Global Academy of Business Studies (GABS)
ISSN: 3110-3197, Vol 2, No 2, 2025, 81-99 https://doi.org/10.35912/gabs.v2i2.3604

The effect of organizational culture and service quality on patient loyalty mediated by patient satisfaction

Adhe William Fanggidae[1], Soegeng Wahyoedi[2]
Krida Wacana Christian University, Jakarta, Indonesia[1,2]
adhewilliam@gmail.com[1], swahyoedi@ukrida.ac.id[2]

Article History
Received on 17 August 2025
1st Revised on 21 September 2025
2nd Revised on 6 October 2025
Accepted on 25 October 2025

Abstract
Purpose: This study examines the effect of organizational culture and service quality on patient loyalty, with patient satisfaction as a mediating variable. The research focuses on Siloam Kupang General Hospital, where improving service quality and cultivating a strong culture are essential for sustaining patient loyalty in a competitive healthcare environment.
Methodology: A quantitative approach using Partial Least Squares–Structural Equation Modeling (PLS-SEM) was applied to data collected from 200 outpatients through structured questionnaires. Four latent variables organizational culture, service quality, patient satisfaction, and patient loyalty were analyzed using SmartPLS 4.
Results: The findings reveal that both organizational culture ($\beta = 0.293$; $p < 0.001$) and service quality ($\beta = 0.306$; $p = 0.001$) significantly influence patient loyalty. Patient satisfaction also has a significant effect on loyalty ($\beta = 0.294$; $p = 0.001$) and mediates the relationships between organizational culture and loyalty ($\beta = 0.141$; $p = 0.006$), as well as between service quality and loyalty ($\beta = 0.097$; $p = 0.034$). The model demonstrates substantial explanatory power ($R^2 = 0.633$) and high predictive relevance ($Q^2 = 0.462$).
Conclusion: Strengthening organizational culture and improving service quality are key strategies to enhance patient satisfaction and loyalty. Hospitals should prioritize patient-centered values, effective communication, and responsive services to build lasting trust.
Limitations: The study is limited to a single hospital and a specific patient group, restricting generalizability.
Contribution: This research extends the understanding of mediating mechanisms between culture, service quality, and loyalty, offering managerial insight for hospital service excellence and patient retention strategies.

Keywords: *Organizational Culture, Patient Loyalty, Patient Satisfaction, Service Quality*

How to Cite: Fanggidae, A. W., & Wahyoedi, S. (2025). The effect of organizational culture and service quality on patient loyalty mediated by patient satisfaction. *Global Academy of Business Studies*, 2(2), 81-99.

1. Introduction

In the era of increasingly competitive healthcare services, hospitals are required to improve the quality of services and maintain patient loyalty. A strong organizational culture can influence employee behavior in providing services, while service quality is a crucial indicator that patients directly experience. Patient loyalty is the ultimate goal that can be achieved through improved patient satisfaction. Siloam Kupang General Hospital, as one of the leading private hospitals in East Nusa Tenggara (NTT), is an important subject for examining the factors that influence patient loyalty,

particularly from the aspects of organizational culture and service quality, with satisfaction acting as a mediator.

Health is a primary need in society. The socioeconomic status of the community is one of the factors that drive the quality of healthcare services. The demand for healthcare services has led to a competitive race to improve service quality, aiming to provide the best services to build trust and loyalty among healthcare users. Hospitals are an integral part of the healthcare system, with the function of providing comprehensive services, disease healing, and prevention, as well as serving as training centers for healthcare personnel and medical research centers. The core of healthcare service provision is meeting the needs and demands of healthcare service users, where patients expect solutions to their health problems (WHO). Hospitals are the primary pillars of healthcare service. According to Law No. 36 of 2009 concerning Health, it is stated that the development of healthcare services aims to increase awareness, willingness, and the ability to live a healthy life for every individual in the community. The need for healthcare services drives the government to improve healthcare services through hospitals and community health centers (Puskesmas) as the first layer to accelerate healthcare delivery. In accordance with Minister of Health Regulation No. 9 of 2024, it is stated that hospitals are classified and licensed (Minister of Health Regulation No. 3 of 2020).

Healthcare services are among the most essential services needed by the community. If patients feel that the services they receive do not meet their expectations, patient loyalty to the hospital will not occur. Improving the quality of healthcare services can be achieved through various aspects, such as enhancing healthcare facilities, improving the professionalism of human resources, and upgrading management quality. According to Fachrezi and Prasetiyo (2024), human resources are defined as an organization consisting of people with formally assigned roles who work together to achieve organizational goals. Organizations rely on employees to succeed. The success of an organization is primarily the result of its ability to identify and manage technological, economic, ecological, and social challenges in both the present and future. Human resources play a pivotal role in this, as they create and implement specific success factors for the company, such as knowledge, product quality, or customer orientation. Employees are the most fundamental resource for an organization in the long term and serve as a competitive advantage in a dynamic and complex business environment (Dessler, 2020).

One of the factors influencing this is the complaints and grievances from patients regarding several aspects of the service, such as long waiting times, limited facilities, and the quality of communication between staff and patients (Sun'an, Soleman, & Nurlaila, 2024). Complaints that are not properly addressed can reduce patient satisfaction and ultimately decrease patient loyalty to the hospital. In today's digital era, public review platforms like Google Maps have become a direct reflection of patient experiences. Reviews on these platforms are not just feedback, but empirical data that reflect the challenges and successes of a healthcare institution, including Siloam Kupang Hospital. This indicates that patients' perceptions of service quality, from waiting times to staff attitudes, are crucial factors in shaping their satisfaction and loyalty. Despite competition with other hospitals, informal data from Google Maps suggests that Siloam Kupang Hospital faces unique challenges. Some reviews over the past year indicate dissatisfaction with slow administrative processes and poor communication from staff, which indirectly reflects the importance of an organizational culture focused on patient service. Therefore, it is necessary to evaluate service quality from various aspects in order to measure patient satisfaction levels, to understand the influence of organizational culture and service quality on patient loyalty, mediated by patient satisfaction.

The study by Sihombing (2021) supports this hypothesis by stating that the influence of service quality significantly impacts patient loyalty with a standardized path coefficient of 0.26, indicating a significant positive effect. The study also indicated that service quality influences loyalty, trust influences loyalty, patient satisfaction influences loyalty, service quality affects satisfaction, and trust influences patient satisfaction. Service quality affects loyalty through patient satisfaction, and trust influences loyalty through patient satisfaction. Based on the literature review, research on the relationship between Organizational Culture and Service Quality with Patient Loyalty, mediated by Patient Satisfaction, still shows a significant gap (Novelty Gap). Previous studies have tended to test the Organizational Culture

variable only up to the level of Patient Satisfaction or have examined Service Quality with other variables. Therefore, this study aims to fill this gap by integrating both internal and external antecedent factors into a unified model framework leading to Patient Loyalty, mediated by Patient Satisfaction.

Moreover, there exists an Inconsistency Gap (conflict of results) in previous empirical findings, particularly regarding the role of Patient Satisfaction as a mediating variable linking Service Quality with Patient Loyalty. Some studies show a significant mediating role of Satisfaction, while others find the opposite. This inconsistency requires re-verification through research at a different location (Siloam Kupang General Hospital) with a more holistic model. Thus, this study is expected to contribute new empirical insights by testing this comprehensive model to confirm or align previous findings, as well as provide better managerial implications for hospital management. Based on the phenomena above, it is crucial to examine in more detail how organizational culture and hospital service quality affect patient loyalty, mediated by the important factor of patient satisfaction. Therefore, in this study, the researcher aims to explore the "Influence of Organizational Culture and Service Quality on Patient Loyalty Mediated by Patient Satisfaction (a Study at Siloam Kupang General Hospital)." This research aims to understand the relationship between organizational culture, service quality, and patient loyalty at the hospital, as well as identify how patient satisfaction can act as a mediating factor that strengthens or weakens this relationship.

2. Literature review

2.1. Organizational Culture

Organizational culture is a system of values, norms, beliefs, and habits adhered to by the members of an organization as a guide for behavior and actions in the workplace. This culture is shaped by the organization's history, vision, and mission, and evolves over time through internalization and adaptation to the environment (Rizal, Mukhti, & Mu'allimin, 2024). In hospitals, organizational culture reflects the values, norms, and practices that shape the behavior of healthcare staff and influence the quality of services. Sanjaya, Hanafi, and Wanto (2024) show that changes in organizational culture that support employee engagement and focus on patient satisfaction can improve operational efficiency and service quality in the healthcare sector. Another study by Azzahra, Yuliansyah, and Nauli (2021) highlights that a positive organizational culture, particularly one that emphasizes innovation, ethics, and support for employees, significantly enhances healthcare worker engagement and hospital performance.

According to Tarigan and Wasesa (2020), organizational culture refers to a shared system of meanings held by members of an organization that distinguishes it from other organizations. Elements of culture include innovation and risk-taking, attention to detail, result orientation, people orientation, team orientation, aggressiveness, and stability. In the context of hospitals, organizational culture is crucial in determining how services are provided to patients and how hospital staff interact with each other. A positive culture can increase staff motivation and encourage the improvement of service quality (Baranti, Anwar, & Qamaruddin, 2024).

2.2. The Role of Organizational Culture in Hospital Services

Organizational culture plays an important role in determining healthcare service standards. A culture that supports team collaboration, focuses on patient safety, and fosters effective communication can result in better patient experiences and increased patient loyalty. Hospitals with a positive culture tend to have high job satisfaction among medical staff, which directly impacts the improvement of service quality and patient satisfaction (Ariyanto, Rohendi, & Rahim, 2024).

2.3. Service Quality

Service quality in the healthcare sector reflects how well the services meet the needs and expectations of patients. Service quality in hospitals is often measured using the SERVQUAL model, which includes the dimensions of tangibles, reliability, responsiveness, assurance, and empathy. A study by Juwariyah, Joyo, and Santosa (2014) at RSUD Gambiran Kediri City found that the dimensions of tangibles, responsiveness, and empathy significantly influence patient loyalty. Additionally, a study by Sari, Monalysa, Ridwansyah, Ruray, and Pratama (2025) at RS Pertamina Bintang Amin showed that service quality and patient trust positively impact patient loyalty, with patient satisfaction as a mediating

variable that strengthens the relationship. Service quality indicators are factors used to measure how well a service meets the expectations and needs of customers. These indicators are used to assess how well an organization provides services to customers and creates satisfaction. Tjiptono identifies several key dimensions or indicators in assessing service quality, which are known as the SERVQUAL (Service Quality) model.

Quality is a dynamic condition related to products, people or labor, processes, and tasks, as well as the environment that meets or exceeds customer or consumer expectations (Susanti, Reniati, & Warlina, 2025). Service is any action or activity that one party can offer to another that is not material or directed at ownership. Service quality refers to the excess expected and control over the level of excellence to fulfill desires. This means that if a service or service received (perceived service) aligns with expectations, it is perceived as good and satisfying. Conversely, if the service or service received is lower than expected, service quality will be perceived as poor. Healthcare services refer to activities carried out directly or indirectly to produce healthcare services needed or demanded by the community to address the health problems they experience. Healthcare services are facilities or channels facilitated by the local government to obtain healthcare services.

2.4. Patient Satisfaction

Patient satisfaction is the emotional response to the service experience, which results from a comparison between expectations and the reality experienced (Parasuraman, Zeithaml, & Berry, 1988). The patient's perspective on service quality is crucial because patient satisfaction often leads to continued service use and repeat visits to healthcare providers. Patient satisfaction is the result of their perception of the service quality received compared to their expectations. A study by Suyatmi, Latunreng, Yosepha, and Arifin (2024) at RSUD Khidmat Sehat Afiat Depok City found that the competence, discipline, and work culture of healthcare workers significantly affect outpatient satisfaction. A study by Prasetiyawati and Dirwan (2023) at RSAU dr. Esnawan Antariksa also found that commitment, organizational culture, and service quality significantly impact patient satisfaction.

Satisfaction is the feeling of pleasure or disappointment that arises after comparing the perceived performance or results of a product or service with expectations. Patient satisfaction is defined as the customer's response to the discrepancy between their previous level of interest and the actual performance they experience after use. If a healthcare service aims to improve service quality, measuring patient satisfaction is essential. Through this measurement, it can be determined how well the dimensions of service quality offered can meet patient expectations. Measuring patient satisfaction is critical to identifying the causes of dissatisfaction.

2.4.1. Measuring Patient Satisfaction

To determine the satisfaction a patient receives from the services provided, four indicators can be used:

1. Criticism and Suggestion System: This can be seen from the number of complaints received in a period. If the number of complaints is high, the service provided is not satisfactory.
2. Satisfaction Survey System: Healthcare providers need to conduct periodic surveys. The surveys can be in the form of interviews or questionnaires.
3. Placebo System: Healthcare providers can send individuals or groups to receive services directly in the field to observe and experience the services provided.
4. Patient Analysis System: Healthcare providers can analyze service users who have experienced the service.

2.5. Patient Loyalty

Patient loyalty refers to a patient's willingness to return to use a hospital’s services and recommend them to others. Loyalty can be built from positive experiences and trust in service quality. Loyalty is a commitment to repurchase or re-subscribe to a product or service. Patient loyalty reflects their commitment to continue using services from a specific hospital and recommend it to others. Research by Irawan and Sefnedi (2019) at RSUD Sungai Dareh Dharmasraya found that service quality and hospital image positively affect patient satisfaction, which in turn influences patient loyalty. A study by

Eftitah, Martini, Susbiyani, and Herlambang (2023) at Fatimah Islamic Hospital in Banyuwangi showed that satisfaction and hospital image significantly influence trust and patient loyalty.

According to Rachman and Ariyanti (2025), loyalty is a strong commitment from customers to consistently repurchase or repeatedly use a preferred product/service in the future, despite situational influences and marketing efforts that may alter customer behavior. Customer loyalty is a commitment from customers to a brand, store, or supplier based on a highly positive attitude, reflected in consistent repurchase behavior. Customer loyalty not only involves repurchasing goods and services but also encompasses commitment and a positive attitude toward the service provider, such as recommending others to buy. Customer loyalty is not just about repurchasing a product or service but also having a commitment and positive attitude toward the service provider, for example, by recommending others to make a purchase (Rahellea & Rianto, 2023).

2.6. Definition of a Hospital

According to the Republic of Indonesia Law No. 44 of 2009 on Hospitals, a hospital is a healthcare institution that provides comprehensive personal healthcare services, including inpatient, outpatient, and emergency services. Hospital organizations consist of various departments such as management, medical, nursing, and both medical and non-medical support services. As a public service institution, hospitals are required to not only provide quality medical services but also focus on patient satisfaction and ethical service delivery.

2.6.1. Functions and Objectives of a Hospital

Hospitals have several functions, which are:

- Healthcare service function: Providing advanced personal healthcare services.
- Educational function: Serving as a training and educational institution for healthcare professionals.
- Research function: Serving as a research facility in the healthcare field.
- Referral function: Acting as a referral center for specific cases from primary healthcare facilities.

(Source: Law No. 44 of 2009 and Minister of Health Regulation No. 3 of 2020)

2.6.2. Characteristics of Hospitals as Service Organizations

Hospitals are complex and unique organizations because they involve interactions between healthcare providers and patients who are in vulnerable conditions. Service quality is not only measured by medical outcomes but also by patient experiences and satisfaction during service delivery. Key characteristics of hospitals as public service organizations:

- High human interaction
- Service complexity and interdepartmental coordination
- The need for an efficient and responsive system
- Demands for quality standards and patient safety

2.7. Conceptual Framework

Patient loyalty will increase as a result of patient satisfaction, which is influenced by improvements in service quality and the organizational culture applied in the hospital. The research model concept is illustrated in the figure below:

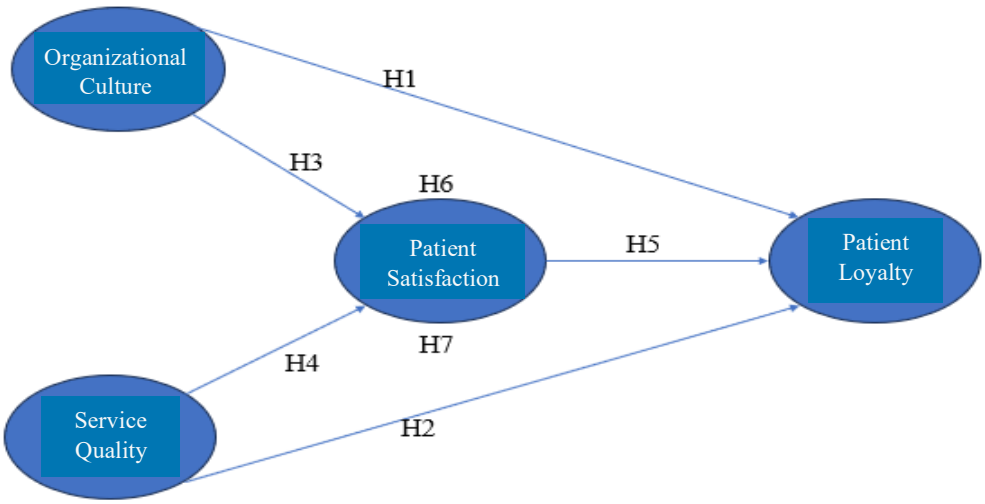

Figure 1. Research Conceptual Model

2.8. Hypothesis Development

A hypothesis is a preliminary or temporary answer based on theoretical responses to a research problem formulation. Due to its nature, the hypothesis is still provisional and needs to be verified with empirical facts (Sugiyono, 2018). The following hypotheses are derived from previous studies and based on the research model concept to be explored by the researcher, using the variables of organizational culture, service quality, patient satisfaction, and patient loyalty. The explanations are as follows:

2.8.1. The Effect of Organizational Culture on Patient Loyalty

Organizational culture refers to the values, norms, and beliefs shared by organizational members. In the context of hospitals, a strong and positive organizational culture, such as a culture focused on patients, empathy, and collaboration, can directly influence how staff interact with patients. These positive and caring interactions will shape patients' perceptions of the hospital, which ultimately increases their loyalty. A study conducted by Zhang, Zhang, and Wang (2025) found that an organizational culture oriented toward quality and innovation has a direct correlation with patient loyalty. They emphasized that a strong internal culture will be reflected in the patient experience, which is key to retaining them.

H1: Organizational Culture Positively Influences Patient Loyalty

2.8.2. The Effect of Service Quality on Patient Loyalty

Service quality is the patient's evaluation of the gap between their expectations and their perceptions of the service provided. Service quality dimensions, such as reliability, responsiveness, assurance, empathy, and tangibles (SERVQUAL), have long been key predictors of loyalty. Patients who perceive that they receive high-quality services starting from registration to post-treatment are more likely to return and recommend the hospital. In research conducted by Kondasani and Panda (2015) on hospitals in India, they emphasized that service quality is the most crucial factor in shaping patient loyalty. They found that the dimensions of empathy and assurance had the greatest impact compared to other dimensions.

H2: Service Quality Positively Influences Patient Loyalty

2.8.3. The Effect of Organizational Culture on Patient Satisfaction

Patient satisfaction is the evaluation of how well the services received meet the patients' expectations. A proactive organizational culture, customer orientation, and a focus on continuous improvement will encourage staff to provide services that exceed patient expectations. When staff members have a positive attitude and are supported by a healthy work culture, they tend to be more caring and responsive to patient needs, leading to increased satisfaction. In a study conducted by Andres, Song, Song, and Johnston (2019), they investigated the relationship between organizational culture and patient satisfaction in hospitals in Hong Kong. The results showed that a patient-centered culture is a strong predictor of patient satisfaction levels.

H3: Organizational Culture Positively Influences Patient Satisfaction

2.8.4. The Effect of Service Quality on Patient Satisfaction

The relationship between service quality and patient satisfaction is one of the most frequently studied and proven in marketing and management literature. Cognitive dissonance theory suggests that if a patient's experience (the quality of service received) exceeds their expectations, the patient will feel satisfied. Therefore, providing high-quality, efficient, and attentive service is a fundamental prerequisite for achieving patient satisfaction. A study by Langi and Winarti (2024) emphasized that the SERVQUAL dimensions have a significant and positive relationship with patient satisfaction. Their findings showed that assurance and empathy were the most influential factors. Similarly, a study by Herlina, Rumengan, and Indrawan (2024) in hospitals in Indonesia found that improving service quality, especially in responsiveness and tangibles (facilities), was directly correlated with increased patient satisfaction.

H4: Service Quality Positively Influences Patient Satisfaction

2.8.5. The Effect of Service Satisfaction on Patient Loyalty

Patient satisfaction is often considered a direct antecedent to patient loyalty. Logically, patients who feel satisfied with the services they received will be more motivated to return and use the same services. Loyalty is not just about returning, but also about becoming an "advocate" for the hospital by recommending it to others (word-of-mouth). In a study by Arnaldo and Keni (2024) at private hospitals in Jakarta, they found that patient satisfaction plays a significant role in shaping loyalty. They recommended that management focus on improving satisfaction as the primary strategy to retain patients.

H5: Service Satisfaction Positively Influences Patient Loyalty

2.8.6. The Effect of Organizational Culture on Patient Loyalty Mediated by Patient Satisfaction

This hypothesis tests whether the effect of organizational culture on patient loyalty is indirect, mediated by patient satisfaction. This means that a positive organizational culture will influence how staff interact with and serve patients, which then creates a satisfying experience. It is this satisfaction that ultimately drives patients to become loyal. In research conducted by Kurniawan, Herman, Wicara, and Rofidah (2025) in Indonesia, they found that a service-oriented organizational culture has a significant indirect effect on patient loyalty, with patient satisfaction acting as a mediating variable. A strong culture triggers superior service behaviors, which enhance satisfaction, and ultimately loyalty. The positive effect of organizational culture on loyalty only occurs if patients feel satisfied with the services they received, highlighting the central role of satisfaction as a bridge between culture and loyalty.

H6: Patient Satisfaction Mediates the Effect of Organizational Culture on Patient Loyalty

2.8.7. The Effect of Service Quality on Patient Loyalty Mediated by Patient Satisfaction

This hypothesis tests whether the quality of service received by patients will increase their loyalty through the mediation of satisfaction. Logically, patients evaluate the quality of services they receive, and if this evaluation is positive, they will feel satisfied. It is this satisfaction that serves as the primary driver for them to return and become loyal. They argued that it is impossible for patients to become loyal without first feeling satisfied with the service quality provided. Furthermore, in research conducted by Sudibyo and Keni (2025), they also found that patient satisfaction is a key mediator between service quality and loyalty. They concluded that focusing on improving service quality is an effective strategy to increase loyalty, as long as that quality successfully triggers feelings of satisfaction in patients.

H7: Patient Satisfaction Mediates the Effect of Service Quality on Patient Loyalty

3. Research methodology

3.1. Research Object

The object of this research is patient loyalty, mediated by service satisfaction, influenced by service quality and organizational culture. This is an explanatory study using a quantitative approach with a survey method, aiming to explain the causal relationships between the variables under study, namely the effect of organizational culture and service quality on patient loyalty, mediated by patient satisfaction.

3.2. Population and Sample

3.2.1. Population

The population of this study consists of outpatient patients at Siloam Kupang General Hospital. The sampling technique used is purposive sampling, with criteria for adult patients who have received services at least once in the last 6 months or twice within the last year.

3.2.2. Sample

The sample size used in this study is 200 samples, employing a non-probability sampling technique, specifically purposive sampling, using the Hair formula. According to Hair, Risher, Sarstedt, and Ringle (2019), the sample size can be determined by multiplying the number of indicators by a factor of 5 to 10. The sample size follows the number of indicator questions provided, with the calculation as follows:

Sample = number of indicators x (5-10)
16 x (5-10) = **80-160 samples**

Based on this, the minimum sample size in this study is 80 respondents. To avoid incomplete or erroneous questionnaire responses, the researcher increased the sample size to **200 respondents**. The sampling technique refers to the inclusion and exclusion criteria set by the researcher as follows:

a. Inclusion Criteria
   Inclusion criteria are the characteristics that must be met by each member of the population. The inclusion criteria for this study are adult patients over the age of 18, who have visited the hospital more than once in the past year.
b. Exclusion Criteria
   Exclusion criteria refer to conditions where certain parts of the population cannot be included as samples. The exclusion criteria for this study are patients who are unwilling to participate as respondents, patients who are visiting Siloam Kupang General Hospital for the first time, and patients who cannot read or write.

3.3. Operational Variables

Table 1. Operational Variables

Variable	Definition of Variable	Indicators
Organizational Culture (X1)	The foundation that shapes employee behavior and, indirectly, the quality of service provided to patients (Almutairi et al., 2022)	1. Adaptation 2. Engagement 3. Consistency 4. Mission
Patient Satisfaction (X2)	The emotional response to the experience of service received, which is the result of comparing the perception of performance or results of a product or service with expectations (Hastjarjo, 2023)	1. Expectation match 2. Comfort 3. Trust 4. Return intention
Patient Loyalty (Y)	Customer loyalty is influenced by the relationship between attachment factors and repurchase behavior (Rachman & Ariyanti, 2025)	1. Repeat visits 2. Recommendations 3. Loyalty
Service Quality (Z)	Factors used to measure how well a service meets the expectations and needs of customers (Herlina et al., 2024)	1. Tangible (physical evidence) 2. Empathy (staff attitude) 3. Responsiveness 4. Reliability 5. Assurance (Service guarantee)

3.4. Data Collection Techniques

Data collection techniques are the primary steps in obtaining the information or data needed in a research study, as the main goal of research is to gather accurate data. Without understanding the data

collection techniques, researchers will not obtain data that meets the established standards (Sugiyono, 2018). The data collection used in this study consists of primary data in the form of documents and hospital visit reports. Data was collected directly from respondents to obtain secondary data that relates to the research issue. The researcher gathered data using a questionnaire. A questionnaire is a data collection method conducted by providing written questions to respondents to be answered. The questionnaire serves as a measurement tool where a list of structured questions is created, and respondents will answer them directly. Data is collected using a Google Form-based questionnaire containing a 1-5 Likert scale to measure all variable indicators.

3.4.1. Measurement Scale

According to Sugiyono (2018), a measurement scale is an agreement used as a guide in determining an interval measurement. This measurement involves a measuring tool that is used to generate quantitative data. In this study, the researcher uses the Likert scale, which according to Sugiyono (2018), can measure attitudes, opinions, and perceptions of an individual or a particular group regarding a social phenomenon occurring around them. The following is the Likert scale table:

Table 2. Likert Scale

Answer Variants	Initial	Answer Value
Strongly Agree	SS	5
Agree	S	4
Neutral	N	3
Disagree	TS	2
Strongly Disagree	STS	1

3.5. Data Analysis Techniques

This study uses data processing with Smart-PLS SEM (Partial Least Square – Structural Equation Modeling) software. The data processing capability using PLS is expected to explain the relationships between variables and perform analysis in one testing process. According to Ghozali and Latan (2015), the PLS method can represent latent variables (not directly measured), but measurement can be made using available indicators. Based on this, the researcher uses the PLS method because this study has indicators that will provide clear and detailed data. The analysis techniques using the PLS method are as follows:

3.5.1. Outer Model Analysis

According to Sugiyono (2018), this can be done by ensuring that the used settings are valid and reliable. Based on this, the calculations in the analysis are:

a. Convergent Validity: The loading factor value on the latent variable with selected indicators. Standard value >0.7.
b. Discriminant Validity: The cross-loading factor value, useful for constructing a sufficiently discriminatory value. This is done by comparing the expected construct value, which should be higher than that of other constructs.
c. Composite Reliability: A measurement where if the reliability value >0.7, the construct is considered to have high reliability.
d. Average Variance Extracted (AVE): The average value, with a minimum value of 0.5.
e. Cronbach Alpha: A calculation where the composite reliability value has a minimum result of 0.6.

3.5.2. Inner Model Analysis

This research uses an analysis model by testing the relationships between latent constructs and other latent variables. In this test, the R2 value for the dependent latent variables and Q square to see the size of the structural paths are examined. The following are the requirements for conducting inner model testing :

A. R Square: The R Square value should be in the range of 0.25 - 0.75 to determine whether the research model is weak, medium, or strong.

B. Q2 Predictive Relevance: The Predictive Relevance value should be above 0 to contribute to predictive relevance. If it is below 0, it is considered to have no predictive relevance

4. Results and discussions

4.1. Respondent Characteristics

In this study, 200 respondents were involved, all of whom were patients at Siloam Kupang Hospital who visited for a health check-up. This study was conducted by distributing research measurement tools in the form of questionnaires to the respondents. The questionnaires distributed included respondent identity and questions regarding the variables being studied. The results of the completed questionnaires were then analyzed using Smart-PLS. Below is a descriptive explanation of the respondent characteristics based on age, gender, education, number of visits, and payment methods. The results are as follows:

4.1.1. Age Characteristics

The results of Table 3 below show that of the 200 respondents, the ages ranged from 18 to 71 years. The majority of patients were in the age group of 31 to 40 years, with 34 respondents (27.5%).

Table 3. Age Characteristics

Description	Frequency	Percentage
<20	8	4.00%
21-30	115	57.50%
31-40	50	25.00%
41-50	21	10.50%
51-60	4	2.00%
>61	2	1.00%
Total	200	100%

Source: Primary Data Processed, 2025

4.1.2. Gender Characteristics

Based on the gender of the respondents, the table below shows that the majority were female, with 129 respondents (64.5%). While the number of male respondents was 71 (35.5%).

Table 4. Gender Characteristics

Description	Frequency	Percentage
Female	129	64.50%
Male	71	35.50%
Total	200	100%

Source: Primary Data Processed, 2025

4.1.3. Characteristics Based on Education

Based on education, the table below shows that the majority of respondents have completed high school, with 59 respondents (54.1%). Meanwhile, 20 respondents (18.3%) have completed junior high school, 20 respondents (18.3%) have attended university, and 10 respondents (9.2%) have completed elementary school.

Table 5. Characteristics Based on Education

Description	Frequency	Percentage
University	100	50%
High School	94	47%
Junior High School	6	3%
Elementary School	0	0%
Total	200	100%

Source: Primary Data Processed, 2025

4.1.4. Characteristics Based on Number of Visits

Based on the number of visits, Table 6 shows that the largest group of respondents had visited the hospital 2 times or more, totaling 190 people (95%), while the respondents with fewer than 2 visits were 10 people (5%).

Tabel 6. Characteristics Based on Number of Visits

Number of Visits	Number of Respondents	Percentage
<2 times	10	5%
2 times or more	190	95%
Total	200	100%

Source: Primary Data Processed, 2025

4.1.5. Characteristics Based on Financing Type

Based on the type of financing, Table 7 shows that 56 respondents (51.4%) used BPJS (Health Insurance) as their method of payment, while 53 respondents (48.6%) used private payment methods.

Table 7. Characteristics Based on Financing Type

Description	Frequency	Percentage
BPJS/Private Insurance	184	92%
General Payment	16	8%
Total	200	100%

Sumber : Data Primer Diolah, 2025

4.2. Statistical Analysis

4.2.1. Outer Model

The measurement model is used to describe the relationships between variables. Below are the results of the path coefficient measurement model in this study:

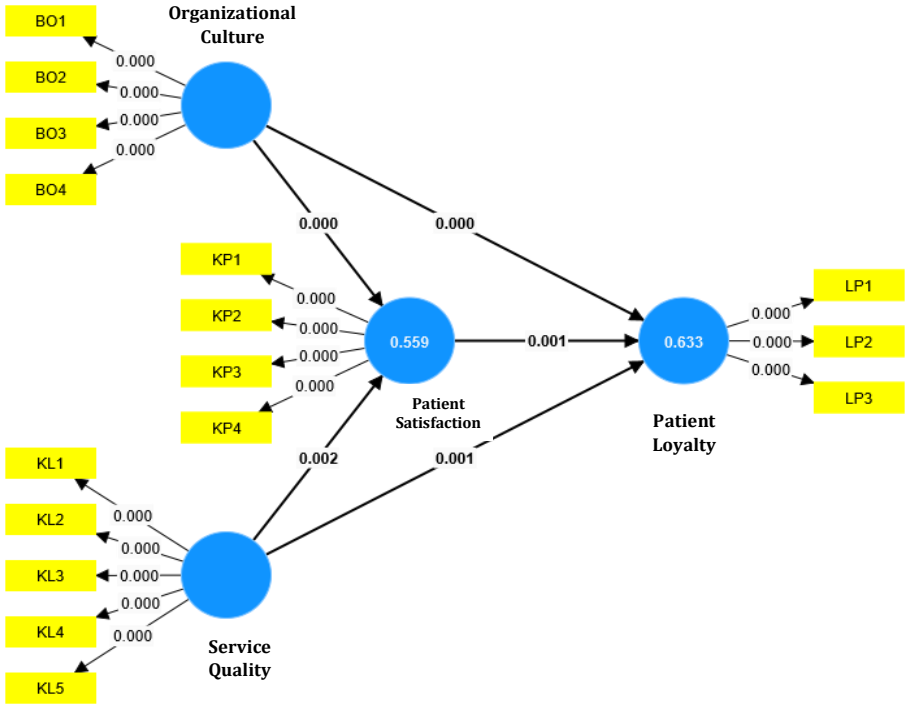

Figure 2. Path Coefficient Pathway 1

Figure 2 shows the path coefficient diagram in this study, illustrating the relationship between variables X1 and X2 towards Y and Z.

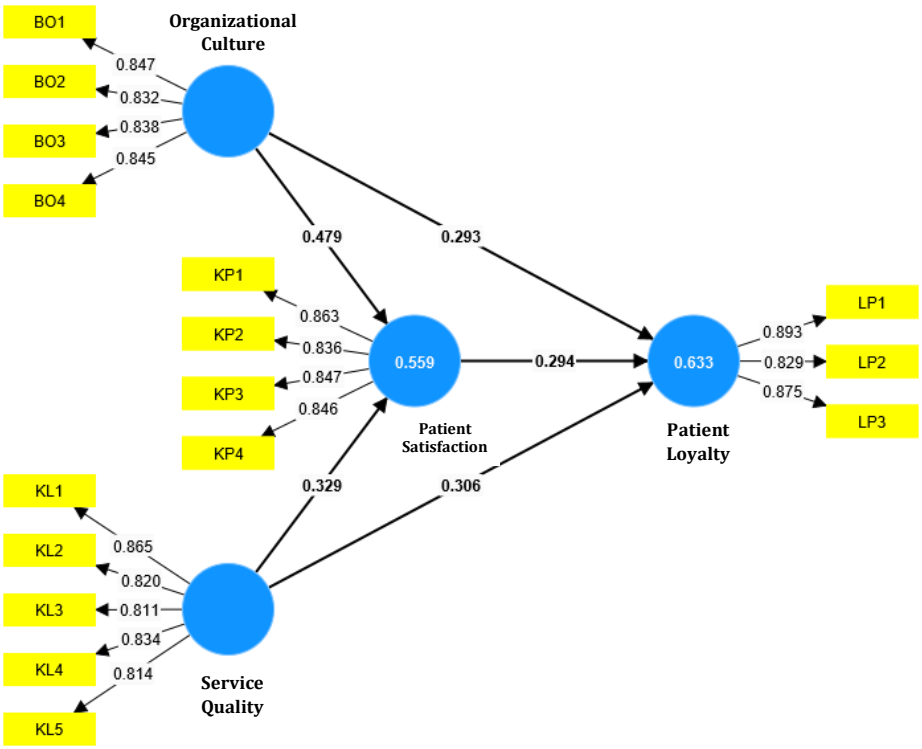

Figure 3. Path Coefficient Pathway 2

Figure 3 shows the processed data results to view the values of each indicator in the validity test.

Table 8. Outer Loading

Latent Variable	Indicator	Outer Loading (>0.70)	CR	AVE (>0.5)	Cronbach's Alpha
Organizational Culture (X1)	BO1	0.847	0.906	0.706	0,862
	BO2	0.832			
	BO3	0.838			
	BO4	0.845			
Service Quality (X2)	KL1	0.865	0.916	0.687	0,886
	KL2	0.820			
	KL3	0.811			
	KL4	0.834			
	KL5	0.814			
Patient Satisfaction (Y)	KP1	0.863	0.911	0.719	0,870
	KP2	0.836			
	KP3	0.847			
	KP4	0.846			
Patient Loyalty (Z)	LP1	0.893	0.900	0.750	0,832
	LP2	0.829			
	LP3	0.875			

Source: Data Processed Using SmartPLS Software 4.0.9.9, 2025

From the table above, it can be seen that each variable is valid and reliable because the outer loading value > 0.7, AVE > 0.5, CR > 0.7, and Cronbach's alpha > 0.7, indicating valid results. The organizational culture variable (X1) has a CR value of 0.906 > 0.7, service quality (X2) has a value of 0.916 > 0.7, patient satisfaction has a value of 0.911 > 0.7, and patient loyalty has a value of 0.900 > 0.7. Meanwhile, the AVE value for organizational culture (X1) is 0.706 > 0.5, service quality is 0.687 > 0.5, patient satisfaction is 0.719 > 0.5, and patient loyalty is 0.750 > 0.5. The Cronbach's alpha value

indicates reliability, where the organizational culture variable has a value of 0.862 > 0.7, service quality is 0.886 > 0.7, patient satisfaction is 0.870 > 0.7, and patient loyalty is 0.832 > 0.7.

4.2.2. Discriminant Validity

1) Cross Loading

Table 9. Cross Loading

	Organizational Culture	Service Quality	Patient Satisfaction	Patient Loyalty
BO1	**0.847**	0.637	0.635	0.628
BO2	**0.832**	0.567	0.581	0.539
BO3	**0.838**	0.576	0.576	0.621
BO4	**0.845**	0.581	0.592	0.615
KL1	0.600	**0.865**	0.559	0.585
KL2	0.601	**0.820**	0.545	0.572
KL3	0.550	**0.811**	0.539	0.559
KL4	0.601	**0.834**	0.544	0.632
KL5	0.561	**0.814**	0.572	0.581
KP1	0.623	0.597	**0.863**	0.607
KP2	0.637	0.567	**0.836**	0.588
KP3	0.608	0.560	**0.847**	0.578
KP4	0.539	0.533	**0.846**	0.619
LP1	0.642	0.633	0.633	**0.893**
LP2	0.610	0.630	0.594	**0.829**
LP3	0.607	0.571	0.603	**0.875**

Source: Data Processed Using SmartPLS Software 4.0.9.9, 2025.

From the table above, it can be seen that each construct has better values, indicating that it is valid.

2) Fornell-Larcker Criterion

Discriminant validity testing is done to prove whether the indicators of a construct will have the largest loading factor on its own construct rather than on another construct. This can be verified using the Fornell-Larcker criterion or by using the values in the cross-loadings table (Hair Jr, Hult, Ringle, & Sarstedt, 2017).

Table 10. Forner Lacker

	Organizational Culture	Service Quality	Patient Satisfaction	Patient Loyalty
Organizational Culture	0.840			
Service Quality	0.703	0.829		
Patient Satisfaction	0.710	0.666	0.848	
Patient Loyalty	0.716	0.707	0.705	0.866

Source: Data Processed Using SmartPLS Software 4.0.9.9, 2025

From the data above, it shows that the relationships between latent variable constructs have higher correlation values compared to other constructs. Thus, it is concluded that there is no multicollinearity issue in this study.

4.2.3. Collinearity Assessment

The collinearity assessment in the structural model follows the same concept as the formative measurement model, which considers the VIF (Variance Inflation Factor) values. The VIF value must be less than 5.0. This indicates that the model is free from multicollinearity symptoms in all predictors against all responses, allowing further testing to be conducted (Hair Jr et al., 2017).

Table 11. Collinearity Assessment

	VIF
BO1	2,033
BO2	2,043
BO3	2,011
BO4	2,097
KL1	2,639
KL2	2,111
KL3	2,005
KL4	2,243
KL5	2,110
KP1	2,373
KP2	2,047
KP3	2,238
KP4	2,180
LP1	2,306
LP2	1,635
LP3	2,197

Source: Data processed using SmartPLS software version 4.0.9.9, 2025

From the results above, the VIF values for each variable indicate no multicollinearity issues as the values are all < 5.0.

4.3. Inner Model

4.3.1. Coefficient of Determination

The coefficient of determination is used to measure the accuracy of predictions (estimation). In general, an R2 value of 0.75 is considered to have high prediction accuracy, 0.50 represents medium prediction accuracy, and 0.25 indicates low prediction accuracy (Hair Jr et al., 2017).

Table 12. Coefficient of Determination

	R-square	R-square adjusted
Patient Satisfaction	0.559	0.555
Patient Loyalty	0.633	0.628

Source: Data processed using SmartPLS software version 4.0.9.9, 2025

The data above shows that the R2 value for patient loyalty is 0.633, indicating a medium result. In this case, organizational culture (X1), service quality (X2), and patient satisfaction (Y) affect patient loyalty by 63.3%. The remaining 36.7% is influenced by other variables not investigated in this study. Additionally, patient satisfaction also affects organizational culture and service quality by 55.9%, with the remaining 44.1% influenced by other variables not investigated in this study.

4.3.2. Predictive Relevance

The Q2 value is obtained using the blindfolding procedure. As a relative measure of predictive relevance, a value of 0.02 is considered low predictive relevance, 0.15 is medium predictive relevance, and 0.35 is high predictive relevance (Hair Jr et al., 2017).

Table 13. Predictive Relevance

	SSO	SSE	Q^2 (=1-SSE/SSO)
Organizational Culture	800.000	800.000	0.000
Service Quality	1000.000	1000.000	0.000
Patient Satisfaction	800.000	483.222	0.396
Patient Loyalty	600.000	322.967	0.462

Source: Data processed using SmartPLS software version 4.0.9.9, 2025.

Based on the data above, the following information can be provided:

- The predictive relevance Q2 for the latent construct of patient loyalty (Z), influenced by organizational culture (X1), service quality (X2), and patient satisfaction (Y), is 0.462, indicating a high level of predictive relevance.
- The predictive relevance Q2 for the latent construct of patient satisfaction (Y), known as the mediating variable, is influenced by organizational culture (X1) and service quality, with a value of 0.396, indicating high predictive relevance.
- The predictive relevance Q2 for the latent constructs of organizational culture (X1) and service quality (X2) both show a value of 0.000, indicating low predictive relevance.

4.4. Hypothesis Testing

Structural model coefficient analysis can be used to test hypotheses to determine the influence between variables. If the p-value < α (0.05), the relationship is significant, otherwise, if the p-value > α (0.05), there is no significant relationship (Hair Jr et al., 2017).

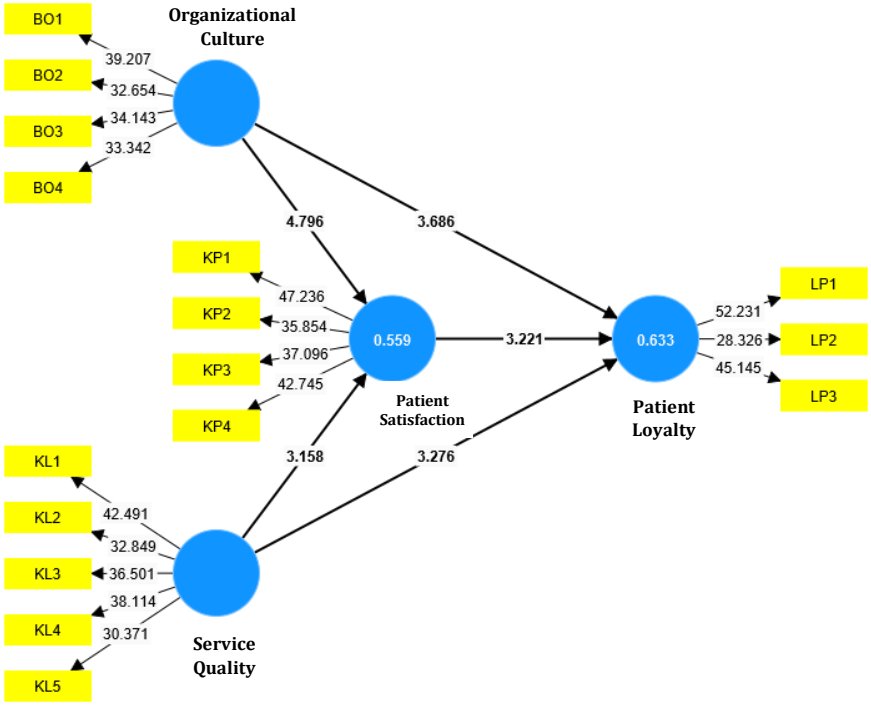

Figure 4. Bootstrap Testing Results for the Structural Path of the Study

Based on the figure above, the structural model shows hypothesis testing to illustrate the relationships between variables. If the p-value is above 0.05, it indicates that there is a relationship between the variables being tested.

4.4.1. Direct Effect Hypothesis Testing

Tabel 14. Hypothesis Testing

	Original Sample (O)	Sample Mean (M)	T Statistics (|O/STDEV|)	P Values	Notes
Organizational Culture → Patient Loyalty	0,293	0,295	3,686	0,000	**H1 Accepted**
Service Quality → Patient Loyalty	0,306	0,306	3,276	0,001	**H2 Accepted**
Organizational Culture → Patient Satisfaction	0,479	0,475	4,796	0,000	**H3 Accepted**

Service Quality → Patient Satisfaction	0,329	0,332	3,158	0,002	**H4 Accepted**
Patient Satisfaction → Patient Loyalty	0,294	0,287	3,221	0,001	**H5 Accepted**

Source: Data processed using SmartPLS software version 4.0.9.9, 2025

Based on the table above, the following results can be informed in this study:

1. Organizational Culture Positively Affects Patient Loyalty.
   The analysis using SmartPLS presented in Table 14 shows that organizational culture positively affects patient loyalty. This is evident from the Original Sample (O) = 0.293, T-Statistics = 3.686 (> 1.96), and P Values = 0.000 (< 0.05). Therefore, the first hypothesis is proven.
2. Service Quality Positively Affects Patient Loyalty.
   The analysis using SmartPLS presented in Table 14 shows that service quality positively affects patient loyalty. This is evident from the Original Sample (O) = 0.306, T-Statistics = 3.276 (> 1.96), and P Values = 0.001 (< 0.05). Therefore, the second hypothesis is proven.
3. Organizational Culture Positively Affects Patient Satisfaction.
   The analysis using SmartPLS presented in Table 14 shows that organizational culture positively affects patient satisfaction. This is evident from the Original Sample (O) = 0.479, T-Statistics = 4.796 (> 1.96), and P Values = 0.000 (< 0.05). Therefore, the third hypothesis is proven.
4. Service Quality Positively Affects Patient Satisfaction
   The analysis using SmartPLS presented in Table 14 shows that service quality positively affects patient satisfaction. This is evident from the Original Sample (O) = 0.329, T-Statistics = 3.158 (> 1.96), and P Values = 0.002 (< 0.05). Therefore, the fourth hypothesis is proven.

Patient Satisfaction Positively Affects Patient Loyalty. The analysis using SmartPLS presented in Table 14 shows that patient satisfaction positively affects patient loyalty. This is evident from the Original Sample (O) = 0.294, T-Statistics = 3.221 (> 1.96), and P Values = 0.001 (< 0.05). Therefore, the fifth hypothesis is proven.

4.4.2. Indirect Effect Hypothesis

Table 15. Hypothesis Testing

	Original Sample (O)	**Sample Mean (M)**	**T Statistics (|O/STDEV|)**	**P Values**	**Notes**
Organizational Culture → Patient Loyalty Mediated by Patient Satisfaction	0,141	0,136	2,757	0,006	**H6 Accepted**
Service Quality → Patient Loyalty Mediated by Patient Satisfaction	0,097	0,096	2,122	0,034	**H7 Accepted**

Source: Data processed using SmartPLS software version 4.0.9.9, 2025

Based on the table above, the results that can be informed from this research are as follows:

1. Organizational Culture Positively Affects Patient Loyalty Mediated by Patient Satisfaction
   The analysis using SmartPLS presented in Table 15 shows that organizational culture positively affects patient loyalty with patient satisfaction as a mediating variable. This is evident from the Original Sample (O) = 0.141, T-Statistics = 2.757 (> 1.96), and P Values = 0.006 (< 0.05). Therefore, the sixth hypothesis is proven.
2. Service Quality Positively Affects Patient Loyalty Mediated by Patient Satisfaction
   The analysis using SmartPLS presented in Table 15 shows that service quality positively affects patient loyalty with patient satisfaction as a mediating variable. This is evident from the Original Sample (O) = 0.097, T-Statistics = 2.122 (> 1.96), and P Values = 0.034 (< 0.05). Therefore, the seventh hypothesis is proven.

5. Conclusions

5.1. Conclusion

Based on the results of the research conducted, the following conclusions can be made:

1. This study concludes that organizational culture in Siloam Kupang General Hospital positively and significantly affects patient satisfaction. This shows that a positive work environment and the values applied by management and staff directly enhance patient satisfaction levels.
2. The quality of services provided by Siloam Kupang General Hospital has been proven to have a positive and significant effect on patient satisfaction. This means that the better the service quality patients receive, the higher their level of satisfaction.
3. Patient satisfaction has a positive and significant effect on patient loyalty. This conclusion emphasizes that patients who are satisfied with the services they receive tend to become loyal, meaning they will return to use the services and recommend them to others.
4. Organizational culture directly and significantly influences patient loyalty. This indicates that the implementation of a strong and patient-oriented work culture is crucial in building loyalty without needing other mediating variables.
5. Service quality has a direct and significant effect on patient loyalty. This means that the hospital's efforts to improve service quality will directly increase patient loyalty.
6. Patient satisfaction successfully mediates the relationship between organizational culture and patient loyalty. This conclusion shows that although organizational culture is important, its influence on loyalty is strengthened through increased patient satisfaction.
7. Patient satisfaction also plays a significant mediating role between service quality and patient loyalty. This proves that high service quality will effectively increase patient loyalty if supported by the satisfaction experienced by the patients.

5.2. Recommendations

5.2.1. Theoretical Recommendations

It is recommended that future researchers conduct studies with other factors that were not examined in this study. Furthermore, this study is expected to provide education to patients and hospitals regarding organizational culture, service quality, patient satisfaction, and patient loyalty. Future researchers are encouraged to add other mediating variables in determining patient satisfaction and patient loyalty.

5.2.2. Practical Recommendations

It is recommended for Siloam General Hospital to pay attention to the factors influencing patient loyalty, namely organizational culture, service quality, and patient satisfaction, in order to persuade patients to commit. It is also recommended for Siloam General Hospital to continue improving service quality through staff training, facility improvements, and effective handling of patient complaints to enhance patient satisfaction and trust. This aims to strengthen patient loyalty and the sustainability of healthcare services.

5.3. Limitations of the Study

This study is far from perfect. It was only conducted at Siloam General Hospital, meaning the findings cannot be generalized to all hospitals or other healthcare facilities. Additionally, the sample taken may not represent the entire diverse population of patients, thus limiting the conclusions that can be drawn. The data collection and analysis were conducted within a limited timeframe, which may affect the depth of analysis and the potential changes in patients' perceptions of service quality over time. Therefore, the results of this study may not reflect long-term changes in patient loyalty.

References

Almutairi, R. l., Aditya, R. S., Kodriyah, L., Yusuf, A., Solikhah, F. K., Al Razeeni, D. M., & Kotijah, S. (2022). Analysis of Organizational Culture Factors that Influence the Performance of Health Care Professionals: A Literature Review. *Journal of Public Health in Africa, 13*(2), 74-78. doi:https://doi.org/10.4081/jphia.2022.2415

Andres, E. B., Song, W., Song, W., & Johnston, J. M. (2019). Can Hospital Accreditation Enhance Patient Experience? Longitudinal Evidence from a Hong Kong Hospital Patient Experience

Survey. *BMC health services research, 19*(1), 1-9. doi:https://doi.org/10.1186/s12913-019-4452-z

Ariyanto, I., Rohendi, A., & Rahim, A. H. (2024). Pengaruh Budaya Kerja dan Kepuasan Kerja Terhadap Kualitas Pelayanan Medik RS Khusus Paru Kabupaten Karawang. *Innovative: Journal Of Social Science Research, 4*(1), 8052-8067. doi:https://doi.org/10.31004/innovative.v4i1.8794

Arnaldo, A., & Keni, K. (2024). Studi pada Loyalitas Pasien Rumah Sakit Swasta di Jakarta Utara. *Jurnal Manajemen Bisnis dan Kewirausahaan, 8*(6), 1440-1449. doi:https://doi.org/10.24912/jmbk.v8i6.33636

Azzahra, P. Z., Yuliansyah, Y., & Nauli, P. (2021). Pengaruh Akuntabilitas dan Budaya Organisasi Terhadap Kinerja Organisasi pada Rumah Sakit Swasta Kota Bandar Lampung. *Jurnal Studi Pemerintahan dan Akuntabilitas, 1*(1), 43-54. doi:https://doi.org/10.35912/jastaka.v1i1.236

Baranti, A., Anwar, S. M., & Qamaruddin, M. Y. (2024). Pengaruh Budaya Organisasi dan Motivasi Kerja Terhadap Kinerja Karyawan pada PT. Boma Tirta Prima Makassar. *Studi Ilmu Manajemen dan Organisasi, 5*(2), 379-388. doi:https://doi.org/10.35912/simo.v5i2.3390

Dessler, G. (2020). *Fundamentals of Human Resource Management, 5th Edition*. New York: Pearson Education.

Eftitah, E., Martini, N. N. P., Susbiyani, A., & Herlambang, T. (2023). Pengaruh Kepuasan dan Citra Rumah Sakit Terhadap Kepercayaan dan Loyalitas Pasien. *Relasi: Jurnal Ekonomi, 19*(1), 69-88. doi:https://doi.org/10.31967/relasi.v19i1.663

Fachrezi, F. R., & Prasetiyo, B. (2024). Pengaruh Kompensasi dan Motivasi terhadap Kinerja Pegawai. *Reviu Akuntansi, Manajemen, dan Bisnis, 4*(1), 107-115. doi:https://doi.org/10.35912/rambis.v4i1.3223

Ghozali, I., & Latan, H. (2015). *Partial Least Squares Konsep Teknik dan Aplikasi dengan Program Smart PLS 3.0*. Semarang: Badan Penerbit Undip.

Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to Use and How to Report the Results of PLS-SEM. *European Business Review, 31*(1), 2-24. doi:https://doi.org/10.1108/EBR-11-2018-0203

Hair Jr, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2017). *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM) Second Edition*. New York: Sage Publications.

Hastjarjo, K. (2023). Model Pemasaran Strategik Perhotelan: Sebuah Makalah Konseptual. *Jurnal Studi Perhotelan dan Pariwisata, 1*(1), 11-20. doi:https://doi.org/10.35912/jspp.v1i1.1844

Herlina, F., Rumengan, A. E., & Indrawan, M. G. (2024). The Effect of Interpersonal Communication, Facilities and Application-Based Registration on Patient Satisfaction with Service Quality as an Intervening Variable in the Outpatient Row RSUD Raja Ahmad Tabib Riau Island Province. *Journal of Multidisciplinary Academic and Practice Studies, 1*(3), 197-218. doi:https://doi.org/10.35912/jomaps.v1i3.2357

Irawan, M. N., & Sefnedi. (2019). Pengaruh Kualitas Pelayanan Kesehatan Rawat Inap Terhadap Tingkat Kepuasaan dan Loyalitas Pasien di RSUD Sungai Dareh Kabupaten Dharmasraya. *JIM UPB (Jurnal Ilmiah Manajemen Universitas Putera Batam), 7*(2), 141-148. doi:https://doi.org/10.33884/jimupb.v7i2.1255

Juwariyah, T., Joyo, N. B. W., & Santosa, W. R. B. (2014). Hubungan Perilaku Caring Perawat dengan Tingkat Kepuasan Pasien di Poli VCT RSUD Gambiran Kota Kediri Berdasarkan Teori Watson. *Jurnal Ners dan Kebidanan (Journal of Ners and Midwifery), 1*(3), 177-183. doi:https://doi.org/10.26699/jnk.v1i3.ART.p177-183

Kondasani, R. K. R., & Panda, R. K. (2015). Customer Perceived Service Quality, Satisfaction and Loyalty in Indian Private Healthcare. *International journal of health care quality assurance, 28*(5), 452-467. doi:https://doi.org/10.1108/IJHCQA-01-2015-0008

Kurniawan, T. R., Herman, Wicara, D. G., & Rofidah, S. (2025). Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien dengan Loyalitas Pasien Sebagai Variabel Mediasi pada Rumah Sakit Umum Daerah Riau. *Jurnal Daya Saing, 11*(1), 132-141. doi:https://doi.org/10.35446/dayasaing.v11i1.2180

Langi, S., & Winarti, E. (2024). Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien. *Jurnal Ilmu Medis Indonesia, 3*(1), 31-39. doi:https://doi.org/10.35912/jimi.v3i1.2870

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A Multiple-Item Scale for Measuring Customer Perceptions of Service Quality. *Journal of Retailing, 64*(1), 12-40.

Prasetiyawati, W., & Dirwan, A. D. A. (2023). Pengaruh Komitmen, Budaya Organisasi dan Kualitas Pelayanan Terhadap Kepuasan Pasien RSAU dr. Esnawan Antariksa. *Jurnal Ilmiah Manajemen SURYA PASCA SCIENTIA, 12*(2), 84-93. doi:https://doi.org/10.35968/jimspc.v12i2.1101

Rachman, M. A., & Ariyanti, M. (2025). The Impact of Customer Relationship Management on Customer Loyalty with Customer Satisfaction as a Mediating Variable at Telkomsel Partner Outlets in Banjar City. *International Journal of Accounting and Management Information Systems, 3*(1), 1-13. doi:https://doi.org/10.35912/ijamis.v3i1.3242

Rahellea, S. L., & Rianto, M. R. (2023). Literatur Review: Pengaruh Kualitas Produk, Harga dan Loyalitas terhadap Kepuasan Konsumen Kopi Nako. *Studi Ilmu Manajemen dan Organisasi, 4*(1), 63-73. doi:https://doi.org/10.35912/simo.v4i1.1782

Rizal, A. S., Mukhti, N., & Mu'allimin. (2024). Menjelajahi Makna Budaya Organisasi *jurnal Ilmiah Kajian Multidisipliner, 8*(5), 571-581.

Sanjaya, A. A., Hanafi, I., & Wanto, A. H. (2024). Pengaruh Perubahan Budaya Organisasi Terhadap Kualitas Layanan di Sektor Kesehatan: Tinjauan Literatur Sistematis. *Jurnal Nuansa: Publikasi Ilmu Manajemen dan Ekonomi Syariah, 2*(4), 30-39. doi:https://doi.org/10.61132/nuansa.v2i4.1315

Sari, Y., Monalysa, L., Ridwansyah, R., Ruray, T. A., & Pratama, R. H. (2025). Pengaruh Kualitas Pelayanan, Kepercayaan Pasien Terhadap Loyalitas Pasien dengan Kepuasan Konsumen Sebagai Variabel Mediasi pada Rumah Sakit Pertamina Bintang Amin Kota Bandar Lampung. *Swabumi, 13*(1), 29-38. doi:https://doi.org/10.31294/swabumi.v13i1.25066

Sihombing, Y. A. (2021). Pengaruh Kualitas Pelayanan, Kepuasan, Trust, Brand Equity, Hospital Image dan Komitmen terhadap Loyalitas Pasien Umum. *Jurnal Ayurveda Medistra, 3*(2), 1-11. doi:https://doi.org/10.51690/medistra-jurnal123.v3i2.42

Sudibyo, A., & Keni. (2025). Peran Kualitas Layanan, Kepercayaan, dan Waktu Tunggu dalam Meningkatkan Kepuasan dan Loyalitas Pasien. *Jurnal Manajemen Bisnis dan Kewirausahaan, 9*(2), 195-208. doi:https://doi.org/10.24912/jmbk.v9i2.33892

Sugiyono. (2018). *Metode Penelitian Bisnis (Pendekatan Kuantitatif, Kualitatif dan R&D)*. Bandung: Alfabeta.

Sun'an, M., Soleman, M. M., & Nurlaila, N. (2024). Tingkat Kepuasan Masyarakat dalam Pelayanan Kesehatan di Provinsi Maluku Utara: Studi Kasus RSUD. Chasan Boesoiri. *Studi Ilmu Manajemen dan Organisasi, 5*(2), 287-298. doi:https://doi.org/10.35912/simo.v5i2.3591

Susanti, Reniati, & Warlina, L. (2025). Analysis of Service Quality on Consumer Satisfaction Data from the Central Statistics Agency of Belitung Regency. *Global Academy of Multidisciplinary Studies, 1*(3), 167-180. doi:https://doi.org/10.35912/gams.v1i3.3480

Suyatmi, S., Latunreng, W., Yosepha, S. Y., & Arifin, A. L. (2024). Analisis Pengaruh Kompetensi, Kedisiplinan, dan Budaya Kerja Tenaga Kesehatan Terhadap Kepuasan Pasien Rawat Jalan di Rumah Sakit Umum Daerah Khidmat Sehat Afiat Kota Depok Provinsi Jawa Barat. *Jurnal Penelitian Manajemen Terapan (PENATARAN), 9*(1), 64-73.

Tarigan, N. M. R., & Wasesa, S. (2020). The Influence of Organizational Culture on Increasing Employee Motivation in Sumut Bank of Sharia Unit, North Sumatera. *Britain International of Humanities and Social Sciences (BIoHS) Journal, 2*(2), 440-449. doi:https://doi.org/10.33258/biohs.v2i2.242

Zhang, P., Zhang, H., & Wang, A. (2025). Research on the Impact of Hospital Organizational Behavior on Physicians' Patient-Centered Care. *Archives of Public Health, 83*(1), 1-11. doi:https://doi.org/10.1186/s13690-025-01620-5