INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY: APPLIED BUSINESS AND EDUCATION RESEARCH
2024, Vol. 5, No. 2, 648 – 663
http://dx.doi.org/10.11594/ijmaber.05.02.25

Research Article

The Relationship between Service Quality and Customer Satisfaction with the Intention to Choose a Hospital Again

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Article history:
Submission February 2024
Revised February 2024
Accepted February 2024

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ABSTRACT

The aim of this research is to examine the relationship between service quality and consumer satisfaction with the intention to choose a hospital again. The hypothesis in this research is that there is a relationship between service quality and consumer satisfaction with the intention to choose a hospital again. The subjects of this research were 104 respondents who had used hospital services. Data was obtained using the intention to choose hospital return scale, service quality scale and patient satisfaction scale. The results of this study show that there is a positive relationship between service quality and consumer satisfaction with the intention to choose a hospital again ($\rho < 0.05$). This means that the higher the quality of service and customer satisfaction, the higher their intention to reuse the hospital's services.

Keywords: *Customer satisfaction, Healthcare, Hospital choice, Service quality*

Introduction

Health is the foundation for all aspects of human life. Without good health, individuals cannot lead meaningful and productive lives. Health is a crucial indicator in determining the well-being of a community. The healthier the population, the more prosperous they are likely to be. The increasing standard of living prompts a growing demand for health quality from the community. This requires healthcare facilities, such as hospitals, to enhance the quality of their services. They are expected to provide not only curative services but also preventive services to enhance consumer health satisfaction (Yunike et al., 2023).

In the past decade (2002-2021), the number of hospitals in Indonesia increased by 169.73%, and since the onset of the Covid-19 pandemic in 2019, there was an additional 2.98% increase. In 2020, Indonesia had 2,959 hospitals, and by 2021, the number rose to 3,125. Ownership-wise, there are various categories, with General Hospitals constituting 83.4%, Mother and Child Hospitals 10.73%, and Specialized Hospitals 5.87% (Directorate General of Health Services, 2021).

The abundance of hospitals provides choices for consumers, but their decision-making is complex and influenced by various factors. The quantity of officially declared

How to cite:
Wulansari, O. D., Suryanto, & Santi, D. E. (2024). The Relationship between Service Quality and Customer Satisfaction with the Intention to Choose a Hospital Again. *International Journal of Multidisciplinary: Applied Business and Education Research*. *5*(2), 648 – 663. doi: 10.11594/ijmaber.05.02.25

acknowledgments in a given timeframe correlates positively with the quantity of acknowledgments in the subsequent period (Arthur, 2023). A superior hospital will strive for the welfare and health of its workers so that they can serve patients well (Aclon et al., 2022). Likely to attract and retain patients in the competitive healthcare landscape. However, with numerous healthcare options, consumers become more selective.

The selected points of the healthcare system are composed of a combination of people, processes, and products (Contreras et al., 2023). Being selective in healthcare is crucial due to a significant number of malpractice cases. Overseas, negligence and diagnostic errors are common reasons for malpractice claims (Srakocic, 2023). Cases, such as negligence in Ashland, resulted in severe consequences (Lewer, 2023). In Indiana, allegations of medical negligence and patient abuse involve 83 women filing legal claims against an obstetrician and three healthcare facilities (Wallace, 2023).

In Indonesia, healthcare malpractice cases are not uncommon. In Palembang, a baby's finger was accidentally cut by a nurse, and there was genital swelling after an appendectomy (Jati, 2023). CCN Indonesia (2023) reports malpractice leading to the death of a 7-year-old child after tonsil surgery in Bekasi. Other incidents include babies being switched in Bogor (Adri, 2023) and a fake doctor working for two years in Surabaya (Armandika, 2023).

These cases can tarnish a hospital's reputation, impacting consumer trust and their willingness to use its services. Meanwhile, trust assumes a mediating function in the link between customer satisfaction and the factors that impact it (Benaglia et al., 2023). Public perception, influenced by word of mouth and media coverage, may lead consumers to be more critical when selecting healthcare providers, considering factors like a hospital's track record and history of malpractice. Such scrutiny can influence their decisions to use hospital services, highlighting the significance of consumer intention in hospital selection.

Intention, according to Ancok, is an individual's internal willingness for a specific behavior (Simamora, 2022). As per Ajzen and Fishbein, it's a subjective probability dimension indicating commitment to a behavior (Singh & Onahring, 2019). Individual behavioral intention is the likelihood of performing a behavior, involving a decision-making process (Sabilla et al., 2023). In consumer decision-making, a choice is a cognitive manifestation of behavioral intention, resulting from evaluating alternatives based on beliefs about consequences. The intention to choose a hospital is an individual's plan based on specific considerations (Maulana & Ayuningtyas, 2023).

Consumers consider factors such as distance, health insurance, and expenses (Mayasari et al., 2020), and reliable healthcare professionals, medical facilities (Deng & Romainoor, 2022), insurance coverage, service quality, and location (Windasari et al., 2021) when choosing a hospital. These factors influence individual intentions to select a hospital. Experiences with medical services predict individual choices (Indrianto & Yuwno, 2022). This can be seen in repurchase or revisit intentions, where individuals may choose the same hospital based on their past experiences. Repurchase intention reflects the likelihood of consumers continuing to use the same company's services, considering the current situation and possibilities (Maulana & Ayuningtyas, 2023).

Based on the background presented above, this study aims to examine the relationship between service quality and customer satisfaction with the intention to choose to reuse the services of the same hospital.

Methods

Research design

This research design is quantitative research and adopts a cross-sectional survey design. Data was collected once from patients who had been treated at one of the following hospitals: Siloam Hospital Surabaya, National Hospital Surabaya, Husada Utama Hospital Surabaya, and Mitra Keluarga Hospital Surabaya.

Method of Collecting Data

The data collection methods in this research are using research instruments as a data collection technique with data collection media in the form of a psychological scale. Scale is a data collection method in the form of questions

aimed at behavioral indicators. This research uses a psychological scale model in the form of a Likert scale. The Likert scale is a scale used to measure attitudes, opinions and perceptions of individuals or groups of individuals in a social phenomenon. Respondents are asked to provide marks in the form of a checklist for answers that are considered likely to be appropriate to them. The following are the answers that respondents will choose, 1 (strongly disagree); 2 (disagree); 3 (neutral); 4 (agree); 5 (strongly agree).

Subject of Research

The population in this study consists of individuals who have undergone medical treatment/examination in one of the following hospitals: Siloam Hospital Surabaya, National Hospital Surabaya, RS Husada Utama Surabaya, and RS Mitra Keluarga Surabaya.

As per Sugiyono (2017), convenience sampling is a sampling method where samples are chosen freely at the researcher's discretion. Individual who have received medical treatment/examination at any of the specified hospitals, including Siloam Hospital Surabaya, National Hospital Surabaya, RS Husada Utama Surabaya, and RS Mitra Keluarga Surabaya, are eligible to be included as research samples. The total number of respondents for this study is 104.

From the 104 collected subject data, the researcher describes the overall demographic characteristics of the subjects. Table 1 shows the distribution of subjects based on gender.

Table 1. Distribution of Subjects Based on Gender

Gender	N	Percentage	Cumulative %
Male	45	43,3 %	43,3 %
Female	59	56,7 %	100,0 %

Based on Table 1, it can be concluded that the majority of subjects in this study are females, accounting for 56.7 %.

According to Table 2, it can be inferred that the age distribution in this research is varied, but the prevalent age group is 26-30 years. The highest percentage of subjects falls within the 26-30 age range, accounting for 40.4 %.

Table 2. Distribution of Subjects Based on Age

Age	N	Percentage	Cumulative %
<20 years	5	4,8 %	4,8 %
21 – 25 years	17	16,3 %	21,2 %
26 -30 years	42	40,4 %	61,5 %
31 – 35 years	22	21,2 %	82,7 %
36 – 40 years	6	5,8 %	88,5 %
41 – 45 years	7	6,7 %	95,2 %
> 50 years	5	4,8 %	100,0 %

Table 3. Distribution of Subjects Based on Education

Last Education	N	Percentage	Cumulative %
Elementary School	1	1 %	1,0 %
Junior High School	3	2,9 %	3,8 %
Senior High School	51	49,0 %	52,9 %
Diploma	10	9,6 %	62,5 %
Bachelor's Degree	39	37,5 %	100,0 %

Based on Table 3, the majority of subjects in terms of their highest education level are those who have completed Senior High School (SMA) and Bachelor's Degree. The most prevalent educational background among the subjects is Senior High School, constituting a percentage of 49 %.

Table 4. Distribution of Subjects Based on Occupation

Occupation	N	Percentage	Cumulative %
Unemployed	7	6,7 %	6,7 %
Private Employee	58	55,8 %	62,5 %
Civil Servant	4	3,8 %	66,3 %
Farm Laborer/Factory Worker	4	3,8 %	70,2 %
Entrepreneur	19	18,3 %	88,5 %
Freelance	4	3,8 %	92,3 %
Other	8	7,7 %	100,0 %

Table 5. Distribution of Subjects Based on Income

Income/month	N	Percentage	Cumulative %
No income	7	6,7 %	6,7 %
<1.000.000 Indonesian Rupiah	7	6,7 %	13,5 %
1.000.000 – 3.000.000 Indonesian Rupiah	12	11,5 %	25 %
3.000.001 – 5.000.000 Indonesian Rupiah	45	43,3 %	68,3 %
5.000.001 – 8.000.000 Indonesian Rupiah	15	14,4 %	82,7 %
8.000.001 – 10.000.000 Indonesian Rupiah	14	13,5 %	96,2 %
>10.000.000 Indonesian Rupiah	4	3,8 %	100 %

Table 6. Distribution of Subjects Based on Marital Status

Marital Status	N	Percentage	Cumulative %
Married	43	41,3 %	41,3 %
Unmarried	57	54,8 %	96,2 %
Divorce (living)	3	2,9 %	99,0 %
Widowed	1	1,0 %	100,0 %

Based on Table 4, it can be concluded that the majority of subjects in this study work as private employees, accounting for a percentage of 55.8 %.

Based on Table 5, it can be concluded that the majority of subjects have an income in the range of 3,000,001 to 5,000,000 Indonesian Rupiah per month, representing a percentage of 43.3 %.

According to Table 6, it can be concluded that the majority of subjects are unmarried, accounting for a percentage of 54.8 %.

Table 7. Distribution of Subjects Based on City of Residence

City of Residence	N	Percentage	Cumulative %
Surabaya	99	95,2 %	95,2 %
Gresik	2	1,9 %	97,1 %
Sidoarjo	1	1,0 %	98,1 %
Semarang	1	1,0 %	99,0 %
Pasuruan	1	1,0 %	100,0 %

Table 8 Distribution of Subjects Based on Hospital

Hospital	N	Percentage	Cumulative %
Siloam Hospitals Surabaya	27	26,0 %	26,0 %
Mitra Keluarga Surabaya General Hospital	27	26,0 %	51,9 %
National Hospital Surabaya	24	23,1 %	75,0 %
Husada Utama Hospital Surabaya	26	25,0 %	100,0 %

Table 7 indicates that almost all subjects reside in the city of Surabaya, with a percentage of 95.2 %.

According to the information in Table 8, the distribution of subjects is fairly uniform across the various hospitals. The highest number of subjects is sourced from both Siloam Hospitals Surabaya and Mitra Keluarga Surabaya General Hospital, each accounting for 26 %.

Table 9. Distribution of Subjects Based on Funding Type

Hospital	N	Percentage	Cumulative %
Self-funded without BPJS	51	49,0%	49,0%
BPJS PBI (government-covered premium)	28	26,9%	76,9%
BPJS non-PBI (self-covered premium)	20	19,2%	95,2%
Others	5	4,8%	100,0%

Based on Table 9, it is known that 49% of the subjects use self-funding without BPJS or other insurance.

Research Variables and Measurements

1. Dependent Variable

The dependent variable in this study is the intention to revisit the hospital. Intention to revisit the hospital is the tendency of individuals to seek medical care again at the same hospital, marked by making it their primary choice, displaying a strong interest, and planning for a return. The strength of this intention is gauged through questionnaire scores, ranging from high to low. The measurement of the intention to revisit the hospital utilizes a tool developed by the researcher, drawing inspiration from the repurchase intention theory. The blueprint for the measurement tool of the intention to revisit the hospital, prior to testing, is outlined in Table 10.

Table 10. Blueprint of the Intention to Choose the Hospital Again Scale

Indicator	Favorable	Number of items
Primary choice	1, 4, 7	3
Having a strong interest	2, 5, 8	3
Planning again	3, 6, 9	3
Total		**9**

The online measurement tool includes an informed consent in the scale introduction. Participants first input demographic data and then proceed to complete the scale by choosing a number from 1 to 5 for each item. Higher numbers indicate stronger agreement, while lower numbers signify disagreement, with each response option corresponding to a score from 1 to 5.

2. Independent Variable

In this study, the independent variables are customer satisfaction and service quality. Service quality is determined by customers' perceptions of hospital service performance, considering dimensions such as tangibles, reliability, responsiveness, assurance, and empathy. The measurement of service quality utilizes the SERVQUAL scale, adapted for the hospital setting by Babakus

& Mangold (1992), comprising 15 Likert-scale items. Only the performance-based scale is used, as it aligns with the study's goal. Service quality measurement in this study involves totaling scores from the five-dimensional scale. This approach is supported by studies (Babakus and Boller, 1992; Cronin and Taylor, 1992, 1994; Carman, 1990) indicating that SERVQUAL can be treated as unidimensional, allowing for a comprehensive total or average scoring of items.

Table 11. Blueprint of the Service Quality Scale

Dimension	Favorable	Number of items
Tangibles	1, 12, 2	3
Reliability	11, 3, 4	3
Responsiveness	13, 5, 14	3
Assurance	6, 15, 7, 9	4
Empathy	8, 10	2
Total		**15**

Before beginning their tasks, participants are required to provide demographic information. They then proceed to complete a scale, where they choose a number from 1 to 5 for each item, indicating their level of agreement or disagreement. Higher numbers signify greater agreement, while lower numbers indicate less agreement. The next independent variable is Customer Satisfaction, assessed through a 25-item scale covering aspects like interpersonal behavior, technical quality, access, financial considerations, and hospital environment. Satisfaction levels are determined by the scores in the questionnaire, utilizing the Patient Satisfaction Questionnaire 2017 format developed by Imaninda & Azwar (2017).

Table 12. Blueprint of the Customer Satisfaction Scale

Aspect	Favorable	Unfavorable	Number of items
Interpersonal behavior		1, 6, 11, 16, 21	5
Technical quality/professional behavior		2, 7, 12, 17, 22	5
Access/convenience	18, 23	3, 8, 13	5
Financial/financial aspects	19, 24	4, 9, 14	5
Physical environment		5, 10, 15, 20, 25	5
Total			**25**

Participants are first required to provide demographic information before proceeding to complete a scale. During this process, participants are instructed to select a number from 1 to 5 for each item, indicating their level of agreement with the statement. A higher number signifies stronger agreement, while a lower number indicates lesser agreement. Each response option corresponds to a score between 1 and 5. For supportive (favorable) statements, the score aligns with the chosen number, while for unsupportive (unfavorable) statements; the score is 5 for the number 1 and 1 for the number 5.

3. Measurement Instrument Test

In this study, the measurement tool is assessed for validity and reliability. Validity ensures accuracy in measuring variables. Items with correlation coefficients ≥ 0.3 are considered valid. The intention to revisit the hospital scale items achieved valid scores ranging from 0.544 to 0.866. All items meet validity criteria.

Table 13 Blueprint of the Intention to Choose the Hospital Again Scale After Validity Test

Indicator	Favorable	Number of items
Primary	1, 4, 7	3
Strong interest	2, 5, 8	3
Planning again	3, 6, 9	3
Total		**9**

The service quality scale achieved CITC values between 0.334 and 0.795. All 15 items are deemed valid, meeting the validity criteria without any exclusion. The subsequent table outlines the blueprint for the service quality scale following the validity test.

Table 14. Blueprint of the Service Quality Scale after Validity Test

Dimension	Favorable	Number of items
Tangibles	1, 12, 2	3
Reliability	11, 3, 4	3
Responsiveness	13, 5, 14	3
Assurance	6, 15, 7, 9	4
Empathy	8, 10	2
Total		**15**

The customer satisfaction scale yielded CITC values between 0.0861 and 0.7325. Four items were excluded due to invalidity or not meeting the criteria (numbers 18 and 23 in access/convenience, and numbers 19 and 24 in the financial aspect). After their exclusion and reanalysis, the CITC results ranged from 0.526 to 0.763. The subsequent table outlines the customer satisfaction scale blueprint after the validity test in this study.

Table 15. Blueprint of the Customer Satisfaction Scale after Testing

Aspect	Favorable	Unfavorable	Number of items
Interpersonal behavior		1, 6, 11, 16, 21	5
Technical quality/professional behavior		2, 7, 12, 17, 22	5
Access/convenience		3, 8, 13	3
Financial/financial aspects		4, 9, 14	3
Physical environment		5, 10, 15, 20, 25	5
Total			**21**

Reliability refers to the consistency of measurements obtained using a tool (Noor, 2011). The reliability test aims to assess how dependable the tool is. A tool is deemed reliable when it consistently generates the same data, even with multiple uses to measure the same object (Sugiyono, 2017). In this study, the researcher employs the Cronbach's Alpha method for reliability testing.

Table 16. Level of Reliability

Alpha Cronbach Value	Reliability Level
<0,5	Low
0,5 – 0,7	Moderate
0,7 – 0,9	High
>0,9	Very Good

Table 17. Reliability of the Measurement Tool

Variable	Alpha Cronbach Value	Reliability Level	Description
Intention to choose again	0,946	Very Good	Reliable
Service quality	0,941	Very Good	Reliable
Customer satisfaction	0,930	Very Good	Reliable

The table indicates that the reliability of all three measurement instruments is classified as "very good" and reliable. When testing the reliability of each dimension of service quality and aspects of customer satisfaction, the results show reliability categories ranging from moderate to high.

Data Analysis Techniques

1. Classical Assumption Test

a. Normality Test

The normality test is performed to assess whether the residual data distribution in the regression model for the intention to revisit the hospital is normal. In this research, the Kolmogorov-Smirnov test is utilized for normality testing with the aid of SPSS software. A data distribution is deemed normal if the p-value exceeds 0.05.

The normality test conducted on the 110 data points in this study resulted in a significant p-value of 0.002 ($p < 0.05$). This indicates that the data distribution is non-normal, requiring the removal of 6 outlier data points. After excluding the outliers using a boxplot, the Kolmogorov-Smirnov significance test shows a p-value of 0.200 ($p > 0.05$). Hence, it is concluded that the data distribution has become normal, and the regression model analysis will proceed with 104 data samples.

Table 18. Normality Test Results

	Kolmogorov Smirnov			Description
	Statistic	Df	p-value	
Unstandardized Residual (Initial Data)	0,113	110	0,002	Not normal
Unstandardized Residual (Final Data)	0,059	104	0,200	Normal

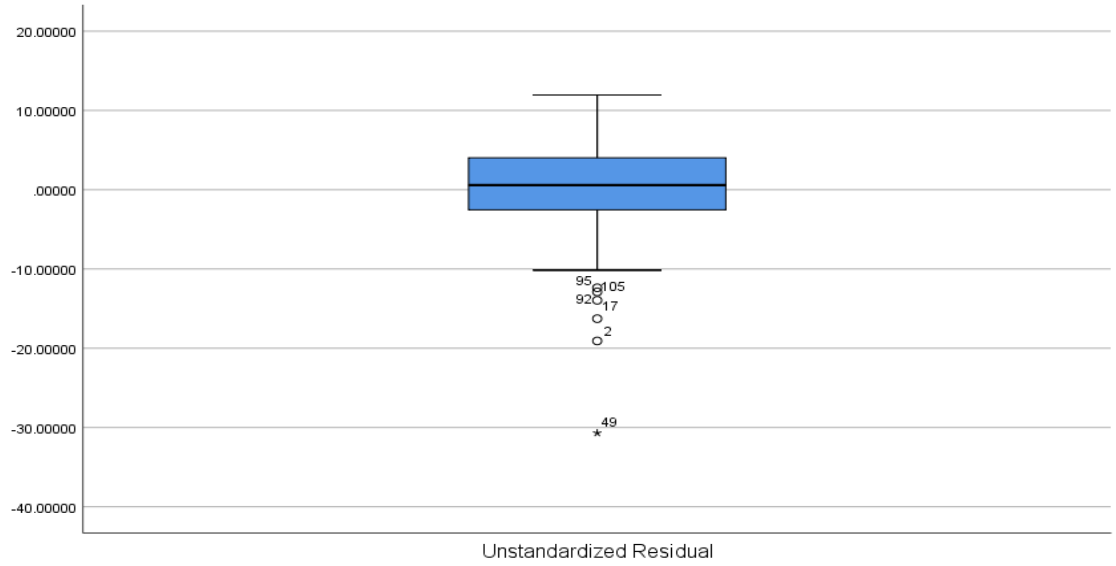

Figure 1. Residual Boxplot

b. Multicollinearity Test

The multicollinearity test checks for correlation among independent variables in the regression model. Ideally, a well-constructed regression model should not exhibit such correlation (Contreras et al., 2023). Using Tolerance (>0.1) and VIF (<10) values, the test in this study, conducted using SPSS software, shows that service quality and customer satisfaction variables have Tolerance values of 0.899 (> 0.1) and VIF values of 1.190 (< 10). Therefore, it can be concluded that there is no multicollinearity in the regression model for this study.

Table 19. Multicollinearity Test Results

Variable	Tolerance	VIF	Results
Service Quality	0,840	1,190	No Multicollinearity
Customer Satisfaction	0,840	1,190	No Multicollinearity

c. Heteroskedasticity Test

The heteroskedasticity test is carried out to assess whether there is unequal variance of residuals between different observations in a regression model (Ghozali, 2016). In this research, the heteroskedasticity test involves creating a scatter plot between the Standardized Predicted Value curve and Studentized Residual using SPSS software. A regression model is deemed free from heteroskedasticity when the plot points on the curve are randomly dispersed, displaying no specific pattern.

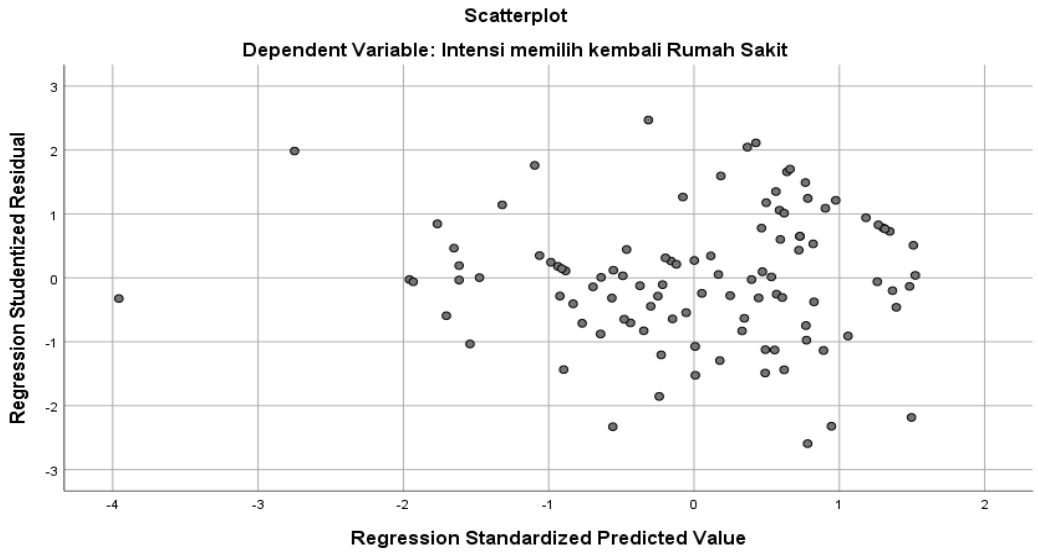

Figure 2. the heteroskedasticity Scatter Plot

In Figure 2, the outcomes of the heteroskedasticity test in this study reveal that the plot points are randomly scattered and do not exhibit a particular pattern. Hence, there is no occurrence of heteroskedasticity in the regression model of this research.

d. Linearity Test

The linearity test is conducted to assess whether the relationship between the independent variable and the dependent variable is linear or not. In this study, the linearity test is performed using scatter plots. Figures 4 and 5 depict the results of the linearity test in this research.

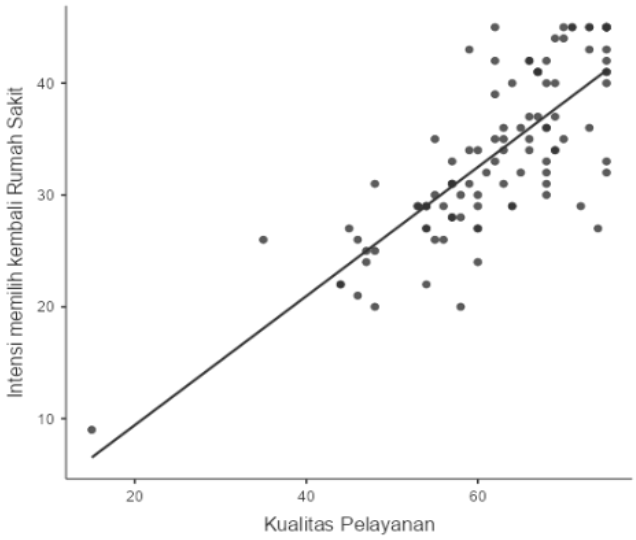

Figure 3 Scatter Plots of Service Quality and Intention to Choose Hospital

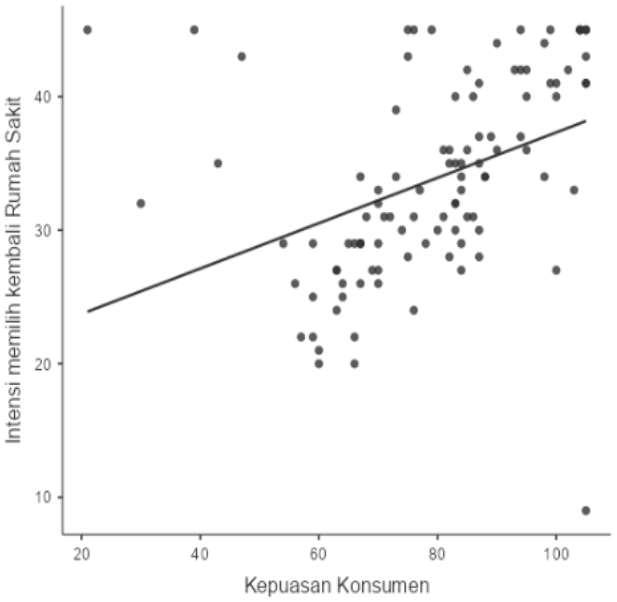

Figure 4. Scatter Plots of Customer Satisfaction and Intention to Choose Hospital

The linearity test on Figures 4 and 5 indicates that the lines have an upward-right direction, confirming that the relationship between the independent and dependent variables in this study is linear.

Result and Discussion

Result

The results of multiple linear regression analysis in this research hypothesis can form a model equation for service quality (X1) and customer satisfaction (X2) towards the intention to choose the hospital again (Y), which can be expressed as follows:

$$\mathbf{Y\ -6{,}085 + 0{,}523X_1 + 0{,}078X_2 + e}$$

Explanation:
Y = Intention to choose the hospital again
X_1 = Service quality
X_2 = Customer satisfaction
e = Error or margin error

a. Results of Simultaneous Significance Test (F Test)

The F-test is carried out to assess the joint impact of service quality (X1) and customer satisfaction (X2) on the intention to revisit the hospital. If the resulting p-value is less than 0.05, Hypothesis (H1) is accepted. The SPSS software was used for the F-test, and the findings are presented below:

Table 20. Result of the F Test

Model	Sum of Squares	Df	Mean Square	F	*p-value*	Description
Regression	3646,508	2	1823,254	89,221	**0,000**	**H1 Accepted**
Residual	2063,954	101	20,435			
Total	5710,462	103				

The table presented above reveals that the F test yielded a p-value of 0.000 ($p < 0.05$), leading to the acceptance of Hypothesis (H1). This implies a substantial impact of both service quality and customer satisfaction on the intention to revisit the hospital.

b. Results of Partial Significance Test (T Test)

The t-test is performed to assess the individual or partial impact of service quality (X1) and customer satisfaction (X2) on the intention to choose the hospital again. Acceptance of Hypotheses (H2 and H3) occurs if the obtained p-value is < 0.05. The results of the t-test using SPSS software are presented below:

Table 21. Result of the T Test

Variables	*β*	t value	*p-value*	Description
Service Quality	0,523	10,849	**0,000**	**H2 Accepted**
Customer Satisfaction	0,078	2,821	**0,006**	**H3 Accepted**

Based on the table above, it can be inferred that service quality exhibits a positive coefficient value (0.523) and a p-value of 0.000 ($p < 0.05$). As a result, Hypothesis (H2) is accepted, suggesting a significant positive impact of service quality on the intention to revisit the hospital. Therefore, higher service quality corresponds to an increased intention to choose the hospital again.

Likewise, customer satisfaction shows a positive coefficient value (0.078) with a p-value of 0.006 ($p < 0.05$). Consequently, Hypothesis (H3) is accepted, indicating a significant positive influence of customer satisfaction on the intention to choose the hospital again. Hence, greater customer satisfaction correlates with a heightened intention to revisit the hospital.

c. Coefficient of determination

The coefficient of determination (R2) is employed to assess the collective contribution of all independent variables (X) to the dependent variable (Y), while any remaining influence is attributed to exclude independent variables. A model is deemed effective when the determinant coefficient equals one or is close to one. The coefficient of determination ranges from zero to one, where $0 < R2 < 1$. A higher coefficient of determination, approaching 1, indicates a better model. The following are the coefficient of determination values in this study.

Table 22. Result of the Coefficient of Determination

R	R Square	Adjusted R Square
0,799[a]	0,639	0,631

The coefficient of determination value for the regression model of the intention to choose the hospital again is 0.639. This implies that service quality and customer satisfaction can explain 63.9% of the intention to choose the hospital again, while the remaining 36.1% is accounted for by variables other than service quality and customer satisfaction.

d. Normalization of Variable Categories

To establish the ideal mean and standard deviation for the service quality scale, customer satisfaction, and the intention to choose the hospital again, the researcher computes them using the following formulas:

$$\text{Ideal Mean} = \frac{Xmax+Xmin}{2}$$

$$\text{Ideal Standard Deviation} = \frac{Xmax+Xmin}{6}$$

Explanation:
Xmax: Maximum item score
Xmin: Minimum item score

Table 23. Ideal Mean and Ideal Standard Deviation

Minimum Score	Maximum Score	Ideal Mean	Ideal Standard Deviation
1	5	3	1

After determining the ideal mean and ideal standard deviation, the researcher establishes the norm scores for each variable categorization. The norm scores for each variable categorization can be found in Table 24.

Table 24. Categorization Norm

Categories	Formula	Score
Very Low	X < M – (1,8 SD)	X < 1,2
Low	M – (1,8 SD) ≤ X < M – (0,6 SD)	1,2 ≤ X < 2,4
Moderate	M – (0,6 SD) ≤ X < M + (0,6 SD)	2,4 ≤ X < 3,6
High	M + (0,6 SD) ≤ X < M + (1,8 SD)	3,6 ≤ X < 4,8
Very High	X ≥ M + (1,8 SD)	X ≥ 4,8

Table 25. Description of Subjects Based on the Intention to Choose the Hospital Again

Categories	N	Percentage
Very Low	1	1,0%
Low	3	2,9%
Moderate	45	43,3%
High	41	39,4%
Very High	14	13,5%
Total	104	100%

Table 25 provides a description of subjects based on the category of the level of intention to choose the hospital again.

Based on Table 25, it can be inferred that most subjects exhibit a moderate to high level of intention to choose the hospital again, with respective percentages of 43.3% and 39.4%. In contrast, only 1.0% expresses a very low intention to choose the hospital again.

Table 26. Description of Subjects Based on Service Quality

Categories	N	Percentage
Very Low	1	1,0%
Low	1	1,0%
Moderate	12	11,5%
High	71	68,3%
Very High	19	18,3%
Total	104	100%

From Table 26, it can be concluded that the majority of subjects feel that the visited hospital has high service quality, with a percentage of 68.3%.

Table 27. Description of Subjects Based on Consumer Satisfaction

Categories	N	Percentage
Very Low	0	0,0%
Low	4	3,8%
Moderate	34	32,7%
High	59	56,7%
Very High	7	6,7%
Total	104	100%

From the information provided in Table 27, it can be observed that most subjects experience a high level of satisfaction, accounting for 56.7%.

Discussion

The analysis reveals a positive link between service quality, customer satisfaction, and the intention to revisit a hospital. This underscores the importance of focusing on both the quality of healthcare services and the emotional satisfaction of customers to influence their decision to choose a specific hospital again. This study aligns with earlier research by Zahra et al. (2023) and Yunike et al. (2023), emphasizing the impact of service quality and customer satisfaction on patients' likelihood to return to the same hospital.

Several key factors explain the role of service quality and customer satisfaction in the decision to select a hospital. Healthcare services are a top priority for the public, and the quality of services significantly affects consumers' physical and mental well-being. With increasing purchasing power, consumers prefer healthcare institutions providing superior services, making this crucial in the competitive healthcare industry (Wahyuningsih et al., 2022). Consumers are more aware of healthcare service quality, forming judgments based on their past experiences (Hannawa et al., 2022). Consequently, consumers are likely to choose healthcare services that consistently demonstrate positive health outcomes.

Perceived service quality, especially in healthcare, involves consumers' assessments of medical service effectiveness, considering factors like doctor competency and consultation efficiency (Wiguna et al., 2023). Hospital selection hinges on facility quality, service standards, clinical support, and the range of healthcare services (Kamra, 2020), emphasizing the need to enhance medical quality in hospitals for increased revisit intentions.

Consumer satisfaction, combined with service quality, significantly influences the intent to revisit hospitals. Satisfaction reflects positive sentiments from consumer assessments of their experiences relative to expectations (Wahyuningsih et al., 2022). In service-oriented industries, it plays a crucial role in evaluating service efficacy. The findings of Susanto & Nuryakin (2022) indicate that consumer satisfaction positively impacts the inclination to revisit a medical service, similar to research in other industries, such as fashion

product (Sabilla et al., 2023), higher educational institution (Abejo et al., 2023), and tourism (Cabaguing, 2023). Positive past experiences build confidence in consumers, impacting their intention to repurchase services (Wiguna et al., 2023).

The second hypothesis, supported by test results, indicates a significant positive relationship between service quality and the intention to revisit a hospital when consumer satisfaction is not considered. Service quality, encompassing tangible aspects, reliability, responsiveness, assurance, and empathy, is crucial for improved healthcare service delivery, fostering consumer and staff satisfaction. The third hypothesis, focusing on consumer satisfaction, is validated through simple linear regression, revealing a link between consumer satisfaction and the intention to revisit a hospital when service quality is not considered. Consumer satisfaction, encompassing emotional reactions to services like interpersonal behavior, technical quality, comfort, financial aspects, and the physical environment, plays a vital role, forming bonds with the hospital and influencing patients to return based on their emotional needs and positive experiences. Functional quality, grounded in the provider-consumer relationship, is pivotal in consumer perception, especially in chronic conditions, prompting a desire to reuse hospital services.

This study highlights a key finding: the impact of consumer satisfaction is comparatively less significant than service quality when it comes to the decision to revisit a hospital. Consumers prioritize the quality of medical outcomes, emphasizing the fundamental need for healing in their choice of hospital services. Although satisfaction contributes and influences revisit intentions, it isn't the predominant factor. A similar trend is observed in the tourism industry, where consumer satisfaction doesn't exhibit a direct linear correlation with loyalty. According to this research, consumer satisfaction is highly responsive to even minor changes, influencing word-of-mouth recommendations. In healthcare, consumers prioritize treatment outcomes over overall emotional experiences when deciding on services. The doctor-patient relationship, built on trust from past healing experiences, plays a critical role in fostering patient loyalty. Windasari et al. (2021) also highlight the consideration of doctors and nurses in hospital selection. Despite this, consumer satisfaction is essential, significantly shaping the intention to revisit a hospital and playing a pivotal role in marketing through recommendations. The study provides novel insights into the healthcare industry's dynamics, serving as a foundational reference for further exploration, particularly in Indonesia.

Conclusion

Based on the findings of the conducted research, it can be concluded that there is a relationship between service quality and consumer satisfaction with the intention to revisit a hospital. The higher the service quality and consumer satisfaction, the higher the intention of consumers to choose the same hospital services again. However, this study indicates that consumer satisfaction has a relatively less significant contribution to the intention of consumers to revisit a hospital when analyzed concurrently with service quality.

Acknowledgement

The researcher expresses gratitude to family, friends, and professors who have provided support throughout the research process. The aim is to fulfill academic requirements for obtaining a Master of Science degree from the Faculty of Psychology, Universitas 17 Agustus 1945 Surabaya.

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