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THE INFLUENCE OF HOSPITAL SERVICE QUALITY ON PATIENT REVISIT INTENTION AND WORD-OF-MOUTH IN CLASS B PRIVATE GENERAL HOSPITAL IN DKI JAKARTA

Laidy Aretha Lexandra Ongkaruna[1], Robert Kristaung[2]*

[1,2]*Universitas Trisakti, Jakarta, Indonesia*
e-mail: 122012105010@std.trisakti.ac.id[1], robert_kristaung@trisakti.ac.id[2]*

*Corresponding Author

Abstract: *Hospital is a health effort that can be provided by the government and private sector to obtain an optimal degree of public health. Private public hospitals have patients who pay more attention to the quality of health services. Private hospitals need to provide good quality hospital service so that hospitals can continue to grow. Revisit intention and word-of-mouth of patients towards hospitals are considered the key to the success of the healthcare provider business. This study was conducted to analyze the effect of hospital service quality on revisit intention and word-of-mouth of patients in class B private hospitals in DKI Jakarta. The study was conducted using a questionnaire distributed through google form with purposive sampling techniques. The valid and reliable questionnaire was filled out by 135 respondents. The data obtained will be collected and data analysis will be carried out. Analysis of research data was carried out using the Structural Equation Model (SEM) through the AMOS software program version 21. The data will be carried out Goodness of Fit Model test and hypothesis test. The results showed that hospital service quality has a positive effect on patient engagement. Patient engagement has a positive effect on patient loyalty. Then, patient loyalty has a positive effect on revisit intention and word-of-mouth. Therefore, hospital service quality has a positive effect on the revisit intention and word-of-mouth of patients in class B private public hospitals in DKI Jakarta. The implications of research can provide benefits to hospital managers regarding the importance of hospital service quality, patient engagement, and patient loyalty in increasing revisit intention and patient word-of-mouth to the hospital.*

Keywords: *Hospital Service Quality, Revisit Intention, Class B Private General Hospital, Word-Of-Mouth*

INTRODUCTION

Based on the Indonesian Constitution No. 36 of 2009 concerning health, states that health is one form of national development efforts to obtain an optimal degree of health of the Indonesian people. Health can be realized from various development efforts in a comprehensive and integrated manner so that all Indonesian people can receive health services. In June 2022, the Directorate General of Population and Civil Registration of the Ministry of Home Affairs of the Republic of Indonesia recorded that Indonesia's population had reached 275.36 million people. DKI Jakarta has a population of 11.25 million people who will need health services.

Hospitals can be grouped based on the facilities owned by the hospital and service capabilities into general and special types. Based on Permenkes RI No. 340 / Menkes / Per/III / 2010 Article 4 public hospitals are classified into Class A General Hospitals, Class B General Hospitals, Class C General Hospitals, and Class D General Hospitals. Private hospitals differ from non-private hospitals because patients pay more for services due to the unavailability of medical subsidies. Therefore, patients in private hospitals are becoming more concerned about the quality of service.

(Satti et al., 2020) mentioned that the hospital is one of the health service efforts that is expected to be able to provide service satisfaction to patients. The hospital's efforts to survive and continue to grow are by improving *hospital service quality* to patients. The hospital will do various ways to increase the number of patient visits, which will cause loyalty so that patients will come back to get the services provided by the hospital. The increasing number of hospitals causes competition between hospitals to intensify. Patient loyalty, revisit intent and *word-of-mouth* to a product or service provided

by a hospital have been considered key elements of the success of a healthcare provider's business. Therefore, building patient loyalty to the hospital is very important for health care providers (Phonthanukitithaworn et al., 2020).

At present, there is only a small amount of research that discusses *hospital service quality* in private public hospitals, especially class B in DKI Jakarta as a whole. Many of the empirical studies conducted research focused on one hospital in the DKI Jakarta area. Based on the description mentioned above, the author became interested in conducting a study entitled "The Effect of *Hospital Service Quality* on *Revisit Intention* and *Word-Of-Mouth of Patients* in Class B Private Public Hospitals in DKI Jakarta". This study will analyze the effect of *hospital service quality* on patient *engagement* and *patient loyalty*, which ultimately results in *patient revisit intention* and *word-of-mouth* for class B private public hospitals in DKI Jakarta. The findings of this study will contribute to increasing patient loyalty, revisit intentions and *patient word-of-mouth* towards class B private public hospitals in DKI Jakarta.

MATERIALS AND METHODS

This type of research is quantitative with a descriptive approach. This study used a *cross-sectional* research method conducted at a certain period of time and not at a long period of time (Sugiyono, 2017). Respondents' answers to the research questionnaire were measured using the Likert Scale, which had a score of 1 to 5. Researchers ensure the confidentiality of the information provided by respondents. **Table 1** contains measurements of research variablesn.

Table 1. Variable Measurement

Variable		Statement Indicators
Hospital Service Quality	1.	The doctor correctly diagnoses the disease and begins treatment in time
	2.	The hospital has modern/latest medical equipment and instruments
	3.	Doctors are available at this hospital whenever needed
	4.	These hospitals minimize the chances of hospital-acquired infections and injuries to patients
	5.	Doctors and nurses have professional knowledge, skills, and competencies
	6.	The hospital informs the recommendation, prohibitions, and follow-up dates at the time of discharge
	7.	The doctor communicates the patient's condition, illness, treatment, and possible complications/side effects of treatment to the patient
	8.	The behavior of doctors and nurses builds patient trust
	9.	Physical facilities and infrastructure provide a sense of comfort to patients
	10.	The hospital ensures a convenient billing and payment process
	11.	This hospital has good room quality
Patient Engagement	1.	I feel calm when I get services from this hospital
	2.	I feel proud to have the service of this hospital
	3.	I pay close attention to anything about the services of this hospital
	4.	Anything related to this hospital caught my attention
	5.	I have been comfortable with the services this hospital provides
Patient Loyalty	1.	I'll keep choosing this hospital when I get sick again.
	2.	I will continue to use the services of this hospital if I get sick again later
	3.	I would recommend this hospital to a family member or friend
Revisit Intention	1.	I consider this hospital to be the first choice among all hospitals in the area in case it gets sick again later
	2.	I will continue to visit and use the services offered by this hospital in case I get sick again
	3.	I will keep on good terms with hospital employees for future coverage
Word-of-mouth	1.	I will introduce this hospital to others
	2.	I would recommend this hospital to others
	3.	I will tell people more about this hospital than any other hospital
	4.	I will say good things about this hospital
	5.	I am proud to tell others about the services offered by this hospital

Data Collection Methods

Research data collection method using survey questionnaire. The questionnaire is distributed through *a google form* that can be accessed throughout the region. The research data was obtained from people who had been treated at class B private public hospitals in DKI Jakarta. The number of research samples refers to the calculation of ampelous s with a theoretical approach (Hair Jr et al., 2021), That is, the total indicator of the statement multiplied by a minimum of five points to a maximum of ten points from the *Likert* scale. Then the number of samples needed is 27 indicators multiplied by 5, which is 135 samples. The population of this study was people who had been treated in class B private public hospitals in DKI Jakarta. The research sampling technique is *purposive sampling* technique.

Data Testing Methods

This study used a questionnaire as a data collection instrument containing statements of indicators of the variables studied. Before data collection is carried out, the questionnaire instrument must first be tested for data quality through validity tests and reliability tests.

Validity Test

Testing the validity of the study was carried out using *factor analysis* with the help of SPSS 25 software. Basedon the number of samples in this study, the indicator value is considered valid if it has a loading factor value of ≥ 0.50. **Table 2** represents the validity test results for all statements across various variables. Based on the table, it can be concluded that the Hospital Service Quality variable is valid because each indicator has a *loading factor* value of ≥ 0.50, so that all indicators are able to measure *the Hospital Service Quality* variable.

Table 2. Hospital Service Quality Variable Validity Test Results

No.	List of Statements	*Factor Loading*	Decision
1.	The doctor correctly diagnoses the disease and begins treatment in time	0,910	Valid
2.	The hospital has modern/latest medical equipment and instruments	0,934	Valid
3.	Doctors are available at this hospital whenever needed	0,886	Valid
4.	These hospitals minimize the chances of hospital-acquired infections and injuries to patients	0,879	Valid
5.	Doctors and nurses have professional knowledge, skills, and competencies	0,867	Valid
6.	The hospital informs the recommendation, prohibitions, and follow-up dates at the time of discharge	0,907	Valid
7.	The doctor communicates the patient's condition, illness, treatment, and possible complications/side effects of treatment to the patient	0,870	Valid
8.	The behavior of doctors and nurses builds patient trust	0,883	Valid
9.	Physical facilities and infrastructure provide a sense of comfort to patients	0,857	Valid
10.	The hospital ensures a convenient billing and payment process	0,843	Valid
11.	This hospital has good room quality	0,801	Valid

From **Table 3** it can be concluded that the Patient Engagement variable is declared valid because each indicator has a *loading factor* value of ≥ 0.50, so that all indicators are able to measure *the Patient Engagement* variable.

Table 3. Patient Engagement Variable Validity Test Results

Nope.	List of Statements	*Factor Loading*	Decision
1.	I feel calm 583about the ethics of getting services from this hospital	0,870	Valid
2.	I feel proud to have the service of this hospital	0,877	Valid
3.	I pay close attention to anything about the services of this hospital	0,887	Valid
4.	Anything related to this hospital caught my attention	0,865	Valid
5.	I have been comfortable with the services this hospital provides	0,888	Valid

From **Table 4** it can be concluded that the Patient Loyalty variable is declared valid because each indicator has a *loading factor* value of ≥ 0.50, so that all indicators are able to measure *the Patient Loyalty* variable.

Table 4. Patient Loyalty Variable Validity Test Results

No.	List of Statements	*Factor Loading*	Decision
1.	I'll keep choosing this hospital when I get sick again.	0,909	Valid
2.	I will continue to use the services of this hospital if I get sick again later	0,896	Valid
3.	I would recommend this hospital to a family member or friend	0,849	Valid

From **Table 5** it can be concluded that the Revisit Intention variable is declared valid because each indicator has a *loading factor* value of ≥ 0.50, so that all indicators are able to measure *the Revisit Intention* variable.

Table 5. Revisit Intention Variable Validity Test Results

No.	List of Statements	*Factor Loading*	Decision
1.	I consider this hospital to be the first choice among all hospitals in the area in case it gets sick again later	0,928	Valid
2.	I will continue to visit and use the services offered by this hospital in case I get sick again	0,905	Valid
3.	I will keep on good terms with hospital employees for future coverage	0,911	Valid

From **Table 6** it can be concluded that the Word-Of-Mouth variable is declared valid because each indicator has a *loading factor* value of ≥ 0.50, so that all indicators are able to measure *Word-Of-Mouth* variables.

Table 6. Word-of-Mouth Variable Validity Test Results

No.	List of Statements	*Factor Loading*	Decision
1.	I will introduce this hospital to others	0,904	Valid
2.	I would recommend this hospital to others	0,876	Valid
3.	I will tell people more about this hospital than any other hospital	0,887	Valid
4.	I will say good things about this hospital	0,897	Valid
5.	I am proud to tell others about the services offered by this hospital	0,889	Valid

Reliability Test

Reliability testing of measuring instruments needs to be done to ensure the instruments of the measuring instruments used for research are consistent and accurate. According to (Hair Jr et al., 2021), The basis for making this reliability test decision is as follows:

1. If *Cronbach's Alpha* coefficient ≥ 0.7 then it is declared that the variable is reliable.
2. If *Cronbach's Alpha* coefficient < 0.7 then it is stated that the variable is not reliable.

Based on the research that has been done, the results of reliability test data processing are seen in **Table 7**. From the table, it can be seen that the reliability test results on all variables have a value of *Cronbach's Alpha* ≥ 0.7. It can be concluded that all indicators in measuring the five variables meet the standards of *reliable* or consistent criteria.

Table 7. Reliability Test Results

Variables/ Dimensions	Number of Indicators	*Cronbach's Alpha*	Decision
Hospital Service Quality	11	0,942	Reliable
Patient Engagement	5	0,924	Reliable
Patient Loyalty	3	0,860	Reliable
Revisit Intention	3	0,902	Reliable
Word-Of-Mouth	5	0,935	Reliable

Data Analysis Methods

Uji *Goodness of Fit Model*

The data analysis method used is the *Structural Equation Model* (SEM) through the AMOS software program version 21. Before testing the hypothesis, it is necessary to first test the suitability of the model using several measurements according to (Hair Jr et al., 2021), Among them:

1. *Absolute Fit Measure*, used to measure the overall fit model. The criteria are the values of *Sig. Probability,* GFI and *Root Mean Square Error of Approximation* (RMSEA).
2. *Incremental Fit Measure*, used to compare the proposed model with other models. The criteria are by looking at the *Normed* Fit Index (NFI), *Turker-Lewis* Index (TLI), Relative Fit Index (RFI), Comparative Fit Index (CFI), and *Incremental Fit Index* (IFI).
3. *Parsimoniousx Fit Measure*, is an *adjustment* to fit measurements to be comparable between models with different numbers of coefficients. The criteria are by looking at the *value of the Average Goodness Fit Index* (AGFI).

Table 8 is a table of *Goodness of Fit Model* test results. From the results of the model suitability test, *the sig value, probability* of 0.00 1 < 0.05 which can be concluded poor *fit*. GFI has a value of 0.879 which means *marginal fit* because it is close to the *cut off value.* RMSEA has a value of 0.057 **<** 0.10 which means *goodness of fit*.

The next criteria are NFI, TLI and RFI have values of 0.937, 0.976 and 0.926 which is ≥ 0.90 which means *goodness of fit.* While CFI and IFI have values of 0.980 and 0.980 respectively which means *goodness of fit* because it has a *cut off* value **of ≥** 0.90.

The last criterion is the AGFI value of 0.839 which means *goodness of fit* because it meets the *cut off* value, which is ≤ GFI value of 0.879*.*

Table 8. Result Goodness Of Fit Model

Measurement Type	***Goodness of Fit Index***	***Cut Off***	**Value**	**Conclusion**
Absolute Fit Measure	*R-value*	≥ 0,05	0,001	*Poor Fit*
	GFI	≥ 0,90	0,879	*Marginal Fit*
	RMSEA	≤ 0,10	0,057	*Goodness of Fit*
Incremental Fit Measure	NFI	≥ 0,90	0,937	*Goodness of Fit*
	TLI	≥ 0,90	0,976	*Goodness of Fit*
	CFI	≥ 0,90	0,980	*Goodness of Fit*
	YOUTH	≥ 0,90	0,980	*Goodness of Fit*
	RFI	≥ 0,90	0,926	*Goodness of Fit*
Parsimonious Fit Measure	AGFI	≤ nilai GFI	0,839	*Goodness of Fit*

Overall, it can be concluded that this model is declared feasible (*goodness of fit*) so that it can proceed to the next test, namely hypothesis testing. Theamber on the model can be seen in **Figure 1**.

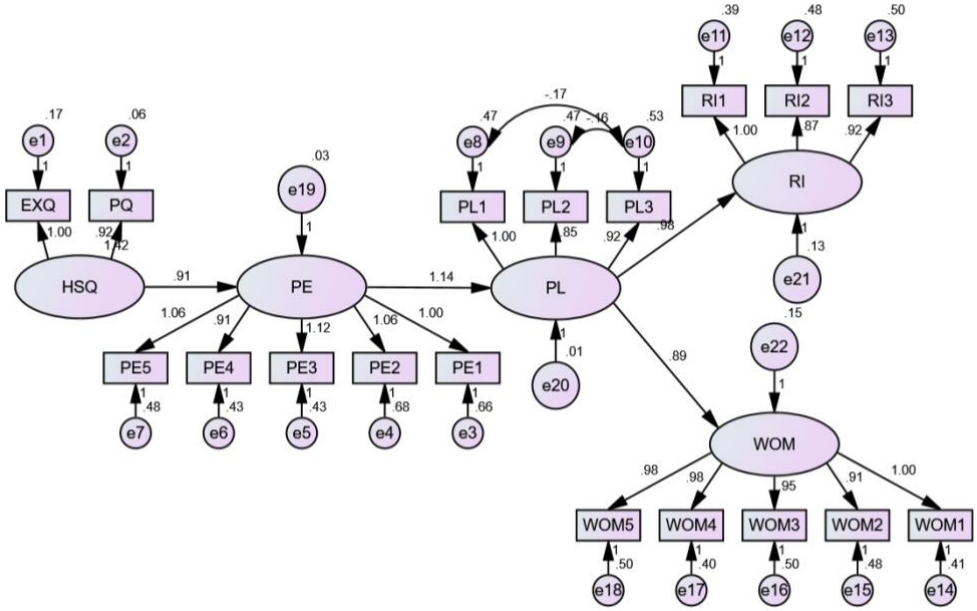

Figure 1. Full Structural Model

Test the hypothesis

Hypothesis testing is done with the aim of seeing whether each independent variable has a significant influence on the dependent variable assuming that the other variable is constant or fixed. Here is the basis of decision making from the hypothesis test:

- If the *p-value* > α 0.05 Ho is accepted, it means that there is no significant influence between the two variables.
- If the *p-value* ≤ α 0.05 Ho is rejected, it means that there is a significant influence between the two variables.

RESULTS AND DISCUSSION

1. Description of Research Data

Characteristics of Respondents

Research datais taken using datawith *google form* tools that are disseminated through social media. A total of 135 respondents have filled out questionnaires and were declared valid so that they can be used as research samples. The characteristics of respondents were described as gender, age, recent education, occupation, income per month, and hospitals visited in DKI Jakarta.

Characteristics of respondents by gender

From the results of data collection, the characteristics of respondents based on their gender can be seen in **Table 9**. Based on the table, it is known that female respondents have more than men, namely as many as 75 people (5, 5.6%), while men are 60 people (4, 4.4%).

Table 9. Characteristics of respondents by gender

Characteristic	Frequency	Percentage
Male	60	44,4 %
Woman	75	55,6 %
Total	**135**	**100 %**

Characteristics of respondents by age

From the results of data collection, the characteristics of respondents based on age can be seen in **Table 10**. Based on the table, it is known that most respondents aged 18 - 25 years as many as 69 people (51.1%), as many as 4.9 people (36.3 %) aged 26 - 3 3 years, as many as 7 people (5.2 %) aged 34 - 41 years, as many as 3 people (2.2 %) aged 42 - 49 years, and as many as 7 people (5.2%) were aged > 49 years.

Table 10. Characteristics of respondents by age

Characteristic	Frequency	Percentage
< 25 years	69	51,1 %
25 - 33 years	49	36,3 %
33 - 41 years	7	5,2 %
> 41 years old	10	7,4 %
Total	**135**	**100 %**

Characteristics of respondents based on recent education

From the results of data collection, the characteristics of respondents based on the last education can be seen in **Table 11**. Based on the table, it is known that most of the respondents, namely 96 respondents (71.1%) are undergraduates (S1), followed by high school / vocational graduates as many as 26 respondents (19.3%), 5 respondents (3.7%) elementary / kindergarten / non-school graduates, 4 respondents (3%) junior high school graduates, and 4 respondents (3%) are postgraduates (S2 / S3).

Table 11. Characteristics of respondents based on recent education

Characteristic	Frequency	Percentage
Elementary/Kindergarten/Not School	5	3,7 %
SMP	4	3 %
High School / Vocational School	26	19,3 %
Bachelor (S1)	96	71,1 %
Postgraduate (S2/S3)	4	3 %
Total	**135**	**100 %**

Characteristics of respondents by occupation

From the results of data collection, the characteristics of respondents based on occupation can be seen in **Table 12**. Based on the table, it is known that as many as 47 respondents (34.8%) are not working, 26 respondents (19.3%) are service businesses and salespeople in stores and markets, 25 respondents (18.5%) are professionals, 15 respondents (11.1%) are administrative personnel, 8 respondents (5.9%) are members of the TNI and POLRI, 4 respondents (3%) are processing and handicraft personnel, 3 respondents (2.2%) are legislative institutions, 3 respondents (2.2%) are technicians and professional assistants, 3 respondents (2.2%) are agricultural and livestock business workers, and 1 respondent (0.7%) is a machine operator and assembler.

Table 12. Characteristics of respondents by occupation

Characteristic	Frequency	Percentage
Legislature	3	2,2 %
Professional Energy	25	18,5 %
Professional Technicians and Assistants	3	2,2 %
Administration Personnel	15	11,1 %
Service Workers and Sales Personnel in stores and markets	26	19,3 %
Agricultural and Livestock Business Personnel	3	2,2 %
Processing and Craft Power	4	3 %

Machine Operators and Assemblers	1	0,7 %
Members of the TNI and POLRI	8	5,9 %
Not Working	47	34,8 %
Total	**135**	**100 %**

Characteristics of Respondents Based on Income per Month

From the results of data collection, the characteristics of respondents based on income per month can be seen in **Table 13**. Based on the table, it can be seen that most of the respondents, namely 105 respondents (77.8%) have an income of < IDR 2,999,000 per month, followed by 17 respondents (12.6%) have an income of > IDR 3,500,000, and 13 respondents (9.6%) have an income of IDR 3,000,000 - IDR 3,500,000.

Table 13. Characteristics of Respondents Based on Income per Month

Characteristic	Frequency	Percentage
< IDR 2,999,000	105	77,8 %
IDR 3,000,000 - IDR 3,500,000	13	9,6 %
> IDR 3,500,000	17	12,6 %
Total	**135**	**100 %**

Characteristics of Respondents Based on Hospitals Visited in DKI Jakarta

From the results of data collection, the characteristics of respondents based on income per month can be seen in **Table 14**. Based on the table, it is known that 26 respondents (19.3%) visited Siloam Hospitals Kebon Jeruk, 25 respondents (18.5%) visited Pantai Indah Kapuk General Hospital, 20 respondents (14.8%) visited Royal Taruma General Hospital, 15 respondents (11.1 %) visited Pondok Indah General Hospital, 13 respondents (9.6%) visited Sumber Waras General Hospital, 8 respondents (5.9%) visited Hermina Kemayoran General Hospital, 7 respondents (5.2%) visited Abdi Waluyo General Hospital, 5 respondents (3.7%) visited Mitra Kemayoran General Hospital, 5 respondents (3.7%) visited Harapan Bunda General Hospital, 4 respondents (3%) visited Mayapada General Hospital, 3 respondents (2.2%) visited Hermina Jatinegara General Hospital, 2 respondents (1.5%) visited Gading Pluit General Hospital, 1 respondent (0.7%) visited Mitra Keluarga Kelapa Gading General Hospital, and 1 respondent (0.7%) visited Siloam TB Simatupang General Hospital.

Table 14. Characteristics of Respondents Based on Hospitals Visited in DKI Jakarta

Characteristic	Frequency	Percentage
Abdi Waluyo General Hospital	7	5,2 %
Mitra Kemayoran General Hospital	5	3,7 %
Hermina Kemayoran General Hospital	8	5,9 %
Gading Pluit General Hospital	2	1,5 %
Pantai Indah Kapuk Public Hospital	25	18,5 %
Mitra Keluarga General Hospital Kelapa Gading	1	0,7 %
Royal Taruma General Hospital	20	14,8 %
General Hospital Sumber Sanas	13	9,6 %
General Hospital Siloam Hospitals Kebon Jeruk	26	19,3 %
Mayapada General Hospital	4	3 %
Pondok Indah Public Hospital	15	11,1 %
Siloam TB Simatupang General Hospital	1	0,7 %
General Hospital Harapan Bunda	5	3,7 %
Hermina Jatinegara General Hospital	3	2,2 %
Total	**135**	**100 %**

2. Descriptive Statistics

The purpose of descriptive statistical testing carried out is to explain in detail the picture and conclusions obtained from the results of respondents' answers related to the variables *Hospital Service Quality*, Patient Engagement, *Patient Loyalty, Revisit Intention,* and *Word-Of-Mouth* by looking at the average *value (mean)* in **Table 15.** Based on the table, the *mean* result of 11 indicators of 3,270 can be obtained , which means that respondents have a high level of sensitivity to the quality of hospital services. *Hospital service quality* is the main consideration for patients in visiting the hospital and using the services provided by the hospital. Patients will choose a hospital that has good service quality, which consists of 5 aspects of perceived quality, namely; *tangible*, *reliability*, *responsiveness*, *assurance* , and *empathy*. The average standard deviation value is 1.344, which means that the distribution of respondents' answers varies.

Table 15. Statistik Descriptive Hospital Service Quality

No.	List of Statements	*Mean*	Standard Deviation
1.	The doctor correctly diagnoses the disease and begins treatment in time	3,400	1,425
2.	The hospital has modern/latest medical equipment and instruments	3,377	1,418
3.	Doctors are available at this hospital whenever needed	3,296	1,445
4.	These hospitals minimize the chances of hospital-acquired infections and injuries to patients	3,251	1,319
5.	Doctors and nurses have professional knowledge, skills, and competencies	3,318	1,255
6.	The hospital informs the recommendation, prohibitions, and follow-up dates at the time of discharge	3,311	1,368
7.	The doctor communicates the patient's condition, illness, treatment, and possible complications/side effects of treatment to the patient	3,237	1,259
8.	The behavior of doctors and nurses builds patient trust	3,311	1,437
9.	Physical facilities and infrastructure provide a sense of comfort to patients	3,155	1,343
10.	The hospital ensures a convenient billing and payment process	3,140	1,204
11.	This hospital has good room quality	3,177	1,309
	Average score Hospital Service Quality	**3,270**	**1,344**

Based on **Table 16**, the *mean* result of 5 indicators of 3,154 can be obtained , which means that *patient engagement* is an important component of a service provided by the hospital. With the emotional connection between the patient and the hospital, a relationship can develop. *Patient engagement* is obtained based on patient experience and can be improved by hospitals through the implementation of health programs. Increased patient *engagement* can affect patient loyalty and generate profits for hospitals. Through *patient engagement* this can also lead to an increase in the number of return visits and the reputation of the hospital. The average standard deviation value is 1.355, which means that the distribution of respondents' answers varies.

Table 16. Statistik Descriptive Patient Engagement

No.	List of Statements	*Mean*	Standard Deviation
1.	I feel calm when I get services from this hospital	3,096	1,370
2.	I feel proud to have the service of this hospital	3,170	1,432
3.	I pay close attention to anything about the services of this hospital	3,111	1,401
4.	Anything related to this hospital caught my attention	3,214	1,205
5.	I have been comfortable with the services this hospital provides	3,177	1,365
	Average *Patient Engagement* score	**3,154**	**1,355**

Based on **Table 17**, the *mean* result of 3 indicators of 3.143 can be obtained which means that *patient loyalty* is an important factor for hospitals. Patient loyalty to the services provided by the hospital can influence patients to use the services again in the future. Patient loyalty through loyalty causes patients to continue to use the services provided by the hospital even though there are service options from other providers. In addition, patients will also promote services to others regarding the satisfaction obtained when using the services of the hospital. The average standard deviation value is 1.365, which means that the distribution of respondents' answers varies.

Table 17. Statistik Descriptive Patient Loyalty

No.	List of Statements	*Mean*	Standard Deviation
1.	I'll keep choosing this hospital when I get sick again.	3,118	1,440
2.	I will continue to use the services of this hospital if I get sick again later	3,125	1,278
3.	I would recommend this hospital to a family member or friend	3,185	1,377
	Average *Patient Loyalty* score	**3,143**	**1,365**

Based on **Table 18**, the *mean* result of 3 indicators of 3.188 can be obtained, which means that the intention to revisit the hospital is quite large. *Revisit intention* causes patients to continue to receive the services provided by the hospital by forming long-term relationships with health care providers. The patient will also set the hospital as the first choice if they will make a visit to the hospital. Increased return visit intent will also result in profitability for the hospital. The average standard deviation value is 1.382, which means that the distribution of respondents' answers varies.

Table 18. Statistik Descriptive Revisit Intention

No.	List of Statements	*Mean*	Standard Deviation
1.	I consider this hospital to be the first choice among all hospitals in the area in case it gets sick again later	3,111	1,438
2.	I will continue to visit and use the services offered by this hospital in case I get sick again	3,311	1,324
3.	I will keep on good terms with hospital employees for future coverage	3,140	1,383
	Average score **of *Revisit Intention***	**3,188**	**1,382**

Based on **Table** 19, the *mean* result of 5 indicators of 3.172 can be obtained which means that *word-of-mouth* is also an important factor for hospitals. Patients can feel proud and calm when using the services provided by the hospital. Patients also became very attentive to the hospital. *Word-Of-Mouth* is needed for hospitals to thrive. Patients will help promote the services the hospital provides to others and influence decision-making. *Word-of-mouth* can cause the number of patient visits and service users to increase due to new patients. The average standard deviation value is 1.335, which means that the distribution of respondents' answers varies.

Table 19. Statistics Deskriptif Word-Of-Mouth

No.	List of Statements	*Mean*	Standard Deviation
1.	I feel calm when I get services from this hospital	3,140	1,355
2.	I feel proud to have the service of this hospital	3,229	1,286
3.	I pay close attention to anything about the services of this hospital	3,214	1,334
4.	Anything related to this hospital caught my attention	3,133	1,331
5.	I have been comfortable with the services this hospital provides	3,140	1,366
	Nilai rata - rata *Word-Of-Mouth*	**3,172**	**1,335**

3. Data Analysis

Test the hypothesis

Hypothesis One

The first hypothesis in this study is about the positive influence between *Hospital Service Quality* and *Patient Engagement*. Therefore, the following hypothesis can be written:

H_{10}: There is no positive influence between *Hospital Service Quality* and *Patient Engagement*.

H_{11}: There is a positive influence between *Hospital Service Quality* on *Patient Engagement*.

Hypothesis Two

The second hypothesis in this study is about the positive influence between Patient *Engagement* and *Patient Loyalty*. Therefore, the following hypothesis can be written:

H_{20}: There is no positive influence between Patient *Engagement* and *Patient Loyalty*.
H_{21}: There is a positive influence between Patient *Engagement* and *Patient Loyalty*.

Hypothesis Three

The third hypothesis in this study is about the positive influence between *Patient Loyalty* and *Revisit Intention*. Therefore, the following hypothesis can be written:
H_{30}: There is no positive influence between *Patient Loyalty* and *Revisit Intention*.
H_{31}: There is a positive influence between *Patient Loyalty* and *Revisit Intention*.

Hypothesis Four

The fourth hypothesis in this study is about the positive influence between *Patient Loyalty* and *Word-Of-Mouth*. Therefore, the following hypothesis can be written:
H_{40}: There is no positive influence between *Patient Loyalty* and *Word-Of-Mouth*.
H_{41}: There is a positive influence between *Patient Loyalty* and *Word-Of-Mouth*.

Thefour hypothesis test results are summarized in **Table 20**. In the results of the first hypothesis test, it is known that the estimated value is 0.986 which means that the higher the *Hospital Service Quality*, the higher the *Patient Engagement*. The *ρ-value* is 0.000 which means that H0 is rejected and H1 is accepted. The conclusion is that there is a significant positive influence between *Hospital Service Quality* and *Patient Engagement*.

In the results of the second hypothesis test, it is known that the *estimated value* is 0.995 which means that the higher the Patient *Engagement*, the higher the *Patient Loyalty*. The *ρ-value* is 0.000 which means that H0 is rejected and H1 is accepted. The conclusion is that there is a significant positive influence between Patient *Engagement* and *Patient Loyalty*.

In the results of testing the third hypothesis, it is known that the *estimated value* is 0.960 which means that the higher the *Patient Loyalty*, the higher the *Revisit Intention*. The *ρ-value* is 0.000 which means that H0 is rejected and H1 is accepted. The conclusion is that there is a significant positive influence between *Patient Loyalty* and *Revisit Intention*.

In the results of testing the fourth hypothesis, it is known that the *estimated value* is 0.947 which means, the higher the *Patient Loyalty*, the higher the *Word-Of-Mouth*. The *ρ-value* is 0.000 which means that H0 is rejected and H1 is accepted. The conclusion is that there is a significant positive influence between *Patient Loyalty* and *Word-Of-Mouth*.

Table 20. Hypothesis Testing Results

Hypothesis	*Estimate*	*R-value*	Decision
H_1: *Hospital Service Quality* has a positive effect on *Patient Engagement*	0,986	0,000	H1 supported
H_2: Patient *Engagement* has a positive effect on *Patient Loyalty*	0,995	0,000	H2 supported
H_3: *Patient Loyalty* has a positive effect on *Revisit Intention*	0,960	0,000	H3 supported
H_4: *Patient Loyalty* positively affects *Word-Of-Mouth*	0,947	0,000	H4 supported

4. Research Results

a. Hypothesis 1

Based on testing the first hypothesis, it can be concluded that H_1 yes that "*Hospital Service Quality* positively affects *Patient Engagement*" can be supported. The results ofthis research are in line with research conducted by (Roy, 2018) That is, there is an influence of *hospital service quality* on *patient engagement*. These studies are also in line with research conducted by (Rossmann et al., 2016) who found that *superior hospital service quality* can positively affect *patient engagement*.

b. Hypothesis 2

Based on testing the second hypothesis, it can be concluded that H2 yesthat "Patient *Engagement* positively affects *Patient Loyalty*" can be supported. The results of this study are in line withthe research conducted (So et al., 2016) which informs that patient *engagement* can increase patient loyalty and their decisions in using the service. This research is also in line with the research conducted (Brodie et al., 2011) which shows a correlation between patient *engagement* and *patient loyalty*.

c. Hypothesis 3

Based on testing the third hypothesis, it can be concluded that H_3 Yes, "*Patient Loyalty* positively affects *Revisit Intention*" can be supported. The results of this study are in line withthe research conducted (Chan, 2018) which informs that *patient loyalty* has an effect on *revisit intention*. Research is also in line with research conducted by (Cakici et al., 2019) Examining *Revisit Intention*, the results were obtained that *Patint LOyalty* had an effect on *REvisit INtention*.

d. Hypothesis 4

Based on testing the fourth hypothesis, it can be concluded that H4 yesthat "*Patient Loyalty* positively affects *Word-Of-Mouth*" can be supported. The results of this study are in line with the researchconducted by (Imankhan et al., 2014) which analyzes that *patient loyalty* has an influence with *word-of-mouth*. This research is also in line with research conducted by (Ferguson et al., 2010) The result is that *patient loyalty* will result in positive *word-of-mouth*.

CONCLUSION

Based on the results of the research and the discussion obtained, the following are the conclusions of the results of this study, among others, the results of testing the H1 hypothesis are supported, which means that *hospital service qquality* has a positive effect on *patient engagement*. Increased *hospital service qquality* can increase *patient engagement*. Theresult of testing the H2 hypothesis is supported, which means that p atient *engagement* has a positive effect on *patient loyalty*. Increased p atient *engagement* can increase *patient loyalty*. The results of testing the H3 hypothesis are supported, which means that *patient loyalty* has a positive effect on *revisit intention*. Increased *patient loyalty* can increase *revisit intention*. The results of testing the H4 hypothesis are supported which means that *patient loyalty* has a positive effect on *word-o f-m outh*. Increased *patient loyalty* can increase *word-o f-m outh*.

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