



The Influence of Strategic Service Quality, Perceived Service Value, And Perceived Service Climate on Patient Loyalty at Balikpapan Type C Hospital Mediated by Patient Satisfaction

Mark Green T. Engka, Willy Arafah, Kusnadi

ARTICLE INFO	ABSTRACT
Published Online: 14 March 2026	This study aims to examine the direct influence of Strategic Service Quality, Perceived Service Value, Perceived Service Climate, and Patient Satisfaction on Patient Loyalty at Balikpapan Type C Hospital, as well as the direct influence of the first three variables on Patient Satisfaction. This study also analyzes the indirect influence of Strategic Service Quality, Perceived Service Value, and Perceived Service Climate on Patient Loyalty at Balikpapan Type C Hospital, mediated by Patient Satisfaction. This study was conducted on patients at Balikpapan Type C Hospital. This study used Structural Equation Modeling (SEM) based on Partial Least Squares (PLS) to process the data. The sample used was 247 respondents from Balikpapan Type C Hospital patients. This study used patient data from 2025. The results of this study indicate a direct positive effect of Strategic Service Quality, Perceived Service Value, Perceived Service Climate, and Patient Satisfaction on Patient Loyalty at Balikpapan Type C Hospital, as well as a direct effect of the first three variables on Patient Satisfaction. Furthermore, a positive indirect effect of Strategic Service Quality, Perceived Service Value, and Perceived Service Climate on Patient Loyalty at Balikpapan Type C Hospital, mediated by Patient Satisfaction, was found. Of the ten hypotheses proposed, all were accepted, proving a significant direct and indirect effect. Overall, Patient Satisfaction proved to be effective as a mediating variable in enhancing the influence of the three main factors on the performance of Balikpapan Type C Hospital. This study's originality lies in the development of a patient loyalty model that simultaneously integrates Strategic Service Quality, Perceived Service Value, and Perceived Service Climate, with Patient Satisfaction as a mediating variable, in the context of a type C hospital. Unlike previous research that generally positions service quality or patient satisfaction as the direct determinant of loyalty, this study views loyalty as the result of the interaction between strategically managed service quality, patient-perceived service value, and the service climate shaped by the hospital's work environment. Another novelty lies in the empirical focus on type C hospitals in Balikpapan City, which have their own unique resource characteristics and competitive dynamics and have been relatively understudied. Thus, this study provides theoretical, empirical, and contextual contributions to the development of patient loyalty studies in healthcare.
Corresponding Author: Willy Arafah	
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1. INTRODUCTION

The healthcare sector, particularly hospitals, faces increasingly complex competitive dynamics as patients become more aware of the quality of care and the experience they receive. Hospitals no longer focus solely on sophisticated medical facilities and clinical competence, but are also required to deliver a holistic, patient-centered service experience. In this context, patient loyalty has become a

strategic indicator of the success of healthcare organizations. Loyalty reflects a patient's long-term commitment to returning to a service and recommending it to others (Richard L. Oliver, 1997). Numerous studies have shown that patient loyalty is significantly influenced by service quality and emotional experiences during the treatment process (Meesala Appa Rao & Justin Paul, 2016; Tosyali H. et al., 2019).

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The decline in patient loyalty has begun to emerge in several Type C hospitals in Balikpapan City, such as Restu Ibu Hospital, Balikpapan Army Hospital, Balikpapan Pertamina Hospital, and Beriman Balikpapan Regional Hospital. Despite having adequate medical facilities, there is a growing trend of patient complaints and patient switching. This indicates a gap between patient expectations and the service experience they receive, both in terms of interaction with healthcare workers, environmental comfort, and perceived value of the service.

In service management literature, the concept of Strategic Service Quality is rooted in the service quality theory proposed by A. Parasuraman, Valarie Zeithaml, and Leonard Berry (1985) through the dimensions of reliability, responsiveness, assurance, empathy, and tangibles. Furthermore, Christian Grönroos (1984) emphasized the importance of technical and functional quality in shaping customer perceptions. In the hospital context, strategically designed service quality is the foundation for forming positive patient perceptions, but it does not necessarily guarantee loyalty if it is not balanced with a high perception of service value.

The concept of Perceived Service Value explains patients' subjective evaluation of the benefits received compared to the sacrifices incurred (Zeithaml, 1988). Recent research shows that perceived service value significantly influences patient satisfaction and loyalty (Fatima et al., 2018). On the other hand, Perceived Service Climate emphasizes the importance of an internal service climate reflected in the attitudes, professionalism, and consistency of medical and non-medical personnel. A positive service climate encourages empathetic and responsive service behavior, thereby improving the patient experience (Rostami et al., 2019).

Patient satisfaction acts as a key mechanism bridging the relationship between service quality, service value, and service climate with patient loyalty. Satisfaction not only reflects the fulfillment of patient expectations but also forms an emotional attachment to the hospital (Elizar et al., 2020). Although various studies have examined the direct relationship between service quality and loyalty, there are still limitations in explaining an integrative model involving Strategic Service Quality, Perceived Service Value, and Perceived Service Climate simultaneously with patient satisfaction as a mediating variable, particularly in the context of type C hospitals in Indonesia.

Based on these conditions, this study is important to empirically examine the influence of Strategic Service Quality, Perceived Service Value, and Perceived Service Climate on patient loyalty with patient satisfaction as a mediating variable in a type C hospital in Balikpapan. This study is expected to provide theoretical contributions to the development of healthcare management literature and serve as the basis for strategic recommendations for hospital

managers in improving patient satisfaction and loyalty sustainably.

2. LITERATURE REVIEW

a. Patient Loyalty

Patient loyalty is a crucial construct in modern healthcare management because it reflects a patient's long-term commitment to a healthcare provider. Loyalty manifests not only in repeat visits but also in positive word-of-mouth recommendations and continued preference for a particular healthcare facility (Richard L. Oliver, 1997). In the healthcare context, loyalty is understood as the result of consistent and satisfying service experiences, thus forming a patient's emotional attachment to the hospital (Meesala & Paul, 2016). Conceptually, loyalty encompasses behavioral dimensions such as repeat visit intentions and recommendations, as well as attitudinal dimensions encompassing trust and psychological commitment (Illazulfa, 2024).

Empirical research shows that patient loyalty is influenced by satisfaction, communication quality, and perceptions of the quality of service received (Alqahtani et al., 2024; Fatima et al., 2018). Loyalty is formed through an evaluative process in which patients compare initial expectations with actual experiences. When the service experience meets or exceeds expectations, satisfaction develops and develops into loyalty (Oliver, 1997). Therefore, patient loyalty is viewed as a multidimensional construct encompassing indicators of trust, commitment, revisit intention, and advocacy intention.

b. Strategic Service Quality

Service quality is a key foundation in service organization strategy. This concept refers to the gap between customer expectations and perceptions of service performance received (A. Parasuraman, Valarie Zeithaml, & Leonard Berry, 1988). The SERVQUAL model identifies five main dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). Meanwhile, Christian Grönroos (1984) added technical and functional quality perspectives to services.

Within the Strategic Service Quality framework, service quality is not only understood as operational performance, but as part of an organizational strategy systematically designed to create long-term value (Kotler & Keller, 2016). The dimensions of reliability and responsiveness are often shown to be key predictors of customer satisfaction and loyalty in the healthcare sector (Meesala & Paul, 2016). Furthermore, contemporary approaches expand this concept by incorporating aspects of strategic planning, leadership, and continuous improvement as part of a holistic service quality strategy (Dirkse van Schalkwyk & van Antwerpen, 2025).

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c. Perceived Service Value

Perceived Service Value refers to a customer's overall evaluation of the benefits received relative to the sacrifices incurred (Valarie Zeithaml, 1988). This concept emphasizes the trade-off between "what is received" and "what is given." In healthcare, perceived value encompasses clinical benefits, emotional experiences, and both financial and non-financial costs (Fatima et al., 2018).

The PERVAL model developed by Jill Sweeney and Geoffrey Soutar (2001) divides perceived value into four dimensions: emotional value, social value, quality/performance value, and price/value for money. The emotional dimension relates to the patient's affective experience; social value reflects perceptions of social status; quality/performance value relates to the functional benefits of the service; and price/value for money reflects the balance between costs and benefits. Empirical studies show that these dimensions significantly influence patient satisfaction and loyalty (Faisal, 2025). Thus, perceived service value is a multidimensional construct that integrates the rational and emotional aspects in patients' evaluations of healthcare services.

d. Perceived Service Climate

Perceived Service Climate refers to employee perceptions of organizational policies, practices, and procedures that support service quality (Benjamin Schneider, White, & Paul, 1998). This concept is rooted in organizational climate theory, which emphasizes that employee behavior is influenced by their perceptions of the work environment. In the service context, service climate emphasizes the organization's customer orientation as a strategic priority.

Recent research has identified several key dimensions of perceived service climate: customer orientation, managerial support, and work facilitation (Pham Thi Phuong & Ahn, 2021). Customer orientation reflects an organization's focus on customer needs; managerial support indicates management's support for service quality; and work

facilitation reflects the availability of resources and work systems that support quality service. A positive service climate has been shown to improve service performance and customer satisfaction by enhancing employee motivation and service orientation (Rostami et al., 2019).

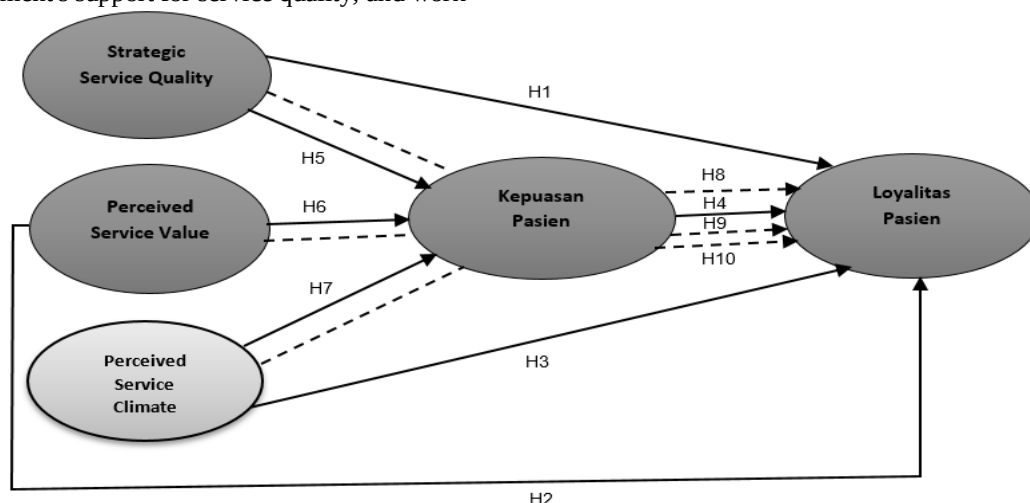
e. Patient Satisfaction

Patient satisfaction is defined as a patient's evaluation of a healthcare experience compared to their initial expectations (Oliver, 1997). Satisfaction occurs when perceived service performance meets or exceeds expectations. In healthcare, satisfaction is often associated with the SERVQUAL service quality dimension (Parasuraman et al., 1988).

Tangible dimensions, reliability, responsiveness, assurance, and empathy have been consistently shown to influence patient satisfaction (Meesala & Paul, 2016). Additionally, additional factors such as effective communication, waiting time, service access, and patient participation in decision-making also influence satisfaction (Rostami et al., 2019). Patient satisfaction also acts as an important mediator between service quality and patient loyalty, as satisfied patients are more likely to have repeat visit intentions and provide positive recommendations (Fatima et al., 2018). Thus, patient satisfaction is a multidimensional construct that reflects cognitive and affective evaluations of the overall service experience.

3. FRAMEWORK

This research is built on the basis of theoretical studies and empirical studies of the Influence of Strategic Service Quality, Perceived Service Value, and Perceived Service Climate on Patient Loyalty at Balikpapan Type C Hospital Mediated by Patient Satisfaction. The main focus of this framework is to understand how Service Quality, Perceived Service Value, and Perceived Service Climate increase Patient Loyalty at Balikpapan Type C Hospital with Patient Satisfaction mediation. The framework is as shown below.



4. RESEARCH METHODOLOGY

This study employed a quantitative approach with an explanatory research design aimed at explaining the causal relationship between independent variables, mediating variables, and dependent variables. This quantitative approach was chosen because it allows for objective testing of theoretical models through statistical analysis and structured measurement of latent constructs (John W. Creswell & J. David Creswell, 2018). The research design used was cross-sectional, meaning data collection was conducted over a specific time period to capture respondents' actual perceptions of service quality, service value, satisfaction, and loyalty (Joseph F. Hair Jr. et al., 2019). This design is considered efficient and relevant in healthcare management research because it can examine relationships between variables simultaneously without requiring long-term observation.

The unit of analysis in this study is individuals, namely patients who have received services at type C hospitals in Balikpapan City, including Restu Ibu Hospital, Balikpapan Army Hospital, Balikpapan Pertamina Hospital, and Balikpapan Beriman Regional Hospital. The population includes outpatients, inpatients, and emergency patients who are at least 17 years old and have direct experience with hospital services. The sampling technique used purposive sampling, a non-probability technique that selects respondents based on certain criteria to align with the research objectives (Etikan, Musa, & Alkassim, 2016). This technique is commonly used in health services research because it ensures respondents have sufficient experience to evaluate service quality and loyalty.

The sample size was determined based on Hair et al.'s (2021) recommendation for SEM analysis, which is a minimum of 5–10 times the number of indicators. With 36 statements, the minimum sample size required is 180–360 respondents. This study obtained 247 respondents who met the criteria, thus meeting the sample adequacy requirements for PLS-SEM analysis.

The research variables consisted of Strategic Service Quality (SSQ), Perceived Service Value (PSV), and Perceived Service Climate (PSC) as independent variables; Patient Satisfaction as a mediating variable; and Patient Loyalty as a dependent variable. Measurements were conducted using a closed-ended questionnaire with a Likert scale of 1–5. The Strategic Service Quality construct was measured based on the SERVQUAL model developed by A. Parasuraman, Valarie Zeithaml, and Leonard Berry (1988), encompassing the dimensions of tangibles, reliability, responsiveness, assurance, and empathy. Perceived Service Value was measured using the PERVAL model by Jill Sweeney and Geoffrey Soutar (2001), which encompasses value for money, performance value, emotional value, and social value. Meanwhile, Perceived Service Climate was

measured based on the service climate concept from Benjamin Schneider et al. (1998) which was later developed in a service context by Pham Thi Phuong and Ahn (2021). Patient satisfaction and loyalty are measured based on service marketing literature that emphasizes the evaluation of service experiences as well as revisit and recommendation intentions (Oliver, 1997; Saadi & Junadi, 2024).

Data collection was conducted primarily through the distribution of questionnaires, both offline and online. The use of a Likert scale allows for quantitative measurement of perceptions and has become common practice in social and health services research (Creswell & Creswell, 2018). The entire data collection process was conducted with due regard for research ethics, including voluntary respondent consent and data confidentiality.

The data analysis method used Partial Least Squares-based Structural Equation Modeling (PLS-SEM). PLS-SEM was chosen because it is capable of analyzing complex models with many latent constructs, testing mediation effects simultaneously, and does not require a multivariate normal distribution (Hair et al., 2019). The analysis stages include examining initial data (data cleaning), testing instrument validity and reliability through Confirmatory Factor Analysis (CFA), testing convergent validity ($AVE > 0.50$), discriminant validity, Cronbach's Alpha, and Composite Reliability (> 0.70). Next, an evaluation of the structural model was carried out by testing path coefficients, t-statistics, and p-values with a bootstrapping procedure to test the significance of direct and indirect relationships (mediation). The coefficient of determination (R^2) and effect size (f^2) were also analyzed to assess the model's predictive ability.

Through this methodological approach, the research is expected to be able to provide a comprehensive empirical explanation of how Strategic Service Quality, Perceived Service Value, and Perceived Service Climate shape Patient Loyalty through the mediation mechanism of Patient Satisfaction at type C hospitals in Balikpapan City.

5. RESEARCH RESULTS AND DISCUSSION

a. Analysis of Research Results

The results of the analysis using the Partial Least Squares Structural Equation Modeling (PLS-SEM) approach indicate that all hypotheses proposed in this study are statistically supported. The use of PLS-SEM is considered appropriate because the research model involves several latent constructs and simultaneous mediation testing, as recommended by Joseph F. Hair Jr. et al. (2019).

Based on a direct influence test, Strategic Service Quality was proven to have a positive and significant effect on Patient Loyalty. This finding aligns with the service quality theory developed by A. Parasuraman, Valarie Zeithaml, and Leonard Berry (1988), which asserts that the

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dimensions of reliability, responsiveness, assurance, empathy, and tangibles are the main determinants in shaping customer perceptions. In the context of healthcare, strategically managed service quality can increase patient trust and commitment, thereby encouraging loyalty (Meesala & Paul, 2016).

Perceived Service Value has also been shown to have a positive effect on Patient Loyalty. These results reinforce Valarie Zeithaml's (1988) concept of perceived value, which states that customers will demonstrate loyalty when the benefits received are perceived to be equal to or exceed the sacrifices made. The PERVAL model by Jill Sweeney and Geoffrey Soutar (2001) also explains that emotional, social, quality, and price values contribute to shaping long-term customer preferences. In this study, high perceived value strengthened patients' tendency to reuse and recommend a service.

Furthermore, Perceived Service Climate has been shown to positively influence Patient Loyalty. This finding supports the service climate theory of Benjamin Schneider et al. (1998), which states that perceptions of a service environment that supports service quality will be reflected in customer experiences. A patient-oriented service climate, supported by management, and with a streamlined work system, encourages more empathetic and professional interactions, thereby increasing patient loyalty (Rostami et al., 2019).

The research results also show that patient satisfaction has the strongest influence on patient loyalty compared to other variables. This is consistent with Richard L. Oliver's (1997) satisfaction-loyalty theory, which explains that satisfaction is a cognitive and affective stage that precedes the formation of loyalty. Satisfied patients are more likely to have revisit intentions and make positive word-of-mouth recommendations.

On the path to mediating variables, Strategic Service Quality, Perceived Service Value, and Perceived Service Climate were all shown to have a positive effect on Patient Satisfaction. This means that the better the service quality, the higher the perceived value, and the more positive the service climate, the higher the level of patient satisfaction. This finding supports previous research that suggests that service quality and value are the primary determinants of satisfaction in the healthcare sector (Fatima et al., 2018; Aladwan & Salleh, 2023).

The results of the mediation test indicate that Patient Satisfaction significantly mediates the influence of Strategic Service Quality, Perceived Service Value, and Perceived Service Climate on Patient Loyalty. Thus, patient satisfaction acts as a psychological mechanism that bridges service experience with loyalty formation. The bootstrapping procedure recommended by Hair et al. (2019) confirmed that the indirect effects of all mediation pathways were significant. This indicates that service quality and perceived

value do not necessarily create loyalty without first going through a satisfaction evaluation process.

In terms of the coefficient of determination (R^2), the Patient Satisfaction construct has a value of 0.393, indicating a moderate predictive ability according to the classification of Hair et al. (2019). This means that approximately 39.3% of the variation in patient satisfaction can be explained by Strategic Service Quality, Perceived Service Value, and Perceived Service Climate, while the remainder is influenced by other factors outside the model. Meanwhile, Patient Loyalty has an R^2 value of 0.711, which is included in the strong category. This indicates that 71.1% of the variation in patient loyalty can be explained by the four variables in the model, so the research model has high predictive power in explaining patient loyalty at type C hospitals in Balikpapan.

Overall, the results of this study confirm that patient loyalty is formed through a combination of strategic service quality, perceived service value, and a positive service climate, with patient satisfaction as the primary mediator. These findings enrich the healthcare management literature by providing empirical evidence that integrating these three constructs into a single structural model can comprehensively explain patient loyalty.

b. Discussion of Research Results

The results of the hypothesis testing indicate that Strategic Service Quality (**SSQ**) has a positive and significant effect on Patient Loyalty. This finding supports the service quality theory of A. Parasuraman, Valarie Zeithaml, and Leonard Berry (1988), which asserts that superior service quality—through reliability, responsiveness, assurance, empathy, and tangibles—will shape positive customer perceptions and encourage loyalty. In the context of a type C hospital in Balikpapan, modern medical equipment, understanding of patient needs, and personal attention from staff are strategic factors that increase patients' willingness to recommend and continue using hospital services. This result is also in line with the research of Meesala and Paul (2016), which found that service quality contributes significantly to patient loyalty in the healthcare sector.

Furthermore, Perceived Service Value (PSV) has been shown to have a positive effect on Patient Loyalty. This finding is consistent with Valarie Zeithaml's (1988) concept of perceived value, which states that customers evaluate services based on a comparison between benefits and sacrifices. The PERVAL model by Jill Sweeney and Geoffrey Soutar (2001) also emphasizes that quality, emotional, social, and price dimensions shape perceived value, which impacts long-term customer commitment. In this study, hospital reputation, service conformity with expectations, and good service quality increased patient loyalty.

The positive influence of Perceived Service Climate (PSC) on Patient Loyalty supports Benjamin Schneider and White's (1998) service climate theory, which states that perceptions of a supportive organizational climate for service

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are reflected in customer experiences. A service climate that simplifies procedures, is oriented toward patient satisfaction, and has an effective work system encourages positive experiences, thereby increasing loyalty. This finding is consistent with research by Rostami et al. (2019), which shows that service climate contributes to loyalty through consistent and professional service experiences.

The research also showed that patient satisfaction had the strongest influence on patient loyalty. This aligns with Richard L. Oliver's (1997) loyalty theory, which explains that satisfaction is a cognitive and affective stage before the formation of conative and action loyalty. When patients feel valued, comfortable with the facility, and satisfied overall, they are more likely to make repeat visits and provide positive word-of-mouth recommendations.

In the antecedent pathway to satisfaction, this study demonstrated that SSQ, PSV, and PSC significantly influence patient satisfaction. This finding reinforces the view that satisfaction is a comprehensive evaluation of service quality and perceived value (Oliver, 1997; Meesala & Paul, 2016). This means that when a hospital is able to deliver strategic service quality, high value, and a supportive service climate, patients will experience a satisfying experience.

Furthermore, the results of the mediation test indicate that Patient Satisfaction significantly mediates the relationship between SSQ, PSV, and PSC on Patient Loyalty. This mechanism aligns with the service-profit chain conceptual model, which positions satisfaction as the primary link between internal service quality and customer loyalty (Schneider & White, 1998). In other words, service quality and climate do not automatically generate loyalty without first going through a satisfaction evaluation process. When patients are satisfied, the influence of service quality, value, and service climate on loyalty becomes stronger.

Overall, this discussion confirms that patient loyalty at a Type C hospital in Balikpapan is formed through the integration of strategic service quality, perceived service value, and a positive service climate, with patient satisfaction as a key mediator. These findings enrich the healthcare management literature by highlighting the importance of a holistic approach to building sustainable patient loyalty.

6. CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND SUGGESTIONS FOR FURTHER RESEARCH

This study concludes that Strategic Service Quality, Perceived Service Value, and Perceived Service Climate have a significant influence on Patient Loyalty, both directly and through Patient Satisfaction as the main mediator. This means that the better the service quality, perceived value, and service climate, the higher the patient satisfaction, which ultimately increases loyalty. This finding is in line with the loyalty theory of Richard L. Oliver (1997) which emphasizes that satisfaction is the basis for forming long-term loyalty. These

results also support the SERVQUAL concept of A. Parasuraman, Valarie Zeithaml, and Leonard Berry (1988), as well as the service climate theory of Benjamin Schneider and White (1998), which emphasizes that internal service quality and climate will be reflected in customer experience and loyalty.

The practical implications of this research are that hospital management needs to maintain service quality, such as modern equipment, personalized attention from staff, and prompt service. Hospital reputation and cost-benefit ratios must also be considered to enhance patient perceived value. Furthermore, a patient-centered service culture and management support for staff need to be strengthened. A key focus for increasing loyalty is ensuring patient satisfaction through a consistent and empathetic service experience.

The theoretical implications of this study strengthen the relationship between service quality, customer value, service climate, satisfaction, and loyalty in a single integrated model. The results support the satisfaction-loyalty theory (Oliver, 1997) and demonstrate that satisfaction plays a significant role as a mediating variable in shaping patient loyalty.

This study's limitations include only using Patient Satisfaction as a mediator, without including other variables such as trust or brand image. Respondents were also limited to type C hospitals in one region, thus limiting generalizability. Furthermore, the cross-sectional design of the study was not able to capture long-term changes in patient perceptions, as suggested by John W. Creswell and J. David Creswell (2018).

Suggestions for further research include adding other variables, such as trust or brand image, to make the model more comprehensive. Expanding the scope and hospital type is also important to increase external validity. Furthermore, using mixed methods (quantitative and qualitative) can provide a deeper understanding of the formation of patient loyalty in healthcare.

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