

# THE RELATIONSHIP BETWEEN SERVICE QUALITY, PATIENT SATISFACTION, BEHAVIORAL INTENTIONS AND PRICES IN OUTPATIENT HEALTHCARE IN THE HOSPITAL INDUSTRY

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## ABSTRACT

This study aims to explore the relationship between service quality, patient satisfaction, and behavioral intentions as a mediation moderated by price. Referring to the results of previous studies and empirical theories related to service quality and satisfaction, this research was designed to collect data using a survey method by distributing questionnaires both directly / offline and online questionnaires. Respondents in this study were selected using the purposive sampling method. This research is a quantitative research using quantitative research usesod. The findings in this study are the first positive influence of Service Quality, Satisfaction and Price. Secoprice is a mediating role ice on satisfaction and behavioral intentions. The managerial implication of this study is that hospitals need to improve the quality of service to patients so that patients remain loyal and do not switch to other hospitals, as optimally as possible to provide quality services to patients until they are in the zone of tolerance for the highest behavioral intention, it is necessary to minimize the occurrence of service problems for patients, making health workers more skilled and professional in providing quality services, safe and comfortable facilities, as well as more affordable hospital prices.

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## 1. INTRODUCTION

Service quality is one of the most important elements in the field of service management and marketing which is used to measure the performance of service organizations that explain and justify behavioral objectives related to the future of the organization or company (Gilaninia, 2016). Di in the health sector, the quality of health services is a benchmark for the degree of fulfillment of people's needs for health care (Fenton, Jerant, Bertakis, dan Frank, 2012). The increasingly critical nature of society will increasingly demand that health services so that their performance can be felt by patients and their families optimally, however, not all health care institutions can meet these criteria. This also happens in Indonesia, due to the non-optimal quality of health services, the lack of adequate health facilities, and suboptimal services, and patients consider that health workers in Indonesia are often wrong in diagnosing (Syah, Wijaya, dan Banun, 2021).

Patient satisfaction is widely used in the healthcare sector to determine the quality of service (Shabbir dan Malik, 2016). High patient satisfaction comes from good service quality (Subramanian, Gunasekaran, Yu, Cheng, dan Ning, 2014). Azizan dan Mohamed (2013) studying the quality of service and patient satisfaction in Rumah Sakit Umum Pahang, Malaysia, where the quality of hospital services is significantly influenced by three factors, namely administrative, medical and care services, while hospital infrastructure and interaction have an insignificant relationship with service quality. , but based on patient perceptions there are three main dimensions regarding the quality of health services, namely the provision of health services, personnel and facilities. While according to Dekoka, Widdicombe, Pilnick, dan Laurier (2018) A smooth flow of information between medical staff and patients, joint planning of the treatment process, patient participation in decision-making as well as structural attachment of relationships with patients become important elements of the mechanism of the service delivery process in incorporating patients into service provider organizations, such circumstances make doctor recommendations easier for patients to accept and achieve. Those who are satisfied with hospital services tend to recommend their treatment more to others who are patients, and significantly affect the patient's intention to return to the

hospital, if a patient is very satisfied with the *input*, *output* and other processes, it will cause the patient to return to the hospital. (Shabbir dan Malik, 2016) .

In the culture of Asian societies, friends, neighbors, and family members have a great influence on the prospective pasien in terms of making the decision to choose a medical services pe institution, and patients really depend on the personal recommendations of family and friends (Hibbard *et al.*, 2017). However, not all prospective patients are affected by these recommendations, not a few consider the price of treatment, usually good service quality and high patient satisfaction affect the high price to be paid. This agrees with the statement Kotler dan Keller (2012) Where customers often use price as a hint of quality, expensive price ind But based on patient perceptions, there are three main dimensions regarding the quality of health services: theity to attract or distance customers (Rao dan Monroe, 2014). In the health sector, the price set must be appropriate and appropriate in the eyes of the patient, andan inappropriate event will cause dissatisfaction and complaints (Indriana, Syah, dan Wekadigunawan, 2021). This is what motivates researchers to conduct further research related to service quality, patient satisfaction, the patient's own behavioral intentions and price. The purpose of this study is to explore the relationship between quality of service, patient satisfaction, behavioral intentions and price. It is hoped that in the future health workers will become more skilled and professional in providing quality services at affordable prices, as well as hospital facilities that will be much better and provide comfort for their patients.

## 2. METHODS

Data collection in this study used a *survey* method by distributing questionnaires both directly (*offline*) and online questionnaires. Measurements are made on a likert scale of 1–5 (strongly disagree - strongly agree). Variable measurement of service quality (*service quality*) adopts from Raposo *et al.* (2009) consists of 30 statements divided into 4 dimensions, namely the doctor dimension consists of 7 statements, the nurse dimension consists of 6 statements, the staff dimension consists of 6 statements and the facility dimension consists of 10 statements. Meanwhile, the satisfaction variable uses measurements from Dagger *et al.* (2007) consists of 5 statements. On the variable of behavioral intention again adopt from Dagger *et al.* (2007) terdiri over 6 statements. Furthermore, on the price variable using measurements from Matzler *et al.* (2006) which is divided into 5 dimensions, namely the dimension of price *transparency* (price transparency) consisting of 5 statements, quality comparison (*quality ratio*) consisting of 5 statements, relative price (price *relative*) consisting of 6 statements, price *reliability* consisting of 5 statements, and price fairness (*price fairness*) ) consists of 5 statements. The total questionnaire amounted to 65 statements which in detail can be seen in the operational variables in appendix 2 and the questionnaire in appendix 3.

Respondents were selected using the *purposive sampling* method and this research was carried out in the primary health service of an outpatient poly hospital located in Jakarta for 6 months. The sample criteria are hospital health service users and outpatient poly patients at private hospitals in Jakarta, aged 20-60 years, using personal payments, not BPJS or insurance.

This research is a quantitative research using the *Structural Equation Model (SEM)*, data processing and analysis using SPSS and Lisrel software. Based on the processed pre-test data, researchers conducted a factor analysis to test the validity and reliability of the validity with SPSS. The validity test was carried out by looking at the measurement values of *Kaiser-Meyer-Olkin (KMO)* and the *Measure of Sampling Adequacy (MSA)*. If the value of *KMO* and *MSA* is more than 0.5, it means that the analysis of the factor is correct. As for uji reliability g use *Cronbach's Alpha* measurements. If the nilai *Cronbach's Alpha* is getting closer to 1 then it means that the better and more reliable (Hair *et al.*, 2014). Therefore, in this study using *SEM* where the determination of the number of research samples is at least 5 times the number of questions (Hair *et al.*, 2014). The variables of service quality, patient satisfaction, behavioral intentions, and price after analyzing the *pre-test* results , the whole is declared valid, so that 65 statements on the questionnaire can be used. Sehingga based on theory Hair *et al.* (2014) The number of samples in this study was 325 respondents. This is obtained from the results of multiplying the number of questionnaire questions (65 items) multiplied by 5.

## 3. RESULT AND DISCUSSION

Responden research is the users of hospital health services and the patients of poli rawat jalan at 11 R S Private in Jakarta. Of the total respondents consisted of 28.8% of men and 71.2% of women, with the majority of Bachelor education at 59.6% and age range 20-30 years at 53.8% and age 31-40 years at 23.1%. The data table of the characteristics of the study respondents can be seen in appendix 4.

The Construct Validity and Reliability Test is carried out based on the recommendations of the Hair *et al.* (2014) Validity measurement, in this study can be accepted and declared valid, because most indicators in each variable have a *loading factor* value of more than 0.50.

The calculation results of *construct reliability (CR)* and *variance extracted (VE)* in this study can be said to meet the overall requirements. According to Hair *et al.* (2014) the *construct* reliability test value must meet the reliability requirements with a CR value above 0.60 and a VE value above 0.50. In this study, all variables of the calculation results for CR showed values above 0.60 and VE values above 0.50, namely: Quality of Service (CR = 0.85; VE=0.59 ) , Satisfaction (CR=0.80 ; VE=0.51 ) , Behavioral Intent (CR=0.90 ; VE=0.61 ) , Price (CR=0.95 ; VE=0.81 ). More about the test of the validity and reliability of the construct can be seen in appendix 5.

Structural test analysis is carried out to be able to determine the value of R<sup>2</sup> in each equation. The value of R<sup>2</sup> serves to indicate how far an independent variable is able to explain its dependent variable. Based on the results of the SEM analysis, the results of the analysis were obtained, namely first, the variable Behavioral *Intention (BI)* was influenced jointly between the Satisfaction (*SF*) variable and the moderation role of Price (*PR*) with an R<sup>2</sup> value of 0.31, thus it can be interpreted that 31% of the variants of Behavioral Intentions can be explained by Satisfaction and Behavioral Intentions, while the remaining 69% can be explained by other variables not present in this study.

The second analysis, namely, the *Service Quality (SQ)* variables are jointly influenced by the variables Satisfaction (*SF*), *Behaviour Intention (BI)* and the role of moderation of Price (*PR*) with an R<sup>2</sup> value of 0.15. This can be interpreted to mean that 15% of the variants of service quality can be explained by the variables Service Quality (*SQ*), Satisfaction (*SF*), *Behaviour Intention (BI)* and the role of moderation of price (*price*), while the remaining 85% can be explained by other variables.

Based on conformity test analysis, most tests showed good fit including *Degree of Freedom=125*, *Chi Square=282.4*, *RMSEA= 0.061*, *ECVI=1.25*, *AIC=404.48*, *CAIC=715.43*, *NFI= 0.97*, *GFI=0.92*, *Critical N=189.96*. Based on the results of the analysis, it can be seen that there is a *goodness of fit* even though some are still at the level of *marginal fit fit*. The full data can be seen in appendix 5.

The results of the study are as depicted in the following T-Value diagram:

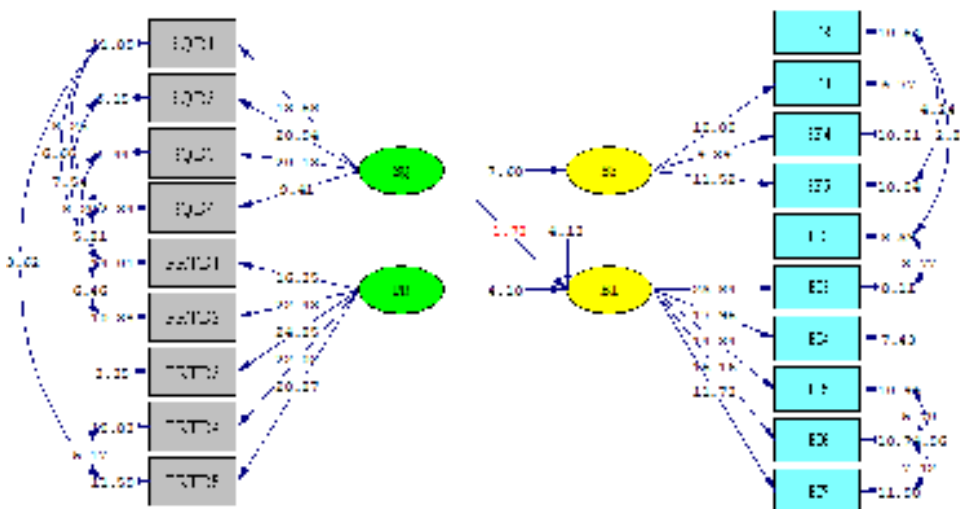


Figure 1 Path Diagram T-Value

Based on the T-Value Path Diagram as shown above, hypothesis testing of the research model can be presented as follows:

Hypothesis	Hypothesis Statement	T-Value Score	Information
H1	Service quality has a relationship and a positive impact on patient satisfaction	7.6	Supporting the Hypothesis
H2	Service quality has a relationship and a positive impact on patient behavior intentions	-1.78	Denied/does not support the hypothesis

H3	Satisfaction has a relationship and a positive impact on the patient's behavioral intentions	4.13	Supporting the hypothesis
H4	Price moderates the relationship of patient satisfaction with behavioral intentions	4.10	Supporting the hypothesis

Based on the table above, it is known that there are three variables having a T-Value value above 1.96, namely H1, H3, H4 and one variable below 1.96, namely H2. Complete information about the SEM analysis in this study can be seen in appendix 6.

## DISCUSSION

This study intends to explore the influence and interrelationships of the relationship between service quality, patient satisfaction, and behavioral intentions as a price-moderated mediation. It is hoped that this research can contribute to the scientific level regarding hospital services and have a positive impact on hospital service operations. In the hypothesis test results, there are three hypotheses supported by data, namely H1, H3, and H4, while in H2 the hypothesis is not supported.

The first hypothesis test showed that service quality has a positive relationship with satisfaction. The quality of the relationship between the patient and the doctor has a considerable impact on the measure of patient satisfaction, this is because patient satisfaction is considered an assessment of expectations for healthcare services that have been met. Patients who are satisfied with health services in hospitals can be influenced by many factors, not a few patients are looking for the personal figure of their doctor, be it in terms of educational background or personal ability of the doctor, how to communicate and convey clearly so that the information conveyed can be easily received and understood by patients, the friendliness and empathy of doctors, the punctuality of doctors coming to the practice room and the ability to solve all existing problems. Likewise with nurses and staff, how they behave friendly, dexterous, competent, empathetic and communicate well, so that the information patients get is clear, detailed and easy to understand. Many patients also choose health services because of the facilities owned by the hospital, the availability of complete medical equipment, cleanliness, comfort both during peak hours and rest hours, easy information to get, spacious parking, clear directions, disability-friendly. These factors affect patient satisfaction in being in the hospital. As long as all these factors are integrated and positive, then the results of the questionnaire filled out and given to the patient will give a positive value as well.

The second hypothesis test shows that the quality of service has no relationship influence and a positive impact on the patient's behavioral intentions. This agrees with the statement Li *et al.* (2011) which states that the influence of the reliability of the patient's behavioral intentions can be amplified through satisfaction. Patients have little ability to evaluate the quality of health and they can choose a hospital based on physical assessments such as complete equipment and facilities, whereas in the hospital accreditation system requires that the hospital be able to maintain a good enough capacity to care for patients. Therefore, to benefit the perception of the patient then the health care provider must be able to know which elements are of great help to improve the reliability that the patient feels and then present these elements through diverse channels. So that the improvement in the quality of hospital services can also be felt by patients and patients become satisfied with the hospital's services. In addition, there are complementary effects of predictors such as responsiveness, certainty and satisfaction responses to behavioral intentions, this means that sufficient relationship focus and adequate certainty responses can make patients know that the hospital really attaches importance to what they want, but the certainty response does not have to be given as much as possible, since it can be considered to be unprofessional, For example, a doctor who is willing to respond positively to a patient's request for additional tests or additional medications may be considered to be unprofessional (Etgar & Fuchs, 2009). From the employee side (nurses and staff), if there are too many reassurance responses can cause them to get caught up in their true feelings and they can only show a good emotional state to the patient. Emotional loading in work is really very tiring for employees, they are required to be the frontline in providing services and of course this can affect the quality of service. In addition, designing the internal environment in terms of responsiveness, and a confident response can help to keep patients satisfied. Much of patient satisfaction can be improved through reliability and empathy. Meesala & Paul (2016) found that patients with positive and negative emotions are completely linked to the quality of service. Patients with positive emotions will say positive things about the company, recommend the company to others, pay a higher price for the company, spend more with the company, and stay loyal to the company or buy back from the company (Kuruuzum, 2017). Patients have a variety of perceptions

that influence behavioral intentions, the patient's emotions towards hospital services at the time of filling out the questionnaire can also influence the results of this study.

In the third hypothesis test, it showed that satisfaction has a relationship and a positive impact on the patient's behavioral intentions. Agree with the statement Brady *et al.* (2005) who argue that patient satisfaction can affect the quality of service to behavioral intentions. Patient satisfaction is widely used in the healthcare sector to determine the quality of service (Shabbir dan Malik, 2016). Those who are satisfied with the hospital are more likely to recommend their treatment to others or patients, such as Asian cultures, friends, neighbors, and family members have a great influence on potential customers in terms of making decisions to demonstrate service institutions, and the patient's personality really depends on the recommendations of family and friends (Frimpong *et al.*, 2010 ; Hibbard *et al.*, 2017).

In the fourth hypothesis test, price moderates the relationship of patient satisfaction with behavioral intentions. This agrees with Kara *et al.* (2005) which argues that price is one of the factors estimating customer satisfaction and is seen as a component of patient satisfaction. While Matzler *et al.* (2006) positing that customer satisfaction to switch and recommend against one's behavioral intentions can be directly influenced by price. According to Israar & Afzaal (2016) The higher the product offering at a competitive price, the stronger the relationship between knowledge and consumer behavioral intentions in making a purchase. Behavioral intentions can be influenced by factors from inside and outside, factors from within such as cognitive, while external factors such as culture and the two are interrelated and have a complex relationship (Schiffman & Kanuk, 2005). When consumers are in the market, purchasing decisions are influenced by brand and price, both of which can influence sensory evaluation responses and cognitive actions, this sensory response indicates the consumer's preference for premium brands, which indicates that the smell, texture and color of these products are considered better than others, in this way, participants have a better sensation, however, When the price is determined, participants make purchasing decisions in a rational way and have cognitive actions, so many of them change their minds, so the neurophysiological response is different from the conscious action, the perceptual value represents the consumer evaluation of the benefits of the product compared to the sacrifice, which provides the basis of the perception of the price, when the price is revealed, the participant's purchase intention changes, from this result indicates that the interviewee does not see the value in the product whose price is twice that of others, which they also enjoy, although they prefer it in their initial selection, this change clearly reflects the concept of price awareness. However, as all variables are revealed, a different understanding of price awareness with the association of real price versus quality and perceived attributes is observed, the well-known attribute has a strong extrinsic tip, a symbolic level that positively affects perception (Levrini & Dos Santos, 2021).

Improve and develop the skills and competencies of service providers in areas such as means of professional service delivery, complaint handling, effective service meetings (processes in which customers directly interact with the service over a period of time that mainly refer to the interaction between the customer and the service delivery system, customer relationship management, positive employees in attitude formation, etc. that will contribute to the improvement quality of service and this in turn will have a positive impact on customer satisfaction and revisit intentions. Profitability will also be affected due to higher rates of retention, repurchase intent and customer satisfaction leading to higher future revenue (Jiang & Rosenbloom, 2005).

### Effect of Patient Satisfaction Mediation

Li *et al.* (2011) states that through satisfaction the influence of the reliability of the patient's behavioral intentions can be strengthened. Results of the study Chiu *et al.* (2016) shows that cognitive (quality of service) can not directly have an impact but affective (satisfaction) can have a direct impact on conative (behavioral intentions). Satisfaction arises when consumers compare their initial expectations with theirs, after a perceived experience greater than expectations, consumers feel satisfied (Chiu *et al.*, 2016). In the context of a hospital, the intention of patient behavior is influenced by many things, including the quality of service and patient satisfaction (Aliman & Mohamad, 2016). This phenomenon describes the situation of the patient after he has used the services provided, it is a kind of mental state of the patient, or the affective attitude (satisfaction) that he supports towards past interactions with the patient and the service provider (Giovanis *et al.*, 2018). The cognitive component is a component of knowledge and belief in the properties or attributes of an object, which includes a negative or positive assessment of an object. The conative component is a component of the desire or behavioral tendency to perform an act against its object (Schiffman & Kanuk, 2005).

Affective and cognitive are different types of psychological responses carried out by consumers in a situation, due to the type of mental response that consumers show to the stimulus and events around them, affective refers to the response of feelings and refers to what they feel about the stimulus and events, for example whether they like or not a product, while cognitive consists of thinking responses that refer to consumer thinking, such as trust in a product and leading to one's knowledge and belief in the place for which it is intended, and will be depicted about the place being accepted internally (Pike & Ryan, 2004). In the context of satisfaction, low cognition involvement will generate limited information processing with little formal search and evaluation (Oliver, 1997; Bennett, 2000). When a person needs information about a hospital then that is where the cognitive component works. Before making a decision in visiting, they will design or formulate a more positive affective component related to the place that suits their motives and the benefits they want to get. (Klenosky, 2016). The cognitive component occurs at the time when the consumer is about to make a purchase and can influence the consumer's decision-making (Chiu *et al.*, 2016). So that when a person needs information about a hospital, the person will look for information about his needs, then the information is received, and interpreted using sensory tools to be further processed, this information processing refers to how to collect / receive stimulus from the environment, organize data, solve problems, productive thinking ability, find concepts, using verbal and visual symbols, then information enters the system through the sensory register and is stored for a limited period of time, in order to remain in the system, the information enters the working memory, here it takes place thinking consciously, then combined with the information in the long-term memory, which is potentially unlimited in the capacity of its contents so that it is able to accommodate all the information that is already owned, as it continues, The process by which information and product knowledge that has been stored, is taken back from memory to be used in translating information, the activation of knowledge in memory often occurs automatically with little or no conscious effort required, while product knowledge in the consumer's memory can be activated through various means, most commonly by exposure to objects or events around the environment (Santrock, 2014).

In the end, the product knowledge in memory can be activated because the knowledge is connected with other meanings that are also activated. Within each individual, cognitive and affective are inseparable, between affection and cognition there is a linkage because it is connected by the nervous system, so that each system can influence each other, but in certain situations or circumstances it can be seen that which is the dominant between emotional or rational traits in a person. Human beings behave in a conscious way and take into account all available information. Whether or not a behavior is carried out is determined by one's intentions. The intention of doing or not doing certain behaviors is influenced by two basic determinants, the first is related to attitudes (attitude towards behavior) the second is related to social influences, namely subjective norms. Attitudes come from behavioral beliefs, while subjective norms come from normative beliefs. Behaviour belief is a person who believes that the actions that will be carried out have a positive impact on him, he will be inclined to do these actions. Similarly, if he believes that the action to be carried out has a negative impact on him, he is refusing to do so. Attitude is a constellation of cognitive, affective, and conative components that interact with each other in understanding, feeling, and behaving towards an object (Ajzen, 2005). The affective component refers to the emotional response or assessment of the individual, reflecting the visitor's feelings towards the goal (Andreu *et al.*, 2005 ; Hallmann *et al.*, 2015). The affective in general has a broader context compared to certain feelings, emotions or moods (Hosany & Gilbert, 2010). Whereas the conative component indicates the active consideration of society towards a place as a travel destination, getting the desired future is done for themselves and is synonymous with behavioral intentions. (Brown, 2006).

#### 4. CONCLUSION

In this study there are three hypotheses that prove that the quality of service affects patient satisfaction, this means that the H1 hypothesis has been shown that satisfaction affects behavioral intentions this means that the H3 hypothesis is proven and price exerts an influence and the moderation relationship between satisfaction and behavioral intentions this means that the H4 hypothesis is proven. In addition, the quality of service has no bearing on the intention of this behavior meaning that the H2 hypothesis is not proven.

#### REFERENCE

- [1] Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- [2] Al-laymoun, M., Alwardia, K., & Albattat, A. (2020). *Management Science Letters*. 10, 209–216.

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- <https://doi.org/10.5267/j.msl.2019.8.002>
- [3] Al-Naser. (2012). *The Role of Service Quality in Jordanian Hospital*. 5(7), 19–27.
- [4] Al, M. M. et. (2017). Effects of hospital service quality on patients satisfaction and behavioural intention of doctors and nurses. *Saudi J. Med. Pharm. Sci*, July, 556–567. <https://doi.org/10.21276/sjmps>
- [5] Ali, A., & Ahmad, I. (2016). Environment Friendly Products: Factors that Influence the Green Purchase Intentions of Pakistani Consumers. *Pakistan Journal of Engineering, Technology & Science*, 2(1). <https://doi.org/10.22555/pjets.v2i1.697>
- [6] Aliman, N. K., & Mohamad, W. N. (2016). Linking Service Quality, Patients' Satisfaction and Behavioral Intentions: An Investigation on Private Healthcare in Malaysia. *Procedia - Social and Behavioral Sciences*, 224(August 2015), 141–148. <https://doi.org/10.1016/j.sbspro.2016.05.419>
- [7] Amorim, M., & Rabinovich, E. (n.d.). *Service delivery across multiple direct channels : Is more better ?* 1–8.
- [8] Anbori, A. L. I., Ghani, S. N., Yadav, H., & Daher, A. M. (2010). *Patient satisfaction and loyalty to the private hospitals in Sana ' a , Yemen*. 22(4), 310–315.
- [9] *Anderson 1994.pdf*. (1994).
- [10] Anderson, E. W., & Mittal, V. (2000). Strengthening the Satisfaction-Profit Chain. *Journal of Service Research*, 3(2), 107–120. <https://doi.org/10.1177/109467050032001>
- [11] Anderson, S. W., Baggett, L. S., & Widener, S. K. (2009). *The Impact of Service Operations Failures on Customer Satisfaction : Evidence on How Failures and Their Source Affect What Matters to Customers*. 11(1), 52–69. <https://doi.org/10.1287/msom.1070.0193>
- [12] Andreu, L., Gnoth, J., & Bigne, J. E. (2005). *The theme park experience : An analysis of pleasure , arousal and satisfaction The theme park experience : An analysis of pleasure , arousal and satisfaction*. December. <https://doi.org/10.1016/j.tourman.2004.05.006>
- [13] Asabea Addo, A., Wang, W., Dankyi, A. B., Abban, O. J., & Bentum-Micah, G. (2020). Sustainability of Health Institutions: The Impact of Service Quality and Patient Satisfaction on Loyalty. *European Journal of Business and Management Research*, 5(4), 1–7. <https://doi.org/10.24018/ejbmr.2020.5.4.345>
- [14] Assael, H. (1974). Product classification and the theory of consumer behavior. *Journal of the Academy of Marketing Science*, 2(4), 539–552. <https://doi.org/10.1007/BF02729448>
- [15] Athanassopoulos, A., Gounaris, S., & Stathakopoulos, V. (2001). Behavioural responses to customer satisfaction: an empirical study. *European Journal of Marketing*, 35(5/6), 687–707. <https://doi.org/10.1108/03090560110388169>
- [16] Azizan, N. A., & Mohamed, B. (2013). *THE EFFECTS OF PERCEIVED SERVICE QUALITY ON PATIENT SATISFACTION AT A PUBLIC HOSPITAL IN STATE OF PAHANG , MALAYSIA THE EFFECTS OF PERCEIVED SERVICE QUALITY ON PATIENT SATISFACTION AT A PUBLIC HOSPITAL IN STATE OF PAHANG .* September.
- [17] Bagozzi, R. P. (1999). *The Role of Emotions in Marketing*. 27(2), 184–206.
- [18] Bailey, M. T., Moorhouse, A. M. L., Byrom, A. J., & Kershaw, S. (2013). Applications for Hydrous Ferric Oxide Mine Water Treatment Sludge - A Review. *Reliable Mine Water Technology: Proceedings of the International Mine Water Association Annual Conference 2013, Vols I & II*, 63, 519–524.
- [19] Bennett, R. (2000). Attitudinal Loyalty – Personality trait or brand specific? University of Queensland. *Harvard Business Review*, July, 97–101.
- [20] Bleich, S. N., Ozaltin, E., & Murray, C. J. L. (2009). How does satisfaction with the health-care system relate to patient experience? *Bulletin of the World Health Organization*, 87(4), 271–278. <https://doi.org/10.2471/BLT.07.050401>
- [21] Brady, M. K., Knight, G. A., Cronin, J. J., Tomas, G., Hult, M., & Keillor, B. D. (2005). Removing the contextual lens: A multinational, multi-setting comparison of service evaluation models. *Journal of Retailing*, 81(3), 215–230. <https://doi.org/10.1016/j.jretai.2005.07.005>
- [22] Brown, G. (2006). Mapping landscape values and development preferences: a method for tourism and residential development planning. *International Journal of Tourism Research*, 8(2), 101–113. <https://doi.org/10.1002/jtr.562>
- [23] Campbell, J. L., Ramsay, J., & Green, J. (2001). Age, gender, socioeconomic, and ethnic differences in patients' assessments of primary health care. *Quality in Health Care*, 10(2), 90–95. <https://doi.org/10.1136/qhc.10.2.90>
- [24] Caruana, A. (2002). *Service loyalty The effects of service quality and the mediating role of customer satisfaction*. 36(7), 811–828. <https://doi.org/10.1108/03090560210430818>

- [25] Chahal, H. (2016). *Implications of corporate social responsibility on marketing performance: A conceptual framework*. October 1999.
- [26] Chen, Y., & Fu, F. Q. (2016). *The Behavioral Consequences of Service Quality : An Empirical Study in the Chinese Retail Pharmacy Industry* *The Behavioral Consequences of Service Quality : An Empirical Study in the Chinese Retail Pharmacy Industry*. 9683(April). <https://doi.org/10.1080/07359683.2015.1000706>
- [27] Chin, W. W. (2014). *The Partial Least Squares Approach to Structural Equation Modeling*. January 1998.
- [28] Chiu, W., Zeng, S., & Cheng, P. S. T. (2016). The influence of destination image and tourist satisfaction on tourist loyalty: a case study of Chinese tourists in Korea. *International Journal of Culture, Tourism, and Hospitality Research*, 10(2), 223–234. <https://doi.org/10.1108/IJCTHR-07-2015-0080>
- [29] Cronin, J. J., Brady, M. K., & Hult, G. T. M. (2000). Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments. *Journal of Retailing*, 76(2), 193–218. [https://doi.org/10.1016/S0022-4359\(00\)00028-2](https://doi.org/10.1016/S0022-4359(00)00028-2)
- [30] Dagger, T. S., Sweeney, J. C., Johnson, L. W., Sweeney, J. C., & Johnson, L. W. (2007). *an Integrated Model*. <https://doi.org/10.1177/1094670507309594>
- [31] *Doing patient-centredness versus achieving public health targets : A critical review of interactional dilemmas in ART adherence support*. (n.d.). 1–36.
- [32] Edition, F., Kotler, B. P., Bowen, J., Makens, J., Edition, F., Kotler, B. P., Bowen, J., & Makens, J. (2017). 9/17/2017. 1–46.
- [33] Endeshaw, B. (2021). Healthcare service quality-measurement models: a review. *Journal of Health Research*, 35(2), 106–117. <https://doi.org/10.1108/JHR-07-2019-0152>
- [34] Etgar, M., & Fuchs, G. (2009). Why and how service quality perceptions impact consumer responses. *Managing Service Quality*, 19(4), 474–485. <https://doi.org/10.1108/09604520910971566>
- [35] Farrell, A. M., Souchon, A. L., & Durden, G. R. (2001). Service Encounter Conceptualisation: Employees' Service Behaviours and Customers' Service Quality Perceptions. *Journal of Marketing Management*, 17(5–6), 577–593. <https://doi.org/10.1362/026725701323366944>
- [36] Gilbert, G. R., & Veloutsou, C. (2006). A cross-industry comparison of customer satisfaction. *Journal of Services Marketing*, 20(5), 298–308. <https://doi.org/10.1108/08876040610679918>
- [37] Giovanis, A., Pierrakos, G., Rizomyliotis, I., & Binioris, S. (2018). Assessing service quality and customer behavioral responses in hospital outpatient services: A formative measurement approach. *International Journal of Quality and Service Sciences*, 10(2), 98–116. <https://doi.org/10.1108/IJQSS-03-2017-0023>
- [38] Grogan, S., Conner, M., Norman, P., Willits, D., Porter, I., Mersey, N., & Hospital, M. H. (2000). *Validation of a questionnaire measuring patient satisfaction with general practitioner services*. 210–215.
- [39] Hair, J. F., Sarstedt, M., Hopkins, L., & Kuppelwieser, V. G. (2014). Partial least squares structural equation modeling (PLS-SEM): An emerging tool in business research. *European Business Review*, 26(2), 106–121. <https://doi.org/10.1108/EBR-10-2013-0128>
- [40] Hallmann, K., Zehrer, A., & Müller, S. (2015). Perceived Destination Image: An Image Model for a Winter Sports Destination and Its Effect on Intention to Revisit. *Journal of Travel Research*, 54(1), 94–106. <https://doi.org/10.1177/0047287513513161>
- [41] Han, H., & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management*, 46, 20–29. <https://doi.org/10.1016/j.tourman.2014.06.003>
- [42] Hazilah, N., Manaf, A., & Nooi, P. S. (2002). *Patient Satisfaction as an Indicator of Service Quality in Malaysian Public Hospitals*. 10(1), 77–87.
- [43] Helena, R. Æ., Alves, M., & Duarte, P. A. (2009). *Dimensions of service quality and satisfaction in healthcare : a patient 's satisfaction index*. 85–100. <https://doi.org/10.1007/s11628-008-0055-1>
- [44] Henard, D. H., & Szymanski, D. M. (2001). *Why some new products are more successful than others*.
- [45] Hibbard, J. H., Greene, J., Sacks, R. M., Overton, V., & Parrotta, C. (2017). Improving Population Health Management Strategies: Identifying Patients Who Are More Likely to Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease. *Health Services Research*, 52(4), 1297–1309. <https://doi.org/10.1111/1475-6773.12545>
- [46] Ho, C. W., & Wang, Y. B. (2015). Re-purchase intentions and virtual customer relationships on social media brand community. *Human-Centric Computing and Information Sciences*, 5(1). <https://doi.org/10.1186/s13673-015-0038-x>



- [47] Hosany, S., & Gilbert, D. (2010). Measuring tourists' emotional experiences toward hedonic holiday destinations. *Journal of Travel Research*, 49(4), 513-526. <https://doi.org/10.1177/0047287509349267>
- [48] Indriana, F., Yanuar, T., Syah, R., & Unggul, U. E. (n.d.). *SERVICE QUALITY , PRICE , CUSTOMER SATISFACTION AND WORD. 2014*, 14-25.
- [49] Introduction, A., Goldstein, A., Marketing, F., Nicole, M., & Bateman, J. (n.d.). *An Introduction*. 3-27.
- [50] Jarvis, C. B., Mackenzie, S. B., & Podsakoff, P. M. (2004). <Jarvis\_JCR\_2003.pdf>. 30(September 2003).
- [51] Jiang, P., & Rosenbloom, B. (2005). Customer intention to return online: Price perception, attribute-level performance, and satisfaction unfolding over time. *European Journal of Marketing*, 39(1-2), 150-174. <https://doi.org/10.1108/03090560510572061>
- [52] Kara, A., Lonial, S., Tarim, M., & Zaim, S. (2005). A paradox of service quality in Turkey: The seemingly contradictory relative importance of tangible and intangible determinants of service quality. *European Business Review*, 17(1), 5-20. <https://doi.org/10.1108/09555340510576230>
- [53] *keaveney 1995.pdf*. (n.d.).
- [54] Klenosky, D. B. (2016). *The "Pull" of Tourism Destinations: A Means-End Investigation*. September. <https://doi.org/10.1177/004728750204000405>
- [55] Levrini, G. R. D., & Dos Santos, M. J. (2021). The influence of price on purchase intentions: Comparative study between cognitive, sensory, and neurophysiological experiments. *Behavioral Sciences*, 11(2). <https://doi.org/10.3390/bs11020016>
- [56] Li, H., Daugherty, T., Biocca, F., Hairong, L., Daugherty, T., & Biocca, F. (2002). Impact of 3-D advertising on product knowledge, brand attitude, and purchase ... *Journal of Advertising*, 31(1), 43.
- [57] Li, S. J., Huang, Y. Y., & Yang, M. (2011). How satisfaction modifies the strength of the influence of perceived service quality on behavioral intentions. *Leadership in Health Services*, 24(2), 91-105. <https://doi.org/10.1108/17511871111125675>
- [58] *lien and yu 2001.pdf*. (n.d.).
- [59] Liung, H., & Syah, T. Y. R. (2017). Pengaruh Kualitas Layanan Terhadap Kepuasan dalam Meningkatkan Loyalitas di Moderasi Harga. *Jurnal Ekonomi*, 8 (2)(9).
- [60] Lonial, S., Tarim, M., & Zaim, S. (2005). *A paradox of service quality in Turkey: The seemingly contradictory relative importance of tangible and intangible determinants of service quality A paradox of service quality in Turkey : The seemingly contradictory ... Kara , Ahmet ; Lonial , Subhash ; . February*. <https://doi.org/10.1108/09555340510576230>
- [61] Lovelock, C., & Wirtz, J. (n.d.). *SERVICES*.
- [62] Macintyre, M., Parry, G., & Angelis, J. (2011). *Service Design and Delivery (Service Science: Research and Innovations in the Service Economy)* (Issue January). <https://doi.org/10.1007/978-1-4419-8321-3>
- [63] Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient satisfaction with health care services; an application of physician's behavior as a moderator. *International Journal of Environmental Research and Public Health*, 16(18), 1-16. <https://doi.org/10.3390/ijerph16183318>
- [64] Marciniak, R., & Metropolitan, L. (2010). *between explicit and implicit reference points*. 10(3), 269-286. <https://doi.org/10.1362/146934710X523113>
- [65] Matzler, K., Würtele, A., & Renzl, B. (2006). Dimensions of price satisfaction: A study in the retail banking industry. *International Journal of Bank Marketing*, 24(4), 216-231. <https://doi.org/10.1108/02652320610671324>
- [66] Meesala, A., & Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. *Journal of Retailing and Consumer Services*, 40(July 2016), 261-269. <https://doi.org/10.1016/j.jretconser.2016.10.011>
- [67] Miranda, F. J., Chamorro, A., Murillo, L. R., & Vega, J. (2010). *An Importance-Performance Analysis of Primary Health Care Services: Managers vs . Patients Perceptions*. 2010(June), 227-234. <https://doi.org/10.4236/jssm.2010.32027>
- [68] Mooij, M. De, & Hofstede, G. (2002). *Convergence and divergence in consumer behavior : implications for international retailing*. 78, 61-69.
- [69] Nana, O., Sonny, N., & Baba, D. (2010). Measuring service quality and patient satisfaction with access to public and private healthcare delivery. *International Journal of Public Sector Management*, 23(3), 203-220. <https://doi.org/10.1108/09513551011032455>
- [70] *No Title*. (n.d.).
- [71] *No Title 学姐单词*. (n.d.).

- [72] Oh, H. (2000). The Effect of Brand Class, Brand Awareness, and Price on Customer Value and Behavioral Intentions. *Journal of Hospitality and Tourism Research*, 24(2), 136–162. <https://doi.org/10.1177/109634800002400202>
- [73] Peter, P. J., & Olson, J. C. (2012). Consumer Behavior Marketing. In *Mc Graw*.
- [74] *QUT Digital Repository*: (2008). 42, 333–342.
- [75] Rad, N. F., Puad, A., Som, M., & Zainuddin, Y. (2010). *Service Quality and Patients ' Satisfaction in Medical Tourism School of Management , Universiti Sains Malaysia School of Management Technology , Universiti Malaysia Pahang*. 10, 24–30.
- [76] Rao, A. R., & Monroe, K. B. (2014). The Effect of Price, Brand Name, and Store Name on Buyers' Perception of Product Quality. *Journal of Marketing Research*, 26(3), 351–357. <https://doi.org/10.1021/cen-09504-cover4>
- [77] Schiffman, L. G., & Kanuk, L. L. (2005). *Comportamiento\_del\_Consumidor\_Leon\_G\_Sch*. 595.
- [78] Schweizer, T. A., & MacDonald, R. L. (2014). The behavioral consequences of stroke. *The Behavioral Consequences of Stroke*, 9781461476(April), 1–349. <https://doi.org/10.1007/978-1-4614-7672-6>
- [79] Science, S. (2016). *Service quality perceptions and patient satisfaction : A study of hospitals in a developing country . Social Science and Medicine , 52 ( 9 ) , Service quality perceptions and patient satisfaction : a study of hospitals in a developing country*. 52(March), 1359–1370. [https://doi.org/10.1016/S0277-9536\(00\)00235-5](https://doi.org/10.1016/S0277-9536(00)00235-5)
- [80] Shabbir, A., & Malik, S. A. (2016). *Measuring patients ' healthcare service quality perceptions , satisfaction , and loyalty in public and private sector hospitals in Pakistan International Journal of Quality & Reliability Management Article information : January 2018*. <https://doi.org/10.1108/IJQRM-06-2014-0074>
- [81] Shill, J., Taylor, D. M., Ngui, B., Taylor, S. E., Ugoni, A. M., Yeoh, M., & Richardson, J. (2012). *Factors Associated With High Levels of Patient Satisfaction With Pain Management*. 1212–1215. <https://doi.org/10.1111/j.1553-2712.2012.01451.x>
- [82] Stamer, H. H., & Diller, H. (2006). Price segment stability in consumer goods categories. *Journal of Product and Brand Management*, 15(1), 62–72. <https://doi.org/10.1108/10610420610650882>
- [83] Starr, R. M. (2012). The scope of markets. In *General Equilibrium Theory*. <https://doi.org/10.1017/cbo9781139174749.022>
- [84] Threat, A. G., Kashif, M., & Walsh, J. C. (2016). *Customer Satisfaction at Public Hospitals in Pakistan : PAKSERV Application*. 2(2010), 133–149. <https://doi.org/10.1177/0972150914543556>
- [85] To, A. T. A., & Santrock, J. W. (n.d.). *LIFE-SPAN*.
- [86] Tunku Abdul Rahman, U., Lim, Y. M., Yet Mee, L., Tat Huei, C., Bee Chuan, S., & Rahman, A. (2018). Medical Tourists' Behavioral Intention in relation to Motivational Factors and Perceived Image of the Service Providers International Academic Journal of Organizational Behavior and Human Resource Management International Academic Journal of Organizational Behavior and Human Resource Management, 5(3), 1–16.
- [87] Utilization, H. C., & Commentary, S. I. (2012). *The Cost of Satisfaction*. 172(5), 405–411. <https://doi.org/10.1001/archinternmed.2011.1662>
- [88] Vallerand, R. J., Deshaies, P., Cuerrier, J. P., Pelletier, L. G., & Mongeau, C. (1992). Ajzen and Fishbein's Theory of Reasoned Action as Applied to Moral Behavior: A Confirmatory Analysis. *Journal of Personality and Social Psychology*, 62(1), 98–109. <https://doi.org/10.1037/0022-3514.62.1.98>
- [89] van Dat, T. (2020). Assessing the effects of service quality, experience value, relationship quality on behavioral intentions. *Journal of Asian Finance, Economics and Business*, 7(3), 167–175. <https://doi.org/10.13106/jafeb.2020.vol7.no3.167>
- [90] Varki, S., & Colgate, M. (2001). The Role of Price Perceptions in an Integrated Model of Behavioral Intentions. *Journal of Service Research*, 3(3), 232–240. <https://doi.org/10.1177/109467050133004>
- [91] Wijaya, J. T., Saptaningsih, A. B., & Syah, T. Y. R. (2021). Kepercayaan Dimediasi Kepuasan Pasien terhadap Citra Rumah Sakit. *Jurnal Manajemen Kesehatan Indonesia*, 9(1), 59–71. <https://doi.org/10.14710/jmki.9.1.2021.59-71>
- [92] Wirtz, J., & Mattila, A. (2001). *Exploring the Role of Alternative Perceived Performance Measures and Needs-Congruency in the Consumer Satisfaction Process Exploring the Role of Alternative Perceived Performance Measures and Needs-Congruency in the Consumer Satisfaction Process*. December 2018. <https://doi.org/10.1207/S15327663JCP1103>
- [93] Wu, C. (2011). *The impact of hospital brand image on service quality , patient satisfaction and loyalty*. 5(12), 4873–4882. <https://doi.org/10.5897/AJBM10.1347>
- [94] Xuan Luan, D., & Thanh Tung, D. (2019). Formal Credit Inclusion Within One-Commune-One-Product

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- Program (Ocop) in the Agricultural Restructuring Strategy of Northwestern Vietnam. *Economics and Sociology*, 12(2), 176–188. <https://doi.org/10.14254/2071>
- [95] Yüksel, A., & Yüksel, F. (2001). The Expectancy-Disconfirmation Paradigm: A Critique. *Journal of Hospitality and Tourism Research*, 25(2), 107–131. <https://doi.org/10.1177/109634800102500201>
- [96] Zeelenberg, M., & Pieters, R. (2004). Beyond valence in customer dissatisfaction: A review and new findings on behavioral responses to regret and disappointment in failed services. *Journal of Business Research*, 57(4), 445–455. [https://doi.org/10.1016/S0148-2963\(02\)00278-3](https://doi.org/10.1016/S0148-2963(02)00278-3)
- [97] Zeithaml, V. A., & Berry, L. L. (1988). *SERVQUAL: A multiple- Item Scale for measuring consumer perceptions of service quality*. September 2014.
- [98] Zhang, X. L., & Fan, F. H. (2018). DOA Estimation Algorithm for Wideband Signals Using Delay Compensation Method in Frequency Domain. *Tien Tzu Hsueh Pao/Acta Electronica Sinica*, 46(7), 1633–1638. <https://doi.org/10.3969/j.issn.0372-2112.2018.07.013>
- [99] Zhong, & Moon. (2020). Physical Environment Quality, and the Moderating. *Mdpi*, 9, 1–19.
- [100] Морозова, Л., Morozova, L., ЗЕМСКОБА, А., & ZEMSKOVA, A. (2017). The impact of service quality on the effectiveness of the hospitality industry. *Services in Russia and Abroad*, 11(2), 98–110. <https://doi.org/10.22412/1995-042x-11-2-8>