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Healthcare Service Quality: Building Patient Satisfaction and Word-of-Mouth in the Private Hospital in Indonesia

Kristian Suhartadi Widi Nugraha, Universitas Jember, Indonesia.

Abstract--- This study discusses the effect of physical environment quality and interaction quality on word of mouth through patient satisfaction. Specifically, this study explains how to increase satisfaction and WOM through service quality that consists of physical environment quality and interaction quality. The research population was outpatients of private hospitals in Indonesia, and the sample was taken by employing an accidental sampling technique. Research data were analyzed using path analysis. Results showed that physical environment quality and interaction quality have a significant effect on patient satisfaction and WOM. Moreover, satisfaction has a direct impact on WOM and indirect effect as an intervening variable in forming WOM.

Keywords--- Healthcare Service Quality, Patient Satisfaction, Word-of-Mouth.

I. Introduction

Various studies have explored the importance of Word-of-Mouth (WOM) as an effective promotional tool (Sivadas & Jindal, 2017). WOM is defined as a non-commercial information dissemination activity performed by consumers. The willingness of consumers to tell their consumption experience with products or services indirectly puts them as the marketing agent of the company. Consumers voluntarily share their consumption experience because the company provides the best service quality that satisfies consumer expectations (Kitapci, Akdogan, & Dortyol, 2014; Sumaedi et al., 2016; Tjiptono & Chandra, 2012).

Although a considerable number of studies have discussed the influence of service quality and satisfaction on positive WOM, a specific discussion on service quality gained relatively little attention. In most cases, service quality is measured by dimensions developed by (Parasuraman et al(1988) that consist of tangible, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). This study uses another perspective of service quality measurement proposed by Brady and Cronin which then developed by Chahal and Kumari especially in the health services sector known as Healthcare Service Quality or HCSQ (Brady & Cronin, 2001; Chahal & Kumari, 2010, 2012).

Different perspectives of service quality between Parasuraman and Brady and Cronin lies in the proposed dimensions to measure service quality (Brady & Cronin, 2001). Principally, the concept of service quality initiated by Parasuraman measures quality from a general perspective as a whole and does not explicitly relate to service quality and service performance (Chahal & Kumari, 2012). According to (Brady & Cronin, 2001) proposed a service quality model that consists of three dimensions, namely physical environment quality, interaction quality, and outcome quality as the main hierarchies in determining service quality. The model proposed by Brady & Cronin still uses the dimensions of reliability, responsiveness, and empathy, but these dimensions are not identified as direct determinants of service quality.

HCSQ is a modification of the service quality concept applied in the health service sector. HCSQ variable can be used as a predictor to measure consumer satisfaction and WOM (Chahal & Kumari, 2012; Choi et al, 2005; Javed & Ilyas, 2016; Kitapci et al, 2014). Building consumer satisfaction also means building total consumer satisfaction starting with the ability of the organization to manage the value perceived by consumers (Javed & Ilyas, 2016; Kitapci et al., 2014; Kotler & Keller, 2016). The more positive the value perceived by consumers, the higher the level of their satisfaction (Chahal & Kumari, 2012; Wan Rashid & Jusoff, 2009). One of the multiplier effects of satisfaction is the establishment of positive WOM (Chaniotakis & Lymperopoulos, 2009).

In Indonesia, many private hospitals encounter a complex service quality problem not only in terms of providing physical facilities (e.g., hospital building, waiting rooms, medical equipment) but also medical and non-medical personnel (e.g., specialist doctors, nurses, laboratory staff, pharmacists, administrative and accounting staffs). The problems are getting more complicated regarding the requirement and achievement of accreditation, hospital status, and promotions.