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## MULTIVARIATE ANALYSIS OF SERVICE QUALITY, PATIENT SATISFACTION AND RE-UTILISATION AMONG HOSPITALS IN INDONESIA

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### ABSTRACT

*This research has been determining the variables of service quality on patient satisfaction and re-utilisation to hospitals in Indonesia. For this research, essential information was re-utilised to distinguish the measurements of service quality that affect patient satisfaction and patient re-utilisation. The re-utilisation of essential information empowered the analyst to gauge every one of the measures. This examination is vast as in it will permit the comprehension of the idea and structure of the effect of service quality on patient satisfaction and patient re-utilisation that considers the relative nature. This will likewise strengthen the model of service quality in Indonesia's hospital condition. Furthermore, this will produce more prominent findings and understandings among Indonesian hospitals on the significance of service quality and its viability, which may accentuate all the critical perspectives with the end goal to decide the most suitable choices and activities to fulfil the patients.*

**KEYWORDS:** *Tangible, Reliability, Responsiveness, Assurance, Empathy, Service quality, Patient satisfaction, Patient re-utilisation, Indonesia*

### INTRODUCTION

In the previous decade, restorative service has contributed fundamentally to the social and business improvement of many nations including Singapore, Indonesia, Thailand, Hong Kong, Vietnam, Cambodia, Philippines, India and Middle East (Wu, Liao, Hung and Ho, 2012). Therefore, service quality has been assembling an important measure consideration from the researchers since it is imperative for an association's primary concern, whereby the SERVQUAL model is one of the

prominent models when it comes to the service quality concern (Tarofder et al., 2017). Numerous researchers concur that patients have desire to have good services and they re-utilise their desire to have good services to assess the execution of a service. Nonetheless, not all researchers agree that desire to have good services ought to be incorporated as a determinant of service quality. This contradiction brought about two clashing schools of instructed (Robledo, 2001). The study of service quality has increased much enthusiasm among the researchers in

ongoing decades (Parasuraman, Zeithaml and Berry, 1988; Zeithaml, Berry and Parasuraman, 1996; Baker and Crompton, 2000; Huseyin, Salime-Smachi and Turan, 2005).

However, there are a decent number of concentrates on patient satisfaction, and service quality can be found in the scholastic writing (e.g. Allred and Adams, 2000; Al-Tamimi and Al-Amiri, 2003; Fornell, 1992; Gilbert, Veloutsou, Goode and Moutinho, 2014; Hossain, 2010; Oliva, Oliver and McMillan, 1992; Spreng and Mackoy, 1996), notwithstanding, the vast majority of these investigations are on the general service industry. Thus, examines the hospitals which are added a piece of the service business have stayed constrained (e.g. Al Khattab and Aldehayyat, 2011; Andaleeb and Conway, 2006; Briggsa, Sutherland and Drummond, 2007; Crick and Spencer, 2011; Getty and Getty, 2003; Maria and Serrat, 2011; Mohsin and Lockyer, 2010). Consequently, this study went for recognising the deciding components of service quality on patient satisfaction and steadfastness towards hospitals in Indonesia.

Hospitals of numerous types and sizes ceaselessly confront evolving circumstances (Boonitt and Rompho, 2012). These progressions might be minor or huge; however, there is a critical need to adapt to changes. Having the capacity to adapt adequately to these vulnerabilities in the outside and interior situations and accomplish normal levels of execution is a genuine test. By deliberately checking on the patients' inputs, chiefs may analyse all the critical angles with the end goal to decide the most suitable choices and activities to fulfil the patients with a plan to hold them. Thus, the purposeful structure of the management procedure powers hospital workers to inspect pertinent factors in choosing what to do and how to do it. In this manner, in light of the issue articulation and the foundation of the research, this study will look at the effect of service quality on patient satisfaction and patient re-utilisation in the Indonesian hospitals.

This study is intended to research the distinctive measurements of service quality that affect patient satisfaction and patient re-utilisation in Indonesian hospitals. This study is imperative from a few parts of scholastic, administrative; society and the business area themselves. Scholastically, this study will contribute to expanded learning. The discoveries from this study will likewise draw the premise and as the beginning stage of reference to other researcher or be drilled by associations.

From the management point of view, since the Indonesia government planned to enhance the financial from the hospitality area, this study will accomplish Indonesia's advancement designs in expanding management and representative's responsibility and execution in Indonesian hospitals division and other Indonesia associations.

## LITERATURE REVIEW

The writing audit is fundamentally directed to help the research point, substance and hypotheses utilised in before academic works. This segment illuminates the research and is composed compellingly to create the best work of prospects and sources that are promptly accessible. The writing audit will likewise give a clear picture on that show and give a method of reasoning why there is a need to build up a patient service display for Indonesia's hospital parts and what are the key components are related with it in the Indonesian setting.

There have been numerous hypotheses of a few phases of service quality over the previous decades. The field has always been creating and developing at a quick rate over the previous decades, which required the rise of perspectives generally, announced in writing (Dahari et al., 2011).

As indicated by Shahin and Dabestani (2010) service quality is an indispensable and essential component towards the achievement of an association. Seth et al. (2005), states that service quality affects on the results of the service procedure, for example, unwaveringness, relationship, satisfaction, picture and trust has made it exceptionally famous among researchers. Zeithaml and Bitner (2003), concurs that serviceers' judgment of the service experience is straightforwardly relative to the level of services given.

The SERVQUAL show has been tried for legitimacy and reliability in a wide range of businesses and social settings. This model has created likely outcomes and is generally received by researchers (Gibson, 2009). Different researchers, for example, Ladhari (2008) additionally have depicted SERVQUAL as the most suitable model to quantify service quality. This model is regularly utilised by researchers worldwide to measure the patient's satisfaction with a service. Ramseook-munhurrin, Naidoo, and Lukea-Bhiwajee (2009) expressed that researcher of SERVQUAL added desire to have good service segment to enhance the helpfulness of the SERVQUAL scale as asymptomatic apparatus. They additionally referred to Parasuraman et al. (1991, 1994) and expressed that SERVQUAL demonstrates with the desire to have good serviced segment superior to some other models. Baksi and Parida (2011) expressed that Parasuraman et al. (1985) Built up the theoretical structure for the SERVQUAL show was produced in 1985. This system was additionally refined in 1988, 1991, 1993 and 1994. Gibson (2009) expressed that five measurements in the SERVQUAL demonstrate. The measurements are as recorded as Tangibles, Reliability, Responsiveness, Assurance and Empathy.

In any case, Baksi and Parida (2011) likewise expressed that SERVQUAL structure is not impeccable and has a few impediments in a few ventures. For instance, Stevens et al. (1995) created DINESERV to quantify the service quality in

eateries. (Shi, Yang, and Yang (2015) likewise expressed that Parasuraman, Zeithaml and Malhotra (2005) have proposed E-RECSQUAL to gauge the service quality in electronic service enterprises. Since the year 2000, the cell phone use has expanded enormously around the globe. Usually, this circumstance urged researchers to explore the service quality level in cell phone organisations. For instance, Malhotra and Malhotra (2013) utilised m-SERVQUAL to explore the exchanging conduct among cell phone patients in the United States of America. The researchers changed the standard SERVQUAL show and established that the elements that influence the cell phone service supplier's service quality are: (a) Technical reliability, (b) Instore responsiveness, (c) On telephone responsiveness, (e) Online service assistance, and (f) Flexibility of service. Be that as it may, Laukkanen (2007) examined the connection between the telephone show size and service quality of a bill instalment service. The researcher discovered that cell phone with a little presentation is not reasonable for store exchange and patients grumbled that they are not ready to complete the exchange effectively. Researchers, for example, Carlson and O'Cass (2011) endeavoured to expand or alter the current e-Service quality model for the service industry.

Also, the management that centres on patient satisfaction can enhance re-utilisation, and in the meantime, it will help in building a positive picture of their organisation (Kheng et al., 2010; Haque et al., 2014; Haur et al., 2017). Conversely, the management that disregards the patient satisfaction will convey to negative picture of their organisation insofar as will convey to misfortunes in their benefit (Hafeez and Muhammad, 2012). To keep up the patient satisfaction is not just in term of bringing a high quality of items yet additionally incorporate serve a decent service in service's organisation. To expand patient satisfaction not just form a positive picture of the organisation and expanded benefit, yet also patient satisfaction additionally vital with the end goal to contend with contenders (Gilbert and Veloutsou, 2006). It will assist them with developing the upper hand. Most patient will search for the excellent organisation as opposed remain on the poor organisation. The patient will dependably discover something that will fulfil their necessities and needs. It is that patient has their acquiring power. They have their capacity to pick which organisation they like. So that, with the end goal to contend to other organisation that offers similar items, the advertiser must search for something that will keep up patient satisfaction. The patient will spend progressively if the organisation can provide exceptional comfort and will decrease their re-utilisation in an organisation that gives them awful satisfaction (Hafeez and Muhammad, 2012).

Desire to have good service is another pointer that can be re-utilised to gauge patient satisfaction (Sephton, 2013). The item quality, services, cost and

different instruments assume an essential job to decide patient satisfaction, and if those apparatuses meet the patient desire to have good service, the steadfastness rate will be higher (Ullah et al., 2014). Each patient has their desire to have good service (Voon, 2011). Other than that, the patient will service again and again and steadfast with the items or services on the off chance that it is commendable for them. It implies patient will pay what they think worth to have the service. Also, the esteem that the patients get from the item is additionally assumed an outstanding job. At the point when the respect is lesser from the desire to have good service, the patients may have the goal to change to different items or services. It is the personal conduct of an individual to hold with similar issues or services for a specific period. Other than that, mark inclination additionally mirrors patient satisfaction (Bond and Fink, 2003). This is on account of marked items have better quality.

Even though there is an impersonation of items with a similar brand name however with lower quality, the patient re-utilisation will, in any case, be higher. This is a result of the outlook and observation of the items. Besides, suggestions or oral correspondence is additionally vital devices to decide patient satisfaction. This is because the customer will educate others about the qualities and another great side of the items. This is because of the experience, and this will lead them to hold with the issue (Timothy, Bruce, Lerzan et al., 2007, p. 365). Essentially, patients that have significant experience will urge others to service it with the end goal to share the experience. Also, there is a relationship between patient discernment, social goals and patient conduct (Gilbert and Veloutsou, 2006; Karna et al., 2009; Hafeez and Muhammad, 2012). Other than that, concentrating on the offer of spending and patient re-utilisation can prompt esteem added to the firm as opposed to focus on the patient re-utilisation alone. Other than that, each industry has different kind of services (Bond and Fink, 2003; Kheng et al., 2010; Tucker and Pitt, 2010). Hence, it requires a diverse level of patient satisfaction and desire to have good service.

Patient satisfaction assumes an essential job in hospitality items and services. Patient satisfaction is vital to the achievement of hospital promoting because it impacts the decision of hospital and the choice of the patients to come back to a similar hospital (Yoon and Uysal, 2005). Numerous researchers endeavoured to characterise patient satisfaction in the hospitality business. Pizam et al. (1978) have characterised patient satisfaction as the consequence of the correspondence between a patient's involvement with the particular hospital and the desire to have good services he has about that equivalent hospital. Hui et al. (2007) state that patient satisfaction is primarily the consequence of an examination between past pictures of the hospital and what patients indeed observe, feel, and

accomplish at a similar hospital. Joaquín and Magdalena (2009) clarify that patient satisfaction is the aftereffect of a patient's discernment about various purposes of a particular hospital. Adding to this, Chen and Chen (2010) characterised as patient satisfaction is framed by the correlation between patient desire to have good services and post-visit encounters to the hospital. As it were, when current contacts of a patient are contrasted with the past desire to have good service it results in the sentiment of delight, and furthermore, satisfaction is made (Sadeh, Asgari, Mousavi, and Sadeh, 2012). As per Oliver (1980), patient satisfaction alludes to the apparent error between earlier desire to have good service and seen execution after re-utilisation that is when execution contrasts from desire to have good service, dissatisfaction occurs. Be that as it may, the significance of satisfaction in the hospitality business is that satisfaction levels are "boosted when yearning (allure) squares with discernment however just when the attractive quality is high for that condition" (Christopher and Hans, 2012).

Cronin and Taylor (1992) found a unique connection between the satisfactions picked up by patients and aim to service. At the point when connected inside the set of hospitals, this may identify with service quality and patient satisfaction. On the off chance that a hospital gives better services that fulfil the necessities of the patient, it is likely that the patient will keep on re-utilising the services. Patient satisfaction is critical for the prolonged haul survival of an organisation. In the service industry, for example, the media communications industry, patient satisfaction can be controlled by estimating the service quality of the conveyed service. A dedicated patient is additionally more prone to make rehash services, and this thus will prompt higher income for the organisation. The patient frequently will look at the execution of the conveyed services with his or her desire to have good services. Negi (2009) expressed that estimating service quality in a service industry is troublesome because service is impalpable, heterogeneous, and indistinguishable. Kang (2006) referred to Gronroos (1982; 1990) and expressed that service has specific and practical quality measurements. Specialised quality is characterised as the capacity of a firm to get things done agreeing acknowledged industry standard. It likewise incorporates connections between the patient contact staff and the patient. Different researchers, for example, Negi (2009) referred to Sachdev and Varma (2004) and depicted there are inside and outer viewpoints in service quality. An interior point of view is like specialised quality, and it is identified with conformance to prerequisites. Then again, outside point of view is defined with seen service quality. Sohail (2003) referred to Donabedian (1982) and expressed that patients do not realise how to think about the association's specialised viewpoints against the business standard. In this manner, the patient is probably going to

depend on the "how the service is conveyed" to quantify the service quality. Rust and Oliver (1994) portrayed that service quality cannot be adequately estimated and it is in the psyche of the patients. We have to speak with the patients to decide their apparent service quality level (Deng, Lu, Wei, and Zhang, 2010).

Zeithaml et al. (1996) expressed that abnormal state of patient satisfaction may influence the patients' unwaveringness emphatically. (Gibson, 2009) Referred to Peter Herson, Danuta Nitecki and Ellen Altman (1990) and expressed that patient satisfaction can be partitioned into two kinds. They exchange particular satisfaction and non-value-based satisfaction. Exchange particular alludes to the patient's satisfaction after the service has been conveyed. Then again, non-value-based satisfaction is the mix of all past exchange particular satisfaction. Since versatile cell service is re-utilised by the patients once a day, the patients' satisfaction with this service can be arranged as non-value-based satisfaction (Deng et al., 2010). Egan (2004) expressed that patient re-utilisation is generally portrayed as the number of rehash services. Patient re-utilisation is additionally at times depicted as rehash services from a similar service provider over a particular timeframe. Patient re-utilisation is the essential goal of patient satisfaction estimation. Faithful patients are more reluctant to be influenced by negative news or data about the services (Deng et al., 2010) Therefore; it very well may be presumed that holding existing patients is critical for versatile cell service suppliers. Higher patient satisfaction will prompt higher patient re-utilisation and in the long run better primary concern for the association. Hutchinson, Lai and Wang (2009) discovered that both comfort and the number of past visits impact the expectation to return to.

The writing examined above shows that service quality is a critical region of research especially for business (Parasuraman, 1985, for example, the hospitals (Grzanic, 2007), carrier industry (Baker, 2013), postal services (Roopchand and Boojhawon, 2014), managing an account services (Saghier and Nathan, 2013). Service quality research might be finished by conveying surveys to respondents (Akhtar and Zaheer, 2014) or by quantitative investigation of information taken from the fitting specialists (Baker, 2013). The quality of service would prompt patient satisfaction and patient re-utilisation (Amiruddin, 2013). Anyway non-beneficial association, for example, library association may apply the service quality measure with the end goal to give astounding services to serviceers (Wang and Shieh, 2006). The service quality measurements additionally might be changed to suit another sort of service, for example, the e-service (Li and Suomi, 2009) and the Islamic keeping money services (Abedniya and Zaeim, 2011). With regards to Islamic saving money, religious conviction is viewed as a measurement

which ought to be estimated (Shafie, Azmi and Haron, 2004). In the majority of the writing examined above reliability seems, by all accounts, to be the primary need requested by patients in service quality examinations contrasted with assurance, substance, empathy, responsiveness.

Taking everything into account, patient's satisfaction is relying upon the made reference to the pointers above. Every one of the markers assumes an essential job to expand the company's deal. Be that as it may, it is difficult to interpret patient re-utilisation towards items or services. Other than that, the patients' devotion probably won't prompt the patients' faithfulness acquiring conduct and may not build the benefit of the firm. Along these lines, it is imperative for the firm to lead a review or research after the foundation of their items or services. Based on the literature review, the following hypotheses are to be tested in this study.

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 patient re-utilisation in Indonesian hospitals.

H4: There is a significant positive impact of service quality on patient re-utilisation in Indonesian hospitals.

H5: There is a significant positive impact of service quality on patient re-utilisation mediated by patient satisfaction in Indonesian hospitals.

## RESEARCH METHODOLOGY

A deductive approach has been chosen for this research, which is considered to be more fitting as the different proof of critical ideas is gotten from the current hypothesis. All the more particularly, this study starts with connecting up the hypothesis about the subject of enthusiasm from where the study coherently builds the relationship among ideas and framed theories. This study is additionally easygoing; which is gone for finding the causal connections between service quality and patient satisfaction in the Indonesian hospitals. Encourage examination will be directed on what hypothesis hangs on the research subject and afterwards think about it against the training. In this way, the

deductive research approach is by all accounts the most fitting approach for this study.

As per Kothari (2004), the essential information is considered as crude information as these are gathered out of the blue. The creator additionally explained that the researcher needs to choose precisely which kind of information is required for the study and in like manner they need to select the data collection technique.

For this research, essential information was re-utilised to recognise the measurements of service quality that affect patient satisfaction and patient re-utilisation. The re-utilisation of essential information empowered the researcher to gauge every one of the sizes, subsequently, measures the marvel of the determination criteria (Davis and Cosenza, 1988).

In research, populace characterises the whole gathering which will be examined as indicated by the research objective. Since the goal of this study is to investigate the effect of service quality on patient satisfaction, consequently, the objective populace for this study comprises of the patients who remain somewhere around one night in any hospitals in Indonesia. In particular, the actual populace incorporates the patients who stay in hospitals in Indonesia. Henceforth, this study will consider both local people and additionally the remote sightseers who come to Indonesia for various purposes.

Besides, because of the significant expenses and certain time imperatives that may emerge from this study and the unique challenges to get the required respondents as they are scattered in numerous territories of the goal, this study will consider the patients who are accessible inside Jakarta.

Deciding the example estimate to a great extent relies upon numerous variables, for example, populace size, time and cost. As this study will re-utilise SEM, along these lines, this study will consider the example measure which is expected to run the Structural Equation Modeling (SEM). Hence, an aggregate example size of 300 will be satisfactory for this study. The examples or the unit of investigation for this study will be the patients who remain something like one night are hospitals in. Plus, to satisfy the motivation behind this study concerning data on the patients' satisfaction towards the hospitals in Indonesia, a self-regulated shut finished survey will be re-utilised.

This study will re-utilise SEM for further information investigation. The re-utilisation of SEM in this study is advocated for different reasons. In the beginning, to all the more likely comprehend the valid request. Here, the requirement for re-utilising various watched factors is of developing concern (Schumacker and Lomax, 2004). They additionally included that fundamental measurable techniques are unequipped for managing new hypotheses as these use just a set number of factors.

Nonetheless, Byrne (2010) expressed that, SEM re-utilises a corroborative approach as opposed

to an exploratory approach for information examination. Besides, different kinds of models are re-utilised to demonstrate the examples of between factor connections among watched factors (Schumacker and Lomax, 2004). Along these lines, different hypothetical models can be tried in SEM that conjectures the builds among factors and shows how these developments are identified with one another. Thus, deciding on these very alluring attributes, the re-utilisation of SEM in this study is advocated as it can address various research issues especially for this kind of non-trial research.

**DATA ANALYSIS**

In this study, information analysis will be done in four phases. In the main stage, the gathered information will be coded and gone into SPSS worksheet. Step two includes testing legitimacy, reliability and exploratory factor analysis (EFA) re-utilising SPSS. In stage three, promote measurable tests will be led, for example, confirmatory factor analysis (CFA), reliability, and legitimacy re-utilising AMOS. The last step will re-utilise SEM for the model and theories testing.

A progression of goodness-o-fit files that mirror the wellness of the model will be re-utilised in this study. Notwithstanding, there is no general understanding among the researchers concerning which wellness lists ought to be re-utilised (Zainudin, 2012). Hair, Black, Babin and Anderson (2010) and Holmes-Smith, Coote and Cunningham (2006) suggested re-utilising somewhere around three relevant records including no less than one file from every class of fit model.

From the aggregate respondents, 67.3 per cent of respondents were male while female respondents were 32.7 per cent of the polls. The outcome demonstrated the conveyance among male and female respondents. Base on the inquiry replied, 11.5 per cent of the respondents originates from respondents matured between 19 to 24 years of age. Another 43.1 per cent originate from individuals developed between 25 to 30 years of age. Rest 45.4

per cent respondents fall in the age of 31 or more. The survey in this study had been circulated among local people and in addition to the outsiders who came to Jakarta, Indonesia for different purposes. In the wake of leading Exploratory Factor Analysis (EFA), the estimating modelling was finished by considering every one of the factors simultaneously with the end goal to confirm the suitability of the general model. Under this model, the covariance structure of all the concerned inactive elements was learned in the meantime. Therefore, the general measurement model was tried by joining all the idle factors together. At first, every one of the things got from EFA was incorporated into the measurement model.

The findings demonstrates that the wellness level for the measurement model for this study is accomplished [Incremental fit (CFI) = .960, (GFI) = .942; Parsimonious fit (CMINDF) = 2.873; and Absolute fit (RMSEA) = .041]. Subsequently, this study expects that the unidimensionality for the measurement model has been accomplished (Kline, 2011; Zainudin, 2012). No further adjustment was required for this model.

After the fitness of the measurement model has been attained it is essential to report the parameter estimates. According to Zainudin (2012), every researcher must observe the unidimensionality, validity and reliability. Hence, to achieve the discriminant validity, measurement modelling for the constructs are combined to check inters variable correlation value. If the path value between two constructs is higher than 0.85, this proofs that the discriminant validity has failed to achieve the required value (Byrne, 2010). Thus, the model is wrong. Table 1 shows the correlation among the study constructs, and none of the path value is higher than 0.85. As a result, this certifies the discriminant validity of the measurement model.

**Table 1: Inter Item Correlations**

Inter Item Correlations		Estimate
Service Quality	<--> Patient satisfaction	.624
Service Quality	<--> Patient re-utilisation	.441
Patient satisfaction	<--> Patient re-utilisation	.370

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 several

hypothesised paths is illustrated in Table 1. 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	***
Patient re-utilisation	<---	Service Quality	0.778	0.365	2.132	***
Patient re-utilisation	<---	Patient satisfaction	0.384	0.381	1.008	***

After this, by looking at the values presented in Table 2, the summary of the main findings of the study can be presented in Table 3.

**Table 3: 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 on patient satisfaction on patient re-utilisation in Indonesian hospitals	Accepted
H4	There is a significant positive impact of service quality on patient re-utilisation in Indonesian hospitals	Accepted
H5	There is a significant positive impact of service quality on patient re-utilisation mediated by patient satisfaction in Indonesian hospitals	Accepted

**DISCUSSION AND CONCLUSION**

This study has examined the different measurements of service quality that affect patient satisfaction and patient re-utilisation in Indonesian hospitals. This study is imperative from a few parts of scholarly, legislative; society and the business division themselves. The finding this research will increase the value of the information and comprehension of the effect service of quality on patient satisfaction and patient re-utilisation. This study is critical as in it will permit the comprehension of the idea and structure of the effect of service quality on patient satisfaction and patient re-utilisation that considers the similar nature with customary business. This will likewise bolster and enhance hypothesis and model of service quality in Indonesia’s hospital condition. At last, this will create more prominent mindfulness among Indonesian hospitals on the significance of service quality and its adequacy.

By giving high-quality services, hospitals in Indonesia can achieve patient satisfaction and also expanded patient re-utilisation. This will assume an essential job for the nation to draw in and additionally rouse more financial specialists to put resources into the hospitals which will emphatically affect the general economy through income age and giving business. Most likely Indonesia is one of the leading nations in hospitals, yet at the same time, there is need and hole which they have to satisfy by doing numerous workshops and additionally by appropriate preparing to the representative who will bring about accomplishing patient satisfaction. With the end goal to fulfil the patient need and desire to have good service stable activity to be taken by hospital management with the end goal to reach patient satisfaction.

From the reasonable point of view, these study discoveries will contribute towards expanded learning. The findings from this study will likewise draw the premise and as the beginning stage of

reference to other researcher or be drilled by associations. From the management point of view, since the Indonesia government intended to enhance the monetary from the hospitality segment, this study will accomplish Indonesia's advancement designs in expanding management and representative's responsibility and execution in Indonesian hospitals segment and other Indonesia associations.

Also, deliberately assessing the patients' criticisms, leaders may look at all the essential perspectives with the end goal to decide the most proper choices and activities to fulfil the patients with a plan to hold them. Henceforth, the known structure of the management procedure will compel hospital representatives to analyse essential factors in choosing what to do and how to do it.

Like each other research, the flow research is likewise not without confinements. The current study includes a few restrictions that have the right to be tended to. The main impediment of the present research emerges from the captivity of assets, especially time and cash. If the researcher did not meet acknowledgement and money related requirements, then it is conceivable to create information from a more prominent example by giving respondents motivating forces that would expand their ability to take an interest in the overview and also decrease reaction mistake. In the meantime, it would likewise empower the researcher to re-utilise a further developed methodological approach, for example, a blend of a subjective and quantitative technique whereby, the system would not exclusively be founded on quantitative strategy, but the somewhat subjective method could have additionally been re-utilised.

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