

The Relationship Between Service Quality and Costs to Patient Loyalty

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ABSTRACT

Purpose: This study aims to determine the relationship between service quality and service costs on patient loyalty at the Ibnu Sina Jepara Primary Clinic. The specific objectives include evaluating the levels of service quality, cost perception, and patient loyalty, as well as analyzing the strength of their relationships.

Research Method: A quantitative approach was employed using an analytical survey with a cross-sectional design. The total sample comprised 78 respondents, selected using the Slovin formula from a population of 350 outpatient general service patients. Data were collected through a structured questionnaire measuring service quality, service cost, and patient loyalty. The validity and reliability of the instruments were ensured by referring to previously tested instruments. Univariate and bivariate analyses were conducted, with Spearman's correlation used to assess relationships between variables.

Results and Discussion: The results indicate that both service quality and service cost have significant relationships with patient loyalty. High perceptions of service quality and higher cost acceptance were associated with stronger patient loyalty. The study confirms the theoretical assumptions that perceived value—reflected in quality and price—plays a crucial role in determining loyalty in healthcare services.

Implications: Findings suggest that clinics must enhance service quality while maintaining transparent and value-based pricing to foster greater patient loyalty. These results can inform clinic management strategies focused on quality improvement and cost efficiency.

Keywords: quality of service; cost of service; patient loyalty.

Introduction

The success and sustainability of healthcare service providers, particularly clinics, are increasingly influenced by their ability to retain loyal patients. Patient loyalty plays a strategic role in ensuring repeat visits and fostering positive word-of-mouth, where satisfied individuals voluntarily promote the clinic to others (Kotler & Keller, 2016). In the context of growing competition in healthcare and escalating patient expectations, maintaining high levels of patient loyalty is no longer a passive outcome but a managerial challenge that demands strategic planning and service optimization. Modern patients tend to assess healthcare providers not solely based on medical competency but also on the overall service experience and perceived value (Nguyen *et al.*, 2021). As the healthcare market becomes



more consumer-driven, loyalty emerges as a crucial indicator of a clinic's service excellence and long-term viability. In Indonesia, this dynamic is especially pronounced as patients actively compare various healthcare providers based on service quality and cost structures. According to the Ministry of Health of the Republic of Indonesia (2023), 65% of patients prioritize service quality indicators—such as staff friendliness, service promptness, and facility cleanliness—when choosing a clinic. Additionally, 55% of respondents emphasize the importance of transparent and affordable costs. This underscores a dual expectation: healthcare services must not only deliver excellent clinical outcomes but must also be accompanied by efficient, accessible, and user-centered service experiences. Within this context, the Ibnu Sina Primary Clinic in Jepara presents an interesting case. Established in 2009, the clinic has experienced a steady increase in patient visits, from 1,145 in the first half of 2022 to 1,836 in 2023, and 2,463 visits were recorded between January and April 2024. Preliminary interviews with patients suggest that service quality and reasonable cost structures are key drivers of this growth. Therefore, the central problem addressed in this study revolves around understanding how service quality and cost affect patient loyalty in a primary healthcare setting, particularly in community-level clinics like Ibnu Sina. This phenomenon is timely and relevant, considering the increasing demand for affordable yet high-quality healthcare in Indonesia's evolving health system.

Recent literature highlights the significance of service quality and cost in influencing patient loyalty, particularly in primary healthcare settings. Service quality is defined by Wahyudiono (2021) as the customer's evaluation of the superiority or uniqueness of a service, starting with their needs and culminating in their perceptions. Similarly, Indrasari (2019) describes service quality as the effort to accurately fulfill customer needs and desires, thereby meeting or exceeding expectations. Studies have consistently shown that elements such as staff friendliness, speed of service, and facility cleanliness directly impact patient satisfaction, which in turn strengthens loyalty. In Indonesia, this is evident as 65% of patients choose clinics based on service-related factors (Ministry of Health of the Republic of Indonesia, 2023). Cost is another crucial factor in determining loyalty. Mowen (2018) explains cost as the cash or equivalent value paid to obtain goods or services for present or future benefit. Horngren (2009) similarly defines cost as the monetary value of sacrificed resources. In healthcare, cost is not only a financial measure but also reflects patient perceptions of fairness and value. Empirical studies support the notion that transparent and affordable service fees enhance patient trust and promote repeated visits. The Ministry of Health (2023) reports that 55% of patients in Indonesia consider cost transparency equally crucial as service quality when selecting a clinic. Patient loyalty, as noted by Kotler & Keller (2016), is vital for clinic sustainability, as loyal patients are more likely to return and recommend the service. Research shows that loyalty is significantly influenced when both service quality and perceived cost benefits align.

Although previous studies have extensively examined the influence of service quality and cost on customer satisfaction and loyalty, most of the research has focused on large hospitals or urban healthcare institutions, leaving a gap in understanding these dynamics within smaller, community-based clinics. Empirical findings from Wahyudiono (2021) and Tjiptono in Indrasari (2019) provide strong evidence that quality service leads to increased satisfaction and loyalty. Similarly, Hansen & Mowen (2015) and Horngren *et al.*, (2009) support the notion that cost transparency enhances patients' perceived value. However, these studies often generalize results across diverse healthcare settings without addressing the unique characteristics of smaller clinics, such as resource limitations, localized patient expectations, and constrained operational capacity. In such clinics, including Ibnu Sina Jepara Primary Clinic, patient loyalty may be shaped by different contextual factors that are not captured in



broader studies. Theoretically, existing models on service quality and cost-effectiveness provide a foundational framework, yet they rarely offer contextual adaptations suitable for community-level healthcare services in developing regions. There is also a lack of integration between service quality and cost perspectives when assessing patient loyalty, especially in empirical studies conducted in Indonesia. While national data highlight the importance of these two factors, localized investigations remain limited.

This study makes a novel contribution by explicitly examining the simultaneous influence of service quality and cost on patient loyalty within a local, community-based healthcare setting—the Ibnu Sina Pratama Clinic in Jepara—which has not been extensively explored in previous research. Unlike prior studies that tend to generalize findings across hospital-level institutions, this research contextualizes the analysis within a primary clinic environment characterized by limited resources, modest infrastructure, and direct patient interaction. The study integrates both theoretical constructs and real-world phenomena by combining perceptions of service excellence and cost fairness to predict loyalty behavior. Based on the identified research gap, the primary objective of this study is to empirically examine the relationship between service quality, cost, and patient loyalty at Ibnu Sina Pratama Clinic. Through this localized and focused investigation, the research is expected to provide practical insights for clinic managers in improving service standards and cost strategies, while also contributing to the broader theoretical understanding of loyalty drivers in primary healthcare settings.

Literature Review and Hypothesis Development

Quality of Service

Quality of Service refers to the degree of excellence with which a service fulfills or exceeds customer expectations. In healthcare, this concept encompasses not only technical competencies—such as diagnostic accuracy and treatment effectiveness—but also functional dimensions that shape the overall patient experience. These include staff courtesy and empathy, clarity of communication, timely service, and the comfort of the service environment. Alrubaiee & Alkaa'ida (2011) argue that patients' perceptions of service quality are a significant determinant of trust in healthcare providers. When patients feel that their expectations are met, they develop a sense of confidence and psychological safety, which encourages long-term engagement with the service. This sense of trust leads to loyal behaviors, such as returning for future care and recommending the service to others. Doni & Andi (2025) further emphasize that dimensions such as effective communication from medical staff, politeness in service interactions, and the ability to resolve patient concerns quickly all contribute substantially to strengthening patient loyalty. The SERVQUAL model, which outlines five key dimensions—reliability, responsiveness, assurance, empathy, and tangibles—remains a widely used framework for measuring service quality. High perceived service quality signals that the provider is not only clinically competent but also emotionally attuned to patients' needs. In this regard, delivering outstanding service quality is not merely about operational efficiency or procedural accuracy, but also about creating a caring environment that respects the psychological and emotional conditions of the patient during every phase of the care process.

In today's digital healthcare environment, the definition of service quality has broadened to include digital interactions and technological integration. Service quality is no longer assessed solely through face-to-face encounters; instead, it now also depends on patients' experiences with digital services such as online appointment systems, electronic medical records, virtual consultations, and



access to information through patient portals. Grégoire & Mattila (2021) emphasize the need to strike a balance between digital efficiency and human-centered care. Technology should enhance the speed and convenience of healthcare delivery, but not at the expense of empathy or personal attention. As such, new dimensions—such as ease of navigation, data security, and system reliability—have become critical indicators in evaluating service quality. A poorly functioning system or complex interface can erode patient trust, even if clinical services are of high quality. Prentice *et al.*, (2019) note that both physical and digital service experiences influence emotional engagement, which is crucial for fostering loyalty. In Indonesia, Bernadette & Loisa (2025) found that consistent and responsive service quality in primary healthcare significantly enhances patient satisfaction and loyalty. This suggests that healthcare institutions must adapt to evolving expectations by investing in both human resources and digital infrastructure. Delivering quality service now requires seamless coordination between trained personnel and user-friendly systems. A high-performing healthcare system must not only provide accurate medical interventions but also support patients' needs for transparency, comfort, and trust across both digital and physical touchpoints.

Cost of Service

The cost of Service refers to the total amount of expenditure a service user must incur to receive a particular service, whether it is a public service, healthcare, or commercial offering. In the healthcare context, this definition expands beyond the monetary value paid by patients; it also involves their perception of the value they receive in return. This means service cost is viewed from both rational and emotional perspectives—how much benefit the patient believes they gain from the money spent. Aprianditah *et al.*, (2024) argue that a patient's perception of service value and cost fairness significantly determines their satisfaction and loyalty toward healthcare providers. When patients believe that the costs incurred are aligned with the quality and outcomes of the services delivered, they are more likely to feel satisfied and become loyal users. Conversely, a mismatch between perceived cost and service quality can lead to dissatisfaction and loss of trust in the provider. Ghasemi *et al.*, (2023) emphasize that cost perception cannot be separated from the overall service experience. They developed a model showing that patients who perceive service costs as fair are more likely to associate them with high value, which in turn influences their decision to continue using the service. In this regard, the alignment between patient expectations and the actual service experience becomes critical. When patients receive personalized care, convenient access, prompt attention, and satisfactory medical outcomes, the cost no longer feels burdensome but instead becomes part of a legitimate and fair exchange.

As the healthcare industry becomes increasingly competitive, pricing strategy—particularly how service costs are structured—plays a pivotal role in determining the long-term relationship between healthcare institutions and their patients. Cost perception not only influences a patient's initial decision to seek care but also shapes how they evaluate the overall experience. Roehm & Roehm (2019) note that perceived price fairness plays a critical role in shaping patients' emotional responses. When patients feel that prices are unreasonable or not transparent, dissatisfaction, frustration, and distrust often follow, impeding the development of strong patient-provider relationships. Hence, healthcare service providers must design pricing policies that are not only competitive but also reflect the value of the care delivered. These prices must be communicated clearly and in a manner that patients easily understand. Wijaya *et al.*, (2024) further state that trust serves as a crucial link between price perception and patient loyalty. If patients perceive that what they pay truly reflects the quality and attentiveness of the institution, trust



will grow significantly. In the same context, Anggraeni (2023) explains that value-based pricing strategies greatly influence the perception of service fairness and indirectly enhance clinical outcomes and patient satisfaction. In other words, when service costs are perceived as fair, patients are more likely to view the entire service as beneficial and just. This perception fosters positive behavioral responses, such as returning for future services, recommending the provider to others, and developing long-term loyalty—critical outcomes for achieving sustainable success in healthcare delivery.

Patient Loyalty

Patient loyalty is defined as a consistent behavioral and attitudinal tendency of individuals to continue utilizing the services of a specific healthcare facility and to recommend those services to others based on their experiences voluntarily. This concept extends beyond momentary satisfaction to encompass a deeper emotional connection, trust, and perceived value that are formed between the patient and the healthcare provider. According to Kumar & Reinartz (2018), patient loyalty reflects a long-term relationship cultivated through reliable service, effective communication, and patient-centered care. In the context of healthcare, loyalty is not merely transactional but is shaped by patients' perceptions of service quality, emotional fulfillment, and overall satisfaction. Van Prooijen & Bartels (2019) argue that loyalty is formed through the interplay of satisfaction, trust, and perceived value. Satisfaction serves as an initial trigger, trust sustains the emotional bond, and perceived value forms the rational basis for repeat visits. Unlike consumer loyalty in general retail, patient loyalty in healthcare is also influenced by factors such as empathy, professionalism, and the continuity of care. When patients perceive that their healthcare provider genuinely understands and responds to their needs, their willingness to return and promote the service increases. Loyalty, therefore, functions as both a strategic goal and an operational measure of a healthcare organization's performance. Building and maintaining patient loyalty not only enhances retention rates and strengthens institutional reputation but also contributes to operational efficiency and cost reduction. In competitive healthcare environments, loyal patients provide more accurate feedback, are more compliant with medical advice, and serve as ambassadors for the facility. Thus, understanding the psychological, relational, and value-based dimensions of patient loyalty is essential for healthcare providers seeking sustainable growth through meaningful patient relationships.

Several factors, including service quality, price fairness, institutional reputation, and emotional engagement, influence the formation of patient loyalty. Lin (2020) emphasizes that both trust and satisfaction serve as key mediators between perceived service quality and loyalty, suggesting that excellent clinical care alone may not ensure loyalty if emotional and interpersonal needs are unmet. Senyapar (2024) reinforces this idea by demonstrating how the reputation of a healthcare institution—built through consistency, transparency, and professional conduct—plays a pivotal role in patients' decisions to remain with a provider. In developing countries, where trust in healthcare systems may be fragile, these relational aspects become even more critical. Nguyen *et al.*, (2021) reveal that perceived value and satisfaction are central drivers of loyalty in primary healthcare settings. When patients believe they receive value for the cost and effort they invest, they are more likely to return. Furthermore, Wang *et al.*, (2025) note that emotional engagement—created through warm interactions, ethical billing practices, and consistent service—has a measurable impact on loyalty levels. These findings underscore the importance of a holistic approach to loyalty development that integrates functional excellence with emotional intelligence and strategic communication. Healthcare organizations aiming to enhance

loyalty should not only invest in improving their service infrastructure but also foster a culture that is empathetic and responsive. Effective loyalty strategies must prioritize patient feedback, offer personalized care, and ensure transparency in service delivery and pricing. Ultimately, loyalty is cultivated through a sustained commitment to meeting and exceeding patient expectations.

Research Method

Study Design

This research employed a quantitative approach with an analytical survey design, which is appropriate for examining the relationship between measurable variables. The purpose of this design was to evaluate the effect of service quality and cost on patient loyalty in a structured and objective manner. The study was conducted at Ibnu Sina Clinic, Daren, Jepara, a primary healthcare facility that serves a diverse patient population. The location was selected due to its consistent patient volume and broad service coverage across various socioeconomic groups, making it a suitable setting for analyzing service-related factors that affect loyalty.

Population and Sample

The target population for this study included all patients who had visited the Ibnu Sina Clinic, Daren, Jepara. The sample was determined using purposive sampling, with specific inclusion criteria: patients aged 18 years or older, those who had utilized the clinic's services at least twice, and those who were willing to complete the questionnaire voluntarily. This sampling method ensured that respondents had sufficient experience to provide valid and reliable evaluations regarding service quality, cost, and their loyalty to the clinic.

Data Collection Techniques and Instrument Development

Primary data were collected through a structured questionnaire distributed to patients during their clinic visit. The questionnaire was developed based on existing validated instruments from previous studies and adapted to the clinic's operational context. It contained Likert-scale items designed to measure three key variables: service quality, cost perception, and patient loyalty. Secondary data were also collected from official clinic documents provided by the management. These included (1) monthly statistics of patient visits, (2) information on current service fees, and (3) demographic profiles of registered patients. The integration of primary and secondary data enabled triangulation, enriching the contextual understanding of the findings.

Data Analysis Techniques

The collected data were analyzed using univariate and bivariate statistical techniques. Univariate analysis was conducted to describe the demographic characteristics of respondents and summarize the distribution of each research variable. Bivariate analysis was employed to examine the relationship between service quality, cost, and patient loyalty, using Pearson's correlation or Chi-square tests, depending on the measurement scales of the variables involved. These analytical procedures were selected to rigorously test the study's hypotheses and provide empirical insights into the extent to which each independent variable influenced patient loyalty.



Results and Discussion

Analysis Result

Respondent Characteristics

Table 1. Respondents' Demographic Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Age (Years)	Mean	34.23	-
	Median	29	-
	Mode	19	-
	Minimum	18	-
	Maximum	69	-
Gender	Man	26	33.3
	Woman	52	66.7
	Total	78	100
Education	Elementary School (SD)	14	17.9
	Junior High School	8	10.3
	Senior High School	50	64.1
	Associate Degree (D3)	1	1.3
	Bachelor's Degree (D4)	5	6.4
	Total	78	100
Occupation	Construction Workers	1	1.3
	Casual Laborer	5	6.4
	Teacher	2	2.6
	Housewife	8	10.3
	Private Sector Employee	46	59.0
	Student	3	3.8
	Farmer	5	6.4
	Civil Servant	1	1.3
	Self-employed	4	5.1
	Businessman	3	3.8
	Total	78	100
Monthly Income (IDR)	No income	9	11.5
	1,000,000 – 3,000,000	57	73.1
	3,000,000 – 5,000,000	10	12.8
	More than 5,000,000	2	2.6
	Total	78	100

Source: Primary Data, 2025



Based on Table 1, the demographic analysis of the 78 respondents reveals several key characteristics. In terms of age, the average respondent was 34 years old. The youngest participant was 18 years old, while the oldest was 69 years old. The median age was 29, and the mode was 19, indicating that a considerable portion of respondents were young adults; however, the overall range spanned several age groups. Regarding gender, the majority of respondents were female, comprising 52 individuals (66.7% of the total sample), while the male respondents numbered 26 (33.3%). This indicates that women made up a significant proportion of clinic users during the study period. Regarding educational background, most respondents had completed senior high school, with 50 individuals (64.1%) holding this level of education. Additionally, 14 respondents (17.9%) had only completed elementary school, and eight respondents (10.3%) had a junior high school education. A smaller percentage had pursued higher education, with one respondent (1.3%) holding a D3 degree and five respondents (6.4%) having a D4 qualification. In terms of occupation, the largest group of respondents worked as private sector employees, totaling 46 individuals (59%). Other professions included housewives (10.3%), casual laborers and farmers (each 6.4%), students and entrepreneurs (each 3.8%), teachers (2.6%), and a few working as construction workers and civil servants (each 1.3%). Additionally, four respondents (5.1%) were self-employed. As for monthly income, the majority of respondents earned between IDR 1,000,000 and IDR 3,000,000, representing 57 respondents (73.1%). Meanwhile, 10 respondents (12.8%) reported earning between IDR 3,000,000 and 5,000,000, and 2 respondents (2.6%) earned more than IDR 5,000,000. Notably, nine respondents (11.5%) reported having no income, which may be attributed to students, homemakers, or individuals who are unemployed.

Univariate Analysis

Table 2. Frequency Distribution of Respondents Based on Service Quality, Service Costs, and Patient Loyalty

Variable	Category	Frequency (n)	Percentage (%)
Service Quality	Good	38	48.7
	Not enough	36	46.2
	Low	4	5.1
	Total	78	100
Service Cost	High	27	34.6
	Moderate	45	57.7
	Low	6	7.7
	Total	78	100
Patient Loyalty	High	42	53.8
	Low	36	46.2
	Total	78	100

Source: Primary Data, 2025

Based on Table 2, which presents the frequency distribution of respondents' perceptions regarding service quality, service costs, and patient loyalty, several key findings can be identified. In terms of service quality, out of 78 respondents, the majority—38 respondents (48.7%)—perceived the service quality at the clinic as good. Meanwhile, 36 respondents (46.2%) categorized the service quality



as not sufficient, and only four respondents (5.1%) rated it as low. This indicates that although nearly half of the patients were satisfied with the clinic’s service quality, a considerable proportion still perceived the services as needing improvement. Regarding service cost, 45 respondents (57.7%) rated the cost of services as moderate, suggesting that most patients found the prices acceptable or within a reasonable range. Meanwhile, 27 respondents (34.6%) perceived the service costs as high, and only six respondents (7.7%) considered the costs to be low. This implies that although the majority of patients are generally comfortable with the pricing, a notable portion still consider the fees relatively expensive. In terms of patient loyalty, the data show that 42 respondents (53.8%) were categorized as having high loyalty, indicating a positive tendency to reuse and recommend the clinic's services. On the other hand, 36 respondents (46.2%) fell into the low loyalty category, reflecting a nearly balanced distribution.

Bivariate Analysis

Table 3. Relationship between Service Quality and Patient Loyalty

Quality Service	Patient Loyalty				Total		P value	Correlation Coefficient
	Tall		Low		N	%		
	N	%	N	%	N	%	0.001	0.892
Good	38	100%	0	0%	38	100%		
Not enough	4	11.1%	32	88.9%	36	100%		
Low	0	0%	4	100%	4	100%		
Total	42	53.8%	36	46.2%	78	100%		

Source: Primary Data, 2025

Table 4. Relationship between Service Costs and Patient Loyalty

Cost Service	Patient Loyalty				Total		P value	Correlation Coefficient
	Tall		Low		N	%		
	N	%	N	%	N	%	0.001	0.646
Tall	26	96.3%	1	3.7%	27	100%		
Currently	16	35.6%	29	64.4%	45	100%		
Low	0	0%	6	100%	6	100%		
Total	42	53.8%	36	46.2%	78	100%		

Source: Primary Data, 2025

Based on Table 3, the results indicate that a total of 78 respondents with good service quality were observed. Specifically, 38 people demonstrated patient loyalty, while 38 respondents reported high loyalty, and no respondents indicated low loyalty. Respondents with poor service quality numbered 36, while four people stated they had high patient loyalty, and 32 respondents reported low patient loyalty. Respondents with low service quality included four people with high patient loyalty, while those who stated low loyalty were four respondents. Based on the results of statistical tests, it was found that service quality has a significant relationship with patient loyalty at the Ibnu Sina Jepara Pratama Clinic with a p-value of 0.001 < 0.05, which means that statistically there is an essential relationship between service quality and patient loyalty, in addition, the Spearman correlation coefficient value of 0.892 indicates that the relationship is positive with an extreme relationship strength.

Based on Table 4, the results indicate that a total of 78 respondents with high service costs were identified, comprising 27 individuals with high patient loyalty, 26 respondents who reported high patient loyalty, and one respondent who reported low patient loyalty. Respondents with moderate service costs



were identified: 45 respondents reported patient loyalty, 16 respondents stated they had high patient loyalty, and 29 respondents reported low patient loyalty. While respondents with low service costs included six individuals with high patient loyalty, no respondents reported low loyalty, and six respondents indicated that they had low loyalty. Based on the results of statistical tests, it was found that service costs have a significant relationship with patient loyalty at the Ibnu Sina Jepara Pratama Clinic with a p-value of $0.001 < 0.05$, which means that statistically there is an essential relationship between service costs and patient loyalty, in addition, the Spearman correlation coefficient value of 0.646 indicates that the relationship is positive with a strong relationship strength.

Discussion

Overview of Service Quality Levels

Out of a total of 78 respondents, 38 individuals (48.7%) rated the quality of service at Ibnu Sina Jepara Primary Clinic as good. This indicates that nearly half of the patients expressed satisfaction with the healthcare services provided, which may reflect strengths in various dimensions, such as the friendliness and professionalism of the staff, the availability of sufficient physical facilities, and a generally positive service experience. This level of satisfaction is significant as it highlights the clinic's ability to meet patient expectations in core service areas. However, the data also show that 36 respondents (46.2%) perceived the service quality as still lacking. This suggests that nearly an equal number of patients experienced shortcomings, which may include issues such as long waiting times, lack of responsiveness, inconsistent communication, or unmet expectations regarding the delivery of care. Furthermore, four respondents (5.1%) rated the service quality in the low category. While this percentage is relatively small, it remains a critical warning sign, as even a small number of highly dissatisfied patients can significantly impact the clinic's reputation through negative word of mouth.

To further understand these perceptions, the SERVQUAL model provides a comprehensive framework for evaluating service quality through five core dimensions: tangibles, reliability, responsiveness, assurance, and empathy. This model remains the primary reference in service quality research. Akbar *et al.*, (2022) reaffirmed its relevance in healthcare settings, especially during the pandemic, where patient concerns about hygiene, responsiveness, and assurance became more prominent. In modern healthcare delivery, particularly with the integration of digital tools such as online registration and consultation, the E-SERVQUAL model introduces additional dimensions, including ease of use and system security, both of which are increasingly vital to patients today (Ighomereho *et al.*, 2022). These factors, when neglected, could lead to dissatisfaction even if core service delivery is acceptable. In addition to these structural and process aspects, interaction quality—defined as the perceived quality of interaction between the patient and healthcare personnel—plays a crucial role in the overall experience. Elantra (2018) argues that effective communication and relationship building between patients and providers greatly influence the overall service experience. The absence of such quality interactions, even in a well-managed clinic, can contribute to perceptions of subpar service.

Supporting this view, Rusnoto *et al.*, (2019) explain that patients tend to report high satisfaction when nurses are not only clinically competent but also demonstrate effective communication, timely responsiveness, and a sincere attitude, even if other aspects, such as facility conditions, are less than ideal. This emphasizes the importance of human interaction and empathetic engagement in healthcare delivery. From an organizational standpoint, nursing and clinical management are critical in ensuring service delivery that is safe, efficient, and responsive to patient needs. According to Kartikasar (2025),

effective management can significantly enhance the overall quality of healthcare services by standardizing procedures, optimizing resource allocation, and promoting a patient-centered culture.

Overview of Service Cost Perception

From a total of 78 respondents, the majority—45 individuals (57.7%)—perceived the service cost at Ibnu Sina Jepara Primary Clinic to be in the moderate category. This suggests that more than half of the patients consider the fees charged by the clinic to be reasonable and acceptable for the services received. Meanwhile, 27 respondents (34.6%) viewed the cost as high, indicating that a substantial portion of patients may feel burdened by the clinic's pricing structure. On the other hand, only six respondents (7.7%) considered the cost to be low, implying that very few patients perceive the clinic's fees as inexpensive. These findings highlight a critical aspect of healthcare service management, price perception, which has direct implications for patient satisfaction and loyalty. Perceived service cost is a key factor in shaping patients' overall experience and their willingness to return. As noted by Darojah *et al.*, (2023), the perception of fair and appropriate pricing, especially when aligned with service quality, significantly enhances customer satisfaction. Patients are more likely to accept healthcare costs when they feel that the services provided are valuable, timely, and of high professional quality. In contrast, a mismatch between price and perceived value can lead to dissatisfaction, regardless of clinical outcomes. This is further supported by Basuki & Sorowutun (2024), who found that higher service costs, when not supported by commensurate service quality, tend to reduce patient satisfaction. Their study emphasizes the need for clinics and healthcare providers to carefully manage their pricing policies to avoid alienating price-sensitive patients. Kristianto & Wahyudi (2019) emphasize the interplay between service quality and price perception, arguing that a positive price perception, when combined with excellent service, not only enhances satisfaction but also fosters patient loyalty. This is particularly important for clinics operating in competitive environments, where price transparency and perceived fairness are decisive factors in retaining patients.

Overview of Patient Loyalty Level Based on Respondent Data

Out of a total of 78 respondents, 42 individuals (53.8%) demonstrated a high level of loyalty to the health services provided by Ibnu Sina Jepara Primary Clinic. Meanwhile, 36 respondents (46.2%) were categorized as having low loyalty, indicating that although the majority of patients showed a strong tendency to continue using the clinic's services, a substantial portion had yet to develop consistent trust or a long-term commitment to the healthcare provider. This balance suggests that while current service strategies have succeeded in retaining over half of the patient base, further improvements are necessary to foster deeper loyalty among the remaining patients. This pattern is consistent with the conceptual framework of the SERVQUAL model proposed by Parasuraman *et al.*, (1985, 1991, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015), which emphasizes that perceived service quality directly influences both customer satisfaction and loyalty. In healthcare settings, where patients rely heavily on the competence and empathy of their providers, quality perception becomes a decisive factor. When patients perceive the service as dependable, timely, and caring, they are more likely to remain loyal to it.

Supporting this theory, research conducted by Percunda *et al.*, (2024) at Gambiran Regional Public Hospital in Kediri found that tangibles, responsiveness, and empathy significantly influenced

patient loyalty. These findings indicate not only clinical outcomes but also the quality of interaction and the physical environment shape long-term patient behavior. Furthermore, Viani *et al.*, (2022) highlight that trust acts as a mediating variable between service quality and patient loyalty. This suggests that even if the technical quality of healthcare is high, patients may not remain loyal unless they feel confident and secure in the provider-patient relationship. Similarly, Suryaningrat (2018), in his study at Yarsi Hospital Pontianak, concluded that patient satisfaction serves as a bridge linking service quality to loyalty. Satisfaction acts as an emotional response that encourages repeat visits and service recommendations. Therefore, achieving patient satisfaction is essential for transforming quality perceptions into loyalty outcomes.

The Relationship between Service Quality and Patient Loyalty

Based on the results of this study involving respondents at Ibnu Sina Jepara Primary Clinic, it is evident that service quality has a strong and positive relationship with patient loyalty. Patients who perceived the clinic's service quality as good consistently demonstrated high levels of loyalty. Conversely, those who viewed the service as poor or low tended to exhibit low loyalty. This finding confirms that the quality of services provided by healthcare institutions plays a crucial role in shaping patient behavior, particularly in their decision to continue using these services and recommending them to others. This relationship is further supported by statistical evidence showing a significant correlation between the two variables, indicating that improvements in service quality are likely to lead to increases in patient loyalty. These results align with the theory proposed by Parasuraman *et al.*, (2015) through the SERVQUAL model, which explains that perceived service quality influences both customer satisfaction and long-term loyalty. The dimensions of tangibility, reliability, responsiveness, assurance, and empathy are emphasized as key components that form the foundation of a positive service experience in healthcare settings.

Empirical studies further reinforce this connection. Percunda *et al.*, (2024), in their research at Gambiran Regional Public Hospital, found that service quality has a significant impact on patient loyalty, particularly in terms of tangible services, responsive staff behavior, and empathy toward patients. These findings demonstrate that patients value not only technical competence but also the manner in which care is delivered, including the level of attentiveness and consideration shown by healthcare workers in addressing patient needs. In addition, Viani *et al.*, (2022) stress the mediating role of trust in the relationship between service quality and loyalty. When patients perceive that healthcare providers are trustworthy and act in their best interest, it builds confidence and reinforces loyalty. Trust is not developed solely through clinical outcomes but through communication, transparency, and a sense of personal connection between patients and providers. Similarly, Suryaningrat (2018) found that patient satisfaction mediates the effect of service quality on loyalty, implying that service quality must first produce satisfaction before it translates into loyal behavior. Satisfaction serves as a critical emotional and evaluative response that encourages repeat visits, strengthens commitment, and enhances the clinic's reputation through patient referrals.

The Relationship between Service Costs and Patient Loyalty

The analysis of respondent data at Ibnu Sina Jepara Primary Clinic shows that service cost is significantly related to patient loyalty. Interestingly, patients who perceived service costs as high demonstrated a higher level of loyalty compared to those who considered the service costs moderate

or low. This counterintuitive pattern suggests that patients who pay higher fees may associate the cost with higher perceived value or better service quality, which in turn strengthens their loyalty to the healthcare provider. On the other hand, patients who perceived the cost as moderate or low were more likely to exhibit lower levels of loyalty, possibly because they questioned the value or adequacy of the services received at those price points. These findings support the idea that low prices do not solely influence patient loyalty, but rather a balance between cost and perceived service value. Patients are willing to pay higher prices when they believe the quality of care justifies the expense. This phenomenon is consistent with research conducted by Meilinda *et al.*, (2023), which found that service fees had a significant impact on patient loyalty at the Dental and Oral Hospital of Prof. Dr. Moestopo Beragama University. Their study emphasized that when there is alignment between the price charged and the service quality received, patients are more likely to remain loyal to the healthcare institution.

Further supporting this view, Sari & Arsyad, (2025) argued that price and service quality together influence patient loyalty through the mediating effect of satisfaction. This underscores the importance of perceived value patients evaluate not just how much they pay, but whether the care they receive meets or exceeds their expectations. Suppose patients feel that the service they receive is worth the price, even if that price is relatively high. In that case, they are more likely to be satisfied and continue using the services, thereby increasing loyalty. Adil *et al.*, (2016) in their study at RSUD Kota Bogor found that service costs directly affect both satisfaction and loyalty. They concluded that fees perceived as reasonable and aligned with the quality of care can enhance patient satisfaction, which naturally leads to stronger loyalty. Their research emphasizes the importance of transparency and fairness in healthcare pricing, where patients feel respected and valued, not merely as service recipients but as partners in their care.

Conclusion

This study aimed to examine the relationship between service quality, cost perception, and patient loyalty at the Ibnu Sina Jepara Primary Clinic. The findings indicate that perceptions of both service quality and service cost are closely linked to patient loyalty. The study revealed a distribution of patient opinions regarding service quality and price, as well as varying levels of loyalty, reflecting the multifaceted nature of patient experiences in primary healthcare. Furthermore, the results confirmed that service quality has a powerful and significant relationship with patient loyalty, while service cost also has an important, albeit slightly lower, correlation. These findings address the research questions and emphasize the importance of perceived value in shaping patient behavior.

This research offers meaningful contributions to both academic knowledge and practical healthcare management. The originality of this study lies in its specific focus on a community-based primary clinic in a semi-urban area, which has been underrepresented in prior literature. From a scientific standpoint, this study enhances understanding of the interdependence between service quality, cost perception, and patient loyalty in the context of primary healthcare. Practically, the results provide actionable insights for clinic managers and healthcare policymakers. Improving staff responsiveness, empathy, and reliability, while ensuring service pricing reflects perceived value, are key strategies for increasing patient retention and satisfaction. These implications are particularly relevant for clinics aiming to compete in a patient-centered healthcare market.

Despite its contributions, this study has several limitations. The research was conducted at a single clinic, which may limit the generalizability of the findings to other healthcare settings with



different demographic and organizational characteristics. Moreover, the study relied on cross-sectional data, which restricts the ability to assess changes in patient perceptions over time. Future research should explore longitudinal designs and include multiple clinic sites to provide a broader understanding of loyalty dynamics in healthcare. Additionally, further studies may investigate other potential mediators such as trust, satisfaction, or perceived fairness, and how they interact with service quality and cost in shaping patient loyalty. Expanding the scope of variables and employing mixed-methods approaches can enrich the depth of analysis and provide a more comprehensive view for future researchers and practitioners.

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