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Patient's Willingness to Pay and Likelihood to Choose Hotel-Like Hospital over Traditional Hospital in Jakarta

Eduwart Donna Riccy Lingga[1]
[1]*Creative Marketing Program, Management Department,*
BINUS Business School Master Program
Bina Nusantara University
Jakarta, Indonesia 11480

Dr. Tara Farina Srihadi M.Sc[2]
[2]*Business Management and Marketing,,*
BINUS Business School International Undergraduate Program,
Bina Nusantara University
Jakarta, Indonesia 11480

Abstract: The purpose of the study is to investigate critical variables that affecting patients' behavioral intention to choose hotel-like hospital room.The model was developed from previous medical research and was tested to 233 respondents using partial least square structural equation model. First order, second order dan third order confirmatory factor analysis was used in this model.Based on the results of the complete model, perceived service quality, trust, perceived well-being, likelihood to choose hotel-like hospital have a positive and significant effect on behavioral intention for hotel-like hospital room. While supportive healing environment has no significant direct effect on perceived well-being but has significant indirect effect on behavioral intention through perceived well-being. Research conducted only among respondents who live in Jakarta City and focusing on the patient experience in the hospital room, as opposed to the hospital facility at large.This study investigated patients' perspective in hospital room by integrating previous theories. The reason is that before deciding to marketing strategy the hospital, the supporting factors should be researched for the patients who might going to use their facilities, services and room type.

Keywords: Perceived Well-Being, Perceived Services Quality, Supportive Healing Environment, Likelihood to Choose Hotel-Like Hospital, Behavioral Intention

I. Introduction

Hospitals are a growing organization with an increasing level of care every year. Hospitals continue to improve their performance to be better by improving health services to consumers, solidarity in financing, quality resources, and easy access. Indonesia ranks fourth in the world because Indonesia's population reaches more than 240 million people, with various language, ethnic and cultural groups. Indonesia also has an increasing population of people of working age or middle age, so that the productive age in Indonesia is increasing every year.Therefore, it is very important for Indonesia to maintain public health. In 2020, about 70.72% of the population was aged 15–64 years which dominated by Gen Z and Milennials.

Based on the type of service, hospitals in Indonesia are categorized into two categories, which isgeneral hospitals and specialty hospitals. General hospitals provide health services in all areas and types of disease. Specialty hospitals provide primary or specialist services in a particular field or type of disease based on the type of science, age, organ, type of disease, or other specialties. General and specialty hospitals have at least several health services, which is medical support services, nursing and midwifery services, non-medical services.General hospitals are classified according to several things such as the number of beds, types of services, medical personnel, and administration. Each type of general hospital has a different level of completeness.Hospitals in Indonesia from 2015-2019 have increased by 13.52%. In 2015 the number of hospitals was 2,488, increasing to 2,877 in 2019. The number of hospitals in Indonesia until 2019 consisted of 2,344 General Hospitals (RSU) and 533 Specialty Hospitals (RSK). The number of private companies is more than 50% of total hospitals in Indonesia compared to government owned, this shows that private hospitals have

an influence on the health industry in Indonesia. Therefore, private companies must continue to innovate in providing the best service to consumers. Major private hospital that existed in Indonesia such as Siloam Hospitals, Mayapada Hospital, Pondok Indah Hospital - Puri Indah and many more.

The quality of hospital services is regulated in the minister of health regulations regarding hospital accreditation. Hospital accreditation is an acknowledgment of the quality of hospital services according to the standards set by the government. Accreditation arrangements aim to achieve hospital quality service standards in a sustainable manner and protect patients, improve protection for the community, improve hospital and clinical governance, support government programs in the health sector. Hospitals in Indonesia are accredited every 4 years, and the number of hospitals in Indonesia that have been accredited is 2,817. Hospitals that have not received accreditation are required to plan improvements to meet the accreditation standards that have not been achieved. Accreditation standards are levels of service that must be met by hospitals in improving the quality of service and safety.

The most important elements to achieve the success of an organization is service quality.In addition, the increasing awareness of consumers about excellence in service delivery will affect the high consumer expectations. Quality of service has two perspectives, which is internal and external service. Internal service quality (ISQ) focuses on services provided by employees to internal organizations such as between employees. External service quality (ESQ) focuses on customers' perceptions of what factors influence them about what they get and their willingness to pay. The Internal quality focuses on conformance to requirements and no mistakes, while the external quality focuses on customer's perception, patient's belief, action and patient's happiness. The external quality is the key to the success of a service, with growing consumer awareness, changing their preferences and expectations. Therefore, businesses need to know and understand how the quality of services provided to customers can affect them as consumers.Based on Padma, in terms of health care, the interpersonal aspect of care is important for patients. There are six dimensions of the value of service quality in the hospital from patient perceptions, which is transaction and aesthetic value, acquisition and efficiency value, self-gratification and social support value. The perception of consumers or patients is strongly influenced by the hospital support functions about the quality of service in the hospital, so that it affects the reputation and demands of hospitals in the future.Currently, patients are the most important factor for hospitals, so the marketing of healthcare services has changed from a seller market to a buyer's market. In health service marketing, health institutions should be more service-oriented and at the same time develop technology-based services so as to achieve patient satisfaction. Each hospital has its own strategies for achieving patient satisfaction such as human empathy, new diagnostic approaches, and new treatments. Therefore, hospitals need to create a positive atmosphere in the workplace, increase employee motivation, and provide the best service to patients.Patient outcomes are influenced by the health care ambience or environment, and the hospitable environment (patient-centric) needs to be adopted by the healthcare industry. In terms of improving patient outcomes, the physical environment has an important role to play in contributing to the therapeutic process. In this modern era, several well-known health institutions have integrated the notion of the physical environment not only in the treatment of mental illness through therapeutic design, but into the wider health care spaces. The concept of "Hospitality & Healthcare" and "Patient-centered Care" effects many things such as facility design, staff social interaction with patients, efficiency and healthcare operations. Stress level can be reduced through the practice of social interaction between staff and patients, thus affecting the healing process and their comfort. Patient well-being and health can be improved through EBD / Evidence-based design, which is an idea for environmental healing elements in health care design. EBD is an effective method in health care because it provides many benefits such as patient and family satisfaction, decision making by hospital leaders regarding finances and the effectiveness of hospital organization.In terms of stimulating patients' self-recovery abilities and reducing their stress, it can be through a healing environment that contributes to the patient's recovery, healing and well-being.All components in the healing environment are considered as holistic entities in which they play a strategic and synergistic role. In addition, the general concept of healing environment design consists of several categories or aspects with a broader subject such as a single patient room that provide sense of control, privacy and design attributes. Confusing and often noisy health facilities are a factor in the patient's low sense of control, not only because the disease is uncontrollable. High blood pressure and depression are negative consequences of lack of control by patients. Environmental aspects such as lighting levels and room temperature, as well as patient privacy that can be controlled by the patient, can enhance the patient's sense of control. In addition, positive distraction, social support, privacy and control, reduction of negative emotions and basic physiological needs are elements that help for patient recovery and improve patient well-being.

The hospital industry can be considered to be a crucial business in the service sector. In 2020, Indonesia's population is estimated to reach 273 million. And more than half of the population lives in urban areas, which is 56.4% of the total population. Therefore, it is very important for Indonesia to maintain public health in areas such as DKI Jakarta. There are a lot of hospital institution that offer similar services and are trying to compete with one another. It still remains a challenge until today for marketers to understand how consumers choose their hospital institution when there are a lot of hospitals offering similar services.In the current era, the most important elements to achieve the success of an organization is service quality, but patients are the most important factor for hospitals, so the marketing of healthcare services has changed from a seller market to a buyer's market. Each hospital has its own strategies for achieving patient satisfaction such as human empathy, new diagnostic approaches, and new treatments. The concept of "Hospitality & Healthcare" and "Patient-centered Care" effects many things such as facility design, staff social interaction with patients, efficiency and healthcare operations. Thus, a comfortable, friendly and effective building can influence patient outcomes, so the appearance of the hospital building and services is very important for patients.The main purpose to conduct this research is toexamine which factors that affect patients' willingness to pay and likelihood to stay at hotel-a-like hospital in Indonesia especially Jakarta City as a capital city of Indonesia to help related parties in developing strategies or further research in order to improve healthcare services.

II. Literature and Hypothesis

The variables that the author discuss consists of supportive healing environment, hospital service quality, perceived well-being, trust, likelihood to choose a hotel-like hospital room and behavioral intention. This study builds on Patrick Chukwuemeke & Ikenna Stephen theory of Supportive Healing Environment approach to examine the effects of a hospital room with hotel-like design features and social support facilities on patients' well-being.

A. Perceived Service Quality and Trust

Researcher also use the 6-Q conceptual framework to show the relationship between patient perceived service quality and patient trust. In addition, the study looks at how improved patient well-being and patient trust ultimately contributes to patients' likelihood to choose a hotel-like hospital room over a traditional hospital room, their willingness to pay higher out of pocket expenses, as first choice and visit in the future, recommend a hospital to their friends and relatives to avail services.

Patient trust can be positively influenced directly by the service quality of healthcare. The initial trust formed during the first meeting (consultation) with a doctor is not based on the experience or information of other people. In this case, initial trust is based on professional evidence/reputation of medical personnel, and institutional evidence/hospital. Foster and Cadogenhave confirmed that perceived service quality will significantly and positively influence customer trust. Ribbink et al.also have suggested that service quality has significantly positive influence on trust in their study. Based on the above discussion, the researcher argues that the relationship of service quality in hospitals affects patient trust, and the hypothesis is defined as follow:

(H1): Perceived service quality positively effect trust

B. Behavioral Intention

Previous findings also shows that service quality is an antecedent to behavioral intentions. Patient satisfaction has also assessed by examining the difference between perceived and expected service quality. Moreover, when they feel satisfied because the perceived service quality exceeds their expectation, they tend to become loyal and have more intention to revisit the hospital in the future. Zeithaml et al grouped behaviour intentions are as favourable and unfavourable loyalty: favourable into affirmative response, positive input, recommending, staying committed and paying more, whereas unfavourable loyalty as unconstructive reaction, changing to a new association, and doing less business with an organization. An eagerness to suggest, ready to visit again and constructive Word of Mouth (WOM) aims can be considered as loyalty. The more patients get good experience with hospital's services or products, the higher the likelihood that consumers will recommend hospitals, medical personnel, facilities, to family, friends, and relatives. There is a significant and positive relationship between intention to choose a hospital and consumer trust. The influences of brand on hospital performance may build trust on customers who has never been inpatient before in that hospital. Brand awareness is the most significant dimension that influences revisit intention, followed by perceived quality and

brand image. Based on the above discussion, the hypothesis is defined as follow:

(H2): Perceived service quality positively effect behavioral intention
(H3): Trust positively effect behavioral intention

C. Supportive Healing Environment & Perceived Well-Being

In particular, an unpleasant physical hospital environment can affect patient stress and patient well-being, for example, the hospital room can have an impact on noise, loss of personal control and privacy. Not only the hospital environment, the skills of medical personnel in communication with patients and unclear information affect patient anxiety. Patients in healthcare institutions have a low sense of control due to noisy environment that intrude their privacy and lack control over lighting and temperature. Psychologically, this may be reduced by friendly design that enhances control and hence decreases stress. Control over the position of the bed, temperature, lighting, music, and natural light are examples of self-supporting systems. The availability of facilities such as food and beverages and furniture also impact the level of control. Based on the above discussion, the researcher argues that the relationship of supportive healing environment features in hospitals affects on patient well-being, and the hypothesis is defined as follow:

(H4) : Supportive healing environment positively effect perceived well-being

D. Likelihood to choose hotel-like hospital over traditional

Many factors affect patient well-being with the hospital experience, such as the design of the physical environment, atmosphere, privacy, housekeeping, and architecture. Therefore, the hospital creates a new feel and appearance with friendly services to patients, this change is made in line with the increasing competition between hospitals so that patients have more choices to use hospital services. Based on the above discussion, the researcher argues that the relationship of perceived well-being from Supportive Healing Environment features in hospitals affects on patient behavioral and likelihood to choose hotel-like hospital, and the hypothesis is defined as follow:

(H5): Perceived well-being positively effect likelihood to choose hotel-like hospital over traditional

Hospitals are starting to upgrade their facilities by upgrading their healthcare design to a luxurious level. Hospitals are competing with each other for wealthy consumers who can travel anywhere and are willing to pay higher rates. Guests are willing to pay for rooms with hotel features if these luxury facilities are created. By changing the hospital design to be like a hotel, it affects the well-being of patients, then influences patients to choose inpatient room facilities with hotel features rather than traditional rooms, and patients are willing to pay higher inpatient room service rates for such room service. Based on the above discussion, the hypothesis is defined as follow:

(H6): Perceived well-being positively effect behavioral intention
(H7): Likelihood to choose hotel-like over traditional positively effect behavioral intention

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E. Conceptual Model

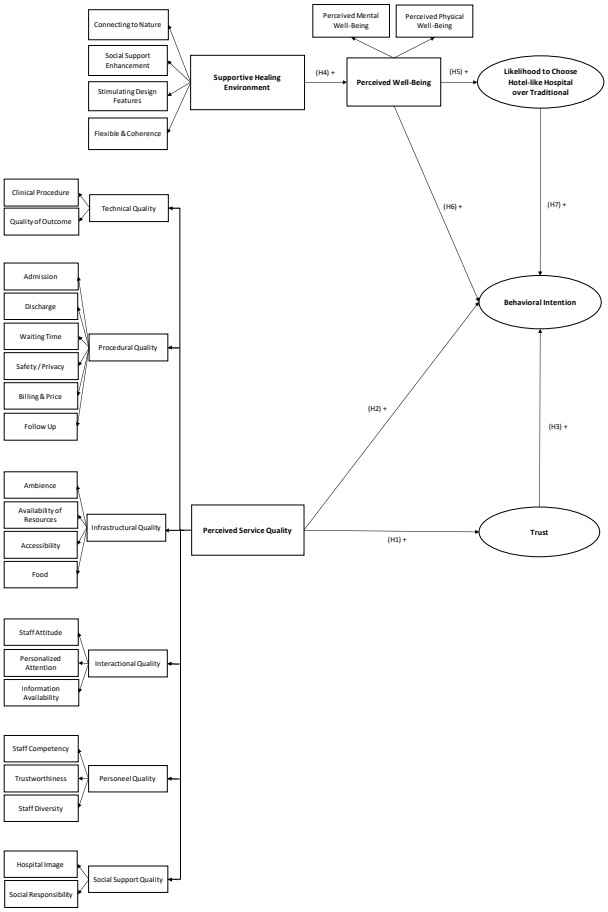

Fig. 1. Research Framework

III. Research Methodology

A. Research Design

This research was exploratory research with the implementation of online surveys to gather information from the respondents, distributing the link of the questionnaire with the support of social networks. This research was conducted by collect quantitative data which was then analyzed using several statistical methods that explained in this chapter. The sampling method was using purposive sampling with a criterion such as minimum age of 24 years old, should have been a patient in an inpatient room for at least 1 night at VIP/VVIP/President Room and aware that hospitals charged additional prices for their service so that they are able to provide the information needed by answering the questionnaire, providing readers with more information. Individuals within the age that range, have earned income and will be more aware of the services offered by the hospital. As it has been explained earlier in the first chapter, this research particularly targets consumers who have been hospitalized in hospitals in Indonesia, specifically on hospitals users in its capital city of Jakarta. Jakarta have been considered to be the centre of one fourth of Indonesia's trade and services with two thirds being the healthcare and financial sector. The city of Jakarta has been recognized as an important industrial, educational and trade hub with a lot of job and business opportunities, therefore, it can be concluded that people living in Jakarta are most likely to rely on hospitals services to manage their health.

The distribution of questionnaires was applied to this research to obtain the desired number of participants, which corresponds to the research target and a 6-point Likert scale is applied in the questionnaire. The purpose of using the even scale is to remove the bias that can be caused by the neutral, so that respondents can express their opinion more easily and make the result of the survey more accurate. A 6 point-likert with the

typical point scales was used in this research to arrange all of the questions and statements are (1) Strongly Disagree (2) Disagree (3) Slightly Disagree (4) Slightly Agree (5) Agree (6) Strongly Agree in the context of the questions or statements given to the participants. For the type of questions, this research used numerical ranking scales in the surveys to show the subjective opinions from the respondents regarding the stimuli models on a six-point numerical scale. Participants were asked to rate attributes of hotel-like hospital room, their levels of perceived well-being, their levels of service quality, their levels of trust, attitudes to hotel-like rooms over a traditional room, and behavioral intentions of what was seen through the stimuli given.

B. Data Analysis Method

Data analysis of the hypothesis test using Structural Equation Model (SEM). SEM is built by measurement models and structural models. The measurement model is used to assess the validity and discriminant validity, while the structural model is a model that describes the hypothesized relationships. Hierarchical construct model in PLS-SEM analysis being constructed by using 3 key stages which first order, second order and third order confirmatory analysis. First Order Confirmatory Analysis conducted to test the relationships between sub-dimensions and its indicator, Second Order Confirmatory Factor Analysis conducted to test the relationships between dimensions and its indicators. While Third Order Confirmatory Factor Analysis was conducted to test the relationships between primary construct and its indicators. This analysis is conducted to see the relationship between construct variables and their indicators. Since the unit of analysis used in this research are citizens of Indonesia, mainly live in Jakarta, the language used for the questionnaire will be different from the previous research. In developing a questionnaire, language has an important part because it affects how respondents analyze the questions and answer the questions. The questions from the previous journal were in English but it has been converted into Bahasa Indonesia, which is the main language used in Indonesia so that the respondents understand the questions without facing any difficulties as the questions were developed to be as simple and as direct as possible. Back translation was also conducted by the expert from Indonesian language to English language to ensure that the questions asked were the same as the original journal.

C. Data Collection and Sample

A survey was conducted by using a purposive sampling method. Respondents were informed of the research purpose and must passed 4 filter questions such as whether she/he have ever experienced being hospitalized, their age, in which hospital, and type of hospital room being used at that time. Of the 300 online questionnaires that were distributed, and only 233 respondents who meet the requirement, completed the survey and were included in the data analysis. All data were checked and analyzed using SmartPLS 3.0 and Microsoft Excel.

IV. Result and Further Discussion

Table 1 Demographic of Respondents

Demography of Respondents		Frequency	Percentage (In %)
Gender	Male	147	63
	Female	86	37
Age (Years)	24 – 33	54	23
	34 – 43	108	46
	44 – 53	54	23
	54 – 63	17	7
Domicile (City)	Jakarta	139	60
	Depok	19	8
	Tangerang	55	24
	Bekasi	20	9
Employment Status	Freelancer	1	0
	Housewife	2	1
	Casual Worker	187	80
	Student	1	0

	Entrepreneur	42	18
Income (Monthly)	< Rp 5.000.000	6	3
	Rp 5.000.000 - Rp 10.000.000	47	20
	Rp 10.000.001 - Rp 15.000.000	109	47
	Rp 15.000.001 - Rp 20.000.000	39	17
	> Rp 20.000.000	32	14
Souce of Fund (Medical Claim)	Health Insurance	82	35
	Company Insurance	110	47
	Family	10	4
	Personal Budget	31	13
Room Type (Hospital)	Mini Junior Suit Room	32	14
	Junior Suit Room	17	7
	Suit Room	13	6
	Premier	89	38
	VVIP	82	35
Hospital (Stay)	Mayapada Hospital	40	17
	MRCC Siloam	43	18
	RS Pondok Indah	70	30
	RS Premier Bintaro	23	10
	RSCM Kencana	25	11
	RSPP Pertamina	22	9
	Other Hospital	10	4

Table 1 shows demographic profile of the respondents. Of the 233 individuals aged 24 years or over, 63% were male and 37% female. The majority of respondents aged 34-53 years with the most occupational status were casual workers, then entrepreneurs, and the rest were students, freelancers, and housewives. In terms of income, the majority have an income of between Rp. 5,000,000 - Rp. 15,000,000. In terms of financial resources for hospitalization, the most people use insurance either from companies or private insurance. In terms of the type of inpatient room selected by the consumer, they have used the Premier (89%) and VVIP (82%) inpatient rooms. The hospitals most widely used by respondents are Pondok Indah Hospital (70%), MRCC Siloam (43%), and Mayapada Hospital (40%). This shows that the respondent represents a consumer who has sufficient income and has the experience of getting treatment for an inpatient room with 1 room for 1 person at the Jakarta hospital. Most of them came from Jakarta City (80%) and Tangerang City (24%).

A. Data Analysis

Author use Smart PLS application to estimate the parameters in outer and inner model using PLS path modelling by using bootstrapping method (500 samples). First, constructing first-order latent variables and related them to their respective block of manifest variables using reflective in their outer model. The first results shows that there are still any indicators whose loading factor value below 0.6 (SHE 4.5, SHE 2.3, SHE 1.3, & TR.6). Also as shown at above Table, that AVE value from Trust, Connecting to Nature, Social Support Enchancement, Stimulating Design Features, and Flexibility & Coherence are less than 0.5. Therefore, improvements are made by removing the indicator. This process is carried out several times, until all indicators have a loading factor value at least 0.6. This shows that, these indicators cannot reflect their respective variables.

Table 2. First Order Construct (After Removing Indicators)

Construct	Indicators	Loading	Cronbach Alpha	CR	AVE
Technical Quality					
Clinical Procedure	SQ.1.1.1	0.824	**0.890**	**0.920**	**0.697**
	SQ.1.1.2	0.787			
	SQ.1.1.3	0.900			
	SQ.1.1.4	0.894			

	SQ.1.1.5	0.760			
Quality of Outcome	SQ.1.2.1	0.791	**0.870**	**0.911**	**0.721**
	SQ.1.2.2	0.823			
	SQ.1.2.3	0.894			
	SQ.1.2.4	0.883			
Procedural Quality					
Admission	SQ.2.1.1	0.840	**0.851**	**0.894**	**0.629**
	SQ.2.1.2	0.847			
	SQ.2.1.3	0.721			
	SQ.2.1.4	0.776			
	SQ.2.1.5	0.773			
Discharge	SQ.2.2.1	0.839	**0.605**	**0.835**	**0.717**
	SQ.2.2.2	0.854			
Waiting Time	SQ.2.3.1	0.817	**0.778**	**0.871**	**0.693**
	SQ.2.3.2	0.845			
	SQ.2.3.3	0.835			
Safety and Privacy	SQ.2.4.1	0.776	**0.779**	**0.858**	**0.602**
	SQ.2.4.2	0.772			
	SQ.2.4.3	0.784			
	SQ.2.4.4	0.771			
Billing and Price	SQ.2.5.1	0.780	**0.732**	**0.848**	**0.651**
	SQ.2.5.2	0.831			
	SQ.2.5.3	0.809			
Follow Up	SQ.2.6.1	0.844	**0.651**	**0.851**	**0.741**
	SQ.2.6.2	0.877			
Infrastructural Quality					
Ambience	SQ.3.1.1	0.778	**0.861**	**0.896**	**0.590**
	SQ.3.1.2	0.772			
	SQ.3.1.3	0.768			
	SQ.3.1.4	0.748			
	SQ.3.1.5	0.794			
	SQ.3.1.6	0.749			
Availability of Resources	SQ.3.2.1	0.723	**0.867**	**0.898**	**0.556**
	SQ.3.2.2	0.776			
	SQ.3.2.3	0.736			
	SQ.3.2.4	0.709			
	SQ.3.2.5	0.740			
	SQ.3.2.6	0.751			
	SQ.3.2.7	0.783			

Accessibility	SQ.3.3.1	0.810	**0.732**	**0.849**	**0.651**
	SQ.3.3.2	0.809			
	SQ.3.3.3	0.802			
Food	SQ.3.4.1	0.823	**0.786**	**0.862**	**0.610**
	SQ.3.4.2	0.797			
	SQ.3.4.3	0.766			
	SQ.3.4.4	0.737			
Interactional Quality					
Staff Attitude	SQ.4.1.1	0.786	**0.828**	**0.879**	**0.592**
	SQ.4.1.2	0.770			
	SQ.4.1.3	0.733			
	SQ.4.1.4	0.770			
	SQ.4.1.5	0.789			
Information Availability	SQ.4.3.1	0.818	**0.720**	**0.843**	**0.641**
	SQ.4.3.2	0.809			
	SQ.4.3.3	0.775			
Personnel Quality					
Staff Competency	SQ.5.1.1	0.786	**0.763**	**0.864**	**0.679**
	SQ.5.1.3	0.857			
	SQ.5.1.4	0.827			
	SQ.5.2.3	0.872			
	SQ.5.2.4	0.866			
Social Support Quality					
Social Responsibility	SQ.6.2.1	0.976	**0.951**	**0.976**	**0.953**
	SQ.6.2.2	0.977			
Trust	TR.1	0.773	**0.778**	**0.848**	**0.527**
	TR.2	0.743			
	TR.3	0.725			
	TR.4	0.724			
	TR.5	0.661			
Social Support Enchancement	SHE.2.1	0.893	**0.758**	**0.892**	**0.805**
	SHE.2.4	0.901			
	SHE.3.3	0.850			
	SHE.3.5	0.868			
Flexibility and Coherence	SHE.4.1	0.894	**0.722**	**0.878**	**0.782**
	SHE.4.2	0.874			
Physical well-being	PWB.1.1	0.716	**0.674**	**0.821**	**0.605**
	PWB.1.2	0.800			
	PWB.1.3	0.814			

Mental well-being	PWB.2.1	0.845	**0.602**	**0.834**	**0.715**
	PWB.2.3	0.847			
Likelihood to Choose Hotel-Like Hospital	LCHH.1	0.863	**0.722**	**0.877**	**0.781**
	LCHH.2	0.905			
Behavioral Intention	BI.1	0.769	**0.785**	**0.853**	**0.538**
	BI.2	0.759			
	BI.3	0.730			
	BI.4	0.644			
	BI.5	0.758			

As a result, there are thirty-three indicators from different variables that don't meet the standard values and being removed.Second stage are conducted to see the relationship between construct variables and their dimensions, sub-dimensions and indicators. The inner model between the second order latent variables and the first order latent variables represents the second order loadings. Trust, Likelihood to Choose Hotel-Like Hospital and Behavioral Intention variables is a first-order latent variables and is hypothesized to be not related to any of the second-order latent variables, means they won't be analyzed at this stage.

Table 3. Second-order Confirmatory

Second-Order Model								
	Technical Quality	**Procedural Quality**	**Infrastructural Quality**	**Interactional Quality**	**Personel Quality**	**Social Support Quality**	**Supportive Healing Environment**	**Perceived Well-Being**
Cronbach's Alpha	**0.926**	**0.955**	**0.954**	**0.921**	**0.904**	**0.849**	**0.838**	**0.761**
Composite Reliability	**0.939**	**0.959**	**0.958**	**0.932**	**0.921**	**0.888**	**0.881**	**0.839**
Average Variance Extracted (AVE)	**0.630**	**0.527**	**0.522**	**0.514**	**0.537**	**0.572**	**0.553**	**0.512**
Clinical Procedure	0.95 **							
Quality of Outcome	0.93 **							
Admission		0.94 **						
Discharge		0.86 **						
Waiting Time		0.9 **						
Safety and Privacy		0.92 **						
Billing and Price		0.91 **						
Follow Up		0.81 **						
Ambience			0.95 **					

Availability of Resources			0.96 **					
Accessibility			0.91 **					
Food			0.93 **					
Staff Attitude				0.94 **				
Information Availability				0.9 **				
Staff Competency					0.93 **			
Trustworthiness					0.85 **			
Social Responsibility						0.9 **		
Social Support Enchancement							0.81 **	
Stimulating Design Features							0.87 **	
Flexibility and Coherence							0.85 **	
Physical well-being								0.92 **
Mental well-being								0.86 **

*Remark: *p-value < 0,05 , ** p-value < 0,01, blank = not significant*

Table 3. shows that of all constructs at second-order stage are meet the requirements with have a loading factor value more than 0.60 and significant. This result shows that second-order confirmatory factor are meet all the requirements (CR, Cronbach Alpha and AVE and p-value). The third stage is conducting third-order latent variables by setting up an outer model consisting of each variable from Perceived Service Quality such as Technical Quality, Procedural Quality, Infrasctructural Quality, Interactional Quality, Personnel Quality and Social Support Quality. The inner model between the second-order and third order latent variables represents the third-order loadings.

Table 4. Third Order Confirmatory

Third Order	
	Perceived Service Quality
Cronbach's Alpha	**0.98**
Composite Reliability	**0.98**
Average Variance Extracted (AVE)	**0.50**

Technical Quality	0.93 **
Procedural Quality	0.97 **
Infrastructural Quality	0.98 **
Interactional Quality	0.92 **
Personeel Quality	0.87 **
Social Support Quality	0.84 **

Remark: *p-value < 0,05 , ** p-value < 0,01, blank = not significant

Table 4. shows that of all constructs also meet the requirements by having p-value less than 0.01 and all scales have a good degree of validity (AVE) and reliability test (Cronbach's Alpha and CR). Finally, the PLS-SEM path analysis model can be conducted after author obtained the estimate value from first-order loadings, second-order loadings and third-order loadings.

B. Path Analysis

Inner model shows the value of path coefficient and the level of significance in the p-value in order to testing the hypothesis with confidence level 95%. The results are said to have a significant effect if they have p-value below 0.05.

Table 5. SEM Result

Structural Model				
	Trust	Behavioral Intention	Likelihood to Choose Hotel	Perceived Well Being
Perceived Service Quality	H1 : 0.18 **	H2 : 0.14 *		
Trust		H3 : 0.19 **		
Supportive Healing Environment				H4 : 0.16 *
Perceived Well-Being		H6 : 0.21 **	H5 : 0.59 **	
Likelihood to Choose Hotel		H7 : 0.15 *		
R-Square	0.03	0.16	0.36	0.02

Remark: *p-value < 0,05 , ** p-value < 0,01, blank = not significant

The coefficient value and p-value can be seen in Table 5. Based on output, concluding there are a significant (p-value < 0.01) and positive effect of Perceived Service Quality to Trust (0.18). Thus, the Hypothesized path (H1) of Perceived Service Quality and Trust in the inner model is statistically significant.The significant effect also can be found at the relationship between Perceived Service Quality and Behavioral Intention, which have 0.14 and p-value below 0.05. Therefore, the hypothesized path (H2) of Perceived Service Quality and Behavioral Intention of the inner model is statistically significant.A significant and positive relationship (0.19) on Trust variable to the Behavioral Intention variable seen from the p-value under 0.01, resulting Hypothesis three (H3) were accepted.The hypothesized path of Supportive Healing Environment and Perceived Well-Being is 0.16 and the p-value is below 0.05. This result means hyphothesis 4 (H4) of Supportive Healing Environment and Perceived Well-Being of the inner model is statistically significant.The significant p-value of the hypothesized path of Perceived Well-Being and Likelihood to Choose Hotel-like Hospital over Traditional is 0.00 (Below 0.01). Therefore, the hypothesized path (H5) of Perceived Well-Being and Likelihood to Choose Hotel-like Hospital over Traditional of the inner model is statistically significant and accepted.A significant positive relationship (0.21) on Perceived Well-Being variable to the Behavioral Intention variable seen from p-value (0.001 < 0.05), resulting Hypothesis three (H6) were accepted.Last, the direct positive effect (0.15) between Likelihood to Choose Hotel-like over Traditional and Behavioral Intention are proved to be

significant with the p-value less than 0.05. All these result means hypotheses seven (H7) are being accepted.The R square values from Behavioral Intention variable is 0.16, Likelihood to Choose Hotel-like Hospital is 0.36, Perceived well-being is 0.02 and Trust is 0.03. This means that for behavioral intention variability can be explained by variables of perceived well-being, likelihood to choose hotel-like hospital, trust and perceived service quality as much as 16 percent and the remainder explained by other variables outside the research model. While likelihood to choose hotel-like hospital has the biggest r-square means this variable variability can be explained by perceived well-being at 36% and the remainder explained by other variables outside the research.SmartPLS shows the key results of the model estimation in the Modeling window of each variable (Fig 1.).

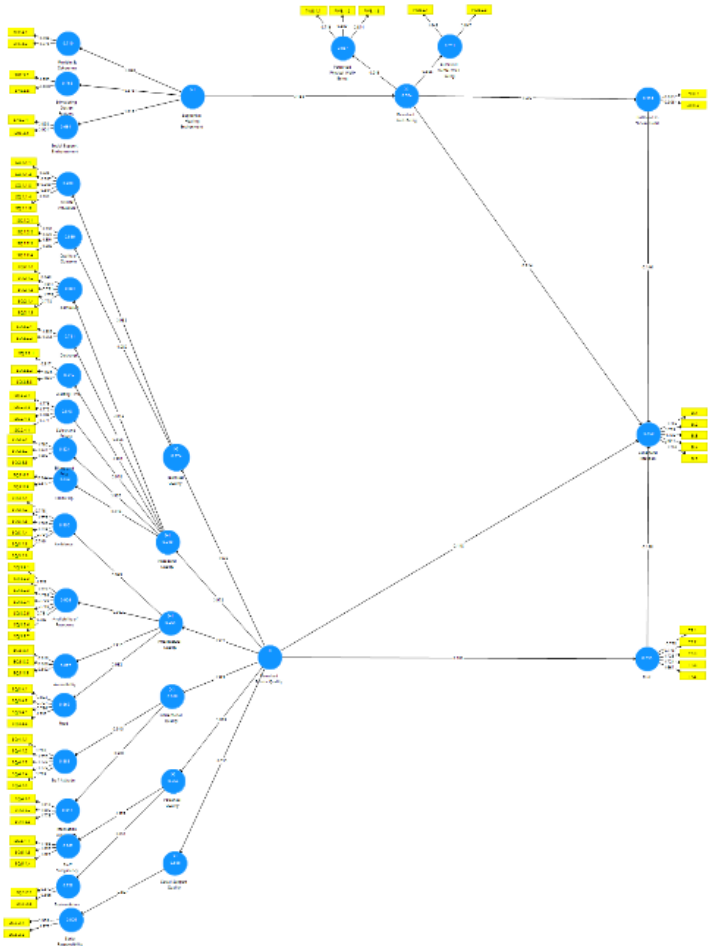

Fig. 2. SEM-PLS (Bootstrapping)

Concerning the path coefficients (Fig. 2), the largest coefficients (0.59) can be seen between perceived well-being and likelihood to choose hotel like hospital than traditional, which means the higher the level of well-being perceived by patients through hotel-like supportive healing environment features, the more likely they are to choose a hotel-like hospital room over a traditional hospital room and vice versa.

C. Discussion

After running the first, second and third order analysis we found that which construct contributed a most to each variable. While the analysis of structural model relationship showed that all hyphotheses are being accepted (p-value lower than 0.05). Moreover, the relationship between all variables are being discussed to answer research purposes.

H1: Perceived service quality to trust

Empirical finding presents that a significant positive effect in perceived service quality toward trust (H1). The biggest loading factor value for Perceived Service Quality is Procedural Quality which is 0.94, and the biggest loading factor value is found at Admission aspect which "prompt and simple admission process". There are two categories of patients which new patients and established patients, which have different administration process and waiting time. In this research, author focusing on established patients since using purposive sampling to filtering patients based on criteria which patient in an inpatient room for at least 1 night at VIP/VVIP/President Room. Established patient may have a shorter administration time and procedure rather than new patient, because their data or medical information already recorded in hospital system. Previous research found that the average waiting time for patients that have BPJS Kesehatan are better than patient who have private health insurFance in term of administration process (verification until discharge process). Factors that cause long waiting time and administrative processes for inpatients are the lack of human resources in the inpatient administration unit and pharmacy unit, lack of coordination between units and incomplete insurance files when confirming to insurance (Supriadi & Putri, 2020). From demography aspect, we could see most of them are using private health insurance (47%) and company insurance (35%) to claim their hospital bills. Different health insurance company could have different procedure to claim. This could be another pain point form patient that could be minimize by collaborating with related health insurance company or providing small space for each insurance company. Whenever patients feel confused, they will come directly to that place to consult and get their bill being claimed. This finding is consistent with what was found by author, the highest loading factor score of trust is came from TR1 or "I think that medical quality and services at this hospital are of high integrity". This means that patients who have waiting times and administrative processes that are not taking so long and complicated, will appreciate the hospitals services that will lead to trust. Patient trust is also influenced by the patient's health status, and patients who feel better after being discharged from the hospital, the patient has a high value of trust in the hospital. It seems if the patient feels an improvement in his health status upon discharge from the hospital, the patient will have more confidence in the quality of the hospital in patient care. Customer's perception about the service quality can affect some aspects such as trust. Therefore, when patients have convinced themselves that the private hospital is quite trustworthy, which can be based on their past experiences, patients lose their worries and only consider other characteristics of the hospital in determining the intention of returning visits.

H2: Perceived service quality to behavioral intention

A significant positive effect in perceived service quality toward behavioral intention (H2). In this case, patient may choose the previous hospital that they had been hospitalized for rather than choose another hospital because they felt more comfortable and cared for. These things also have a correlation between perceived service quality and behavioral intention, because when the consumers experience the service at an emotional level may lead them to evaluate the quality of the service based on this emotion. This result also supported by previous Steele et al. finding's those patients want to be communicated with effectively, treated with respect, and listened to. The need for service design features and practical product (tangible and intangible) that complement each other creating a better patient experience. However, a few hospitals in Indonesia may providing good medical services but it isn't sufficient enough to satisfy their patient, it may lead them to change hospital preference. These factors caused by several aspects such as not accompanied by excellent facilities, insurance coverage, different standard and procedure intercity, hospital distance and other things. Patients may try to find another hospital which have a better facility, the distance closer from their home (easier to reach) and covered by their insurance program. However, when they find a hospital that provides services according to their needs then they will say positive things about this hospital. The patients' behavioral intention was crucial for the hospital since it related to the patients' behavioral intention to revisit for future treatment in the same hospital. Behavioral intention to revisit would undoubtedly affect the number of patient visits in the hospital. Behavioral intention was a signal whether patients would be loyal to the hospital or cut off contact with service. Hospital sustainability are determined by the hospital's ability to compete. Service quality and patient happiness are competitive advantages that may help hospitals survive in the market and encourage patients to return (revisit) in the future. Patients who visit the hospital are expected to get a better treatment. If the service exceeds their expectations, it will benefit the quality of hospital services.

H3: Trust to behavioral intention

Empirical finding presents that a significant positive effect in trust toward behavioral intention (H3). Positive hospital image provides the strength of the medical staff' competence, trust, and goodwill and with the help of excellence facilities, will build up a long-term relationship that consequently influences patient's overall behavioral intention. The main factors affecting patients' loyalty and satisfaction at a hospital in India is a good brand image. Customer may hear information or issue about hospital medical records from their peers before deciding to go to related hospital. With a good brand image, patient tend to feel safer and trust about the hospital services and facilities and vice versa. Trust from their patient and hospital commitment to improve their services, facilities and technology are key factors affecting customer loyalty. Trust in health care has focused on patients' interpersonal trust in their doctors. Patient trust is defined as a patient's belief in the words and actions of a doctor who can be trusted and can be relied on. When patients believe that the hospital, they choose can provide the best service, starting from medical quality, medical professional competence, and integrity of hospital staff, patients are most likely to recommend the hospital to their friends / family, and in the future, the patients will choose the hospital it as the first choice. Trust and commitment are key factors in relationship marketing, which emphasizes establishing, developing and maintaining successful relational exchange. Based on questionnaire, most patients are ever inpatient in RS Pondok Indah (30%) and RS Premier Bintaro (10%) are thinking that medical quality and services at related hospital are of high integrity. RS Pondok Indah has been built since 1986 and RS Premier Bintaro has been built since 2010, means their reputation and integrity have been tested for at least 10 years. Both hospitals have received International Accreditation from JCI (Joint Commission International) which is an International Accreditation from Joint Commission Accreditation of Health Care Organizations (JCAHO-USA). By achieving this certification, many benefits are obtained such as doctors becoming more communicative, documentation and accuracy of patients from admission and treatment until discharge is recorded, hospital services and infrastructure are getting better and better maintained and so on.

H4: Supportive healing environment to perceived well-being

There is a significant effect between the supportive healing environment and perceived well-being (H4). The highest outer loading of supportive healing environment was founded in stimulating design features dimension. While the highest outer loading of perceived well-being was founded in physical well-being dimension. It could be concluded that there is significant direct effect when the patient is given room that have phone and internet for family to patient's body healthiness. Nijhuis stated that when patients perceive the healing environment aspect as good, it also positively relates to their level of well-being. In a healing environment, physical, psychological and social aspects contribute to the well-being, recovery and healing of a client and can reduce patient stress and stimulate the self-recovering ability of the patient. Sometimes, when the family are using internet and phone to their own activities may lead them forgot that they should looks after the patients and this may make situation become worsen because patients feel lonely and nobody to talk by. This finding is consistent with what was found by other researchers, i.e by changing the hospital design to be like a hotel, it affects the well-being of patients, then influences patients to choose inpatient room facilities with hotel features rather than traditional rooms, and patients are willing to pay higher inpatient room service rates for such room service.

H5: Perceived well-being to likelihood to choose hotel-like hospital

The positive significant relationship also happens between perceived well-being toward likelihood to choose hotel-like hospital (H5). Patients' perspectives about perceived well-being are a lot similar with likelihood to choose hotel-like hospital, because when the patients feel treated well by the hospital, the next request of the patient may relate to the room type request, ambience and technology. In this study, respondents agreed that physical well-being and mental well-being had an influence on patient comfort while in the inpatient room. This belief is reasonable because the patients tend to have a comfort room with a facility like their home or hotels such as rooms with improved view, natural lighting to increase sense of well-being, decrease delirium, reduce anxiety, and sound absorbent materials to reduced ambient noise.Patient well-being refers to the relationship between the environment and the patient which is assessed as a psychological burden or stress that endangers well-being. In particular, an unpleasant physical hospital environment can affect patient stress and patient well-being, for example, the hospital room can have an impact on noise, loss of personal control and privacy. Not only the hospital environment, the skills of medical personnel in communication with patients and unclear information affect patient anxiety. But if the patient could have a choice of environment for setting the

room in the hospital, and the patient judges it sufficient for them, stress can be reduced. J. E. Lee and Severt discovered that providing a rich hospitality service culture in the form of tangibles (i.e., product features) as well as empathetic and interactive staff care (i.e., service features) had a positive impact on resident loyalty outcomes, such as satisfaction and intentions to spread positive Word of Mouth (WOM). Hotel-like products and services in hospitals are important factor of patient well-being and can lead to a preference for hospitals that provide such rooms, resulting in increased hospital revenue and profitability. Several elite hospitals in Jakarta like RS Pondok Indah have also adjusted VVIP class rooms designed to be as comfortable as possible to make their patient like staying at a hotel room. The hospital room facilities such as wardrobe, sofa bed, LCD TV, refridgerator, family dining table, and food warmer in one room.

H6: Perceived well-being to behavioral intention

The positive relationship between perceived well-being toward behavioral intention (H6). Based on the results (Table 5.), the coefficient value between Perceived Well-Being and Behavioral Intention (0.21), its bigger than relationship between Perceived Service Quality and Behavioral Intention (0.14), means perceived well-being is an important factor in terms of patients choosing a hospital to treat themselves. Therefore, a hospital that has features to support stress reduction, either from employee friendliness or a supportive environment, is important for the hospital to do as a competitive advantage. While the lowest score is coming from BI4 indicator (I will consider this hospital as my first choice in). This is due to several factors, such as the BPJS / Company insurance used by patients who require services at certain hospitals, which are most likely not the hospital of their choice. As many as 83% of study respondents used insurance as a source of hospital payments, this influenced their decisions in determining their preferred hospital.In this study, the higher the patient's perceived well-being, the higher the chances of the patient being willing to pay for hospital services. This is caused by several factors, for example, when patients come to the hospital, they come with anxious conditions so that hospital services that can increase their perceived well-being will make patients feel comfortable like in their homes. When they have a high level of perceived well-being, the patient will choose the hospital to be the next first choice. Previous finding also concluded that patients arrive at healthcare facilities with the unfamiliar environment, anxious feelings, concerned, and distressed only worsens their negative emotions. A hotel-like healthcare environment can be used to eliciting their feelings of comfort, convenience, safety, security, privacy, support, and feeling “at home”.

H7: Likelihood to choose hotel-like hospital to Behavioral Intention

The positive relationship also happens between likelihood to choose hotel-like hospital over traditional hospital toward behavioral intention (H7). Based on previous paper, their willingness to pay higher out of pocket based on their health issues. The “less healthy” patients are tending to pay higher out-of-pocket expenses and nearly 44% rather than “healthier” patients. The healthier the patient's body condition, the lower his willingness to pay higher out of pocket for hotel-like room rather than patient with critical condition. In evaluating a hospital room with hotel-like features, a less healthy patients place the highest importance on interior design, hospitality services, and technology. While the healthier patients prefer spa services over technology, means hospital may targeting their patients or referal them based on their health condition status (assume all hospital rooms are available). With this little adjustment, author hope that their patients will perceive the related hospital as a good place to visit rather than staying at home when they have health issues. Moreover, likelihood to choose hotel-like hospital depending on their patient health issue. The more patient feels unwell, their willingness to pay more will increase too. When they feel satisfied of what they paid before, they tend to choose such room in the future in related hospital. Furthermore, feedback from family and/or caregiver preferences for hotel products and services, could inform future hospital developments.

V. Conclusion

The study indicates that service quality dimensions affect both trust and behavioral intentions. Although all dimensions have a significant effect, technical quality, infrastructural quality, and procedural quality dimensions are the most powerful predictors of perceived service quality variable. Meanwhile there is any sub-dimension of perceived service quality variable that have been take out because doesn’t meet the requirement such as personalized attention, staff diversity, hospital image, and connecting to nature. In addition, all

hyphotheses are accepted means trust, perceived well-being and likelihood to choose hotel also have a significant effect on behavioral intention.Better understanding of consumer behavior enables management of hospital to develop effective strategies to retain existing patients and attract new potential patients. All hospital in Indonesia is expected to improve their services or facilities and focusing in developing "availability of resources" which have the highest outer loading of perceived service quality (0,96). Availability of resources refer to patient's assessment of a complete hospital, starting from medical technology, medical services, types of drugs, medical personnel, and other facilities. There are still any hospitals that have inadequate facilitiesin 34 provinces (471 districts/cities) throughout Indonesia conclude that the availability of supply factors (advanced health facilities, hospital bed, and specialist doctors) in supporting Jaminan Kesehatan Nasional (JKN) policies in general is still insufficient and uneven distribution in every province to city. This result quite surprisingly because based on this research the important factor is availability of resource but we still have some problem of the availability of health facilities, hospital bed and specialist doctor. This means, management of hospital in Indonesia must rechecking their current condition and improve their facilities to minimize the patient's disappointment when they want to go to the hospital that may cause by related factors. It could be challenging since the hospital facilities are quite expensive but its possible taking into account the potential for development and the lack of hospitals that have proper facilities. The dimension of resource availability is very important in indicators of the quality of hospital services. It can be concluded that if patients are hospitalized in a hospital that has complete resources of specialist doctors, medical equipment, medicine supplies, technology equipment, and other supportive quality services, it can make them feel special and comfortable while being treated well.For private hospitals, improving services by speeding up admission and discharge procedures is important, but communication should be a link in informing patients about what is needed. This should start as early as possible. For many patients, the choice of hospital is based on loyalty to the medical practitioner rather than to the hospital itself, so finding and retaining high-quality medical practitioners and continuing investment in high technology would be a logical step towards answering patient expectations. Nonetheless, increased perceptions could benefit from some moral drivers, such as the image of the hospital. Although the reduction in costs will undoubtedly lead to a higher patient turnover volume. Undoubtedly, patients who focus on the cost factor for their own needs will look to other hospitals to meet these needs. Therefore, it is the organization's management prerogative to define their goals and to adapt their strategies. Whether to improve "environmentally friendly", "high technology", "high touch" or employee education and training should be a priority in preparing employee competencies in customer service in the service industry.

A. Managerial Implications

This study was conducted primarily to provide useful information for the healthcare industry. As previously explained in the first chapter, the health industry continues to grow and the demand for consumers to use hospital services to cure their illnesses is also increasing. Hospitals are available in each area with various features and facilities to carry out their services. However, due to the large number of hospital brands in the market, it becomes very difficult for hospitals to compete with each other because theyprovide the same type of service to their users. The results of this study suggest that the hospital has a concern about service quality attributes based on patient perceptions, and hotel attributes in inpatient rooms to be a selling point for patients who need hospital services. Due to all dimensions of perceived service quality are supported means the hospital management must encourage their employees to emphasize on the process of the service delivery. The service provided to each patient, can be tailored to the customer's demands; for example, the method of providing the service can be standardized so that patients with similar requests are treated consistently.

Although findings of this study shed light on several important issues for many hospitals in Indonesia, yet some limitations need to be considered. First, the list of hotel-like products and services that we tested is by no means exhaustive. These design features are focused on the patient experience in the hospital room, as opposed to the hospital facility at holistic. Second, researcher did not conduct the study in the hospital environment, rather with patients who had been hospitalized and 25 years old or order, which may have overlooked other important factors to research. Third, the r-square value to behavioral intention still low or weak (0,16). Forth, majority of our respondents are come from Jakarta City and Tangerang City which already developed city that has different problem with another province or city outside Java Island. It's because Indonesia previously more focusing in developing area around Jakarta City in term of infrastructure, investment, public transportation, and etc. This gap may lead to different problem and concern for hospitals (especially in countryside area) to adjust their services and facilities based on their customer behavior.

B. Suggestion for further research

Future research must explore patient preference for soft attributes outside the hospital room—such as an arcade game machine in the hospital waiting room, vending machine, coffee shop as well as hard attributes inside the room—such as marble bathrooms and rooms with views of nature, and outside—such as canteen, kids' playground and lounges. Regarding to R-squared value still low (16%) means there are more chance to enrich this research by adding other important nonclinical and clinical variables or constructs such as emotions, stress levels, staying frequency, perceived pain and other feelings (feeling at home, privacy, comfort, etc.), and satisfaction, which were not explored in the current hypothetical scenario. Future research should explore the role of demographics in patient-based models, because the level of satisfaction of each stage are different. In the meantime, researcher hope that the results of this study on the dynamics of hotel-like hospital room over a traditional room will encourage other researchers to fill gaps in theory, empirical results, and practice especially in countryside beside Jabodetabek (Jakarta, Bogor, Depok, Tangerang and Bekasi City) in Indonesia.

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