The Influence of Quality of Service and Satisfaction on Word of Mouth

Lino Pereira, Yuni Istanto, and Dyah Sugandini

Universitas Pembangunan Nasional Veteran Yogyakarta

Keywords: Quality of service, satisfaction, and word-of-mouth.

Abstract: This study is a survey study using inpatients in hospitals. Data were collected from 200 respondents using non-probability sampling techniques. This study aims to analyze word of mouth which is influenced by service quality and patient satisfaction. The quality of service in this study is divided into three dimensions, namely responsiveness, assurance and empathy. This study uses inpatient respondents in hospitals in Timor Leste and Yogyakarta, Indonesia. The results showed that all proposed hypotheses could be accepted. Quality of service can influence Word of mouth by mediating patient satisfaction.

1 INTRODUCTION

In the last three decades, there has been increased attention to the quality of health care services (Rehaman & Husnain, 2018). The organization is interested in identifying the most critical factors in the organization which, if managed properly, will ensure survival and success in the future. Some hospitals also make efforts to promote their business abroad in the medical tourism segment. The euphoria and excitement about the health industry are worthy of review in the context of service quality. Especially after competitive issues and increasingly strict game rules in this sector make quality very important for the organization's long-term success (Meesalaa & Paul, 2016).

Changes in lifestyle cause patients to require quality health services because the standard of living has also changed towards better medical care. The quality of medical care accommodation has become a major concern for patients, so hospitals are expected to provide better accommodations to patients (Rehaman & Husnain, 2018). Quality of service is considered high and is an important factor for creating customer satisfaction and can identify services as a competitive advantage of the hospital (Golmohammadi et al., 2014). Patients need high-quality services provided by hospital staff. Patient satisfaction is widely used in the health sector to determine service quality (Ahmed, Tarique & Arif, 2017). Leiter et al. (1998) executed an empirical study in the hospitals of Canadian, and the results showed that nurses, doctors and the information which received by the patient is influencing the patient satisfaction.

As service quality increases, the probability of customer satisfaction will also increase. Increased customer satisfaction leads to behaviours such as commitment, customer retention, and the creation of mutually beneficial relationships with service providers and users, increased customer tolerance for service failures and positive word of mouth advertising about organizations.

Service quality dimensions (SERVQUAL and SERVPERF) that are widely accepted include: tangibility, empathy, reliability, empathy, and guarantees can be used to understand patient satisfaction, especially in the context of developing countries, where governments offer subsidies for health care costs. The purpose of this study was to analyze the impact on patients in developing countries and their impact on word of mouth (WOM). Previous literature has not been much discussed about the quality of hospital services associated with the characteristics of developing countries. Characteristics of health services in developing countries are the cost of subsidized health care, low literacy rates, low levels of health awareness, there is information asymmetry. And the population is relatively very solid. This has the potential to make patients dependent on the doctor's advice which refers to the choice of the service provider.

2 LITERATURE REVIEW

2.1 Word-of-Mouth

Word of mouth is part of customer loyalty. Consumers who return several times to buy services from the same company are loyal customers. Martin (2017) argues that patient loyalty can be measured from three components (1) Using service providers again (2) Using service providers for different treatments (3) speaking positively about service providers and recommending to others (Meesalaa & Paul, 2016).

Word of Mouth is a conversation between consumers and other consumers about their consumption experience (Wetzer et al. 2007). The concept of WOM is important in the health care sector (Goyette et al. 2010; Trigg 2011). Patients increasingly want to be involved in their decision making processes regarding their health care and medical care (Niehues et al. 2012), and also for the selection of hospital Martin's (2017).

2.2 Service Quality

This study uses the SERVPERF model As a measurement of service quality to make it easier to understand the quality of services provided by a hospital. SERVPERF is a service-based performance measure (Cronin and Taylor, 1992; 1994). The SERVQUAL model, which compares customer expectations before and after service delivery (Parasuraman et al., 1988). Parasuraman et al. (1985) argue that "the position of consumers' perceptions of service quality on a continuum depends on the nature of the difference between expected services and perceived services". Cronin and Taylor (1992) offer the first theoretical justification for removing expectations of the SERVQUAL portion and adding it to performance measures. Cronin and Taylor (1992) Develop performance-based measurement instruments namely, SERVPERF (Service Performance) which only focus on perceived service quality. The SERVPERF model represents performance or service quality measurements that only focus on organizational performance felt by consumers rather than focusing on the difference between perceptions of performance versus their expectations of service quality. Also, service quality is measured only through the dimension of customer perception rather than their expectations. Cronin & Taylor (1994) develop the quality dimension into five. (1) Reliability measured by indicators maintains error-free records, sincere interest in solving problems, delivering services as promised. (2) Responsiveness is measured by responding quickly, willing to help patients, offering fast services to patients. (3) Assurance, including the ability to instil confidence in patients, knows to answer patient questions, the ability to deal with patient problems. (4) Empathy, including giving individual attention, comfortable consultation hours, understanding the specific needs of patients. (5) Tangibles, including the appearance of neat employees, attractive visual facilities, neat appearance of polyclinic services, professional employee appearance, and modern equipment.

2.3 Customer Satisfaction

Meesalaa & Paul defines customer satisfaction as a consumer response to an evaluation of perceived differences between prior expectations and performs the actual product or service after consumption. Assessment of patient satisfaction has changed not only from recovering from an illness during hospitalisation, but patients have assessed satisfaction is comprehensively starting from the quality of services provided by doctors, nurses and administration (Sreenivas & Babu, 2012).

Patient satisfaction can be described as the attitude passed by the patient receiving the service to whether or not the service is met. Hussain, Asif, Jameel & Hwang (2019). The objectives of analyzing patient satisfaction in the health service sector are: (1) The organization must decide how the level of satisfaction affects patients who seek service, treatment and sustainably use services. (2). Satisfaction is used as an indicator of the quality of service delivery as well as to help doctors and health care institutions to build a better understanding of patient feedback. (3) Patient satisfaction with health care services is a multi-aspect concept with aspects that are connected to the main attributes of services and providers. (4). Patient satisfaction becomes very important in relation to quality improvement programs from the patient context, total quality management, and anticipated service outcomes (5) Satisfied patients will continue to use health services, maintain their relationships with certain health service providers and comply with care requests (Aldebasi & Ahmed, 2011; Hussain et al., 2019).

2.4 Hypothesis

H1: Responsiveness influences WOM with the mediation of satisfaction

H2: Assurance influences WOM with the mediation of satisfaction

H3: Empathy influences WOM with the mediation of satisfaction

H4: Satisfaction influences WOM

3 RESEARCH METHOD

This study uses respondent patients who have been hospitalized. Data were obtained from patients in Timor-Leste and the Special Region of Yogyakarta, Indonesia. This study uses a questionnaire with a five-point Likert scale. The sampling technique is convenience sampling. The number of samples obtained was 200, consisting of 100 samples from respondents from Timor-Leste, and 100 samples from respondents from Yogyakarta Indonesia. Data analysis techniques using Partial Least Square.

4 RESULTS

4.1 Characteristics of Respondents

Based on the results of research conducted on 200 respondents, it can be identified regarding the characteristics of respondents as follows:

Table 1. The Characteristic of Respondents

A respondent from Timor Leste	A respondent from Yogyakarta, Indonesia
Gender: Male 39% Female 61%	41% 59%
Age (years). 21-30 17.5% 31-40 30.0% 41-50 26.7% > 50 25.8%	3 % 13 % 56 % 39 %
Education Elementary School 8.3% Junior High School 20.8% High School 36.7% Diploma 20.0% > Bachelor 14.2%	42 % 37 % 12.5 % 3 % 5.5 %
Work	

Students / Students 5%	25 %
Civil Servants 18.3%	19.5 %
Soldiers / Police 11.7%	15 %
Private Employees 17.5%	9 %
Entrepreneurs 25%	12.5 %
Other 22.5%	19 %
The income	
less than $ 50.00 13.3%	25 %
$ 50.00- $ 100.00 15.8%	29.5 %
$ 100.00- $ 200.00 11.7%	15 %
$ 200.00- $ 500.00 44.2%	12.5 %
> $ 500.00 15.0%	12.5 %

4.2 Results of Data Processing

Based on the results of data analysis, that has been obtained p-value values that determine the significance of the proposed hypothesis. The p-value test results can be seen in table 2.

Table. 2. P-value

	Original Sample (O)	P Values
Assurance → Satisfaction	0.533	0,000
Empathy → Satisfaction	0.208	0,001
Responsiveness →Satisfaction	0.166	0,038
Satisfaction → WOM	0.777	0,000

From the PLS 3.2.8, the output obtained the value of the indirect effect of each variable as follows (see table 3).

Table 3. Specific Indirect Effects

	Specific Indirect Effects
Assurance → Satisfaction → WOM	0.414
Empathy → Satisfaction → WOM	0.162
Responsiveness → Satisfaction → WOM	0.129

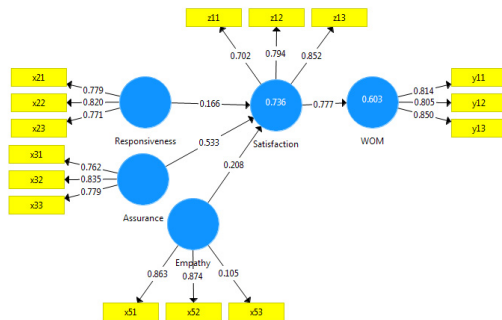The appearance of the WOM model in hospital patients can be seen in Figure 1.

Figure1. Model WOM

4.3 Discussion

The results of the PLS analysis show that there is a positive and significant influence on the quality of service to Word of Mouth. These results can be interpreted that the quality of service plays an important role in shaping the Word of Mouth at the Health Clinic. This means that the better the quality of service, the higher the Word of Mouth at the Health Clinic.

The results show that there is a positive influence on service quality on satisfaction. These results can be interpreted that the quality of service plays an important role in shaping patient satisfaction at the Health Clinic. The influence of service quality on patient satisfaction shows that the better the quality of service, the higher the patient satisfaction. The results show a positive effect on patient satisfaction with Word of Mouth. This means that the higher the patient's satisfaction, the patient's Word of Mouth will increase. Patient satisfaction is a patient's perception of a type of service experience they experience.

The results also found that satisfaction was proven as a variable mediating the relationship between service quality to Word of Mouth. This means that the better the quality of service, the higher the patient satisfaction so that the higher the patient's desire to do Word of Mouth.

5 CONCLUSIONS

Based on the results of the study as described in the previous chapter, several conclusions can be drawn. There is the effect of Responsiveness (16.6%) on WOM with mediation satisfaction (p-value of 0.038) so that the first hypothesis is supported. There is an

effect of Assurance (53.3%) on WOM with satisfaction mediation (p-value of 0.00) so that the second hypothesis is supported. There was an influence of Empathy (20.8%) on WOM with satisfaction mediation (p-value of 0.001), so that the third hypothesis was supported. There is an effect of Satisfaction (77.7%) on WOM (p-value of 0,000), so the fourth hypothesis is supported.

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