

# The Influence of Brand Image and Service Quality on Outpatient Satisfaction Of RSAU dr. M Hassan Toto

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## ABSTRACT

Brand image is a representation of the overall perception of a brand formed from past information and experiences. In the context of health services, patients' perceptions of the quality of service are greatly influenced by the comfort, friendliness of the officers, and the experience of the service received. This study aims to analyze the influence of brand image and service quality on patient satisfaction. The method used is quantitative research with a cross-sectional approach. The sampling technique used probability sampling with a total of 98 respondents. Data analysis was carried out using multiple linear regression. The results showed that brand image and service quality had a positive and significant effect on patient satisfaction with a significance value ( $0.000 < 0.05$ ). The conclusion of this study shows that improving brand image and service quality together can increase patient satisfaction.

Keywords: Brand Image, Service Quality, Patient Satisfaction.

## I. Introduction

Services in the health sector are one of the services that are needed by the community. One of the health facilities that provide health services is a hospital. Hospitals are health service institutions that provide individual health services in a complete manner that provide inpatient, outpatient and emergency services (Indonesia, 2021). The outpatient unit is often likened to a "gateway" to the hospital, which will influence the patient's decision to continue or not to use the hospital's services. If in this service, the patient gets excellent service that is appropriate or even can exceed the patient's expectations, then a positive attitude of the patient towards this outpatient service will be formed. A positive attitude will affect the patient's decision to make a repeat visit to the hospital, and even tend to become a loyal patient (Kusumapradja, Suandewi and Germas, 2021).

Brands are the main mainstay in attracting and attracting the attention of potential service users because of the increasingly fierce competition. Due to the large number of health facilities available in both the public and private sectors, which causes an increase in the need for health services, it is necessary to improve the quality of the quality and services available in hospitals, such as available human resources and hospital brand image. Without a strong and positive brand image, it is very difficult for a company to attract new customers and retain existing ones. Modern marketing relies on creating a distinctive brand that can strengthen the company's brand image. Brand image is a representation of the overall perception of the brand formed from past information and experiences of the brand. The image of the brand is related to attitude,

which is in the form of beliefs and preferences for a brand. Consumers who have a positive image of a brand will be more likely to make purchases (Annisa, 2020).

Service excellence will not be realized if one of the service principles is considered weak. Parasuraman stated that there are five main dimensions related to service quality known as service quality theory, namely tangibles, reliability, responsiveness, assurance and empathy. Patients define quality and effective service if the service is comfortable, pleasant and the staff is friendly which overall gives the impression of satisfaction to the patient. Meanwhile, the service provider interprets the service in accordance with government standards. The conditions that are often complained about by hospital service users are: the attitude of administrative officers, inadequate facilities, slow service, drug supply, service rates, medical equipment. Thus, the service is a service that offers a type of service to customers to enjoy, so that to measure the maximum quality of service is usually based on customer complaints and expectations so that the level of needs is met (Amir Mahmud, 2022).

The quality of service is directly related to customer satisfaction and retention and ultimately to higher profitability for the company. A hospital that is able to make patients to visit again use its services, so it can be said that the patient is satisfied with the services provided. A service is said to be good by the patient, determined by the fact that the services provided can meet the patient's needs, using the patient's perception of the service received (satisfactory or disappointing also includes the length of service time). Satisfaction starts from the acceptance of patients from the first time they come, until the patient leaves the hospital (Kartika Sari and Sihite, 2020). Patient satisfaction is essential to ensure outpatient services in hospitals provide the highest quality. The quality of health services is a measure of success in measuring the perfection of health services. Hospitals offer a wide range of services, including outpatient where patients can obtain a diagnosis and begin rehabilitation without having to be hospitalized (Bariya, Rosyidah and Hidayat, 2024). The researcher seeks to strengthen the theoretical foundation and add insight to the literature review by referring to previous research carried out by (Paludi and Oktaviyana, 2024) with the title "The Influence of Service Quality, Electronic Word Of Mouth and Brand Image on Outpatient Satisfaction at Royal Progress Hospital Jakarta" with results showing that there is an influence on service quality on patient satisfaction. Another study was carried out by (Ramadhan, Febrian and Mulyana, 2024) with the title "The Influence of Brand Image and Relationship Quality on Patient Satisfaction (Outpatient Survey of Hermina Pasteur Hospital Bandung).

The Air Force General Hospital (RSAU) dr. M Hassan Toto in Bogor is one of the facilities that provides medical services for the community. Established in 1970 under the name Atang Sendjaja Hospital, the name of dr. Muhammad Hassan Toto General Hospital began to be used to refer to this hospital since 2016. The hospital was built on an area of about 19,800 square meters. RSAU dr. Muhammad Hassan Toto itself is a type C hospital managed by the Indonesian Air Force to provide quality health services for the people of Bogor Regency and its surroundings, such as Eyes, Lungs, Skin & Genitals, Orthopedics. In the last three months, at RSAU, dr. M Hassan Toto has experienced a drastic downward trend in the number of outpatients. Outpatients at RSAU dr. M Hassan Toto had experienced an increase of 2.04% from 6,380 patients in January to 6,510 patients in February, then experienced a significant decrease of 10.49% to 5,827 patients in March. Understanding how the hospital's brand image affects patient perception and behavior is crucial for the management of RSAU dr. M Hassan Toto in an effort to improve service quality and maintain competitiveness. Based on the above background, this study aims to analyze "The Influence of Brand Image and Service Quality on Outpatient Satisfaction of RSAU dr. M Hassan Toto".

## II. Literature Review and Hypothesis Development

### 2.1. Hospitals

Hospitals are health service institutions that have an important role in the provision of health services for the community. Based on the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals, a hospital is a health service institution that provides individual health services in a complete manner which

includes inpatient services, outpatient services, and emergency services. Hospitals not only function as a place to treat diseases, but also as a means to maintain and improve the health status of the community through various health service activities. Health services in hospitals are carried out through several approaches, namely promotive, preventive, curative, and rehabilitative. The promotive approach focuses on efforts to improve public health, while the preventive approach aims to prevent the occurrence of diseases. The curative approach is carried out through the process of treatment and healing of the disease, while the rehabilitative approach focuses on restoring the patient's health condition after undergoing the treatment process. The four approaches are implemented in an integrated and sustainable manner to achieve an optimal degree of health for the community.

In its implementation, hospitals provide various types of health services, including emergency services, outpatient services, inpatient services, and medical and non-medical support services. Emergency services are services that are provided quickly and appropriately to patients who experience medical emergencies. Outpatient services are health services provided to patients without the need for hospitalization. Meanwhile, inpatient services are health services that require patients to be treated for a certain period of time in the hospital. In addition, there are also supporting services that function to help the diagnosis and treatment process of patients, such as laboratories, radiology, pharmaceuticals, as well as various non-medical services such as food management, laundry, and hospital information systems. Hospitals are also classified based on their facilities and medical service capabilities. In Indonesia, hospitals are divided into four classes, namely class A, class B, class C, and class D hospitals. Class A hospitals are hospitals with the most complete medical facilities and service capabilities, including various specialist and subspecialist services. Class B hospitals have fairly complete specialist service facilities, while class C hospitals provide basic specialist services. Meanwhile, class D hospitals generally provide basic medical services with a more limited number of specialists.

## 2.2. Brand Image

Brand image is one of the important factors that affect consumer perception of a product or service. According to Kotler (2013), brand image is a set of beliefs, ideas, and impressions that a person has of a brand. Brand image is formed through various information received by consumers as well as their experience in using certain products or services. Therefore, brand image is one of the important elements in a marketing strategy because it can influence consumers' decisions in choosing a product or service. Brand image reflects consumers' overall perception of a brand formed from past experiences, information obtained, and consumers' interactions with the brand. A positive brand image can increase consumer trust in a product or service, thereby encouraging consumers to reuse the service in the future. On the other hand, a negative brand image can reduce consumer interest in using the products or services offered.

In the context of health services, the brand image of a hospital is a fairly important factor in influencing patients' decisions in choosing a place to provide health services. Hospitals that have a good brand image are usually perceived to have quality services, professional medical personnel, and adequate facilities. This positive perception can increase public trust in hospitals and encourage patients to take advantage of available health services. Brand image can be measured through several indicators, namely brand awareness, quality perception, brand association, and brand loyalty. Brand awareness has to do with the ability of consumers to recognize or remember a brand. Quality perception describes the consumer's assessment of the superiority or quality of a product or service compared to other products. Brand associations are everything that comes to consumers' minds when they think of a brand. Meanwhile, brand loyalty shows the level of consumer loyalty to continue using a product or service despite other alternatives available.

### 2.3. Quality of Service and Patient Satisfaction

The quality of service is one of the main factors that affect patient satisfaction in receiving health services. Parasuraman, Zeithaml, and Berry stated that service quality is a comparison between the service expected by customers and the service that is actually received. If the service received meets or even exceeds customer expectations, then customers will feel satisfied. On the other hand, if the service received is below expectations, then customers will feel dissatisfied. In the context of health services, service quality is a very important aspect because it is directly related to the patient's experience during the medical service process. Quality services not only include the ability of medical personnel to provide treatment, but also include various other aspects such as communication, facilities, service management systems, and ease of access to health services. Therefore, hospitals need to ensure that all aspects of service can run well to create a positive experience for patients.

Some of the dimensions that can be used to assess the quality of services in hospitals include human resources, facilities and infrastructure, service management systems, communication and interaction between medical personnel and patients, service accessibility, and transparency of service costs. Professional and friendly medical personnel can increase patients' trust in the services provided. In addition, adequate facilities and a comfortable hospital environment can also provide a sense of security and comfort for patients during treatment. Good service quality will have a direct impact on patient satisfaction. Patient satisfaction is a feeling that arises after patients compare their expectations for the services they receive with the reality of the services they feel. According to Tjiptono, customer satisfaction is the evaluation of a product or service based on the user experience felt by customers. In health services, patient satisfaction is an important indicator in assessing the success of a hospital in providing services to the community. Patients who are satisfied with hospital services tend to have higher confidence in the services provided and are more likely to return to the service in the future. In addition, satisfied patients also have the potential to recommend the hospital to others. Therefore, improving the quality of service and forming a positive brand image is an important strategy for hospitals in increasing patient satisfaction

### III. Research Method

This study uses a quantitative approach with a cross-sectional design that aims to analyze the influence of brand image and service quality on outpatient satisfaction at RSAU dr. M. Hassan Toto in 2025. The quantitative approach is used because this study focuses on measuring data in the form of numbers and objectively analyzing the relationship between variables. The cross-sectional design was chosen because the data collection was carried out at a certain time so that it could describe the condition of the respondents at the time of the study. The population in this study is all outpatients at RSAU dr. M. Hassan Toto with an average number of patients during the first three months of 2025 of 6,239 people. The sample was determined by probability sampling technique using the simple random sampling method, so that each member of the population had the same opportunity to be selected as a respondent. The number of samples was determined using the Slovin formula with an error rate of 10%, so that 98 respondents were obtained.

The data used in this study consisted of primary data and secondary data. Primary data was obtained directly through the distribution of questionnaires to respondents, while secondary data was obtained from relevant hospital documents, books, and scientific journals. The research instrument used a questionnaire with a five-level Likert scale to measure the variables of brand image, quality of service, and patient satisfaction. Before use, the questionnaire is tested for validity and reliability to ensure that the instrument is able to measure variables appropriately and consistently. The test results show that all statement items are valid and reliable. The data analysis technique is carried out through several stages, namely univariate analysis to describe the characteristics of each variable descriptively, and bivariate analysis using regression to determine the influence of independent variables on dependent variables. The tests in regression analysis include the determination coefficient ( $R^2$ ) to see the magnitude of the influence, the t-test to find out the

influence partially, and the F test to find out the influence simultaneously. In addition, a classical assumption test was carried out which included normality, heteroscedasticity, and multicollinearity tests to ensure that the regression model used met the requirements for good statistical analysis.

#### IV. Result and Discussion

##### 4.1. Bivariate Analysis

This bivariate analysis was used to prove the hypothesis of the study, namely whether there is an influence of brand image and service quality on outpatient satisfaction at RSAU dr. M Hassan Toto in 2025.

###### a. Classic Assumption Test

This classic assumption test is used for a prerequisite test conducted before conducting multiple linear regression analysis on the effect of brand image and service quality on outpatient satisfaction at RSAU dr. M Hassan Toto in 2025.

###### b. Normality Test

This normality test aims to find out whether in the regression model, the bound variable and the free variable have a normal 55 distribution. This test can be carried out using Kolmogorov-Simirnov statistical analysis (K-S), with the provision that a data is said to be normal if the significant value of the variable  $> \alpha=0.05$  and vice versa if the significant value of the variable  $< \alpha=0.05$  does not meet the assumption of normality. The results of the normality test can be seen in the data attachment below:

**Table 1. Normality Test**

One Sample Kolmogorov-Smirnov Test		Unstandardized Residual
N		98
Normal Parameters	Red	,0000000
	Std.Deviation	2,70989376
Most extreme differences	Absolute	0,102
	Positive	0,102
	Negative	-0,102
Kolmogorov-Smirnov Test		0,102
Asymp. Sig. (2-tailed)		0,013

Based on table 1, the results of the normality test show that the data has a significance level of 0.013. This shows that the resulting significance level  $>$  from 0.05. Thus, the data analyzed in this study is normally distributed.

###### c. Heteroscedasticity Test

The heteroscedasticity test is a test that aims to find out and test a regression model where there is discomfort from residual to each other. The way to predict the presence or absence of heterokedasticity in a model can be seen by scatterplot, a regression that does not occur heterokedasticity if the data points do not collect only above or below.

**Table 2. Heteroscedasticity Test**

Models	Unstandardized Coefficients	Standardized Coefficients		t	Sig.
	B	Std.Error	Beta		
(Constant)	,783	1,680		,466	,642
Brand awareness	-,071	,139	-,084	-,508	,613
Quality perception	,399	,176	,468	2,266	,026
Brand associations	-,136	,158	-,158	-,862	,391
Brand loyalty	,093	,100	,095	,927	,356
Communication and interaction	,121	,174	,134	,693	,490
Facilities and infrastructure	-,296	,133	-,374	-2,221	,029

Based on table 2 of the heteroscedasticity test results above, it is known:

- 1) It is known that the significance value of the brand awareness variable (X1) of 0.613 > 0.05 means that heteroscedasticity does not occur.
- 2) It is known that the significance value of the quality perception variable (X1) of 0.026 > 0.05 means that heteroscedasticity does not occur.
- 3) It is known that the significance value of the brand association variable (X1) of 0.391 > 0.05 means that heteroscedasticity does not occur.
- 4) It is known that the significance value of the brand loyalty variable (X1) of 0.356 > 0.05 means that heteroscedasticity does not occur.
- 5) It is known that the significance value of the communication and interaction variable (X2) of 0.490 > 0.05 means that heteroscedasticity does not occur.
- 6) It is known that the significance value of the facility and infrastructure variable (X2) of 0.029 > 0.05 means that heteroscedasticity does not occur.

d. Multicollinearity Test

Multicollinearity test is a situation in which some or all independent variables are highly correlated with each other. If there is a perfect correlation between other independent variables, this is equal to one. The regression model in a feasible multicollinearity test should have no correlation between independent variables. As Yaldi et al., (2022) say. Multicollinearity can be seen from two sides, as follows:

**Table 3. Multicollinearity Test**

Variable	Tolerance	VIVID	Conclusion
Brand awareness	0,367	2,723	No Multicollinearity
Quality perception	0,234	4,269	No Multicollinearity
Brand associations	0,298	3,358	No Multicollinearity
Brand loyalty	0,948	1,055	No Multicollinearity
Communication and interaction	0,267	3,745	No Multicollinearity
Facilities and infrastructure	0,353	2,837	No Multicollinearity

Based on table 3. The results of the multicollinearity test above are known:

- 1) It is known that the VIF value of the brand awareness variable (X1) is 2.723 < 10 and the tolerance value is 0.367 > 0.1. So the data does not occur multicollinearity.
- 2) It is known that the VIF value of the quality perception variable (X1) is 4.269 < 10 and the tolerance value is 0.234 > 0.1. So the data does not occur multicollinearity.
- 3) It is known that the VIF value of the brand association variable (X1) is 3.358 < 10 and the tolerance value is 0.298 > 0.1. So the data does not occur multicollinearity.

- 4) It is known that the VIF value of the brand loyalty variable (X1) is  $1.055 < 10$  and the tolerance value is  $0.948 > 0.1$ . So the data does not occur multicollinearity.
- 5) It is known that the VIF value of the communication and interaction variable (X2) is  $3.745 < 10$  and the tolerance value is  $0.267 > 0.1$ . So the data does not occur multicollinearity.
- 6) It is known that the VIF value of the facilities and infrastructure variables (X2) is  $2.837 < 10$  and the tolerance value is  $0.353 > 0.1$ . So the data does not occur multicollinearity.

e. Determination Coefficient T est

The determination coefficient is used to find out the extent to which the independent variables are able to explain the variation in the bound variable. The results of the calculation can be seen in the following table.

**Table 4. Test Coefficient of Determination**

Models	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0,645	0,416	0,378	<b>2,79780</b>

Based on table 4 (Model *Summary*), it shows that the *Adjusted R Square* value obtained is 0.416. In this case, 41.6% of the variation in patient satisfaction variables is explained by the variables of brand image, quality perception, brand association, brand loyalty, communication and interaction as well as facilities and infrastructure. While the remaining 56.4% is explained by other variables outside the model.

f. T Test

The (partial) t-test is used to determine the extent of the influence of each independent variable in explaining the variation in the dependent variable. The t-calculated value is then compared with the t-table value at the significance level of  $\alpha = 5\%$ . The test criteria used are as follows:  $H_0$  is rejected when  $t\text{-count} > t\text{-table}$  and  $H_0$  is accepted when  $t\text{-count} < t\text{-table}$ . The results of the test are presented in the following table:

- 1)  $H_0$  is rejected if  $t\text{-counts} > t\text{-table}$
- 2)  $H_0$  is accepted if  $t\text{-count} < t\text{-table}$

**Table 5. Test T**

Models	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	8,994	1,669		5,389	0,000
Brand awareness	0,938	0,139	0,568	6,757	0,000
Quality perception	0,866	0,145	0,520	5,961	0,000
Brand associations	0,863	0,148	0,512	5,845	0,000
Brand loyalty	0,926	0,143	0,550	3,890	0,000
Communication and interaction	0,880	0,156	0,500	5,655	0,000
Facilities and infrastructure	0,889	0,130	0,574	6,864	0,000

The results of each variable can be described as follows:

- 1) Based on the table, the results of the t-test (partial) show that the significance value of the influence of brand awareness (X1.1) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $6.757 >$  the t-value of the table is 1.660, then  $H_{01}$  is rejected and  $H_{a1}$  is accepted. This means that there is an influence of brand awareness on the satisfaction of RSAU Outpatient Dr. M Hassan Toto.
- 2) Based on the table, namely the results of the t-test (partial) show that the significance value of the effect of quality perception (X1.2) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $5.961 >$  the t-value of the table is 1.660, then  $H_{02}$  is rejected and  $H_{a2}$  is accepted. This means that there is an influence of quality perception on the satisfaction of RSAU Outpatient dr. M Hassan Toto.

- 3) Based on the table, namely the results of the t-test (partial) show that the significance value of the influence of brand loyalty (X1.3) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $5.845 >$  the t-value of the table is 1.660, then  $H_{03}$  is rejected and  $H_{a3}$  is accepted. This means that there is an influence of brand loyalty on the satisfaction of RSAU Outpatient Dr. M Hassan Toto.
- 4) Based on the table, the results of the t-test (partial) show that the significance value of the effect of brand loyalty (X1.4) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $3.890 >$  the t-value of the table is 1.660, then  $H_{04}$  is rejected and  $H_{a4}$  is accepted. This means that there is an influence of brand awareness on the satisfaction of RSAU Outpatient Dr. M Hassan Toto.
- 5) Based on the table, the results of the t-test (partial) show that the significance value of the influence of communication and interaction (X2.1) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $5.655 >$  the t-value of the table is 1.660, then  $H_{05}$  is rejected and  $H_{a5}$  is accepted. This means that there is an influence of communication and interaction on the satisfaction of RSAU Outpatient Dr. M Hassan Toto.
- 6) Based on the table, the results of the t-test (partial) show that the significance value of the influence of facilities and infrastructure (X2.2) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $6.864 >$  the t-value of the table is 1.660, then  $H_{06}$  is rejected and  $H_{a6}$  is accepted. This means that there is an influence of facilities and infrastructure on the satisfaction of RSAU Outpatient Dr. M Hassan Toto.

g. Test F

The F test is used to determine the influence of all independent variables, namely brand awareness, quality perception, brand association, and brand loyalty, and X2, namely communication and interaction, as well as facilities and infrastructure, on the dependent variables of patient satisfaction simultaneously. The hypotheses used are as follows:

- 1) If the significance value (sig)  $<$  probability of 0.05, then there is a simultaneous effect of the free variable on the bound variable.
- 2) If the significance value (sig)  $>$  probability of 0.05 then there is no simultaneous effect of the free variable on the bound variable.

**Table 6. F Test Results**

Models	Sum of Squares	Mean Square	F	Sig.
Regression	507,852	84,642	10,813	,000
Residual	712,322	7,828		
Total	1220,173			

Based on table 6, it can be concluded that the variables (X1) brand awareness, quality perception, brand association, brand loyalty and (X2) communication and interaction as well as facilities and infrastructure simultaneously have a significant effect on the variable (Y) patient satisfaction. This is shown by the significance value of  $0.000 < 0.05$  and F calculation of  $10.813 >$  of the F table of 2.70. Thus,  $H_{07}$  was rejected and  $H_{a7}$  was accepted, meaning that all independent variables in this model were shown to have a significant influence simultaneously on patient satisfaction.

4.2. Discussion

a. The influence of brand awareness on patient satisfaction

Based on the table, the results of the t-test (partial) show that the significance value of the influence of brand awareness (X1.1) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $6.757 >$  the t-value of the table is 1.660, then  $H_{01}$  is rejected and  $H_{a1}$  is accepted. The results of this study are in line with the research (Putra, Rahim and Kusnadi, 2024) which concluded that brand awareness had a positive influence on the satisfaction variables of RSAU outpatient dr. M Hassan Toto. This positive influence shows that brand

awareness is not only the patient's ability to remember the name of the agency, but also includes the depth of patients' knowledge about their rights, obligations, service process flow, and quality standards that they should receive. The authors argue that patients who have a good level of brand awareness tend to have more structured and realistic expectations. When the services provided by the hospital are able to meet or even exceed the standards that the patient has understood, then their satisfaction level will automatically increase. Furthermore, a good understanding of the consistency of service quality plays an important role in building patient trust. Patients who are aware of the reputation and brand identity of the hospital will feel safer and more confident about the medical procedures undergone. This minimizes the appearance of doubts during the treatment process, so that the overall patient experience becomes more positive.

Brand awareness in the healthcare industry is not just the ability of patients to remember the name or logo of the hospital. More deeply, brand awareness includes the level of patient knowledge of the attributes of the service, the rights of the patient, as well as the quality standards promised by the institution. This positive influence shows that patient literacy towards hospital identity is a determining factor in the formation of satisfaction. Brand awareness can be understood as the level of knowledge of patients regarding rights, obligations, service processes, and quality standards that should be accepted. These results are in line with the theory that patients who have better understanding tend to have more structured expectations. If the services provided meet or exceed these expectations, the level of patient satisfaction will increase. In addition, a good understanding of the consistency of service quality also plays a role in building patient trust. From the above discussion, it can be concluded by the author that brand awareness acts as an "information bridge" that aligns patient expectations with the reality of service. The authors conclude that patient satisfaction depends largely on the extent to which the hospital is able to communicate its values and service standards to the public. The higher the patient's literacy towards the hospital brand, the higher their appreciation for the quality of service received. Therefore, strengthening brand identity and transparency of service information is crucial in creating ongoing patient loyalty and satisfaction.

b. The effect of quality perception on patient satisfaction

Based on the table, namely the results of the t-test (partial) show that the significance value of the effect of quality perception (X1.2) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $5.961 >$  the t-value of the table is 1.660, then  $H_0$  is rejected and  $H_a$  is accepted. The results of this study are in line with the research (Kayame and Alvanita, 2023) which concluded that the perception of quality had a positive influence on the satisfaction variables of outpatient satisfaction of RSAU dr. M Hassan Toto. These findings show that the perception of quality in general has not been able to make a strong contribution to the formation of patient satisfaction. This can happen because pervasive aspects of perception may have been better represented or explained by other, more specific variables in the model, such as facilities or brand associations. Thus, the effect of quality perception is insignificant because more detailed variables have a stronger predictive ability on patient satisfaction.

More detailed and tangible factors, such as the comfort of the waiting room or the completeness of medical devices, often have a stronger predictive ability to shape satisfaction than abstract perceptions of quality. Therefore, even if patients perceive the quality of service to be good, their satisfaction will be much more increased if it is driven by more specific aspects of the service and touches on their immediate needs during the treatment process. The ability of the hospital to provide accurate and appropriate services from the beginning of the patient's visit. Competence and friendliness of staff that foster trust and security for patients during treatment. Quality perception is a key factor that mediates the relationship between a hospital's marketing strategy and patient satisfaction. This proves that good quality management will directly contribute to the positive experience of patients in the outpatient unit. From the above discussion, it can be concluded by the author that quality perception is the initial "entrance" for patients in assessing the hospital, but it is not the only determining factor for absolute satisfaction. The authors conclude that patient satisfaction will be optimally formed if the perception of good quality is supported by superiority in other more specific supporting variables. The authors believe that hospitals need to segment the quality attributes

that are considered most important by patients so that these perceptions can be converted into stronger and more stable levels of satisfaction.

c. The influence of brand associations on patient satisfaction

Based on the table, the results of the t-test (partial) show that the significance value of the influence of brand association (X1.3) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $5.845 >$  the t-value of the table is 1.660, then  $H_03$  is rejected and  $H_a3$  is accepted. The results of this study are in line with the findings (Maghfiroh, 2023) " which concluded that brand associations had a positive influence on the satisfaction variables of RSAU outpatient dr. M Hassan Toto. Brand associations can be understood as certain images, reputations, or associations formed in a patient's perception of healthcare providers. These findings suggest that a positive image or reputation is able to give patients a sense of trust before they receive comprehensive services. A good initial perception of a healthcare institution or brand can increase patients' confidence and positive expectations, thus contributing to the formation of satisfaction. Brand associations serve as predictors of satisfaction through psychological mechanisms. Patients who associate hospitals with positive values such as friendly service, physician professionalism, or ease of administration tend to have optimistic expectations. These positive expectations ultimately affect the way patients evaluate the services they receive overall. If the reality of the service is in sync with the positive image that they have been believing in, the level of satisfaction generated will be much higher.

Hospitals with strong brand associations provide a sense of security before medical procedures begin. This sense of security lowers patients' anxiety, so they tend to give a satisfied assessment of the service process. When patients positively associate one aspect of the hospital (e.g. cleanliness), the positive impression "overflows" into another. This makes patients more tolerant of minor obstacles (such as waiting times) and still feel satisfied overall because of the positive image that is already attached. From the above discussion, it can be concluded by the author that brand association is not just a matter of name popularity, but an accumulation of experience and service promises that are successfully communicated to the public. The authors conclude that strengthening brand identities that have distinctive and trusted characteristics will greatly help hospitals in managing patient expectations. By building strong and positive brand associations, the hospital has indirectly created a solid foundation for the creation of loyal patient satisfaction, even before the physical service is fully rendered.

d. The influence of brand loyalty on patient satisfaction

Based on the table, the results of the t-test (partial) show that the significance value of the effect of brand loyalty (X1.4) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $3.890 >$  the t-value of the table is 1.660, then  $H_04$  is rejected and  $H_a4$  is accepted. The results of this study are in line with the findings (Dewi and Sukeesi, 2022) which concluded that brand associations had a positive influence on the satisfaction variables of RSAU outpatient dr. M Hassan Toto. Brand loyalty has the potential to affect patient satisfaction levels because patients who have a strong attachment to a service tend to show more positive perceptions and have a higher tolerance for service shortcomings. Loyal patients generally have had good experiences before, so the positive perception formed becomes an emotional factor that strengthens the level of satisfaction with the service received. The relationship between loyalty and satisfaction is often reciprocal. In this study, loyalty acts as a factor driving satisfaction. Loyal patients generally have had an accumulation of positive experiences in the past. This creates a positive bias (a tendency to be prejudiced). Loyal patients tend to give a more lenient and appreciative assessment of the services provided. They have an emotional attachment that makes them feel part of the big family of the hospital, so the satisfaction they feel is more stable than that of new patients.

Brand loyalty has a unique role in determining satisfaction. Loyalty is often thought of as a result of satisfaction, but in this context, loyalty also acts as a predictor that influences patient perception. Patients who already have a strong loyalty or attachment to a healthcare provider tend to have a positive "cognitive filter." Past satisfying experiences build emotional fortifications that make patients more focused on the advantages

of service and show a higher level of tolerance when there are minor deficiencies in the service process. The emotional attachment that loyal patients have creates a deep sense of comfort and trust. Loyal patients are no longer just looking for treatment, but they are looking for the consistency of experience they value from the hospital. This trust reduces patients' anxiety, making it easier for them to give a satisfied assessment of the service interactions received. From the discussion above, it can be concluded by the author that brand loyalty is a very valuable psychological asset for hospitals. The author concludes that loyalty creates relationships that are cyclical; Loyal patients will find it easier to feel satisfied because of positive bias towards hospital services. The authors believe that keeping existing patients (loyal) is much more efficient in maintaining overall patient satisfaction rates than focusing on just attracting new patients. Therefore, patient retention strategies through loyalty enhancement programs should be a priority to ensure the sustainability of a high satisfaction index.

e. The effect of communication and interaction on patient satisfaction

Based on the table, the results of the t-test (partial) show that the significance value of the influence of communication and interaction (X2.1) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $5.655 >$  the t-value of the table is 1.660, then  $H_0$  is rejected and  $H_a$  is accepted. The results of this study are in line with the findings (Nurwahidah, 2021) which concluded that communication and interaction had a positive influence on the satisfaction variables of RSAU outpatient dr. M Hassan Toto. Communication between medical personnel (doctors/nurses) and patients is the variable that touches the humanitarian side the most. The results show that patient satisfaction relies heavily on clarity of information, empathy, and friendliness of interaction. Health care is a high-contact service, where communication failures can lead to dissatisfaction even if the medical measures are correct. Warm and informative interactions can reduce patients' stress levels, so they feel more comfortable and satisfied with the treatment process.

Communication between service providers, such as medical personnel and nurses, and patients is an important factor in shaping satisfaction. Effective communication includes clarity in explaining procedures, empathy in listening to complaints, and alertness in providing information. Good interpersonal interaction can foster a sense of appreciation, reduce anxiety, and build patient trust. These factors directly affect the patient's perception of the overall quality of service and ultimately increase patient satisfaction levels. From the above discussion, it can be concluded by the author that the author concludes that communication is a "cure without a cure". The author believes that no matter how good the hospital facilities are, if the interaction of the officers is cold or the communication is poor, patient satisfaction is difficult to achieve. Therefore, the authors recommend soft-communication skills training for all hospital staff as a crucial step to significantly increase the patient satisfaction index.

f. The influence of facilities and infrastructure on patient satisfaction

Based on the table, the results of the t-test (partial) show that the significance value of the influence of facilities and infrastructure (X2.2) on patient satisfaction (Y) is  $0.000 < 0.05$  and the t-value is calculated as  $6.864 >$  the t-value of the table is 1.660, then  $H_0$  is rejected and  $H_a$  is accepted. The results of this study are in line with the findings (Mayrawat, Saepudin and Syahidin, 2025) which concluded that facilities and infrastructure have a positive influence on the satisfaction variables of RSAU outpatient dr. M Hassan Toto. Facilities and infrastructure are the embodiment of the tangible dimension (physical evidence) in the quality of health services. The very high t-value (7.234) in this study indicates that facilities are the most dominant variable felt by patients compared to other variables. This is especially logical in a hospital context, where patients are not only seeking medical healing, but also comfort during the treatment process. Facilities refer to physical evidence (tangibles), such as cleanliness, room comfort, and availability of equipment. The results of the study showing the strong influence of this variable are in line with the theory of Service Quality which places physical evidence as the most easily assessed quality indicator by patients. Good facilities can create a perception of professionalism and readiness of service, thereby directly increasing patient safety and satisfaction. These findings confirm that improving the quality of facilities and the service environment is an important strategy to achieve optimal patient satisfaction levels.

Facilities that include the cleanliness of the building, the comfort of the waiting room, the availability of modern medical equipment, and the regularity of the spatial layout, serve as the first visual indicator for patients to assess the professionalism of the hospital. Adequate infrastructure creates a healing environment that can reduce patients' stress levels. When patients feel that their surroundings are clean, safe, and supported by cutting-edge technology, there is a sense of trust that they are in the right hands, which directly converts that perception into deep satisfaction. From the above discussion, the author can conclude that although the competence of doctors and nurses is very important, patients' perceptions are often "locked" by what they see physically. Poor facilities can degrade the value of medical services that are actually good. Therefore, the author believes that infrastructure modernization and consistent maintenance of facility cleanliness are mandatory investments. The authors believe that hospitals that successfully align medical quality with physical comfort will win the hearts of patients and achieve optimal and sustainable levels of satisfaction.

The influence of brand image on brand awareness indicators, quality perception, brand association, brand loyalty and service quality on the dimensions of communication and interaction, facilities and infrastructure on outpatient satisfaction Based on the results obtained, the f-count value is 10.813 and the t-table is 2.70, thus the f-count is greater than the f-table or  $10.813 >$  of the F-table of 2.70. And the significance value is below 0.05 ( $0.000 < 0.05$ ). The results of this study are in line with the findings (Fatrianshah, 2022) which concludes that brand image on indicators of brand awareness, quality perception, brand association, brand loyalty and service quality in the dimensions of communication and interaction, facilities and infrastructure simultaneously have a positive and significant effect on patient satisfaction.

Brand image is an overarching perception that is formed in the minds of consumers through various associations. Indicators such as brand awareness, quality perception, brand association, and brand loyalty are key components of Brand Equity. Brand Equity theory explains that a strong brand can ease the decision-making process because it helps reduce risk perception and increase consumer trust. A positive brand image also encourages consumers to more easily decide to purchase products or services. On the other hand, the quality of service—especially through the dimensions of communication and interaction—facilities and infrastructure play an important role in influencing purchasing decisions, especially for experiential products or services. Good service quality, such as effective communication and adequate facilities, can create customer satisfaction. This satisfaction then becomes the main factor that drives purchase intent and purchase decisions in the future.

These findings confirm that patient satisfaction is not shaped by a single factor, but rather is the result of synergies of various psychological and operational elements. A strong brand image, represented through the element of Brand Equity, acts as a foundation of trust. When patients have awareness and loyalty to the hospital brand, they tend to have a more positive tolerance threshold. However, this trust must be validated by the quality of real service on the ground. The integration between the cognitive aspects (brand image) and the hands-on experience aspects (communication, interaction, and physical facilities) creates an overall value package for the patient. Empathetic communication and modern facilities reinforce the perception of quality that previously existed in the minds of patients through brand image. The high F-value of the calculation indicates that when all of these variables are optimized simultaneously, hospitals will be able to create unmatched standards of service, which directly impacts the surge in patient satisfaction rates. From the discussion above, it can be concluded by the author that it is concluded that the two aspects are two sides of the same coin. A great brand without quality service will be considered a false promise, while a quality service without a strong brand will be difficult to be recognized and trusted by the wider community. Therefore, the author believes that a holistic marketing strategy that combines the power of brand communication with the advantages of physical facilities and interaction friendliness is the most powerful formula in winning outpatient loyalty and satisfaction in an era of increasingly competitive competition in the healthcare industry.

## V. Conclusion

Based on the formulation of the problem and hypothesis of the results of the research on "The Influence of Brand Image and Service Quality on Outpatient Satisfaction of RSAU dr. M Hassan Toto in 2025", it can be concluded as follows:

- a. Based on the results of the study, partially with a t-count value greater than the t-table, which is  $6.757 > 1.660$ , thus  $H_{01}$  is rejected and  $H_{a1}$  is accepted. This study shows that brand awareness has an effect on the satisfaction of RSAU outpatients dr. M Hassan Toto.
- b. Based on the results of the study, partially with a t-calculated value greater than the t-table, which is  $5.961 > 1.660$ , thus  $H_{02}$  is rejected and  $H_{a2}$  is accepted. This study shows that the perception of quality has an effect on the satisfaction of outpatients of RSAU dr. M Hassan Toto.
- c. Based on the results of the study, partially with a t-count value greater than the t-table, which is  $5.845 > 1.660$ , thus  $H_{03}$  is rejected and  $H_{a3}$  is accepted. This study shows that brand associations have an effect on the satisfaction of outpatients of RSAU dr. M Hassan Toto.
- d. Based on the results of the study, partially with a t-calculated value greater than the t-table, which is  $3.890 > 1.660$ , thus  $H_{04}$  is rejected and  $H_{a4}$  is accepted. This study shows that brand loyalty has an effect on the satisfaction of RSAU Outpatient Dr. M Hassan Toto.
- e. Based on the results of the study, partially with a t-calculated value greater than the t-table, which is  $5.655 > 1.660$ , thus  $H_{05}$  is rejected and  $H_{a5}$  is accepted. This study shows that communication and interaction affect the satisfaction of outpatients of RSAU dr. M Hassan Toto.
- f. Based on the results of the partial study with a t-calculated value greater than the t-table, which is  $6.864 > 1.660$ , thus  $H_{06}$  is rejected and  $H_{a6}$  is accepted. This study shows that the perception of quality on the satisfaction of outpatients at RSAU dr. M Hassan Toto.
- g. Based on the results of the study, partially with a value of f-calculation greater than the t-table, which is  $10.813 > 2.70$ ,  $H_{07}$  is rejected and  $H_{a7}$  is accepted. This study shows that brand awareness, quality perception, brand association, brand loyalty and communication and interaction as well as facilities and infrastructure simultaneously have a positive and significant effect on the satisfaction of outpatients at RSAU dr. M Hassan Toto.

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