

THE INFLUENCE OF PERCEIVED HOSPITAL SERVICE QUALITY ON PATIENTS' HEALTH-RELATED QUALITY OF LIFE AND REVISIT INTENTION

Albertus Raditya Danendra¹, Agustinus Purna Irawan^{2*}, Dwinita Laksmidewi³, Erlang Samoedro⁴, Eryuniyanti⁵

¹ Master of Management Department, Universitas Tarumanagara, Jakarta, Indonesia
Email: albertus.117221040@stu.untar.ac.id

² Master of Management Department, Universitas Tarumanagara, Jakarta, Indonesia*
Email: agustinus@untar.ac.id

³ Faculty of Economics and Business, Universitas Katolik Indonesia Atma Jaya, Jakarta, Indonesia
Email: dwinita.laksmi@atmajaya.ac.id

⁴ Directorate of Medical, Nursing, and Support Services, Persahabatan General Hospital, Jakarta, Indonesia

⁵ Directorate of Legal Affairs, Organization, and Public Relations, Persahabatan General Hospital, Jakarta, Indonesia.

*Corresponding Author

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ABSTRACT

Improved hospital service quality is anticipated to enhance the Health-Related Quality of Life (HRQL) for patients with heart and internal medicine diseases. This cross-sectional study at Persahabatan General Hospital (RSUP Persahabatan) explores the influence of perceived hospital service quality on HRQL and revisit intentions among 120 cardiology and internal medicine outpatient clinic patients. Findings reveal no direct impact on HRQL and revisit intention, but a significant influence on patient satisfaction and trust. Patient satisfaction acts as a crucial mediator between service quality perception and HRQL and revisit intention, emphasizing the need for enhanced procedural ease and healthcare staff training at RSUP Persahabatan.

Keywords: *perceived hospital service quality, HRQL, revisit intention, patient satisfaction, patient trust*

1. INTRODUCTION

Heart disease, accounting for 36.3% of Indonesian deaths and incurring substantial BPJS Health fund expenditures (Vos et al., 2017; BPJS Kesehatan, 2019), is set to rise due to unhealthy factors (Roth et al., 2020). Beyond heart disease, kidney failure, cancer, and liver cirrhosis contribute significantly to BPJS costs (BPJS Kesehatan, 2019). Persahabatan General Hospital (RSUP Persahabatan), reliant on BPJS funds, excels not just in facilities but also in healthcare human resource attitudes (Gunawan et al., 2018). Patients seeking heart disease treatment aim for good Health-Related Quality of Life (HRQL) post-therapy (Rodríguez-Artalejo et al., 2005), advantageous for BPJS financing. Patient satisfaction and trust are crucial, influenced by varying findings on their link to improved HRQL and health outcomes (Renzi et al., 2005; Guldvog, 1999; Dubina et al., 2009; Hall et al., 1993). Trust, especially in diabetic patients, positively correlates with HRQL, influenced by patient satisfaction (AIRuthia et al., 2020; Birkhäuser et al., 2017; Durmuş & Akbolat, 2020; Zarei et al., 2015).

Patient satisfaction and trust in healthcare providers hinge on perceptions of service quality, with studies establishing a significant link between hospital service quality and patient satisfaction (Marzo et al., 2021; Zarei et al., 2015). This research uniquely explores the intricate connections between hospital service quality perceptions and health-related outcomes like HRQL, mediated by patient satisfaction and trust. It fills gaps in existing studies by examining the interplay of managerial and health variables, shedding light on the role of hospital management in enhancing patients' lives. Additionally, the intention to revisit is crucial, indicating healthcare quality and

supporting continuity. This study assesses the relationship between hospital service quality, patient satisfaction, trust, and the intention to revisit, offering a comprehensive perspective for effective healthcare management at RSUP Persahabatan.

This research aims to identify the influence of the perception of hospital service quality on health-related quality of life (HRQL) and the intention to revisit. Additionally, it seeks to identify the mediating effects of patient satisfaction and trust in the hospital on the influence of the perception of hospital service quality on health-related quality of life (HRQL) and the intention to revisit. Research model are shown in Figure 1.

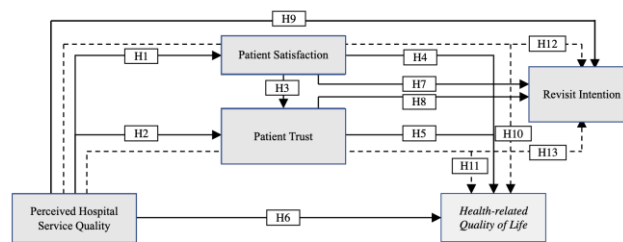


Figure 1. Research Model

2. RESEARCH METHOD

Study Type, Time and Place, and Sampling Procedure

This survey study took place at RSUP Persahabatan, Jakarta, from July to December 2023, involving 120 patients from the cardiology and internal medicine outpatient clinics at RSUP Persahabatan. Purposive sampling was employed for sample selection.

Operationalization and Measurement of Variables

The independent variable in this study is the perception of hospital service quality, assessed using an instrument adapted from HEALTHQUAL (Lee, 2017) consisting of dimensions of empathy (EM), tangible (TA), safety (SA), efficiency (EF), degree of improvements of care service (DI). Dependent variables include health-related quality of life (HRQL), assessed using an instrument adapted from EuroQol EQ-5D, and revisit intention, assessed using an instrument adapted from C. E. Kim et al. (2017). Mediating variables consist of patient satisfaction, evaluated using The Client Satisfaction Questionnaire© (CSQ-3), and patient trust in the hospital, assessed using an instrument adapted from Health Care Relationship Trust (HCR-Trust). All instrument indicators utilize a Likert scale (1-5) for response options.

Statistical Analysis

The instrument's validity and reliability are assessed. Descriptive statistics, such as Mean Scores and Overall Mean Scores, are employed for a comprehensive overview of each research variable. Subsequent hypothesis analysis utilizes Structural Equation Model (SEM) to elucidate relationships and cause-and-effect chains among variables. SEM analysis encompasses outer model evaluation (validity, reliability, multicollinearity) and inner model assessment (coefficient of determination, effect size, prediction relevance, inner model multicollinearity test, Goodness of Fit, path analysis, hypothesis testing).

Research Ethics

This research proposal has received ethical approval from the Research Ethics Committee of RSUP Persahabatan, with Approval Note No. 111/KEPK-RSUPP/07/2023.

3. RESULT AND DISCUSSION

Analysis of the pretest consists of validity and reliability testing. All indicators of the five variables had Pearson correlation coefficients ≥ 0.3044 with p-values < 0.05 . The results of this validity test indicate that all indicators used in the study are valid. All measurement tools for variables in this study have Cronbach's alpha above 0.6, indicating reliability.

Most respondents were male (61.7%), aged 60-69 years (27.5%), housewives (39.2%), with an income below 5 million (64.2%), residing in Jakarta (84.2%), educated up to high school level (40.0%), had visited the cardiology or internal medicine clinic more than 5 times (60.0%), underwent treatment for 1-5 months (25.0%), and used BPJS (97.5%), as shown in Table 1.

Table 1. Characteristics of Respondents

Respondent Characteristics	Category	Number of Respondents		Respondent Characteristics	Category	Number of Respondents	
		N	Percentage			N	Percentage
Sex	Male	74	61,7%	Domicile	Jakarta	101	84,2%
	Female	46	38,3%		Bekasi	11	9,2%
Age	<20 years old	2	1,7%		Depok	2	1,7%
	20-29 years old	10	8,3%		Bogor	2	1,7%
	30-39 years old	10	8,3%		Palangkaraya	1	0,8%
	40-49 years old	22	18,3%		Banjarmasin	1	0,8%
	50-59 years old	29	24,2%		Palembang	1	0,8%
	60-69 years old	33	27,5%		Flores	1	0,8%
	70-79 years old	9	7,5%		Education	<Primary school	2
	≥ 80 years old	5	4,2%	Primary school		11	9,2%
Occupation	Housewife	47	39,2%	Junior high		14	11,7%
	Employee	20	16,7%	Senior high		48	40,0%
	Retiree	17	14,2%	Diploma		9	7,5%
	Self-employed	13	10,8%	Bachelor		27	22,5%
	Driver	6	5,0%	Master		8	6,7%
	Student	3	2,5%	Doctorate	1	0,8%	
	Others	9	7,5%	Treatment Duration	<1 month	18	15,0%
	No occupation	5	4,2%		1-5 month	30	25,0%
	Monthly income	<5 mil Rp	77		64,2%	6-11 month	11
5-10 mil Rp		36	30,0%		1-2 years	22	18,3%
11-15 mil Rp		5	4,2%		3-4 years	16	13,3%
16-20 mil Rp		2	1,7%		5-8 years	10	8,3%
>20 mil Rp		0	0%	>8 years	13	10,8%	
Number of Visit	<2x	4	3,3%	Health Financing	BPJS	117	97,5%
	2-5x	44	36,7%		Out-of-pocket	3	2,5%
	>5x	72	60,0%				

The researcher employed Likert scale intervals (1.00-1.79 strongly disagree, 1.80-2.59 disagree, 2.60-3.39 neutral, 3.40-4.19 agree, 4.20-5.00 strongly agree) following Salem (2015) and Pimentel (2019). Respondents perceived hospital services as good (overall mean 4.15 ± 0.58), including empathy (4.23 ± 0.58), tangible (4.21 ± 0.53), safety (4.10 ± 0.58), efficiency (4.05 ± 0.64), and improvements in care service (4.19 ± 0.52). Satisfaction with the cardiology and internal medicine clinic was high (overall mean 4.16 ± 0.56), trust in the hospital was very high (overall mean 4.22 ± 0.49), and HRQL was very good (overall mean 4.43 ± 0.93). Respondents had a positive intention to revisit (overall mean 4.18 ± 0.59).

Outer model testing confirmed indicators' relationships with latent variables. All dimensions met convergent validity (> 0.5). Discriminant validity was established, reliability was satisfactory, and no multicollinearity was detected. R2 values indicated moderate predictions for satisfaction (0.533), trust (0.565), and revisit intention (0.728), while HRQL had weak prediction (0.066). Goodness of Fit tests confirmed model appropriateness.

Hypothesis Testing

Hypothesis testing consists of direct effect analysis and indirect effect analysis. Table 2 summarizes the results of hypothesis testing.

Table 2. Summary of Hypothesis Testing.

No.	Hypothesis	p-value	T-statistics	Path Coefficient	Judgment
Direct Effect					
H1.	The perception of hospital service quality positively influences patient satisfaction.	0.000	13.873	0.733	Hypothesis accepted
H2.	The perception of hospital service quality positively influences patient trust in the hospital.	0.000	4.020	0.504	Hypothesis accepted
H3.	Patient satisfaction positively influences patient trust in the hospital.	0.018	2.406	0.306	Hypothesis accepted
H4.	Patient satisfaction positively influences health-related quality of life (HRQL).	0.013	2.507	0.333	Hypothesis accepted
H5.	Patient trust in the hospital positively influences health-related quality of life (HRQL).	0.050	2.011	-0.225	Hypothesis rejected
H6.	The perception of hospital service quality positively influences health-related quality of life (HRQL).	0.342	0.954	0.110	Hypothesis rejected
H7.	Patient satisfaction positively influences the intention to revisit.	0.001	3.527	0.491	Hypothesis accepted
H8.	Patient trust in the hospital positively influences the intention to revisit.	0.003	2.988	0.349	Hypothesis accepted
H9.	The perception of hospital service quality positively influences the intention to revisit.	0.276	1.094	0.105	Hypothesis rejected
Indirect Effect					
H10.	Patient satisfaction positively mediates the influence of the perception of hospital service quality on HRQL.	0.017	2.412	0.244	Hypothesis accepted
H11.	Patient trust in the hospital positively mediates the influence of the perception of hospital service quality on HRQL.	0.098	1.669	-0.113	Hypothesis rejected
H12.	Patient satisfaction positively mediates the influence of the perception of hospital service quality on the intention to revisit.	0.002	3.162	0.360	Hypothesis accepted
H13.	Patient trust in the hospital positively mediates the influence of the perception of hospital service quality on the intention to revisit.	0.011	2.581	0.176	Hypothesis accepted

Direct Effect Analysis

a. Effect of Hospital Service Quality Perception on Satisfaction

The T-statistics result is 13.873 (p-value = 0.000), confirming the acceptance of hypothesis H1. Hospital service quality perception strongly influences patient satisfaction (Path coefficient = 0.733, 95% CI 0.612-0.827, $F_2 = 1.158$), explaining 53.7% of the variation in patient satisfaction ($R^2 = 0.537$). This aligns with Alghamdi (2014), Fatima et al. (2018), Marzo et al. (2021), and Nguyen et al. (2021), indicating the impact of healthcare service quality on patient satisfaction. Fatima et al. (2018) identified aspects like physical environment, customer-friendly atmosphere, responsiveness, communication, privacy, and safety positively influencing patient satisfaction, mirroring the dimensions in this study's hospital service quality perception variables. Patient satisfaction remains a measurable benchmark for hospital service quality, reflecting the facility's ability to meet patient needs and expectations (Marzo et al., 2021). Hospital service quality plays a crucial role in determining healthcare facility success and representing service effectiveness (Manzoor et al., 2019).

b. Effect of Hospital Service Quality Perception on Patient Trust in the Hospital

The hypothesis is supported (T-statistics = 4.020, p-value = 0.000). Hospital service quality perception moderately influences patient trust (Path coefficient = 0.504, 95% CI 0.261-0.739, $F_2 = 0.275$). This study aligns with Chang, Chen, & Lan's (2013) findings, indicating a positive impact of patient perception of service quality on trust in healthcare services. Quality of interaction and service processes in healthcare service quality predicts patient trust in healthcare providers. This suggests that good healthcare service quality leads to patient belief in the hospital's commitment to their health and its ability to meet their needs (Zarei et al., 2015).

c. Effect of Patient Satisfaction on Patient Trust in the Hospital

Patient satisfaction significantly affects patient trust in the hospital (p-value = 0.018, T-statistics = 2.406), supporting the hypothesis. Patient satisfaction positively influences patient trust with a small level of impact (Path coefficient = 0.306, 95% CI 0.061-0.525, $F_2 = 0.101$). This result

aligns with Durmus & Akbolat (2020) and Moliner (2009), demonstrating a positive correlation between patient satisfaction and trust in healthcare services. When patient needs are fulfilled, trust develops, fostering a dynamic interaction between patients and healthcare institutions, influencing their likelihood to choose the same institution for future healthcare needs (Durmus & Akbolat, 2020).

d. Effect of Patient Satisfaction on Health-Related Quality of Life (HRQL)

Patient satisfaction significantly impacts HRQL (p-value = 0.013, T-statistics = 2.507), confirming the hypothesis. This aligns with previous studies (Renzi et al., 2005; Guldvog, 1999; Dubina et al., 2009), indicating that patient satisfaction positively influences HRQL. However, the findings differ from Hall (1993), who focused on elderly patients with chronic illnesses and found no evidence that patient satisfaction influences changes in patient health status. Bamm, Rosenbaum, & Wilkins (2013) propose that increased patient satisfaction may enhance patients' ability to cope with illness, positively affecting their perception of quality of life.

e. Effect of Patient Trust in the Hospital on Health-Related Quality of Life (HRQL)

Contrary to previous studies, the relationship between patient trust in the hospital and Health-Related Quality of Life (HRQL) is deemed insignificant ($p = 0.05$). While Birkhäuser et al. (2017) and AlRuthia et al. (2020) found a positive link in diabetes care, our findings suggest varying impacts, with patient-rated health outcomes showing a moderate correlation. Studies in HIV and cancer patients reported non-significant correlations (Dutra et al., 2019; Waters et al., 2010). Zarei et al. (2015) proposed a positive influence on HRQL through treatment adherence, highlighting the complexity and variability of these associations (Saleem et al., 2012), emphasizing that trust may enhance adherence but doesn't guarantee improved HRQL.

f. Effect of Hospital Service Quality Perception on HRQL

The hypothesis suggesting a significant link between hospital service quality perception and Health-Related Quality of Life (HRQL) is rejected ($p = 0.342$, T-statistics = 0.954). Existing research explores HRQL predictors in cardiac and internal medicine patients, but there's a gap regarding hospital service quality perception as an HRQL predictor. Studies identify factors influencing HRQL in post-CABG surgery and coronary heart disease patients. In internal medicine patients, predictors include support levels, education, depression, fatigue, comorbidities, and painkiller use. Limited exploration exists from the healthcare provider management standpoint, emphasizing the need for a comprehensive understanding of HRQL predictors (Kim et al., 2022; Frøjd et al., 2023; Čanković et al., 2022; Ludt et al., 2011).

g. Effect of Patient Satisfaction on the Intention to Revisit.

Statistics show that satisfaction significantly influences the intention to revisit (p-value = 0.001, T-statistics = 3.527), thus the hypothesis is accepted. Patient satisfaction has a positive effect on the intention to revisit with a substantial level of influence (Path coefficient = 0.491, 95% CI 0.183-0.696, $F_2 = 0.383$). This finding aligns with Woo & Choi (2021), indicating that patient satisfaction is positively and significantly related, with a substantial level of influence, to the intention to revisit, both for outpatient ($\beta = 0.652$, $p < 0.001$) and inpatient ($\beta = 0.498$, $p < 0.001$) cases. Higher patient satisfaction with doctor's practice and hospital environment has the potential to increase the intention to revisit. Guspianto, Hubaybah, & Ningsih (2022) also found a significant relationship between patient satisfaction and the intention to revisit ($\beta = 0.539$).

h. Effect of Patient Trust in the Hospital on the Intention to Revisit.

With a p-value of 0.003 (T-statistics = 2.988), the hypothesis is accepted. Patient trust in the hospital has a positive effect on the intention to revisit with a moderate level of influence (Path coefficient = 0.349, 95% CI 0.138-0.590, F2 = 0.196). This research supports the findings of Pighin, Alvarez-Risco, Del-Aguila-Arcentales, Rojas-Osorio, & Yáñez (2022) that patient trust has a significant and positive effect on the intention to revisit (Path coefficient = 0.533, p-value = 0.000). With trust in the hospital, patients are likely to choose the same healthcare professionals and organizations in the future to ensure well-being.

i. Effect of Perceived Quality of Hospital Services on the Intention to Revisit.

Hypothesis (H9) proposing an impact of hospital service quality perceptions on the intention to revisit is not supported, with a p-value of 0.276 (T-statistics = 1.094), leading to hypothesis rejection. This result aligns with Citra, Razak, & Amelia (2021) and Pighin et al. (2022), who found no significant influence of service quality on the intention to revisit. This contradicts S. Lee & Kim's (2017) findings of a positive correlation between medical service quality and revisitation intent. Differences may arise from varied research methodologies, sample characteristics, or unexplored contextual factors, such as economic conditions, cultural perspectives, and competition among hospitals, warranting further investigation.

Indirect Effect/Mediation Analysis

a. The Mediating Role of Patient Satisfaction in the Influence of Hospital Service Quality Perception on HRQL.

The findings of this study indicate that hypothesis H10 is accepted, meaning that patient satisfaction mediates the influence of hospital service quality perception on HRQL (p-value = 0.017, T statistics = 2.412). This implies that, although there is no direct significant influence of service quality perception on HRQL, positive perceptions of service quality significantly affect HRQL through increased patient satisfaction. Improvement in the perception of hospital service quality contributes positively to patient satisfaction, which then positively influences HRQL (path coefficient = 0.244). The reason for this finding is that satisfied patients are more likely to be motivated to adhere to treatment and generally feel better, which can positively impact HRQL. Additionally, patient satisfaction arising from positive perceptions of hospital service quality encompasses not only physical but also psychological aspects. If patients feel respected, heard, and cared for, it can have a positive impact on the psychological aspects of HRQL.

b. The Mediating Role of Patient Trust in the Hospital in the Influence of Hospital Service Quality Perception on HRQL.

This study rejects the hypothesis (H11) proposing a mediating role of patient trust in the hospital between hospital service quality perception and HRQL (p-value = 0.098, T statistics = 1.669). Patient trust may not necessarily enhance HRQL, as compliance with treatment, stemming from trust, can negatively affect it due to side effects, limitations, and social stigma (Ágh et al., 2015). Other factors like patient education and socioeconomic status may also play a role, warranting further research (Adu et al., 2022).

c. The Mediating Role of Patient Satisfaction in the Influence of Hospital Service Quality Perception on the Intention to Revisit.

This study reveals that patient satisfaction mediates the impact of hospital service quality perception on the intention to revisit (p-value = 0.002, T statistics = 3.162), supporting H12. These findings are consistent with Woo & Choi (2021), emphasizing patient satisfaction as a mediator between healthcare service quality and the intention to revisit. Similarly, Han & Hyun

(2015) found that clinic service quality perception significantly influences revisit intention, with satisfaction playing a crucial mediating role. Positive service quality perception is linked to increased patient satisfaction, fostering the desire to return to the hospital. Hospitals can enhance health outcomes by improving service quality, considering patient satisfaction as a key aspect of this improvement process.

d. The Mediating Role of Patient Trust in the Influence of Hospital Service Quality Perception on the Intention to Revisit.

With a p-value of 0.011 (T statistics = 2.581), it's concluded that patient trust mediates the impact of hospital service quality perception on the intention to revisit (H13 accepted), aligning with Han & Hyun (2015). This study supports the idea that trust significantly mediates the link between service quality perception and the decision to revisit a clinic. The preceding section, supported by Park et al. (2021) and Shie et al. (2022), established that hospital service quality perception significantly influences patient trust, which, in turn, affects the intention to revisit. Positive service experiences build trust, especially when patients feel emotionally connected to their healthcare providers, impacting their intent to return. Patient-oriented communication and trust encourage continuity of care, particularly for chronic conditions, while positive past experiences play a crucial role in shaping patients' expectations and their intention to revisit.

Practical and Managerial Implications

Enhancing service quality perception significantly boosts HRQL through heightened patient satisfaction. Hospital service quality perception also profoundly influences the intention to revisit, directly and indirectly through patient satisfaction and trust. RSUP Persahabatan is advised to elevate its hospital services, particularly focusing on efficiency and safety, reflecting the lowest overall mean scores (efficiency: 4.05/5.00, safety: 4.10/5.00). Specifically, improvements can target the ease of treatment procedures (EF3: 3.97/5.00), potentially simplifying standard procedures. Optimizing information technology can streamline treatment processes. In the safety dimension, a focus on periodic training for nurses is recommended, addressing patient safety principles and medical skills (SA3: 3.96/5.00). Regular patient satisfaction assessments, distributed across various service points, are crucial for continuous improvement. Improving hospital performance necessitates considerations of leadership, culture, support, innovation processes, and business performance. The innovation management model proposed by Santoso, Irawan, and Suhartanto (2020) offers a valuable framework for enhancing hospital performance and increasing perceived service quality.

4. CONCLUSION AND RECOMMENDATIONS

The perception of hospital service quality does not directly influence Health-Related Quality of Life (HRQL) and the intention to revisit. However, it has a direct impact on patient satisfaction and trust, as well as satisfaction with HRQL and the intention to revisit. Patient satisfaction and trust, in turn, mediate the relationship between service quality perception and HRQL, and between service quality perception and the intention to revisit. The study did not explore the individual dimensions of service quality's impact on various outcomes. Non-probability sampling limits generalizability. Future research should delve into specific service quality dimensions, analyze additional mediating variables like age and treatment duration, and extend the study to outpatient clinics with diverse financing arrangements beyond internal and heart diseases.

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