

The Effect of Service Quality, Patient Relationship Management and Service Fairness on Loyalty Through Patient Satisfaction of Type B Hospitals in DKI Jakarta

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ABSTRACT

Objective: This study aims to (1) examine the influence of service quality, patient relationship management, and service fairness on patient satisfaction and loyalty, and (2) test whether patient satisfaction mediates the influence of service quality, patient relationship management, and service fairness on patient loyalty. **Method:** A quantitative approach was employed with a survey conducted on 320 respondents, consisting of inpatients in several hospitals in DKI Jakarta, and the data were analyzed using linear regression analysis and mediation tests. **Result:** The findings of this study are: (1) the quality of service has no effect on patient satisfaction and loyalty; (2) patient relationship management has no effect on patient satisfaction but has a positive effect on patient loyalty; (3) service fairness has a positive effect on patient satisfaction and loyalty; (4) patient satisfaction has no effect on patient loyalty; (5) patient satisfaction is not an intervening variable between service quality and patient relationship management to patient loyalty; and (6) patient satisfaction is an intervening variable between service fairness and patient loyalty. **Novelty:** The results show that service justice has a great influence on both patient satisfaction and loyalty, proving that the variable of service justice in which there are indicators of retributive justice is a proven novelty, highlighting the importance of leaders in formulating policies related to fairness in service and ensuring the implementation of fair services by all hospital employees to increase satisfaction and ultimately foster patient loyalty.

INTRODUCTION

A hospital is a health service institution that provides individual health services in a complete manner that provides inpatient, outpatient and emergency services. In providing services, hospitals must pay attention to the quality and safety of patients. Quality health services are services that have a safe, timely, efficient, effective, patient-oriented, fair and integrated character [1]. The development of technology and information causes people's knowledge to increase, so they are more selective in choosing the health care facilities used. The importance of handling complaints and maintaining standardized service quality in order to ensure service quality is one of the efforts of hospital management to increase consumer trust and maintain patient loyalty. This of course must be addressed properly by hospital management in managing customers rather than looking for new patients as customers, of course it will take time and cost [2].

The quality of service is determined by customer perception, therefore various responses from customers need to be accepted as valuable input for strategy development. In order to build customer perception of service quality, it is necessary to have how the hospital manages patient relationships. According to Hung, et al., that

Customer Relationship Management (CRM) for healthcare providers is an approach where they learn anything related to their patients, their point of view and expectations to establish a relationship with them, provide timely information and follow up on their related results so that they can take corrective actions, increase customer loyalty and earn more advantage.

Good service quality is a factor that affects patient satisfaction and loyalty, but providing fair service will certainly create more perception. [3] in his research journal stated that a customer will be more satisfied if he gets the same level of service as other customers or in other words fair service.

Based on the above phenomenon and the importance of service quality, patient relationship management and service fairness in ensuring patient satisfaction and loyalty. Service fairness is considered a concept of equity in treating patients, as an effort to trigger satisfaction. Service justice in this study uses indicators of interactional justice, distributive justice and procedural justice as well as indicators of retributive justice as novelty. In the field of criminal law, the theory of retributive justice is a punishment given to every person who commits a criminal act where the severity of this punishment must be proportional to the losses caused by the crime committed, Suci Utami. The application of retributive justice in health services is a justice that provides balanced rights and obligations for both hospitals and patients for the health services provided. In other words, retributive justice is the granting of the right and obligation of the Hospital to receive the BPJS claim fee and provide services according to the standard to the patient, as well as the patient's right and obligation to get services according to the standard from the hospital and pay the service claim fee.

In conducting research on patient loyalty and satisfaction, the researcher limited the scope to inpatients at type B hospitals in DKI Jakarta Province. The selection of the scope for inpatients who have been admitted to the hospital is expected to be representative because they have received services and have interacted with doctors and nurses and felt the facilities so that they can provide assessments related to services. Meanwhile, the selection of type B hospitals is based on ownership in the hope of representing Private Hospitals, the TNI and Regional Governments.

Theoretical Foundations

Marketing Management

Marketing is the process of planning and implementing methods, promotion and distribution activities (both innovations of a product or service) that can be used to meet the expectations of consumers and companies.

Kotler & Keller defines marketing as a societal process in which individuals and groups obtain what they need and want by creating, offering, and freely exchanging valuable products and services with others.

Consumer Behavior

[4] Consumer behavior is all activities, actions, and psychological processes of consumers that encourage such actions at the time before buying, when buying, using, consuming products and services, and after doing the above or evaluating activities.

Patient loyalty

According to Griffin, loyalty refers more to the form of behavior of decision-making units to make continuous purchases of goods/services of a selected company.

[5] Reveals the definition of loyalty as a very strong commitment to repurchase or subscribe to a selected product or service in the future despite situational influences and marketing efforts that have the potential to cause behavior change.

According to Griffin J., stating that a loyal consumer is a consumer who has the characteristics of purchasing an entire line of products and services, references to others, immunity to making repurchases and being immune to competitors' invitations.

Patient Satisfaction

Stuart Satisfaction is the result of the consumer's assessment that a product or service has provided a level of enjoyment where this level of fulfillment can be more or less. Meanwhile, consumer satisfaction is the overall attitude that consumers show towards goods and services after they acquire or use them.

Justice of Service

The theory of justice is indirectly an important problem. The theory of fairness was previously applied in marketing due to negligence in service provision and customer complaints. John Rawls stated the perspective on the principle of justice as fairness. Distributive justice is mainly related to the results of service improvement efforts, namely what the service provider does to appease the offended customer and whether the consequence results are more than the costs that have been incurred by the customer, Ghoniyah. In the process of service delivery, procedural justice can be felt by consumers when consumers feel that in the process there are aspects of consistency, precision, ethics and non-pickiness, Badawi. Interactional fairness is defined as the courteousness directed by the personnel, the empathetic attitude displayed, the effort made in resolving the situation, and the seller's willingness to provide an explanation for why the situation occurred, Blodgett et al. Retributive justice theory argues that everyone who commits a criminal act has the right to receive a punishment, which is set by the court and that the severity of this punishment must be proportional to the harm caused by the crime committed, Suci Utami. From the basis of the above justice theory, the retributive justice applied in health services is a justice that provides balanced rights and obligations for both hospitals and patients for the health services provided. In other words, retributive justice is the provision of the right and obligation of the Hospital to receive the cost of BPJS claim treatment and provide services according to standards to patients, as well as the rights and obligations of patients to get health services according to standards from the hospital and pay service claim fees.

Quality of Service

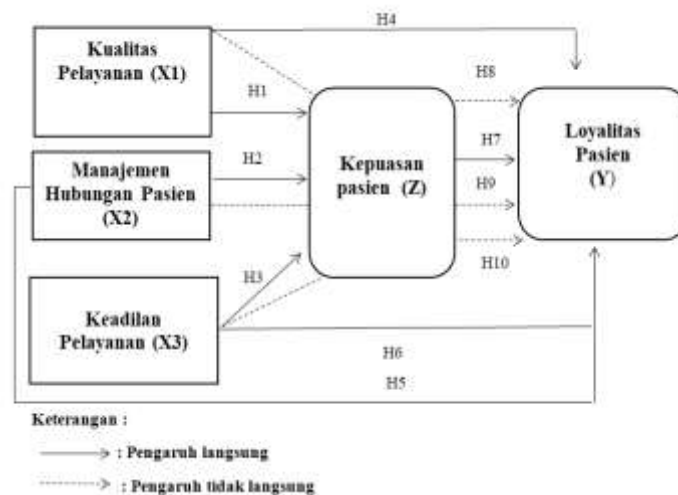
The concept of quality is basically relative, depending on the perspective used to determine the characteristics and specifications. The analysis of service quality aims to identify the consistency of the quality of service provided with the interests of customers. Zeithaml and Bitner service quality is the expected level of excellence and control over

the level of excellence to meet customer desires. Services can be interpreted as an action, deed or activity that can be offered by a party to another party.

Patient Relationship Management

The foundation for the development of Customer Relationship Management is generally considered relationship marketing, which is defined as an engaging marketing activity, maintaining and improving relationships with customers. argues the importance of relationships in the context of marketing. Winer, defines Customer Relationship Marketing as a strategy to build a good relationship with customers in the long term by combining the ability to respond directly and to serve customers with high interactions.

Conceptual Framework



The research hypothesis is as follows:

1. H1 : There is a positive and significant influence of service quality on patient satisfaction at DKI Jakarta type B Hospital.
2. H2 : There is a positive and significant influence of patient relationship management on patient satisfaction at DKI Jakarta type B Hospitals.
3. H3 : There is a positive and significant influence between service fairness on patient satisfaction at DKI Jakarta type B Hospital.
4. H4 : There is a positive and significant influence of service quality on patient loyalty at type B Hospital in DKI Jakarta Province
5. H5 : There is a positive and significant influence of patient relationship management on patient loyalty at DKI Jakarta type B Hospital.
6. H6 : There is a positive and significant influence of service fairness on patient loyalty at DKI Jakarta type B Hospital.
7. H7 : There is a positive and significant effect of satisfaction on patient loyalty at DKI Jakarta type B Hospital.
8. H8 : Patient satisfaction is an intervening variable in the relationship between service quality and patient loyalty at DKI Jakarta type B Hospital
9. H9 : Patient satisfaction is the intervening variable of the relationship between patient relationship management and patient loyalty at DKI Jakarta type B Hospital.

10. H10 : Patient satisfaction is a variable intervening in Service Justice on patient loyalty at DKI Jakarta type B Hospital.

RESEARCH METHOD

Research Design

This research is included as a type of hypothesis testing to test whether the hypothesis proposed to answer the research problem is acceptable or in accordance with the prediction. This study tested a hypothesis based on causality to show the level of significance of the influence of independent variables on dependent variables either directly or indirectly through intervening variables. The data used in this study is cross section data, which is data that shows a set of observations from various observation units in a certain period. The analysis model used is path analysis, which allows researchers to test the direct and indirect influences between variables. In addition, the Sobel test is used to test the role of mediation variables.

Population and Research Sample

Population

The object of the study is all 46 Type B hospitals that are actively operating in DKI Jakarta Province, consisting of 32 private hospitals, 9 government hospitals, and 5 Indonesian National Army hospitals. The population in this study is all inpatients in the analysis unit of Type B hospitals in DKI Jakarta Province.

Sample

The sample was randomly selected using a proportional stratification sampling method, by multiplying each hospital group by 20% to obtain a representative sample of the study subjects: 6 private hospitals, 2 government hospitals, and 1 Indonesian National Army hospital in DKI Jakarta Province. The sample in this study consisted of inpatients selected by purposive sampling. The researchers determined the sample size of 360 patients using the Roscoe formula, with a sample size range of between 30 and 500.

Data Analysis Techniques

Data analysis is carried out in several stages:

1. Validity Test

Use Pearson correlation to ensure the validity of each indicator.

2. Reliability Test

Using Cronbach's Alpha. A reliable instrument if $\alpha > 0.70$.

3. Classic Assumption Test

Includes normality, multicollinearity, heteroscedasticity, and autocorrelation tests to ensure a viable regression model.

4. Path Analysis

Used to analyze direct and indirect influences between variables.

5. Sobel Test

The Sobel test is a test to determine whether the relationship through the mediating or intervening variables is significantly able to play a mediator role in the relationship.

6. Uji Hypothesis

Use t-tests and F-tests to determine the significance of the influence.

RESULTS AND DISCUSSION

Results

Test the validity and reliability of research instruments

Validity Test

The results of the validity test in the study showed that each component of the question was valid, each question item had a 2-tailed Sig. value of $0.000 < 0.05$ and the value of Pearson Correlation was positive and greater than the r-table which was 0.361, including questions No. 56 and 57 of the validity test of the retributive justice indicator which is a novelty in this study.

Reliability Test

Based on the results of the calculation of the Cronbach,s Alpha value is $0.991 > 0.60$, then as the basis for decision-making in the reliability test, it can be concluded that the 64 questionnaire question items or all questions for each variable are reliable or consistent.

Hypothesis Test

Table 1. Hypothesis Test of the Influence of Variable X (Service Quality, Patient Relationship Management and Service Fairness) on Variable Z (Patient Satisfaction).

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.448	2.073		2.628	.009
	Kualitas Pelayanan	-.012	.025	-.029	.468	.640
	Manajemen Hubungan Pasien	.031	.021	.106	1.493	.137
	Keadilan Pelayanan	.126	.028	.321	4.438	.000

a. Dependent Variable: Kepuasan Pelanggan

The test results in table 1 show that the quality of service has no effect on patient satisfaction, with a sig value of $0.640 > 0.05$. The results of the calculation from the hypothesis test showed that this study did not support the H1 hypothesis, so the hypothesis was rejected. Patient relationship management had no effect on patient satisfaction, where the sig value was $0.137 > 0.05$. The results of the calculation from the hypothesis test showed that this study did not support the H2 hypothesis, so the hypothesis was rejected. Service fairness has a positive and significant influence on patient satisfaction, where the sig value is $0.000 < 0.05$. The results of the calculation from the hypothesis test showed that this study supported the H3 hypothesis, so the hypothesis was accepted.

Table 2. Direct Influence of Variables X (Service Quality, Patient Relationship Management and Service Fairness) and Variable Z (Patient Satisfaction on Variable Y (Patient Loyalty).

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.053	.913		2.250	.025
	Kualitas Pelayanan	.018	.011	.081	1.672	.096
	Manajemen Hubungan Pasien	.077	.009	.475	8.400	.000
	Keadilan Pelayanan	.040	.013	.187	3.143	.002
	Kepuasan Pelanggan	.027	.025	.050	1.108	.269

Dependent Variable: Loyalitas Pasien

From table 2, the quality of service had no effect on patient loyalty, with a coefficient value of 0.081 and sig of $0.096 > 0.05$. The results of the hypothesis testing showed that this study did not support the H4 hypothesis, so the hypothesis was rejected. Direct patient relationship management has a positive and significant influence on patient loyalty, with a coefficient value of 0.475 and sig $0.000 < 0.05$. The results of the calculation from the hypothesis test show that this study supports the H5 hypothesis, so the hypothesis is accepted. The fairness of the service directly had a positive and significant influence on patient loyalty, with a coefficient value of 0.187 and a sig value of $0.002 < 0.05$. The results of the hypothesis testing calculation show that this study supports the H6 hypothesis, so the hypothesis is acceptable. Patient satisfaction had no effect on patient loyalty, with a coefficient value of 0.059 and sig value of $0.269 > 0.05$. The results of this calculation show that the research does not support the H7 hypothesis, so the hypothesis is rejected.

Table 3. The Influence of Variable X (Service Quality, Relationship Management and Service Fairness) on Variable Y (Patient Loyalty) Through Intervening Variables (Patient Satisfaction).

Variabel	Z-hit	Z-tables 5%	Influence
Quality of Service (X1)	-1	1.96	None
Patient Relationship Management (X2)	1.86	1.96	None
Justice of Service (Z)	1.97	1.96	Ada

Based on table 3, the Z-calculated value of the variable of Service Quality (X1) of -1 and Patient Relationship Management (X2) of 1.86 is smaller than the Z-value of table 1.96, thus it can be said that the variable of Patient Satisfaction (Z), which is an intervening variable or a mediation variable, is not able to be a good mediator for the variable Quality

of Service (X1) and Patient Relationship Management (X2), so that the H8 hypothesis and the H9 hypothesis are rejected. For the variable of Service Justice (X3) has a Z-value that is greater than the Z-table value of $1.97 > 1.96$, meaning that the variable of Patient Satisfaction (Z) is able to mediate the variable of Service Justice (X3) to Patient Loyalty (Y) through Customer Satisfaction (Z), so that the H10 hypothesis is accepted.

Discussion

Discussion of Hypothesis Test of the Direct Influence of Variable X (Quality of Service, Patient Relationship Management and Service Fairness) on Variable Z

Good service quality is a factor that affects patient satisfaction and loyalty, but providing fair service will certainly create more perception. It is stated by [3] that a customer will be more satisfied if he gets the same level of service as other customers. The results of the study on the H1 hypothesis test showed that the quality of service had no effect on patient satisfaction, this was shown to be a sig value of $0.640 > 0.05$, so the hypothesis was rejected. Research with similar results was conducted by [6]. The absence of an effect on service quality on patient satisfaction can be because the inpatient patient is a BPJS patient whose all services are adjusted to existing service standards. According to Hung, et al. that Customer Relationship Management (CRM) for healthcare providers is an approach where they learn anything related to patients. In many cases, consumer dissatisfaction stems from poor communication between hospitals/doctors and nurses with patients/patients' families, resulting in differences in perception. If this difference in perception is left unchecked, it will be one of the factors for the emergence of patient complaints or lawsuits, a complete and clear explanation of the doctor's medical action on the patient is one of the solutions to avoid problems. The results of the study on the H2 hypothesis test showed that the management of the patient-service relationship had no effect on patient satisfaction, this was shown to be a sig value of $0.137 > 0.05$, so the hypothesis was rejected. Research with similar results was conducted by Pradana. There was no effect between patient relationship management on satisfaction possibly due to other factors such as the officer not being able to provide specific time for communication, the use of information technology related to information services, laboratory results and online prescriptions. According to [3], that a customer will be more satisfied if he gets the same level of service as other customers. Service fairness is assumed as a concept of equity in treating customers and triggering satisfaction. In the research, the forms of health service justice include procedural justice, interactional justice, distribution justice and retributive justice. The results of the H3 hypothesis test showed that the fairness of the service had a positive and significant effect on patient satisfaction, this was shown to be a sig value of $0.00 < 0.05$ so that the hypothesis was accepted. Research with similar results conducted by [7] states that procedural fairness, interaction, and distribution have an effect on satisfaction [8] stated that service fairness has a positive and significant effect on satisfaction. The positive influence of service justice on patient satisfaction in the study was influenced by the procedural justice variable where patients answered strongly in agreement with 38.47%, the distributive justice variable where patients answered

strongly agreed 41.27%, interactional justice patients answered strongly agreed 41.65% and retributive justice as novelty in this study patients answered strongly in agreement with 48.30%. From the percentage of yes and strongly agree where the retributive justice indicator is proven to have a great influence from other justice indicators, this proves that retributive justice is a novelty in this study because of its greatest influence from other justice variables.

Discussion of the Hypothesis Test of the Influence of Independent Variable X (Service Quality, Patient Relationship Management and Service Fairness) on Bound Variable Y (Patient Loyalty)

Based on the results of the H4 hypothesis test, it shows that Service Quality has no effect on Patient Loyalty where the sig value is $0.096 > 0.05$. From these results, it is interpreted that, both and bad the quality of service provided by the hospital has no effect on the loyalty of patients. The results of this study are in line with those conducted by [6] where the results stated that the quality of service had no effect on patient loyalty. Other researchers found different results where the better the quality of services provided by the hospital, the higher the level of patient loyalty to the hospital [9]; [2]; [10].

The results of the H5 hypothesis test prove that patient relationship management has a positive and significant influence on patient loyalty where the p-value is $0.00 < 0.05$. These results show that the better the patient relationship management carried out by the hospital, the higher the level of patient loyalty to the hospital. This is in line with previous research, namely patient relationship management affects patient loyalty [11], [12], [13]. In contrast to Pradana research which states that customer relationship management has no effect on patient loyalty.

The results of the H6 hypothesis test prove that Service Fairness has a significant influence on Patient Loyalty with a sig value of $0.002 < 0.05$. This means that the more the fairness of the services applied to patients by the hospital, the more loyalty that will be given by the patient to the hospital. This is in line with research conducted by [7] where fairness in service has a significant effect on customer loyalty [8], [13], [14], stated that fairness in service to patients will increase patient satisfaction thus there will be loyalty from patients). In this study, the variables of service justice are divided into four main factors, including procedural justice, interactional justice, distributive justice and retributive justice.

Discussion of the Influence of Variable Z on Variable Y (Patient Loyalty)

Referring to the results of the H7 hypothesis, Patient Satisfaction has no influence on Patient Loyalty. This is in accordance with the research conducted by Ramdhani and the results of the research are not in line with Dewi, [13], [15]. According to Kotler & Keller, one of the keys to customer retention is satisfaction. However, the relationship between customer satisfaction and loyalty is disproportionate. When measuring customer satisfaction, it is rated on a scale of one to five. At the lowest level of satisfaction, customers may ignore the hospital or talk about bad things about the hospital. At levels two to four, customers are quite satisfied but can still switch when there is a better offer from other hospitals. At the fifth level, customers are eager to buy back and even spread

good news about the hospital. High satisfaction or pleasure creates an emotional bond with the hospital. In this study, satisfaction had no effect on patient loyalty. there is no effect of satisfaction on loyalty because the level of satisfaction is still at levels two to four, where patients are still quite satisfied with the service so that they can still move to other hospitals.

Discussion of the Influence of Variable X (Service Quality, Patient Relationship Management and Service Fairness) on Variable Y (Patient Loyalty) through Intervening Variables (Patient Satisfaction)

The quality of service to patient loyalty through patient satisfaction, based on the results of the path test carried out, the direct influence value was greater than the indirect influence value ($0.081 > -0.001$). Therefore, the patient satisfaction variable cannot be an intervening variable because it cannot mediate the relationship between the service quality variable and patient loyalty, this is strengthened through sobel testing where the z-value is calculated $< z\text{-table value}$ ($-1 < 1.96$). The lack of proof of satisfaction in mediating service quality on patient loyalty can be caused by the direct influence of service quality on greater loyalty. This is because the direct influence of service quality on loyalty is greater than the indirect influence through patient satisfaction. The management of patient relationships to patient loyalty through satisfaction based on the path test carried out was greater than the value of indirect influence ($0.475 > 0.005$). There is no effect of satisfaction that mediates patient relationship management on loyalty, this is possible because even though they are not satisfied, a good relationship or interpersonal relationship between doctors/nurses can make patients persist to go to the hospital.

The fairness of the service to patient loyalty through patient satisfaction has a positive influence, based on the path test carried out the direct influence value is greater than the indirect influence value ($0.187 > 0.068$). From the Sobel test, it shows that the z-value is calculated $< z\text{-table value}$ ($1.97 > 1.96$), thus the patient satisfaction variable can mediate the relationship between the service fairness variable and patient loyalty. The direct effect of service fairness on loyalty without compromising satisfaction is that the hospital is able to respond quickly to customer complaints and attention that refers to the interaction of the hospital with the patient through the ease of communication between doctors/nurses and patients without comparing social status, ease of uncomplicated procedures, facilities and services that are comparable to their class.

CONCLUSION

Fundamental Finding : The quality of service had no effect on patient satisfaction and loyalty in inpatients at type B hospitals in DKI Jakarta province, patient relationship management had no effect on satisfaction but affected patient loyalty, service fairness had a significant effect on both satisfaction and loyalty, satisfaction itself had no effect on service loyalty, patient satisfaction was not an intervening variable in service quality and patient relationship management to loyalty, but was an intervening variable in service fairness to patient loyalty. **Implication :** Based on the results of the study, it is proven that

there is an influence of service justice as a novelty on patient satisfaction and loyalty, as well as the influence of patient relationship management on patient loyalty, making the findings valuable as empirical reference material for hospital management whether government, TNI/POLRI, or private, and emphasizing the importance of formulating policies related to long-term relationships with patients through service justice, improving service quality, and managing relationships to increase satisfaction and foster loyalty. **Limitation** : This study was limited to inpatients, most of whom were BPJS patients with predetermined hospital classes, and data collection relied on surveys with inherent subjectivity, which may not fully capture patient expectations or complaints. **Future Research** : Further research should include outpatients or non-BPJS patients to explore broader expectations of health services, and employ complementary methods such as interviews and direct observations to provide more objective insights and richer data for understanding patient perspectives on hospital services.

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