

## REVIEWING SERVICE QUALITY AND HOSPITAL REPUTATION ON PATIENT SATISFACTION AND REVISIT INTENTION IN INDONESIAN PRIVATE HOSPITALS

Yuliana<sup>1\*</sup>, Ali Khatibi<sup>2</sup>, Jacqueline Tham<sup>3</sup>

<sup>1\*,2,3</sup>Post Graduate Centre, Management and Science University, Malaysia

**\*Corresponding Author:** Yuliana

Post Graduate Centre, Management and Science University, Malaysia

### Abstract

This research explores the strategic imperatives and essential role of patient satisfaction in the success of hospital operations within the Indonesian healthcare phenomena. Focusing on private hospitals, the study unveils the nuanced relationship between service quality, hospital reputation, and patient satisfaction, emphasizing their collective impact on patient revisit intentions. The research underscores the multifaceted nature of patient satisfaction, extending beyond clinical efficacy to encompass the overall service experience, contributing significantly to the hospital's reputation and profitability. By shedding light on specific areas requiring attention within hospitals, the findings serve as a practical guide for administrators to proactively address issues impacting patient satisfaction and public perception. The study not only enriches the understanding of healthcare dynamics in Indonesia but contributes globally to the discourse on patient satisfaction and service quality. It positions patient satisfaction as a continuous imperative, urging healthcare providers to adopt a comprehensive and strategic approach to ensure sustained financial success. The narrative aligns with the 21st-century shift towards a customer-centric approach, emphasizing the enduring value of patient loyalty in the healthcare market. The crux lies in the interplay of service quality dimensions, such as, tangibles, reliability, responsiveness, assurance, and empathy which collectively shape patient experiences and influence satisfaction. Consistency between promised and actual service delivery emerges as crucial for cultivating positive perceptions and driving patient revisit intentions. The conclusion underscores the ripple effect of positive perceptions, leading to increased patient revisit intentions and eventual loyalty. This nuanced understanding provides a roadmap for Indonesian hospitals to navigate the competitive phenomena, ensuring both short-term stability and long-term success.

**Keywords:** Patient Satisfaction, Service Quality, Hospital Reputation, Healthcare Management, Indonesia

### Introduction

Hospitals, as integral components of the National Health System, play a essential role in advancing the overarching objectives of National Health Development. The fundamental aim of this broader objective is to ensure that every citizen can lead a healthy life, aligning with the optimal levels of public health outlined in national objectives. Positioned as essential entities within the healthcare system, hospitals confront a myriad of challenges in fulfilling their functions and providing crucial health services to society. The spectrum of hospital services, encompassing treatments and a range

of health-related interventions, has become indispensable in individuals' lives, addressing both minor health concerns and major medical issues. As awareness and concern for health continue to grow, the importance of seeking the best available medical facilities becomes increasingly apparent.

Furthermore, hospitals serve as comprehensive service institutions, offering a continuum of health services that include inpatient, outpatient, and emergency care. This array of health services spans promotive, preventive, curative, and rehabilitative activities, embodying a holistic approach to individual well-being. Amidst this multifaceted role, the orientation of hospitals towards customer satisfaction emerges as a critical determinant of success. The assessment of consumer satisfaction becomes paramount in evaluating the efficacy of a service-oriented institution (Andaleeb & Conway, 2006; Haur et al., 2017; Gallarza-Granizo et al., 2020). The healthcare industry, particularly within the aspect of hospitals, is characterized by a complex interplay of financial constraints, quality imperatives, and service demands. Therefore, leveraging effective marketing strategies becomes essential for healthcare organizations to navigate these challenges successfully. This ensures that they not only meet the objectives of national health development but also remain responsive to the evolving needs and preferences of their diverse consumer base. Within this context, a focus on customer satisfaction serves as a linchpin for the success and sustainability of healthcare services in the ever-evolving healthcare environment.

In the aspect of public health services, hospitals stand as front-runners but exhibit considerable variance in standards and service quality. The proliferation of hospitals in Indonesia, coupled with heightened community demands for superior yet affordable health services, places hospitals in the challenging position of not only surviving but excelling amid growing competition. The healthcare phenomena is evolving, and hospitals must strategically position themselves to address the dynamic expectations of their clientele. As highlighted by the intricate relationship between financial constraints, quality imperatives, and service demands, hospitals face a delicate balancing act. Meeting the objectives of national health development requires not only a commitment to clinical excellence but also a keen understanding of the intricacies of consumer satisfaction.

Consumer satisfaction is not merely a benchmark for success but a compass guiding healthcare organization through the complexities of the healthcare industry (Baker & Crompton, 2000; Holmes-Smith et al., 2006; Nambisan et al., 2016; Tham et al., 2017; Sofyani et al., 2020). This is particularly relevant in a country like Indonesia, where a burgeoning number of hospitals vie for prominence amidst community expectations for superior and affordable healthcare. In this competitive phenomenon, hospitals must adopt a proactive stance, utilizing effective marketing strategies to distinguish themselves and meet the evolving needs of their diverse clientele.

Also, the multifaceted role of hospitals as crucial components of the National Health System necessitates a strategic focus on consumer satisfaction. This not only serves as an indicator of success but also as a driving force for the sustained effectiveness and relevance of healthcare services. The intricate interplay of financial constraints, quality imperatives, and service demands underscores the need for hospitals to navigate these complexities adeptly. Through a commitment to consumer satisfaction and the implementation of effective marketing strategies, hospitals can

not only meet the objectives of national health development but also thrive in an environment characterized by intense competition and evolving healthcare dynamics.

The modern era, characterised by increased life complexities, has transformed patient expectations within the healthcare sector, which operates as a vital component of the service industry. Patients, now more than ever, seek enhanced convenience and a broader array of services from hospitals. The escalating competition further propels hospital administrators to continually expand the scope of services offered, reflecting a dynamic response to the evolving needs of the community. The development of healthcare facilities, therefore, hinges not only on the establishment of hospitals and health centres but also on the efficiency and innovation embedded in their administration and management. In the existing healthcare industry, the competition among hospitals to provide exceptional services and cutting-edge facilities has reached unprecedented levels (Parasuraman et al., 1988; Tarofder, 2017; Bahadur et al., 2018; Zygiaris et al., 2022). This heightened competition is not merely a race for market share but a strategic imperative for hospitals to ensure sustained growth and viability. Central to this competitive environment is the critical factor of customer retention. It is well-established, according to Keaveney (Durrah et al., 2015), that the cost of acquiring new customers far exceeds that of retaining existing ones. Therefore, healthcare organisations find themselves not only vying for the attention of new patients but also prioritizing the satisfaction and loyalty of their current clientele.

Against this backdrop, the community's decision to choose a particular hospital for medical services becomes a key determinant of the institution's success. This decision is a complex relationship of various factors, including the perceived quality of services and the overall reputation projected by the hospital (Parasuraman et al., 1985; Zeithaml et al., 1996; Tabachnick et al., 2007; Ullah, 2014; Wu et al., 2015; Brown, 2020). As articulated by researchers (Hutcheson & Moutinho, 1998; Maria & Serrat, 2011; Cai et al., 2021), hospitals are increasingly recognising the significance of enhancing their reputation, providing consistently high-quality services, and ensuring patient satisfaction.

The statistics underscore the urgency for healthcare organisations to attend to these aspects. The service organisations lose, on average, 20% of their customers annually, with a substantial portion of this attrition attributable to declining service quality. The organisations require two decades to build a positive reputation but a mere five minutes to tarnish it (Hair et al., 2010; Haque et al., 2014; Cao et al., 2018; Suchánek et al., 2019). This vulnerability of reputation to a single poor service experience reinforces the critical role that service quality plays in shaping patients' satisfaction and overall perception of a healthcare institution.

The understanding of quality in healthcare is multifaceted, with different stakeholders perceiving it through distinct lenses. Administrators emphasize the provision of optimal human and material resources, continuous service evaluation, and ongoing staff training. Patients, on the other hand, define quality through respectful, attentive, sympathetic, and understanding interactions during their hospital stay. For doctors, quality translates into delivering the highest level of knowledge, skills, and medical equipment for patient care (Getty & Getty, 2003; Briggs et al., 2007; Han, et

al., 2021). This diversity of perspectives highlights the complexity of the quality concept in healthcare.

Despite the critical nature of these variables, there is a significant gap in the existing literature regarding patients' perceptions of service quality, satisfaction, and revisit intention in the context of hospital reputation (Huseyin, 2005; Mohsin & Lockyer, 2010; Palese et al., 2018; Zhou et al., 2019; Mason et al., 2021). This research to bridge this gap by conducting an in-depth investigation into the interrelationships among service quality, hospital reputation, patient satisfaction, and the subsequent impact on patients' revisit intention (Cronin & Taylor, 1994; Al Khattab & Aldehayyat, 2011; Crick & Spencer, 2011; Murray et al., 2019). The study specifically zooms in on a newly established Type C hospital, operational for less than two years, poised to provide limited Specialist Medical Services in every Regency Capital. Through this nuanced inquiry, the research aims to contribute valuable insights that will enrich our understanding of the challenges and opportunities inherent in existing healthcare service provision.

In the healthcare industry, the findings of this study carry substantial implications for shaping policies aimed at enhancing the quality of hospitals, especially within the context of private healthcare services in Indonesia. Understanding the intricate dynamics of patients' purchasing-decision processes and their satisfaction levels can guide strategic decisions and operational adjustments within hospital management. Pinpointing the factors influencing patients' choices and contentment enables healthcare providers, particularly in the private sector, to refine their services to better align with patient expectations. This strategic alignment not only fosters improved patient experiences but also contributes to the overall enhancement of healthcare service quality.

For the academic community and the broader society, this study serves as a valuable reference for researchers exploring the nuanced aspects of patients' revisit intention in selecting healthcare services and gauging satisfaction levels. By shedding light on the interconnected variables shaping patients' choices and contentment, this study adds to the body of knowledge within healthcare research. Academic scholars can draw upon these findings to inform and enrich their own investigations, contributing to the cumulative growth of knowledge within the academic domain. As a source of knowledge, this study extends its significance to the general community. Consumers of healthcare services can benefit from the insights gained through this research. Understanding the factors that contribute to patients' satisfaction and influence their revisit intention processes empowers community members to make more educated decisions about their healthcare providers (Boon-itt & Rompho, 2012; Monmousseau et al., 2020). This knowledge contributes to an environment where healthcare services are more attuned to patient needs and preferences.

Lastly, for researchers, this study offers a fresh perspective and new insights into the intricate factors influencing patients' purchasing decisions and satisfaction levels in the aspect of healthcare services. By revealing the complexities of these dynamics, the research community gains a deeper understanding of the multifaceted nature of patient experiences within healthcare settings. This study contributes to the continual expansion of knowledge within the field, acting as a catalyst for future research aimed at unraveling the intricacies of patient-provider interactions and satisfaction dynamics in the evolving phenomena of healthcare services.

## Literature Review

Describing Indonesia's healthcare system necessitates an exploration of the country's geographical and demographic characteristics. With more than 13,000 islands spanning 1.9 million square kilometers, Indonesia is the world's fourth-largest nation, accommodating over 240 million people and ranking as the second most populous country in Asia. The population is diverse, encompassing various demographics, economic statuses, social structures, political affiliations, and cultural backgrounds. Approximately 56% of the population resides in rural areas. Administratively divided into 34 provinces, Indonesia further consists of 500 districts, nearly 7,000 sub-districts, and around 80,000 villages, creating a complex societal tapestry (Gilbert & Veloutsou, 2006; Ismagilova et al., 2019).

Central to Indonesia's National Health Development Program is the concept of primary healthcare, with community health centers serving as fundamental healthcare hubs, complemented by hospitals and other community-based facilities. The Ministry of Health (MoH) plays a crucial role in crafting and executing healthcare policies nationwide, managing program implementation, workforce oversight, education and training initiatives, and health service provision. Regulatory functions are distributed among central, provincial, and district governments, resulting in a hierarchical structure of laws and regulations at various governmental levels. Healthcare providers must comply with individual registration and licensure requirements, while hospitals need operational licenses and engage in a hospital accreditation scheme.

Patient rights in Indonesia are safeguarded by laws that emphasize entitlements such as confidentiality, access to comprehensive treatment information, the right to informed consent, and protection against negligence. This legal framework ensures that individuals accessing healthcare services have essential rights and protections, contributing to the overall integrity of the healthcare system. In navigating Indonesia's intricate and diverse healthcare phenomena, the infrastructure is designed to cater to the multifaceted needs of its population through a decentralized yet regulated system prioritizing primary healthcare accessibility.

Government Regulation No. 38 of 2007 outlines three primary functions: legislation and regulation, financing, and service delivery concurrently managed by different levels of government. Decentralization reforms in 1999 marked a significant shift, transferring responsibilities while the central Ministry of Health continued to oversee certain tertiary and specialist hospitals. The focus transitioned toward regulation, ensuring resource availability, particularly personnel, and assuming a leading role in supervising social insurance schemes. Various central government ministries and agencies actively participate in shaping the health sector.

Out of Indonesia's 1,800 hospitals, approximately 650 are private, with only around 50% accredited by the Ministry of Health and five achieving international accreditation, affiliated with global organizations like Siloam, Gleneagles, and Mount Elizabeth. Notably, the Ministry of Health does not regularly supervise the operational activities or quality of care provided by private hospitals. Operating on a profit-based model, private hospitals are generally less involved in community health programs. Private healthcare providers in Indonesia contribute to the diversity of the healthcare industry, with various types of institutions offering a range of services.

### **Patient Empowerment in Indonesia**

In Indonesia, the availability of information on user experience in both public and private healthcare sectors is currently limited. While regulations exist for informed consent, there is no national charter outlining patients' rights concerning provider choice, privacy, or information. Comprehensive information on the quality of health services is lacking in both public and private sectors. The absence of a system for the publication of medical errors, coupled with closed medical disciplinary board discussions, contributes to limited public awareness. The assessment of a hospital's "quality" is primarily reliant on its accreditation status. There is a need for improved transparency and accessibility of information to empower patients and enhance overall healthcare service quality in Indonesia.

Indonesia operates under a dual healthcare system, allowing individuals to choose between the public and private sectors without an effective gatekeeping mechanism. Patients can freely select their physicians, including specialists, based on personal preferences. Access to the private sector depends on an individual's financial capacity, with private hospitals in some provinces required to admit patients covered by local government insurance schemes. Private insurance provides flexibility in choosing plans aligned with specific needs and financial capacities. Purchasing medicines through private pharmacies and drug sellers is common, providing additional autonomy in managing healthcare. Individuals can opt out of the formal medical services system, exploring alternative or traditional treatments, reflecting the diverse healthcare choices available.

In Indonesia, health is recognized as a fundamental human right by the House of Representatives, integral to well-being and essential for fostering self-reliant, healthy individuals within an equitable healthcare system. The legislative framework establishes and safeguards patient rights, ensuring entitlement to various fundamental principles within the healthcare context. The right to choose services emphasizes the absence of prejudice and discrimination in healthcare delivery. Patients are entitled to receive information about services to make informed decisions about their health. The legislative framework guarantees the right to be heard, file complaints, advocacy, protection, and access to dispute settlement services, reinforcing accountability and responsiveness in the healthcare system.

Additionally, patients have the right to comprehensive information about medical procedures and treatments, seek a second opinion, receive appropriate treatment based on medical needs, and refuse any medical procedure or treatment. Healthcare providers must communicate information in an understandable manner, avoiding complex medical terminology. Patients have the right to be informed about estimated healthcare costs, with disciplinary sanctions imposed on doctors failing to provide adequate information. The legislative framework also grants patients the right to obtain a copy of their medical record summary, highlighting a commitment to transparency and patient-centered care. Overall, the comprehensive patient rights outlined in legislation underscore the commitment to protecting and promoting the well-being and autonomy of individuals within the Indonesian healthcare system.

### **Patient Pathways in Acquiring Healthcare in Indonesia**

In the diverse healthcare phenomena of Indonesia, the experiences of patients under the national health insurance program (JKN) and those without JKN coverage significantly differ, shaping the accessibility, choice, and financial responsibilities associated with healthcare services. JKN members enjoy a streamlined process for accessing essential healthcare services. They have the privilege of visiting designated primary healthcare facilities, family doctors, polyclinics, and dental clinics without the need for prior appointments. This ensures easier access to routine and preventive care, contributing to a more proactive approach to health management. However, for more specialized treatments at hospitals or specialist clinics, JKN members encounter a structured system that requires them to obtain a referral letter. This process aims to facilitate coordination among primary healthcare providers and specialists, ensuring a comprehensive and well-managed healthcare journey for the patient. In emergencies, JKN patients have the flexibility to go directly to hospitals, even those not in collaboration with BPJS Health, with the Health Ministry covering the associated treatment costs. This emergency provision underscores the program's commitment to ensuring timely and critical care for its members.

On the other hand, non-JKN patients experience greater autonomy in their healthcare choices. They can seek treatment at primary healthcare facilities or consult specialists without the constraints of a referral letter. This autonomy allows for more flexibility in decision-making and faster access to specialized care when needed. Additionally, non-JKN patients have the freedom to choose between public and private hospitals for their healthcare needs. However, this freedom comes with financial responsibilities, as non-JKN patients are required to cover their fees for healthcare services, including consultation fees, diagnostic tests, medications, and other associated medical expenses.

For those non-JKN patients willing to bear the financial costs, several hospitals in Indonesia offer privileges such as expedited services and prioritization for hospital inpatient beds. This reflects a healthcare phenomena where self-payment can provide certain conveniences and additional perks for those with the means to afford them.

In essence, the distinctions between the healthcare experiences of JKN and non-JKN patients in Indonesia highlight the complex interplay of accessibility, choice, and financial considerations within the country's healthcare system. While JKN seeks to provide comprehensive coverage for its members, non-JKN patients navigate a healthcare phenomena characterized by greater autonomy, coupled with the responsibility of financing their healthcare choices.

### **Healthcare System**

The term "healthcare" encompasses a multifaceted array of activities, spanning from drug administration and psychological assessments to physical examinations, involving services provided by various allied health disciplines. According to the World Health Organization's definition, the healthcare system is a complex network involving organizations, individuals, institutions, and actors collectively working toward promoting, maintaining, and restoring physical health (Robledo, 2001; Hafeez & Muhammad, 2012; Chang et al., 2017; Srivastava et al., 2021).

Healthcare can be broadly categorized into two main types: acute or emergency and necessary healthcare, and planned healthcare. In acute situations, such as emergencies requiring swift medical attention, clients often have limited opportunities to choose their healthcare providers due to factors like urgency or pain. On the other hand, planned care affords clients more time and options for selecting healthcare providers. Providers of planned healthcare services operate in a competitive environment, aiming to understand clients' preferences and tailoring their portfolio of services to meet specific needs.

The healthcare, particularly hospitals, as high-hazard industries, drawing extensive comparisons to other industries with similar risk profiles. High-hazard industries are those whose activities can cause harm or be fatal. The complexity of healthcare stems from the inherent intricacies of human biology, further compounded by medical technologies and the organizational structure of healthcare systems.

In the context of centralization, Srivastava et al., (2021) argue that non-healthcare industries, like the military operating under strict authority, tend to be centralized. However, the healthcare system, despite the existence of consolidated hospitals, exhibits decentralization due to its vast number of doctors' offices. Even within consolidated hospitals, centralization is primarily observed in business operations rather than clinical affairs. Srivastava et al., (2021) emphasize differences in regulation, training, and learning between healthcare and other industries. In patient care, healthcare experiences relatively little and inconsistent regulation compared to highly regulated industries with strict rules and penalties for non-compliance.

This characterization underscores the unique challenges and intricacies inherent in the healthcare sector, where the balance between centralized and decentralized elements, coupled with the inherent risks and complexities, shapes the delivery of services and the overall functioning of the healthcare system. Moreover, Gabathen underscores the disparity in training methodologies between industries, citing the intensive training, including simulations, in fields like aviation. This stands in contrast to healthcare, where personnel scrutiny is perceived as lenient despite their extensive education. In organizational learning, he observes the existence of high-profile, independent, and capable organizations in other industries, while healthcare tends to have weak and mostly localized systems for investigating and reporting adverse events.

Conceptually, the healthcare system can be divided into two primary sections: providers and suppliers, and payers. Providers and suppliers encompass a wide range of entities, including hospitals, clinics, rehabilitation centers, nursing homes, research organizations, pharmaceutical companies, educators, and equipment manufacturers. These entities play a crucial role in delivering healthcare services. On the other hand, payers are the entities that purchase healthcare services and can include employers, healthcare consumers, government entities (through programs like BPJS), and insurance companies. The relationships among these components are described as nonlinear, reflecting the complex and adaptive nature of the healthcare system (Srivastava et al., 2021).

Given that healthcare systems are fundamentally organizations, understanding the nature of organizational revisit intention becomes essential. Research in revisit intention within



organizational settings has a rich history and spans multiple academic disciplines, including economics, management, and cognitive psychology (Ismagilova et al., 2019). This interdisciplinary approach provides insights into the complex dynamics and challenges inherent in revisit intention processes within the healthcare system. It emphasizes the need for a holistic understanding that goes beyond traditional healthcare paradigms, acknowledging the multifaceted nature of organizational behavior and decision-making in this critical sector.

### **Service Quality**

Service quality is an essential factor contributing to an organization's success and long-term stability in the market, thereby enhancing its competitive advantage (Usman, 2017). However, the interpretation of quality in healthcare organizations is subjective and varies among individuals associated with or affected by the organization, influenced by their unique perspectives (Birdogan & Iskender, 2015).

Administrators perceive quality as providing optimal human and material resources essential for service delivery. This involves continuous evaluation of services provided by medical professionals and ongoing training of human resources to improve service quality. From the patient's standpoint, quality revolves around being treated with full respect, attention, sympathy, and understanding by all individuals directly or indirectly involved during their hospital stay. For doctors, quality means delivering the highest level of knowledge, skills, and medical equipment to ensure optimal care for patients. These diverse perspectives contribute to the multifaceted understanding of service quality within healthcare organizations.

While the primary objective of healthcare is to maintain or enhance health status, various non-medical aspects of care are considered significant for overall quality, including hotel and administrative considerations. This study explores service quality from three dimensions: hotel service quality (HoSQ), health service quality (HeSQ), and administrative service quality (AdSQ). Health service quality refers to the extent to which health services contribute to desired health outcomes and align with current professional knowledge. Administrative service quality encompasses aspects that provide support services for the efficient operation and functioning of healthcare services in the hospital. Previous research has explored the relationship between administrative service quality and satisfaction in elementary school settings, emphasizing its impact on public satisfaction and government reputation (Ismagilova et al., 2019).

Despite their distinct objectives, hospitals and hotels share fundamental functions and features. Both provide similar amenities, including pre-admissions, check-in processes, stays, discharges, and post-stay experiences. However, hospitals are tasked with more responsibilities than hotels to ensure patients' comfort and satisfaction, reflecting the multifaceted nature of healthcare service quality. This acknowledgment underscores the need for a comprehensive understanding of quality that incorporates diverse dimensions to address the complexities inherent in healthcare service delivery.

## Reputation

The perception of a hospital in a patient's memory constitutes its reputation, and a positive reputation plays a crucial role in various aspects of organizational success. A positive reputation not only facilitates rapid entry into new markets but also expands service capabilities, attracts talented staff, promotes services, and sets the brand apart from others. It is a strategic tool of high value, providing a competitive advantage that is challenging to imitate and requires substantial financial and human investments to develop over an extended period. Healthcare organizations must prioritize the removal of any negatives that may harm their reputation and invest significantly in building a positive reputation in the minds of stakeholders (Crick & Spencer, 2011; Murray et al., 2019).

Numerous researchers (Robledo, 2001; Hafeez & Muhammad, 2012; Chang et al., 2017; Srivastava et al., 2021), have highlighted two main components contributing to forming an organization's reputation: the functional component and the emotional component. The functional component relates to the physical dimensions of the organization, encompassing its tangible aspects and operational efficiency. On the other hand, the emotional component pertains to psychological dimensions such as feelings and attitudes towards the organization, emphasizing the importance of the emotional connection and overall experience.

Crucially, organizational reputation is personal and subjective, varying from one individual to another and even within the same group. This subjectivity is rooted in feelings, knowledge, and past experiences, highlighting the complexity of how individuals perceive and form judgments about a hospital's reputation. Therefore, healthcare organizations not only need to excel in functional aspects such as efficient operations and quality healthcare services but also prioritize the emotional aspects that contribute to a positive and lasting reputation. This holistic approach ensures that both tangible and intangible elements align to create a positive impression, reinforcing the organization's position in the minds of stakeholders and the broader community.

## Satisfaction

In the aspect of customer satisfaction within the service environment, a central debate centers on whether customer satisfaction is viewed as an outcome or a process. Two distinct schools of thought have emerged on this matter. Churchill and Suprenant, as well as Oliver, perceive customer satisfaction as an outcome that emerges from the consumption experience. In contrast, Hunt argues that satisfaction is not derived from the pleasure of the experience but rather from the evaluation that the experience either met or exceeded expectations.

The "satisfaction as a process" school emphasizes that satisfaction or dissatisfaction is not intrinsic to the product or service itself; instead, it is shaped by an individual's perceptions of the product's attributes in relation to their expectations. Consequently, satisfaction is subjective and formed through the interaction of perceptual interpretations of the service and consumer expectations. This perspective acknowledges that different consumers may derive varying levels of satisfaction from an experience that is essentially the same.

While both viewpoints have gained recognition, the process-oriented approach appears more fitting in the service environment, where consumption is an experiential process involving collective perceptual, evaluative, and psychological factors that contribute to consumer satisfaction. Additionally, the unique characteristics of services, such as intangibility, and the peculiarities of marketing services, such as inseparability, highlight the need for a distinction between overall or cumulative satisfaction and satisfaction with a specific service encounter (transaction-specific satisfaction), a crucial differentiation that is often overlooked (Crick & Spencer, 2011; Murray et al., 2019). The concept of customer satisfaction can be approached from two main perspectives: encounter-specific satisfaction and overall or organizational satisfaction. The encounter-specific perspective considers satisfaction as a post-choice evaluative judgment of a specific purchase occasion, focusing on the assessment of each individual encounter. However, this perspective may not necessarily align with the customer's overall satisfaction with the firm or their perceptions of the firm's quality. Over time, multiple service encounters are likely to contribute to an overall level of satisfaction.

On the other hand, the organizational or brand-specific perspective views satisfaction as an overall evaluation based on numerous transient experiences with a product or service over time. In this context, satisfaction is an ongoing assessment of a firm's ability to consistently deliver the benefits a customer is seeking. Overall satisfaction is likely to be multidimensional, incorporating all encounters and experiences with that service firm. This broader view recognizes that satisfaction may result from various interactions with different individuals within the same firm. Transactional satisfaction, associated with specific encounters, can be seen as a contributor and subsequent modifier to a less dynamic attitude of satisfaction at an organizational level. Overall satisfaction, then, represents the customer's global evaluation of the entire product or service offering provided by the organization. Regardless of the perspective, customer satisfaction is acknowledged as a key factor for long-term profitability, even in the context of a hospital environment (Murray et al., 2019).

### **Reutilisation**

Consumer reutilization is an intricate process influenced by various factors, and its understanding involves considering perspectives from different scholars. Scholars define reutilization as the selection of two or more alternatives. Consumer behavior plays an essential role in shaping reutilizations. Solomon et al., as mentioned in Ramli (2016), outline a five-stage revisit intention process: problem recognition, information search, alternatives evaluation, product choice, and post-purchase evaluation. Additionally, Shiv and Fedorikhin, cited in Ramli (2016), highlight that consumer revisit intention involves a relationship between cognition and affect, acknowledging the emotional and rational aspects in the decision-making process.

Indicators of reutilizations, encompass recommendations from online brokers, purchase frequency, overall satisfaction, purchase intention, and negative experiences with online purchases. In the context of healthcare, Kotler and Armstrong, as cited in Usman (2017), include the decision to undergo treatment as part of the reutilization process. They define reutilization as the step-in revisit

intention where the consumer actually purchases the healthcare service or treatment. This perspective acknowledges that healthcare decisions involve a thoughtful process similar to traditional product or service purchases, emphasizing the significance of the consumer's choice in healthcare services and treatments.

The revisit intention process in healthcare is complex, involving high-stakes decisions that demand quick and accurate choices to ensure patient well-being. Drawing on disciplines such as systems engineering is proposed to enhance the performance of healthcare systems through systematic design, analysis, and improvement. The current phenomenon has introduced new ways for patients to evaluate alternatives, shifting from a focus solely on location to considerations like a comfortable environment. This evolution underscores the changing expectations in healthcare services.

In the aspect of service marketing mix, hospital administrators are adopting a more marketing-oriented approach, recognizing factors influencing patients' decisions in selecting a hospital. Elements such as price transparency, convenient location, the behavior of medical staff, tangible aspects, and technology-driven processes are crucial in differentiating services and gaining a competitive edge in the hospital sector. Healthcare services share commonalities with other service industries in terms of customer expectations, emphasizing attributes such as courtesy, honesty, respect, and the swift and skillful delivery of services. However, healthcare services stand out due to the unique objective of prioritizing the curative aspect of quality, focusing not merely on customer satisfaction but the well-being and recovery of patients.

Patients' choices among diverse healthcare providers are influenced by various factors. The modern healthcare system involves collaboration among decision-makers to deliver patient care and manage operations. Patients are adopting a new approach to healthcare services, seeking information, solutions to health problems, and staying informed about the latest research. Active patient involvement in revisit intention necessitates effective communication channels to meet their informational needs.

Understanding the revisit intention process of clients in the health market is crucial for healthcare organizations. Research on factors influencing patients' hospital selection has identified 18 crucial factors, including affordable prices, convenient location, availability of emergency services, effective promotional campaigns, recognized hospital name, prior positive experiences, word-of-mouth recommendations, qualified and experienced doctors, well-trained nursing staff, clear explanations of health problems and treatments, courteous and friendly supportive staff, insurance coverage, minimal waiting time, convenient operating hours, a rapid response system, modern equipment and labs, sound infrastructure and physical environment, and a built-in pharmacy facility.

Patient-centredness, responding to patient needs, and aligning with their values improve service quality. Incorporating patient preferences can enhance healthcare provision, access, and satisfaction, attracting patients and fostering referrals. Various factors influence hospital choice, such as fees, facilities, staff behavior, hospital reputation, network participation, competition, physical environment, service quality, location, and accessibility.

The increasing trend of Indonesians seeking medical treatment abroad, particularly in Malaysia, highlights the importance of understanding patient preferences in healthcare decisions. Research can inform healthcare strategies and enhance patient satisfaction in both domestic and international contexts.

## Findings

The demographic profile of respondents in this study provides a comprehensive snapshot of their diverse characteristics (Azam et al., 2021; Azam et al., 2023). Gender distribution is relatively balanced, with 53.3% identifying as female and 46.7% as male. The age distribution reveals significant representation from the middle-aged population (41-64 age group, 46.7%) and a substantial presence of younger individuals (17-40 age group, 40.0%). Additionally, 13.3% of respondents are over 65, offering insights into the experiences of the elderly in the context of healthcare satisfaction.

Marital status is an important socio-demographic factor, with 66.7% of respondents being married and 33.3% single, shedding light on how relationship status might influence perceptions of healthcare experiences. The educational background is diverse, with 53.3% completing middle school, 26.7% holding diplomas or undergraduate degrees, 13.3% being elementary school graduates, and 6.7% possessing postgraduate qualifications. This diversity suggests a broad spectrum of perspectives and information-processing capabilities among respondents.

Employment status, a critical factor influencing access to healthcare, indicates that 36.7% of respondents are private employees or civil servants, while 13.3% are students or unemployed. These distinctions provide insights into potential variations in healthcare needs and priorities among different occupational groups. Income distribution shows that 50% of respondents earn an income equivalent to the Regional Minimum Wages, 26.7% earn below, and 23.3% earn above. This economic diversity offers an understanding of how financial considerations might impact healthcare satisfaction.

The duration of respondents' stays in healthcare facilities varies, with 63.3% staying for 3-6 days, 16.7% staying less than 3 days or between 7-15 days, and 3.3% staying more than 15 days. This information is crucial in assessing the intensity of healthcare interactions and potential correlations with satisfaction levels. Finally, the distribution of insurance coverage shows that 53.3% use Government Insurance, 26.7% use private insurance, and 20.0% rely on personal income. Understanding the role of insurance is essential for comprehending the broader context of patient satisfaction in Indonesia. Overall, this detailed demographic overview provides a robust foundation for interpreting the study's findings and their implications for healthcare management and policy.

## Conclusion and Recommendation

The research underscores the indispensable role of management strategy in the success of hospital operations, emphasizing the imperative nature of effective strategies for the long-term viability of

healthcare institutions. It contributes to the global discourse on healthcare management by highlighting strategic imperatives influencing service delivery in Indonesian hospitals.

Patient satisfaction is positioned as a linchpin in service-oriented industries, particularly healthcare. The study recognizes its essential role not only in immediate choices but also in patients' decisions to revisit the same services, aligning with global trends towards patient-centered care. A key is the holistic understanding that patient satisfaction extends beyond clinical efficacy to the overall service experience. The study emphasizes that maintaining patient satisfaction contributes to building a positive hospital reputation, directly impacting profitability. Specific areas within hospitals demanding attention for sustained patient satisfaction and loyalty are subtly pointed out. This serves as a practical guide for hospital administrators to proactively address issues impacting overall satisfaction and public perception. The findings have broad implications, urging healthcare providers to prioritize a holistic approach to patient care, beyond clinical excellence. Patient satisfaction is positioned not just as a measure of service quality but as a determinant of a hospital's reputation and financial success, guiding strategic planning and operational decisions.

The study contributes not only to understanding the dynamics of healthcare in Indonesia but also to the global discourse on patient satisfaction and service quality. It highlights patient satisfaction as a multifaceted construct influenced by various factors, necessitating a comprehensive and strategic approach from healthcare providers. The strategic focus on patient satisfaction and the retention of existing patients is presented as a key imperative. In a healthcare context where patient loyalty is valuable, managers are urged to prioritize existing patients for sustained financial success. The argument emphasizes that maintaining patient satisfaction is not only a reactive measure but a proactive strategy for profit maintenance and growth. Loyalty from existing patients contributes to the hospital's sustained profitability and competitiveness in the healthcare market. The narrative aligns with the broader shift towards a customer-centric approach in the 21st-century service economy. In healthcare, patients are viewed not only as transient consumers but as an enduring market base, making patient satisfaction an ongoing necessity for hospital operations to thrive. The crux lies in the relationship between service quality dimensions and patient satisfaction. Tangibles, reliability, responsiveness, assurance, and empathy collectively shape patient experiences, influencing satisfaction. Consistency between promised and actual service delivery is crucial for cultivating positive perceptions and influencing patient revisit intentions. The conclusion accentuates the ripple effect of positive perceptions, leading to a higher likelihood of patient revisit intentions and eventual loyalty. This nuanced understanding of patient satisfaction, service quality, and the overarching objective of hospital operations provides a roadmap for hospitals in Indonesia to navigate the competitive phenomena with resilience, ensuring both short-term stability and long-term success.

## References

1. Al Khattab, S. A., & Aldehayyat, J. S. (2011). Perceptions of Service Quality in Jordanian Hospitals. *International Journal of Business and Management*, 6(7), 226-233.

2. Andaleeb, S. S., & Conway, C. (2006). Patient satisfaction in the restaurant industry: an examination of the transaction-specific model. *The Journal of Services Marketing*, 2(1), 3-11.
3. Azam, S. M. F., Yajid, M. S., Tham, J., Hamid, J. A., Khatibi, A., Johar, M. G. M. & Ariffin, I. A. (2021). *Research Methodology: Building Research Skills*. 1<sup>st</sup> Ed., McGraw-Hill Education (Malaysia) Sdn. Bhd.
4. Azam, S. M. F., Yajid, M. S., Tham, J., Hamid, J. A., Khatibi, A., Johar, M. G. M. & Ariffin, I. A. (2023). *Research Methodology: Building Research Skills*. 2<sup>nd</sup> Ed., McGraw-Hill Education (Malaysia) Sdn. Bhd.
5. Bahadur, W., Aziz, S., and Zulfiqar, S. (2018). Effect of employee empathy on customer satisfaction and loyalty during employee–customer interactions: The mediating role of customer affective commitment and perceived service quality. *Cog. Bus. Manag.* 5:1491780. doi: 10.1080/23311975.2018.1491780
6. Baker, D. A., & Crompton, J. L. (2000). Quality, Satisfaction and Behavioral Intentions. *Annals of Medical service Research*, 27(3), 785-804.
7. Boon-itt, S., & Rompho, N. (2012). Measuring Service Quality Dimensions: An Empirical Analysis of Thai Hospitals. *International Journal of Business Management*, 3(5), 52-63. doi:10.5430/ijba.v3n5p52.
8. Briggsa, S., Sutherlanda, J., & Drummond, S. (2007). Are hospitals serving quality? An exploratory study of service quality in the Scottish hospital sector. *Medical service Management*, 28(4), 1006-1019.
9. Brown, G. T. (2020). Schooling beyond COVID-19: an unevenly distributed future. *Front. Edu.* 8:82. doi: 10.3389/feduc.2020.00082
10. Cai, G., Hong, Y., Xu, L., Gao, W., Wang, K., and Chi, X. (2021). An evaluation of green ryokans through a tourism accommodation survey and customer-satisfaction-related CASBEE–IPA after COVID-19 Pandemic. *Sustainability* 13:145. doi: 10.3390/su13010145
11. Cao, Y., Ajjan, H., and Hong, P. (2018). Post-purchase shipping and customer service experiences in online shopping and their impact on customer satisfaction: an empirical study with comparison. *Asia Pacif. J. Market. Logist.* 30:71. doi: 10.1108/APJML-04-2017-0071
12. Chang, M., Jang, H.-B., Li, Y.-M., and Kim, D. (2017). The relationship between the efficiency, service quality and customer satisfaction for state-owned commercial banks in China. *Sustainability* 9:2163. doi: 10.3390/su9122163
13. Crick, A. P., & Spencer, A. (2011). Hospitality quality: new directions and new challenges. *International Journal of Contemporary Management*, 23, 214-230.
14. Cronin J. J., & Taylor, S. A. (1994). SERVPERF versus SERVQUAL: Reconciling performance-based and perception-minus-expectation measurement of service quality. *Journal of Marketing*, 58(1), 125-131.
15. Fornell, C., Rust, R. T., and Dekimpe, M. G. (2010). The effect of customer satisfaction on consumer spending growth. *J. Market. Res.* 47, 28–35. doi: 10.1509/jmkr.47.1.28

16. Gallarza-Granizo, M. G., Ruiz-Molina, M.-E., and Schlosser, C. (2020). Customer value in quick-service restaurants: a cross-cultural study. *Int. J. Hospital. Manag.* 85:102351. doi: 10.1016/j.ijhm.2019.102351
17. Getty, J.M., & Getty, R.L. (2003). Lodging quality index: assessing patient's perceptions of quality delivery. *International Journal of Contemporary Hospitality Management*, 15(2), 94-104.
18. Gilbert, G. R., & Veloutsou, C. (2006). A cross-industry comparison of patient satisfaction. *The Journal of Services Marketing*, 20(5), 298-308.
19. Hafeez, S & Muhammad, B (2012). The Impact of Service Quality, Patient satisfaction and Loyalty Programs on Patient's Loyalty: Evidence from Banking Sector of Pakistan', *International Journal of Business and Social Science*, vol. 3, no. 16, pp. 200-209.
20. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate Data Analysis: A Global Perspective (7th Global ed.)*. Upper Saddle River: Pearson Prentice-Hall.
21. Han, J., Zuo, Y., Law, R., Chen, S., and Zhang, M. (2021). Service Quality in Tourism Public Health: Trust, Satisfaction, and Loyalty. *Front. Psychol.* 12:279. doi: 10.3389/fpsyg.2021.731279
22. Haque A., Sarwar, A., Azam, S. M. F. and Yasmin, F. (2014), "Total Quality Management Practices in the Islamic Banking Industry: Comparison between Bangladesh and Malaysian Islamic Bank", *International Journal of Ethics in Social Sciences*, Vol. 2 No. 1, pp.5-18.
23. Haur, C. H., Khatibi, A. and Azam, S. M. F. (2017), "Antecedents of Consumers' Perception towards Online Advertising in Malaysia: The Structure Equation Modeling Approach", *European Journal of Management and Marketing Studies*, 2 (3): 15-30
24. Holmes-Smith, P., Coote, L., & Cunningham, E. (2006). *Structural equation modelling: From the fundamentals to advanced topics*. Melbourne: SREAMS.
25. Huseyin, A., Salime-Smachi, S., & Turan, K. (2005). Patient Service Quality in The Derek Cypriot Banking Industry. *Managing Service Quality*, 15(1), 41-56.
26. Hutcheson, G.D., & Moutinho, L. (1998). Measuring preferred store satisfaction using consumer choice criteria as a mediating factor. *Journal of Marketing Management*, 14(7), 705-720.
27. Ismagilova, E., Slade, E. L., Rana, N. P., and Dwivedi, Y. K. (2019). The effect of electronic word of mouth communications on intention to buy: A meta-analysis. *Inform. Syst. Front.* 2019, 1–24.
28. Kothari, C. R. (2004). *Research Methodology: Methods and Techniques (2nd ed.)*. New Delhi: New Age International Publishers.
29. Maria, J., & Serrat, B. (2011). Quality of hospital service and consumer protection: A European contract law approach. *Medical service Management*, 32(2), 277-287.
30. Mason, A. N., Narcum, J., and Mason, K. (2021). Social media marketing gains importance after Covid-19. *Cog. Bus. Manag.* 8:797. doi: 10.1080/23311975.2020.1870797



31. Mohsin, A. & Lockyer, T. (2010). Patient perceptions of service quality in luxury hospitals in New Delhi, India: An exploratory study. *International Journal of Contemporary Hospitality Management*, 22(2), 160–173.
32. Monmousseau, P., Marzuoli, A., Feron, E., and Delahaye, D. (2020). Impact of Covid-19 on passengers and airlines from passenger measurements: Managing customer satisfaction while putting the US Air Transportation System to sleep. *Transp. Res. Interdiscipl. Persp.* 7:179. doi: 10.1016/j.trip.2020.100179
33. Murray, J., Elms, J., and Curran, M. (2019). Examining empathy and responsiveness in a high-service context. *Int. J. Retail Distrib. Manag.* 2019:16. doi: 10.1108/IJRDM-01-2019-0016
34. Nambisan, P., Gustafson, D. H., Hawkins, R., and Pingree, S. (2016). Social support and responsiveness in online patient communities: impact on service quality perceptions. *Health Expect.* 19, 87–97. doi: 10.1111/hex.12332
35. Palese, B., and Usai, A. (2018). The relative importance of service quality dimensions in E-commerce experiences. *Int. J. Inform. Manag.* 40, 132–140. doi: 10.1016/j.ijinfomgt.2018.02.001
36. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *Journal of Marketing*, 49, 41-50. <http://dx.doi.org/10.2307/1251430>.
37. Parasuraman, A., Zeithaml, V., and Berry, L., (1988). SERVQUAL – A Multiple-Item Scale for Measuring Consumer Perception on Service Quality. *Journal of Retailing*. Vol.64, No.1, pp. 12-40.
38. Robledo, M. A. (2001). Case studies measuring and managing service quality: integrating patient expectations. *Managing Service Quality*, 11(1), 22–31.
39. Sofyani, H., Riyadh, H. A., and Fahlevi, H. (2020). Improving service quality, accountability and transparency of local government: the intervening role of information technology governance. *Cogent Bus. Manage.* 7:1735690. doi: 10.1080/23311975.2020.1735690
40. Srivastava, A., and Kumar, V. (2021). Hotel attributes and overall customer satisfaction: What did COVID-19 change? *Tour. Manag. Persp.* 40:100867. doi: 10.1016/j.tmp.2021.100867
41. Suchánek, P., and Králová, M. (2019). Customer satisfaction, loyalty, knowledge and competitiveness in the food industry. *Eco. Res. Ekonomika istraživanja* 32, 1237–1255. doi: 10.1080/1331677X.2019.1627893
42. Tabachnick, B., and Fidell, L. (2007). Multivariate analysis of variance and covariance. *Multivar. Stat.* 3, 402–407.
43. Tarofder, A. K. and Azam, S. M. F. and Jalal, A. N. (2017), “Operational or Strategic Benefits: Empirical Investigation of Internet Adoption in Supply Chain Management”, *Management Research Review*, 40 (1): 28-52
44. Tham, J., Yazid, M. S. A, Khatibi, A. A. and Azam, S. M. F. (2017), “Internet and Data Security – Understanding Customer Perception on Trusting Virtual Banking Security in Malaysia”, *European Journal of Social Sciences Studies*, 2 (7): 186-207

45. Ullah, K. T, Nahar, R. and Azam, S. M. F., (2014), “Measurement of Relative Significance of Attitude of Occupational Fulfillment Factors and Satisfaction Differences between Private and Public Hospital Nurses in Bangladesh”, *The International Journal Of Business & Management*, Vol.2, No.9, pp.1-6
46. Wu, G., Liang, L., and Gursoy, D. (2021). Effects of the new COVID-19 normal on customer satisfaction: can facemasks level off the playing field between average-looking and attractive-looking employees? *Int. J. Hospit. Manag.* 97:102996. doi: 10.1016/j.ijhm.2021.102996
47. Wu, Y.-C., Tsai, C.-S., Hsiung, H.-W., and Chen, K.-Y. (2015). Linkage between frontline employee service competence scale and customer perceptions of service quality. *J. Serv. Market.* 29, 224–234. doi: 10.1108/JSM-02-2014-0058
48. Zainudin, A. (2012). *A Handbook of SEM: Structural Equation Modelling Using Amos Graphics* (4th eds.). Kelantan: University Technology MARA Press.
49. Zeithaml, V. A., Berry, L. L., & Parasuraman, A. (1996). The behavioural consequences of service quality. *Journal of Marketing*, 60(4), 31-46.
50. Zhou, R., Wang, X., Shi, Y., Zhang, R., Zhang, L., and Guo, H. (2019). Measuring e-service quality and its importance to customer satisfaction and loyalty: an empirical study in a telecom setting. *Elect. Comm. Res.* 19, 477–499. doi: 10.1007/s10660-018-9301-3
51. Zygiaris S, Hameed Z, Ayidh Alsubaie M and Ur Rehman S (2022) Service Quality and Customer Satisfaction in the Post Pandemic World: A Study of Saudi Auto Care Industry. *Front. Psychol.* 13:842141. doi: 10.3389/fpsyg.2022.842141