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Service Quality, Patient Satisfaction and Covid-19 Protection: It's Impact on Patient's Behavioral Intention to Visit the Hospital in Jakarta

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Abstract

COVID-19 pandemic has The substantially transformed Indonesia's healthcare visits and practices with new regulations to reduce the visitor flow and screen potential COVID-19 patients. The enforcement of the prevention regulations may alter patients' intention to visit the hospital to some extent. This paper examines the impact of service quality, patient satisfaction, and COVID-19 protection on patient behavioral intention to visit the hospital in Jakarta. This research is a quantitative study where we collected data from 160 patients who had visited the hospital in Jakarta using an online questionnaire during the COVID-19 pandemic. Factor analysis and the structural equation model were analyzed using PLS-SEM of how service quality, patient satisfaction, and COVID-19 protection impact behavioral intention. This study found that COVID-19 protection and patient satisfaction positively and significantly affect behavioral intention, as shown by the Tstatistics value of 3.652 and 5.812, respectively. In contrast, we found no significant impact of service quality on behavioral intention. In conclusion, hospital management better adapts COVID-19 prevention policies and enhances patient satisfaction since it profoundly influences the patient's behavioral intention to visit the hospital during the COVID-19 pandemic.

Keywords

Behavioral intention; hospital visit; patient satisfaction; COVID-19 protection; service quality



I. Introduction

Since March 2020, World Health Organization (WHO) has announced COVID-19 as a pandemic due to the alarming level of spread and severity of the COVID-19 virus (WHO, 2020). To reduce the transmission of the virus, the government imposed some essential regulations, including staying at home, physical distancing, wearing a face mask in public areas, regular washing of hands and avoiding large gatherings (Purnama & Susanna, 2020). The consequences lead to a significant impact on the healthcare industry. People are reluctant to do everyday activities to avoid gatherings, including visiting outpatient clinics and hospitals. A recent study shows an average decrease of 200 patients per day in one private hospital Pekan Baru (Suryandartiwi & Zaky, 2021). Another study reported declining visits to the outpatient department in a public hospital in Surakarta (Prabowo, 2020). The decrease in outpatient visits may be due to hospital avoidance due to fear of contracting COVID-19. The risk of in-hospital infection and the delay in getting care in a crowded waiting room possibly contribute to the decreased admission rate (Hsieh et al., 2021). The outbreak of this virus has an impact of a nation and Globally (Ningrum et al, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and

psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020).

To minimize the chance of spreading the virus and protect patients' health, the hospital addressed safety measures relating to COVID-19. There is still a lack of data on how these protective measures affect patient satisfaction and behavioral intention. A study conducted in retail enterprises shows that protective actions concerning COVID-19 positively and significantly influenced satisfaction, further increasing behavioral intention. (Untaru & Han, 2021). Many research has studied the relationships between service quality and customer satisfaction (Fatima et al., 2018). However, the current study focuses on addressing the healthcare service quality in the advent of COVID-19 and its impact on satisfaction will benefit the hospital to prosper in the competitive healthcare industry (Lee, 2021).

Accordingly, the objective of this study is to determine the relationship between service quality, patient satisfaction, COVID-19 protection, and behavioral intention in hospitals in Jakarta in the context of COVID-19. Understanding the factors influencing the public's changing behavioral intention to visit the hospital throughout the COVID-19 pandemic is vital in adjusting hospital prevention policies against COVID-19.

II. Review of Literature

Service excellence has become a crucial task with the rapid development of services today. In addition to COVID-19, there is high demand for healthcare services. Thus, a hospital must perform competently to provide good services to satisfy their patients. In terms of behavioral intention, it is of utmost importance to consider service as it can increase a company's profitability (Hendellyn & Bernarto, 2021).

2.1 Service Quality

The definition of service quality is the consumer's overall impression of the relative inferiority/superiority of the organization and its services (Bitner & Hubbert, 1994). Service quality is a complex factor that is difficult to measure. A SERVQUAL model is a popular tool for measuring service quality (Parasuraman et al., 1985). It characterizes service quality on five measurements: tangibles, reliability, responsiveness, assurance, and empathy. The model has proven its dependability and legitimacy in measuring service quality in different settings (Rahman et al., 2018). In the hospital context, service quality may be a critical factor for success as it earns patient satisfaction and hospital profitability (Donabedian, 2005).

2.2 COVID-19 Protection

The COVID-19 pandemic is an unexpected crisis that impacts global health. Health and safety become primary concerns for consumers to choose services during the COVID-19 outbreak as they are hesitant to risk themselves by going to physical stores (Chivu et al., 2021). In addition, consumers also become more attentive to the cleanliness of the facility (Blakely, 2020). The hospital has to adapt to these newer standards to address consumer needs. This study used a research model from prior research in a retail enterprise setting to a hospital setting (Untaru & Han, 2021). The COVID-19 protection addressed by the hospital includes the availability of dispensers for hand disinfection, the opportunity to pay using a card, the requirement for customers to wear face masks, devices for temperature screening, a well-ventilated hospital, and whether the hospital looked clean and sterilized (Untaru & Han, 2021).

2.3 Patient Satisfaction

In healthcare, customer satisfaction is comparable with patient satisfaction. Patient satisfaction is a personal opinion that outcomes from examining healthcare associations and understanding the correlation of the actual performance with the expectation of the people (Fatima et al., 2018). In healthcare settings, patient satisfaction is an outcome measure and acts as an indicator of service quality. It is critical for patient satisfaction to be evaluated as it gives hospital management an understanding of different healthcare features, such as the effectiveness of their care (Deriba et al., 2020).

2.4 Behavioral Intention to Visit the Hospital

According to one study, behavioral intention determines the possibility of consumers taking specific actions in the future and how they are willing to put effort into performing the behavior (Hendellyn & Bernarto, 2021). In the hospital setting, behavioral intention indicates the patient's intention to revisit a particular hospital for another treatment and to recommend that hospital to family and friends. Revisit is accounted as a measurement of success in the service industry (Rahman et al., 2018).

2.5 Hypothesis Development

a. Relationship between Service Quality and Patient Satisfaction

One study found a positive relationship between healthcare service quality and patient satisfaction (Fatima et al., 2018). Another research also provided a similar result as it showed a positive association between service quality and patient satisfaction (Shabbir & Malik, 2016). These studies indicate that patient satisfaction results from better service quality. Based on the pieces of literature above, the hypothesis of the relationship is as follows:

H1: Service quality positively influences patient satisfaction

a. Relationship between Quality and Behavioral Intention

Service quality affects consumer behavior related to revisiting commitments and recommendations to others (Sureshchander et al., 2002). Another study also concludes that service quality directly influences patients' behavioral intention for either public or private hospitals (Rahman et al., 2018). If the hospital delivers better service quality, the patient will be more willing to visit the hospital (Lee, 2021). Based on the pieces of literature above, the hypothesis of the relationship is as follows:

H2: Service quality positively influences behavioral intention.

c. Relationship between COVID-19 Protection and Patient Satisfaction

There is still a lack of empirical studies researching the effect of the implementation of COVID-19 protection. Nevertheless, hospitals need to adapt to these new changes accordingly to regulations from the government. A study confirms that the benefits of COVID-19 protection significantly and positively affect preventive satisfaction (Suryandaritiwi & Zaky, 2021). Based on the pieces of literature above, the hypothesis of the relationship is as follows for further investigation:

H3: COVID-19 protection positively influences patient satisfaction.

d. Relationship between COVID-19 Protection and Behavioral Intention

A study conducted in a private hospital noted that the benefits of COVID-19 protection have no significant effect on behavioral intention. (Suryandaritiwi & Zaky, 2021). However, another study conducted in retail enterprises found that the preventive actions against COVID-19 positively and significantly affect customer satisfaction, which leads to increased behavioral intentions. (Untaru & Han, 2021). Based on the pieces of literature above, the hypothesis of the relationship is as follows for further assessment: H4: COVID-19 protection positively influences behavioral intention.

e. Relationship between Patient Satisfaction and Behavioral Intention

One research identified that customer satisfaction impacts behavioral intention presenting that the more satisfied the patients, the more positive behavioral intention (Hendellyn & Bernarto, 2021). Another study from China found that customer satisfaction has no significant influence on behavioral intention (Lee, 2021). However, the author suggests that Chinese citizens lack the intent to revisit one hospital regardless of satisfaction due to the vast number of hospitals in urban regions (Lee, 2021). A recent study shows that preventive satisfaction directly impacts behavioral intention (Suryandaritiwi & Zaky, 2021). Based on the pieces of literature above, the hypothesis of the relationship is as follows:

H5: Patient Satisfaction positively influences behavioral intention



Figure 1. Conceptual Model

III. Research Method

3.1 Research Object

In this study, the research object is the behavioral intention, precisely intention to visit a hospital. In the research framework which predicts the intention to visit a hospital, some other influencing variables are service quality, COVID-19 protection, and patient satisfaction.

3.2 Unit Analysis

The unit analysis in this study is an individual over 17 years old who had visited the outpatient department in Jakarta Hospitals for healthcare services during the COVID-19 pandemic (from March – April 2022). The data were collected using a questionnaire distributed online with google forms. The data processing was done using PLS-SEM analysis with SmartPLS software.

3.3 Research Type

This research is a non-interventional, quantitative population survey by testing hypotheses and correlations. The research design is cross-sectional in which the data is collected only in one period of time to achieve a minimum sample size. The result of the hypothesis is going to be generalized to the population.

3.4 Conceptual Definition and Operationalization of Variables

The independent variables were service quality and COVID-19 protection, while patient satisfaction was the mediating variable, and behavioral intention, predicted at the end of the modeling process, was the dependent variable. The measurement of each variable used a Likert scale containing five responses, including strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). Conceptual definitions and variable operationalization are presented in the following table 1:

Variable	Conceptual Definition	Symb ol	Variable Operations	Source
	The appearance of	T1	The medical equipment in the hospital is modern	
physical facilities,		T2	Waiting facilities for patients in a good status	Al-Damen, 2017
Tangible	equipment, personnel and	Т3	The hospital has a healthy environment.	
	communicatio n materials (Al-Damen, 2017)	T4	The hospital bathrooms are clean	
	The ability to	Y1	The hospital performs the procedures correctly	
Reliability	perform the promised service dependably and accurately (Al-Damen,	Y2	The hospital shows attention to patient's problem	Al-Damen, 2017
		Y3	The patient feels confident to the medical treatment	
		Y4	The hospital documented the services accurately	
	2017)	Y5	The hospital delivers service in time	
	The willing page to	R1	The staff meet promptly the patients' needs	
Responsive and to provi		R2	Patient is observed according to the appointment	Al-Damen, 2017
ness	ind to provide prompt service (Al-Damen, 2017)	R3	The staff react to patient's requests efficiently	
		R4	A good feedback mechanism is available	
	The knowledge and	A1	The patient trusts the doctor's expertise	Al-Damen, 2017
Assurance	courtesy of	A2	The patient trusts the nurse's expertise	
employees and their ability to		A3	Patients feel secure in using the hospital's services	

Table 1. Conceptual Definition and Variables Operationalization

	convey trust and confidence (Al-Damen, 2017)	A4	The staff are friendly to the patient		
	The caring and	E1	The staff give individual attention to each patient		
Emphathy	attention the	E2	The staff operates at times suitable to the patient	Al-Damen, 2017	
provides to its		E3	The staff considers patient's traditions		
	Damen, 2017)	E4	The staff prioritizes patient's interest		
	T 1 <i>i i i</i>	P1	The hospital provides dispensers for hand disinfection		
COVID-19 Protection	n of protective	P2	The hospital offers payment with a card	Untom & Hon	
	adopted by the hospital towards COVID-19 (Untaru & Han 2021)	Р3	Patients are required to wear a protective mask in the hospital	Untaru & Han, 2021	
		P4	The hospital provides devices for temperature scanning		
		P5	The hospital is well ventilated		
	11aii, 2021)	P6	The hospital seems clean and sterilized		
	Patient's content with	S 1	I am satisfied with my decision choosing this hospital	Al-Damen 2017	
Detiont	the services that they are	S2	I received treatment as expected	Hendellyn &	
Satisfaction	receiving from Healthcare (Fatima et al, 2018)	S 3	I was explained clearly about my condition and the treatment plan	Demarto, 2021	
		S4	I am satisfied with the hospital management		
	Intention to revisit for	I1	I will recommend this hospital to other people who asked for my opinion		
	further treatment and	I2	I intend to comeback to this hospital for medical treatment	Hendellyn & Bernarto, 2021	
Behavioral	recommend friends and	I3	I will spread positive word-of mouth about this hospital to my family	Suryandartiwi & Zaky, 2021	
Intention	family for that particular	I4	I will spread positive word-of mouth about this hospital to my friends		
	hospital (Rahman et al., 2018)	15	I will consider this hospital as my first choice to get medical treatment		

IV. Result and Discussion

4.1 Results

a. Estimate of Loadings The value of outer loading was shown in the table below.

	Outer Loading	Reliability
Y1	0.789	Reliable
Y2	0.792	Reliable
Y3	0.842	Reliable
Y4	0.830	Reliable
Y5	0.727	Reliable
R1	0.843	Reliable
R2	0.806	Reliable
R3	0.841	Reliable
R4	0.763	Reliable
A1	0.782	Reliable
A2	0.756	Reliable
A3	0.869	Reliable
A4	0.793	Reliable
E1	0.763	Reliable
E2	0.752	Reliable
E3	0.778	Reliable
E4	0.769	Reliable
P1	0.726	Reliable
P2	0.798	Reliable
P3	0.802	Reliable
P4	0.800	Reliable
P5	0.746	Reliable
P6	0.843	Reliable
S 1	0.917	Reliable
S2	0.913	Reliable
S3	0.914	Reliable
S4	0.901	Reliable
I1	0.908	Reliable
I2	0.936	Reliable
I3	0.938	Reliable
I4	0.925	Reliable
I5	0.929	Reliable

 Table 2. Outer Loading

 IS
 0.929
 Reliable

 Source: PLS-SEM Research Data Processing Result (2022)

Twenty-seven indicators are reliable to measure the construct as they all have a significant value >0.708. Next, the analysis continues to assess the reliability construct.

b. Reliability Construct and Average Variance Extracted (AVE)

Table 3 shows the value for composite reliability and Average Variance Extracted (AVE).

Behavioral Intention0.9680.860	
COVID-19 Protection 0.907 0.619	
Patient Satisfaction 0.951 0.830	
Service Quality 0967 0.632	

Table 3.	Reliability	Construct
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Source: PLS-SEM Research Data Processing Result (2022)

The composite reliability of service quality is 0.967, patient satisfaction is 0.951, COVID-19 protection is 0.907, and behavioral intention is 0.968. They are all above 0.7; thus, they can be said to be reliable. The AVE value for service quality is 0.632, patient satisfaction is 0.830, COVID-19 protection is 0.907, and behavioral intention is 0.860. All AVE values are above 0.5, proving their reliability (Hair et al., 2020).

c. Discriminant Validity Fornell-Larcker

The table below shows data analysis of discriminant validity using the Fornell-Larcker technique, and the results show that the Fornell-Larcker Criterion is fulfilled.

	Behavioral Intention	COVID-19 Protection	Patient Satisfaction	Service Quality
Behavioral Intention	0.927			
COVID-19 Protection	0.744	0.787		
Patient Satisfaction	0.839	0.703	0.911	
Service Quality	0.781	0.705	0.896	0.795

 Table 4. Discriminant Validity Test

Source: PLS-SEM Research Data Processing Result (2022)

d. Collinearity Assessment

Table 5 presents the variance inflation factor (VIF) values.

Table 5. Inner VIF

	Behavioral Intention	Patient Satisfaction
Behavioral Intention		
COVID-19 Protection	2.094	1.987
Patient Satisfaction	5.335	
Service Quality	5.386	1.987

Source: PLS-SEM Research Data Processing Result (2022)

The VIF for patient satisfaction and service quality to behavioral intention are higher than three, which suggest a collinearity problem for the two constructs as the VIF value ideally ranged between 1 and 3. It is probably due to a certain extent of similarity in service quality and patient satisfaction questions. Other constructs show that the VIF values are in the ideal range.

e. Coefficient of Determination

The table below shows R^2 value which determine coefficient determination. The R^2 value is categorized as very weak (< 0.25), weak (0.25 - 0.50), moderate (0.50 - 0.75) and substantial (> 0.75) (Hair et al., 2019).

Table 0. K value				
	R ²	R ² Adjusted		
Behavioral Intention	0.752	0.747		
Patient Satisfaction	0.813	0.810		

Table 6. R² value

Source: PLS-SEM Research Data Processing Result (202
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Based on the results, Patient Satisfaction and behavioral Intentions shows substantial correlation where both R^2 values are greater than 0.75 (0.752 and 0.813 respectively).

f. Predictive Validity

Table 7 shows Q^2 values, which determine if the model has predictive relevance or not. The Q^2 value is categorized into small predictive relevance (<0.25), medium predictive relevance (<0.25-0.50), and large predictive relevance (>0.5) (Hair et al., 2019).

Table 7. Q^2 value	
	Q^2
Behavioral Intention	0.637
Patient Satisfaction	0.668
	D 1 (2022)

Source: PLS-SEM Research Data Processing Result (2022)

The Q2 values of all constructs are above 0.5. Thus, the constructs are well reconstructed, and both behavioral intention and patient satisfaction has large predictive relevance (0.637 and 0.668, respectively).

g. Prediction Summary

Table 8 shows the root mean square error (RMSE), which is the standard deviation of prediction errors and the values of the linear model (LM) and partial least squares (PLS).

Table 8. Summary of MV Prediction				
Indiastor	RMSE			
mulcator	LM	PLS		
I1	0.619	0.592		
I2	0.571	0.532		
I3	0.593	0.534		
I 4	0.611	0.545		
15	0.684	0.612		

Table 8. Summary of MV Prediction

S1	0.525	0.440
S2	0.419	0.416
S 3	0.500	0.427
S4	0.565	0.497

Source: PLS-SEM Research Data Processing Result (2022)

According to table 8, each indicator at the RMSE has a LM value higher than its PLS value; thus, this model has high predictive power.

h. Hypothesis Test

Table 9. Hypothesis Test
Source: PLS-SEM Research Data Processing Result (2022)

Hypothesis	Path	Original Sample	Sample Mean	Standard Deviation	T Statistics	P values	Sig	Result
H1	Service Quality → Patient Satisfaction	0.798	0.799	0.052	15.340	0.000	Yes	Supported
Н2	Service Quality → Behavioral Intention	0.035	0.044	0.105	0.330	0.371	No	Not supported
НЗ	COVID-19 Protection → Patient Satisfaction	0.141	0.138	0.058	2.458	0.007	Yes	Supported
H4	COVID-19 Protection → Behavioral Intention	0.300	0.296	0.082	3.652	0.000	Yes	Supported
Н5	Patient Satisfaction → Behavioral Intention	0.598	0.594	0.103	5.812	0.000	Yes	Supported

Ghozali and Latan (2015) stated that t-value could be an indication whether a hypothesis was supported or not. A hypothesis could be considered significant if the t-value > 1.65 with a significance level of 5%. Based on table 8, all hypotheses are supported, except H2 which has a t-value if 0.330 and *p-value* of 0.371. In figure 2, the research model framework shows R^2 of behavioral intention is 0.752.



Figure 2. Research Model

4.2 Discussion

Figure 2 shows the R^2 value for patient satisfaction is 0.813, meaning it is substantial. Service quality and COVID-19 protection potentially accounted for an 81% alteration in the patient satisfaction variable. The R^2 value of behavioral intention is 0.752, thus showing a substantial correlation and a 75% change in behavioral intention can be explained by patient satisfaction. From the construct, the strongest path is from service quality to patient satisfaction (0.796) and following behavioral intention (0.598). Patient satisfaction is a common outcome of a service encounter; hence, higher service quality results in higher patient satisfaction.

The second path is from COVID-19 protection to patient satisfaction (0.141), then behavioral intention (0.336). During the COVID-19 pandemic, the hospital's prevention policies might improve patient satisfaction and behavioral intention to visit and return to the hospital. Throughout the pandemic, patients develop alertness to prevention strategies, and thus, if they do not obtain at least one of them in the hospital may lead to dissatisfaction. This study presents that a well-cleaned and sterilized hospital (0.843) is an important indicator for COVID-19 protection, followed by the patient's requirement to wear a face mask (0.802) and availability for temperature screening (0.800).

As presented in table 8, hypothesis 5 is supported since it shows the value of Tstatistics higher than 1.645 (5.812) and is significant as the *p*-value < 0.005. Accordingly, patient satisfaction significantly and positively affects behavioral intention. Thus, hospitals should prioritize enhancing patient satisfaction during this COVID-19 pandemic since it greatly influences patients' behavioral intention to visit the hospital. On the other hand, this study found that COVID-19 protection shows a weak path to patient satisfaction. The COVID-19 regulation may differ in each hospital. Excessive enforcement of preventive action may lead to discomfort for patients and negatively impact patient satisfaction. This study also shows a weak path from service quality to behavioral intention; furthermore, non-acceptance of hypothesis 2.

Patient satisfaction and service quality are well-known factors affecting behavioral intention in visiting a hospital before the pandemic. Conversely, from this study's findings, service quality does not significantly influence behavioral intention in visiting a hospital within the COVID-19 context. During the pandemic's peak, a high surge of patients in line with the unpreparedness of the hospital to handle the situation could reduce service quality. Nevertheless, service quality still impacts patient satisfaction, enhancing patients' behavioral intention. Thus, the hospital still needs to deliver better service practices to provide patient-centered care, such as prioritizing patients' problems and needs and giving great attention to their care.

Since COVID-19 protection emerges as a new critical factor in patient satisfaction as well as behavioral intention to visit a hospital, the hospital administration should strive to implement appropriate protection measures against COVID-19. However, it is reminded that hospital administrators should balance COVID-19 protection measures and patient convenience to avoid the risk of diminishing patient satisfaction.

V. Conclusion

This research focuses on analyzing the relationship between service quality, patient satisfaction, COVID-19 protection, and behavioral intention in hospitals in Jakarta within the COVID-19 pandemic context. This study concludes that COVID-19 protection positively impacts patient satisfaction and behavioral intention. Thus, the better COVID-19 prevention policies of the hospital, the higher the patient satisfaction and the more positive the behavioral intention. While service quality directly impacts patient satisfaction, we observe it has no significant impact on behavioral intention. This study also proved that patient satisfaction positively affects behavioral intention. In conclusion, the better the service quality, the higher the patient satisfaction, which leads to more positive behavioral intention to visit the hospital in the time of the pandemic.

This study obtained results in early 2022. The data was taken from patients who visited the hospital after the pandemic started in Indonesia (March 2020); thus, the outcomes may differ owing to the changed severity of COVID-19 and the unpreparedness of preventive measures implemented by the hospitals. Re-evaluation of the relationships between service quality, patient satisfaction, and behavioral intention is needed regarding the transformation of consumer behavior in the decision to visit the hospital in the context of COVID-19. Future research can modify the questionnaire to investigate the impact of COVID-19 prevention strategies as a newfound factor in visiting the hospital. To improve the research outcome, a greater number of samples is desirable.

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