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RESEARCH ARTICLE

The Impact of the Free Visiting Hours Policy on Patient Satisfaction: Management Strategies for Ensuring Security, Infection Prevention, and Smooth Clinical Services (Case Study at PANTI RAHAYU Hospital Purwodadi)

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Abstract

The intense competition in the healthcare services industry has pushed hospitals to adopt patient-centered care strategies, one of which is the implementation of a free visiting hours policy. This study aims to (1) analyze the effect of the free visiting hours policy on patient satisfaction levels, and (2) formulate a strategic managerial model to balance this flexibility with fundamental operational pillars: security, Infection Prevention and Control (IPC), and smooth clinical services. Using a quantitative approach with a cross-sectional survey design, data was collected from 120 non-ICU inpatients at PANTI RAHAYU Hospital Purwodadi through purposive sampling. The visiting hours policy variable was measured through perceptions of flexibility and family support, while patient satisfaction was assessed using the five dimensions of service quality (SERVQUAL). Pearson's Correlation analysis showed a positive, strong, and highly significant relationship ($r = 0.715$; $p < 0.01$) between positive perceptions of free visiting hours and overall patient satisfaction. The highest satisfaction dimension was found in Empathy (mean = 4.45), emphasizing that this policy effectively meets patients' psychosocial needs. However, observations and slightly lower scores in the Reliability dimension (mean = 4.05) indicate a potential "managerial paradox," where this marketing asset may risk disrupting clinical workflows. As a solution, this study proposes the "Guided Flexibility" model, a framework that integrates proactive visitor education, the implementation of a Visitor Management System, setting "Priority Service Times," and empowering staff through assertive communication to ensure clinical services, security, and IPC standards are maintained without compromising patient satisfaction.

Keywords
Patient Satisfaction, Free Visiting Hours, Hospital Management, Service Quality, Patient-Centered Care, Patient Security, IPC, Clinical Services.

1 | INTRODUCTION

The healthcare service industry in Indonesia has undergone a fundamental transformation. Hospitals can no longer rely solely on clinical excellence as their differentiating factor. With the increasingly fierce competition and greater patient access to information, patient experience and satisfaction have become the main battleground for winning market loyalty (Kotler & Keller, 2016). Satisfaction has become a critical metric that directly impacts a hospital's reputation, occupancy rates, and financial sustainability. In response to these market demands, many hospitals have adopted the Patient-Centered Care (PCC) philosophy, an approach that places the holistic needs of patients at the core of every service process. One of the most popular strategic manifestations of the PCC philosophy is the implementation of flexible or "free" visiting hours. This policy is grounded in strong evidence that continuous family support can accelerate healing, reduce anxiety, and improve patient adherence to treatment (Ciufo *et al*., 2017). Theoretically, this policy is a progressive and promising step.

Panti Rahayu Hospital Purwodadi, in its efforts to improve competitiveness and deliver patient-centered services, has adopted a more flexible visiting hours policy. This policy is designed as a competitive advantage, offering a more humane and empathetic service promise. However, a pressing phenomenon emerged in the field after the implementation of this policy. On one hand, initial internal survey data showed a positive trend in patient satisfaction, particularly in the aspects of "comfort" and "family support." Patients and families provided positive testimonials, which became valuable marketing assets. On the other hand, operational dysfunctions emerged, which became increasingly concerning. Preliminary observations and informal complaints from frontline staff (nurses and on-call doctors) indicated a series of new problems:

Firstly, medical staff reported difficulties in carrying out Standard Operating Procedures (SOPs) on time. Doctor visits were often disrupted by the large number of visitors in patient rooms, medication administration became less focused due to interruptions, and essential rest time for patients was often sacrificed due to the noise. Secondly, the high and poorly regulated visitor traffic created a "gray zone" in security. It became difficult to distinguish between official caregivers and ordinary visitors, increasing the risk of damage to patients' belongings and hospital inventory. From an Infection Prevention and Control (IPC) perspective, ensuring that visitors comply with hand hygiene and coughing etiquette became a nearly impossible logistical challenge, thus increasing the risk of nosocomial infections (HAIs). Lastly, nurses were not only performing clinical duties but were also burdened with the roles of "traffic controllers" and "enforcers of order" in the patient care rooms. This often led to friction with patients' families and potentially caused burnout.

This situation created a critical managerial paradox at Panti Rahayu Hospital: a policy that was successful in the eyes of patients could potentially backfire, undermining the quality, safety, and operational efficiency from within. The gap between marketing objectives (increasing satisfaction) and operational reality (declining service effectiveness) is a real issue that requires immediate solutions. Allowing this situation to persist without data-driven intervention could lead to serious incidents, a decline in overall service quality, and, ultimately, the destruction of the patient satisfaction it sought to enhance. Therefore, this research has become urgent. This study aims not only to empirically confirm the positive relationship between the visiting hours policy and patient satisfaction but, more importantly, to answer the fundamental question: How can PANTI RAHAYU Hospital design an intelligent management model to retain the marketing benefits of this policy, while building a robust "safety net" to protect the fundamental operational pillars—security, IPC, and smooth clinical services? The answer to this question will serve as a strategic guide for management in navigating this complex dilemma.

This study aims to address several critical questions: First, how do inpatient patients perceive the implementation of the free visiting hours policy at PANTI RAHAYU Hospital Purwodadi? Second, what is the overall level of patient satisfaction with the services offered at the hospital? Third, is there a significant connection between positive perceptions of the free visiting hours policy and patient satisfaction? Finally, what managerial strategies can PANTI RAHAYU Hospital Purwodadi implement to manage the free visiting hours policy effectively, ensuring security, infection prevention and control (IPC) standards, and the smooth operation of clinical services?

The primary goal of this research is to analyze how the free visiting hours policy influences patient satisfaction and to develop a risk management strategy that integrates operational and patient care needs at PANTI RAHAYU Hospital Purwodadi. Specifically, the study seeks to assess how patients perceive the free visiting hours policy, measure patient satisfaction based on the SERVQUAL dimensions, evaluate the significance of the relationship between the policy and patient satisfaction, and propose a "Guided Flexibility" model as a solution to balance patient satisfaction with the need to maintain security, IPC standards, and operational efficiency.

For the management of PANTI RAHAYU Hospital, the practical benefit of this study is to provide data-driven insights that can guide decision-making regarding the free visiting hours policy. The study will also offer an operational framework to mitigate associated risks. From an academic perspective, the research will add valuable knowledge to the field of healthcare service marketing, particularly in managing the balance between customer-centric strategies and operational risk management within hospital settings.

2 | BACKGROUND THEORY

Theoretical Framework

Patient satisfaction, in this case, is defined as the post-consumption evaluation where patients compare their perceptions of the received performance with their initial expectations (Parasuraman *et al*., 1988). The SERVQUAL model identifies five key dimensions that influence perceptions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. Tangibles refer to the physical facilities, equipment, and appearance of personnel, while reliability is the ability to deliver promised services consistently and accurately. Responsiveness is the willingness to help patients and provide services quickly, and assurance refers to the knowledge and courtesy of staff and their ability to instill confidence in patients. Empathy, which involves providing personalized attention and care to patients, is especially relevant to the free visiting hours policy, as it demonstrates the institution's understanding of the non-clinical needs of patients. This policy reflects a deeper level of empathy by allowing families to be more involved in the patient's care, which can enhance their overall experience.

Patient-Centered Care (PCC) is an approach that places patients and their families at the center of all care decisions. The Institute for Patient- and Family-Centered Care (2015) emphasizes the importance of partnerships between patients, families, and healthcare providers. One of the key elements of PCC is the flexible visiting hours policy, which recognizes family members as active care partners rather than passive visitors. This policy not only allows patients to benefit from emotional and psychological support but also strengthens the involvement of family members in the care process, aligning with the core principles of PCC.

Flexible visiting hours have been shown to have various benefits, including reducing patient anxiety and increasing family involvement in care (Ciufo *et al*., 2011). However, challenges also arise with this policy. These include disruptions to clinical routines such as doctor visits and medication administration, increased noise levels, violations of other patients' privacy, and patient fatigue. Additionally, security risks and infection prevention concerns are significant managerial issues that hospitals must address. Balancing the benefits of flexible visiting hours with the potential operational risks presents a complex dilemma for healthcare managers.

Research Framework

This study is based on the assumption that the free visiting hours policy, as implemented by PANTI RAHAYU Hospital, will be perceived positively by patients. Positive perceptions of the policy, reflecting the fulfillment of psychosocial needs, are assumed to have a significant impact on overall patient satisfaction, particularly in the dimension of empathy. However, the implementation of this policy also generates operational consequences, such as security risks, infection prevention challenges, and disruptions to clinical services, which need to be strategically managed. The research aims to assess the impact of the policy on patient satisfaction and develop strategies to manage the operational consequences that arise from it.

Research Hypothesis

The research hypothesis is as follows: There is a positive and significant relationship between positive perceptions of the free visiting hours policy and overall patient satisfaction at PANTI RAHAYU Hospital Purwodadi. Descriptive analysis will be used to examine the demographic characteristics of the respondents, as well as the level of perception and satisfaction, using frequency, percentage, and mean. Inferential analysis will involve Pearson's Correlation Test to examine the relationship between the variables, after confirming that the data is normally distributed through the Kolmogorov-Smirnov test.

3 | METHOD

The study follows a quantitative approach to measure and statistically analyze relationships between the variables. The design employed is a cross-sectional survey, chosen for its efficiency in gathering data from a representative sample at a single point in time. This approach allows for the examination of patient perceptions, satisfaction levels, and the relationship between the free visiting hours policy and patient satisfaction at Panti Rahayu Hospital Purwodadi.

Data collection took place at PANTI RAHAYU Hospital Purwodadi, specifically within the general adult care wards. The ICU, perinatology, infectious disease isolation rooms, and pediatric wards were excluded from the study due to their distinct visiting policies and patient characteristics. The data collection period spanned three months, from October 1 to December 31, 2023. This timeframe was selected to account for variability in the sample and avoid biases that could arise from seasonal factors such as long holidays, which may influence visiting patterns.

The target population of the study includes all adult patients admitted to the general care wards during the

research period. The accessible population consists of those who meet the inclusion criteria and are not excluded based on specific conditions. The sampling technique used was purposive sampling, which is non-probability in nature. This method was selected to ensure that only those who meet the specified criteria for the study would be included, allowing for more relevant and accurate data. Inclusion criteria consisted of patients who had been hospitalized for at least 72 hours, were aged 18 or older, were fully conscious, cooperative, and able to communicate effectively. Additionally, patients (or their family members, if the patient could not) were required to consent to participate in the study by signing an informed consent form. Exclusion criteria included patients in the ICU, perinatology, or isolation rooms, those in terminal conditions, patients with severe pain or psychological instability, and those about to be discharged or transferred. The sample size was set at 120 respondents, which was deemed sufficient to conduct statistical analyses like correlation while providing enough statistical power to detect relationships between the variables, given the study's time and resource limitations.

The independent variable is the perception of the free visiting hours policy. This is defined as patients' views, evaluations, and subjective feelings about the flexibility, accessibility, and psychosocial impact of the visiting hours policy. It is measured operationally using the average score from respondents' answers to 10 items in the questionnaire, which evaluate three sub-dimensions: time flexibility, ease of family access, and emotional support perceived by the patient. The dependent variable, patient satisfaction, is defined as the level of contentment or dissatisfaction a patient feels after comparing the performance of the services they received with their expectations. Operationally, it is measured using the average score from 15 items in the questionnaire based on the five SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy.

The research instrument used is a structured questionnaire designed by the researcher, incorporating a literature review and adaptations from the SERVQUAL model. The questionnaire is divided into three sections: demographic data, perception of the visiting hours policy, and patient satisfaction levels. Before the main data collection, a pilot test was conducted with 30 respondents who shared similar characteristics to the study sample but were not part of the actual study. To assess the validity of the instrument, Pearson's Product-Moment correlation was used to ensure the items accurately measure the intended constructs. For reliability, Cronbach's Alpha was applied, with a value above 0.70 indicating consistency. The pilot testing confirmed that all items were valid and the instrument reliable for use.

Data collection involved obtaining permission from the hospital's director and coordinating with head nurses to identify potential respondents. The researcher or trained enumerators then approached the respondents, explained the study's objectives, benefits, and procedures, and emphasized the voluntary nature of participation and confidentiality. Respondents who agreed to participate signed an informed consent form, and the questionnaire was distributed for self-administration. For those with reading or writing difficulties, such as elderly patients or those in weakened conditions, the researcher read the questions and answer choices to them. Once completed, the questionnaires were collected and checked for completeness on-site.

The collected data were processed and analyzed using SPSS version 25.0. The analysis process involved editing the data to ensure clarity and consistency, coding responses to facilitate entry, scoring based on the Likert scale, and tabulating the data into a master table for further analysis. Descriptive analysis was used to summarize the characteristics of each variable, with categorical data presented as frequencies and percentages, and numerical data shown as mean, median, standard deviation, and ranges. For inferential analysis, Pearson's Correlation Test was used to test the hypothesis and explore the relationship between the independent and dependent variables. The strength and direction of the relationship were assessed by the correlation coefficient, and the significance was evaluated using the p-value. The study adhered to ethical principles by ensuring informed consent from participants, protecting anonymity by excluding personal identifiers from the questionnaire, and maintaining confidentiality of all collected data. Respondents had the right to withdraw from the study at any time without any consequences.

4 | RESULTS AND DISCUSSION

4.1 Results

The data collected from 120 respondents were processed using SPSS software. The results are organized systematically, starting with an overview of respondent characteristics, followed by descriptive analysis, prerequisite tests, and hypothesis testing. The demographic profile of respondents includes details such as age, gender, education level, and the duration of their hospital stay. Descriptive analysis provided a summary of responses regarding the perception of free visiting hours and patient satisfaction. The prerequisite tests, including normality tests, were conducted to verify that the data met the necessary assumptions for further statistical analysis. The normality test results indicated that the data followed a normal distribution, allowing for the application of parametric tests. Hypothesis testing, using Pearson's Correlation, was then performed to assess the relationship between the free visiting hours policy and overall patient satisfaction. The results confirmed the strength and direction of this relationship, and statistical significance was evaluated

based on the p-value.

4.1.1 Respondent Characteristics

The demographic characteristics of the respondents are presented in the following table to provide an overview of the study sample. This includes information on age, gender, education level, marital status, and the length of hospital stay, among other factors. By examining these characteristics, a clearer understanding of the respondent profile is obtained, which helps contextualize the findings and ensures the representativeness of the sample. These details are essential for interpreting the results and understanding the variability in responses across different groups within the sample population.

Table 1. Frequency Distribution of Respondent Characteristics (n=120)

Characteristic	Category	Frequency (f)	Percentage (%)
Gender	Male	50	41.7
Gender	Female	70	58.3
Age	18 – 25 years	25	20.8
Age	26 – 35 years	33	27.5
Age	36 – 45 years	42	35.0
Age	> 45 years	20	16.7
Education	Below Junior High	15	12.5
Education	High School/Vocational	55	45.8
Education	Diploma/Bachelor	40	33.3
Education	Others	10	8.3
Length of Stay	3 days	65	54.2
Length of Stay	> 3 days	55	45.8

The table above shows that the majority of respondents are female (58.3%), fall within the productive age group of 36-45 years (35.0%), and have completed high school or vocational education (45.8%). These findings provide an overview of the demographic composition of the sample, which helps in understanding the characteristics of the respondents and offers insights into the population's general profile in terms of gender, age, and education level.

4.1.2 Descriptive Analysis of Research Variables

Descriptive analysis was conducted to provide an overview of the average scores (mean) and standard deviations of the research variables. This analysis helps in understanding the central tendency and the variability within the data, offering a clearer picture of how respondents perceive the variables being studied. The mean score reflects the overall trend in responses, while the standard deviation indicates the degree of variation or dispersion of the responses from the mean. By analyzing these statistical measures, we can assess the overall perception of the free visiting hours policy and patient satisfaction, as well as identify any patterns or inconsistencies in the data that may warrant further investigation. This approach helps in making informed conclusions based on the study's findings.

Table 2. Descriptive Statistics of Perception of Policy and Patient Satisfaction Variables

Research Variable	N	Min	Max	Mean	Std. Deviation
Perception of Free Visiting Hours Policy	120	3.20	5.00	4.38	0.452
Patient Satisfaction (Total)	120	3.40	5.00	4.25	0.488
Satisfaction Dimension:					
Tangibles	120	3.00	5.00	4.20	0.510
Reliability	120	3.00	5.00	4.05	0.615
Responsiveness	120	3.33	5.00	4.15	0.550
Assurance	120	3.67	5.00	4.35	0.485
Empathy	120	3.67	5.00	4.45	0.470

Table 2 illustrates that patient perceptions of the free visiting hours policy are highly positive, with a mean score of 4.38. Overall, patient satisfaction falls into the "satisfied" category, with a mean score of 4.25. A key observation from this table is that the Empathy dimension received the highest average score (Mean = 4.45), indicating that patients felt particularly cared for in terms of emotional support. On the other hand, the Reliability dimension recorded the lowest average score (Mean = 4.05), suggesting that there may be areas for improvement in consistently delivering promised services. These findings highlight both strengths and potential areas for further enhancement in the hospital's service delivery.

4.1.3 Prerequisite Test Results (Normality Test)

The normality test was performed using the Kolmogorov-Smirnov method to determine whether the research data followed a normal distribution. This test is essential because a normal distribution is required for conducting Pearson's Correlation analysis. The Kolmogorov-Smirnov test compares the data distribution to a normal distribution and checks for significant deviations. The results of the test indicated that the data met the normality assumption, as the p-values exceeded the 0.05 significance threshold. With normal distribution confirmed, Pearson's Correlation analysis could be applied, ensuring the validity of the statistical tests used to examine relationships between the variables. This step guarantees that the findings are based on accurate and reliable data.

Table 3. Kolmogorov-Smirnov Normality Test Results

Variable	Statistic	df	Sig. (p-value)	Description
Perception of Visiting Hours Policy	0.075	120	0.128	Data Normal
Patient Satisfaction	0.069	120	0.200	Data Normal

Lilliefors Significance Correction

The results of the normality test indicate that the significance values (p-values) for both variables are greater than 0.05 (0.128 > 0.05 and 0.200 > 0.05). This suggests that the data for both variables follow a normal distribution. Since the assumption of normality is met, parametric tests can be conducted. Normality is a crucial assumption for parametric statistical methods, and since both variables meet this criterion, it allows for the continuation of more advanced statistical analysis, such as Pearson's correlation, ensuring the validity of the results. This step is essential for drawing accurate conclusions from the data.

4.1.4 Hypothesis Testing Results (Pearson's Correlation Test)

Pearson's correlation test was used to assess the relationship between the perception of the free visiting hours policy and patient satisfaction. This test evaluates the strength and direction of a linear relationship between two continuous variables. In this case, the independent variable was the patients' perception of the free visiting hours policy, and the dependent variable was their overall satisfaction with hospital services. The test aimed to determine if there was a significant correlation between a positive view of the visiting hours and increased patient satisfaction. By analyzing the correlation, it becomes possible to understand whether improving perceptions of the policy leads to higher satisfaction levels or if other factors are at play. The results provide critical insights into how policies like free visiting hours impact the overall patient experience, helping hospital management make informed decisions to improve patient care and service delivery.

Table 4. Pearson Correlation Test Results

		Perception of Visiting Hours Policy	Patient Satisfaction
Perception of Visiting Hours Policy	Pearson Correlation	1	
	Sig (2-tailed)	.000	
	N	120	120
Patient Satisfaction	Pearson Correlation	.715	1
	Sig (2-tailed)	.000	
	N	120	120
*	Correlation is significant at the 0.01 level (2-tailed).		

The analysis results in Table 4 indicate the following.

1) The Correlation Coefficient (r) value is 0.715, suggesting that the relationship between the two variables is strong.
2) The direction of the relationship is positive, as indicated by the positive coefficient value. This means that the more positive the patients' perception of the free visiting hours policy, the higher their level of satisfaction.
3) The significance value (p-value) is 0.000, which is smaller than the established significance level ($\alpha = 0.01$).

Based on these results, it can be concluded that there is a strong, positive, and highly significant relationship between the perception of the free visiting hours policy and patient satisfaction. Therefore, hypothesis H1 is accepted.

4.1.5 Additional Analysis Results (Independent Samples t-test)

An Independent Samples t-test was performed to assess whether there are significant differences in patient satisfaction based on gender. The purpose of this test was to compare satisfaction levels between male and female patients and to determine if their perceptions of hospital services, particularly the free visiting hours policy, vary significantly. By comparing the mean satisfaction scores of both groups, the t-test examines whether any differences observed are statistically meaningful. This analysis helps to identify if gender influences patient satisfaction, which can be useful for tailoring hospital policies to better meet the needs of both male and female patients. Understanding these differences

enables healthcare providers to adapt their approach to care and improve patient experiences across diverse demographic groups.

Table 5. Group Statistics - Patient Satisfaction by Gender

Gender	N	Mean	Std. Deviation	Std. Error Mean
Male	50	4.22	0.499	0.071
Female	70	4.27	0.481	0.057

Table 6. Independent Samples t-test Results

Levene's Test for Equality of Variances	t-test for Equality of Means	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference
Equal variances assumed	0.098	0.755	-0.541	118	0.589	-0.050	0.092
Equal variances not assumed			-0.546	98.651	0.586	-0.050	0.091

t-test Interpretation:

1) Levene's Test: The significance value of Levene's Test is 0.755 ($p > 0.05$), which indicates that the variance in patient satisfaction data between male and female groups is homogeneous (equal). Therefore, the results of the t-test refer to the "Equal variances assumed" row.
2) t-test: The significance value (Sig. 2-tailed) is 0.589 ($p > 0.05$). This suggests that there is no statistically significant difference in patient satisfaction levels between the male and female groups.

4.2 Discussion

Interpretation of the Impact of the Free Visiting Hours Policy on Patient Satisfaction

The key finding of this study ($r = 0.715$; $p < 0.01$) strongly supports that the free visiting hours policy is a powerful predictor of patient satisfaction at PANTI RAHAYU Hospital. The strong positive correlation suggests that the hospital's effort to adopt a more humane, patient-centered approach has been well received and appreciated. This result aligns with the Patient-Centered Care (PCC) framework, which asserts that family involvement is an essential component of a positive care experience (Griffin, 2017). Specifically, the success of the policy is most apparent in the high score for the Empathy dimension (Mean = 4.45). This reflects a quantitative understanding that patients do not only view this policy as a rule but as a true manifestation of institutional care. The hospital is seen as understanding and meeting patients' psychosocial needs, such as emotional support from their loved ones. According to Parasuraman *et al*. (1988), empathy is one of the primary drivers of service quality, fostering emotional bonds and loyalty, as evidenced in this study.

Analysis of the "Managerial Paradox": Interpreting the Low Score on the Reliability Dimension

Despite the success, an important finding that warrants serious attention by management is the low score for the Reliability dimension (Mean = 4.05). Although still in the "satisfied" category, this score serves as a warning signal. In the SERVQUAL model, reliability encompasses key aspects such as timeliness, accuracy, and consistency of services delivered as promised (SOPs). The lower score here indirectly supports the phenomenon discussed in the background. It implies that, while patients feel emotionally "understood" (high empathy), they may begin to perceive a decline in the "reliability" of clinical processes. The high, unmanaged visitor traffica direct consequence of free visiting hours—is most likely the main cause. Disruptions during doctor visits, distractions during medication preparation, or delays in nursing actions due to visitor management are clear manifestations of reduced reliability. This highlights the "managerial paradox" faced by the hospital: a highly effective marketing asset (free visiting hours) risks becoming an operational liability that threatens quality and safety. If not addressed, this erosion of reliability may undermine long-term patient trust.

Implications of the Additional Analysis Results (t-test)

The results from the t-test, showing no significant difference in satisfaction between male and female patients ($p = 0.589$), provide valuable additional insight. This suggests that the need for family support and the positive impact of the free visiting hours policy are universal and not influenced by gender. Both male and female patients appreciate this flexibility equally. This finding strengthens the argument that the policy has broad appeal and is an effective strategy for all adult patient groups.

Managerial Implications and the Bridge to Solutions

The findings provide a dual mandate for PANTI RAHAYU Hospital's management. First, they must continue the flexible visiting hours policy, as it has proven to be a significant driver of patient satisfaction. Removing it would be a strategic mistake. Second, management must address the operational risks posed by the policy. The solution is not to

impose total restrictions, but rather to manage the policy intelligently. This discussion strongly points to the need to transition from a "completely free" model to a "Guided Flexibility" model. The model aims to preserve the core empathy of the policy while proactively managing visitor flow to protect reliability, security, and infection prevention and control (IPC) standards. The recommendations outlined in the following chapter provide concrete steps for effectively implementing this model.

5 | CONCLUSIONS AND FUTURE WORK

The findings of this study indicate that patients at PANTI RAHAYU Hospital have a very positive perception of the free visiting hours policy, especially due to the emotional support and comfort provided by the presence of family members. Overall, patient satisfaction falls within the "satisfied" category, with the Empathy dimension being the highest driver of satisfaction, directly linked to the success of the free visiting hours policy. There is a strong, positive, and statistically significant relationship between positive perceptions of the free visiting hours policy and patient satisfaction ($r = 0.715$). However, the implementation of this policy also presents a managerial paradox, where the success in increasing satisfaction may risk compromising service reliability, security, and infection prevention and control (IPC) standards if not managed strategically. Based on the study's findings, several strategic and operational recommendations are proposed for Panti Rahayu Hospital management under the Guided Flexibility model. First, the hospital should officially adopt and communicate the "guided flexible visiting hours" policy internally and externally. This will clarify that the hospital aims to balance patient comfort and the safety of the care environment. Second, a cross-functional team consisting of representatives from Management, Nursing, Security, and the IPC Committee should be formed to regularly evaluate and refine the implementation of the model.

For operational recommendations, it is suggested that the hospital implements a Visitor Management System (VMS) where all visitors, except for 1-2 official caregivers, must register at the lobby and undergo temperature screening. A "Healthy Visitor Today" sticker should be provided to visitors to aid in contact tracing if necessary. Additionally, limiting the number of caregivers with access to rooms by providing a maximum of two access cards per patient would help control the number of people in patient rooms, especially at night. Proactively educating visitors about proper visiting etiquette through visual and verbal communication can help in maintaining the quality of care while ensuring safety. Furthermore, the hospital should establish "priority service time" to ensure that critical times, such as doctor visits and medication administration, are not disrupted by visitors. Empowering medical staff with assertive communication training would also help ensure that patient care is not hindered. Non-confrontational visual signals, such as a double-sided door sign, could be used to manage visitor flow without verbal confrontation, ensuring smooth clinical service delivery. For future research, it is recommended to conduct comparative studies between hospitals that adopt "free" visiting hours versus those that implement "guided" visiting hours to assess differences in satisfaction, infection rates, and security incidents. Mixed methods research involving in-depth interviews with healthcare professionals would provide more comprehensive insights into operational challenges. Additionally, longitudinal studies linking the implementation of visiting hour policies to objective hospital data, such as HAI rates, Length of Stay (LOS), fall incidents, and staff complaints, would provide valuable insights into the long-term impacts of such policies.

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