

Influence of Service Quality towards Patient's Satisfaction of Outpatient Department in Private Hospitals in Jakarta

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Abstract

Medical industry is essential in building a prosperous country. With the rise of knowledge in public masses in Indonesia, many citizen demand for a higher quality of service when it comes to medical assistance. This study was conducted to further examine influence of service quality towards patient's satisfaction of outpatient department in private hospitals in Jakarta. Quantitative method is used in this study by using 160 subjects gathered as primary data distributed through google forms. Data collected will then be analyzed using PLS-SEM to evaluate correlation between the two factors of research. In this study we found that responsiveness and empathy significantly gives positive impact towards patient's satisfaction with T statistic of 3.203 and 2.996 respectively. Overall, it can be concluded that service quality, especially responsiveness and empathy has positive impact towards patient's satisfaction of outpatient department in private hospitals in Jakarta. It is important for hospitals to understand this in order to give better services to patients.

Keywords

Service quality; patient's satisfaction; outpatient department; private hospital



I. Introduction

Medical industry has been one of the most important aspect in running a country. The government recorded that the amount of hospitals in Indonesia increased rapidly in the past 10 year, especially for private hospitals with a total of 80% increment (Komisi Pengawas Persaingan Usaha, 2020). Starting from 1632 hospitals in 2010, growing into 2943 hospitals in 2020. 92% of these new hospitals are private hospitals. The increase in number of hospitals shows us how important medical assistance is to the public in Indonesia.

Following the quantitative growth, citizen also demand upgrades in service qualities offered by medical institutions. Proper services could lower the risk of malpractice and patient's dissatisfaction. 1 out of 270 patients who visit the hospital passed away due to medical malpractice that could be avoided (Gupta and Rokade, 2016). Increase in number of hospital available to the public also drives hospitals managements to increase their service quality, as a pre-requisite for their survival in the market. Hospitals with better service qualities will have advantage compared to those who don't (Tripathi and Siddiqui, 2018).

With the rise of information and knowledge, citizen's interest in healthcare also improved. Their demand towards the quality of service given also rose. We could evaluate the quality of service we're providing as healthcare attendant by assessing patient's satisfaction (Gupta and Rokade, 2016). Service quality becomes one of the greatest foundation in building relation and trust between citizen and medical practitioner. By increasing patient's satisfaction to a hospital, the likelihood for the hospital to have better hospital image and reassuring patient's loyalty is also higher (Asnawi et al, 2019) This results higher profitability for the hospital (Rahim, 2021).

In this study, we would see whether service quality influence patient's satisfaction towards outpatient departments in private hospitals in Jakarta. We will use several constructs to evaluate patient's satisfaction over service quality given, those include: reliability, assurance, tangible, responsiveness, and empathy that medical practitioner could give in order to satisfy patients. The theoretical benefit of this research is to see whether service quality could become an indicator of patient's satisfaction in a hospital setting.

II. Review of Literature

Life expectancy and quality healthcare are increasing as both patient and the medical industry keep making improvement in order to prioritize better health for everyone. Previous studies shown that service quality is an important factor in numerous institutions around the world (Upadhay et al., 2019). In order to reach an optimum service quality, one has to provide a good performance according to demands presented by the customer, which in this case, the patients. Thus, healthcare service industry are now faced with patients who are more aware of their rights and quality services that were provided (Gupta and Rokade, 2016). Development is a systematic and continuous effort made to realize something that is aspired. Development is a change towards improvement. Changes towards improvement require the mobilization of all human resources and reason to realize what is aspired. In addition, development is also very dependent on the availability of natural resource wealth. The availability of natural resources is one of the keys to economic growth in an area. (Shah, M. et al. 2020)

2.1 Service Quality in Healthcare

In comparison to assessing product quality, addressing service quality is more challenging as it involves other factors such as: immateriality, instability, inseparability, individuality, and lack of ownership. Evaluation is also more biased as every person got different needs, preference and evaluation criteria (Midor, 2018). There are several questions that are commonly used in order to evaluate service quality, known as SERVQUAL. The components that we are going to use in this research to assess service quality (SERVQUAL) which includes reliability, assurance, tangibles, responsiveness and empathy. This method has been proved a reliable indicator in measuring healthcare service quality (Al-Neyadi et al., 2016).

2.2 Reliability in Service Quality

Reliability is the ability to provide service to the customer responsibly and accurately. (Al-Neyadi et al., 2016). According to (Al-Damen, 2017) measuring the reliability of a healthcare provider is important as it reflects the ability of the employees for the patient to depend on. By providing reliability, patients are more likely to feel satisfied with the services given by the healthcare workers as they developed confidence over services that they received as customers. (Upayadhi et al., 2019)

2.3 Assurance in Service Quality

Assurance is employees' courtesy and capability to give trust and confidence in patients (Al-Neyadi et al., 2016). This includes healthcare worker's knowledge on how to convey the courtesy to patients (Al-Damen, 2017). Training and evaluations are required to make sure healthcare workers are skilled in this area. As patient got assurance from the

healthcare provider, they are more motivated to follow the recommendations given by the medics (Tripathi and Siddiqui, 2018).

2.4 Tangible in Service Quality

Tangible is any form of instrument that involves facility, equipment and presence of personnel (Al-Neyadi et al., 2016). Tangible are considered important aspect as it helps medical provider to deliver certain services more readily in comparison if there are no sufficient tangibles that could be offered (Tripathi and Siddiqui, 2018). However, it is also important to mind that these tangible need to be maintained by the workers to be able to bring the best services as perceived by the patient. (Al-Damen, 2017)

2.5 Responsiveness in Service Quality

Responsiveness is the willingness of healthcare provider to help and gave services to customers (Al-Neyadi, et al, 2016). Gupta (2016) mentioned the importance of responsiveness in terms of giving satisfaction to patients meanwhile working on being more empathetic to give a sense of comfort. It was mentioned in a research conducted by Midor (2018), that responsiveness is by far the toughest aspect to improve, as evaluated by patients.

2.6 Empathy in Service Quality

Empathy is the capability of healthcare provider to offer patient with personal care (Al-Neyadi et al., 2016). There are some research such as Gupta (2016) and Tripathi and Siddiqui (2018) who brings light to the importance of increasing empathy in patient care. However, other research such as Midor (2018) mentioned that empathy was the last aspect of service quality that was being prioritized by the patients.

2.7 Patient Satisfaction

Satisfaction is defined as individual's feelings of pleasure or disappointment when receiving a service in response to their expectations. Patient's satisfaction includes how satisfied patient is with the medical services given by the practitioners, how well suited is their demand to the services. Hence, patient satisfaction includes appraisal given by individual as a patient for the services provided by a particular hospital. Higher patient satisfaction increase willingness to recommend and improve patient's compliance to healthcare worker's advices. (Al-Damen, 2017).

2.8 Hypothesis Development

a. The Influence of Reliability to Patient's Satisfaction

Previous research (Al-Neyadi et al., 2016) shows that that reliability is second most important aspect of service quality in regards of increasing patient's satisfaction. Reliability includes medical practitioner's ability to carry health services in an effective and accurate manner to the patient's expectations. Al-Bashir (2017) provided information that reliability has medium effect on patient's satisfaction. While Midor (2018) mentioned how reliability is the highest aspect that has positive impact on patient's satisfaction.

H1 Reliability has a positive effect on patient's satisfaction

b. The Influence of Assurance to Patient's Satisfaction

In the review conducted by Gupta and Rokade (2016) it was mentioned that assurance is a critical component of service quality and is one that impact patient's satisfaction. Al-Neyadi et al (2016) also found that assurance was the most important

dimension of SERVQUAL. Assurance includes patient safety, as well as privacy and personal behavior given by the medical practitioners and hospital to the patient. Another research has shown that assurance is two of the highest impact to patient's satisfaction after reliability (Tripathi and Siddiqui, 2018).

H2 Assurance has a positive effect on patient's satisfaction

c. The Influence of Tangibles to Patient's Satisfaction

Midor (2018) revealed that tangible is the third factor that contributes to positive impact on patient satisfaction, as it involves confidence and reliability aspect of medical services. Aside from research done by Midor (2018), it was also stated that tangibility affects the expectation of patient when receiving services significantly (Tripathi and Siddiqui, 2018). However, there are other research (Setyawan et al, 2019) that shows tangible as the most important aspect of patient satisfaction as correlates to patient's perception of the hospital. Depends on the sample of the population, results may minorly varies.

H3 Tangibles has a positive effect on patient's satisfaction

d. The Influence of Responsiveness to Patient's Satisfaction

Previous research done by Fatima et al. (2019) mentioned that responsiveness has positive correlation with patient's satisfaction, despite it having lower strength in comparison to other aspects in the research. In other research by Gupta (2016) it was also seen that responsiveness has the biggest gap in term of service quality. Midor (2018) stated that in the research, responsiveness has worst evaluation from the patients.

H4 Responsiveness has a positive effect on patient's satisfaction

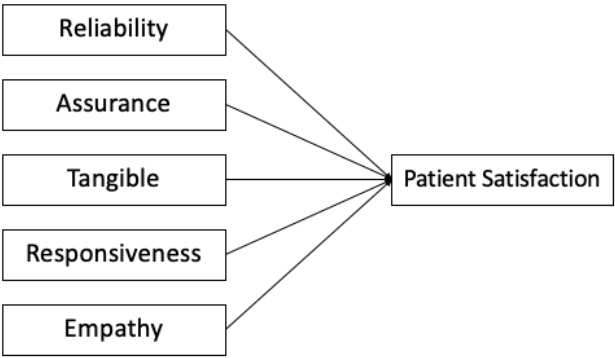
e. The Influence of Empathy to Patient's Satisfaction

Midor (2018) mentioned that empathy is the last aspect that has an effect on patient's satisfaction. In the research, reliability and confidence has a higher impact. Setyawan et al. (2019) supports Midor's findings in which empathy influence patient's satisfaction in a positive manner. Fatima et al. (2019) founds that empathy, alongside with assurance has a positive effect on patient's satisfaction as well.

H5 Empathy has a positive effect on patient's satisfaction

2.9 Research Framework

According to Al-Damen (2017), service quality has an impact to overall patient's satisfaction. These findings do not correlate with different demographic variables between the samples taken. Moving from Al-Damen's study, in this study we are going to broaden our subject to private hospitals in Jakarta using the similar research framework.



III. Research Method

3.1 Research Object

The object of this study is service quality in correspondence to patient's satisfaction. Within the realms of service quality, the influencing variables are: reliability, assurance, tangible, responsiveness and empathy. Our research will require a minimum sample of 160 subjects. The number of subject is obtained based on Kock and Hadaya (2018) using inverse square root method to calculate the amount of subject required for PLS-SEM methods.

3.2 Unit Analysis

The unit of analysis in this study is individuals who registered as outpatient department in private hospitals in Jakarta over the period of January – February 2022. Data from each individual is taken and collected in a data source. The data collection will utilize *google forms* as the resources and processed by Smart PLS tools using PLS-SEM methods.

3.3 Research Type

This research is a quantitative research done in a population done to test hypothesis. and correlations. The results can be generalized to population based on the time of data collection. Data is obtained using cross sectional method, in one period of time. Data collection is considered successful once minimum sample size are met. Sample are chosen by non-probability sampling. No intervention is done during the compilation of research data.

3.4 Conceptual Definition and Operationalization of Variables

The main variable measured in this study is the dependent variable as the by product in the model, influenced by the independent variables. The measurement used is five points Likert scale, namely: (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, and (5) strongly agree. Respondent are expected to choose one of the five points provided for every questions given. Below are the conceptual definition and variable operationalization that will be used in the research:

Table 1. Conceptual Definition and Variable Operationalization

Variable	Conceptual Definition	Construct	Symbol	Variable Operations	Source
Reliability	Reliability is the ability to provide service to the customer responsibly and accurately. (Al-Neyad et al., 2016).	Services performance	R1	1. The hospital performs services correctly in every visit	Al-Damen, 2017
		Procedure performance	R2	2. The hospital performs procedures correctly in every visit	
		Doctor's attention	R3	3. Doctor gives special attention to patient's problem	

		Patient's confidence	R4	4. Patient feel confident with medical treatment given	
		Documentation	R5	5. Hospital make sure patient's condition are well documented	
		Identity	R6	6. Medical practitioner ensure patient's identity are correct	
		Lack of error	R7	7. Medical practitioner performs without error	
		Efficiency	R8	8. Medical practitioner performs efficiently	
Assurance	Assurance is employees' courtesy and capability to give trust and confidence in patients (Al-Neyadi et al., 2016)	Doctor's skills	A1	1. Patients trust doctor's skills	Al-Damen, 2017
		Nurse's skills	A2	2. Patient trust nurse's skills	
		Management skills	A3	3. Patient trust hospital's management	
		Security	A4	4. Patient feel secure in using its services	
		Courtesy	A5	5. Medial practitioner gives courteous and friendly treatment to patients	
Tangible	Tangible is everything that involves facility, equipment and presence of personnel (Al-Neyadi et al., 2016).	Medical equipment	T1	1. The medical equipment of the hospital is modern	Al-Damen, 2017
		Waiting room facility	T2	2. Waiting facilities for patients are in good condition	

		Healthy environment	T3	3. Healthy environment at hospital	
		Toilet room cleanliness	T4	4. Hospital toilets / bathrooms are clean	
		Food hygiene	T5	5. Food hygiene are good	
Responsiveness	Responsiveness is the willingness of healthcare provider to help and gave services to customers (Al-Neyadi et al., 2016).	Patient's needs	S1	1. Medical practitioner meet patient's needs	Al-Damen, 2017
		Administration availability	S2	2. Administration process are accessible	
		Appointment	S3	3. Patient are observed according to appointment	
		Responsiveness	S4	4. Medical practitioner respond to patient's request efficiently	
		Feedback mechanism	S5	5. Good feedback mechanism in the hospital	
Empathy	Empathy is the capability of healthcare provider to offer patient with personal care (Al-Neyadi et al., 2016).	Attention	E1	1. Medical practitioner gave attention to each patient	Al-Damen, 2017
		Time given	E2	2. Medical practitioner operate at times suitable to the patient	
		Empathy	E3	3. Medical practitioner gave empathy to patients	
		Patient priority	E4	4. Medical practitioner prioritize patient's interest	
		Patient's complain	E5	5. Medical practitioner respond to patient's	

				complaints	
Patient's satisfaction	Patient's satisfaction includes how satisfied patient is with the medical services given by the practitioners, how well suited is their demand to the services. (Al-Damen, 2017)	Service satisfaction	P1	1. I am satisfied with the hospital service	Al-Damen, 2017
		Management satisfaction	P2	2. I am satisfied with the hospital management	
		Efficiency satisfaction	P3	3. I am satisfied with the hospital efficiency	
		Communication satisfaction	P4	4. I am satisfied with the hospital communication	
		Explanation satisfaction	P5	5. I am satisfied with hospital explanation	
		Location satisfaction	P6	6. I am satisfied with hospital's location	
		Treatment satisfaction	P7	7. I am satisfied with the treatment at the hospital	
		Cleanliness satisfaction	P8	8. I am satisfied with hospital cleanliness	
		Medical care satisfaction	P9	9. I am satisfied with medical care at the hospital	
		Hospital recommendation	P10	10. I would recommend the hospital to others	

IV. Result and Discussion

4.1 Estimate of Loadings and Significant and Reliability Indicators (Items)

According to Hair et al. (2020), the first step needed to be done is outer loading. For the purpose of one tail approach researches, outer loading should be greater than 0.708, indicating the indicator is reliable enough as it explains more than 50% of the indicator's variance. After outer loading is established, the next step is to assess consistency reliability. In this research, we are using the Cronbach's alpha. Higher values shows higher reliability of the indicator. T Statistic values should be higher than 1.645, indicating the

indicators are significant. Outer loading squared above 0.50 shows that the data provided are reliable to be used for further examination (Hair et al., 2020).

Table 2. Outer Loading

	Outer Loading	T Statistics	Outer Loading Squared
R1	0.756	16.295	0.572
R4	0.731	14.108	0.534
R5	0.728	12.258	0.530
R7	0.793	21.653	0.629
R8	0.856	29.518	0.733
A1	0.874	31.091	0.764
A2	0.840	24.775	0.706
A4	0.885	38.984	0.783
T2	0.834	25.667	0.696
T3	0.848	28.610	0.719
T4	0.789	18.275	0.623
T5	0.755	11.166	0.570
S1	0.874	27.357	0.764
S3	0.781	13.963	0.610
S4	0.898	44.791	0.806
S5	0.805	16.890	0.648
E1	0.810	20.241	0.656
E2	0.769	16.616	0.591
E3	0.834	21.049	0.696
E4	0.810	21.538	0.656
E5	0.845	26.123	0.714
P1	0.715	9.129	0.511
P4	0.808	16.523	0.653
P5	0.748	13.032	0.560
P6	0.772	12.391	0.596
P7	0.776	16.172	0.602
P8	0.790	17.191	0.624
P9	0.863	26.948	0.745
P10	0.773	19.120	0.598

Source: PLS-SEM Research Data Processing Results (2022)

Based on the result of PLS-SEM method in analyzing outer loadings and T statistics, there are 29 reliable and significant indicators that could be used to proceed further analysis.

4.2 Reliability Construct and Average Variance Extracted (AVE)

After outer loading is established, the next step is to assess consistency reliability. First evaluation on composite reliability is going to be done. Values greater than 0.7 indicates reliability of the data. After assessing composite reliability we analyze Cronbach's alpha. Higher values shows higher reliability of the indicator and the value should be above 0.7 to be said reliable. Convergent validity is evaluated next by calculating average variance extracted (AVE). AVE above 0.50 indicates the construct got 50% of variance for each indicator. (Hair et al., 2020)

Table 3. Construct Reliability and Validity

Construct	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Reliability	0.832	0.882	0.599
Assurance	0.835	0.900	0.750
Tangibles	0.821	0.882	0.652
Responsiveness	0.861	0.906	0.707
Empathy	0.872	0.907	0.662
Patient Satisfaction	0.909	0.926	0.611

Source: PLS-SEM Research Data Processing Results (2022)

We could see from Table 3 that the data are reliable as each construct got high values on Cronbach's Alpha, composite reliability and AVE. This means data that are used in this research are reliable and acceptable to be used for further analysis.

4.3 Discriminant Validity Fornell-Larcker Criterion

Next discriminant validity should be analyzed by using Fornell-Larcker Criterion. In table 4, we could see that the data meets the requirement for further processing.

Table 4. Discriminant Validity using Fornell-Larcker Criterion

	Assurance	Empathy	Patient Satisfaction	Reliability	Responsiveness	Tangibles
Assurance	0.866					
Empathy	0.568	0.814				
Patient Satisfaction	0.678	0.772	0.782			
Reliability	0.658	0.656	0.704	0.774		
Responsiveness	0.608	0.817	0.805	0.754	0.841	
Tangibles	0.592	0.636	0.705	0.715	0.756	0.807

Source: PLS-SEM Research Data Processing Results (2022)

4.4 Predictive Validity (R Square, VIF, Q Square)

In analyzing structural model of the research, we will look at coefficient of determination which could be calculated by looking at R^2 . R^2 with a value on the spectrum of 0.25 to 0.50 has weak predictive relevance, meanwhile those with values of 0.50 to 0.75 has moderate predictive relevance and those above 0.75 proves substantial predictive relevance. First, we are going to assess VIF values of the research. Ideally, VIF should be in the spectrum of 1 and 3. (Hair, et al. 2020)

Table 5. Inner VIF

	Patient Satisfaction
Assurance	1.927
Empathy	3.091
Reliability	2.937
Responsiveness	4.660
Tangibles	2.689

Source: PLS-SEM Research Data Processing Results (2022)

In table 5, we found that responsiveness has a high inner VIF with the value of 4.660, implying it might has a higher collinearity in comparison to other constructs. Further evaluations are needed in evaluating the relevance of the constructs towards patient satisfaction.

Table 6. R Square

	R Square	R Square Adjusted
Patient Satisfaction	0.740	0.732

Source: PLS-SEM Research Data Processing Results (2022)

In Table 6, we can see that empathy and responsiveness has a greater than 3 in their VIF values. This suggest that there are some possible collinearity issue for the two constructs. Table 7 shows that R^2 for this research is 0.740, indicating great explanatory power of the data shown in the research. To further evaluate the structural model of this research, we are going to calculate Q^2 .

Table 7. Q Square

	Q Square
Reliability	0.396
Assurance	0.483
Tangible	0.413
Responsiveness	0.504
Empathy	0.489
Patient Satisfaction	0.484

Source: PLS-SEM Research Data Processing Results (2022)

As seen in table 7, Q^2 for each constructs exceeds 0.25 but is under 0.50, aside from responsiveness, which makes the constructs has medium predictive relevance. Responsiveness itself holds high predictive relevance with the value of 0.504. Values of R^2 and Q^2 are essential to explain in-sample predictive power. It holds no relevance to out-sample power. As there are limitations to these values, we need to further analyze the data using prediction metric root mean squared error (RMSE) (Hair et al., 2020)

4.5 Prediction Summary

RMSE and MAE are used to evaluate out-sample predictive power of the research. The values under LM should be higher than PLS to prove that the variables got high predictive power. (Hair et al., 2020)

Table 8. MV Prediction Summary

Indicator	RMSE		MAE	
	PLS	LM	PLS	LM
P1	0.392	0.405	0.249	0.277
P4	0.394	0.433	0.243	0.286
P5	0.409	0.428	0.259	0.284
P6	0.411	0.416	0.244	0.264
P7	0.418	0.493	0.251	0.317
P8	0.372	0.389	0.231	0.269
P9	0.352	0.376	0.212	0.232
P10	0.443	0.455	0.268	0.296

Source: PLS-SEM Research Data Processing Results (2022)

As we can see in table 8, when compared to LM benchmark, our PLS-SEM analysis got lower prediction errors in term of RMSE and MAE. This means the model has high predictive power.

4.6 Hypothesis Test

Table 9. Bootstrapping

Construct	Path Coefficient	T Statistic	Significant	P Value	Result
Reliability → Patient Satisfaction	0.053	0.501	No	0.308	Not supported
Assurance → Patient Satisfaction	0.224	1.301	No	0.097	Not supported
Tangibles → Patient Satisfaction	0.127	1.616	No	0.053	Not supported
Responsiveness → Patient Satisfaction	0.303	3.203	Yes	0.001	Supported
Empathy → Patient Satisfaction	0.282	2.996	Yes	0.001	Supported

Source: PLS-SEM Research Data Processing Results (2022)

In table 9, we could see that responsiveness and empathy are two out of five service quality characteristic that has significant and supportive result. This could be seen from P values 0.001 for both and T statistic of the constructs being 3.203 and 2.996 respectively. This shows that they support the hypothesis of the research. Meanwhile, reliability, assurance and tangible are not significant, thus not supported the hypothesis of the research. The greatest path coefficient is responsiveness, followed by empathy, assurance, tangibles and reliability.

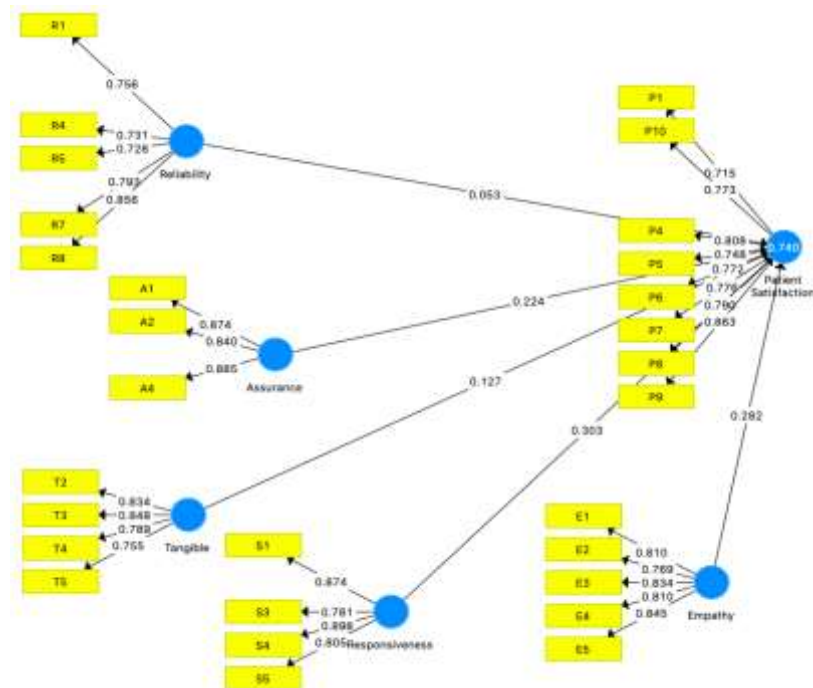


Figure 2. Outer Model

In figure 2, we could see the outer model framework of the research. R^2 of patient satisfaction could be seen in the figure, with the value of 0.740.

4.7 Discussion

Based on the results it could be seen that patient satisfaction shows great explanatory power of the research seen from the high value of R^2 (0.740). Of all five constructs of service quality, responsiveness (T-statistic 3.203, P value 0.001) and empathy (T-statistic 2.996, P value 0.001) has significant positive influence towards patient's satisfaction. This shows that H4 and H5 are supported with significant results. This results are aligned with research done by Javed and Ilyas (2018) which shows that the strongest construct in service quality in correspondence to patient's satisfaction are empathy in public sector and responsiveness in private sector.

As for H1, H2 and H3 which brings the relation between reliability (T-statistic 0.501, P value 0.308), assurance (T-statistic 1.301, P value 0.097), and tangible (T-statistic 1.616, P value 0.053), towards patient's satisfaction shown positive influence towards patient's satisfaction, however results that are not significant and thus does not support the hypothesis as strongly as H3 and H5.

The findings from this study shows the strongest path is responsiveness to patient's satisfaction, followed by empathy, assurance, tangibles and reliability which match the hypothesis. This allows medical practitioner in private hospitals in Jakarta to evaluate how it is important for them to be readily available in responding to patients, as well as build empathy towards them during the process.

This study confirms the previous research by Al-Damen (2017), Al-Neyadi et al. (2016), Anabila (2019), Asnawi (2019), Midor (2018), Fatima et al. (2019), Javed and Ilyas (2018) as well as Setyawan et al. (2019), which stated there are impact of healthcare service quality on patient's satisfaction. There are, however, difference in the significance of each constructs. In the research, Al-Damen (2017) founds that assurance is the highest mean followed by responsiveness, reliability, tangibles and empathy. The difference could be caused by demographics that were being observed as the research was done in Jordan.

V. Conclusion

It could be concluded that hospitals need to focus on giving a more readily available responses to patients as well as being more empathetic towards their issues and complaints in order to achieve higher patient satisfaction. Hypothesis H4 and H5 are supported positive and significantly with the result of T statistic 3.203 and 2.996 respectively, as well as P value under 0.005. Other factors, such as reliability, assurance and tangible need not to be neglected as well, although does not impact overall patient satisfaction as much as responsiveness and empathy.

To improve the research outcome, a greater number of samples could be used. Larger sample would generate a more significant outcome. Further research could also be done to examine other departments in the hospital such as the in-patient department, or teleconsultation strategies that are more commonly used during the pandemic.

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