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The Influence of Service Quality, Brand Image, and Patient Experience on Patient Loyalty through Patient Satisfaction: Empirical Study From RAA Soewondo Pati Regional Hospital, Indonesia

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ABSTRACT

This study aims to determine the effect of service quality, brand image, and patient experience on patient loyalty with patient satisfaction as an intervening variable at RAA Soewondo Pati Regional Hospital, Indonesia. The variables in this study are service quality, brand image, patient experience, patient satisfaction, and patient loyalty. This study uses a quantitative approach. This type of research is associative research that tests the influence between variables. The number of samples is 240 respondents from a population of patients who have been hospitalized at RAA Soewondo Pati Regional Hospital, totaling 17,026 patients. Sampling used a non-probability sampling technique with a purposive sampling technique, namely BPJS patients who regularly receive treatment at RAA Soewondo Pati Regional Hospital. Data collection used a questionnaire. Data analysis used SEM on AMOS 24 software. The results of this study are: service quality has a positive and significant effect on patient satisfaction, brand image has a positive and significant effect on patient satisfaction, patient experience has no effect on patient satisfaction, service quality has a positive and significant effect on patient loyalty, brand image has no effect on patient loyalty, patient experience has a positive and significant effect on patient loyalty, and patient satisfaction has no effect on patient loyalty.

Keywords: Service Quality, Brand Image, Patient Experience, Patient Satisfaction, Patient Loyalty.

I. Introduction

Health is a fundamental requirement for every individual to live a decent and productive daily life (Chintia and Ajat, 2021). Healthcare services are the facilities or media used to carry out various health-related endeavors. With their capacity and knowledge, patients have the freedom to choose and compare services based on various considerations such as brand, type of service, price, service quality, and service quality. This situation demonstrates that hospital strategies, both financially and human-resource-wise, are directed at optimally meeting patient needs and expectations, ultimately aiming to achieve patient satisfaction.



According to Law No. 44 of 2009, a hospital is a healthcare institution that provides comprehensive healthcare services to individuals, including inpatient, outpatient, and emergency care. This comprehensive service encompasses the promotive, preventive, curative, and rehabilitative aspects. Service quality is closely related to profitability, cost efficiency, and increased market share. To build a lasting positive impression in the minds of patients, hospitals must implement effective marketing strategies, one of which is strengthening their brand image. Hospital image is a crucial element for bridging the gap between perceived service quality, satisfaction, and loyalty. Each hospital has a distinct image in the eyes of the public, particularly in the surrounding community. This perception can vary depending on individual perspectives and experiences, and can be both positive and negative. Loyalty is a crucial element of patient-oriented hospitals. Patients using healthcare services must be confident that the hospital will honor its commitments honestly and reliably. In an increasingly competitive environment, hospitals must make patient loyalty a key indicator of success.

This loyalty is a form of patient commitment that is not formed directly, but through a process of experience and observation, reflected in the consistent use of services over a period of time. If the service received meets expectations, patients are likely to return to the service repeatedly. Loyalty reflects continued patient satisfaction with the hospital's services. This is further strengthened by the existence of technology-based policies and service innovations, which benefit not only individual care, but also the wider community. Therefore, providing high-quality services and gaining patient loyalty are essential for the sustainability of hospital operations (Anisah et al., 2023). The patient-experience dimension significantly influences patient loyalty (Uleng et al., 2018). This loyalty provides various benefits to the hospital, such as the likelihood of patients returning to the service and their desire to remain members of the institution. Hospital accreditation is a form of regulation established by the government to improve public welfare by providing quality healthcare services. The primary purpose of accreditation is to assess the extent to which hospitals meet established standardization regulations as a form of accountability for the quality of services provided (Wasi'ah et al., 2022). RAA Soewondo Hospital, Pati, actually has significant economic potential and a promising healthcare market outlook, as evidenced by the number of hospitals in Pati City. As a type B hospital, the RAA Soewondo Hospital has become one of the main referral centers for healthcare services in the area. However, there is still a significant amount of feedback and criticism from patients, both in writing and via social media platforms such as WhatsApp, Instagram, and Facebook. This indicates that management must take various steps to meet patient expectations and improve service quality to achieve optimal satisfaction.

Table 1. Data on Inpatients at RAA Soewondo Pati Regional Hospital (2022–2024)

Month	Number of Patients					
	2022		2023		2024	
	Patients	Average	Patients	Average	Patients	Average
January	611	20	1.043	34	1.417	46
February	544	19	944	33	1.265	45
March	765	24	1.099	35	1.391	45
April	809	27	1.142	38	1.255	42
May	747	24	1.133	36	1.405	45
June	798	26	1.157	38	1.251	42
July	642	25	1.198	38	1.292	42
August	481	20	1.347	43	1.360	44
September	536	22	1.257	42	1.355	45
October	678	22	1.283	41	1.606	52
November	857	28	1.373	46	1.729	58
December	989	32	1.496	48	1.700	55
Total	8.457	24	14.472	40	17.026	47

Based on the table, the number of inpatients at the RAA Soewondo Regional Hospital, Pati, exhibits a fluctuating pattern each month. The number of patients did not follow a consistent trend, but fluctuated unstably. Over the course of one year, variations in patient numbers were recorded, with erratic fluctuations from January to September. Meanwhile, in subsequent months, the number of patients increased, such as in November, but declined again in December. The RAA Soewondo Regional Hospital itself is a fully accredited hospital with 16 comprehensive service units, including various outpatient clinics. In terms of facilities, patients should have no problem opting out of the hospital's services. The hospital also serves as the primary referral point for other healthcare facilities, including community health centers (Puskesmas), family physicians, and type C hospitals in the Pati area. However, at certain times, the quality of care provided has declined, partly because of a surge in patient numbers exceeding capacity, particularly during the rainy season. When the number of patients exceeds the capacity, the quality of hospital services tends to decline.

II. Literature Review and Hypothesis Development

Service quality can be defined as the comprehensive evaluation of service excellence (Nugi et al., 2017). According to Kasmir (2017), service quality is an event or activity carried out by an individual or organization with the goal of satisfying customers or others. Satisfaction is achieved when an individual's expectations are met. Service quality reflects an organization's ability to provide superior, high-quality service that is superior to that of its competitors (Abubakar, 2018). Brand image is a customer's perception of or response to a brand, formed from positive or negative impressions that remain in the customer's memory (Keller & Swaminathan, 2020). According to Firmansyah (2019:60), brand image is the view or image that appears in a person's mind when recalling the name of a particular brand or product. Brand image is a comprehensive picture formed from consumer perceptions of a brand, which is constructed through various pieces of information and previous experiences (Setiadi, 2016:109). Patient experience is a person's personal experience with a product or brand, creating an emotional connection between the patient and product (Sukma et al., 2022). According to Chen and Lin (2014), patient experience is understood as a cognitive recognition or perception that triggers patient motivation. Tjiptono and Anastasia (2019) stated that satisfaction arises from the extent to which a service satisfactorily meets consumption needs. Meanwhile, Wilkie (Tjiptono & Anastasia, 2019) stated that satisfaction is the result of an emotional evaluation of the experience of using a service or product. Loyalty is a form of commitment to a product or service that arises from satisfaction with the services or facilities provided, which encourages a person to remain loyal (Sriyani et al., 2023). Patient loyalty refers to a strong determination to consistently choose or support a preferred product or service in the future despite situations or marketing efforts from other parties that could potentially influence that choice (Kotler & Keller, 2016).

Previous research that can be used as a reference guide in this study includes: a study conducted by Sunaryo and Innocentius (2022) entitled "The Effect of Service Quality on Patient Loyalty with Patient Satisfaction as a Mediator at Wellclinic Gading Serpong." This study uses a quantitative approach with a sample size of 200 respondents. Purposive sampling was used, with respondents having made at least two visits. Data analysis was performed using partial least squares structural equation modeling (PLS-SEM). The results revealed that service quality had a positive and significant effect on patient satisfaction, a positive and significant effect on patient loyalty, and patient satisfaction had a positive and significant effect on loyalty. Furthermore, service quality was shown to influence patient loyalty with satisfaction as a mediator. A study conducted by Muhammad Luqman et al. (2019) entitled "The Impact of Service Quality on Patient Satisfaction and Loyalty in the Outpatient Unit of Dr. Soebandi Regional Hospital, Jember." This was an analytical study that used a cross-sectional approach. The study population comprised 8,732 patients with a sample size of 93. The sampling technique used was proportionate stratified random sampling. Data were collected through interviews using a Likert scale and documentation. Data were analyzed using descriptive and path analyses. The results of this study revealed that (1) service quality has a positive and significant influence on patient satisfaction in the outpatient department of Dr. Soebandi General Hospital, Jember, (2) service quality also has

a positive and significant influence on patient loyalty, and (3) patient satisfaction has a positive and significant influence on patient loyalty in the outpatient department of the hospital. The study, conducted by Lailatul (2017), was entitled "The Influence of Brand Image, Customer Perceived Value, and Customer Experience on Patient Satisfaction." This observational study had a cross-sectional design and was conducted at Dr. Soedono General Hospital, Madiun. The sample consisted of 200 outpatients who visited the hospital, using proportional sampling. Data were collected through questionnaires, and data analysis was performed using linear regression with the help of the SPSS software. The results of the analysis show the following three brand image variables:

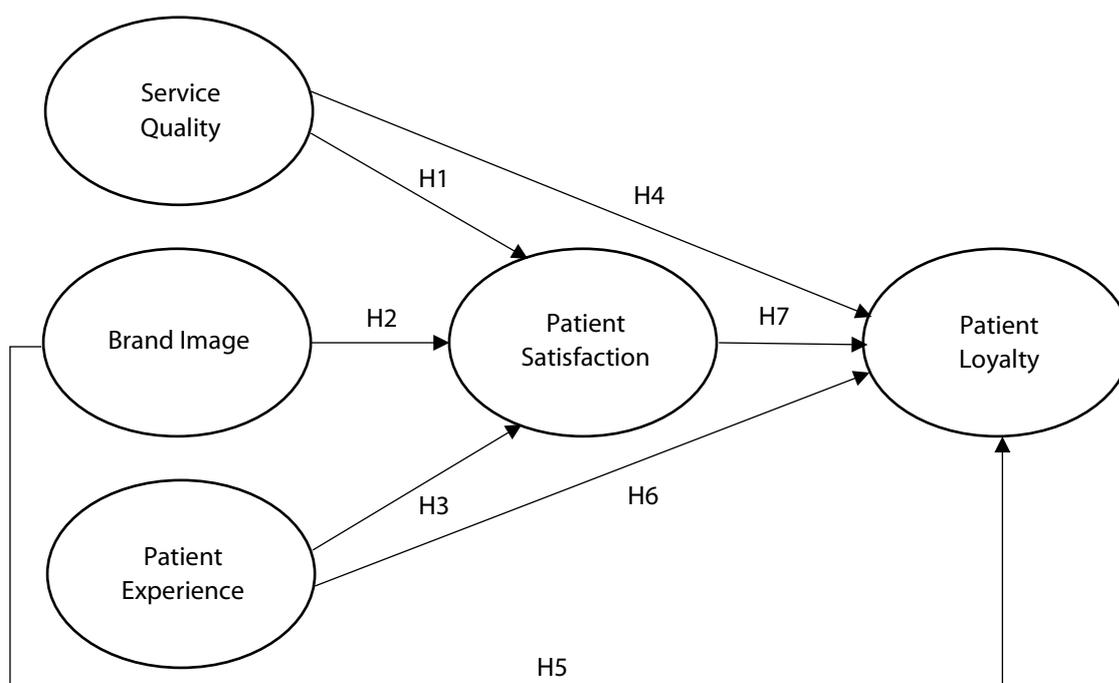


Figure 1. Conceptual Framework

- H1 : Service quality has a positive effect on patient satisfaction
- H2 : Brand image has a positive effect on patient satisfaction
- H3 : Patient experience has a positive effect on patient satisfaction
- H4 : Service quality has a positive effect on patient loyalty
- H5 : Brand image has a positive effect on patient loyalty
- H6 : Patient experience has a positive effect on patient loyalty
- H7 : Patient satisfaction has a positive effect on patient loyalty

III. Research Method

This study employed a quantitative research approach using structural equation Modeling (SEM) with AMOS version 24 for data analysis. This research was conducted at the RAA Soewondo Pati Regional Hospital, located at Jalan Dr. Susanto No. 114, Kuthoharjo Village, Unk District, Unk Regency, Central Java Province, Indonesia. The study population included 17,026 patients. According to Haryono (2016:60), the ideal sample size for SEM is five to ten times the number of indicator items in the study. With 30 indicator items, the appropriate sample size in this study was calculated as $8 \times 30 = 240$ respondents. The sampling technique used was non-probability sampling with a purposive sampling method, specifically selecting respondents who were BPJS patients regularly receiving treatment at RAA Soewondo Pati Regional Hospital. Data were collected using a questionnaire that employed a Likert scale, with five response options ranging from 1 (strongly disagree) to 5 (strongly agree).

The research indicators in this study consist of five variables. The service quality variable included five dimensions: tangibles, reliability, assurance, responsiveness, and empathy. These dimensions reflect a hospital's ability to provide physical facilities, dependable services, a sense of security, prompt responses, and sincere attention to patient needs. The brand image variable comprises six indicators: personality, reputation, trust, customer satisfaction, word-of-mouth, and value. These indicators describe how patients perceive the hospital's brand through its identity, credibility, customer trust, positive experiences, recommendations, and overall value offered. The patient experience variable consisted of five indicators: sense, feel, think, act, and relate. These aspects represent the sensory impressions, emotional feelings, cognitive responses, behavioral actions, and social connections that patients experience when interacting with hospital services. The patient satisfaction variable included six indicators: availability, responsiveness, convenience, timeliness, ease of acquisition, and confirmation of expectations. These dimensions measure how well the hospital meets patient needs through accessible services, prompt responses, comfort, punctuality, ease of service access, and fulfillment of patient expectations. Finally, the patient loyalty variable comprised eight indicators: repeat purchases, tendency to regularly use the brand, demonstrating interest and enjoyment in the brand, consistently choosing the brand, believing it is superior, providing advice or recommendations to others, preference, commitment, and trust. These indicators reflect the extent to which patients maintain a long-term relationship with the hospital, prefer its services to competitors, and are willing to recommend it to others.

IV. Results and Discussion

4.1. Results

The full measurement confirmatory factor analysis represents a step-by-step evaluation of the overall measurement model for all variables based on the dimensions that form each latent construct. In this study, five latent variables were analyzed. The test results revealed that all constructs forming the latent variables had factor-loading values greater than 0.7. However, the resulting model did not meet the goodness-of-fit criteria, indicating a need for model modification. During the modification process, several indicators that did not meet the required standards were eliminated, namely, X1_3, X1_5, X2_6, X2_7, X2_8, X2_10, X3_15, X3_16, Y1_22, Y2_27, Y2_28, and Y2_29. A comparison between the model before and after modification is presented in the figures below.

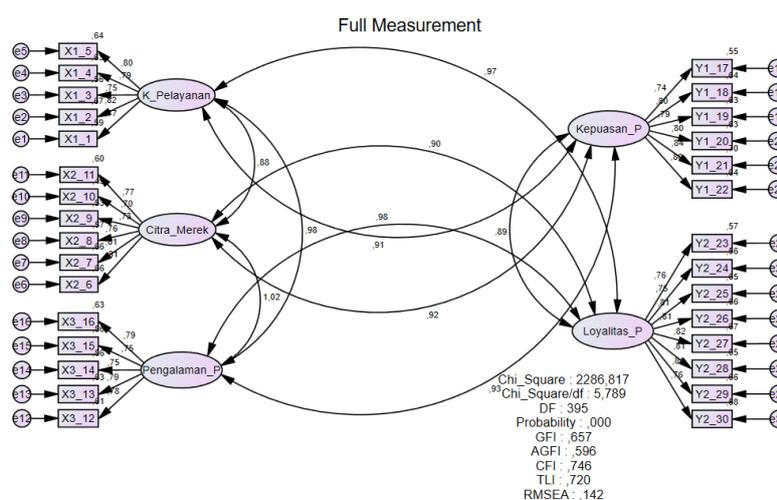


Figure 1. Initial Full Measurement

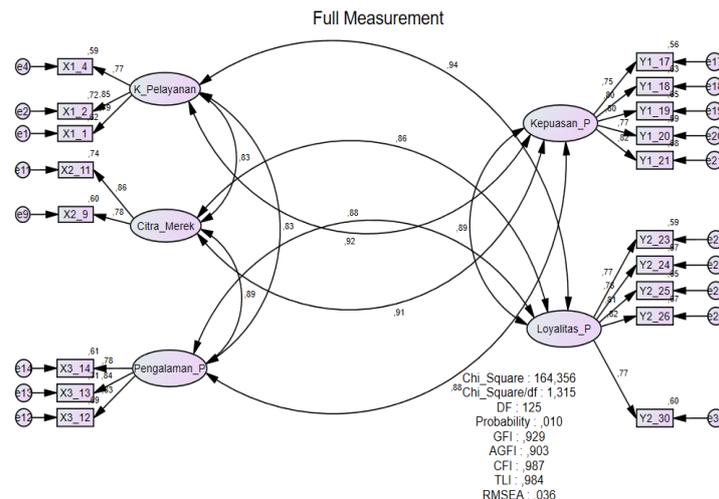


Figure 2. Full Measurement Modification

The results of the modified full measurement analysis indicate that the dimensions of each construct successfully formed a valid latent variable, as all indicators achieved factor loading values greater than 0.70 and satisfied the Goodness of Fit criteria. The Structural Equation Model (SEM) analysis was then employed to identify the structural relationships among the studied variables. The appropriateness of the relationships between these variables was assessed using goodness-of-fit indices. The results of the SEM analysis are illustrated in the following figure:

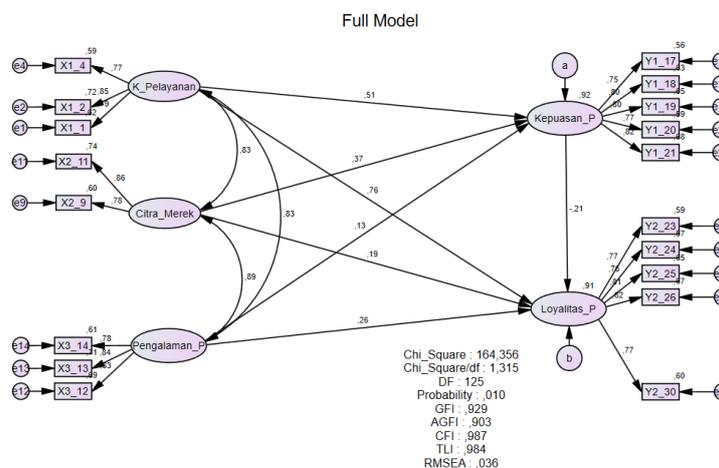


Figure 3. Full Model SEM Testing

The results of the goodness-of-fit evaluation in the SEM AMOS model are presented in the following table:

Table 2. Goodness of Fit Index (After Model Modification)

Goodness of Fit Index	Cut-off Value	Result	Description
Chi-Square (df = 125)	Expected to be small	164.356	Good Fit
CMIN/DF	≤ 2.00	1.315	
Probability (p-value)	≥ 0.05	0.010	
GFI	≥ 0.90	0.929	
AGFI	≥ 0.90	0.903	
TLI	≥ 0.95	0.984	

Goodness of Fit Index	Cut-off Value	Result	Description
CFI	≥ 0.95	0.987	
RMSEA	≤ 0.08	0.036	

Based on the results of the model modification, all goodness-of-fit indices, including Chi-Square, CMIN/DF, Probability, GFI, AGFI, TLI, CFI, and RMSEA, met the established criteria for a good fit. Therefore, the model was considered acceptable and suitable for further analysis in this study. Hypothesis testing in this study was conducted by referring to the Critical Ratio (CR) and Significance Probability (P) values for each relationship between the variables. Data analysis was performed using the Structural Equation Modeling (SEM) method with the assistance of AMOS 2.0. The test results are obtained from the regression weight output, as shown in the following table:

Table 3. Regression Weights

Dependent Variable	Independent Variable	Estimate	S.E.	C.R.	P	Label
Patient Satisfaction	Service Quality	0.473	0.096	4.910	***	par_17
Patient Satisfaction	Brand Image	0.315	0.121	2.605	0.009	par_18
Patient Satisfaction	Patient Experience	0.112	0.115	0.970	0.332	par_19
Patient Loyalty	Service Quality	0.682	0.186	3.672	***	par_20
Patient Loyalty	Brand Image	0.154	0.155	0.996	0.319	par_21
Patient Loyalty	Patient Experience	0.221	0.119	1.853	0.046	par_22
Patient Loyalty	Patient Satisfaction	-0.204	0.271	-0.753	0.451	par_23

The hypothesis testing in this study was based on SEM analysis using the AMOS application, and the regression results are displayed in Table 3. The testing referred to the Critical Ratio (CR) and significance (P) values compared to the predetermined statistical limits:

- CR > 1.64 indicates significance, and
- P < 0.05, indicating the acceptance of the hypothesis.

If these conditions were met, the proposed hypothesis was considered acceptable; otherwise, it was rejected. The hypotheses were tested sequentially as outlined below.

- H1: States in which service quality positively influences patient satisfaction. The analysis showed a cr value of 4.910 and a p-value of 0.000. Since $cr > 1.64$ and $p < 0.05$, the hypothesis is accepted, indicating that service quality has a positive and significant influence on patient satisfaction.
- H2: States in which brand image positively influences patient satisfaction. The cr value was 2.605, and the p-value was 0.009, both of which met the criteria for significance. Therefore, the second hypothesis was accepted, indicating that brand image has a positive and significant effect on patient satisfaction.
- H3: States in which patient experience influences patient satisfaction. The results show a cr value of 0.970 and a p-value of 0.332, which do not meet the significance criteria. Thus, the third hypothesis was rejected, meaning that patient experience does not significantly influence patient satisfaction.

- H4: States in which service quality positively affects patient loyalty. The results indicated a cr value of 3.672 and a p-value of 0.000, both meeting the significance thresholds. Therefore, the fourth hypothesis was accepted, confirming that service quality has a positive and significant effect on patient loyalty.
- H5: Brand image influences patient loyalty. The analysis produced a cr value of 0.996 and a p-value of 0.319, which did not satisfy the significance requirements. Thus, the fifth hypothesis was rejected, indicating that brand image does not have a significant effect on patient loyalty.
- H6: States in which patient experience positively influenced patient loyalty. The analysis yielded a cr value of 1.853 and a p-value of 0.046, both of which met the statistical criteria. Therefore, the sixth hypothesis was accepted, indicating that patient experience has a positive and significant influence on patient loyalty.
- H7: States in which patient satisfaction affects patient loyalty. The results showed a cr value of -0.753 and a p value of 0.451, both of which failed to meet the significance criteria. Consequently, the seventh hypothesis was rejected, meaning that patient satisfaction does not significantly affect patient loyalty.

Testing direct and indirect effects aims to determine the extent to which exogenous variables influence endogenous variables, both directly and through intervening variables. The total effect represents the sum of direct and indirect influences. Based on the analysis results, the breakdown of the direct, indirect, and total effects is presented in the following table.

Table 4. Results of Direct, Indirect, and Total Effects Analysis

Dependent Variable	Independent Variable	Direct Effect	Indirect Effect	Total Effect	Remarks
Patient Loyalty (PL)	Service Quality (SQ)	0.755	-0.107	0.648	No Intervening Effect
Patient Loyalty (PL)	Brand Image (BI)	0.190	-0.079	0.111	
Patient Loyalty (PL)	Patient Experience (PE)	0.264	-0.027	0.237	

Based on the data presented in Table 4, the service quality variable had a direct effect of 0.755 and an indirect effect of -0.107 on patient loyalty, resulting in a total effect of 0.648. This indicates that the direct effect is more dominant than the indirect effect, implying that patient satisfaction does not act as an intervening variable between service quality and patient loyalty. Furthermore, for the brand image variable, the direct effect on patient loyalty was 0.190, whereas the indirect effect was -0.079, resulting in a total effect of 0.111. This indicates that the direct effect is stronger than the indirect effect, implying that patient satisfaction does not serve as an intervening variable between brand image and patient loyalty. Similarly, the patient experience variable had a direct effect of 0.264 and an indirect effect of -0.027 on patient loyalty, resulting in a total effect of 0.237. As the direct effect is greater than the indirect effect, it can be concluded that patient satisfaction does not function as an intervening variable between patient experience and patient loyalty.

4.2. Discussion

4.2.1. The Effect of Service Quality on Patient Satisfaction

Based on the results of structural equations in some research models and the results of hypothesis testing between variables, it was found that service quality has a positive and significant influence on patient satisfaction at RAA Soewondo Pati Regional Hospital. This study provides empirical evidence of a significant

relationship between service quality and patient satisfaction. Service quality in a hospital environment is a complex element encompassing various important dimensions. Field research indicates that the results align with the SOR (Stimulus Organism Response) theory developed by Mehrabian and Russell (1974), which explains that customer behavior is influenced by external stimuli (stimulus), which are then processed internally (organism) and produce a specific response (response). Service quality acts as a stimulus in healthcare. This stimulus shapes perceptions, emotions, and evaluations within the patient (organism), such as feelings of comfort, appreciation, or trust in the service provided. This internal process drives responses in the form of patient satisfaction. The more positive the quality of service received, the greater the patients' perception of satisfaction. Based on a descriptive analysis, the results of this study indicate that responsiveness is the highest-ranking indicator. This is because this aspect is directly perceived and has a rapid impact on patients receiving health care services. Responsiveness reflects the ability of medical and non-medical staff to respond quickly and appropriately to patients' needs, requests, complaints, or emergencies.

Patients often arrive at health care facilities that are anxious, weak, or uncomfortable. In such situations, a quick response from the medical personnel provides a sense of security, respect, and care. When hospital staff promptly assist with the registration process, respond to complaints of pain, explain treatment, or perform emergency medical procedures, patients are satisfied with the humane and professional attention and care that they receive. The lowest ranking indicator was physical evidence. The physical aspects are tangible and observable. Most patients visit hospitals not for physical facilities but for fast, responsive, and comprehensive healthcare. Therefore, when patients feel well cared for by doctors and nurses, the staff are friendly, and the service process runs smoothly, physical aspects such as room design or the neatness of staff uniforms become secondary or even overlooked. The physical condition of a hospital is often fixed or does not change drastically over a short period. Repeated patients become accustomed to these conditions and therefore no longer consider them a primary determinant of service quality. Low ratings of physical evidence may reflect a gap between expectations and reality, particularly if the healthcare facility is located in an area with limited resources. Human interaction is key to shaping the patient's experience, not just physical appearance. Patients tended to remember how they were treated by staff, how doctors explained things, or how nurses promptly assisted them when they were in pain. Physical evidence does not have as strong an emotional impact as interpersonal interaction. Although physical evidence remains crucial in supporting the comfort and credibility of a healthcare institution, its role in patient satisfaction is not as significant as that of other service aspects.

4.2.2. The Influence of Brand Image on Patient Satisfaction

Based on the structural equation results from one of the models in this study and the results of hypothesis testing between variables, it was found that brand image has a positive and significant influence on patient satisfaction at RSUD RAA Soewondo Pati. This finding provides empirical evidence that brand image influences patient satisfaction. In general, brand image is a form of hospital identity or branding that aims to build a reputation and become widely recognized by the public. This study aligns with Brand Image theory (Keller, 1993). According to Kevin Lane Keller, brand image is a consumer's perception of a brand, reflected in brand associations stored in a person's memory. If patients have a positive perception of a hospital's brand in terms of quality service, doctor professionalism, and safety, they tend to be more satisfied even before receiving the service. In other words, brand image can create initial expectations and beliefs that can significantly influence patient satisfaction. The results of the descriptive analysis showed that the highest performing indicator was the value. Value is a patient's perception of the benefits received compared with the cost, time, and effort expended during the service. Patients are satisfied when they believe that the service provided by the hospital matches or exceeds their expectations in terms of medical quality, comfort, and support services. When patients receive professional care, clear information, and friendly staff, they perceive the service to be worth the price. This belief strengthens a hospital's reputation as an institution that provides added value.

Value is the highest-performing indicator because it touches both the rational and emotional dimensions. Patients not only logically assess prices and facilities, but also emotionally feel valued and cared for. When patients perceive that they are receiving quality care at a reasonable cost, they perceive the hospital to be providing high value. This was directly proportional to the level of satisfaction. An individual's perception of value is a crucial factor in building a strong brand image. Hospitals that are able to provide quality services with cost efficiency are perceived as superior to their competitors. This strengthens the hospital's brand image and increases patient satisfaction. The lowest indicator was customer satisfaction. Consumer (patient) satisfaction is the feeling of pleasure or disappointment experienced by patients after comparing their expectations of a product or service with their performance or reality. Brand image serves as the initial perception of patients before using a service. Brand image can create expectations. However, when the actual service does not fully meet these expectations, even if patients still acknowledge the hospital's positive image, their satisfaction level may be low. This is because satisfaction is highly dependent on the actual experience and not simply the initial perception of the hospital's reputation or reputation. In healthcare, patient satisfaction is far more complex and is influenced by brand image. Patients can assess services based on various aspects, such as the attitude of medical staff, speed of treatment, comfort of treatment rooms, and even the success of treatment. Even if a hospital has a good brand image and the service experience does not meet patient expectations, satisfaction levels can remain low.

4.2.3. The Influence of Patient Experience on Patient Satisfaction

Based on the results of the structural equation analysis from one of the research models and hypothesis testing between variables, it was found that patient experience had no effect on patient satisfaction levels at RAA Soewondo Pati Regional Hospital. This study provides empirical evidence that patients' experience does not directly influence their level of satisfaction. Generally, patient experience involves a series of events or situations encountered by a patient during a healthcare service. This research disagrees with the theory developed by Richard L. Oliver (1980) on Expectancy Disconfirmation Theory (EDT), which suggests a relationship between patient experience and satisfaction. Broadly speaking, the EDT is the result of comparing the initial expectations and perceptions of the actual experience. If a patient's experience exceeds expectations (positive disconfirmation), the patient's satisfaction results. If it is worse (negative disconfirmation), dissatisfaction results. Therefore, patient satisfaction or dissatisfaction may occur after using a product or service. However, this result differs from the findings of the present study. This is evidenced by the limited mapping of referrals from Community Health Centers (Puskesmas) and Family Doctors, commonly known as the First-Level Health Facilities (FKTP), to the RAA Soewondo Hospital (FKRTL), an Advanced Referral Health Facility, in 2022. Only approximately eight Puskesmas could provide direct referrals, reflecting an unequal referral system that makes access difficult for most patients. However, this is one reason why the patient experience does not influence patient satisfaction. Patients tend to view the lengthy and multistep referral process as normal and beyond their control, thus not including it as part of their assessment of service quality.

Patients place greater emphasis on treatment outcomes, medication availability, the attitude of medical personnel, and the condition of the facility upon arrival rather than on the administrative experience or referral pathway itself. In other words, experiences that should negatively impact their perceptions are neutralized because they are perceived as system realities rather than service errors. Therefore, although many patients experience less-than-ideal experiences during the referral process, this does not significantly impact their satisfaction with the healthcare they receive. Patient experience does not affect patient satisfaction when interactions during the care process do not meet expectations or are not strong enough to form positive perceptions. This can occur if the experience is neutral or unremarkable, does not leave a lasting impression, or when patients judge care primarily based on medical outcomes and speed of treatment rather than aspects of the experience, such as atmosphere, communication, or emotional comfort. Most patients prioritize clinical quality or the hospital's reputation over their subjective experience; therefore, even if their experience is not

bad, it is not significant enough to influence satisfaction. When patients' expectations are higher than their actual experience, the experience is insufficient to significantly influence satisfaction. The results of the descriptive analysis indicated that the highest indicator was thought. Fundamentally, humans are able to think. This can lead to improvements. Individual patients can rationally and reflectively assess their service experiences. After going through the service process, from registration and doctor consultations, medical procedures, and treatment, patients will analyze and compare their expectations with what they received. If the service they experience meets or even exceeds their expectations, their cognitive assessment tends to be positive, which directly increases their patient satisfaction.

The mind is important because patients not only experience the service emotionally or sensorily, but also internalize the experience into deeper thoughts. A strong mind can involve assessing the trustworthiness, professionalism, and overall quality of a system. Patients who perceive that the hospital is well managed, the processes are uncomplicated, and the information provided is clear will conclude that they received quality service, which forms the basis for their own satisfaction. The lowest indicator was found for sensory indicators. The senses are a person's self-stimulation to observe and experience their surrounding environment. The hospital environment was perceived as less comfortable and calming and was perceived as boring. This is because sensory aspects are not considered a primary factor in shaping overall satisfaction. Although sensory experiences such as room lighting, ambient aroma, bed comfort, sounds, and the physical appearance of the hospital can influence comfort, when patients receive healthcare services, their primary focus is on recovery, the attention of medical staff, and the outcome of the treatment. Patients prioritize functional and emotional aspects such as how medical staff treat them, how quickly complaints are addressed, and whether communication is effective. When medical services are good, staff are friendly, and treatment is effective, sensory experiences tend to be secondary and less important in determining the overall satisfaction. Sensory sensations are transient and not strong enough to leave a lasting impression. Patients may find the hospital environment uncomfortable, but if the service is prompt and the treatment results are good, they still give a positive assessment of the overall service. This resulted in the senses receiving a low score because they did not have a significant influence on patient satisfaction perceptions.

4.2.4. The Effect of Service Quality on Patient Loyalty

Based on the results of a structural analysis of one of the research models and hypothesis testing regarding the relationship between variables, it was found that service quality has a positive and significant effect on patient loyalty at RAA Soewondo Pati Regional Hospital. These findings provide empirical evidence that service quality plays a key role in shaping patient loyalty. Service quality is a crucial aspect and determining factor in establishing long-term relationships between hospitals and patients. These research findings align with Zeithaml's (1988) customer-perceived value theory. A good service quality creates a high perception of value in the eyes of patients, leading to positive acceptance. If patients perceive that the quality of service they receive is comparable to or greater than their expectations, they will be more satisfied. Compared to other expenses, patients feel satisfied and are encouraged to be loyal to the healthcare provider. Thus, service quality positively influences patient loyalty through the perceived value. The results of the descriptive analysis showed that responsiveness was the strongest indicator. This aspect plays a crucial role in forming a direct and lasting impression of the service. Responsiveness reflects the extent to which medical personnel and hospital staff can respond quickly, appropriately, and attentively to patient needs and complaints. When patients feel that they are being served promptly, taken seriously, and not left waiting indefinitely, they feel valued and cared for. This creates a sense of emotional comfort and security, ultimately fostering trust. Trust is the primary foundation of loyalty in healthcare.

Patients who experience highly responsive services are more likely to return when they require similar services and recommend a healthcare facility to others. The responsiveness of staff also demonstrates professionalism and high levels of patient concern, reinforcing the perception that the hospital is truly patient focused, resulting in patient loyalty. The lowest indicator was found for physical evidence. The physical aspects

are tangible and observable. They are considered to have little direct influence on a patient's decision to remain loyal to the hospital. Physical evidence includes elements such as the building's appearance, room cleanliness, completeness of facilities, and neatness of staff uniforms. Although these factors contribute to initial impressions, they are not the primary determinants of long-term patient loyalty. Patients prioritize the interactive and emotional aspects of service, such as staff demeanor, speed of service, and clarity of communication. Patient loyalty is largely shaped by interpersonal experiences and direct outcomes of medical care. When patients feel cared for and well-treated, they return, even if the hospital's physical facilities are not luxurious or modern. Conversely, a hospital with good physical facilities but unsatisfactory services will not be able to maintain patient loyalty. The physical aspects are often considered tolerable, especially in hospitals with limited resources. Patients generally understand that hospitals are not places to seek physical comfort like hotels but rather places to receive healing and medical attention. As long as the primary service is good, shortcomings in the physical aspects are often taken for granted.

4.2.5. The Influence of Brand Image on Patient Loyalty

Based on the results of the structural equation analysis in one of the research models and the hypothesis testing between variables, this study indicates that brand image has no effect on patient loyalty at RAA Soewondo Pati Regional General Hospital. This finding provides empirical evidence of no relationship between brand image and patient loyalty. This lack of influence can occur when positive perceptions of the hospital's reputation are not accompanied by a truly satisfying service experience for patients. These findings contradict the theory proposed by Aaker (1991), whose Brand Equity Theory (BET) links brand image to customer loyalty. Brand equity is the collection of brand assets and liabilities associated with a brand name and symbol, which can increase or decrease the value provided by a product or service. This theory influences customer preference and loyalty. In healthcare, a positive hospital image increases patient trust and their tendency to return when sick or seek medical attention. This contrasts with reality, in which brand image has no effect on loyalty. This is because brand image in healthcare is not always strong enough to directly build patient loyalty, as loyalty is influenced more by tangible service outcomes, trust, and satisfaction. Patients may know or perceive a hospital as having a good image; however, if they encounter slow service, unfriendly staff, or complicated systems, that image is not strong enough to build loyalty.

Patient loyalty is determined more by direct experience and the quality of the interactions they experience than by brand perception alone. In healthcare, the decision to return to the hospital is crucial. Patient loyalty is influenced by the effectiveness of treatment and comfort of care, not just by the institution's reputation in the public eye. Even if a brand image is good, patient loyalty will not develop if it is not matched by tangible service quality. The results of the descriptive analysis showed that the highest ranking indicator was value. Value reflects patients' perceptions of the balance between the quality of service received and sacrifices made, both financially and emotionally. When patients perceive that a hospital provides quality, humane care, and effective treatment outcomes, they perceive the hospital as highly valuable. Consumer satisfaction is the lowest indicator. Consumer (patient) satisfaction is the feeling of pleasure or disappointment experienced by patients after comparing their expectations with reality. Satisfaction is highly situational, and does not necessarily guarantee automatic loyalty. Patients may have positive perceptions of the hospital's reputation, value, and trustworthiness; however, inconsistent service experiences can cause their satisfaction levels to fluctuate erratically. As a result, loyalty cannot be firmly formed and only affects short-term patient satisfaction.

4.2.6. The Influence of Patient Experience on Patient Loyalty

Based on the results of the structural equation analysis of one of the research models and the testing of hypotheses between variables, it was found that patient experience had a positive and significant influence on patient loyalty at RAA Soewondo Pati Regional Hospital. This study provides empirical evidence for the relationship between patient experience and loyalty. Patient experience encompasses the entire process of

interactions, perceptions, and evaluations experienced by patients during healthcare services, from the initial stage of obtaining information or visiting a healthcare facility through receiving medical treatment, treatment, and subsequent follow-up. The results of this field study align with Schmitt's (1999) theory of Customer Experience. Customer experience is essentially a customer's internal and subjective response to direct or indirect contact with an institution or company. In the case of healthcare services, namely, hospitals, patient experience can encompass interactions with medical personnel, hospital facilities, administrative procedures, and the entire healthcare process. A pleasant, professional, empathetic, and satisfying experience creates a lasting positive impression on the patient's mind, which forms the basis for loyalty. A positive patient experience with the hospital also leads to high patient loyalty.

The results of the descriptive analysis showed that the highest-ranking indicator was perception. Perception plays a significant role in shaping long-term decisions, including loyalty to health care services. Perception reflects patients' rational assessment of their experiences. When patients perceive that hospital services meet or even exceed expectations, they develop the belief that the hospital is worthy of return. Patients tend to remember and evaluate their experiences based on their thoughts after receiving care. This assessment involves logical consideration of the benefits received, professionalism of the medical staff, clarity of procedures, and efficiency of time and costs. Positive perceptions strengthen trust and create a perception of a hospital's reliability, ultimately driving patient loyalty. The sensory indicator had the lowest ranking. Senses are a way for people to observe and experience their surroundings. This sensory aspect is not considered a primary factor in the formation of a long-term attachment to healthcare services. Sensory experiences are not strong enough to influence patients' decisions to reselect the same hospital. Patients generally do not return to a hospital simply because of a comfortable atmosphere or attractive appearance, but rather because of the quality of service, attentiveness of the medical staff, and success of their treatment. Loyalty is formed from deeper and more meaningful perceptions such as a sense of being appreciated, being treated professionally, and believing that the hospital can provide solutions to health problems. Although sensory experiences can provide temporary comfort, their contribution to loyalty is limited.

4.2.7. The Influence of Patient Satisfaction on Patient Loyalty

Based on the results of the structural equation analysis of one of the research models and the testing of hypotheses between variables, this study indicates that patient satisfaction does not influence patient loyalty at RSUD RAA Soewondo Pati. These findings provide empirical evidence of no significant relationship between patient satisfaction and loyalty. In general, patient satisfaction reflects the level of satisfaction or pleasure felt as a result of the assessment of the quality of service received during care or treatment at a healthcare facility. The results of this study differ from the theory developed by Heskett et al. (1997), whose Service Profit Chain (SPC) theory demonstrates a model linking satisfaction and loyalty. This theory argues that investing in good service quality will also result in good customer satisfaction, which, in turn, will impact customer satisfaction and loyalty. This theory explains that if a service is good, customer satisfaction increases loyalty, which in turn contributes to the long-term success of the organization. In healthcare, loyal patients not only return, but also become informal ambassadors who voluntarily promote the service. Patient satisfaction is the key to gaining patient loyalty. However, the results of this study differ. This occurs because of the strong influence of external factors, rationality of patient choices, and social dynamics that occur in healthcare decision-making. The findings of this study do not necessarily reject SPC theory, but rather suggest that the relationship between satisfaction and loyalty can be influenced by several factors and specific characteristics of the healthcare sector in a given region.

Patient satisfaction does not influence loyalty when perceived satisfaction is temporary, superficial, or insufficient to establish a long-term commitment. Patients may be satisfied after receiving a particular service; however, if there are no significant differentiating factors compared to other healthcare facilities, they may remain open to switching to another hospital perceived as better or more convenient. Loyalty is not only formed by satisfaction, but is also influenced by trust, emotional connection, consistency of service, and ease

of access. Even if patients are satisfied, they may not return for non-service reasons, such as remote location, financial constraints, or preference for a particular doctor elsewhere. Therefore, satisfaction alone is not sufficient to guarantee patient loyalty without an emotional attachment and consistent experience that encourages them to continue choosing the same service. The results of the descriptive analysis indicate that the most important indicator is ease of access. Accessibility of services is a key factor that significantly influences patients' decision to remain loyal to the same healthcare provider. When patients perceive that services are easily accessible, whether in terms of location, administrative procedures, doctor availability, or speed of treatment, they feel comfortable and unburdened during treatment. This convenience creates an efficient and frictionless experience, encouraging patients to return to service in the future.

Patients generally seek healthcare facilities that offer hassle-free access, especially in emergencies or when they are ill. Prompt services, straightforward procedures, and readily accessible information leave a positive impression and reinforce the belief that the hospital is capable of providing responsive care to their needs. This fosters strong satisfaction and serves as a foundation for increasing patient loyalty. Presence was the lowest indicator. Presence only indicates the physical availability of services and not their quality or ease of functional access. Even if a hospital is available and geographically accessible, it does not necessarily lead to patient satisfaction or loyalty if the service does not meet expectations. The presence of a healthcare facility does not necessarily reflect the effectiveness, comfort, or speed of the services provided. Patients prioritize the actual experience of receiving care by simply knowing that the service exists. If services are inconvenient, unfriendly, or difficult to access due to bureaucratic red tape, physical presence alone is not sufficient to foster loyalty. Patients seek alternatives that offer more responsive services, even if they are located slightly further away. Presence is often taken for granted, not extraordinary. Patients consider a hospital's presence to be a basic need in the healthcare system, so it is not a primary reason for loyalty unless it is supported by satisfactory service. Without a positive experience in the hospital, patients will not be able to maintain loyalty. Interactions and services are insufficient to encourage patients to continue to choose hospitals.

4.2.8. The Effect of Service Quality on Patient Loyalty Through Patient Satisfaction

Patient satisfaction did not act as an intervening variable in the relationship between service quality and patient loyalty. This is due to the strong direct influence of service quality on loyalty; therefore, patient satisfaction does not significantly contribute to strengthening or weakening this relationship. This finding indicates that although patient satisfaction remains important, its role as an intermediary in this pathway of influence has not been proven to be significant. Essentially, patients may immediately demonstrate loyalty to hospitals that provide good services without first assessing whether they are emotionally satisfied. This occurs because patient loyalty to healthcare services is often shaped by critical real-life experiences, such as the doctor's responsiveness in an emergency, success of a medical procedure, or perceived safety during treatment. Service quality, including responsiveness, reliability of medical personnel, certainty of procedures, and empathy, can directly build trust and sense of security in patients. This sense of security and trust often encourages patients to immediately form a commitment to return or recommend a hospital without first considering whether they are satisfied. Patient loyalty is formed not from feelings of satisfaction but from perceptions of professionalism and credibility of the service they receive.

4.2.9. The Influence of Brand Image on Patient Loyalty Through Patient Satisfaction

Patient satisfaction cannot be an intervening variable between brand image and loyalty. Theoretically, a hospital's brand image should shape positive patient perceptions, which then impacts satisfaction and ultimately drives loyalty. The reality, as demonstrated by this research data, reveals that a positive brand image does not automatically lead to patient loyalty, not even satisfaction. This could be due to several factors, including the fact that healthcare consumers behave differently than consumers of conventional products. Patients cannot choose a hospital based solely on brand image but rather on

immediate needs, service availability, proximity, or recommendations from third parties (e.g., family or referring physicians). A brand image may be well known, but if the direct experience is not strong enough or does not form a habit, loyalty will not develop within the patient. In many cases, patient satisfaction is fleeting, and does not necessarily foster long-term engagement. Patients may feel satisfied after a single service but may lack the urge to return to the same hospital, especially if there is no immediate need. This explains why patient satisfaction failed to act as an intervening variable between brand image and loyalty. Even if a hospital's brand image is good and patients are satisfied, a lack of long-term habits or emotional bonds leads to a lack of loyalty.

4.2.10. The Influence of Patient Experience on Patient Loyalty Through Patient Satisfaction

Patient satisfaction cannot act as an intervening variable in the relationship between patient experience and loyalty. This is because of the strong direct influence of patient experience on loyalty, meaning that patient satisfaction has no significant impact on strengthening or weakening this relationship. This finding suggests that while patient satisfaction remains important, its role as an intermediary in this relationship has not been proven to be significant. Essentially, experiences that are real, meaningful, and directly impact patients' lives are more powerful in shaping loyalty even without prior satisfaction. This demonstrates that patient experiences have immediate emotional and cognitive power, surpassing momentary gratification. A positive experience can foster feelings of trust, security, comfort, and impression, which directly shape the desire to return or recommend a service to others. Loyalty is formed not because they are satisfied but because the experience has touched them deeply. A patient may be satisfied with friendly services, but they may not necessarily want to return if they do not feel safe and comfortable or do not have a meaningful experience. Satisfaction is a rational assessment, whereas loyalty is often shaped by emotional experiences and deeper attachments. Therefore, satisfaction is not a strong link between experience and loyalty because patients only capture a small portion of the totality of their interactions with the hospital. Instead, a comprehensive and consistent patient experience can involve aspects of the senses, thoughts, feelings, actions, and interpersonal relationships that build patient loyalty directly.

V. Conclusion

Based on the results of the analysis and discussion, several conclusions can be drawn. First, service quality has a positive and significant effect on patient satisfaction at RAA Soewondo Regional Hospital, Pati. This finding indicates that the higher the quality of the services provided by the hospital, the greater the level of patient satisfaction. Second, brand image has a positive and significant effect on patient satisfaction, suggesting that a more favorable public perception of the hospital's image contributes to higher patient satisfaction levels. Third, patient experience did not have a significant influence on patient satisfaction, implying that patients' experiences during hospital services do not directly determine their satisfaction levels. Furthermore, service quality has a positive and significant impact on patient loyalty, meaning that better service quality fosters stronger patient loyalty toward the hospital. However, brand image was found to have no significant effect on patient loyalty, indicating that a hospital's reputation or name perception alone does not necessarily lead to loyal patient behavior. Meanwhile, patient experience exerts a positive and significant influence on patient loyalty, suggesting that positive experiences enhance patients' emotional attachment and long-term commitment to the hospital. In contrast, patient satisfaction does not have a significant effect on patient loyalty, meaning that even when patients are satisfied, it does not automatically translate into loyalty. Additionally, patient satisfaction does not serve as an intervening variable between service quality and patient loyalty because the direct effect of service quality on loyalty is stronger and does not require mediation. Similarly, patient satisfaction cannot act as an intervening variable between brand image and patient loyalty because brand image does not have a significant direct effect on loyalty. Finally, patient

satisfaction does not mediate the relationship between patient experience and patient loyalty, as patient experience directly influences loyalty without the need for satisfaction as an intermediary factor.

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