139	3.213	0.001

Interpretation of this data is based on the structural model (inner model) test results using SmartPLS, focusing on path coefficients, t-statistics, and p-values to test the research hypotheses.

Based on the hypothesis testing results, the variable L has a negative and significant effect on TKP, with a path coefficient of -0.664, a t-statistic of 4.775, and a p-value of 0.000 (< 0.05). This indicates that the higher the value of L, the more TKP tends to decrease significantly; therefore, H1 is accepted despite the negative direction of the effect. Meanwhile, the variable LBA shows a positive and significant effect on TKP, with a path coefficient of 1.186, a t-statistic of 4.829, and a p-value of 0.000 (< 0.05). This means that an increase in LBA is followed by a significant increase in TKP, hence H2 is accepted with a positive direction of influence.

Furthermore, the variable PM has a positive and significant effect on TKP, with a path coefficient of 0.446, a t-statistic of 3.213, and a p-value of 0.001 (< 0.05). These results indicate that an increase in PM will significantly increase TKP, thus H3 is accepted. The simultaneous effect testing also confirms the previous findings, where L still shows a significant negative effect on TKP, while LBA has a significant positive effect on TKP. These findings reinforce that the variables contribute differently in influencing TKP, both in direction and in the level of significance.



Data Interpretation

Table 4. Path Coefficients and Significance Test Results

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
L -> TKP	-0.664	-0.662	0.139	4.775	0.000
LBA -> TKP	1.186	1.166	0.246	4.829	0.000
PM -> TKP	0.446	0.463	0.139	3.213	0.001

The hypothesis testing results show that H1 is accepted with a negative effect, where the path coefficient of variable L on TKP is -0.664, t-statistic 4.775, and p-value 0.000 (< 0.05), which means that the higher the L, the TKP tends to decrease significantly. Meanwhile, H2 is accepted with a positive effect, where the path coefficient of LBA on TKP is 1.186, t-statistic 4.829, and p-value 0.000 (< 0.05), indicating that the higher the LBA, the higher the TKP significantl.

Furthermore, H3 is also accepted with a positive effect, as shown by the path coefficient of PM on TKP of 0.446, t-statistic 3.213, and p-value 0.001 (< 0.05), which means that an increase in PM will be followed by a significant increase in TKP. In H4, the simultaneous effect of PM and LBA on TKP shows consistency with the previous effect direction, where L still has a significant negative effect and LBA has a significant positive effect on TKP.

CONCLUSION

Based on the results of data analysis using Partial Least Squares Structural Equation Modeling (PLS-SEM) with the SmartPLS software, this study concludes that Multicultural Services and Religious Background have a positive and significant effect on Patient Satisfaction at PMB Rosida, both partially and simultaneously. Patient satisfaction is proven to be an important mediator linking these two variables with Employee Loyalty, where services that are sensitive to patients' cultural and religious diversity are able to create positive experiences that foster the loyalty of healthcare personnel. These findings affirm that improving service quality that is responsive to cultural and religious differences not only impacts patient comfort but also directly contributes to the formation of employee loyalty.

The policy implication of this study is the need for policymakers in the healthcare sector, particularly at PMB Rosida, to integrate training and policies



focusing on multicultural competence and religious sensitivity into standard operational procedures. This strategy may include developing specialized training modules for healthcare workers, adjusting service procedures to be more accommodating to patients' cultural and religious needs, and conducting periodic evaluations of patient satisfaction as an indicator of service quality. Thus, such policies will not only enhance patient satisfaction but also strengthen employee loyalty sustainably, ultimately contributing to the overall improvement of healthcare service quality.

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