

THE INFLUENCE OF SERVICE QUALITY AND BRAND IMAGE ON CUSTOMER-BASED BRAND EQUITY

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ABSTRACT

In the multifaceted realm of healthcare, where the complexities are as diverse as the myriad needs of the diverse patient population, the cultivation of a robust culture centered on service quality is paramount. It becomes the lifeblood that nourishes the organizational ecosystem, fostering an environment where every facet of the institution is attuned to the pursuit of excellence. This meticulously designed research methodology aims to provide a robust foundation for examining the intricate relationships between service quality, brand image, and customer-based brand equity. By employing quantitative analysis techniques and ensuring a comprehensive sampling strategy, the study seeks to contribute valuable insights to the existing body of knowledge in the field. The research methodology employed in this study adopts a descriptive verification approach, specifically utilizing a quantitative framework. Primary data for this research is obtained through the distribution of questionnaires to respondents, complemented by secondary data sourced from pertinent literature and institutional documents relevant to the study's focus. This analytical technique serves to gauge the extent of the impact of service quality and brand image on customer-based brand equity, both in isolation and in conjunction. The selection of linear regression analysis aligns with the researcher's hypothesized relationships between the variables, namely service quality (X1) and brand image (X2) in relation to customer-based brand equity (Y). The results of the study reveal that the service quality at Cibabat Regional Hospital is currently classified as "quite good," with specific areas identified for improvement, particularly in health workers' responsiveness and relationship-building with patients. The brand image is generally perceived as "quite good," but concerns exist regarding the perceived high cost of treatment and alignment with patient expectations. The overall customer-based brand equity (CBBE) tends to be positive, yet there are opportunities for improvement, especially in addressing patient perceptions of service quality, professionalism among health workers, and responsiveness to patient and family input. In conclusion, while the hospital has achieved a commendable status, targeted enhancements are needed to further elevate the overall patient experience and satisfaction.

Keyword: - *Customer-based brand equity, brand image, healthcare, service quality.*

1. INTRODUCTION

In the dynamic and ever-evolving landscape of contemporary healthcare, the inherent intricacies of service quality stand forth as a multifaceted linchpin, intricately woven into the very fabric of brand image and equity. This critical nexus gains additional complexity and significance when examined through the discerning lens of customer perspectives [1]–[5]. The contemporary healthcare epoch places itself by an unprecedented proliferation of cutting-edge, well-equipped hospitals, their architectural prowess and technological sophistication underscoring the transformative dynamics that define the healthcare industry. This transformative environment compels healthcare institutions to transcend their erstwhile conventional role as mere health service providers. Instead, they find themselves at a juncture where the imperative is not merely to offer medical care but to embark on a profound metamorphosis into financially sustainable and consistently progressive organizations [6].

The peak accentuation of this mandate illustrates itself by the unyielding competition that characterizes the healthcare sector, where institutions are not just vying for patient footfall but are engaged in a relentless pursuit of supremacy and relevance [7]. Hospital managers, as stewards of these institutions, find themselves not just navigating the traditional responsibilities of healthcare provision but also steering the course towards a strategic confluence where healthcare meets organizational growth. In this complex orchestration, service quality optimization emerges not as a reactionary measure for immediate survival but as a proactive strategy, a linchpin that not only ensures survival but positions healthcare organizations to thrive amidst the dynamic ebb and flow of the industry [8].

The strategic imperative goes beyond the immediate horizon, urging healthcare leaders to envisage and shape a trajectory that transcends the confines of conventional paradigms. The challenge is not merely to weather the storms of the present but to chart a course towards sustained viability, innovation, and success [8]. Within the intricate interplay of challenges and opportunities that defines the expansive landscape of contemporary healthcare, the optimization of service quality transcends its role as a mere compass; it evolves into an overarching guiding ethos that permeates the very essence of healthcare institutions. Far beyond being a strategic tool for immediate navigation, service quality optimization transforms into a foundational principle that cultivates a dynamic culture of continuous improvement, adaptability, and resilience.

In the multifaceted realm of healthcare, where the complexities are as diverse as the myriad needs of the diverse patient population, the cultivation of a robust culture centered on service quality is paramount. It becomes the lifeblood that nourishes the organizational ecosystem, fostering an environment where every facet of the institution is attuned to the pursuit of excellence. Continuous improvement becomes not just a goal but also a shared commitment, encouraging healthcare professionals and staff alike to strive for excellence in every interaction, procedure, and service rendered. Adaptability, within the context of service quality optimization, becomes a hallmark of organizational agility [9]. Recognizing that healthcare landscapes are in a perpetual state of flux, institutions are compelled to embrace change with a proactive mindset. This adaptability extends beyond the integration of cutting-edge technologies and medical advancements; it encompasses a cultural disposition that encourages learning, innovation, and a willingness to evolve in response to the evolving needs of patients and the industry at large.

Resilience, in the context of service quality optimization, emerges as the bedrock upon which healthcare institutions weather the storms of challenges. It involves not only withstanding the immediate shocks and disruptions but also bouncing back with newfound strength and insight. This resilience is cultivated through a commitment to learning from setbacks, implementing corrective measures, and fortifying the institutional fabric against unforeseen challenges, ensuring a sustained commitment to service excellence even in the face of adversity [10], [11]. In essence, the transformation of service quality optimization into a guiding ethos transcends the realm of strategy and becomes a cultural touchstone for healthcare institutions. It permeates the organizational DNA, influencing decision-making, shaping behavior, and ultimately contributing to the establishment of a healthcare ecosystem that not only meets the immediate needs of its stakeholders but continually evolves, adapts, and thrives in the pursuit of excellence. In the vast and dynamic landscape of contemporary healthcare, this comprehensive study embarks on an intricate journey, meticulously navigating through the intricate web of dimensions encapsulated within the multifaceted realm of service quality. Against the elaborate backdrop of the evolving healthcare milieu, the research endeavors to undertake a nuanced exploration that delves deep into the layers of complexity inherent in the provision of services within the healthcare sector. The study adopts a meticulous approach, peeling back these layers to unravel the profound interplay between service quality and its expansive implications. It scrutinizes how service quality, as a pivotal determinant, reverberates across the spectrum of healthcare operations, leaving an indelible mark on brand image, equity, and the overarching trajectory of healthcare organizations [12]–[14]. By dissecting this complex interrelationship, the research seeks not only to contribute nuanced insights to the academic discourse but to forge a path toward a more comprehensive understanding of the critical role that service quality plays in shaping the future of healthcare.

The aspirations of this study extend beyond the confines of academic exploration. It aims to offer more than mere theoretical perspectives by providing a robust foundation upon which strategic decision-makers within healthcare institutions can construct informed strategies and policies. In doing so, the study becomes a catalyst for fortification, empowering healthcare organizations to navigate the tumultuous tides of change with unparalleled agility and innovation [8], [15]. Furthermore, this research envisions healthcare institutions not merely as passive recipients of knowledge but as proactive architects of their own sustained success. By delving into the intricate dynamics of service quality, the study seeks to empower healthcare leaders to transcend the status quo, facilitating the establishment of these institutions as resilient bastions in an era characterized by dynamic shifts and intense competition. The ultimate goal is to arm healthcare organizations with the insights and tools they need not only to

adapt to change but to proactively shape the trajectory of the healthcare industry, emerging as beacons of excellence amid the evolving landscape.

2. METHOD

The research methodology employed in this study adopts a descriptive verification approach, specifically utilizing a quantitative framework. Primary data for this research is obtained through the distribution of questionnaires to respondents, complemented by secondary data sourced from pertinent literature and institutional documents relevant to the study's focus. The dataset acquired is subsequently subjected to rigorous analysis using the multiple regression method. This analytical technique serves to gauge the extent of the impact of service quality and brand image on customer-based brand equity, both in isolation and in conjunction. The selection of linear regression analysis aligns with the researcher's hypothesized relationships between the variables, namely service quality (X1) and brand image (X2) in relation to customer-based brand equity (Y).

The population under investigation comprises all outpatient and inpatient patients at Cibabat Regional Hospital during the months of May and June 2023, amounting to an average monthly visitation of 6,743 individuals. From this extensive population, a sample size of 100 respondents is derived, determined through a systematic calculation using the Slovin formula. The sampling technique employed is accidental sampling, ensuring a representative and unbiased selection of participants for the study.

This meticulously designed research methodology aims to provide a robust foundation for examining the intricate relationships between service quality, brand image, and customer-based brand equity. By employing quantitative analysis techniques and ensuring a comprehensive sampling strategy, the study seeks to contribute valuable insights to the existing body of knowledge in the field.

3. RESULTS AND DISCUSSION

The characterization of respondents is an elucidation of their demographic details, encompassing gender, age, and education, which are integral components of this research. The entirety of the 100 patients under examination at Cibabat Regional Hospital actively participated by completing and returning the distributed questionnaires. The respondent demographic composition reveals a balanced distribution between genders, with 47% being male and 53% female. While the gender representation is relatively equal, a slightly higher proportion of female respondents is evident. Turning attention to the age demographics, the respondents exhibit diversity across age groups. Specifically, 25% fall within the 20-40 age range, 52% are aged between 41 and 60, and 23% are above 60 years old. This distribution underscores the inclusion of a broad spectrum of ages, contributing to the overall representativeness of the respondent pool.

Table -1: Identity of Respondents

Identity of Respondents	Frequency	Percentage (%)
Sex		
Male	47	47
Female	53	53
Age		
20-40 Years	52	25
41-60 Years	52	52
> 60 Years	23	23
Education Level		
Junior High	6	6
Senior High	69	69
Higher Education (Diploma-Magister)	25	25

Examining the educational backgrounds of the respondents, the data displays a noteworthy educational capacity. Notably, 6% have completed junior high school, 69% possess a high school education, and 25% have attained tertiary education levels ranging from diploma to master's degree. This diverse educational profile further enhances the representativeness of the respondents, establishing a foundation for robust assessments of service quality and brand image perceptions within the hospital setting. In summary, the comprehensive analysis of respondent identity data, as illustrated in Table 1, not only highlights the meticulous demographic categorization of participants but also

underscores the diverse and representative nature of the sample group, contributing to the reliability and validity of the findings in evaluating hospital service quality and brand image.

In conclusion, the meticulous examination of respondent identity data in this research reveals a well-balanced and diverse participant pool. The active participation of all 100 patients from Cibabat Regional Hospital underscores the commitment and engagement of the respondents in contributing to the study's objectives. The gender distribution illustrates a broad spectrum of experiences and perspectives, the educational backgrounds of the respondents display a commendable diversity, enabling a comprehensive exploration of the influence of service quality and brand image on customer-based brand equity within the hospital context. The robustness of the sample group, characterized by a meticulous consideration of demographic factors, instills confidence in the reliability and generalizability of the study's findings. The data's representative nature positions it as a valuable resource for drawing meaningful conclusions and insights regarding the perceived quality of service and brand image in Cibabat Regional Hospital. The diverse and engaged participant base strengthens the validity of the study, providing a solid foundation for advancing our understanding of the complex dynamics at the intersection of healthcare, service quality, and brand image.

The research findings elucidate that respondents' assessments of the service quality variable garnered a cumulative score of 4695, representing 60.07% of all service quality indicators from an attainable 3965. Positioned within the category of "Fairly Good," this score falls within the interval of 2.60 – 3.40 (52% - 68%). In essence, consumers' collective perception suggests that the quality of health services at Cibabat Regional Hospital in Cimahi City is generally deemed quite satisfactory. Despite the service quality variable obtaining an average score of 3.35, placing it within the "quite good" category, it is noteworthy that, according to consumers, the quality of services at RSUD Cibabat is perceived to be satisfactory rather than optimal.

Further analysis reveals specific areas where the quality of health services at RSUD Cibabat could be enhanced. Notably, questions pertaining to the responsiveness of doctors, nurses, and hospital staff to patient complaints, received the lowest score of 3.05. Additionally, item 13, focusing on the perceived goodness of the relationship between staff and patients, scored 3.12. These outcomes signal potential areas for improvement, indicating that the responsiveness and interpersonal dynamics between healthcare providers and patients may not be optimal. This, in turn, implies the possibility of patient dissatisfaction, emphasizing the need for targeted interventions to enhance the overall quality of health services and foster a more positive patient experience. In summary, while the general perception indicates a satisfactory level of service quality at RSUD Cibabat, the identification of specific areas for improvement underscores the importance of continuous efforts to optimize the quality of healthcare services, ensuring a more comprehensive and patient-centric approach. Addressing these specific concerns can contribute to elevating the overall quality of health services and fostering greater patient satisfaction at Cibabat Regional Hospital.

The analysis of respondents' feedback regarding the brand image variable yielded a cumulative score of 2251, representing 64.31% of all brand image indicators from an achievable 2251. Positioned within the "Fairly Good" category, falling within the interval of 2.60 – 3.40 (52% - 68%), this score suggests an overall positive perception among consumers regarding the brand image of RSUD Cibabat in Cimahi City. However, it is crucial to note that not all patients or consumers share an entirely favorable view, as evidenced by the recognition that the brand image of RSUD Cibabat still faces certain challenges. A deeper examination of the brand image variable indicators reveals nuanced areas for improvement. Specifically, two questions obtained the lowest scores: question number 3, relating to the perceived affordability of treatment and care at Cibabat Regional Hospital, and question number 5, assessing whether health services align with community expectations, both scoring 3.11. These outcomes imply that there is a segment of patients who find the costs of treatment and care at Cibabat Regional Hospital relatively high, and there are perceptions that the health services provided do not entirely align with patient expectations.

In light of these findings, it is recommended that Cibabat Regional Hospital undertake a thorough evaluation of the cost structures associated with treatment and care, aiming to enhance affordability and accessibility for the community. Simultaneously, efforts to improve the alignment of health services with patient expectations should be prioritized. These strategic initiatives can contribute to fortifying the brand image of the hospital, fostering increased satisfaction among patients and enhancing the overall perception of RSUD Cibabat within the community. In summary, while the brand image of RSUD Cibabat is generally perceived as "Fairly Good," addressing the specific concerns highlighted by respondents regarding treatment costs and service expectations can significantly contribute to elevating the hospital's overall brand image and ensuring a more positive and robust standing within the community.

Meanwhile, the respondents' responses regarding customer-based brand equity (CBBE) resulted in a score of 3458 (62.87%) from all CBBE indicators of 3458, with this value the CBBE variable is included in the Fairly Good category, because this value is in the interval between 2.60 – 3.40 (52% - 68%) This means that overall it can be said

that consumer reactions to the health services provided by Cibabat Hospital, Cimahi City tend to be quite good. Based on the results of the assessment carried out on 11 CBBE question items, it was discovered that there are still two CBBE question items that received low scores, namely the statement about Cibabat Regional Hospital service quality standards and input from customers, patients and patient families. These results can illustrate that based on the knowledge, perceptions and experience of respondents the health services provided by Cibabat Regional Hospital are sub optimum.

The researcher posits that there exists a cohort of patients with a diminished perception of customer-based brand equity at Cibabat Regional Hospital, a phenomenon potentially attributed to individuals availing themselves of health services through BPJS (Social Security Administering Agency). It is conceivable that dissatisfactions may stem from the perception toward BPJS patients that their families and them experience disparate levels of service compared to non-BPJS patients. This discrepancy becomes evident in areas such as the perceived complexity and inconvenience associated with registration procedures for service access, as well as perceived unfairness in the administration of medications.

BPJS patients, according to the study, express challenges in navigating registration processes and perceive disparities in the treatment they receive, especially in the administration of medications. Notably, BPJS patients find the process of obtaining and taking medicines to be more cumbersome, with a perception that the procedures for non-BPJS patients are comparatively simpler. This nuanced distinction may contribute to the overall lower perception of CBBE among this subset of patients. Several factors may underlie this observed discrepancy, including patients' prior experiences with healthcare services before transitioning to BPJS. Additionally, the study suggests a potential lack of knowledge among BPJS patients and their families concerning the specific procedures and nuances associated with the provision of healthcare services under the BPJS system. These factors collectively contribute to the observed variations in perceptions, hinting at the need for targeted interventions to address and rectify the identified disparities. In summary, the researcher contends that understanding the intricacies of patients' experiences, coupled with efforts to improve awareness and streamline procedures for BPJS patients, and could be instrumental in mitigating the disparities in customer-based brand equity at Cibabat Regional Hospital. Addressing these concerns is crucial for fostering an equitable and satisfactory healthcare experience for all patients, irrespective of their health insurance status.

The perceived unfair treatment of BPJS patients at Cibabat Regional Hospital underscores the imperative for proactive measures to address and rectify these concerns. To this end, the hospital, facilitated through BPJS officers on duty, should undertake the responsibility of furnishing comprehensive and transparent information regarding health service procedures tailored specifically for BPJS patients and their families. This informational initiative aims to foster a nuanced understanding among patients and their families, ultimately assuring them that they are being treated equitably when availing themselves of healthcare services at Cibabat Regional Hospital.

In accordance with the Islamic concept that advocates fairness and justice in dealings with oneself, fellow human beings, and all living beings, the hospital should uphold these values in its interactions with patients. Being fair is not only a commendable quality but also aligns with ethical principles that guide healthcare providers in delivering compassionate and unbiased care. It is paramount for healthcare workers to uphold the principle of non-discrimination in their service attitudes toward patients. By eradicating any differentials in the treatment of patients based on their insurance status, health workers can contribute to the creation of an environment that is not only medically proficient but also ethically sound. This commitment to fairness aligns with the Islamic teachings and serves as a foundation for building trust and satisfaction among all patients, fostering a healthcare environment where individuals are treated with dignity, respect, and equality.

In summary, the hospital's initiative to provide transparent information and ensure fairness in the treatment of BPJS patients not only addresses current disparities but also aligns with ethical principles and Islamic teachings. This approach not only improves patient understanding of healthcare procedures but also contributes to the creation of a healthcare environment rooted in fairness, compassion, and universal respect for all patients.

The correlation coefficient analysis employed in this study serves as a tool to assess the strength of the relationship between two variables, while controlling for other influential variables, commonly known as control variables. Based on the measurements derived from the research data, the calculated correlation or relationship value (R) stands at 0.253. The coefficient of determination value (R Square) is determined to be 0.064. Consequently, it can be inferred that the contribution of the service quality variable (X1) to the customer-based brand equity variable (Y) is 6.4%, leaving the remaining 93.6% influenced by other variables beyond the scope of this research.

Table -2: Research Statistic Formulation Results

Correlation Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Service Quality on CBBE	.253 ^a	.064	.055	4.552
Brand Image on CBBE	.207 ^a	.043	.033	4.604
Service Quality and Brand Image on CBBE	.331 ^a	.109	.091	4.464

These results shed light on the model's efficacy in elucidating the factors contributing to variations in consumers' assessments of the quality of health services provided by Cibabat Regional Hospital. Specifically, the findings suggest that service quality has a discernible impact on the propensity of consumers to return and utilize the health services offered by the hospital. Adjusted R-squared value, which stands at 0.055, shows that it is important to note that this value is adjusted to account for the complexity of the model, particularly the number of independent variables. The observed decrease in the Adj R-squared compared to R-squared may indicate that the inclusion of additional independent variables does not fully enhance the explanatory power of the model in capturing variations in customer knowledge and assessment (CBBE) concerning the health services provided by RSUD Cibabat. In essence, while service quality appears to play a discernible role in shaping customer-based brand equity, the modest contribution and the observed limitation in the explanatory power of the model suggest that other variables, not considered in this study, also significantly influence consumers' perceptions and assessments of healthcare services at Cibabat Regional Hospital. These nuanced insights contribute to a more comprehensive understanding of the complex dynamics affecting customer-based brand equity in the healthcare context.

The correlation or relationship value (R) in this analysis is determined to be 0.207, and the corresponding coefficient of determination value (R Square) is 0.043. Consequently, it can be inferred that the contribution of the brand image variable (X2) to the customer-based brand equity variable (Y) is 4.3%, leaving the remaining 95.7% influenced by other variables beyond the scope of this research. These results underscore the model's capacity to explore factors contributing to variations in consumers' assessments of the quality of health services provided by Cibabat Regional Hospital, particularly in terms of their inclination to return and utilize the health services offered. While the brand image variable does contribute to customer-based brand equity, its impact is relatively modest, with the majority of the variation in consumer assessments being attributed to other variables not considered in this study.

Furthermore, the Adjusted R-squared value, standing at 0.043, takes into account the complexity of the model, adjusting for the number of independent variables. The observed decrease in the Adj R-squared compared to R-squared suggests that the addition of independent variables does not fully enhance the explanatory power of the model regarding variations in customer knowledge and assessment (CBBE) concerning the health services provided by RSUD Cibabat. In summary, while the brand image variable plays a discernible role in shaping customer-based brand equity, its modest contribution, along with the limitations in the explanatory power of the model, implies the existence of other influential variables outside the scope of this research. These findings contribute valuable insights into the multifaceted nature of customer-based brand equity in the context of healthcare services at Cibabat Regional Hospital.

The coefficient of determination value (R Square), standing at 0.109, indicates that the combined influence of service quality and brand image has a relatively low impact on customer-based brand equity (CBBE). Specifically, the contribution of the service quality (X1) and brand image (X2) variables to the CBBE variable (Y) is 10.9%, leaving the majority of the variation, 89.1%, influenced by other variables beyond the scope of this research. These additional variables may encompass factors such as facilities and infrastructure, customer satisfaction, trust, brand awareness, brand loyalty, and various other elements [16]–[19].

These results underscore the model's capacity to explore factors contributing to variations in consumer assessments of health services provided by Cibabat Regional Hospital, specifically in terms of their inclination to return and utilize the healthcare services offered. However, the relatively low influence of service quality and brand image, as indicated by the R Square value, suggests that other unexamined variables play a significant role in shaping customer-based brand equity. In essence, the findings highlight the complex nature of customer-based brand equity in the healthcare context, revealing that a substantial portion of consumers' assessments is influenced by factors beyond service quality and brand image. This understanding is pivotal for healthcare institutions, such as Cibabat Regional Hospital, as they strive to enhance overall customer satisfaction, loyalty, and the perceived value of their services. Future research could further delve into these additional variables to provide a more comprehensive understanding of the intricate dynamics influencing consumer assessments in the healthcare setting.

4. CONCLUSIONS

The analysis of research data indicates that the service quality at Cibabat Regional Hospital is currently classified as "quite good," with specific areas identified for improvement, particularly in health workers' responsiveness and relationship-building with patients. The brand image is generally perceived as "quite good," but concerns exist regarding the perceived high cost of treatment and alignment with patient expectations. The overall customer-based brand equity (CBBE) tends to be positive, yet there are opportunities for improvement, especially in addressing patient perceptions of service quality, professionalism among health workers, and responsiveness to patient and family input. In conclusion, while the hospital has achieved a commendable status, targeted enhancements are needed to further elevate the overall patient experience and satisfaction.

The examination of the first hypothesis reveals a positive and significant influence of service quality on Customer-Based Brand Equity (CBBE) at RSUD Cibabat. This implies that the hospital's service quality, including adherence to service hours, prompt and accurate care delivery, patient and family safety assurance, and the provision of friendly services by healthcare staff, contributes to a favorable CBBE. Moving on to the second hypothesis, the analysis establishes a significant influence of brand image on CBBE, indicating that a well-established brand image enhances knowledge, positive assessments, and favorable inclinations toward health services at Cibabat Regional Hospital. These findings align with previous research, emphasizing the importance of a positive brand image in reflecting the perceived quality and benefits of healthcare services. It underscores the dual significance of maintaining a favorable hospital image in the community and competing effectively with other healthcare providers in the region. Overall, the study reinforces the crucial role of both service quality and brand image in shaping positive customer responses and assessments.

The analysis underscores a significant and positive impact of both service quality and brand image on Customer-Based Brand Equity (CBBE) at Cimahi Regional Hospital. This indicates a substantial contribution from both service quality and brand image in elevating public assessments and attracting a higher number of visitors seeking the offered services. The study reveals that these two variables, service quality and brand image, exert an equal influence on CBBE at Cibabat Regional Hospital, as evidenced by the magnitude of their contribution to the dependent variable (Y). This highlights the crucial role played by both service quality and brand image in shaping a positive and impactful customer perception, ultimately enhancing the overall brand equity of the hospital.

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