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Service Quality, Patient Satisfaction and Reutilisation among Hospitals in Indonesia: Structural Equation Modelling

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Abstract

The purpose of this research is to determine service quality, patient satisfaction and re-utilisation among hospitals in Indonesia. The present study is based on the quantitative research strategy. The descriptive and cross-sectional study is chosen in order to ascertain and be able to describe and understand the characteristics of the variables involved in this study. On the other hand, the population in this study is all outpatients who have at least three visits to the hospitals in Indonesia. A total of 500 questionnaires were randomly distributed among the respondents who were taking services in different hospitals within Indonesia. From complete questionnaires which were distributed, it was found that 397 were returned out of which only 339 were found valid for further analysis. The findings revealed that, for the overall model as a whole, the statistical result indicates a good fit, where all the hypotheses are accepted with a logical reason. The findings will contribute to increased knowledge. The findings will draw the basis and as a starting point of reference to other researcher or be practised by organisations. From the government perspective, since the Indonesia government aimed to improve the

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economy from the hospital service sector, this study will help to achieve Indonesia's development plans in increasing management and hospital personnel's commitment and performance in Indonesian hospitals.

Key words: Tangible, Reliability, Responsiveness, Assurance, Empathy, Service quality, Patient satisfaction, Patient re-utilisation, Indonesia

INTRODUCTION

In the health service industry, the government has made policy in the form of *BPJS* of Health which is called the National Health Insurance (*JKN*). After the policy of *ASKES* (Health Insurance), *BPJS* of Health is expected to improve the quality of health services in Indonesia. *BPJS* of health is also expected to be health insurance for poor people in order to obtain adequate health services. In the article of Indonesian Health Policy (*KKI*) (2018) stated that the implementation of National Health Insurance (*JKN*) in Indonesia from 2014 to 2017 had presented many forms of success and failure of implementation in the region. *JKN* through the 2004 *SJSN* Law year 2004 and the Law of *BPJS* year 2011 has encouraged increased allocation of health financing at the central level and affects increasing the allocation of funds in the regions.

The Law of Health year 2009 mandating 5% of health budget allocation from *APBN* (term used in Indonesian budget) in Central Government has occurred in 2016 and 2017. One of the most significant allocations is to finance the *JKN* Contributors' Contribution Aid (*PBI*) for the mandate of the 1945 Constitution on social justice. Regional population growth in Indonesia is getting tighter and sharper demanded some health care institutions in order to provide maximum possible service to users of health care services. Andaleeb and Conway

(2006) on their research have revealed that there is a correlation between education and patient satisfaction.

The issue of patient satisfaction and reutilise of health services is not only talked in Indonesia area but this also an overseas issue (international's issue). In the health care industry, the primary target is the patient's satisfaction, how the patient can feel satisfied after receiving the health services and willing to make a return visit (reutilsation) to get the same treatment. Besides, the issues of decreasing the level of patient satisfaction in Indonesia is also of particular concern to the Indonesian government how to improve health services with the new regulations is expected not to affect the level of patient satisfaction or in providing health services to the people of Indonesia.

According to the issues above, this study will explore the problems that occur in the health care sector, how the health service is very influential in this era towards patient satisfaction and also opens the minds of patients to use the same services in obtaining health services. Talking about patient satisfaction has been discussed by many experts and has often done previous research on this subject, patient satisfaction study is also done from any viewpoint. Patient satisfaction in health services is paramount to be noticed because it can describe the quality of service in place of health services. Knowing patient's satisfaction is very beneficial for the related institution in order to evaluate the current running program (*BPJS*) and can find which parts need its enhancement. The creation of customer (patient) satisfaction can provide benefits such as corporate relationships with customers (patient) to be harmonious, provide a reasonable basis for reutilize, encourage the creation of customer loyalty, form a recommendation from mouth to mouth, which can be profitable for the company (hospital), so the reputation of the

company (hospital) becomes better, and the profit earned will increase (Baker and Crompton, 2000; Haur et al., 2017).

Based on the government's new policy on health insurance, they hope the health services can support the program. In this situation, Hospital is more emphasized to provide *BPJS* of the health program, especially in government and private hospitals. Hospitals have to prepare themselves against the challenges by the governments.

The rapid change from administrative regulation no. 19 the year 2016 on health insurance into administrative regulation no. 28 the year 2016 on health insurance get significant attention. Based on Law no. 40/2004 on the System National Social Security (*SJSN*) is an effort to the Republic of Indonesia in the field of legislation in ensuring the fulfillment of rights for the health of the entire population. In the act, the law states that the government responsible for the availability of services, availability of access to facilities and information, availability of similar resources, and strive for feasibility and affordability in the field of health. With the increasing development of medical science and technology, the transformation of society as a user, as well as the pressures of globalisation that have an impact on the displacement of health care systems that initially function as social service institutions into socio-economic institutions (service industry). People also demanded the hospital can be able to show their quality, ease in providing service and upgrading health services.

However, the percentage of patient satisfaction of Indonesia's health care industry has been changed with the new regulation by the government especially in the area of universal health coverage. Furthermore, the government as well responsible for the administration of the warranty health through a national system of social health insurance for every citizen; sustainability in Law no. 40/2004 on SJSN is the insurance of the Law of the Republic of Indonesia No. 24/2011

about *BPJS*. In the law explained *BPJS* consists of *BPJS* of health and *BPJS* Employment. *BPJS* of health is included in a new policy program made by the government to organize *JKN*. *BPJS* of health has implemented since the beginning of January 2014. Nonetheless, of fact, there are problems that even more when the BPJS of Health started in early 2014.

Besides, reutilsation of health care services and patient satisfaction has often become an ordinary conversation (issues), even many researchers are researching patient satisfaction from a different viewpoint, but the patient's satisfaction rate is still below average; especially since the government's new policy on health coverage.

The increasing demands of the public for quality healthcare facilities and affordable, inevitably make the hospital should strive to continue to grow and develop in the midst of increasing competition. Various efforts have been taken to meet these expectations. In some cases, the researcher also finds the fact that very often patients have to wait in an incredible time to get medical services because of bureaucratic matters, for example, the medical card business is too complicated. It is not even an exaggeration to say that the soul of a patient who should be helped becomes floated in vain because of the delayed handling of the bureaucracy that the patient or the patient's family must meet.

The problem of hospital management in recent years is much highlighted. Not only the complaints of people who feel disappointed with the hospital services, both regarding quality, convenience, and tariff. Even often preached also demonstrations from doctors, nurses or other paramedics who demand transparency of budgetary usage and distribution of medical services at the hospital where they work.

There are an of customer behaviour of consumers. With fast growth and necessity of hospital services, services like tangibles, reliability, responsiveness, assurance and empathy.

These service dimensions are critical for any service industry especially the hospital sector. They generate interest in finding the expectation and perception of the patient before and after the delivery of service. This study helps the hospital industry in understanding their position and also the probable service gap. Therefore, the results of this study are expected to contribute significantly to the development of science related to patient satisfaction and knowledge related to the quality of health services. This research is expected to be used to strengthen the repertoire of theories in the field of health service management. This research can also be a scientific reference for further writing on issues related to patient satisfaction on the quality of health services.

LITERATURE REVIEW

In the context of the customer behaviour theory, satisfaction is more often identified from the perspective of consumer experience after consuming or using a product or service. One definition states that satisfaction as a perception of a product or service that has met expectations, therefore, customers will not be satisfied if the customer has the perception that his expectations have not been met. Customers will feel satisfied if the perception is the same or more than expected, from this it seems that what is essential is perception and not actual. So, the actual product may have a potential to meet customer expectations, but it turns out the results of the customer perception is not the same as expected by the manufacturer. This can happen because of a gap in communication.

Customer satisfaction is a value enabler, a value that can reflect the quality, cost and delivery of products/services (Cronin and Taylor, 1992). Satisfaction is the ratio between total get and total give. Total get determined by functional

benefit and emotional benefit, while total give is determined by price and other outlay.

Customer satisfaction may be influenced by some factors, such as physician services, hospital services, and other hospital staff services, affordable costs, clarity about illness and treatment programs and their involvement in the treatment process, staff responses and attention received during hospitalisation.

Based on the concept of quality service definition and the ten quality dimensions of qualitative study, Parasuraman et al. (1985) conducted a quantitative study to develop the instrument in measuring the patient's perception on the quality of service. The study was conducted on five different service companies, using 97 instruments to measure ten dimensions of quality. The results of the study then perform an improvement and condense ten dimensions of quality into five dimensions such as; tangibles, reliability, responsiveness, assurance and empathy. The study eventually produced a simple instrument known as SERVQUAL (Service Quality) using 22 instruments to measure the five dimensions of service quality to customer expectations and perceptions.

2.1 Service Quality

Quality of service is one part of marketing management strategy. Quality of service has become one stage of the dominant factor to the success of an organisation. Quality development is strongly driven by competitive conditions between companies, technological advances, economic and socio-cultural stages of society. According to Getty and Getty (2003) says "Service is any action or activity that can be offered by one party to another, basically intangible and does not result in any transfer of ownership. Service quality may be related to physical products or not". Zeithaml et al. (1996) define the following services, "serve all economic activities whose output is

not a physical product or construction in general. According to Ullah et al. (2014), "Services are individually identifiable activities, essentially non-palpable, to meet the needs and not necessarily tied to the sale of other products or service. Service is a patch up activity to fulfill some one's need in the market. Service is something. Which can be experienced but cannot be touched or seen. Services offered by service providers cannot be seen and touched, as they are intangibles activities.

On the other hand, some of the basic definitions of service have been identified by management gurus. For instance, "a service is any activity or benefit that one party can offer to another which is essentially intangible and does not result in the ownership of anything." Tarofder et al. (2018), "Services are economic activities that create value for customers at specific times and places as a result of bringing about the desired change in or on behalf of the recipient of the service" (Haque et al., 2014). "Services are the production of essentially intangible benefits and experience, either alone or as part of a tangible product through some form of exchange, with the intention of satisfying the needs, wants and desires of the consumers" (Holmes-Smith, 2006).

The difference between service and product is that services are intangible, but products are tangible and required to follow some standardised procedures. The service user can specify about that particular service satisfaction only after availing it for some period.

2.2 Assessment of Service Quality

Quality of service is more difficult to define than to define product quality, because the characteristics of service quality include some essential elements of the subject, the causes of poor and damaged product quality are not the same as the causes of services. The product is often damaged due to faulty materials and components, product design, or may not meet

specifications. Poor service quality is usually directly attributable to the behaviour or nature of the worker.

Understanding the quality of service, in general, is that quality meets customer expectations and satisfies their needs. Customers assess the quality and compare their perceptions about what they receive with what they expect. The current service management paradigm is customer driven in the enterprise driven process of implementation (operational and strategic) to produce a particular service product directed entirely to form a positive customer or public perception. However, it does not mean service providers should comply with all consumer desires. In addition to considering customer expectations, service providers should also consider the availability of resources within the company. Parasuraman et al. (1985, 1988) defined the assessment of service quality as a global consideration or attitude relating to the superiority of service. Assessment of service quality is based on five quality dimensions, that is:

1. **Tangibility**, which includes the appearance and ability of reliable physical facilities and infrastructure of the surrounding environment, is a clear proof of the services provided by the service provider, including physical facilities such as buildings, warehouses, equipment, communication facilities, and medical technology. used and the appearance of employees
2. **Reliability**, i.e. the ability to deliver promised services in a timely and satisfactory manner. Performance must be following the customer, the same service for all patients without error, sympathetic attitude and with high accuracy
3. **Responsiveness**, i.e. the ability of staff to assist and provide prompt, prompt, and precise service to the patient and the delivery of clear information.

Allowing consumers to wait for no apparent reason causes a negative perception of service quality

4. **Assurance**, which includes the capability, courtesy, and trustworthiness of staff, free of danger, risk or doubt. The components of this guarantee include communication, credibility, security, competence, and courtesy.
5. **Empathy**, which gives severe and individualised or personal attention to the customers by trying to understand the patient's wishes, have specific knowledge and understanding about the customer.

Assessment of the quality of service is the level of funding differences between perception and customer expectations. This difference between perception and expectation underlies the emergence of a perception-expectation gap and is used as a basis for SERVQUAL scaling. According to Parasuraman et al. (1988), five gaps allow the failure of service delivery:

1. The gap between consumer expectations and management perceptions. This gap appears when management does not feel or know with desired by its customers.
2. The gap between management perceptions and service quality specifications. This gap may occur if management may be able to perceive or know in a manner that the customer needs, but not set the work standards to be achieved.
3. The gap between service quality specifications and service delivery. This can happen if the standards set by management are so conflicting that they cannot be achieved.
4. The gap between service delivery and external communication to customers. This gap can happen if what has been communicated (promote) the company to

outside parties is different from the real conditions found patients in the company.

5. The gap between expected and perceived services / received. This gap occurs when customers measure company performance in different ways and wrong in perceiving the quality of these services.

To ensure the quality of health services, various input components, processes and outputs must be defined clearly and detailed, covering management and technical aspects concerning achieving the vision and embodiment of jointly defined mission.

2.3 Quality in Health Services

The importance of quality in health care has several reasons, including global changes such as free trade, quality is a matter of rights and ethics, quality can help patients achieve optimal results, commitment to quality will reduce the cost of expenditure, quality health services can be the pride of staff to the organization, avoid the frustrations of both staff and customers, quality healthcare services more easily meet the standards set.

The quality of health services is a health service that can satisfy every user of health services by the level of average satisfaction by the standard of an ethical code (Al Khattab and Aldehayyat, 2011; Boon-itt and Rompho, 2012). In general, the definition of health service quality is the degree of perfection of health services in accordance with professional standards and service standards by using the potential resources available in hospitals fairly, efficiently and effectively and provided safely and satisfactorily according to norms, ethics, law and social culture with attention to the limitations and capabilities of government, and society.

2.4 Utilize Interest

Interests are something personal and related to attitudes, individuals who are interested in an object will have the power or drive to conduct a series of behaviours to approach or get the object (Crick and Spencer, 2011). Buying interest is a consumer behaviour in which the consumer has a desire in buying or choosing a product based on experience in choosing, using and consuming or even reminding a product (Briggsa, Sutherlanda and Drummond, 2007).

Buying interest arises after an alternative evaluation process whereby a person will make a series of choices regarding the product to be purchased. The buying decision is influenced by the product being evaluated. If the perceived benefits outweigh the sacrifices to get them, and then the drive to buy is higher. Conversely, if the benefits are smaller than the sacrifice, then the buyer will usually refuse to buy and generally switch to evaluate other similar products.

Gilbert and Veloutsou (2006) suggest factors affecting buying interest associated with feelings and emotions, when a person is happy and satisfied in buying goods or services then it will reinforce buying interest, dissatisfaction usually diminishes interest. Hafeez and Muhammad (2012) found that the function of consumer interest is a function of product quality and service quality.

2.5 Re-utilize Interest

Repeat purchase by Huseyin (2005) is a purchase activity conducted more than one or more times. The satisfaction of a consumer can encourage him to repurchase and be loyal to the product so that consumers can tell the good things about the product to others.

Maria and Serrat (2011) emphasized that the importance of measuring the interest of Re-buy (future intention) customers to know the desire of customers who

remain loyal to a good or service. Consumers who feel happy and satisfied with the goods/services that have been purchased will think to re-buy the goods/services. Repeated purchases will make consumers loyal to an excellent / service (Spencer, 2011).

Loyalty is the level of consumer retention and advocacy to hospital products and services, measured through a useful indicator on the product/service, as well as the level of reuse behaviour (Robledo, 2001). Understanding customer loyalty is not only seen from the transaction alone or repeat purchase (repeat customer). There are several characteristics of a customer can be considered loyal, among others:

1. Customers who repurchase regularly
2. Customers who buy for other products in the same place
3. Customers referring to others
4. Customers who cannot be influenced by competitors to move to another place

Spencer (2011) conducted a study on mobile data service company (MDS) in China and showed the result those two dimensions of customer loyalty that interests in reuse and loyalty attitude have a positive relationship with customer value and customer satisfaction. Research Maria and Serrat (2011) conducted on retail banking customer in India also shows that service quality and customer satisfaction have relation to the interest of reuse either directly or indirectly.

2.5.3 Reutilisation of Health Services

The model utilisation of health care facilities proposed by Boon-itt and Rompho (2012), often referred to as life cycle determinants model or behaviour model of health services utilisation. The decision of a re-visit is a behaviour that appears in response to an object that shows the customer's desire to repeat the purchase. Purchase decision process is formed at the

stage of the purchase where consumers feel satisfied or not satisfied with a product. If the customer is satisfied, he or she will show a great opportunity to repeat and tend to recommend to others. Meanwhile, consumers who are not satisfied will react with adverse actions such as silence, complain and even recommend contrary to others.

From the results of Spencer (2011) on his research found that the level of satisfaction with patient care affects the patient's buying interest. The fulfillment of their expectations of hospital services greatly influenced the desire to re-use hospital services. Haque et al. (2014) conducted her research and showed that interest in the reuse of inpatients had a significant relationship with the satisfaction level, with a strong relationship. They also argued that one is said to be loyal or loyal if the customer exhibits a normal buying behaviour or there is a condition in which the customer requires to purchase at least twice in a given time. Efforts to provide customer satisfaction are made to influence the nature of the customer, while the concept of customer loyalty is more related to customer behaviour than the attitude of the customer.

Considering the above literature, a conceptual framework is an analytical tool with several variations and contexts. It is used to make conceptual distinctions and organise ideas. Robust conceptual frameworks capture something real and do this in a way that is easy to remember and apply. In this study the conceptual framework comes out from the theory explained about patient satisfaction and dimensions of SERVQUAL.

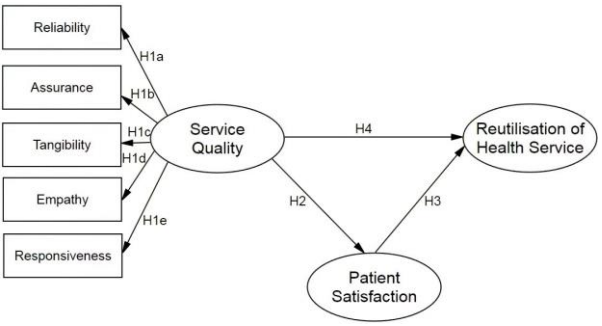

Figure 1: Conceptual Framework

Following this, hypotheses are drowning according to the research questions and the objectives stated in chapter 1 of this study. Hypotheses in this study analysis are:

H1a: There is a significant positive relationship between reliability and service quality in Indonesian hospitals
H1b: There is a significant positive relationship between assurance and service quality in Indonesian hospitals
H1c: There is a significant positive relationship between tangibility and service quality in Indonesian hospitals
H1d: There is a significant positive relationship between empathy and service quality in Indonesian hospitals
H1e: There is a significant positive relationship between responsiveness and service quality in Indonesian hospitals
H2: There is a significant positive impact of service quality on patient satisfaction in Indonesian hospitals
H3: There is a significant positive impact on patient satisfaction on reutilisation of health service in Indonesian hospitals
H4: There is a significant positive impact of service quality on the reutilisation of health service in Indonesian hospitals
H5: There is a significant positive impact of service quality on the reutilisation of health service mediated by patient satisfaction in Indonesian hospitals

3. RESEARCH METHODOLOGY

Descriptive study is chosen in order to ascertain and be able to describe and understand the characteristics of the variables involved in this study. It provides an avenue for systematic thinking to take place. Also, it offers ideas for further probe and research. Most significantly, it helps to make sure simple decisions (Hair et al., 2010).

Likewise, cross-sectional studies are suitable for this study because it is a unique kind of research. Besides that, it is done in a non-contrived setting with a combination of causal and correlation methods. Similarly, hypothesis testing is adopted to understand the variance in the dependent variable. It also helps to understand the relationship between the independent and dependent variables (Kothari, 2004). The present study is based on the quantitative research strategy. Hair et al., (2010) mentioned quantitative researcher develop a model that based on the existing literature and subsequently test it by gathering data.

On the other hand, the population in this study is all outpatients who have at least three visits to the hospitals in Indonesia on July 2018. A total of 500 questionnaires were randomly distributed among the respondents who were taking services in different hospitals within Bali, Indonesia. The process took approximately three months which started in the second quarter of June until the first week of September 2018. All of the questionnaires were administered by the researcher and were collected on the same day it was distributed. From complete questionnaires which were distributed, it was found that 397 were returned out of which only 339 were found valid for further analysis. This gives a total 67.8% response rate which is considered very good as suggested by Hair et al. (2010).

4. DATA ANALYSIS

4.1 Demographic Analysis

Base on the question answered, 11.5 per cent of the respondents come from respondents aged less than 25 years old. Another 43.1 per cent come from people aged between 25 to 55 years old. Rest 45.4 per cent of respondents fall in the age of 55 and above. From the result, it is seen that the age group of the respondents were much diversified and there is assumed to be no bias in sample selection. From the total respondents, 67.3 per cent of respondents were male while female respondents were 32.7 per cent of the questionnaires. The result showed the distribution between male and female respondents. Besides, the respondents' breakdowns according to their highest educational level achievement, 33 per cent of the total respondents have a diploma qualification while 30.7 per cent claim to have a bachelor degree. Another 27.1 per cent have a master degree while the rest 9.1 per cent have PhD or other qualifications.

Monthly income level among respondents also varies. The income range in the questionnaire was divided into three major scales. The first scale refers to those with the monthly income level of 2,000 and less, and they are contributing 9.4% of the total population. The second class refers to the income group that ranges from 2,001 to 5,000, and their per cent rate is 49.6% which is held the highest rate among the respondent groups. The final class refers to respondents with a monthly income of more than 5,001 and above which the rate of that is 41%.

However, due to the sensitivity issue and missing value, the other demographic factors have not been reported. Besides that, the level of income has been re-coded regarding USD value, even though the main questionnaire was regarding Indonesian Rupiah.

4.2 Reliability

The reliability of a particular scale reveals the degree to which it is without random error, whereby, consistently measuring what it is supposed to measure (Hair et al., 2010). In another way meaning that reliability discloses the consistency of a particular research instrument. One of the most widely used approaches for testing reliability is known as Cronbach's alpha. Cronbach's alpha permits researchers to test internal consistency among the items included in the research instrument with values that fall between the range of 0 to 1 whereby, the higher the value, the higher the reliability (Zainudin, 2012). At least a value ranging from 0.6 to 0.7 is required for the Cronbach's alpha to be considered acceptable (Hair et al., 2010). Thus, in order to investigate how reliable the questionnaire items are Cronbach's alpha was run. About the Table below (Table 1), one can observe that the value attained for Cronbach's alpha is .819, indicating that there is an adequate level of consistency among the items that are in the research instrument.

Table 1: Reliability Statistics

	Variable	Cronbach's Alpha	N of Items
Service Quality	Tangibles (TA)	0.825	4
	Reliability (RL)	0.814	4
	Responsiveness (RP)	0.900	5
	Assurance (AS)	0.852	4
	Empathy (EM)	0.890	5
Patient Satisfaction (PS)		0.889	7
Reutilisation of Health Service (RHS)		0.741	5
	Overall	**0.819**	**34**

4.3 Structural Equation Modelling

In this stage, SEM was employed to identify the structural relationships between the medical tourists' motivational factors and their influence on the selection of medical tourism destination and to test hypotheses for this study. A series of

goodness-of-fit indexes that reflect the fitness of the model was used. According to Hair et al. (2010), any study using SEM in modelling the constructs should consider at least three fit indices from each category of fit model.

For the assessment of the structural path relationships among the identified variables for this study, three distinct criteria have been applied based on Hair et al. (2010). The first criterion is the Absolute fit category where Root Mean Square Residuals (RMSEA) was used. The second category is the Incremental fit where the Comparative Fit Index (CFI) and Goodness Fit Index (GFI) value were considered. Finally, in the Parsimonious fit category, this study has selected the ChiSq/df (CMINDF).

Under this index, a proposed model has been compared with the null model holding the assumption that no relationship exists between the critical measures. The findings illustrate the Goodness of Fit Indexes (GOF) values that have been attained from the SEM model for this study. The model shows that it did not achieve the required GFI value in the goodness of fit indices for meeting the fitness criteria (GFI = .890). The MI index was checked for further clarification. It shows that the MI value between e9 and e12 (MI = 37.128) and the MI value between e17 and e19 (MI = 18.002) indicates to add a double-headed arrow between these two constructs to make this as "free parameter" (Zainudin, 2014). The model was rerun after the adjustment was made.

In the figure below Figure 2, it shows that the required fitness values were achieved after the modification on the first model was done [Incremental fit (CFI) = .967, (GFI) = .943; Parsimonious fit (CMINDF) = 2.915; and Absolute fit (RMSEA) = .052)]. All the values required for the model fit was found to be within the required fitness parameter.

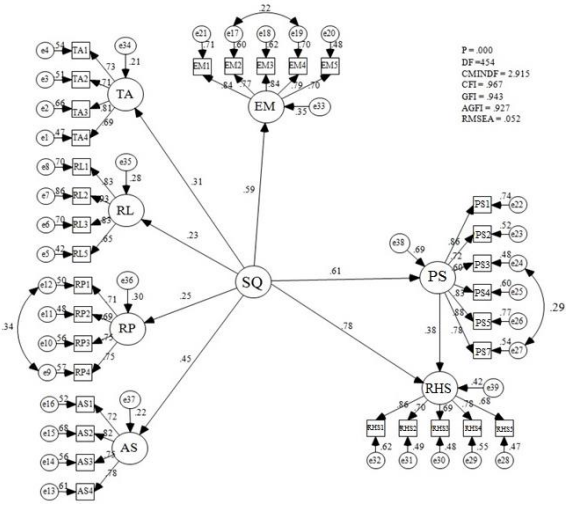

Figure 2: Final Structural Model

No further modification was required as the model has achieved the required values to be estimated fit.

4.4 Hypothesis Testing

All the hypotheses of this study have been tested through the application of SEM. For the overall model as a whole, the statistical result indicates a good fit. The complete model inclusive of the nine hypothesised paths is illustrated in Table 2. From the model, it can be seen that all the variables uphold a positive value.

Table 2: Hypothesis Testing

			Estimate	S.E.	C.R.	P
Tangibles	<---	Service Quality	0.312	0.310	1.006	***
Reliability	<---	Service Quality	0.234	0.234	1.000	***
Responsiveness	<---	Service Quality	0.250	0.252	0.992	***
Assurance	<---	Service Quality	0.445	0.453	0.982	***
Empathy	<---	Service Quality	0.591	0.592	0.998	***
Patient Satisfaction	<---	Service Quality	0.611	0.508	1.203	***
Reutilisation of Health Service	<---	Service Quality	0.778	0.365	2.132	***
Reutilisation of Health Service	<---	Patient Satisfaction	0.384	0.381	1.008	***

In this stage, the revised model was compared with the first model. Both the models were tested to identify the causal relationship between tangible, reliability, responsiveness, assurance, empathy, Patient Satisfaction and Reutilisation of Health Service. The results obtained from both the models are presented in Table 3.

Table 3: Comparison of the First Model with Revised Model

Name of Category	Recommended Value	Obtained Value	Comments
First Model			
Absolute fit	RMSEA≤ 0.08 (0.10 maybe)	0.052	The recommended level is achieved
Incremental fit	CFI ≥ 0.90	0.947	The recommended level is achieved
	GFI ≥ 0.90	0.890	The recommended level is not achieved
Parsimonious fit	ChiSq/df (CMINDF) ≤ 3 (3-5 maybe)	4.257	The recommended level is achieved
Revised Model			
Absolute fit	RMSEA≤ 0.08 (0.10 maybe)	0.052	The recommended level is achieved
Incremental fit	CFI ≥ 0.90	0.967	The recommended level is achieved
	GFI ≥ 0.90	0.943	The recommended level is achieved
Parsimonious fit	ChiSq/df (CMINDF) ≤ 3 (3-5 maybe)	2.915	The recommended level is achieved

Source: Zainudin, 2012

From Table 4, it can be seen that the first model was not fit perfectly in the goodness of fit indices [Incremental fit (CFI) = .947, (GFI) = .890; Parsimonious fit (CMINDF) = 4.257; and Absolute fit (RMSEA) = .052)]. However, the revised model improved slightly [Incremental fit (CFI) = .967, (GFI) = .943; Parsimonious fit (CMINDF) = 2.915; and Absolute fit (RMSEA) = .052)]. Thus, it was assumed that the revised model was correct as this has improved all the goodness of fit indices (GOF) as suggested by (Zainudin, 2012). Summary of the main findings of the study is provided in Table 4.

Table 4: Summary of the Main Findings of the Study

H(x)	Hypothesis	Finding
H1a	There is a significant positive relationship between reliability and service quality in Indonesian hospitals	Accepted
H1b	There is a significant positive relationship between assurance and service quality in Indonesian hospitals	Accepted
H1c	There is a significant positive relationship between tangibility and service quality in Indonesian hospitals	Accepted
H1d	There is a significant positive relationship between empathy and service quality in Indonesian hospitals	Accepted
H1e	There is a significant positive relationship between responsiveness and service quality in Indonesian hospitals	Accepted
H2	There is a significant positive impact of service quality on Patient Satisfaction in Indonesian hospitals	Accepted
H3	There is a significant positive impact of Patient Satisfaction on Reutilisation of Health Service in Indonesian hospitals	Accepted
H4	There is a significant positive impact of service quality on Reutilisation of Health Service in Indonesian hospitals	Accepted
H5	There is a significant positive impact of service quality on Reutilisation of Health Service mediated by Patient Satisfaction in Indonesian hospitals	Accepted

5. Conclusion and Managerial Implication

This study employed SPSS and AMOS statistical tools for data analysis and employed SEM to ensure the construct validity of the constructs identified in this study. The variable tangible (TA) is explained by four items. Similarly, the construct responsiveness (RP) is explained by four items. Reliability (RL) construct is explained by five items. Assurance (AS) is explained by four items. Empathy (EM) is explained by five items. These five sub-constructs represent Service Quality (SQ) which is the independent variable of this study. Besides, Patient Satisfaction (PS) construct is explained by seven items which are the mediating variable for this study. Finally, the dependent variable of this study is Reutilisation of Health Service (RHS) which is explained by five items. Using SEM, this study addressed the various research hypotheses developed for this study. All the hypotheses found to be statistically significant in the context of Indonesia. Both EFA and CFA were also conducted to identify the dimensions of reutilisation of health service. In this study, reutilisation of health service was

measured through five items extracted based on the analysis conducted through EFA and CFA. Reutilisation of health service refers to the behaviour that patient will buy over and over again and loyal with the services or services if it is worthy for them. It means the patient will only pay what they think worth to buy. When the value is lesser from the expectation, the patients may have the intention to change to other services or services. It is a natural behaviour of a human being to remain with the same services or services for a certain period. Besides that, brand preference also reflects patient satisfaction. This is because branded services have better quality.

From a practical standpoint, these study findings will contribute to increased knowledge. The findings from this study will also draw the basis and as a starting point of reference to other researcher or be practised by organisations. From the government perspective, since the Indonesia government aimed to improve the economy from the hospital service sector, this study will help to achieve Indonesia's development plans in increasing management and hospital personnel's commitment and performance in Indonesian hospitals.

Moreover, systematically reviewing the patients' feedbacks, decision-makers might examine all the critical aspects in order to determine the most appropriate decisions and actions to satisfy the patients with an aim to retain them. Hence, the fixed structure of the management process will force hospital personnel have to examine relevant variables in deciding what to do and how to do it.

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