

THE INFLUENCE OF SERVICE QUALITY, WAITING TIME AND BEHAVIORAL PRICE ON REVISIT INTENTION THROUGH MONETARY PRICE IN TYPE B PRIVATE HOSPITAL

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Abstract

The aim of this research is to determine the effects of service quality on monetary price, perceived waiting times on monetary price, behavioral price on monetary price, service quality on revisit intention, behavioral price on revisit intention and monetary price on revisit intention. This research was conducted using a quantitative research paradigm with a descriptive approach and hypothesis testing. The sampling method used a purposive non-probability sampling method with a total of 130 patients as respondents. Respondents who were included in the inclusion criteria in this study were patients who had received treatment at a type B private hospital in the North Jakarta area in the last 6 months and were over 19 years old. The results obtained were analyzed using PLS-SEM software. The results of data analysis show that service quality has a positive effect on monetary price, perceived waiting times has a positive effect on monetary price, behavioral price has a positive effect on monetary price, service quality has a positive effect on revisit intention to go to the hospital, behavioral price has a negative effect on revisit intention to go home illness and monetary price have a positive effect on revisit intention to go to the hospital. Through this research, hopefully can increase management in the hospital also can be used as theoretical reference for further research.

Keywords: *Behavioral Price, Monetary Price, Perceived Waiting Time, Revisit Intention, Service Quality*

INTRODUCTION

On a global scale, there is a rapid development of the healthcare industry from year to year. A compound annual growth rate (CAGR) of 7.3% was obtained within 4 years with a global healthcare market value of \$8.452 billion in 2018. In 2022 alone, the CAGR will increase to 8.9% with a figure of \$11,908.9 billion (Business Wire, 2019). It is estimated that in 2025, Asia will replace Europe as the second largest healthcare market in the world (Healthcare Asia Daily News, 2016). Indonesia is a middle-income country with a population of 262 million people spread across 17,744 islands. Over the past 10 years, there has been a gross domestic product growth of 5-6% per year (Agustina et al., 2018). In 2018, there were around 1800 hospitals or equivalent to 63% of hospitals in Indonesia which were private hospitals; the rest were owned by the public or government (Buol, 2019). Service quality, perceived waiting times and perceived price have been considered as determining factors in maintaining long-term patient behavior (Lai, 2020). This study attempts to examine the relationship between service quality, perceived waiting time and perceived price towards revisit intention of hospital patients. This study develops a new quality indicator instrument, by combining factors that have been used previously in the literature, and also introduces waiting time as an individual quality indicator.

LITERATURE REVIEW

Service Quality

Service quality is defined as a situation where the best service is provided by the service provider to satisfy the service recipient (Kusumawardani, Elsyah and Kumar, 2017). This study will examine the effects of 2 dimensions of service quality, namely the dimensions of tangibility and reliability. Tangibility is a dimension that explains hospital facilities, equipment owned by the hospital, medical personnel, and hospital staff (Lai, 2020). The facilities provided by the hospital to its patients are related to the patient's desire to return to the hospital for treatment.

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Reliability refers to the accuracy of the health services provided (Gronroos and Gummerus, 2014). This dimension is assessed from all medical personnel in the hospital such as doctors, nurses, support staff, hospital operations, and even physical hospital care (Lai, 2020).

Perceived Waiting Time

Perceived waiting time is a person's subjective experience while waiting to receive service. Where this subjective experience is more important than the time a person spends waiting (Amarantou, 2019). Perceived waiting times are greatly influenced by the psychological condition of the patient (Soremekun, 2011). Everyone who undergoes the same waiting time can have different waiting experiences. When someone waits longer than expected, generally there will be a feeling of discomfort, without considering the actual waiting time (Soremekun, 2011). In this study, perceived waiting time was measured by the accuracy of initial service provision, namely 30 minutes from the initial arrival (Welch, 2009), efficient service provision, speed in handling, safety of the service provided and compliance with the time promised by medical personnel at the hospital.

Perceived Price

Perceived price is a consequence of evaluation assessment where it is different from perceived value, utility, and quality of a good or service which is a form of social standard (Lee and Han, 2015). Many people have the concept that perceived price is the intended profit, expense or even quality (Yoon et al, 2014). The thing that influences a person's evaluation assessment is the existence of price fairness (Han, 2015). In this study, perceived price is divided into monetary price and behavioral price. Monetary price is the objective price of an object or service, in other words, its actual price. Behavioral price is all efforts made by service recipients that can help them determine the decision to accept the service or not.

Revisit Intention

Revisit intention can be defined as an assessment of the possibility of returning to the same place or the intention to recommend a place to others (Kusumawardani and Darmayanti, 2020). According to Zarei et al (2012), revisit intention is a retention behavior so that someone is willing and continues to use the service repeatedly. This represents a person's motive to undergo an experience with the same product, brand or place (Lai, 2020). The importance of providing service quality and good experience to patients during treatment at the hospital can induce certain behaviors in patients that can result in long-term relationships with those patients (Shin and Park, 2015).

METHOD

The object of this research is revisit intention as a fixed variable while service quality, perceived waiting times, behavioral price, monetary price as independent variables in research at type B private hospitals in the North Jakarta area. In this study, the respondents who will be used as research subjects are all patients who have been treated at private hospitals in the North Jakarta area, type B.

A quantitative, hypothesis-testing research design was used. The population comprised patients who received outpatient services at type B private hospitals in North Jakarta. Data were collected via survey, applying purposive non-probability sampling to select 130 respondents who had visited the hospitals in the past six months and were aged over 19 years. PLS-SEM software was employed for data analysis, including outer and inner model evaluation, convergent validity, reliability, and hypothesis testing.

RESULTS AND DISCUSSION

Results

The calculated t-score on the Service Quality variable is 1.740 in the significance stage of 0.041 with a regression coefficient score (Path Coefficient) of -0.118. The significance value is $0.000 < 0.05$. In conclusion, the Service Quality variable has a negative and significant impact on Monetary Price. The t-score of the Perceived Waiting Times variable is 4.881 in the significance stage of 0.000 with a regression coefficient score (Path Coefficient) of +0.351. Because the significance score is $0.000 < 0.05$. The conclusion is that the Perceived Waiting Times variable has a positive and meaningful impact on Monetary Price. T-score on the Behavioral Price variable is 3.597 in the significance stage of 0.000 with a regression coefficient score (Path Coefficient) of +0.330. Because the significance score of $0.000 < 0.05$. The conclusion is that the Behavioral Price variable has a positive and meaningful impact on Monetary Price. The calculated t-score on the Service Quality variable is 11.241 in the significance stage of 0.000 with a regression coefficient score (Path Coefficient) of +0.714. Because the significance score is 0.000

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<0.05. The conclusion is that the Service Quality variable has a positive and meaningful impact on Revisit Intention. T-score on the Behavioral Price variable is 2.257 in the significance stage of 0.000 with a regression coefficient score (Path Coefficient) of -0.126. Because the significance score is 0.000 <0.05. The conclusion is that the Behavioral Price variable has a negative and significant impact on Revisit Intention. T-score on the Monetary Price variable is 1.721 in the significance stage of 0.000 with a regression coefficient score (Path Coefficient) of +0.127. Because the significance score of 0.000 <0.05. The conclusion is that the Monetary Price variable has a positive and meaningful impact on Revisit Intention.

All six hypotheses were supported. Service quality has negative impact towards monetary price. While perceived waiting time, and behavioral price has positive impact towards monetary price. Service quality and monetary price has positive impact revisit intention, while behavioral price negatively impact it.

Table 1. Size and Significance of Path Coefficient

Hypothesis	Path Coefficient	T Statistics	P-value	Result
H1 : Service Quality → monetary price	-0,118	1,740	0,041	Supported
H2 : Perceived waiting times → monetary price	0,351	4,881	0,000	Supported
H3 : Behavioral price → monetary price	0,33	3,597	0,000	Supported
H4 : Service Quality → revisit intention	0,714	11,241	0,000	Supported
H5 : Behavioral price → revisit intention	-0,126	2,257	0,012	Supported
H6 : Monetary price → revisit intention	0,127	1,721	0,043	Supported

Discussion

The findings reinforce the significance of service quality, perceive waiting time and perceive price in shaping revisit behaviors. The negative impact of behavioral price suggests that hospitals must reduce barriers to access and streamline patient information. The impact of service quality to monetary price is when the quality of service provided is better, the monetary costs felt by patients will decrease. However, if patients receive poor quality of service, patients will tend to compare the service with the cost of treatment to determine the appropriateness of the service and the costs paid. Relation between perceived waiting times and monetary price is longer the waiting time felt by the patient, the worse the patient's behavioral intentions towards medical personnel, including in terms of managing medical costs. Behavioral price positively impacts monetary price because a patient form behavioral responses when they have made a service action a reference for determining how much time and effort they should expend. Service Quality and revisit intention also positively related because patients who receive better quality of service will be more likely to return for treatment at the same hospital. Behavioral price negatively impacts revisit intention because the greater the effort a patient makes to seek information about medical services, the less likely they are to return to the hospital for treatment. Patients with price perceptions that match their expectations will be more likely to return to that hospital hence the positive impact on revisit intention by monetary price.

CONCLUSION

In this study, the results obtained that have the most influence on revisit intention are service quality. It can be concluded that hospital management needs to continue to maintain and improve the quality of hospital services so that it can increase the desire to return to the hospital for treatment. Hospitals should focus on improving tangible service elements and reducing behavioral burdens to enhance patient loyalty. Future research may include broader geographic coverage or additional mediating variables.

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