



## Service Quality, Patient Satisfaction, and Patient Loyalty at Pavilion RSGM Unpad: A Quantitative Analysis

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### Abstract

This study aims to analyze the role of service quality and patient satisfaction in shaping patient loyalty at the Pavilion of RSGM Unpad. Patient loyalty matters not only for institutional competitiveness but also for continuity of care, service utilization, and the long-term sustainability of specialized health services, yet evidence from premium dental hospital units in Indonesia remains limited. The research employed a quantitative cross-sectional explanatory survey design. The study sample consisted of 188 patients, selected through convenience sampling, and data were collected using a structured questionnaire measuring perceptions of service quality, satisfaction, and loyalty. Data were analyzed using multiple linear regression to examine both partial and simultaneous effects among the variables. The results show that service quality significantly influences patient loyalty, and patient satisfaction also has a significant effect on loyalty; together the two predictors explain 72.5% of the variance in loyalty. The findings highlight that dominant factors such as the professionalism of medical staff, timeliness of service, and comfort of supporting facilities play a central role in shaping loyalty. The study contributes empirical evidence on the service quality–satisfaction–loyalty pathway in a specialized Indonesian dental hospital setting and offers practical implications for quality improvement, patient-centered care, and the retention of patients in such services.

**Keywords:** *Service Quality, Patient Satisfaction, Patient Loyalty*

### INTRODUCTION

Globalization has accelerated economic growth and intensified competition across sectors, including healthcare, and the hospital industry, particularly dental and oral healthcare services, faces rapid growth and high competition (KPPU, 2020). However, the significance of patient loyalty extends well beyond competitive advantage. Loyal patients are more likely to maintain continuity of care, adhere to treatment recommendations, and continue utilizing services over time, which supports better health outcomes and the long-term financial sustainability of healthcare institutions (Pohan, 2019). Service quality plays a crucial role in enhancing patient satisfaction, which is widely recognized as a key indicator of healthcare success and a precursor to these longer-term outcomes (Kenre et al., 2022).

Patient satisfaction reflects the emotional response to the comparison between expected and perceived service quality (Lovelock, 2007). In dental care specifically, this evaluation is shaped by features that distinguish dental services from many other health services: treatment typically involves repeated visits over time, a strong reliance on trust in the practitioner, and frequently heightened anxiety or anticipation of pain. These characteristics make the practitioner–patient relationship and the perceived quality of each encounter particularly salient for the formation of long-term loyalty. Prior studies have consistently demonstrated that service quality positively influences satisfaction and loyalty (Suryaningrat et al., 2018; Bajamal et al., 2020), and patients who are satisfied with dental care tend to revisit the same provider and recommend it to others (Ramez, 2012; Aliman & Mohamad, 2013).

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Within healthcare, perceived service quality is commonly assessed through the SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles, and adaptations of this model have been widely applied to patient experience and loyalty in hospital and clinic settings (Aliman & Mohamad, 2013; Rahman et al., 2021). The pathway from quality to satisfaction and then to loyalty is captured in the service-profit chain, in which superior service quality raises satisfaction and, in turn, loyalty (Heskett et al., 1994). Trust and commitment further strengthen long-term patient-provider relationships, particularly where reliability and continuity of care are essential (Morgan & Hunt, 1994), and loyal patients are more likely to return and recommend the service, making loyalty a strategic outcome for healthcare organizations (Griffin, 2005).

Despite the volume of work on service quality and loyalty, three gaps remain. First, most studies have examined general hospitals or outpatient clinics rather than premium, specialized dental hospital units, where patient expectations and the cost of service failures tend to be higher. Second, evidence from the Indonesian context, and from specialized dental settings in particular, is still limited. Third, the mechanism linking the constructs is not well established: it remains unclear to what extent patient satisfaction operates alongside, or as an intermediate step in, the relationship between service quality and loyalty. Addressing these gaps matters both theoretically, for refining the service quality-satisfaction-loyalty model in specialized care, and practically, for guiding quality improvement in Indonesian dental hospitals.

To further explore this issue, the researcher conducted a preliminary study at the Pavilion of Rumah Sakit Gigi dan Mulut Universitas Padjadjaran (RSGM Unpad) in December 2023, involving 10 respondents. The Pavilion is positioned as a premium, sophisticated, and specialized unit within RSGM Unpad, offering services from dental specialists, dedicated facilities, and more exclusive treatment compared to the regular clinic. In theory, this makes the Pavilion a niche healthcare service designed to deliver higher-quality care and patient experience.

However, the preliminary findings revealed that a considerable proportion of patients expressed neutral or negative perceptions across several service dimensions. This is surprising given the Pavilion's reputation as the most sophisticated unit within RSGM Unpad. The results suggest a potential mismatch between the Pavilion's intended positioning as a premium service and the actual experience perceived by patients. This gap highlights the need for a deeper investigation into whether service quality is effectively translated into patient satisfaction and loyalty in such specialized healthcare settings.

Based on these considerations, this study aims to examine the influence of service quality and patient satisfaction on patient loyalty in the Pavilion of RSGM Unpad. By addressing the limitations of previous studies and grounding the investigation in preliminary findings, this research seeks to contribute novel insights into strengthening patient loyalty in specialized dental healthcare services.

Accordingly, the study pursues three objectives: (1) to examine the effect of service quality on patient loyalty; (2) to examine the effect of patient satisfaction on patient loyalty; and (3) to examine the joint (simultaneous) effect of service quality and patient satisfaction on patient loyalty. These objectives are expressed in three research questions. RQ1: Does service quality significantly affect patient loyalty at the Pavilion of RSGM Unpad? RQ2: Does patient satisfaction significantly affect patient loyalty? RQ3: Do service quality and patient satisfaction jointly affect patient loyalty?

The study makes two contributions. Theoretically, it extends evidence on the service quality-satisfaction-loyalty pathway to the under-studied context of a premium, specialized dental hospital unit and provides empirical data from an Indonesian specialized dental setting. Practically, it identifies the service dimensions most strongly associated with loyalty, offering actionable guidance for quality-improvement efforts aimed at strengthening patient retention and continuity of care.

## RESEARCH METHOD

This study adopted a quantitative, cross-sectional explanatory survey design to test the effects of service quality and patient satisfaction on patient loyalty at a single point in time (Sugiyono, 2013). The study was conducted at the Pavilion of the Dental and Oral Hospital, Universitas Padjadjaran (RSGM Unpad), a premium specialized unit. The target population comprised all patients attending the Pavilion over one month in 2025, estimated at approximately 200 individuals based on patient-flow data from the preceding six months.

Sampling used a non-probability convenience approach (Sekaran & Bougie, 2016), in which patients who happened to attend the Pavilion during the study window and were willing to participate were recruited. The target population comprised all patients visiting the Pavilion within one month in 2025, estimated at approximately 200 patients based on average monthly visits over the preceding six months. From this population, 188 patients met the criteria and provided complete, usable responses, which were retained for analysis. This sample comfortably exceeds the minimum of 66 respondents indicated by Green's (1991) guideline for two predictors in multiple regression ( $N \geq 50 + 8m$ ). Inclusion criteria required patients to be at least 17 years old, to be Pavilion patients, and to consent to participate; patients who were not Pavilion patients, or who were attending the Pavilion for the first time, were excluded because satisfaction and loyalty judgments presuppose prior service experience. Patients were informed of the study's purpose and that participation was voluntary and anonymous, and they provided consent before completing the questionnaire. Because convenience sampling does not guarantee full representativeness, the findings generalize to returning Pavilion patients rather than to first-time visitors or to the broader patient population.

Data were collected through a structured questionnaire administered online via Google Forms. The survey link was distributed to patients by Pavilion staff at the point of care, and patients completed it on their own devices. The instrument was presented in Bahasa Indonesia; items adapted from English-language scales were translated into Bahasa Indonesia and reviewed for meaning equivalence before use. All items used a five-point Likert format (1 = strongly disagree to 5 = strongly agree). Service quality was measured using the five SERVQUAL dimensions of reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 1988), adapted for the healthcare context (Aliman & Mohamad, 2013); patient satisfaction through expectation confirmation, intention to revisit, and willingness to recommend (Mothersbaugh et al., 2019); and patient loyalty through trust, psychological commitment, switching cost, word-of-mouth, and cooperation (Baloglu, 2002; Rahman et al., 2021). The questionnaire comprised 43 items in total: 17 items for service quality (e.g., "The Pavilion has up-to-date equipment" for tangibles and "Staff provide prompt service" for responsiveness), 9 items for patient satisfaction (e.g., "The service I received met or exceeded my expectations"), and 17 items for patient loyalty (e.g., "I would recommend the Pavilion to family and friends" for word-of-mouth).

Before the main analysis, the instrument was tested for validity and reliability. Construct validity was assessed through item-total (Pearson product-moment) correlations, with items retained when the correlation exceeded the critical value of 0.30; all 43 items met this threshold (service quality,  $r = 0.610$ – $0.803$ ; satisfaction,  $r = 0.693$ – $0.842$ ; loyalty,  $r = 0.559$ – $0.826$ ) and were therefore retained. Internal-consistency reliability was assessed using Cronbach's alpha, with values above 0.70 regarded as acceptable; all three constructs were highly reliable, with service quality  $\alpha = 0.938$ , patient satisfaction  $\alpha = 0.914$ , and patient loyalty  $\alpha = 0.936$ . Because the analysis uses summated multi-item scores rather than single ordinal items, the resulting composite scores were treated as interval-level data for the regression, consistent with common practice in service-quality research.

The hypotheses were tested using multiple linear regression, with service quality (X1) and patient satisfaction (X2) as predictors of patient loyalty (Y), estimated in SPSS version 24.0. Before interpretation, the classical assumptions of regression were examined: normality of residuals (Kolmogorov–Smirnov), linearity, homoscedasticity (inspection of the residual scatterplot), multicollinearity (variance inflation factor and tolerance), and autocorrelation (Durbin–Watson). Statistical significance was set at  $p < 0.05$ , and the coefficient of determination ( $R^2$ ) was used as the measure of effect size. Partial effects were assessed with t-tests, and the simultaneous effect with the F-test. Because patient satisfaction is theoretically positioned as an intermediate variable between service quality and loyalty, its possible mediating role is acknowledged as a direction for further testing (e.g., using the PROCESS macro or structural equation modeling).

## RESULTS AND DISCUSSION

### Respondent Characteristics

As shown in Table 1, of the 188 respondents, the majority were female, aged 21–30 years, with university-level education. Most were students or private employees, reflecting the Pavilion’s niche positioning as a specialized dental unit attracting a younger, educated, and urban patient base. This demographic profile is consistent with previous findings that younger and more educated patients tend to be more critical in evaluating service quality (Rahman et al., 2021).

**Table 1.** Respondent Characteristics (N = 188)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	54	28.72
	Female	134	71.28
Age (years)	17–20	14	7.45
	21–30	111	59.04
	31–40	57	30.32
	>40	6	3.19
Education	Junior high school	3	1.60
	Senior high school	11	5.85
	Diploma	16	8.51
	University / equivalent	156	82.98
Occupation	Professional (dentist)	2	1.06
	Not working	10	5.32
	Student	52	27.66
	Doctor / dentist (internship)	4	2.13
	State-owned enterprise employee	2	1.06
	Private employee	60	31.91
	Permanent non-civil-servant Unpad staff	5	2.66
	Civil servant / military / police	14	7.45
	Entrepreneur / self-employed	32	17.02
Other	9	4.79	
<b>Total</b>		<b>188</b>	<b>100.00</b>

Source: Authors’ data analysis.

### Validity and Reliability Tests

All questionnaire items passed validity tests, and Cronbach's Alpha values exceeded 0.7, confirming reliable constructs. This statistical robustness provides a strong foundation for interpreting the subsequent regression results.

### Descriptive Analysis

1. Service Quality: Overall, patients rated the Pavilion's service quality as good (mean = 4.09). The strongest aspect was staff appearance and adherence to hospital standards (4.27), while the weakest was the availability of advanced equipment (3.76).
2. Patient Satisfaction: Satisfaction was also assessed as good (mean = 3.98). The highest-rated indicator was patients' willingness to recommend the Pavilion because of the perceived value and benefits of care (4.11). Conversely, supporting facilities scored lowest (3.79), indicating unmet expectations in this area.
3. Patient Loyalty: Loyalty was categorized as good (mean = 3.89). Friendliness of staff emerged as the strongest driver of loyalty (4.26), whereas tolerance for price changes compared with other hospitals was rated lowest (3.37).

### Regression Analysis

Multiple regression analysis was conducted to examine the effects of service quality (X1) and patient satisfaction (X2) on patient loyalty (Y). The regression model was statistically significant,  $F(2,185) = 243.33$ ,  $p < 0.001$ , indicating that the predictors jointly explained a substantial portion of the variance in loyalty. The coefficient of determination ( $R^2$ ) was 0.725, showing that 72.5% of the variation in patient loyalty could be explained by service quality and satisfaction, while the remaining 27.5% was attributable to factors not included in the model.

The classical regression assumptions were examined before interpretation and were satisfied. Residuals were normally distributed (Kolmogorov-Smirnov test statistic = 0.077,  $p = 0.216 > 0.05$ ); the relationships between each predictor and loyalty were linear (linearity  $p < 0.001$  for both); and homoscedasticity was supported by inspection of the residual scatterplot, in which the points were randomly scattered above and below zero with no systematic pattern. Multicollinearity was not a concern, with a variance inflation factor of 2.670 and a tolerance of 0.375 for both predictors (well within the  $VIF < 10$  and tolerance  $> 0.1$  thresholds), and the Durbin-Watson statistic of 1.865 indicated the absence of autocorrelation. Together, these checks confirm that the data met the requirements for multiple linear regression.

The partial test results (Table 2) confirmed that both predictors had significant positive effects on loyalty. Service quality ( $\beta = 0.524$ ,  $t = 8.150$ ,  $p < 0.001$ ) emerged as the stronger predictor compared to patient satisfaction ( $\beta = 0.385$ ,  $t = 6.101$ ,  $p < 0.001$ ). This suggests that improvements in service delivery, particularly reliability, empathy, and responsiveness, play a more dominant role in shaping loyalty than satisfaction alone, and the standardized coefficients indicate that service quality contributed more strongly to the prediction of loyalty than satisfaction.

The simultaneous test results (Table 3) further supported this conclusion, showing that service quality and satisfaction together have a strong and significant impact on loyalty. The model summary (Table 4) reinforces the robustness of this relationship, with an adjusted  $R^2$  of 0.722. The regression equation derived from the analysis is presented below, and these values represent the unstandardized coefficients which indicate the expected change in loyalty for each one unit increase in the respective predictor:

$$Y = 5.560 + 0.518X_1 + 0.695X_2$$

Relative contribution analysis revealed that service quality accounted for approximately 42.0% of the variance in loyalty, while satisfaction contributed 30.5%. These proportions follow the relative strength of the standardized coefficients and reflect the pattern of influence but they do not represent squared semi partial correlations because those values were not provided in the coefficients table. This indicates that while satisfaction enhances loyalty, the technical and relational aspects of service delivery remain the primary drivers.

The regression path diagram (Figure 1) illustrates these relationships, highlighting the direct and significant effects of both service quality and satisfaction on loyalty.

**Table 2.** Multiple Regression Results (t-test/Partial Effects)

Predictor	B	$\beta$	t	Sig.	Contribution (%)
Service Quality (X1)	0.518	0.524	8.150	0.000	42.0
Patient Satisfaction (X2)	0.695	0.385	6.101	0.000	30.5

Note: Dependent variable = Patient loyalty (Y). Contribution =  $\beta \times$  zero-order correlation  
 Source: Author’s Data Analysis

**Table 3.** Simultaneous Effect of Service Quality and Satisfaction on Loyalty (F-test)

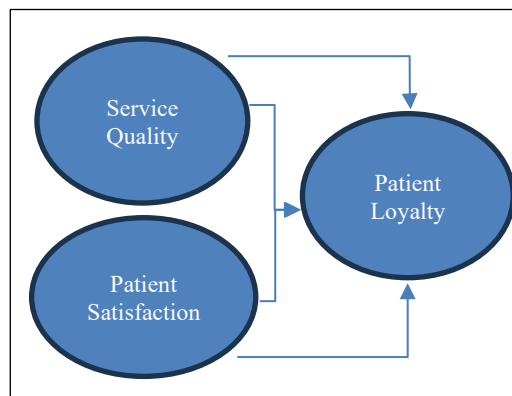
Model	B	df	Mean Square	F	Sig.
Regression	1837.623	2	918.811	243.325	0.000 <sup>b</sup>
Residual	698.801	185	3.778		
Total	2536.424	187			

Note: R = 0.851; R<sup>2</sup> = 0.725; Adjusted R<sup>2</sup> = 0.722  
 Source: Author’s Data Analysis

**Table 4.** Model Summary

R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. Error of Estimate	Durbin-Watson
0.851	0.725	0.722	5.79670	1.865

Source: Author’s Data Analysis



**Figure 1.** Regression Path Diagram

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## Discussion

The results of this study provide a comprehensive understanding of how service quality and patient satisfaction shape patient loyalty at the Pavilion of RSGM Unpad. The descriptive findings show that service quality, satisfaction, and loyalty all fall within the good category, although several indicators within each construct still require improvement.

Service quality achieved a mean score of 4.09, indicating that most patients perceived the services as good. Indicators related to staff neatness and punctuality received very high scores, reflecting strong performance in professionalism and reliability. However, out of seventeen indicators, only six surpassed the overall mean threshold, and several indicators, such as the modernity of medical equipment and staff responsiveness, scored lower. These results demonstrate that despite generally good service delivery, important aspects related to infrastructure and responsiveness remain areas requiring managerial attention to achieve consistently excellent service across all dimensions.

Patient satisfaction also fell within the good category with a mean score of 3.98. The highest indicator was the willingness of patients to recommend the Pavilion to others, showing that the overall treatment experience is positively evaluated. Nevertheless, several indicators underperformed, especially those linked to supporting facilities, including the waiting area and non-medical amenities. This gap highlights that satisfaction is influenced not only by clinical interaction but also by the overall environment and comfort during treatment. Improving these supporting facilities would enhance the comprehensive patient experience and increase satisfaction more uniformly.

Patient loyalty demonstrated a mean score of 3.89, indicating that most patients intend to continue using Pavilion services and hold positive attitudes toward the institution. Indicators such as trust in medical staff integrity and satisfaction with staff friendliness scored particularly high, reflecting the strength of affective and cognitive components of loyalty. Yet, loyalty is not equally strong across all indicators. Lower scoring items such as switching cost and sense of belonging suggest that emotional attachment and the deterrents to switching to alternative facilities are not fully established. These findings signal that loyalty at the Pavilion is present but still vulnerable, highlighting a need for strategies that build stronger emotional engagement and long-term relational bonds.

The inferential analysis strengthens these descriptive patterns. Service quality exhibited a significant positive effect on loyalty with a regression coefficient of 0.518. This supports existing studies, including [Ni'am et al. \(2025\)](#), [Hidayat \(2009\)](#), and [Arianto \(2003\)](#), which consistently found that better service quality enhances loyalty through increased trust, satisfaction, and perceived value. The dimensions of reliability, responsiveness, assurance, empathy, and tangibility play central roles in shaping this perception. High scores in staff appearance and punctuality confirm that strong professional presentation and adherence to schedules enhance patient confidence. However, lower scores in technological adequacy and responsiveness highlight a need for further improvement to maximize loyalty outcomes.

Patient satisfaction also displayed a significant positive effect on loyalty with a regression coefficient of 0.695. This indicates that increased satisfaction substantially raises the likelihood that patients will return, recommend, and continue using the facility. These results align with the findings of [Hidayat \(2009\)](#) and [Aryani & Rosinta \(2011\)](#), demonstrating that loyalty is driven by emotional fulfillment, trust, and confirmation of expectations. The high indicator related to willingness to recommend confirms that satisfied patients become advocates for the Pavilion. Yet, dissatisfaction with supporting facilities signals that loyalty is influenced by the overall service environment, not merely clinical effectiveness.

These findings are in line with previous research showing that satisfaction strongly contributes to repeat usage and long-term loyalty (Hallowell, 1996). The role of patient experience identified in this study also aligns with the experiential marketing perspective, which highlights that emotional, sensory, and relational experiences influence loyalty beyond functional service quality alone (Schmitt, 1999). The relevance of market orientation is also reflected in these results, indicating that institutions that deliver higher value tend to achieve stronger satisfaction and loyalty (Narver & Slater, 1990). Furthermore, the strong performance in staff professionalism and friendliness supports the commitment–trust perspective, which emphasizes trust as a key component in building long-term patient loyalty (Morgan & Hunt, 1994).

The simultaneous effect of service quality and satisfaction on loyalty provides an even clearer perspective. The F test result of 243.325 with a significance level of 0.000 confirms that these two variables jointly influence loyalty in a strong and statistically meaningful manner. This supports the conceptual understanding that loyalty develops not from a single source but from the combined experience of receiving high-quality service and feeling emotionally and functionally satisfied. Studies by Suryaningrat et al. (2018) and Bajamal et al. (2020) also report that service quality and satisfaction work together to shape loyalty and that their synergy supports institutional competitiveness and contributes to achieving organizational goals. Compared to similar studies in other facilities, such as the work of Rahardian et al. (2025) in Puskesmas Pakis, Surabaya, the Pavilion's combined effect is stronger, indicating a comparatively higher level of perceived service performance and patient satisfaction.

These findings also bear relevance when compared with international contexts. Letchmanan and Nordin (2018) in Penang, Malaysia, reported that tangible aspects, assurance, and responsiveness were dominant in influencing satisfaction and loyalty. The Pavilion's performance on these dimensions is already good, but still leaves room for development, particularly in strengthening technological resources and overall patient experience. Considering that a significant portion of Malaysian respondents were Indonesian, the competition posed by overseas healthcare facilities becomes a strategic signal for local institutions to enhance quality, modernize facilities, and deliver premium specialist care that matches global expectations.

Two findings run counter to expectations and merit attention. First, although the Pavilion is positioned as a premium, specialized unit, the modernity and adequacy of its medical equipment received among the lowest ratings, revealing a gap between the unit's premium positioning and patients' actual perceptions of its facilities. Second, loyalty remained high even though switching costs and sense of belonging were rated low, which is unusual because low switching costs typically weaken loyalty. Plausible explanations include the price sensitivity and life stage of the predominantly young, student patient base, and a loyalty driven more by trust in staff and the perceived value of care than by structural barriers to switching. These patterns suggest that loyalty at the Pavilion rests on relational and affective foundations rather than on lock-in, and is therefore more vulnerable to competition than the headline loyalty score implies.

Overall, the findings indicate that service quality and patient satisfaction must be strengthened simultaneously to build robust and enduring loyalty. This includes enhancing responsiveness, upgrading medical and supporting facilities, improving communication, and creating emotionally engaging patient experiences. By integrating quality improvement with consistent satisfaction management, the Pavilion can achieve sustainable patient loyalty, improve retention, and strengthen its competitive position within the healthcare sector.

## CONCLUSION

This study examined the influence of service quality and patient satisfaction on patient loyalty at the Pavilion of RSGM Unpad. The three research questions were answered affirmatively:

service quality significantly affects loyalty (RQ1 confirmed), patient satisfaction significantly affects loyalty (RQ2 confirmed), and the two jointly affect loyalty (RQ3 confirmed), together explaining 72.5% of its variance, with service quality the stronger predictor. These results support and refine the service quality–satisfaction–loyalty pathway described by the SERVQUAL framework and the service-profit chain in the specific context of a premium, specialized dental hospital unit, indicating that loyalty here is built mainly through the technical and relational quality of service rather than through structural switching barriers.

Several practical recommendations follow directly from the findings. Because equipment modernity and adequacy were rated lowest, the Pavilion should prioritize upgrading dental equipment and supporting technology. Given the relatively low responsiveness scores, it should implement and monitor responsiveness standards, such as target waiting and response times. To address dissatisfaction with non-medical amenities, the comfort of the waiting area and supporting facilities should be improved. Because staff friendliness and trust emerged as the strongest drivers of loyalty, continued service training for staff is recommended to protect this strength, while periodic satisfaction monitoring would allow the unit to detect and respond to declines early. Taken together, these actions connect the study's findings to concrete quality-improvement measures that support patient-centered care and the continuity of dental care, and thereby strengthen patient retention.

The study is limited by its single-institution focus, the use of convenience sampling, and reliance on self-reported, cross-sectional data. Future research should employ broader and probability-based sampling, formally test patient satisfaction as a mediator, include additional variables such as trust or perceived value, and adopt longitudinal designs to deepen understanding of how loyalty forms and is sustained in specialized healthcare settings.

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