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The Effect of Service Quality On Patient Loyalty, With Patient Satisfaction and Trust as Intervening Factors, At Private Clinics in Jakarta

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Abstract

Health services has a progressive, productive and rapidly developing and a high level of competition as well as the main drivers of globalization with a broad scope. Management of the quality services will affect patient satisfaction, trust and loyalty, especially in private health services, so that it will affect the sustainability of the health service business. So this study aims to determine the effect of service quality on patient loyalty which is mediated by patient satisfaction and trust. The sampling method was purposive sampling, with a sample of outpatients at the general polyclinic of the Private Clinic in Jakarta area with 248 respondents, using a questionnaire as the research instrument. A pretest with 30 respondents assessed validity (KMO > 0.5) and reliability (Cronbach's alpha > 0.6). 45 questions were valid and reliable for the variables of service quality, satisfaction, trust, and loyalty. Data were analyzed using Structural Equation Modeling (SEM). The results showed that there was an effect of service quality on patient satisfaction and trust with a T-Value > 1.96. The implication of this research is that independent clinic leaders can provide training, skill development, effective communication, and knowledge of medical and non-medical personnel so that patients will feel satisfied and trust so as to create patient loyalty.

Keywords: Quality of Service; Patient Satisfaction; Patient Trust; Patient Loyalty

JEL Codes: I11, M31, L84

1. Introduction

The healthcare sector is progressive, productive, and rapidly evolving in tandem with advances in medical science and technology, as well as the emergence of government policies, economic factors, consumer behavior, market growth, technology, and competitor strategies all of which have led to intense competition (Syah & Wijoyo, 2021). The healthcare sector has also become a major driver of globalization with a broad scope (Aburayya et al., 2020). The states that healthcare services must be of sufficient quality to meet the needs of the community, build strong trust to generate robust demand, and ensure equitable coverage. Primary care serves as the first line of access to healthcare services for the community. Primary health care provides integrated patient care with adequate funding, sound management, and high quality. First-level health facilities

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include independent clinics that operate in the health care business based on customer trust (Syah & Wijoyo, 2021).

Quality of care is a factor that needs to be improved in order to foster progress and advancement by the human resources at healthcare facilities (Kulsum et al., 2017). Outpatients are one of the most important components of the healthcare system; they serve as the primary source of patients for inpatient departments and also make the greatest contribution to healthcare service evaluations (Pouragha & Zarei, 2016). Setyawan et al. (2020), in a study conducted in Malang, East Java, noted that primary healthcare services need to recognize the factors influencing satisfaction and loyalty which in turn impact service quality by identifying strengths and weaknesses, so that healthcare providers can allocate adequate resources to improve service quality. Measuring service quality using the SERVQUAL method reveals customer satisfaction (Meesala & Paul, 2018). Consequently, many studies on patient satisfaction are influenced by service quality. Optimal service quality enhances patient satisfaction (Indrawati et al., 2020; Aryati et al., 2018; Syah & Wijoyo, 2021; Akob et al., 2021; Made et al., 2018; Ricca & Antonio, 2021).

In addition to patient satisfaction, service quality also influences patient loyalty, as evidenced by repeat visits (Made et al., 2018; Kulsum et al., 2017). Consistent with previous research, studies by Indrawati et al. (2020) and Ricca & Antonio (2021) show that high service quality has been proven to increase patient loyalty. Setyawan et al. (2020) state that the private healthcare sector has a higher level of loyalty than the public healthcare sector.

Lee & Kim (2017) found that satisfied patients or customers become loyal, return for care, and recommend the service. Thus, it can be concluded that patient satisfaction directly influences patient loyalty (Ricca & Antonio, 2021; Aburayya et al., 2020; Asnawi et al., 2019). This is further supported by Aryati et al. (2018), who demonstrated that patient satisfaction influences patient loyalty; patients who feel satisfied, happy, and comfortable will become loyal.

Satisfaction can directly influence patient loyalty, but loyalty can also increase indirectly through the mediating effect of satisfaction (Kim et al., 2017). The role of patient satisfaction as a factor linking service quality to patient loyalty was also highlighted in studies by Akob et al. (2021), Made et al. (2018), Ibrahim et al. (2020), Meesala & Paul (2018), and Nurlitasari et al. (2016), all of which found that patient satisfaction mediates the relationship between service quality and loyalty.

In addition to customer satisfaction, trust is also a goal that must be achieved in business; trust involves a person's expectations regarding something. Trust is a key element in how a person perceives a product or organization. Trust benefits both customers and companies; the benefits include reducing perceptual gaps, increasing sales, lowering operating costs, managing public opinion, and fostering employee loyalty (Indrawati et al., 2020). Pratama & Hartini (2020) state that hospitals in Indonesia need to increase public trust in healthcare services. Platonova et al. (2008) conducted a study on primary healthcare facilities in South America and found that trust is a strong factor influencing patient loyalty. Research conducted by Çerri (2012) supports these previous findings by establishing a direct relationship between trust and patient loyalty.

Research has shown that service quality influences satisfaction, trust, and loyalty both directly and indirectly indicating that it is a crucial element in healthcare. Not all studies have yielded similar results; for example, research by Meesala & Paul (2018) and Manik et al. (2017) found that service quality, as measured using the SERVQUAL method, did not significantly affect customer

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satisfaction levels. Studies by Nurlitasari et al. (2016), Liu et al. (2021), and Aburayya et al. (2020) present conflicting results, suggesting that service quality does not have a direct impact on patient loyalty. Research by Indrawati et al. (2020) states that service quality, as reflected in customer satisfaction, does not influence patient loyalty, and that satisfaction alone cannot turn someone into a customer due to the factor of trust. While numerous studies have been conducted on patient loyalty and its influencing factors, research specifically focused on primary-care health facilities particularly independent clinics remains limited.

The purpose of this study is to determine the effect of service quality on patient loyalty, with satisfaction and trust as intervening factors, at Mandiri Clinics in Jakarta. Additionally, the study aims to provide an overview of service quality, loyalty, satisfaction levels, and patient trust. It is hoped that this study will serve as input for the Regional Health Office in the implementation of services at Mandiri Clinic and provide guidance to healthcare workers at Mandiri Clinic in Jakarta. Furthermore, this study is expected to serve as a reference and guide for students and academics to enhance their managerial skills in improving service delivery.

2. Literature review

2.1 Service Quality

Parasuraman et al. (1988) define service quality as the gap between customer expectations and their perceptions of the service they receive. This concept forms the basis for the SERVQUAL instrument developed by Parasuraman et al. (1988). SERVQUAL is recognized as a widely applicable instrument. The dimensions of SERVQUAL have been utilized in the healthcare literature. Fatima et al. (2018) conducted a study based on 1,921 surveys, concluding that the SERVQUAL dimensions are frequently used to assess the quality of service at healthcare facilities in developing countries. Parasuraman et al. (1988) identified various aspects such as tangibles, reliability, assurance, responsiveness, and empathy as key components of service quality.

2.2 Trust

Studies in the field of marketing show that trust is key to customer loyalty (Ibrahim et al., 2020). Several other studies also show that the combined effects of satisfaction, trust, and the removal of barriers influence customers' desire for repeat purchases. The findings indicate that there is a positive and significant moderating effect of trust when applied to different levels of satisfaction, which enhances customer recall. Ibrahim et al. (2020) recommend that future research should consider factors not addressed in previous studies and include variables not examined in prior research, such as trust as a mediator or moderator. Hart & Johnson (1999) noted that one of the causes of the inability to maintain customer satisfaction is a lack of trust; this also indicates that trust can act as a moderator in the relationship between satisfaction and customer loyalty. Conversely, the absence of trust can reduce loyalty, even among customers who are already satisfied with the services offered.

2.3 Level of Satisfaction

Satisfaction refers to a product or service exceeding customer expectations. Satisfaction is a customer's statement made after receiving a product or service, based on whether they are satisfied or dissatisfied with the service (Woodside et al., 1989). Oliver (1999) states that customer satisfaction is significant. Satisfaction also means that the customer's needs are met (Ricca & Antonio, 2021). Patient satisfaction in the healthcare sector refers to the care a patient receives when their need for an improvement in their health is met (Ricca & Antonio, 2021). In the context

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of outpatient care, key factors for improving patient satisfaction include the professionalism and availability of healthcare personnel to contribute to healthcare services. Dissatisfaction among outpatient patients is often linked to healthcare providers not having enough time to explain medical information to patients (Asnawi et al., 2019; Ekaterina, 2017; Kaya et al., 2017).

2.4 Patient Loyalty

Loyalty is described as planned behavior. There are four stages of customer loyalty: cognitive, affective, conative, and behavioral. Consumers may be "loyal" at any of these stages based on the attitudes they exhibit (Oliver, 1999). Loyalty in the medical field is assessed based on patients' willingness to recognize a healthcare provider as their first choice, to revisit the hospital, and/or to recommend the hospital to others (Guo et al., 2020; Kim et al., 2017; Zhou et al., 2017). In the world of business and marketing, loyalty offers significant benefits. Customer loyalty provides a profitable strategy for most companies. Loyalty also serves as a measure of the healthcare market. Therefore, patient loyalty is a competitive asset for hospitals (Richter & Muhlestein, 2017).

2. Methodology

This study is a quantitative descriptive study using the SERVQUAL instrument to measure service quality, which comprises five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Patient satisfaction was measured using a questionnaire adapted from Zeithaml et al. (1990), Parasuraman et al. (1988), Ribbink et al. (2004), and Çerri (2012), while patient loyalty was measured using a framework adapted from Guo et al. (2020), Kotler & Keller (2012), Kim et al. (2017), and Zhou et al. (2017) namely, repeat visits (repeat purchase), positive attitudes and emotional attachment (retention), recommending services to others (referral), and trust, which is measured using three indicators: the interpersonal relationship between patients and healthcare providers, switching costs, and response to alternative options (Ribbink et al., 2004; Pavlou, 2003; Gefen et al., 2003; Çerri, 2012). This study used primary data from questionnaires. The research instrument consisted of a questionnaire administered digitally via Google Forms to patients who were currently visiting or had previously visited Klinik Mandiri in Jakarta. The questionnaire used a Likert scale with numerical ratings ranging from strongly agree (5), agree (4), somewhat agree (3), disagree (2), to strongly disagree (1). The variables in this study can be identified as three main variables: the independent variable, service quality, which consists of five measurement dimensions Tangibles (T), Responsiveness (S), Reliability (R), Assurance (A), and Empathy (E) and the dependent variable, patient loyalty, while patient satisfaction and trust serve as intervening variables. In the first stage, data were collected via a questionnaire completed by 30 respondents using Google Forms, covering the five dimensions of service quality SERVQUAL, patient satisfaction, trust, and patient loyalty, comprising 59 questions. Subsequently, the validity and reliability of the questionnaire were tested by examining the Kaiser-Meyer-Olkin Measure (KMO) and the Measure of Sampling Adequacy (MSA), with validity criteria set at KMO > 0.5 and MSA > 0.5 for a 1-component matrix. For the reliability test, a Cronbach's alpha value >0.7 indicates good reliability (Hair et al., 2009).

The study population consisted of outpatients at Klinik Mandiri in Jakarta. The sample comprised general outpatient clinic patients aged >17 years who paid out-of-pocket, had made at least two visits or received treatment over the past year, and were receiving or had previously received treatment at the clinic during the study period (April 2022–April 2023). The sampling technique used was non-probability sampling, specifically purposive sampling, which involves selecting participants based on specific criteria. The sample size for this study was calculated using the Hair

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Formula; the sample size must be at least 5–10 times the number of questionnaires. After validity and reliability testing, the study included 45 questions, requiring a minimum sample size of 225 respondents (45 × 5), plus an additional 10% to account for dropouts, for a total of 248 respondents. The subsequent stage of the research involved Structural Equation Modeling (SEM) to analyze the relationships among the study variables.

Validity and reliability tests were conducted on 30 respondents. In the validity test, factor analysis was performed on the service quality, patient trust, patient satisfaction, and patient loyalty variables, which comprised 59 items; 45 items were deemed valid and reliable, with KMO and MSA values>0.5 and a 1-component matrix. In the reliability test, the 45 valid items were deemed reliable with Cronbach's alpha values >0.7. Thus, following a pretest with 30 respondents, the 45 items were deemed valid and reliable for use in this study.

4. Results and Discussion

4.1. Construct Validity and Reliability Tests

The construct validity test showed that the questionnaire indicators met the specified acceptance criteria; the Service Quality Perception variable had a factor loading > 0.50, and a t-value greater than the critical t-value (1.96) at a 5% significance level. Reliability was assessed based on the criteria that the Construct Reliability (CR) value must be > 0.60 and the Variance Extracted (VE) value must be > 0.50 (Hair et al., 2014). The questionnaire indicators met the CR criteria, with CR values > 0.60 for the variables Service Quality (0.93), Patient Satisfaction (0.78), Patient Trust (0.83), and Patient Loyalty (0.70). If the VE value is >0.50, the variable is considered reliable; this applies to Service Quality (0.48), Patient Satisfaction (0.55), Patient Trust (0.50), and Patient Loyalty (0.41).

4.2. Descriptive Statistical Analysis

The respondents in this study were outpatients at private clinics in the Jakarta area; patients who had received treatment more than twice; and patients over the age of 17. With a total of 248 respondents, the sample size met the requirements for conducting research using the SEM method (Hair et al., 2014). The demographic characteristics of the 248 respondents, drawn from 19 Mandiri Clinics in the Greater Jakarta area, showed that 160 (64.5%) were women and 88 (35.5%) were men. In terms of age, 55.2% (137) of respondents were 21–29 years old; 22 (8.9%) were under 20 years old; 44 (17.7%) were 30–39 years old; and 45 were over 40 years old. The highest educational attainment was in Level 1 (50%) and Level 3 (0.4%). 121 (48.4%) respondents were married. 37.1% of respondents worked in the private sector, followed by 26.6% who were students. Respondents reported 2–4 visits 232 (93.2%) times and more than 5 visits 17 (6.8%) times.

From the 248 respondents who completed the service quality questionnaire, SERVQUAL scores were calculated as the difference between respondents' perceptions and expectations. A positive SQ score indicates that patients' or service users' expectations are met and they are satisfied, whereas a negative SQ score indicates that the service provided to patients does not meet their expectations or is of poor quality (Adepoju et al., 2018). The results indicate negative differences across all dimensions of service quality; therefore, overall, the 248 respondents still feel that the quality of service they received at the private clinics they visited did not meet their expectations. The SERVQUAL scores were as follows: Responsiveness (-0.1182), Tangibility (-0.1166), Empathy (-0.1129), Assurance (-0.0215), and Reliability (-0.016).

4.3. Structural Analysis

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The R value indicates the extent to which variation in the dependent variable can be explained by variation in the independent variables in the research model. The first analysis showed that PS (Patient Satisfaction) is influenced by QS (Quality of Service) with an R^2 of 0.56. This means that 56% of the variance in Patient Satisfaction can be explained by the Quality of Service variable, while 44% of the variance can be explained by other variables not included in this study. In the second analysis, Patient Trust (PT) is influenced by Service Quality (PT) with an R^2 of 0.74. This means that 74% of the variance in Patient Trust is explained by Service Quality, while 26% is explained by other variables not included in this study. In the third analysis, Patient Satisfaction (KP), Patient Trust (KC), and Service Quality (PT) collectively explain 82% of the variance in Patient Loyalty (LOY). This means that 82% of the variance in Patient Loyalty can be explained by the variables of patient satisfaction, patient trust, and service quality, while the remaining 18% can be explained by other variables not included in this study.

The results for Groups 1 through 7 show that all tests achieved a good fit, including the Chi-Square value, Expected Cross-Validation Index (ECVI), AIC, CAIC, and Fit Index. The results indicated a close fit based on the Root Mean Square Error of Approximation (RMSEA), as well as a good fit for the Critical N and Goodness of Fit. It was concluded that the model fit tests met the requirements. This study has the following path diagram:

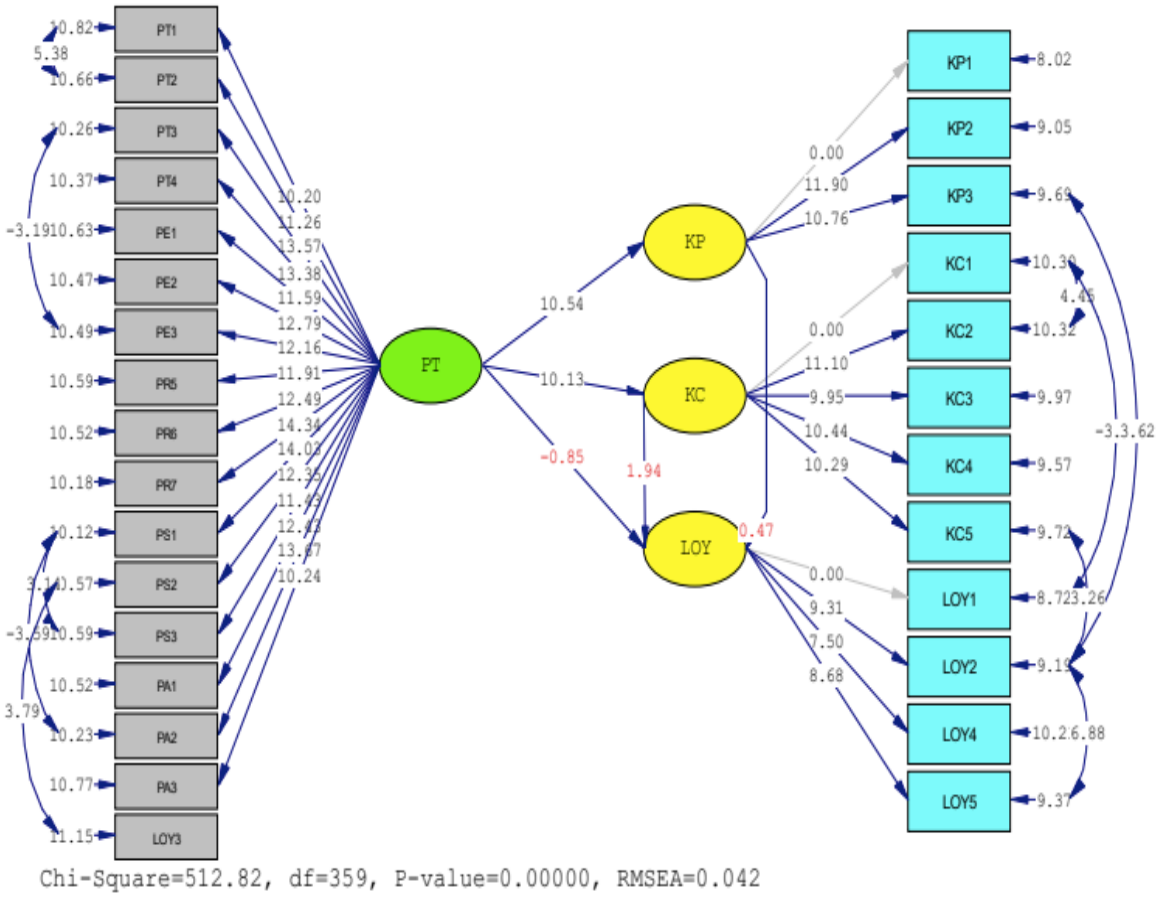


Figure 1. T-Value Path Diagram

4.4. Hypothesis Testing

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The results of the hypothesis test based on the path diagram t-value are as follows:

Table 1. Direct Relationships Among Variables

Hypothesis	Hypothesis Statement	*Estimates Total Effect*	*T-Value* (>1,96)	Notes
H1	Service Quality influences Patient Satisfaction	0,75	10,54	The data support the hypothesis
H2	Service Quality influences Patient Trust	0,86	10,13	The data support the hypothesis
H3	Service Quality will influence Patient Loyalty	0,73	0,85	The data do not support the hypothesis
H4	Patient Satisfaction will influence Patient Loyalty	0,15	0,47	The data do not support the hypothesis
H5	Patient Trust will influence Patient Loyalty	0,90	1,94	The data do not support the hypothesis

Source: Processed research data (2023)

Table 2. Indirect Relationships Among Variables

Hypothesis	Hypothesis Statement	Notes
H6	Service quality influences patient loyalty, with patient satisfaction as an intervening variable	The data do not support the hypothesis
H7	Service quality influences patient loyalty, with patient trust as an intervening variable	The data do not support the hypothesis

Source: Processed research data (2023)

4.5. Discussion

The test of the first hypothesis (H1) showed that service quality has an effect on patient satisfaction. Improved service quality will increase the satisfaction of outpatients at independent clinics in the Jakarta area. The results of this study support the findings of previous research conducted by Akob et al. (2021), Ricca & Antonio (2021), Syah & Wijoyo (2021), Aryati et al. (2018), and Made et al. (2018), Kulsum et al. (2017), and Nurlitasari et al. (2016), which state that service quality has a positive impact on patient satisfaction. Astarini & Fachrodji (2023) noted in their study that both medical and non-medical staff demonstrate diligence, competence, and credibility in addressing patient complaints, supported by medical equipment, which leads patients to feel sufficiently satisfied with the quality of care provided. Patient satisfaction is a key factor considered in improving the quality of care in healthcare settings. Service quality is the comparison between expectations and the reality patients experience and perceive. If the actual healthcare service meets patients' expectations, satisfaction will also increase. Customers expect that the resources they spend such as on healthcare services, health support, and medications will result in the provision of these services by medical staff during their care (Indrawati et al., 2020). In private healthcare facilities, it is important to ensure that customers or, in this case, patients are satisfied; the patients' perceptions and experiences also reflect how comfortable they feel while receiving

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care. Conversely, if a patient expects to receive the best care but does not receive care that meets their expectations, the patient will feel disappointed and will share this disappointment with their relatives (Indrawati et al., 2020). This will be a loss for the private clinic.

The results of the second hypothesis (H2) test indicate that service quality influences patient trust. The higher the service quality, the greater the trust that outpatient patients have in independent clinics in the Jakarta area. These findings reinforce the research conducted by Indrawati et al. (2020), which found that good service quality increases patient trust. Customers expect service that aligns with their general expectations and will feel confident if they receive service that meets those expectations. The trust that patients already have in the clinic and its medical staff will also build confidence and increase patient loyalty to the clinic. Patient satisfaction, service quality, and hospital image are the reasons patients or customers choose to return to a healthcare facility as a place they can trust (Akob et al., 2021).

The results of the third hypothesis test (H3) indicate that service quality has no effect on patient loyalty. Higher service quality does not influence patient loyalty at private clinics in the Jakarta area. These findings are similar to those of a study conducted by Aburayya et al. (2020) in the United Arab Emirates (UAE) across 12 clinics, which found no direct relationship between service quality and patient loyalty; however, their results indicated that patients' decisions to remain loyal are directly influenced by patient satisfaction, not service quality.

The results of the test of the fourth hypothesis (H4) indicate that patient satisfaction does not positively affect patient loyalty. These results support the findings of Indrawati et al. (2020), who found that customer satisfaction levels do not influence customer loyalty. This may be because customer satisfaction alone cannot guarantee that a customer will remain loyal, as many other factors contribute to patient loyalty.

The results of the fifth hypothesis test (H5) indicate that patient trust does not positively affect patient loyalty. These findings suggest that trust alone cannot directly influence patient loyalty or guarantee that patients will return to the clinic. Research findings presented by Hart & Johnson (1999) indicate that one cause of the inability to maintain customer satisfaction is a lack of trust; conversely, a lack of trust can reduce loyalty, even among customers who are already satisfied with the services offered. However, the results of this study indicate that patient trust makes it more likely that patients will return to the clinic; it does not, however, guarantee that patients will become loyal or engage in behaviors associated with patient loyalty such as recommending the clinic to others or choosing this clinic over others in the future.

The results of the sixth hypothesis test (H6) indicate that service quality has no effect on patient loyalty, with patient satisfaction serving as the intervening variable. The findings of this study show no direct relationship between patient satisfaction and patient loyalty, a conclusion supported by the research of Indrawati et al. (2020); therefore, a mediation or intervening variable test could not be conducted.

The results of the seventh hypothesis test (H7) showed no effect of Patient Satisfaction on Patient Loyalty with Trust as the mediating variable. The absence of a direct effect between trust and patient loyalty made it impossible to conduct a mediation test. This study addresses a research gap that served as the basis for its conduct. The results demonstrate that the gap has been substantiated, as differences between this study's findings and those of previous research are influenced by study location, sample variation, and the type of healthcare facility.

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Testing the Mediating Variables of Patient Satisfaction and Trust

The mediating roles of patient satisfaction and trust in the relationship between service quality and patient loyalty were examined. The path diagram shows a t-value of <1.96, indicating no significant relationship between patient satisfaction and patient loyalty; similarly, the relationship between patient trust and patient loyalty does not meet the criteria for a mediating variable test. The results of this study also show that service quality does not influence patient loyalty when patient satisfaction and trust are treated as intervening variables. Good service quality, combined with patient trust and satisfaction, does not guarantee that patients will remain loyal to the clinic.

5. Conclusion

The results of this study indicate that, first, service quality affects the trust of outpatients at independent general clinics in Jakarta. Second, there is an effect of service quality on the satisfaction of outpatients at independent general clinics in Jakarta. Third, there is no effect of service quality on patient loyalty. Fourth, there is no significant effect of patient satisfaction on patient loyalty. This study has limitations; it only examined the variables of service quality, patient satisfaction, patient trust, and patient loyalty among outpatients at independent clinics in the Jakarta area. Future research is expected to include other variables that are currently widely considered by individuals when deciding to remain loyal to a healthcare provider, as well as to expand the scope of the study in terms of sampling. This study aims to determine the direct and indirect effects of service quality on patient loyalty, patient trust, and patient satisfaction at the General Outpatient Clinic of Klinik Mandiri in Jakarta, given the increasingly fierce business competition and the fact that it is not easy to make someone loyal to a particular healthcare service.

Managerial implications that can be considered by examining service quality variables which measure the gap between patients' expectations and their actual experiences include the SERVQUAL score, which indicates a negative result. This suggests that patients still perceive a discrepancy between their expectations and their actual experiences, particularly in the dimension of Responsiveness that is, the responsiveness of the clinic and medical staff toward patients. in this regard, the clinic and its medical staff are expected to provide individualized attention and to identify patients' needs upon their arrival at the clinic. First, clinic leadership must emphasize to all medical and non-medical staff the need to improve responsiveness toward patients. Medical and non-medical staff can also provide individualized attention to patients by leveraging technological advancements, such as offering online consultation services and providing a 24-hour contact number for patients in need. Additionally, training and professional development should be provided to enhance the skills and knowledge of medical staff. This is necessary to improve the performance of both medical and non-medical staff at the clinic in order to build high-quality service. Consequently, this will reduce patient dissatisfaction with the service, increase patient satisfaction and trust in the clinic, and enable staff to effectively address and explain various patient needs. Second, periodic evaluations of the five dimensions of service quality are necessary; this will drive improvements and progress in the services provided at Mandiri Clinic, thereby fostering patient trust, satisfaction, and loyalty. Third, clinic leadership needs to foster strong ethical values among medical staff both among medical staff members themselves, between medical staff and other staff, and between medical staff and patients and their families so that they behave politely and courteously, communicate clearly and effectively, and possess sufficient knowledge. Another SERVQUAL dimension with a negative score is Tangibles, which refers to visible aspects such as: the clinic is expected to have the latest and most modern medical equipment; the clinic should

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be visually appealing; the clinic should reflect the quality of care provided; and medical staff are expected to be neatly dressed. First, clinic management can evaluate and make improvements to the clinic's facilities, as well as ensure that the procurement of clinic facilities meets established standards. Second, the clinic can implement the use of uniforms or identification badges so that patients can distinguish between healthcare workers.

Further managerial implications can be seen in the variable of patient loyalty, which encompasses the following dimensions: patients will recommend the clinic to others; patients will choose this clinic over others; patients are satisfied with the service; and patients feel they can identify with the clinic because there is a good match between their needs and the clinic's ability to meet those needs. In this regard, clinics must consider factors beyond satisfaction, trust, and service quality to foster patient loyalty.

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