

THE INFLUENCE OF SERVICE QUALITY AND OPPORTUNISM ON PATIENT LOYALTY MEDIATED BY TRUST

Efendi ¹⁾, Yasintha Soelasih ²⁾, Devi Angrahini Anni Lembana ³⁾

^{1,2,3)} Faculty of Business and Economics, Atma Jaya Catholic University of Indonesia, Jakarta, Indonesia

Corresponding author: efendi@atmajaya.ac.id

Abstract

The research looked at the effect of service quality and opportunism on patient loyalty mediated by trust. Sampling was done by probability sampling. The number of samples drawn is 443 from 2 hospitals in Jakarta and Karawaci, Indonesia. The results show that service quality influences customer loyalty directly and indirectly through mediating customer trust, while opportunism either directly or indirectly mediated customer trust does not affect customer loyalty. The study contributed to the theory by confirming a shorter path of service quality – trust – loyalty in healthcare service

Keywords: Healthcare, Service Quality, Opportunism, Patient Loyalty, Trust

Introduction

Hospital businesses in Indonesia get fresh air by implementing universal health insurance, BPJS. Health insurance provides an opportunity for the community at large to have treatment at the hospital. It encourages the increasing levels of competition among hospitals. On the one hand, many Indonesian patients prefer to go to hospitals abroad, such as in Malaysia and Singapore. According to President Joko Widodo, funds amounting to Rp 170 trillion each year flew out of the country for treatment (Putri, 2023). This increase was due to the perception that hospital services abroad are better than in Indonesia. According to the Director of the Consumer Empowerment Foundation Indonesia, the Indonesian government has yet to issue a standard of medical services (Laturliw, 2013). During this time, the preparation of health services S.O.P. is carried out separately by each hospital without reference to any rule. Therefore, in case of irregularities, penalizing would be difficult.

In the development of the hospital industry, managers of hospitals, both private and public entities, need some improvements. The hospital needs to transform itself to serve patients better and maintain its sustainability with its loyal consumers.

As one type of service product, hospital services can be categorized as a credential product (Budiwan & Efendi, 2016; Hong et al., 2020), where the patient cannot confidently assess the quality of hospital services even after undergoing face-to-face contact with health workers. The healing of a patient usually takes time or a process, and the factors that influence the healing of a patient are also complex. Rashid and Jusoff (2009) argue that patients cannot assess the technical accuracy of the health service. As a result, patients tended to rate the quality of service from non-technical aspects, such as communication and physical facilities in the hospital. Therefore, customer trust becomes a variable that can have a mediating role in developing customer loyalty. In addition, as a credential product, opinions, and beliefs held by a patient and those around contribute to the assessment of service quality. Therefore, customer trust in a hospital is an essential factor. In turn, customers who trust a hospital will tell good things about the hospital to their family or relatives and friends, and thus further enhance the hospital's credentials.

Opportunism is also essential in some service industries, such as education and health services. Companies perceived as low in opportunism (not opportunistic) will be able to foster confidence in the consumer. Especially in hospital services, where there is often a gap in information between patients and a doctor or health expert, the opportunity for opportunistic action to arise becomes high.

As a high involvement and credential service, the importance of trust can not be ignored (Sitkin & Roth, 1993; Sanchez-Franco, 2009; Terres et al., 2015). When people are ill, they will seek to get medical treatment from a health provider that they can trust. The large number of Indonesian patients who went abroad for their medical treatment indicates that they have lost trust in domestic health providers. Several factors may contribute to the development of trust. Singh and Sirdeshmukh (2000) maintain that competence (ability to perform technically) and benevolence (putting the customer's interest as a priority) contribute to trust.

Related to the above discussion, the researchers intend to investigate the effect of service quality and opportunism on customer loyalty, with customer trust as a mediating variable. The objects of our study are patients from two private hospitals in Jakarta and Karawaci. The path of service quality – trust – loyalty has been tested in other studies in healthcare (Shie et al., 2022; Lestariningsih et al., 2018), but to our knowledge, the study in a developing country is still limited. The path of opportunism – trust – loyalty is a novel path proposed by the current study.

Literature Review

Service quality is the customer's judgment about the performance of a service organization (Cronin & Taylor, 1992; Korda & Snoj, 2010). In line with Dabholkar et al. (2000), we argue that the performance (direct) measure is better than the difference (between expectation and perception) measure suggested by Parasuraman et al. (1985). Many researchers have researched service quality for hospitals. They tried to fit the model of service quality to meet the needs of the healthcare industry (e.g., Shie et al., 2022; Lim & Tang, 2000; Tucker & Adams, 2001; Andaleeb, 1998; Hasin et al., 2001; and Tomes and Ng, 2001). The most prominent service quality model is the model introduced by Parasuraman et al. (1985, 1988). They divided service quality into five dimensions, i.e., reliability, assurance, tangibles, empathy, and responsiveness. A study produces a different model from Parasuraman et al. (1985, 1988). The research by Dagger et al. (2007) divides service quality into dimensions and sub-dimensions as follows: interpersonal (interaction and relationship), technical (outcome and expertise), environmental quality (atmosphere and tangibles), and administrative quality (timeliness, operation, and support). The current study adopts the model of Dagger et al. (2007) as it is more recent and developed explicitly in the context of health services.

Trust is "existing when one party has confidence in the exchange partner's reliability and integrity" (Morgan & Hunt, 1994, p. 23). It implied that trust does not come easily. A service provider must show certain qualities through business conduct to gain customer trust. A service provider must have several qualities: consistency, competence, honesty, and responsibility (see Morgan and Hunt, 1994). The relevancy of trust cannot be overrated in services needing high ethical qualities and credentials, such as health and education services. For instance, a patient will seek not only high technical capability in a health provider but also integrity. Sirdeshmukh et al. (2002, p. 16) define trust as a service provider's reliance and reliability to fulfill its promises. Others assert that trust is characterized by the presence of uncertainty and vulnerability on the part of the trustor (Ganesan, 1994; Moorman et al., 1993).

Previous research has found the influence of service quality on customer trust moderated by the length of the relationship between customers and service providers in business-to-business (Coulter & Coulter, 2002). Hazra (2014) also found that service quality dimensions influence customer trust in the banking business. Eisengerich and Bell (2007) confirmed the influence of technical and functional quality on trust in financial services. Sa'adah, Rohman, and Rofiaty (2011) also confirmed the effect of service quality on trust in the restaurant business. Chiou and Droge (2006) found the influence of interactive service quality on trust, but not for facility service quality on trust in premium cosmetics. The lack of influence in the latter may be attributed to the fact that the research object was not a pure service product.

Opportunism is the pursuit of self-interest with guile (Williamson, 1985 in Bianchi and Saleh, 2010). Opportunism is more related to the morality of the parties involved in the transaction and not the objects of exchange. According to Singh and Sirdeshmukh (2000), opportunism is easier to occur when there is a gap of information or information asymmetry, in which a provider has more information about the services offered. In contrast, the service recipient does not have the information or the ability to evaluate the services received. Steinle, Schiele, and Ernst (2014) have confirmed the influence of information asymmetries on moral hazard. A customer may suspect an act of opportunism from a service provider - such as lowering the quality provided or making consumers consume an unneeded service (e.g., in-patient service) to benefit the service provider - but cannot detect any irregularities. In that case, he/ she is likely reluctant to complain and choose to end the relationship with the service provider. Research by Bianchi and Saleh (2010) found a negative relationship between the importer's perception of supplier opportunism and the importer's trust. Morgan and Hunt (1994) also found a negative correlation between the perception of opportunistic behavior and customer trust.

Loyalty is defined both as a positive affect or preference toward a product or service (attitude) and the tendency to repurchase and recommend to other customers (behavior) (Oliver, 1999; Zeithaml, 2000; Moreira & Silva, 2015). A positive affect may not suffice to define loyalty, as it will not result in significant financial outcomes for the service provider. On the other hand, behavioral outcomes alone, such as in terms of repurchase, may not always indicate loyalty. Customers may repurchase because a service provider is the cheapest or most convenient option.

Several researchers have confirmed the influence of trust on loyalty in different industries (Eisengerich & Bell, 2007; Chiou & Droge, 2006). Specifically, the study by Moreira and Silva (2015) has confirmed the influence on healthcare services. Further, some researchers suggest that trust better predicts customer loyalty than customer satisfaction (Hart & Johnson, 1999; Morgan & Hunt, 1994). The opinion becomes sounder for healthcare service, in which the patients often have difficulty assessing the quality of service and, thus, the level of satisfaction. Moreover, patients who are ill also face the uncertainty about how to get cured. In this situation, service providers that are better at instilling customer trust should be able to win customer loyalty.

Hypotheses tested in this study are:

- H1: There is an influence of service quality on customer trust
- H2: There is an influence of perception of opportunism on customer trust
- H3: There is an influence of customer trust on customer loyalty
- H4: Service quality affects customer loyalty with the mediation of customer trust
- H5: Perceived opportunism affects customer loyalty with the mediation of customer trust

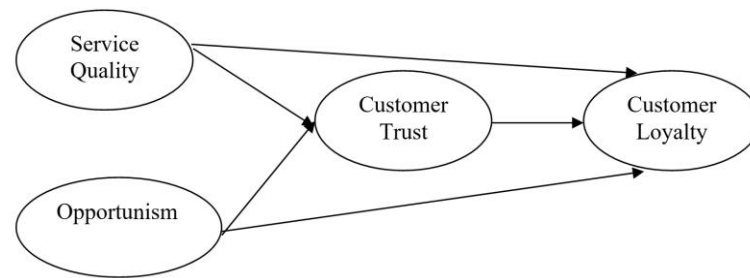


Figure 1. The Research Model

Methods

The population of this study was patients from two hospitals in Jakarta and Karawaci (Tangerang). The sampling method used is probability sampling. The indicators are developed to study variable service quality, opportunism, customer trust, and customer loyalty. Service quality is divided into four dimensions, namely interactive quality, technical quality, administrative quality, and environment quality. The number of indicators used to measure service quality is 20, based on the research of Dagger et al. (2007). Trust is measured by three indicators referenced from Patawayati et al. (2013) and Dagger and O'Brien (2010). Customer loyalty is measured by four indicators referenced from Kantsperger and Kunz (2010) and Patawayati et al. (2013). Three indicators measure opportunism referred to Mysen et al. (2011). The scale applied is a Likert scale ranging from 1-10 to indicate the level of agreement by respondents.

The primary data was obtained by distributing questionnaires to patients in the hospital. The respondents come from 2 private hospitals in Jakarta and Karawaci. In determining the sample size, we refer to the opinion of Hair et al. (2010: 102), who suggest that the general rule for determining the number of samples is that the number of observations is at least five times the number of indicators analyzed. It will be more acceptable if the sample size is ten times each indicator. The number of indicators used in this study is 30. According to the formula of Hair et al. (2010), the number of research samples could be 150-300 respondents. However, to improve the reliability and validity of research results, the number of samples taken in the study exceeded that amount. Samples taken are 443.

The unit of analysis of the study is hospital patients. The sampling technique used is according to probability sampling techniques. Probability sampling is a procedure in which each population element has the same chance to become a sample (Malhotra, 2012). The probability sampling method used was multistage random sampling, in which the researchers randomized the day, hour, and place, or the floor of questionnaire application in hospitals.

To test the hypothesis of this study, the authors used structural equation modeling approach (Structural Equation Modeling) with LISREL. SEM is a statistical technique that analyzes the indicator variables, latent variables, and measurement errors (Joreskog & Sorbom, 1996). SEM was used to analyze the relationship between the latent variables, known as the equation of the structure (structural equation).

The authors use Structural Equation Modeling for several reasons, including that this study involves latent variables whose values are not directly observable and to confirm the theory in the form of the model with data.

Results and Discussion

This part will begin by presenting the characteristics of respondents and validity and reliability tests, before proceeding to model fit and structural model analysis.

Table 1. Respondent's Characteristics

Characteristics	Amount	Percentage
Sex:		
Male	173	39%
Female	270	61%
Age:		
< 17	16	3.6%
18-25	94	21.2%
26-35	108	24.4%
35-50	134	30.2%
> 50	91	20.5%
Occupation:		
Student	63	14.2%
Employee of private firm	179	40.2%
Civil servants	3	0.7%
Others	198	44.7%

Table 1 shows that the respondents drawn are mostly women aged between 35 and 50. This can indicate the age of who is more in need of hospital care. It is also usually the woman with a family who will have more contact with the doctor in the hospital related to the development of children who need immunizations and others. This is indicated by the number of respondents who are drawn with an age range between 35 and 50. Samples collected are 443 patients from two private hospitals in Jakarta and Karawaci.

The validity analysis shows that all the indicators are valid because each has a standard loading factor of more than 0.3. Then, composite reliability analysis indicates that all the variables are reliable because the CR value exceeds 0.7. Validity and reliability tests show that all indicators have valid and reliable results. Thus, the questionnaire is eligible for the research in the hospital.

Model Fit

The goodness of fit table below indicates that the existing model has a good fit for the three indicators, namely NFI, CFI, and NNFI. The acceptable fit was obtained for the three indicators, namely χ^2 , χ^2 / df , and SRMR. Mediocre fit obtained by RMSEA indicator. Bad models are derived by five indicators: GFI, AGFI, ECVI Independence, Independence Independence AIC, and CAIC. Since most indicators suggest that existing models are in the category of good fit, acceptable fit, and mediocre fit, the model is considered fit.

Table 2. Goodness of fit

Fit Measure	Good Fit	Acceptable Fit	Model Value	Outcome
χ^2	$0 \leq \chi^2 \leq 2df$	$2df < \chi^2 \leq 3df$	$2df = 794$	Acceptable fit
χ^2/df	$0 \leq \chi^2/df \leq 2$	$2 < \chi^2/df \leq 3$	$\chi^2/df = 5,3947$	Acceptable fit
RMSEA	$0 \leq RMSEA \leq .05$	$.05 < RMSEA \leq .08$	0,08400	Mediocre fit
SRMR	$0 \leq SRMR \leq .05$	$.05 < SRMR \leq .10$	0,06890	acceptable fit
NFI	$.95 \leq NFI \leq 1.00$	$.90 \leq NFI < .95$	0,96800	Good fit
NNFI	$.97 \leq NNFI \leq 1.00$	$.95 \leq NNFI < .97$	0,97200	Good fit
CFI	$.97 \leq CFI \leq 1.00$	$.95 \leq CFI < .97$	0,97400	Good fit
GFI	$.95 \leq GFI \leq 1.00$	$.90 \leq GFI < .95$	0,81400	Bad Model
AGFI	$.90 \leq AGFI \leq 1.00$,	$.85 \leq AGFI < .90$	0,78200	Bad Model
Independence ECVI	model < independence, model < saturated		103,88500	Bad model
Model ECVI			3,65000	
Saturated ECVI			1,49000	
Independence AIC	model < independence, model < saturated		64.814,24500	Bad model
Model AIC			2.277,69500	
Saturated AIC			930	
Independence CAIC	model < independence, model < saturated		64.987,37700	Bad Model
Model CAIC			2.647,37700	
Saturated CAIC			3.458,55500	

Structural Model

The path diagram model, which is the output from LISREL processing, is shown in Figure 2 below.

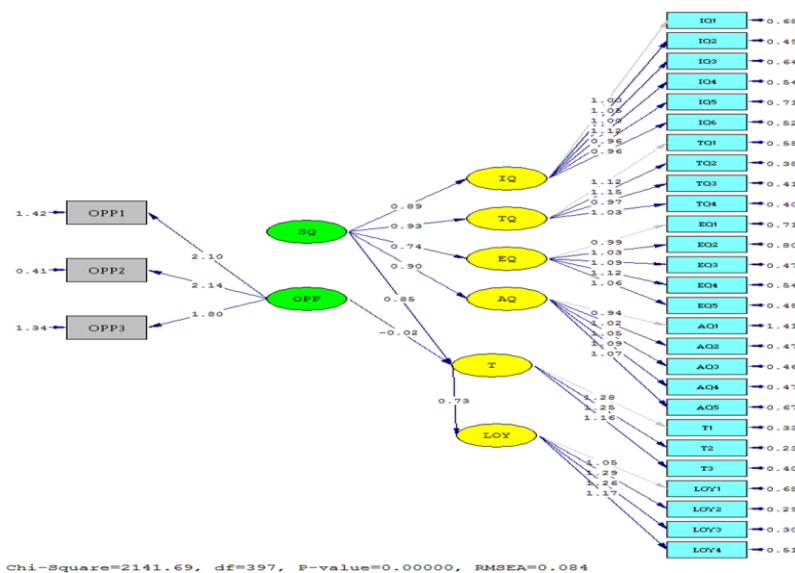


Figure 1. The Research Model

Based on data processing, we obtained structural equations to answer the relationships between the variables in this study:

$$T = 0.845 * SQ - 0.0174 * OPP, \text{ Errorvar.} = 0.279, R^2 = 0.721$$

(0.0375)	(0.0272)	(0.0253)
22.568	-0.641	11.030

In the above equation, the coefficient of determination (R²) is 0.72, meaning that the variables of service quality and opportunism can explain trust by 72%, while the remaining 28% is explained by other variables not included in the research model.

Based on the equation above, service quality and opportunism have a coefficient of 0.845 and -0.017, respectively, and the t values for each are 22.568 (> 1.96) and 0.641 (<1.96). The t-test results showed that service quality influences trust since the t-value is greater than 1.96; the first hypothesis of this study, which reads "service quality affects trust," can be accepted. Next, opportunism does not influence trust since the t-value is smaller than 1.96. Thus, the second hypothesis research that reads "opportunism affects trust" can be rejected.

$$LOY = 0.726 * T, \text{ Errorvar.} = 0.473, R^2 = 0.527$$

(0.0403)	(0.0436)
18.040	10.833

In the first structural equation, the coefficient of determination (R²) is 0.53, meaning that the trust variable can explain loyalty by 53%, while the remaining 47% is explained by other variables not included in the research model.

The variable of trust has a coefficient of 0.726 and a t-value of 18.04 (t-value > 1.96). Because the t-value is bigger than 1.96, it is concluded that trust influences loyalty. Thus, the third hypothesis of research that says "trust affects loyalty" is accepted.

SQ

LOY	0.614
(0.040)	
15.221	

The output above shows that the coefficient of the indirect effect of service quality on loyalty is 0.614 with a t value of 15.22 (> 1.96). Therefore, service quality influences loyalty, mediated by trust, since the t-value is bigger than 1.96. The fourth hypothesis, "There is an influence of service quality on loyalty mediated by trust," is accepted.

Opp

LOY	-0.013
(0.020)	
-0.641	

The output above shows that the indirect influence of opportunism on the loyalty coefficient is -0.013 with a t-value of 0.64 (<1.96). Therefore, there is no influence of opportunism on loyalty, mediated by trust, since the t-value is smaller than 1.96. Thus, the fifth hypothesis, which reads: "There is an influence of opportunism on loyalty mediated by trust," is rejected.

A summary of the analysis of the hypotheses is summarized in the table below:

Table 3. Structural variables based on coefficient and t-value

Relation between variable	Coefficient	t-value	Conclusion
SQ → CT	0.85	22.57	Significant
O → CT	-0.017	0.64	Not significant
CT → CL	0.73	18.04	Significant
SQ → CT → CL	0.61	15.22	Significant
O → CL → CT	-0.013	0.64	Not significant

The confirmation of service quality – trust – loyalty path in the current study further asserts that it applies in the healthcare service (see also: Shie et al., 2022; Lestariningsih et al., 2018). The study of Lestariningsih, Hadiyati, and Astuti (2018) confirms the path in a public hospital, while the current study is in two private hospitals. The path to loyalty here is shorter than the service quality – satisfaction – trust – loyalty path found in various studies (e.g., Moreira and Silva, 2014; Zhou et al., 2017). Thus, the steps from service quality to satisfaction to trust can be skipped in the healthcare context, as Srivastava et al. (2016) assert that trust leads to customer loyalty. For the managers of healthcare services, the result implies that trust is vital in developing

patient loyalty. To induce patient loyalty, healthcare providers need to imbue trust through the operation and interaction with the patients.

The results suggest that the role of opportunism was different from previously hypothesized. Opportunism does not have a significant effect on trust. The difference between this study and the research by Bianchi and Saleh (2010) and Morgan and Hunt (1994) could be due to differences in the industry studied and the research context. The study of Bianchi and Saleh was conducted on importers, and the study of Morgan and Hunt (1994) was carried out in the automobile tire retailing business. Thus, the two studies were conducted on tangible products, while the current study was conducted on a high-involvement service product.

Conclusion

The analysis showed that there are direct effects of service quality on customer loyalty and indirect effects of service quality on customer loyalty through customer trust, meaning service quality has a vital role among patients to revisit a hospital and raises their loyalty. Trust is also an essential variable for healthcare, considered a credential service. If a healthcare provider can generate trust among its patients, then their loyalty will grow. Opportunism, which does not directly or indirectly influence customer loyalty through trust, indicates that it is not a vital variable impacting patients' loyalty to a hospital. Further studies are needed to confirm the findings in different settings and contexts. The limitation of the research lies in the inability to gain access to more hospitals to distribute the survey. The reason may be due to the sensitivity of the topics studied or the unwillingness of the hospitals to interrupt their patients in the process of service encounter.

References

- Agung, I.G.N. (2011). *Cross Section And Experimental Data Analysis Using Eviews*. John Wiley & Sons (Asia) Pte Ltd, pg. 42.
- Bianchi, C. & Saleh, A. (2010). On importer trust and commitment: a comparative study of two developing countries, *International Marketing Review*, 27(1), 55-86.
- Budiwan, V. & Efendi (2016). The understanding of Indonesian patients of hospital service quality in Singapore. *Procedia-Social and Behavioral Sciences*, 224, 176-183.
- Coulter, K.S., & Coulter, R.A. (2002). Determinants of trust in a service provider: the moderating role of length of relationship, *Journal of Services Marketing*, 16(1), 35-50.
- Cronin, J.J. & Taylor, S.A. (1992). Measuring Service Quality: A Reexamination and Extension, *Journal of Marketing*, 56(July), 55-68.
- Dagger, T.S., Sweeney, J.S. & Johnson, L.W. (2007). A hierarchical model of health service quality: Scale development and investigation of an integrated model, *Journal of Service Research*, 10(2), 123-142.
- Ganesan, S. (1994), Determinants of long-term orientation in buyer-seller relationships, *Journal of Marketing*, 58 (April), 1-19.
- Hair, J.F., Jr., Black, W.C. Babin, B.J., Anderson, R.E. & Tatham, R.L. (2010). *Multivariate Data Analysis*. Sixth Edition, Prentice Hall International, Inc.
- Hasin, M.A.A., Seeluangawati, R. & Shareef, M.A. (2001). Statistical measures of customer satisfaction for healthcare quality assurance: a case study, *International Journal of Health Care Quality Assurance*, 14(1), 6-14.
- Hart, C.W. & Johnson, M.D. (1999). Growing the trust relationship, *Marketing Management*, 8, 8-19.
- Hazra, S.G. (2014). Analyzing service quality, customer satisfaction, commitment and trust relationship: A study on Indian banking sector, *International Journal of Applied Services Marketing Perspectives*, 3(3), 1062-1070.
- Hong, E. H., Budi, A.S.L., & Nilawati, L. (2020). The Comparison of Hospital Brand Image Between Indonesia and Malaysia and The Causes. *Journal of Marketing Advances and Practices*, 2(2), 33-44.
- Korda, A.P. & Snoj, B. (2010). Development, validity and reliability of perceived service quality in retail banking and its relationship with perceived value and customer satisfaction, *Managing Global Transitions*, 8 (2), 187-205.
- Laturiuw, T.Y.S. (2013). Indonesia belum punya standar pelayanan medik, *Tribunnews.com*.
- Lestariningsih, T., Hadiyati, E., & Astuti, R. (2018). Study of service quality and patient satisfaction to trust and loyalty in public hospital, Indonesia. *International Journal of Business Marketing and Management*, 3(2), 1-12.
- Lim, P.C. and Tang, N.K.H. (2000). A study of patients' expectations and satisfaction in Singapore hospitals, *International Journal of Health Care Quality Assurance*, 13(7), 290-9.
- Lovelock, C. & Wirtz, J. (2011). *Services Marketing: People, Technology, Strategy*. Pearson Education
- Malhotra, Naresh K. (2012). *Marketing Research: An Applied Orientation*. Fifth Edition. Pearson International Edition.
- Moorman, C., Deshpande, R. & Zaltman, G. (1993), Factors affecting trust in market research relationships, *Journal of Marketing*, 57, 81-101.
- Morgan, R.M. & Hunt, S.D. (1994). The commitment-trust theory of relationship marketing, *Journal of Marketing*, 58, 20-38.

- Parasuraman, A., Zeithaml, V. & Berry, L. (1985), A conceptual model of service quality and its implications for future research, *Journal of Marketing*, 49(1), 41-50.
- Parasuraman, A., Zeithaml, V. & Berry, L. (1988). SERVQUAL: a multiple item scale for measuring customer perceptions of service quality, *Journal of Retailing*, 64(1), 12-37.
- Putri, R.S. (2023). Duh, Devisa Rp 170 Triliun Lenyap karena Banyak yang Berobat Keluar Negeri, republika.co.id
- Sa'adah, J., Rohman, Fatchur., & Rofiaty. (2011). Effect of Service Quality on Satisfaction, Trust, and Loyalitas in Form Word of Mouth (Study on Restaurant in TheTuban City). *Jurnal Manajemen*, 6(3), 14-26.
- Sanchez-Franco, M. J. (2009). The moderating effects of involvement on the relationships between satisfaction, trust and commitment in e-banking. *Journal of Interactive Marketing*, 23(3), 247-258.
- Sekaran, Uma; Bougie, Roger. (2010). *Research Methods for Business*. Fifth Edition. A John Wiley and Sons, Ltd, Publication. Pg. 107, 152, 184
- Shie, A. J., Huang, Y. F., Li, G. Y., Lyu, W. Y., Yang, M., Dai, Y. Y., ... & Wu, Y. J. (2022). Exploring the relationship between hospital service quality, patient trust, and loyalty from a service encounter perspective in elderly with chronic diseases. *Frontiers in Public Health*, 10, 1-17.
- Singh, J. & Sirdeshmukh, D. 2000. Agency and trust mechanisms in consumer satisfaction and loyalty judgments, *Academy of Marketing Science*, 28(1), 150-161
- Srivastava, N., Dash, S., & Mookerjee, A. (2016). Determinants of brand trust in high inherent risk products: The moderating role of education and working status. *Marketing Intelligence & Planning*, 34(3), 394-420
- Steinle, C., Schiele, H., & Ernst, T. (2014). Information asymmetries as antecedents of opportunism in buyer-supplier relationships: Testing principal-agent theory. *Journal of business-to-business marketing*, 21(2), 123-140.
- Terres, M. D. S., dos Santos, C. P., & Basso, K. (2015). Antecedents of the client's trust in low-versus high-consequence decisions. *Journal of Services Marketing*, 29(1), 26-37.
- Tomes, A. & Ng, S.C.P. (1995). Service quality in hospital care: the development of in-patient questionnaire, *International of Health Care Quality Assurance*, 8(3), 25-33.
- Tucker, J.L. & Adams, S.R. (2001). Incorporating patients' assessments of satisfaction and quality: an integrative model of patients' evaluations of their care, *Managing Service Quality*, 11(4), 272-87.
- Sitkin, S. & Roth, N. (1993). Examining the limited effectiveness of legalistic 'remedies' for trust/ distrust, *Organization Science* 4, 367-392
- Zhou, W.J., Wan, Q.Q., Liu, C.Y., Feng, X.L., & Shang, S.M. (2017). Determinants of patient loyalty to healthcare providers: An integrative review. *International Journal for Quality in Health Care*, 29(4), 442-449.