



THE INFLUENCE OF SERVICE QUALITY ON OUTPATIENT LOYALTY IN THE SPECIALIST POLYCLINIC

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ABSTRACT

Service quality is considered an important factor in building patient loyalty. The aim of this study is to assess hospital service quality from the patients' perspective and to determine the importance of each quality dimension in predicting patient loyalty. To evaluate the structural construct of hospital service quality from the patients' perspective and to determine the importance of quality dimensions in predicting patient loyalty. This was an analytical study with a cross-sectional design conducted in 2025. The study population consisted of outpatient individuals aged ≥ 18 years who had visited at least twice, with a total sample of 164 respondents. The research variables included demographics, service quality, and patient loyalty. The study instrument used a validated and reliable questionnaire; the service quality variable comprised 5 dimensions with 27 statements, while the loyalty variable consisted of 9 indicators with 27 statements. Multivariate analysis was performed using multiple logistic regression with a significance level of $\alpha = 5\%$. Both loyal and non-loyal patients were predominantly female, of productive age, lived ≥ 5 km from the hospital, had an education level of elementary to senior high school, were non-workers, and used insurance as their payment source. There was a significant relationship between all five dimensions of service quality (tangibles, reliability, responsiveness, assurance, and empathy) and patient loyalty ($p < 0.001$). Tangible was the most dominant factor influencing patient loyalty (adjOR = 5.68; 95% CI: 1.96–16.41), followed by responsiveness (adjOR = 4.63; 95% CI: 1.51–14.15) and assurance (adjOR = 5.54; 95% CI: 1.90–16.19), which also had a significant effect on patient loyalty. Patients' experiences with hospital services have a significant impact on outcome variables such as their willingness to return to the same hospital, reuse its services, or recommend it to others. The relationship between service quality and patient loyalty demonstrates its strategic importance in improving service quality to attract and retain patients as well as to expand market share.

Keywords: assurance; hospitals; patient's loyalty; responsiveness; service quality; tangible

How to Cite (in APA Style)

Sitepu, M. S., Nadhifa, R. U., Isniaty, D., & Maemun, S. (2026). The Influence of Service Quality on Outpatient Loyalty in the Specialist Polyclinic. *Indonesian Journal of Global Health Research*, 8(2), 945–954. <https://doi.org/10.37287/ijghr.v8i2.904>.

INTRODUCTION

The healthcare service sector is dynamic and rapidly growing within the public service market, which is currently facing increasingly intense competition and significant changes (Alumran et al., 2021; Kwateng et al., 2019). Competition is particularly unavoidable for government and private hospitals operating in a free-market economic system. A report by the Central Statistics Agency (BPS) recorded a total of 194 hospitals spread across the Province of Jakarta in 2021 (BPS, 2023); this has fueled fierce competition among hospitals in attracting patients.

In a highly competitive market, building strong relationships with customers, which may lead to their loyalty, is considered a key factor in increasing market share and establishing a sustainable competitive advantage. Loyal customers are viewed as crucial for an organization's survival, as attracting new customers is far more costly than retaining existing ones (Lianos & Sloev, 2016; Min et al., 2016). With rising competition and the increasing expense of acquiring new customers,

service providers are increasingly focusing on strategic efforts to build customer loyalty (Aboalganam et al., 2024; Han & Hwang, 2018).

Service quality is considered an important factor in building customer loyalty (Andreano & Pardede, 2023). High-quality services can attract new customers, retain existing ones, and even draw customers away from competitors. Zeithaml et al. suggest that when customers' assessments of service quality are positive, their desired behavioral intentions strengthen their relationship with the service provider. Speaking positively about the provider to others, recommending the provider or its services, and remaining loyal to the provider are examples of these desired behavioral intentions (Alkawamleh et al., 2025).

There is compelling evidence that when patients receive high-quality services in a hospital, they are more likely to return to the same hospital in the future, speak positively about it to others, and recommend it to their friends and relatives. Recommendations from friends, relatives, and other patients have been cited as an important source of information when choosing healthcare providers. In addition, health marketing experts have regarded positive word-of-mouth from satisfied patients as the most effective advertising method for physicians' and hospitals' services (Abutar & Wuisan, 2024; Irdan et al., 2024; Siripipatthanakul, 2021).

The positive relationship between patients' perceptions of service quality and loyalty has been consistently supported in recent studies. For example, a 2024 study at RS Dr. Tadjuddin Chalid Makassar found that perceived service quality was significantly associated with higher patient (Chaerunnisa, 2024). Similarly, research at Puskesmas Ciomas Bogor in 2024 showed that better service quality was linked with increased patient trust and loyalty (Nurmalia et al., 2025). In a specialized hospital in South Sulawesi, good service quality was identified as a key driver of patient loyalty among returning outpatients (Nurfitriani & Hidayah Nur, 2024). Further, a 2023 study at Siloam Hospital Manado demonstrated that service quality, along with communication and brand image, significantly affected patient satisfaction and loyalty (Toreh & Wuisan, 2023). These findings reinforce that both technical service quality and interpersonal aspects play crucial roles in shaping patient loyalty in healthcare settings. The aim of study to evaluate the structural construct of hospital service quality from the patients' perspective and to determine the importance of quality dimensions in predicting patient loyalty.

METHOD

A cross-sectional study conducted in 2025. The study sample was obtained from outpatients who visited the specialist clinic between 8 and 17 November 2025. The sampling technique used was purposive sampling with inclusion criteria comprising patients aged ≥ 18 years, visiting the outpatient clinic at least twice, and willing to participate in the study. Using the sample size formula for testing the hypothesis of a difference between two proportions with a confidence level of 95% and a test power of 80%, a minimum sample size of 164 respondents was obtained. The purpose of the study was explained to patients, and they were assured that their information would remain confidential. Patients who could not read or write were interviewed by trained interviewers.

The questionnaire consists of three parts: the first part includes seven questions related to the sociodemographic characteristics of patients. The second part uses the SERVQUAL questionnaire to evaluate service quality, consisting of the dimensions of tangibles (six items), reliability (five items), responsiveness (four items), assurance (seven items), and empathy (five items). This questionnaire was developed based on the same dimensions as the SERVQUAL questionnaire, but only measures service performance. In the third part of the questionnaire, loyalty consists of 9 dimensions with 27 items, including items on purchase intention, word of mouth (WOM), price sensitivity, complaint behaviour, satisfaction, emotional bonding, trust, convenience, and experience.

A four-point Likert scale, ranging from 1 = strongly disagree; 2 = disagree; 3 = agree; and 4 = strongly agree, was applied to measure patients' perceptions of service quality and their loyalty to the hospital. The service quality questionnaire was sourced from research at Sultan Imanuddin Hospital in Pangkalan Bun (Sari, 2021) and patient loyalty was sourced from research at Sulianti Saroso Infectious Disease Hospital (Berti, 2025). Data analysis was performed using Stata 11 software. Descriptive analysis was presented in the form of frequency distribution (n) and proportion (%). Bivariate testing was performed using the Chi-square test ($\alpha=5\%$) and multivariate analysis was performed using multiple logistic regression. This study has passed the ethics review of the Health Research Ethics Committee of Sulianti Saroso Infectious Disease Hospital, under review Number PP.07.01/D.XXXIX.14/99/2025 dated 3 November 2025.

RESULT

The respondents in this study totaled 164 individuals. Both loyal and non-loyal patients were predominantly female. There was a notable difference in the use of health insurance. Patients who paid out-of-pocket tended to have a higher proportion in the Loyal group, whereas patients using JKN/BPJS had a much higher proportion in the Non-Loyal group. This indicates that JKN/BPJS patients were more likely to be classified as “Non-Loyal” compared to out-of-pocket patients, or that loyalty among out-of-pocket patients was stronger. Loyal patients were more likely to come from farther distances (≥ 5 km) (Table 1).

Table 1.
Characteristics of Respondent

Respondent Characteristics	Patients Loyalty		f (%)
	Loyal	Non-Loyal	
Gender			
Male	34 (34.7%)	29 (43.9%)	63 38.4%)
Female	64 (65.3%)	37 (56.1%)	101 (61.6%)
Age			
18 - 65 years	95 (96.9%)	57 (86.4%)	152 2.7%)
65 years +	3 (3.1%)	9 (13.6%)	12 (7.3%)
Distance			
≤ 5 km	40 (40.8%)	34 (51.5%)	74 45.1%)
≥ 5 km	58 (59.2%)	32 (48.5%)	90 (54.9)
Education			
Primary–High School	66 (67.3%)	50 (75.8%)	116 0.7%)
> High School	32 (32.7%)	16 (24.2%)	48 (29.3%)
Occupation			
Fixed-income worker	37 (37.8%)	27 (40.9%)	64 39.0%)
Non-worker	61 (62.2%)	39 (59.1%)	100 (61.0%)
Assurance			
JKN/BPJS	75 (76.5%)	59 (89.4%)	134 (81.7%)
Private	23 (23.5%)	7 (10.6%)	30 (18.3%)

A clean and comfortable examination room and the neat appearance of staff received the highest combined percentages of “Agree” + “Strongly Agree” (100% and 99.4%, respectively), with correspondingly high total scores (566 and 565). The item “Attractive room” had the highest percentage of “Disagree” responses (2.4%), although it was still predominantly rated as “Agree/Strongly Agree” (97%). Accurate medical treatment and thorough medical examinations were rated very positively (nearly 100% “Agree/Strongly Agree”), with the highest total scores (573 and 574). This indicates a high level of patient trust in core medical competencies. The item related to doctors’ punctuality had the highest percentage of “Disagree” responses (7.3%) among all Reliability items, suggesting that waiting time or scheduling issues are a weakness within the Reliability dimension.

The majority of respondents agreed with the responsiveness of the staff. Nurses’ promptness in providing assistance and doctors’ responsiveness to patient complaints were rated very highly (nearly 100% “Agree/Strongly Agree”). The item “Administrative staff provide services promptly”

had a slightly higher percentage of “Disagree” responses (1.8%), indicating an area that requires improvement in order to reach the level of responsiveness demonstrated by medical staff. Regarding the assurance variable, the items “Doctors are friendly and polite” and “Nurses are friendly and polite” received excellent ratings (each with 51.8% “Strongly Agree”), resulting in the highest total score (577). Courtesy and friendliness of the staff represent a major strength. Although the majority agreed, the item “Administrative staff provide clear explanations” (39.6% “Strongly Agree”) scored lower compared to the clarity provided by doctors and nurses, indicating potential room for improvement in non-medical communication.

All empathy items showed a strong majority of “Agree/Strongly Agree” responses (above 97%). The item “Doctors understand patients’ needs” received a score of 553. The item “Administrative staff provide genuine attention” had a “Disagree” percentage of 1.8%, indicating slight patient concerns regarding the level of attentiveness provided by non-medical staff. Overall, respondents demonstrated a strong intention to return. The item “Confidence to return” received 92.7% “Agree/Strongly Agree” responses (Score 545). Patients also showed a very high tendency to recommend the hospital (91.1% “Agree/Strongly Agree”). Sharing positive experiences reached 94.5% agreement (Score 543). These are strong indicators of loyalty, suggesting that patients are willing to act as positive endorsers. The price sensitivity dimension was the most negative area in the entire survey, with substantially lower total scores (432–485). Items such as “Services are satisfactory,” “Services meet expectations,” and “Medical staff are competent and professional” each received around 50% “Strongly Agree” and total scores above 570, indicating very high levels of satisfaction and trust (Table 2).

Table 2.
Descriptive of Service Quality and Patients Loyalty

Service Quality	Actual Responses				Total Score
	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	
<i>Tangibles</i>					
Attractive room	0.6	2.4	72	25	527
Clean and comfortable waiting room	0	1.8	60.4	37.8	551
Clean and comfortable examination room	0	0	54.9	45.1	566
Complete and modern medical equipment	0	1.8	59.1	39	553
Neat appearance of staff	0.6	0	53.7	45.7	565
Clear information boards and directional signs.	0	2.4	62.8	34.8	545
<i>Reliability</i>					
Doctors' punctuality	0	7.3	59.1	33.5	535
Accurate medical treatment	0	0	50.6	49.4	573
Thorough medical examination	0	0	50	50	574
Careful and attentive medical services	0	0	52.4	47.6	570
Careful and attentive nursing care	0	0	48.2	51.8	577
<i>Responsiveness</i>					
Prompt administrative services	0	1.8	63.4	34.8	546
Nurses' prompt assistance	0	0.6	52.4	47	568
Doctors' responsiveness to complaints	0	0.6	52.4	47	568
Service procedures are easy and practical	0	1.2	53.7	45.1	564
<i>Assurance</i>					
<i>Clear explanations from doctors</i>	0	0	54.3	45.7	567
<i>Clear explanations from nurses</i>	0	0	56.1	43.9	564
<i>Clear explanations from administrative staff</i>	0	0	60.4	39.6	557
<i>Friendly and polite doctors</i>	0	0	48.2	51.8	577
<i>Friendly and polite nurses</i>	0	0	48.2	51.8	577
Friendly and polite administrative staff	0	0.6	56.7	42.7	561
Patient privacy is protected	0	0.6	50.6	48.8	570
<i>Empathy</i>					
Doctors understand patient needs	0	0.6	61.6	37.8	553
Doctors listen and follow up on complaints	0		56.1	43.9	564

Service Quality	Actual Responses				Total Score
	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	
Nurses provide genuine attention	0	0.6	59.8	39.6	556
Administrative staff provide genuine attention	0	1.8	58.5	39.6	554
Comfortable service	0	1.2	56.7	42.1	559
Purchase Intention					
Repeat use of hospital services	1.8	6.7	52.4	39	539
This hospital as first choice	1.8	8.5	53.7	36	531
Confidence to return	1.2	6.1	51.8	40.9	545
Word Of Mouth					
Recommend hospital to others	1.2	6.7	51.2	40.9	544
Share positive experience	0.6	4.9	57.3	37.2	543
Encourage others to visit	0.6	6.1	56.1	37.2	541
Price Sensitivity					
Consider cost before choosing hospital	1.2	23.8	53	22	485
Switch to cheaper hospital	3.7	42.1	41.5	12.8	432
Price changes affect revisit decisions	2.4	31.1	49.4	17.1	461
Complaining Behavior					
Make complaints if dissatisfied	1.2	2.4	74.4	22	520
Feel comfortable making complaints	1.2	3	70.7	25	524
Expect complaints to be followed up	0.6	1.8	67.7	29.9	536
Satisfaction					
Hospital services are satisfactory	0	1.8	48.2	50	571
Services meet expectations	0	1.2	48.8	50	572
Speed and friendliness of medical staff are satisfactory	0	1.8	48.8	49.4	570
Emotional Bonding					
Strong emotional connection with hospital	0	10.4	54.9	34.8	532
Hospital cares about its patients	0	3.7	54.9	41.5	554
Positive emotional bonding	0	4.9	57.9	37.2	545
Trust					
Trust that hospital gives best care	0	1.8	49.4	48.8	569
Medical staff are competent and professional	0	0.6	49.4	50	573
Feel safe when receiving treatment	0.6	0.6	53.7	45.1	563
Choice Reduction (Convenience)					
Habitually receive care at this hospital	0.6	8.5	57.9	32.9	530
Rarely consider other hospitals	0.6	16.5	61	22	499
No need to seek alternative hospitals	0	12.8	59.1	28	517
Experience					
Experience using hospital services	0.6	3.7	76.2	19.5	516
Positive experience with hospital services	0.6	2.4	73.8	23.2	524
Become a regular patient	0	2.4	76.2	21.3	523

Empathy received the lowest proportion of “Good” ratings among the Loyal group (76.5%). In contrast, Assurance was the dimension most frequently rated as “Good” by Loyal patients (85.7%) (Table 3).

Age was the only demographic variable that showed a significant association in the bivariate analysis ($P=0.014$). Older patients (with younger age groups assumed as the reference category) had a five-fold higher likelihood of being loyal compared to elderly patients ($p = 0.014$; $cOR = 5.00$; 95% CI: 1.30–19.24). All five service quality dimensions (Tangibles, Reliability, Responsiveness, Assurance, and Empathy) demonstrated a highly significant relationship with loyalty in the bivariate analysis ($p < 0.001$), indicating that overall service quality plays a crucial role. Tangibles, Responsiveness, and Assurance were the most important and dominant factors. When analyzed simultaneously, these three dimensions independently increased the likelihood of patient loyalty (Table 4).

Table 3.
Descriptive Analysis Quality Services of Hospital

Quality Dimension	Patients Loyalty		f (%)
	Loyal	Non-Loyal	
<i>Tangibles</i>			
Good	80 (81.6%)	10 (15.2%)	90 54.9%)
Not good	18 (18.4%)	56 (84.8%)	74 (45.1%)
<i>Reliability</i>			
Good	82 (83.7%)	8 (12.1%)	90 54.9%)
Not good	16 (16.3%)	58 (87.9%)	74 (45.1%)
<i>Responsiveness</i>			
Good	79 (80.6%)	9 (13.6%)	88 (53.7%)
Not good	19 (19.4%)	57 (86.4%)	76 (46.3%)
<i>Assurance</i>			
Good	84 (85.7%)	12 (18.2%)	96 (58.5%)
Not good	14 (14.3%)	54 (81.8%)	68 (41.5%)
<i>Empathy</i>			
Good	75 (76.5%)	8 (12.1%)	83 50.6%)
Not good	23 (23.5%)	58 (87.9%)	81 (49.4%)

Table 3. Bivariat and Multivariate Analysis Determinant of Patients Loyalty

Variable	P value	crudeOR (95%CI)	P value	adjustedOR (95% CI)
Gender	0.303	0.68 (0.36-1.29)	-	-
Age	0.014 ^b	5.00 (1.30-19.24)	-	-
Distance	0.234	0.65 (0.35-1.22)	-	-
Education	0.324	0.66 (0.33-1.33)	-	-
Occupation	0.808	0.88 (0.46-1.66)	-	-
Source of Financing	0.060	0.39 (0.16-0.96)	-	-
<i>Tangibles</i>	0.000	24.89 (10.69-57.95)	0.001	5.68 (1.96-16.41)
<i>Reliability</i>	0.000	37.16 (14.91-92.57)	-	-
<i>Responsiveness</i>	0.000	26.33 (11.11-62.43)	0.007	4.63 (1.51-14.15)
<i>Assurance</i>	0.000	27.00 (11.62-62.76)	0.002	5.54 (1.90-16.19)
<i>Empathy</i>	0.000	23.64 (9.86-56.68)	-	-

DISCUSSION

The bivariate analysis of the tangibles dimension showed a p-value of 0.000 (<0.05), indicating a significant association between physical evidence and patient loyalty. This dimension includes the hospital's physical facilities, medical equipment, and staff appearance. The findings revealed that most respondents perceived the hospital facilities to be clean and comfortable, and the staff to be neat and well-presented. Physical facilities such as signage, room comfort, accessibility, and cleanliness are critical aspects in improving service quality (Ahmed et al., 2017). These results are consistent with studies conducted in the past five years, which also demonstrated a significant relationship between tangibles and patient loyalty (Arisa Permata Sari, 2023; Sari, 2021; Yasril et al., 2019). Poor physical facilities were associated with a 5.6-fold higher likelihood of reduced loyalty compared to good facilities ($p=0.001$; $\text{adjOR}=5.68$; 95% CI: 1.96–16.41). Unlike several SERVQUAL studies in which tangibles often emerge as a secondary factor, in this study it appeared as the strongest predictor. This suggests that physical appearance—including facilities, cleanliness, and staff neatness—not only creates a positive first impression but also plays a sustained role in maintaining loyalty. Superior physical environments may function as a key differentiator from competitors. Notably, 45.1% of patients rated the outpatient service facilities at Sulianti Saroso Infectious Disease Hospital as inadequate. Therefore, management should prioritize improvements in physical facilities to enhance the quality of outpatient services.

The reliability dimension also showed a significant association with patient loyalty ($p = 0.000$). Reliability reflects the consistency of services and the ability to deliver accurate and timely care. Fulfilling service promises, including accuracy in billing processes and timeliness of care delivery, can enhance patient satisfaction and trust (Ahmed et al., 2017). These findings align with studies conducted in two different hospitals, which similarly demonstrated a meaningful relationship between reliability and patient loyalty. Reliability represents the degree to which service quality matches patients' expectations and actual experiences. While most respondents reported high confidence in the hospital's core medical competencies, physician punctuality emerged as a key weakness within this dimension.

A total of 53.7% of respondents rated staff responsiveness as good. This figure reflects the success of most staff in providing prompt, courteous, and responsive services to patients' complaints and needs. In the context of outpatient care—which is often characterized by issues such as queues and waiting times—the ability to fulfill promises of fast service and the willingness of staff to assist becomes a significant value proposition and a key pillar in building patient loyalty. Within the responsiveness dimension, a significant association was observed with patient loyalty. This finding is consistent with studies conducted at Sultan Imanuddin Hospital Pangkalan Bun (Sari, 2021) and Pandeglang Regional Hospital (Arisa Permata Sari, 2023). Responsiveness is closely related to the readiness and willingness of staff to deliver optimal services (Ahmed et al., 2017). This study shows that when patients perceive services as slow, unresponsive, or when staff appear unwilling to help, their likelihood of being non-loyal increases nearly fivefold. This demonstrates that failing to meet promises of rapid service can severely compromise patient loyalty. The study also found that some respondents still had low perceptions regarding the speed, attentiveness, and ease of outpatient services. Responsiveness is the dimension most easily perceived and evaluated by patients; therefore, its impact on satisfaction and loyalty is both immediate and substantial. Hospitals must prioritize improvements in internal processes (e.g., streamlining workflows) and provide staff training to enhance triage and rapid response.

The empathy dimension also shows a significant relationship with loyalty. Empathy includes staff attentiveness, the ability to understand patients' needs, and sensitivity to their conditions. The findings indicate that 50.6% of patients have a good perception of staff empathy, suggesting that outpatient services have been able to provide adequate attention, thereby fostering loyalty. This study also found that the assessment of the empathy dimension remains relatively low. There is a significant relationship between the empathy dimension and patient loyalty. This is consistent with studies conducted in two other hospitals within the last five years (Arisa Permata Sari, 2023; Sari, 2021). In this context, empathy consists of three crucial aspects: staff attentiveness, understanding of patients' specific needs, and the personal attention provided. Zeithaml, Bitner, and Gremler (2018) emphasized that empathy is essential in healthcare services due to their intensive and personal nature. Genuine attention can reduce patients' anxiety and enhance their perception of overall service quality (Wilson et al., 2016). The ability of staff to understand patients' needs is highly important, as it determines the quality of service response provided and how the unique needs of each patient are recognized and fulfilled.

According to the SERVQUAL model (Parasuraman, Zeithaml, & Berry), assurance is one of the five main dimensions of service quality. Assurance is defined as employees' knowledge and courtesy, as well as their ability to instill trust and confidence in customers (patients). The score of 58.5%, which is considered good, indicates that both the technical and functional competencies of the staff have been positively perceived by a portion of the patients. This study explicitly demonstrates a significant relationship between the assurance dimension and patient loyalty. Another important finding is that respondents with poorer perceptions of assurance tend

to be less loyal compared to those with good perceptions. This relationship is consistent with the findings of many previous studies in the healthcare service sector, both internationally and domestically (Alfatafta et al., 2025; Dwijayanti et al., 2024). When patients feel confident that they are being served by knowledgeable and honest professionals, their trust increases, which is a key prerequisite for the development of long-term loyalty (Masruroh et al., 2024). These results are consistent with studies conducted at Arosuka Regional Hospital and Pandeglang Regional Hospital, which show that assurance is an important factor in shaping patient loyalty (Arisa Permata Sari, 2023; Yasril et al., 2019).

Although Assurance is generally rated as good, there are still respondents who reported low perceptions regarding two specific aspects: the politeness/friendliness of administrative staff and the assurance of patient data confidentiality. The Assurance dimension is not limited to physicians or nurses but also includes supporting staff, particularly administrative personnel who serve as the first point of contact for patients (Suryani, 2019; Yunita, 2017). The politeness and friendliness of administrative staff are key components of functional quality that shape patients' first impressions. Low perceptions of confidentiality assurance are a serious concern, as confidentiality is a fundamental principle of medical ethics and a key element in building trust (Assurance). Breaches of confidentiality can permanently damage patient loyalty, even when clinical competence is high (Srigantiny et al., 2024; Sultan et al., 2025). Therefore, intensive ethics and customer service training is needed for all staff members, especially those in administrative roles.

The concept of service quality was developed in the 1980s by Parasuraman, Zeithaml, and Berry through the SERVQUAL model, which includes five dimensions: tangibles, responsiveness, assurance, reliability, and empathy (Fan et al., 2017). This model has become a standard for assessing service quality and has been proven valid in various contexts, including healthcare services (Yasril et al., 2019). Service quality is a crucial factor for hospitals, especially amid increasing competition. High-quality services will enhance patient satisfaction, thereby encouraging them to return in the future. The findings of this study confirm that tangible, assurance, and responsiveness are the key dimensions that contribute to patient loyalty.

These findings are consistent with a 2023 study demonstrating that higher service quality significantly improves patient experience and satisfaction in prosthetic and orthotic healthcare services, which in turn increases the likelihood of repeat visits (Alfatafta et al., 2025). Similarly, Alkawamleh et al. (2025) showed that service quality based on dimensions such as assurance, reliability, and responsiveness has a strong influence on patient loyalty through the mediating role of satisfaction (Alkawamleh et al., 2025). Additional evidence from a study by Puspita & Paramata (2024) also indicates that service quality is a key determinant of patient loyalty in inpatient care, emphasizing that satisfied patients are more likely to seek care from the same facility in the future (Puspita & Paramata, 2024). Overall, these findings reinforce that improving service quality is essential for hospitals to enhance patient satisfaction and ensure long-term patient retention. The better the patients' perceptions of these three dimensions, the more likely they are to return and utilize the outpatient services at Sulianti Saroso Infectious Disease Hospital. This provides evidence that Sulianti Saroso Infectious Disease Hospital, as a national referral hospital with excellence in infectious disease services, must continue to prioritize healthcare service quality in order to enhance and maintain patient loyalty. This remains important even though the majority of outpatient healthcare financing comes from health insurance, particularly the National Health Insurance (JKN) scheme.

CONCLUSION

The study demonstrates that tangibles, assurance, and responsiveness are the strongest predictors of patient loyalty, supported by significant associations across all SERVQUAL dimensions. Despite

generally positive perceptions, notable gaps remain in areas such as confidentiality assurance, administrative staff courtesy, and the speed and attentiveness of outpatient services. Strengthening physical facilities, enhancing staff responsiveness, and improving ethical and customer service training are essential strategies to increase patient loyalty and overall service quality.

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