

## HOSPITAL MANAGEMENT RELATED TO PATIENT LOYALTY VIEWING FROM SERVICE QUALITY, SATISFACTION, IMAGE AND VALUE

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### Abstract

*Health development in Indonesia aims, among others, at making quality, fair and proportionate health services accessible to the Indonesian. Various development efforts have been implemented to realize such ideal covering infrastructure, medical personnel quality, access, health service process and professional attitude presented by hospital. This research objectively aims at analyzing patient loyalty from the perspectives of service quality, image, value and satisfaction of patients of hospitals in Bandung City. 296 in-patients of hospitals type B in Bandung City chosen by accidental random sampling were taken as the sample of this research. This research employs SEM statistically processed using AMOS as its analysis test tool. The results of this research state that from 10 Hypotheses,*

*Keywords: Service Quality, Image, Loyalty, Customer Value, Customer Satisfaction*

### I. INTRODUCTION

In the connection with the goal of health development which is essentially to realize a healthy Indonesia, among others, it contains the hope that the Indonesian population will have the ability to access quality, fair and equitable health services. To realize these ideals, various health development efforts have been carried out by realizing significant changes in the form of increasing the health status of the community. However, various facts have made it clear that quality, fair and equitable health services are still far from people's expectations and require serious efforts to achieve them. The need for improving the quality of health services in Indonesia is at least influenced by 3 (three) major changes that present challenges and opportunities. The changes are; (1) limited resources; (2) the existence of a decentralized policy (decentralization policy); and (3) the development of awareness of the importance of quality (quality awareness) in health services. The note is expected to be the government's attention in improving services in all hospitals in Indonesia.

Several customer satisfaction surveys regarding hospital services, complaints, suggestions, and from several media readers' letters, most of the complaints related to the presence of unprofessional officers in providing services. It must be admitted

that until now the health care system in government hospitals in Indonesia is still very poor (Listiyono, 2015), the indicators can be seen from medical personnel and hospital management who have not fully and transparently provided patient rights (Tri Rini Puji Lestari, 2010). In addition, complaints from patients can still be found about nurses who are not friendly and indifferent to their patients' complaints, doctors often arrive late, hospital leaders often ignore small things that their patients need (Tri Rini Puji Lestari, 2010). The world of health in Indonesia is currently experiencing a transition period from a fully social institution to a business one, so hospitals are often referred to as socio-economic institutions (Sitohang, 2014). This is certainly a polemic for the hospital as a social institution that is faced with an economic situation, even though it is obligatory for the hospital to continue to prioritize social aspects rather than financial aspects. (Liputan6.com, 2017).

So many facts that in recent years have been exposed by the media about the poor system of hospital services. Such as the death of 5 (five) hospital patients in the capital city of Jakarta caused by the poor hospital service system. The poor hospital service system also includes lack of control over drugs in hospitals, so that the labeling of drug names does not match the contents. (SuaraJakarta.co, 2015). Whereas according to Law Number 44 of 2009 concerning Hospitals which is stated in Article 29 Paragraph (1), it states that every hospital has an obligation to carry out social functions, among others, by providing service facilities for underprivileged/poor patients, emergency services without a down payment, free ambulance, service for victims of disasters and extraordinary events, or social service for humanitarian missions. (Kompas.com, 2017). However, the reality in many hospitals in Indonesia can still be seen that there are still many patient complaints that occur due to doctors as hospital service medical personnel who often refuse patients, this is considered inhumane. (Tempo.co.id, 2016). In 2014 the government has improved health services by launching the JKN (National Health Insurance) program as an effort to increase access to health services (Hadiyati, Sekarwana, Sunjaya, & Setiawati, 2017). In order to realize the creation of optimal quality of hospital services in government hospitals, BPJS (Social Security Administering Body) Health as an Indonesian government health institution seeks to continue to encourage the improvement of the quality of health services, the improvement that is emphasized is the improvement of infrastructure and health facilities (Metronews.com, 2017). The data show that in 2014 the total loss to the Indonesian state due to the large number of patients seeking treatment abroad was Rp. 100 trillion with the number of patients as many as 12,000 people per year per year until 2014 (Arnoldus Dhae, 2014). This is due to the non-optimal quality of health services in the country (Indonesia), the reason for the large number of Indonesians in addition to the lack of adequate health facilities and services that are not optimal, another reason that many Indonesian patients seek treatment abroad because they think that Indonesian health workers are often wrong. in diagnosing (Marketeers.com,

To realize a good government hospital management system, good and measurable management approaches can be a solution. In the midst of fierce competition with private hospitals, increasing patient loyalty through improving service quality also plays an important role, because the success of a service provider institution cannot be separated from a good relationship with its customers in this case is the patient (Lo Liang kheng, 2010), in addition to that, good service quality will certainly increase satisfaction (Rahman Jannang & Jabid, 2016), (Al-Rousan, 2010) so that patients feel comfortable taking treatment and their complaints can be resolved and

of course will have an impact on the image of the government hospital itself (Ida Ayu Rahajeng PD, 2010), (Triana Sari, 2010). Objectively the purpose of this study is to analyze patient loyalty from the perspective of service quality, image, value and patient satisfaction in hospitals in Bandung. It is hoped that this research can be an aspect in the consideration in order to realize the quality of health in government hospitals in Indonesia so that it becomes better in general and especially in the city of Bandung.

## II. LITERATURE REVIEW AND HYPOTHESES

### A. *Service Quality*

Service quality is an overall evaluation of the entity's performance and value of a service (Cronin & Taylor, 1992). Research on service quality in the health industry has been widely studied in recent years to date, including: (Budiwan, 2016), (Kalaja, Myshketa, & Scalera, 2016), (Purcărea, Gheorghe, & Petrescu, 2013), (Li et al., 2015), (Abushab et al., 2018), (Aliman & Mohamad, 2016) and (Kitapci, Akdogan, & Dortyol, 2014). The concept of quality services includes infrastructure, quality of personnel, access, health service processes, because in the current era, quality health services are health services that refer to the preferences, needs and expectations of patients in order to realize customer value and customer satisfaction. (Hadiyati et al., 2017), Not only that, Good service quality is not only measured through the luxury of facilities, completeness of technology and physical appearance, but also professional attitudes and behavior as well as high commitment by hospital employees. (Supartiningsih, 2017) apart from that it will also affect the image of the hospital itself (Triana Sari, 2010) because health services are a credential product category (Budiwan, 2016). The most fundamental thing why hospital patients do not get satisfaction in their health services is that patients do not know or do not get access to technical information from their medical personnel (Tucker & Adams, 2001). This study in measuring service quality on hospital patient loyalty uses the concept of Service Quality rather than Parasuraman et. al which was popularized in 1994, namely the dimensions of Tangible, reliability, responsiveness, assurance and empathy (Parasuraman, Zeithaml, & Berry, 1994) which were re-adopted from the same research conceptual framework (Ketut Gunawan, 2011). The relationship between value, satisfaction and service quality was adopted from (Bloemer & De Ruyter, 1998), (Wallin Andreassen & Lindestad, 1998) and (Nguyen & LeBlanc, 1998). So the hypothesis that is built is LeBlanc, 1998). So the hypothesis that is built is LeBlanc, 1998). So the hypothesis that is built is

H1: The quality of hospital service quality has an effect on patient loyalty. H2: The quality of hospital services affects the image of the hospital.

H3: The quality of hospital services has an effect on patient scores H4: Hospital service quality affects patient satisfaction

H10: Patient satisfaction affects patient loyalty

### *B. Government Hospital Image*

The growth and development of private hospitals in recent years certainly has a positive impact on people who need quality and classy health services. However, this also creates competition between private hospitals and government-owned public hospitals (Triana Sari, 2010). Therefore, hospitals must provide quality services in order to achieve patient satisfaction and lead to customer loyalty (Ida Ayu Rahajeng PD, 2010). Of course, this can also raise the image of the hospital (Sitohang, 2014). To realize a good hospital image in the eyes of the community, of course, the government must analyze the management elements that it has implemented and change the paradigm of government hospitals whose image is less impressive in the community to customer-based services (Components, 2011) and (Brodie, Whittome, & Brush, 2009). Some of the results of previous studies which state that there is a positive relationship between image and loyalty as expressed by (Faillant, Matzler, & Füller, 2008) and image has a relationship with customer value (Naumann, 1995) and (Aditya, 2012 ). Based on this, the hypotheses built are as follows: Some of the results of previous studies which state that there is a positive relationship between image and loyalty as expressed by (Faillant, Matzler, & Füller, 2008) and image has a relationship with customer value (Naumann, 1995) and (Aditya, 2012 ). Based on this, the hypotheses built are as follows: Several results of previous studies stated that there is a positive relationship between image and loyalty as expressed by (Faillant, Matzler, & Füller, 2008) and image has a relationship with customer value (Naumann, 1995) and (Aditya, 2012 ). Based on this, the hypotheses built are as follows:

H5: Hospital image has an effect on patient loyalty. H6: Hospital image has an effect on patient scores. H7: Hospital image affects patient satisfaction

### *C. Patient's Value, Patient's Satisfaction and Loyalty*

In management theory, every customer wants value behind every sacrifice he has made to get or use the product he wants (Herman, 2014), value creation and customer satisfaction are the keys to building a sustainable business (Putra, Said, & Hasan, 2017). ) (Ramlawati & Putra, 2018). Customer loyalty is also an indicator and key to the success of a good long-term business (Wahyuningsih, 2011) while the proposed hypothesis is as follows:

H8: Patient value has a significant effect on patient loyalty. H9: Patient value has a significant effect on patient satisfaction

Based on previous research and literature review, the conceptual framework of the proposed research is as follows:

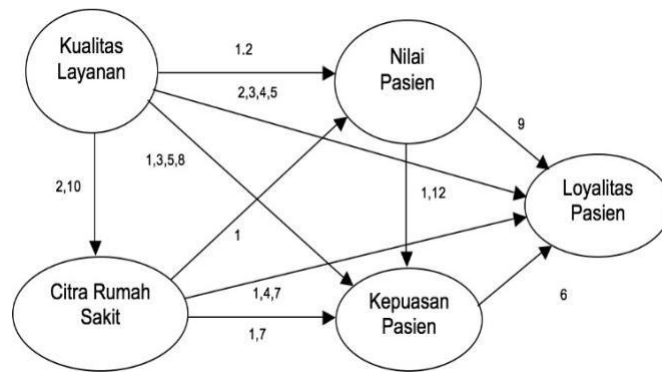


Figure 1. Conceptual Framework

### III. RESEARCH METHODOLOGY

Hospital objects studied were all patients who were hospitalized at public hospitals owned by the South Sulawesi provincial government, namely Labuang Baji General Hospital, Haji General Hospital, and Pelamonia General Hospital. This study uses a quantitative approach with the Structural Equation Method (SEM) analysis method, the analytical test tool uses AMOS. The sampling method is by using Accidental Random Sampling with sample criteria from various treatment classes, namely: VIP Class, First Class, Second Class, and Third Class. The number of patient samples is 296 people. Apart from that, the determination of the criteria for the patient sample that is intended in this study is based on:

- a. Patients who at the time of data collection were registered as inpatients with a minimum treatment period of three days in the hospital under study. Determination of the hospitalization period for three days with the consideration that with this treatment period the patient has experienced enough health services and can assess it representatively.
- b. Male and female patients aged 17 years who were enrolled in VIP class rooms, one, two and three, except the pediatric unit.
- c. The patient was conscious and willing to answer the questions in this study.

As for the measurement of variable dimensions, it is explained by the definition of Operational Variables as below:

Table 1. Definition of Operational Variables

Variable	Dimension	Indicator
Quality of Service	Menu	<ul style="list-style-type: none"> <li>• Menus to suit diverse needs</li> <li>• Clean way of serving</li> <li>• Timely presentation</li> </ul>
	Hospital environment	<ul style="list-style-type: none"> <li>• Hospital cleanliness, tidiness and comfort</li> <li>• Inpatient room equipment and infrastructure</li> <li>• Activeness and availability of means of communication</li> </ul>
	Technical	<ul style="list-style-type: none"> <li>• Complete equipment</li> <li>• Doctors and medical personnel who are on time in patient visits</li> <li>• Speed of patient handling by doctors/nurses</li> </ul>

	Friendliness	<ul style="list-style-type: none"> <li>Careful handling</li> <li>Hospitality and courtesy to patients</li> <li>Provides a sense of security to the patient</li> </ul>
	Service personalization	<ul style="list-style-type: none"> <li>Maintain patient privacy</li> <li>Provide appropriate information to patients</li> <li>Paying attention to patients</li> </ul>
	Accessibility	<ul style="list-style-type: none"> <li>Fast and responsive patient reception</li> </ul>
Image (X2)	Trusted	<ul style="list-style-type: none"> <li>Public perception of government hospitals</li> </ul>
	Services and Success	<ul style="list-style-type: none"> <li>There are service and amenities that adequate so that people believe in hospitals</li> <li>Assuming government hospitals are also successful in</li> </ul>
	Advantage	<ul style="list-style-type: none"> <li>People believe that government hospitals have service advantages that private hospitals do not have</li> </ul>
	Good name	<ul style="list-style-type: none"> <li>Have a good name that is maintained in the eyes of the</li> </ul>
	Friendliness	<ul style="list-style-type: none"> <li>Government hospitals are also considered to be friendly to patients and their families</li> </ul>
	Facilities	<ul style="list-style-type: none"> <li>Government public hospitals also have complete facilities and infrastructure such as private hospitals</li> </ul>
	Patient	Price based
Price based on value for money		<ul style="list-style-type: none"> <li>The rate is reasonable</li> <li>Offer a good price penawaran</li> </ul>
Emotional response		<ul style="list-style-type: none"> <li>Give pleasure</li> <li>Appreciate</li> </ul>
score (X3)	Quality	<ul style="list-style-type: none"> <li>Service</li> <li>Responsible</li> <li>Consistent</li> </ul>
	Reputation	<ul style="list-style-type: none"> <li>Manners and rules</li> <li>Status</li> </ul>
Patient Satisfaction (X4)		<ul style="list-style-type: none"> <li>Satisfied with the service provided</li> <li>Satisfied with the facilities and infrastructure</li> <li>Satisfied with doctors</li> <li>Satisfied with nurses</li> <li>Satisfied to come back for treatment</li> <li>Satisfied using medical care services</li> </ul>
Patient Loyalty		<ul style="list-style-type: none"> <li>Always use health services from government hospitals</li> <li>Recommend</li> <li>Say something positive</li> <li>Considering coming back for treatment</li> </ul>

#### IV. HRESULTS AND PDISCUSSION

##### A. Characteristics of Respondents

Patients aged less than 20 years who became hospital patients were 20 people or 6.76%, patients aged 21-30 years were 59 people (19.93%), patients aged 31-40 years were 62 people (20.95%), Patients aged 41-50 years were 65 people (23.99%), patients aged 51-60 years were 45 people (15.20%). These data indicate that the patients are in productive age which is characterized by the number of patients aged 21- 50 years. Among the productive age, the most patients aged 41-50 years amounted to 71 people (23.99%). Looking at the age composition of the most patients undergoing inpatient treatment at the hospital, it is dominated by patients aged between 41-

50 years. These results indicate that increasing age or age affects a person's use of health services, especially hospitals because increasing age tends to show a decline in health. Meanwhile, based on gender. There were 147 male patients (49.66%) who underwent hospitalization, and then slightly adrift, 149 female patients (50.34%).

Based on education level, patients with elementary school education (SD) were 39 people (13.2%), patients with junior high school education (SLTP) were 30 people (10.1%). Furthermore, the most patient education was public high school (SMU) which amounted to 136 people (45.9%). There were 24 patients with academic/diploma education (8.1%) and 67 patients (22.6%).

#### Characteristics of Respondents Based on Occupation

Based on the characteristics of the work, patients with civil servant jobs are 61 people (20.6%), patients with private employees are 64 people (21.6%), patients whose work is BUMN are 49 people (16.6%), TNI/Polri 52 people (17.57%), and patients who have jobs with other categories are 70 people (27.65%).

#### Characteristics of Respondents Based on Treatment Information.

Information regarding the source of hospital service costs, stated that patients who paid for themselves were 89 people (30.07%), patients financed by husband/wife amounted to 21 people (7.09%), patients financed by parents amounted to 26 people (8.78%), patients financed by other families as many as 8 people (2.70%), patients financed by Health Insurance as many as 94 people (31.76%). Funding by BPJS Health Insurance is the source of the most costs, this is because some of the respondents are civil servants, employees of state-owned enterprises and the TNI/POLRI. Furthermore, patients financed by the company were 34 people (11.49%)

Information regarding the decision to choose a hospital states that patients who decide to choose a hospital themselves are 115 people (38.85%), The decision to choose a hospital by themselves is the most, this is because in choosing a hospital as an inpatient place it is entirely determined by the patient and all Government hospitals in the city of Bandung have accepted patients who hold BPJS cards, both issued by the government and the private sector. Furthermore, the decision to choose a hospital is determined by husband or wife as many as 30 people (10.14%), the decision to choose is determined by parents as many as 39 people (13.18%), the decision to choose is determined by other families as many as 44 people (14.86%), the decision to choose is determined by companies as many as 21 people (7.09%),

Information regarding the reasons for choosing a hospital stated that good service was the reason most patients chose 120 people (40.54%), this was because patients considered the hospitals in the city of Bandung to have provided relatively good service. Furthermore, the reason is because the hospital is quite well known, which is 96 people (32.54%), Complete Facilities 50 people (16.89%), then other reasons, namely 30 people (30%) they choose the hospital because it is close to At home, on the recommendation of a doctor, there are acquaintances at the hospital, for example a nurse, doctor or hospital employee.

#### *B. Model Feasibility Test*

Table 2. Model Feasibility Test

<i>C. Cut-</i>							
Goodness of fit index	<i>off Val ue</i>	Service Quality	Image	Patient Value	Patient Satisfac	Patient Loyalty	Information
Chi-square	Expected small	109.704					
Sion Prob	≥ 0.05	0.101	0.195	0.134	0.073	0.548	Good
CMIN/DF	≤ 2.00	1.192	1.371	1,248	1,744	1.024	Good
GFI	≥ 0.90	0.960	0.989	0.976	0.982	0.998	Good
AGFI	≥ 0.90	0.934	0.965	0.950	0.958	0.990	Good
TLI	≥ 0.90	0.989	0.993	0.989	0.986	1.006	Good
CFI	≥ 0.90	0.993	0.997	0.994	0.991	1,000	Good
RMSEA	≤ 0.08	0.026	0.035	0.031	0.050	0.000	Good

Based on table 2 above, it can be seen that the results of the model feasibility test analysis state that all variables meet the eligibility test requirements based on the cut-off value criteria so that it can be concluded that all variables are declared good and feasible.

Table 3. Loading Factors

Variable Measurement Dimension		CR	Loading factor		
			Sig	Note:	
X1.1	Service quality	0.467	10,924	0.000	Valid
X1.2	Service quality	0.552			Valid
X1.3	Service quality	0.643	7,450	0.000	Valid
X1.4	Service quality	0.606	9,001	0.000	Valid
X1.5	Service quality	0.487	7,915	0.000	Valid
X1.6	Service quality	0.570	7,867	0.000	Valid
X1.7	Service quality	0.700	9,012	0.000	Valid
X1.8	Service quality	0.764	9,443	0.000	Valid
X1.9	Service quality	0.811	9,771	0.000	Valid
X1.10	Service quality	0.724	9,154	0.000	Valid
X1.11	Service quality	0.756	9,390	0.000	Valid
X1.12	Service quality	0.624	8,361	0.000	Valid
X1.13	Service quality	0.557	7,743	0.000	Valid
X1.14	Service quality	0.265	4,193	0.000	Valid
X1.15	Service quality	0.616	8,301	0.000	Valid
X1.16	Service quality	0.717	9,140	0.000	Valid
X1.17	Service quality	0.696	8,893	0.000	Valid
X2.1	Hospital Image	0.645	10,335	0.000	Valid
X2.2	Hospital Image	0.888	10,527	0.000	Valid
X2.3	Hospital Image	0.874	10,486	0.000	Valid
X2.4	Hospital Image	0.716	10,666	0.000	Valid
X2.5	Hospital Image	0.572			Valid
X2.6	Hospital Image	0.560	8,909	0.000	Valid
X2.7	Hospital Image	0.761	9,724	0.000	Valid
X3.1	Patient Value	0.608	10,355	0.000	Valid
X3.2	Patient Value	0.448	7,084	0.000	Valid
X3.3	Patient Value	0.580	8,937	0.000	Valid



X3.4	Patient Value	0.511	7,433	0.000	Valid
X3.5	Patient Value	0.628	8,781	0.000	Valid
X3.6	Patient Value	0.685	10,445	0.000	Valid
X3.7	Patient Value	0.723	9,801	0.000	Valid
X3.8	Patient Value	0.763	10,176	0.000	Valid
X3.9	Patient Value	0.767	10,163	0.000	Valid
X3.10	Patient Value	0.736	9,919	0.000	Valid
X3.11	Patient Value	0.673	9,949	0.000	Valid
X4.1	Patient Satisfaction	0.849			Valid
X4.2	Patient Satisfaction	0.704	13,107	0.000	Valid
X4.3	Patient Satisfaction	0.708	13,195	0.000	Valid
X4.4	Patient Satisfaction	0.667	12,221	0.000	Valid
X4.5	Patient Satisfaction	0.733	13,806	0.000	Valid
X4.6	Patient Satisfaction	0.733	13,822	0.000	Valid
Y1.1	Patient Loyalty	0.771			Valid
Y1.2	Patient Loyalty	0.785	12,507	0.000	Valid
Y1.3	Patient Loyalty	0.822	12,735	0.000	Valid
Y1.4	Patient Loyalty	0.362	5,754	0.000	Valid

Based on table 3 which explains the loading factor or the main dimensions forming the variable. It can be seen that the service quality variable (X1) is dominantly formed by technical and professional dimensions whose indicator is the speed of patient handling by doctors/nurses (0.811 or 81.1%). The hospital image variable (X2) is dominantly formed by the dimensions of services and facilities whose indicators are the presence of adequate services and facilities so that people trust the hospital (0.888 or 88.8%). Variable Patient value (X3) is dominantly formed by the quality dimension whose indicator is consistent (0.767 or 76.7%). Patient satisfaction variable (X4) is dominantly formed by the dimension of satisfaction with the services provided (0.849 or 84.9%).

Furthermore, the model in the form of the Structural Equation Model (SEM) analysis is as follows, while the details regarding the results of data analysis are described in table 4.

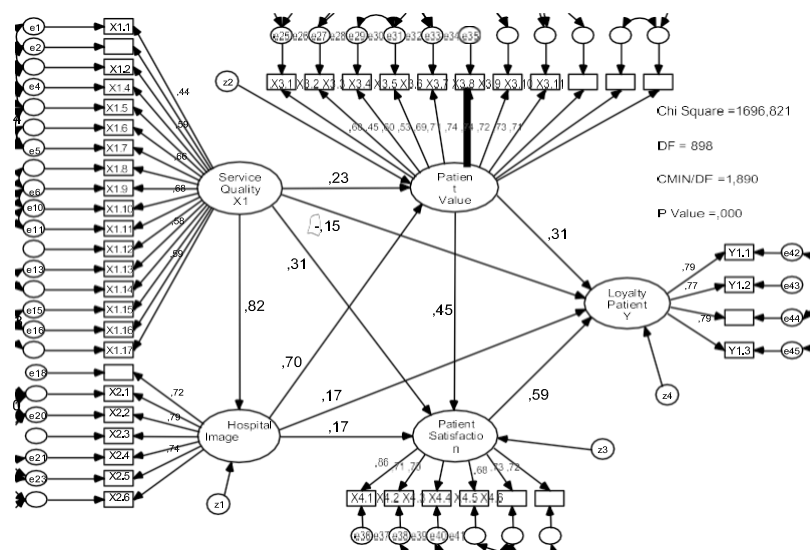


Figure 2. Structural Equation Method (SEM) Test

Furthermore, the relationship and the coefficient of influence between variables are presented as follows:

Table 4. Direct Effect Test, Indirect Effect

Variable	Effects			D. Sig. lev 1	E. Decision
	Direc	Indirec	Total		
Service Quality Hospital Image	0.820	0.000	0.820	F. 0.000	G. Be accepted
Service Quality Value Patient	0.228	0.570	0.798	H. 0.004	Be accepted
Service Quality Patient	0.310	0.500	0.810	I. 0.000	Be accepted
Service Quality	0.153	0.870	1.023	J. 0.025	Be accepted
Hospital image Patient Value	0.695	0.000	0.695	K. 0.000	Be accepted
Hospital image Patient	0.174	0.312	0.486	L. 0.132	M. Rejected
Hospital image	0.175	0.502	0.677	N. 0.135	O. Rejected
Patient rating Satisfaction Patient	0.448	0.000	0.448	P. 0.000	Be accepted
Patient valuePatie	0.307	0.266	0.573	Q. 0.011	Be accepted
Patient satisfaction Loyalty Patient	0.594	0.000	0.594	R. 0.000	Be accepted

Based on table 4 above, it can be stated that the research hypothesis decisions are as follows:

- H1: Service quality has a positive and significant effect on hospital image with  $P = 0.000 (< 0.05)$  and CR value ( $t \text{ count} > t \text{ table}$  ( $11.944 > 1.96$ )) and Estimate is 0.820, this coefficient indicates that by increasing the quality of service will increase hospital image.
- H2: Quality of service has a positive and significant effect on patient scores with  $P = 0.004 (< 0.1)$  and CR value ( $t \text{ count} > t \text{ table}$  ( $2.917 > 1.65$ )) and Estimate is 0.228, this coefficient indicates that increasing service quality will increase the value of patient.
- H3: Service quality has a positive and significant effect on patient satisfaction with  $P = 0.000 (< 0.05)$  and CR value ( $t \text{ count} > t \text{ table}$  ( $3,832 > 1.96$ )) and Estimate of 0.310. This coefficient indicates that improving service quality will increase patient satisfaction. .
- H4: Service quality has a positive and significant effect on patient loyalty with  $P = 0.025 (< 0.05)$  and CR value ( $t \text{ count} > t \text{ table}$  ( $2.069 > 1.96$ )) and Estimator is 0.153. This coefficient indicates that increasing service quality will increase patient loyalty. .
- H5: Hospital image has a positive and significant effect on patient scores with  $P = 0.000 (< 0.05)$  and CR value ( $t \text{ count} > t \text{ table}$  ( $2.069 > 1.96$ )) and Estimate is 0.695, this coefficient indicates that with an increase in hospital image will increase patient value.
- H6: Hospital image has no significant effect on patient satisfaction with  $P = 0.132 (>$

0.05) and CR value ( $t_{\text{count}} < t_{\text{table}}$  ( $1,507 < 1.96$ ) and Estimate is 0.174. This coefficient indicates that with an increase in hospital image no significantly increase patient satisfaction.

H7: Hospital image has no significant effect on patient loyalty with  $P = 0.135 (> 0.05)$  and CR value ( $t_{\text{count}} < t_{\text{table}}$  ( $1,495 < 1.96$ ) and Estimate is 0.175. This coefficient indicates that with an increase in hospital image no significantly increase patient loyalty.

H8: Patient value has a positive and significant effect on patient satisfaction with  $P = 0.000 (< 0.05)$  and CR value ( $t_{\text{count}} > t_{\text{table}}$  ( $4.085 > 1.96$ ) and an estimate of 0.448. This coefficient indicates that increasing patient value will increase satisfaction patient.

H9: Patient value has a positive and significant effect on patient loyalty with  $P = 0.011 (< 0.05)$  and CR value ( $t_{\text{count}} > t_{\text{table}}$  ( $2,557 > 1.96$ ) and an estimate of 0.307. This coefficient indicates that increasing patient value will increase loyalty patient.

H10: Patient satisfaction has a positive and significant effect on patient loyalty with  $P = 0.000 (< 0.05)$  and CR value ( $t_{\text{count}} > t_{\text{table}}$  ( $5.518 > 1.96$ ) and Estimate is 0.594. This coefficient indicates that increasing patient satisfaction will increase loyalty patient.

### *C. Discussion*

The patients admitted that if the quality of service they feel is satisfactory, it will affect their subsequent behavior. Most of the patients who were respondents had been hospitalized more than once. This means that there is a desire from patients to come back to the hospital if they have to be treated again. From the food aspect, these results reflect that the food menu served by the hospital is arranged based on the order of each room adjusted to the patient's disease state, usually there is a room that orders porridge, rice or diet patients, and is served on time and in a clean condition, because it is managed by experienced nutritionists. From the environmental aspect, these results indicate that the hospital always maintains the cleanliness, tidiness and comfort of the inpatient room. Regarding cleanliness, hospitals schedule cleaning once a day, both for the ward and bathroom. From the aspect of service personalization and accessibility, the hospital does not provide information on the disease suffered by the patient to unauthorized parties, in other words the hospital maintains the confidentiality of the patient's illness, and this is in line with the code of ethics for medical personnel / doctors.

Service quality to the hospital's image is the dominant relationship, and at the same time supports the real situation that occurs in the field. From the results of the descriptive analysis showed that the 296 respondent patients studied perceived that the image of type B hospitals in the city of Bandung was good. This good image is supported by the hospital to maintain its trust in providing perfect services to patients, such as providing complete service facilities, providing services that are familiar to patients, trying to get awards from outside parties by constantly improving the performance of hospital management. Aspects of price based on behavior states that most patients judge that patients can easily and with little effort in obtaining services from the hospital. From the aspect of price based on the value of money, the cost of care set by the hospital in each class is relatively affordable by the economic capacity of the patient, the hospital also continues to provide services according to service standards. For patients who are underprivileged and have a BPJS card, free treatment is provided. The same assessment applies to the emotional response, quality and reputation of the hospital. Most of the respondents were satisfied with the service quality of type B hospitals in Makassar City. Patient satisfaction is assessed from several aspects such as the availability of expert doctors, nurses. All type B

hospitals that are the object of this study have relatively complete specialist doctors.

The effect of hospital image on patient loyalty is rejected or unacceptable. These findings are the original findings in this study. These results support the real conditions that occur in the field, where most of the respondent patients do not really consider the image factor in choosing the hospital where they are treated. Although the image of a hospital is positive, if it is not accompanied by good quality of service and an adequate level of economic capacity, patients will not necessarily come back to the hospital. On the other hand, if the image of the hospital is negative but patients do not have enough opportunities to choose a hospital, then they cannot refuse the choice of a hospital that has a negative image, because they need treatment as soon as possible. From the results of the study, it was also found that there were respondents who chose the hospital because it was close to their place of residence, and had acquaintances with the internal parties of the hospital. With this condition for the patient is the main choice regardless of the good or bad image of the hospital. Although government hospital services have recently been in the spotlight of the public and the media, some respondents still choose hospitals, because they think that government hospitals still provide prices that are in accordance with their abilities. and provide convenience in the treatment process. The community still has confidence in government hospitals to carry out treatment or re-treatment and convey positive things to other parties because government hospitals can provide reasonable rates according to the patient's condition. Therefore, if the patient is satisfied, the patient will be loyal. Willing to voluntarily convey to others positive things about the hospital. It is a powerful and cost-free promotion.

## V. CONCLUSION

The health industry or hospitals in the city of Bandung have used a service marketing view, namely the quality of services whose main concern is the speed of patient handling by doctors and nurses. The quality of hospital services has shown a service that can be received by patients. The image of the hospital will appear after the hospital carries out its activities or performs its services, and this service is felt by the patient. The quality of hospital services must continue to be improved because it will increase patient value. The assessment of inpatients on the quality of hospital services in the city of Bandung is in line with expectations. The quality of inpatient services at hospitals in the city of Bandung has been felt to be satisfactory so that it has an impact on their subsequent behavior.

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