Article

SERVQUAL measures: Indonesian government healthcare (BPJS) from a human resource perspective

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Abstract: The purpose of this study is to investigate customer satisfaction with quality of service known as SERVQUAL improvement or service quality competitiveness in emerging markets. Using Indonesian government medical care as an example the author examines the satisfaction of patients. Information and data were collected through a survey of 399 BPJS users in Indonesia. All data were analyzed using Smart PLS. This study demonstrates that there is a negative value associated with the five-dimensional gap. As a result, the care provided to BPJS patients is below par. Specifically, the sensitivity dimension has the largest disparity at 0.15, while the physical evidence dimension has the smallest at 0.49. In order to raise the level of service provided, it may be necessary to take direct measures or examine tangible evidence. This study develops the relationship between different quality service models. There appears to be a substantial increase in the body of literature in the area of service quality, allowing for constant updates and the incorporation of the lessons learned from the experiences of the departed. These revised guidelines are intended to aid SERVQUAL study participants. The study gives practical support to academics and practitioners in directing service quality improvement through the use of data collected from large-scale surveys of patients and medical professionals as doctors in Indonesia.

Keywords: service quality; customer satisfaction; BPJS performance; SERVQUAL model

1. Introduction

The Indonesian government basically created a social welfare system called BPJS which in November 2021 became the largest health insurance sector in the country. The number of health insurance policies in this country has reached 22,951 million and will reach 24,491 million in 2024. The total coverage of public hospitals and public health services in this country is the highest at 30912 million. That is why this study was conducted to improve the performance of BPJS across the country for the Service Excellence Strategy to gain a higher competitive advantage of the service (BPS, 2021).

There has been a lot of study into topics like service quality and characteristics as a result of the rising prominence of the service sector in Indonesia and other developed markets. When it comes to service sectors, health care is where all eyes are focused. Research shows that several variables affect perceptions of service quality in the healthcare industry. Delivering outstanding quality customer service results in a competitive healthcare environment is the company's strength (Faeni, 2019).

This study checks to see if there is a clear difference in service quality before and after the appropriate policies are put in place. Examining patients' hopes and fears regarding healthcare service quality with the help of the SERVQUAL evaluation instrument. Evidence from this study suggests that assessing service quality following

suitable improvements has become increasingly crucial as the focus shifts from identifying and fixing service-related problems to satisfying customers. Several samples were collected every two years by a large public health service. Public health officials and management implemented procedures to treat areas of weakness in the previous model. Studies show that proper management strategies are effective in suppressing complaints after three years (Faeni, 2019).

Lack of quality in healthcare continues to be one of the barriers to patient satisfaction. It might be challenging to evaluate the quality of care provided even in public hospitals on a regional level. The purpose of this research is to gauge the level of contentment of those who have used the BPJS services offered by regional general hospitals. The SERVQUAL approach provides both numerical and qualitative data on service quality. The five components of SERVQUAL—reliability, trustworthiness, responsiveness, quality of experience, and courtesy—provide empirical proof of service. Generation and Implementation of Five-Dimensional Models (Parasuraman et al., 1985; Zeithaml et al., 1996).

Today the quality of service is most desired in all living areas and the development of all living areas is always high it can be said that services and services are one of the areas targeted to customers. Quality of service is a priority for companies that provide healthcare services. Superior service quality customer satisfaction is a measure of the success of KPIs implemented as an organizational information system developed in a data center. Getting a good idea of a quality service depends on the opinions and perceptions of the service provider but most importantly on the opinions and perceptions of its users and customers. Quality of service can be evaluated in many ways and quality measurement aspects are often different. Quality of service methods is commonly used as a measure of the quality of service (Zeithaml et al., 1996).

As competition intensifies and environmental factors become more hostile there is a growing interest in quality of service. Marketers need a metric for service quality in order to use it as the cornerstone of their strategy. The SERVQUAL instrument has become the industry standard for gauging service quality (Parasuraman et al., 1985; Parasuraman et al., 1988).

2. Review of literature

2.1. Service quality and knowledge-based HR

During the Covid-19 pandemic, many health insurers and related companies are struggling to stay ahead of the global economy in terms of service and quality. To achieve this goal, they must consistently deliver exceptional service and grasp the needs of their clientele. These perspectives are not independent and marketing companies must develop and implement marketing strategies that fit the company's situation and position by developing an understanding of how to improve service and service quality as defined by SERVQUAL.

The new trends of the knowledge-based economy and the competitiveness of the sector especially in the health services setting require companies to realize the transformation of their tangible and intangible assets (Kaplan and Porter, 2011). The success of organizational change is determined by the ability of human resources to work in a global business environment through various aspects such as transforming

human resources into their skills and knowledge and enabling them to achieve better performance to satisfy their customers and how to use customer satisfaction levels (Kotler, 2000). This requires appropriate personal mastery leadership because the concept is based on organizational capability development and transformational stages that an organization can achieve to support SERVQUAL to its full potential at a reliable level (Zeithaml and Berry, 1996).

Information innovation has become a trend for many life insurance companies because the healthcare industry is a knowledge-intensive industry that provides quality services and knowledge. Transformation also aims to manage the various information and resources that exist in the enterprise especially in human resource practice with the main need to meet the needs of customers. When strategic practices lead to better outcomes, they lead to higher quality customer service and overall organizational performance. However, every employee and manager sometimes have different expectations about how a company interacts with customers and the market (Faeni, 2015). It affects the way in which organizational management decisions are made to generate high performance among employees to meet customer needs and expectations.

Changes in records imply that all personnel have to adopt the modern-day pleasant of service getting to know philosophy. The reason for education modernization is to enhance the fantastic of work through new knowledge skills and behavioral patterns emphasized in the human resource development program and observe it in the place of work as integral know-how primarily based on customer concerns can be acquired in the healthcare sector. Competitive advantage to create a unique competitive benefit in the health services quarter a range of types of training programs have been developed such as in-house training or on-the-job training. Such programs enrich the staff's ability to increase key advantages in the location of healthcare quality (Thornberg, 1994). This shift in getting to know practice requires a shift in people's grasp of organizational goals to develop their information and acquire new competencies to increase in this aggressive industry. It turns into a challenge for large businesses like BPJS to align with organizational dreams through reaching the best possible standards in the healthcare industry. Integration ought to take place in their new imaginative and prescient mission with their campus and real-life things to do of employees.

This vision of five dimensions should be communicated and perceived as a shared direction of employees through realistic existing situations and opportunities, especially in the areas of health from pandemic Covid-19 that can serve as leaders in customer satisfaction. In the context of service quality this means that employees must be planned and evaluated to meet customer needs and satisfaction. In addition, companies need to enable their employees to outperform their competitors.

But in order to enhance aggressive strength it is imperative to go the typical doable of how humans increase their achievable mainly through group learning. All companies want the management of leaders to accumulate common know-how and to hold information and discussions shared in an upward and downward direction. The motivation for increasing the fine of provider practices ought to be to improve the companies' power in terms of competitiveness and operational efficiency (Bacon, 2001). The new identification is the know-how of individuals. As recommended by

Francis's 1st Baron Beaverbrook, he argues that societies emerge as greater structured on knowledge via data sharing. It is necessary that the health organization prepares them against the fierce opposition and the combat of talent. This is completed thru increased recognition of communication and recruitment as a pressure to acquire greater shortly from other groups for first-class provider goals.

2.2. Service quality

With the increasing focus on the operational market, various related studies have been developed, raising various questions about measuring concepts such as service and dynamics. Companies care not just about keeping their current clientele happy but also about expanding their base as a result of the rising levels of customer engagement and expectations. The target is the service quality that all successful businesses seek to provide. When it comes to marketing, service quality still ranks high. The service quality paradigm is mostly presented from the viewpoint of employees and their views on what constitutes a satisfactory level of service. After developing SERVQUAL, Parasuraman et al. (1985) developed the gap model to account for the discordance between customers' actual experiences and their idealized descriptions of service (Parasuraman et al. 1988). The study defines service quality in its five primary characteristics. Material things, such as buildings, machinery, employees, and promotional materials. Dependability means consistently providing the expected result. Helpfulness and promptness in serving clients are hallmarks of a company that values its reputation for responsiveness. Employees' competence, friendliness, and self-assurance go a long way in establishing this sense of security. Affective customer service involves showing consideration and tailoring your approach to each person's needs.

To better understand and meet customer service expectations and perceptions, businesses can utilize the SERVQUAL, a brief, multi-item measure with high reliability and validity. The goal of this instrument is to facilitate the delivery of several services. In this way, the framework provides a foundation for expectations and perceptions, with statements covering the five factors that make up service excellence. These techniques can be adapted or integrated as needed to suit specific research characteristics and organizational needs (Parasuraman et al. 1988). Following Parasuraman et al. (1988) attempted to define and describe quality of service, but its predictors are an important part of the marketing literature. Bolton and Drew (1991) Service quality is an overall rating or attitude, which corresponds to satisfaction as a result of comparing expectations and perceptions of service performance.

The quality of service provided depends primarily on the expected and actual service (Moore and Schlegelmilch, 1994). The SERVQUAL model was shown to be the best method for measuring customer satisfaction (Augustyn and Ho, 1998). A company's service quality depends on how well it can meet customer expectations. In other words, the performance customers actually receive should match the performance they expect (Gefen, 2002). If the difference between them is large, there is a problem with the quality of service. Customer satisfaction is measured by how much and which way the service provided deviates from their expectations of the service provided (Zeithaml and Parsuraman, 2004). Customers' happiness and other

KPIs are affected by how they perceive the service they received. According to Kumar et al. (2009), quality service not only improves customer satisfaction, but also customer loyalty as her one added value of customer satisfaction indicators. Guiry and Vequist (2011) said that satisfied customers are more likely to stick with your firm, and those customers can spread the word about how great you are to their own networks of friends and family.

Currently, professionals and academics from a wide range of cultural backgrounds have been adopting the SERVQUAL paradigm. The medical industry is particularly fond of the measuring model's widespread application (Babakus and Boller, 1992). Bebko and Garg (1995) published a study that found the importance of Service Marketing Research in Healthcare Quality service marketing research is on the rise in both established and emerging markets. More efficient and effective medical care is one of the benefits to patients (Nelson, 1990). Recently, the healthcare industry has been recognized as one of the most complicated in the entire world (Bertolini et al., 2011). As patients are now considered customers rather than patients, it has become increasingly difficult for healthcare providers to focus on providing a satisfying experience for their patients (Al-Neyadi et al., 2018). According to Parasuraman et al. in 1985, in healthcare, patient expectations are influenced by their interactions with healthcare professionals in the past, both online and offline.

A healthcare provider's long-term performance and profitability hinges on their capacity to increase the quality of treatment they deliver and the happiness their patients feel about that care (Gilbert et al., 1992). The provision of high-quality medical care is crucial to the achievement of future goals (Min et al., 1997). As patients become more informed about the importance of service quality, as well as as the competitive landscape evolves, health services face a number of new problems. There is merit in providing feedback on patient satisfaction surveys to medical centers. The correlation between a country's economic health and its population's health makes healthcare service quality a top priority (Milosevic and Bayyigit, 1999). It is impossible to achieve true success in the healthcare industry if the services provided to patients fall short of their expectations (Lee et al., 2000). Therefore, in order to keep their current patients happy and get new ones, healthcare providers need to control the quality and efficacy of their services. According to researchers (Chang et al., 2011). It is difficult to assess the quality of medical care due to the large number of qualitative criteria and uncontrollable variables involved (Buyukozkan et al., 2011). There is a growing awareness of the importance of ensuring high-quality care because of the positive outcomes it has for both patients and medical staff, as stated by Lal et al. (2014). Greater patient satisfaction is the primary factor in the positive effects of medical care. This is very important. Satisfied patients are more likely to develop a more positive perception of healthcare delivery which should play a role in providing healthcare organizations with (Lal et al., 2014). As a result, how satisfied a facility's patients are with their care is a crucial metric for gauging the effectiveness of the (Al-Neyadi et al., 2018). Clinical services can assess the quality of care they provide for patients using the SERVQUAL framework, which takes into account patients' evolving priorities and expectations. SERV-based measurements allow an assessment of the general internal patient experience and clarify specific areas for improvement.

2.3. SERVQUAL model

The service model is a representation of the five factors of service excellence that quantify what clients expect. When illustrating the five dimensions of service excellence, the service model serves as a representation of a crucial component or aspect of service. The developers considered ten different aspects of service quality, but numerous experts eventually settled on just five: reliability, assurance, tangibles, empathy, and responsiveness (RATER, from the first capital letter of each aspect). The model suggests the most frequent sources of quality issues after measuring the discrepancy.

2.4. Dimensions of service quality

Reliability, assurance, tangibles, empathy, and responsiveness are the 5 dimensions of quality service. SERVQUAL of 5 dimensions has become an important skill. Therefore, the comparison and feasibility of concepts must be properly managed for optimal customer satisfaction (Davenport et al., 2001). So, we need a way to integrate the 5th dimension into all aspects of our services. It is especially important to have a greater impact on customer satisfaction.

In theory the introduction of new knowledge about the 4 dimensions of SERVQUAL in organizational teams means enabling management through continuous improvement of SERVQUAL. By combining the five elements of knowledge management SERVQUAL organizations can create and interpret all knowledge to improve business performance (Dalkir, 2013).

At the product level you can create a range of innovations from production methods to systems of use. It is difficult to achieve good business results if technology is not used properly. The optimal use of company resources enables business organizations to move more efficiently than other organizations. Business organizations need to have the resources to outperform their competitors especially in terms of knowledge (Armstrong and Taylor, 2014). Failure to achieve this goal will result in a loss of competitive advantage for the company. On the other hand, if a company can maintain a cognitive advantage over its competitor's knowledge and learning can provide a sustainable competitive advantage. Businesses can use resource-based principles as a strategy to increase revenue. This theory evaluates a firm's ability to sustain success in the external environment by prioritizing the development of internal capabilities to anticipate competition (Mahoney and Pandian, 1992).

Failure to achieve this goal will cost the company competitive advantage. Knowledge and learning can provide sustainable competitive advantage if firms are able to maintain a knowledge advantage over competitors. Businesses can use a resource-based approach to increase revenue. The theory assesses the firm's ability to sustain success in the external environment by emphasizing the development of internal capabilities to anticipate competition. Another practice in the workplace should be based on the stage of change to improve performance. In the third stage the process of learning activities should influence or influence the performance of the organization in specific performance parameters (Farahlat and Hummel, 1990). The dimensions of quality of problem are presented below at **Table 1** Give examples of

how customers use these dimensions to evaluate service quality, (Zeithaml, Berry, Parasuraman, 2018).

Table 1. Generic dimensions used by customers to evaluate service quality.

Dimensions	Definitions	Example of questions that customers might raise
Credibility	Trustworthiness, believability honesty of the service provider	• Does the hospital have a good reputation? • Does my stockbroker refrain from pressuring me?
Security	Freedom from danger, risk, or doubt	• Does the repair firm guarantee its work? • Is it safe for me to use the bank's ATMs at night?
Access	Approachability and case contact	• How easy is it for me to talk to a supervisor when I have a problem?
Communication	Listening to customers in language they can understand	When I have a complaint, is the manager willing to and keeping them listen to me? Does my doctor avoid using jargon? Does the electrician call when unable to keep a scheduled appointment?
Understanding the customer	Making the effort to know customers and needs	Does someone in the hotel recognize me as a regular customer? • Does my stockbroker try to determine my specific financial objectives? • Is the moving company willing to accommodate my schedule?
Tangibles	The appearance of physical facilities, equipment, personnel, and communication materials	• Are the hotel's facilities attractive? • Is my accountant dressed appropriately? • Is my bank statement easy to understand?
Responsiveness	Willingness to help customers and provide prompt service	• When there is problem, does the firm resolve the problem? • Is my stockbroker willing to answer my questions? • Is the cable TV company willing to give me a specific time when the installer will show up?
Communication	The imparting or exchanging of information by speaking, writing, or using some other medium:	Using means of sending or receiving information, such as phone lines or computers:
Competence	Possession of the skills and knowledge required to perform the service	• Can the bank teller process my transaction without fumbling around? • When I call my travel agent is she able to obtain the information I need? • Does the dentist appear to know what he is doing?
Courtesy	Politeness, respect, consideration, friendliness of contact personnel	• Does the flight attendant have a pleasant demeanor? • Are the telephone operators consistently polite when answering my calls? • Does the plumber take off his muddy shoes before entering on my doors?

Source: Zeithaml, Berry, Parasuraman, 2018.

Elaboration of the abovementioned Tables are as stipulated below:

5 aspects of service quality that customers should expect The Assurance of Reliability That Can Be Touched the Cervix model represents the five most important aspects of customer service, including empathy and reactivity. The SERVQUAL model, often known as the Service Quality Model or the Five Dimensions of Service Quality, is one such framework. In order to quantify the gap between promised and delivered service quality for customers, researchers developed the service quality model, which considers five distinct factors (Parasuraman et al., 1988). Thus, the model developed between 1983 and 1988 to measure service quality along its five dimensions is also known as the Service Quality Assessment and Rating Technique

(SERVQUAL) Model.

(1) Reliability

The ability to offer dependable service on time is verified by the SERVQUAL model's emphasis on the reliability criterion. Delivering timely support or items to clients on faultless terms requires a high degree of consistency. You are responsible for keeping us to our word that we will deliver the Services on schedule and as agreed.

(2) Assurance

Building clients' confidence and trust is what we mean by "assurance". It is dependent on the employee's technical expertise, communication skills, politeness, credibility, competence, and professionalism. As a result, using these abilities, the company will be able to earn the respect of its clientele. Competence, civility, credibility, and safety are the four facets that make up the assurance dimension. To begin with, competence refers to a level of ability and understanding that is necessary for success. The courtesy of the contact staff includes their warmth, helpfulness, respect, and civility. When a company has credibility, customers have faith in the claims made by the employees. Last but not least, security is the absence of risk, uncertainty, or peril. Clarification of the confidence level by illustration. The worker is treating the clients with dignity and politeness.

(3) Tangibles

Expendables are things that can be seen and touched, such as a company's building, its staff, its machinery, and its computer system. The emphasis is on making available resources and infrastructure. The organization ensures a sanitary working environment and enforces a strict dress policy.

(4) Empathy

To empathize is to pay close attention to one's consumers to provide them with special attention and care. In some parts of the world, treating each consumer as an individual is a must. It's also an excellent method for boosting clients' emotional attachment to your brand and fostering loyalty. If staff lack compassion, the organization risks losing clients. What is more, empathy is a synthesis of the following: Physical and social accessibility—(For example, approachable and ease of contact). Expressing Oneself—(For instance, keeping customers informed in a language they understand and listening to them). Grasping the customer's perspective—(For example, trying to get to know customers and their specific needs). For instance, they pay close attention during conversations with consumers and address repeat ones by name.

(5) Responsiveness

When a business is responsive, they treat their consumers with care and respond quickly to their needs. The two most important aspects, readiness, and timeliness, are highlighted in this dimension. As a result, you should work hard to give clients the impression that you care about them and provide the service they need as soon as possible. The time it takes to get a response or fix for a problem is how responsive a business is. In a nutshell, responsiveness is the speed with which an issue is addressed by the customer, whether through the delivery of anticipated information or the replacement of products. Dimension of Responsiveness: a Real-World Illustration. The worker never makes a customer wait in a line and always delivers a replacement product far before the end of the guaranteed time frame.

2.5. SERVQUAL Model: Shortcomings

Using this structure, we may pinpoint problem areas in the service and try to fix them. A 'GAP Analysis' is exactly what it appears to be: a look at the gaps between desired outcomes and actual outcomes. It evaluates how well real service performed compared to expectations. How clients feel about their encounter is used as a yardstick for this experience. It is an impartial appraisal of the service's efficacy from the perspective of the client. This ensures that the organization's efforts are directed toward satisfying customers rather than enhancing its own image. It is also important to consider the customers' service expectations and the quality of service they receive while deciding (**Figure 1**).
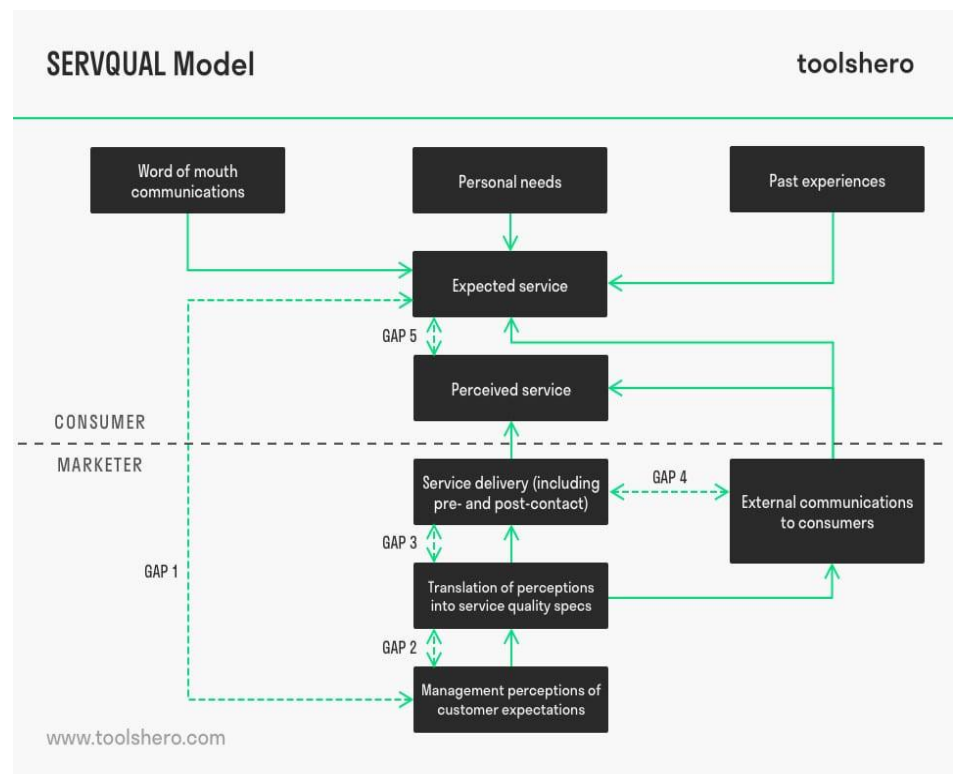
Figure 1. SERVQUAL Model and Gap analysis (Parasuraman et al., 1988).

2.6. Expectancy pattern

The SERVQUAL Model relies heavily on the discrepancy between what customers anticipate and what they experience in terms of service quality. If there is a quality difference, it will be reflected in how much reality deviates from expectations.

Using the SERVQUAL Model, businesses can discover what elements contribute to the formation of a given customer's expectations. In this approach, the company may better prepare for customer needs and meet them in advance.

The honesty and precision of the service directly affects its dependability. Being responsive means being available to answer inquiries and address concerns from customers in a timely manner. Competence refers to the knowledge and skill of a company, while access indicates how easy it is for a client to get in touch with the appropriate service team.

Communicating with consumers in a clear, honest, and timely manner is an essential part of providing excellent customer service. The amount to which a group's message can be trusted is a measure of its credibility. Security measures are put in place so that users can have faith in the service and gain authorized access. To truly "know the consumer", one must take the time to learn about and cater to their individual wants and needs. The tangibles are the things that can be touched and felt by the client, such as the appearance of the employees (their uniforms) and the overall upkeep and attractiveness of the facility in which the business operates. The RATER Model is like a scaled-down version of the SERVQUAL Framework. The RATER Model uses five dimensions to evaluate service quality, while the SERVQUAL Model uses ten.

2.7. SERVQUAL model: 5 gaps

How well a business communicates both externally with its customers and internally is a key factor in the kind of service it can provide. It's beneficial for businesses to gain insight into their customers' underlying expectations. Because of this, the SERVQUAL Model highlights five potential service gaps that might occur between consumer expectations and actual delivery. This "knowledge gap" occurs when businesses fail to adequately meet the needs of their customers because they lack the information necessary to meet those needs. Standards discrepancy: the company has its own conception of what the customer should expect from them. There is a high probability that the company would incorrectly translate this idea into a quality policy and related standards if it is flawed from the start and does not correlate to what customers truly demand. There is a chasm between what the company promises and what it actually delivers if the service it provides the customer is in any way subpar. A faulty implementation is also involved here. When it comes to internal policing, for instance. Disconnect in communication: Customers may get the false impression of the company because of its external (marketing) communications. Sometimes the company overpromises and underdelivers in its communications and pledges. The term "satisfaction gap" refers to the dissatisfaction that arises when there is a discrepancy between what the client expects and what they receive. It's inevitable that this will cause the greatest chasm in people's perception of quality.

2.8. Methodology and hypothesis

Service quality has it multidimensional and is a variety of aspects that affects the cognitive ability and communication aptitude (Faeni, 2019). New aspects of dimension in services and quality knowledge help the performance of innovation and conceptualized concepts in aiding and quality of services (Faeni, 2017). Furthermore, the concept combination on those 10 and more can be concise into 5 dimensions reciprocally. As the uniqueness of services companies will be differentiated by the interpersonal relationships skills of customers and health services industries. In Indonesia, BPJS as a Government Health Services conducts nationwide services to Indonesians' health welfare. Out of 276 million population, 229,510.000 health policyholders nationwide and targeted will be increased in 2024 as high as 229,510.000 captive market indeed that supports the monopolistic industry. This study

has collected as much as 480 respondents based on the Slovin formula. Questionnaire distributed and were analyzed using Smart PLS as research verification.

2.9. Hypotheses

A thorough analysis of the existing literature on service quality reveals that several variables linked to service quality have been proposed over the previous two decades. This study seeks to discover the dimension of service quality that develops in the enhanced office setting, as there are many aspects that affect the perception of service quality (**Figure 2**). This document states that measuring service quality leads to actual service improvement. Most studies of quality-of-service focus on only one sample at a time. According to this report, the extra metrics provide the clearest picture of service quality. This research examines the relationship between service quality and its effects by contrasting the results of two separate measurements taken at different times.

Based on our understanding, we postulate that each quality-of-service metric is evaluated both before and after the SERVQUAL metric is applied. In order to diagnose and analyze the situation, SERVQUAL was used in this document. Sample 1 was collected and analyzed, and it was found that there were issues with the office's response reliability and material safety. As a result, there was a meeting called to discuss the survey results with the personnel. There was a determined attempt to strengthen the areas that had been recognized as weak by providing appropriate training. Attempting to improve upon the bland appearance, new office furniture was designed and extra care was taken to ensure the building was spotless. Changes were made to reduce patient time in the waiting room to address adverse reaction rates. Wait times are becoming more of a focus for doctors. The office's response time to patients has also been enhanced thanks to a new telephone answering system that features more phone lines and faster call forwarding. In order to properly estimate goal equilibrium and confidence rates, physicians are being more precise when describing procedures. In addition, the office staff are trained to treat patients in a polite way to measure reliability. **Figure 1** shows the SERVQUAL model. Five hypotheses are formulated on the impact of strategic change on customer service practices and on the possible impact on the perception of the H1-H5 service.
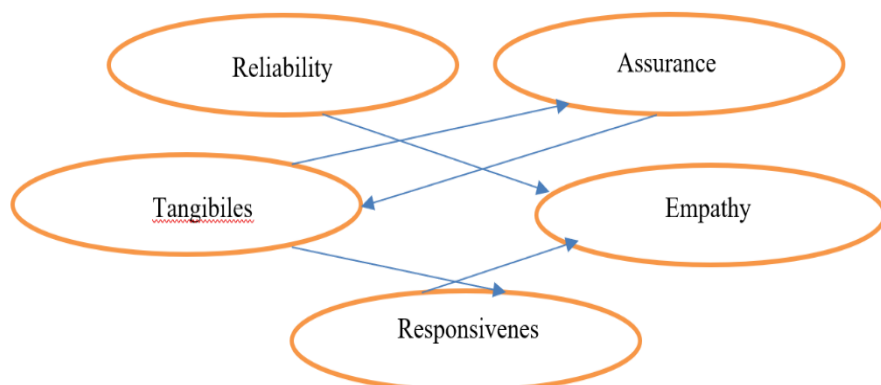

Figure 2. Research framework.

Source: Primary source (Faeni, 2022).

2.10. Tangibles

There is a lot of back-ups for all the findings in the service literature. Environmental psychological services and off-the-shelf research are only two examples of the many labels that have been applied to studies of the effects of the built environment on humans (Turley, 2000). Some academics think that consumers place a higher value on physical assets than they do on services from institutions like banks and insurance firms. Competence is more of a central effect on services where patients or students are present, such as health care and education (Sanchez-Hernández et al., 2009).

There was a concerted attempt to make the office cleaner and more aesthetically pleasant after seeing the findings from Sample 1. As a result of these alterations, the H1.

H1: Awareness of service quality for physical and tangible products will be enhanced with new strategic shifts in customer service.

2.11. Reliability

Getting someone else's opinion on a service's quality is crucial, research shows. With regards to service quality, reliability is defined as the consistency of delivering on assurances made to customers (Parasuraman et al., 1988). Since religion emphasizes perseverance, it therefore stresses faith in action. This signifies that the organization consistently follows through on its commitments and does the right thing the first time. The dependability of a service provider is measured by how well it keeps its commitments to its clients. Intangible services, which typically require more service between clients and service providers, are the primary rationale for focusing on this setup (Ihtiyar and Ahmad, 2015). This essay tries to analyze how patients who pay close attention during consultations contribute to a rise in medical practices' self-assurance and the establishment of realistic patient expectations. This will be explored in H2.

H2: Reliability of customer service quality will improve with a new strategic shift in employee loyalty.

2.12. Responsiveness

Another important aspect of service quality is responsiveness. Responsiveness is related to employee's willingness or willingness to provide service (Parasuraman et al. 1985). This includes time service. A basic application of quality of service includes instant customer correspondence instant phone calls and instant service (such as a quick appointment system). The concept of accountability has been used in various service settings.

Hill and Joonas (2005) argue that waiting time should be used as a measure of service quality and patient satisfaction. Even when providers were recommended and revisited, the study found that wait times affected perceptions of quality, contentment, and claims of loyalty. Even though most people waited less than was deemed acceptable, many still had to wait for more than a minute. When unacceptable delays became very common or quite common, patients finally acted. Numerous patients in sample 1 of this research said they waited longer than 30 minutes to see a doctor.

Keeping this in mind, decreasing latency became an important challenge. So, we are back to the H3.

H3: Increased service quality perception for agent responsiveness as part of a new strategic change in customer service.

2.13. Assurance

The term "assurance" is used to describe the ability of service providers to instill trust and confidence in their clients through their expert knowledge and friendly demeanor. Although the service provider may recommend and create a procedure, the customer typically lacks the knowledge and expertise in medicine and mechanics to evaluate the necessity and quality of the process. As a result, patients put their trust in the precautions taken by their healthcare practitioners to instill these fundamental attitudes and mindsets. Five elements from the original SERVQUAL study make up the assurance dimension. Communicating effectively relies on four pillars: expertise, courtesy, trustworthiness, and safety. Music listeners at work were found to be more efficient and productive than non-music listeners. Effective communication involves both informing and listening to customers. When a service provider is competent, they have all the tools at their disposal to successfully do the task at hand. Tact, derived from the French word for "courtesy", suggests courtesy, respect, attention, and kindness when interacting with others.

It is rare for customers to have the knowledge or expertise to evaluate a service provider's recommendation and final product in terms of whether the operation was necessary or was carried out correctly (Parasuraman et al., 1985). In order to instill these fundamental convictions and emotions, patients rely on the reassurance of their healthcare practitioners. Five original SERVQUAL pieces make up the assurance dimension. Those components are "talking the talk" and "walking the talk". Parasurama et al. (1988) state that effective communication involves both informing and hearing out customers. To provide a competent service, one must be well-versed in the topic at hand. Politeness, respect, attention, and friendliness are all components of courtesy. Contact staff are the persons inside an organization who oversee liaising with and responding to queries from consumers. Credibility, dependability, and integrity are all components of reliability. Security is the state of being safe from harm, threat, or uncertainty. The warranty component had an issue in sample 1. Patients felt the front desk and phone workers were less friendly than they could have been. In this research, we examine the relationship between assurance and service quality in the hospital setting.

H4: The new customer service strategic adjustments will increase service quality perceptions of employee assurance.

2.14. Empathy

Having empathy for customers means catering to their needs on a one-by-one basis. The capacity for understanding and knowing the consumer, along with having access to such information, gave rise to the empathy dimension. Getting to know your customer requires you to put in some effort to grasp what it is they require from you. Therefore, it entails figuring out what the client needs, catering to their preferences,

and acknowledging them as a returning client. Being accessible means being friendly and simple to get in touch with. Indicative of the service's accessibility, both in terms of its hours of operation and its physical location (Parasuraman et al., 1988). In addition, the staff is friendly and helpful, always looking out for the patient's best interests, and sensitive to their specific concerns. There was no problem that could be fixed by working on one's empathy. In any case, we put it through its paces in H5. Among the many proposed alterations to customer service, H5 predicts that employees' empathic skills would improve as a result.

H5: The new customer service strategic adjustments will increase service quality views of worker empathy.

3. Methodology

The poll was conducted in the capital city of Indonesia. More than 39 hospitals patients are being surveyed at two different times. The data collected from the surveys reveal how patients feel about the quality of service provided along five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Sample 1 patient feedback led to changes in the medical center's approach to patient care. After implementing the revised techniques, this study examines whether customers' satisfaction with the service improved.

A total of 399 patients participated in the first survey (about their satisfaction with the practice's old methods of providing customer service), while 409 patients participated in the second survey (regarding their satisfaction with the practice's new methods of providing customer service). Following their appointments with their doctors, patients were given the opportunity to freely engage in a survey. There is sufficient statistical power between the two samples to infer that any differences in ratings or perceptions of service quality are not coincidental. The interval between sample administrations was one year.

A diverse group of women were included in each data set, representing a wide range of demographics (including age, length of practice attendance, residence area, ethnicity, occupation, and reason for visit). Over the course of four weeks, we gathered each sample. The written questionnaire was completed by participants at their own volition and without financial incentive. The participants' hopes and fears were gauged, as were their overall impressions of the study. Data collection was repeated a year later at the same workplace with the same respondents.

Smart PLS was utilized for data analysis. The validity and reliability tests to examine patients' ratings of the significance of several aspects of service quality (Moore et al., 2016). At the beginning and end of the trial, two sets of patients were given the SERVQUAL survey, a measure of service quality that has been validated and standardized at the national level. The survey instrument measures patient satisfaction with medical care using a 23-item, 7-point Likert scale (anchored from strongly disagree to strongly agree). Sample 1 ratings were gathered using the medical practice's old approach to customer service, whereas Sample 2 ratings were gathered using the medical practice's new approach to customer service.

We performed an evaluation of the dependability of the item scales. AVE was computed as a mean across all items in the SERVQUAL survey instrument in the

Smart PLS statistical software to check for internal consistency. The internal consistency of the questions in this survey is quite high, as indicated by the high CRE (0.942) for the total of items in the survey. If the AVE mean statistic is greater than 0.70, based upon that data will be valid and reliable.

A variety of control factors were in place to guarantee the study's internal validity. This included administering the surveys to both groups in the same places and at the same times, using the same instruments, and having roughly the same numbers of respondents in each group. Due to the similarity in the sample populations, neither group was at risk of being overrepresented by chance. There was no financial incentive or payment given to either group. The second group of participants was not informed of the workplace shifts.

4. Findings

To see how people generally rate each of the five factors that make up their impression of the quality of the service provided, go no further than **Table 2**. Variations in ratings that meet statistical significance are shown in **Table 2**. Each hypothesis is tested using the t-method, and the results are shown.

Table 2. Two-sample independent t-test results.

SERVQUAL service quality dimensions	Sample 1	Sample 2
Tangibles		
Question 1: Modern looking equipment?	8.91	8.89
Question 2: Offices are visually appealing?	8.22	8.26
Question 3: Staff have neat appearances?	7.88	7.66
Question 4: Info-materials are visually appealing?	7.02	7.89
Reliability		
Question 5: Staff is timely?	4.30	4.06
Question 6: Staff solves problems?	4.88	4.070
Question 7: Performs service right the first time?	6.30	3.40
Question 8: Staff keeps promises?	6.33	3.22
Question 9: Keep accurate records?	7.02	7.59
Responsiveness		
Question 10: Staff promptly inform patients?	3.55	3.22
Question 11: Staff provide prompt service?	4.01	5.05
Question 12: Staff are always willing to help?	3.01	3.01
Question 13: Staff never too busy to respond to patients?	7.10	6.88
Assurance		
Question14: Staff behaves confidently?	6.33	6.44
Question15: Patients feel safe in all transactions?	6.91	6.88
Question16: Staff are courteous?	7.45	7.87
Question17: Staff have the knowledge to answer patients' questions?	7.11	7.22
Question18: Staff give individual attention?	7.11	7.25

Table 2. (*Continued*).

SERVQUAL service quality dimensions	Sample 1	Sample 2
Empathy		
Question 19: Convenient operating hours?	7.02	7.00
Question 20: Staff give personal service?	7.29	7.39
Question 21: Staff have the patient's best interest at heart?	4.22	4.10
Question 22: Staff are understanding of patients' needs?	3.55	2.22

Source: Primary source, Smart PLS3, 2022.
Significance $p < 0.05$ Tests of Hypotheses.

H1: The new customer service strategies will raise the bar in terms of how the office's material goods are perceived in terms of service quality.

H1 is incompatible. The two-sample t-test shows that there is no statistically significant difference in rating means for tangibles.

The appearance of physical buildings, equipment, employees, and communication materials are examples of tangibles. In this realm, only one object was altered: the décor. However, the difference was modest because the only alteration was the upholstery on the furniture. The other tangibles remained unchanged.

Many researchers have focused on the connection between staff and clients because of the effect of prior research studies by Parasuraman and colleagues, and as a result, they have somewhat overlooked the evaluation of tangible features (Sánchez-Hernández et al., 2009). In the context of this study, one may claim that the practitioners disregarded the importance of tangibles in this office, such as equipment, personnel, and information resources.

H2: The new customer service strategic adjustments will increase service quality perceptions and employee reliability.

H2 is supported in part. The two-sample t-test suggests that a rise in all item ratings indicates increased dependability. Two of the five statistically significant mean rating increases.

The office made a concerted attempt to address patient disappointments about the dependability service area, and there is some evidence that the service changes to the reliability dimension were somewhat effective. The capacity to execute the promised service consistently and precisely is referred to as reliability. It also implies that the company follows through on its commitments. It suggests that a combination of better phone service and more thorough explanations of procedures to patients improved their evaluations of the service experience.

H3: The new customer service strategic adjustments will increase service quality views of worker responsiveness.

H3 is supported in part. The two-sample t-test shows that an increase in all item ratings suggests responsiveness. Only one of the five mean rating increases, however, was statistically significant.

In the responsiveness dimension, the key challenge was delivering more prompt service. Our findings indicate that service improvements in the responsiveness component were successful.

The willingness to assist clients and deliver prompt service is referred to as responsiveness. Patients' main issue was the lengthy wait time to see a doctor. The

office manager addressed this issue by implementing a more efficient patient sign-in process. Apparently, the reduction and increased knowledge of patient wait times to see a doctor improved respondents' perception of their visit.

H4: The new customer service strategic adjustments will increase service quality perceptions of employee assurance.

H4 does not work. The two-sample t-test shows that there has been no statistically significant change in the means of rating on assurance.

Assurance revealed no discernible difference across samples, which was quite surprising given that the practice had added training sessions to improve in this area. Employees' knowledge and civility, as well as their ability to express trust and confidence, constitute assurance. There were a few flaws in the first sample in this area. Unfortunately, the adjustments implemented in this area were insufficiently successful. This dimension's components are all based on patients' perceptions of the employees and the personal care they deliver. This flaw shows that employee training was inadequate.

H5: The new customer service strategic adjustments will increase service quality views of worker empathy.

H5 protocol is not supported. The two-sample t-test reveals no statistically significant change in empathy rating means.

Empathy means giving clients caring, personalized attention. There were no apparent concerns with this dimension of service quality in the initial sample, so no improvements were made in this area. It appears that patients had no issues with the office's operating hours or feeling understood.

5. Discussion

This research used the SERVQUAL survey, which has been shown to be relevant, reliable, and valid. The SERVQUAL scale measured not only the donefacilities and employees' outward appearances (Tangibles), but also their willingness to proactively address customers' needs (Responsiveness), their ability to instill confidence in customers (Assurance), and their adherence to the organization's philosophy and practices (Philosophy and Practices) (Empathy). Looking at the factors that affect service quality along these five dimensions allowed for a more complete picture of how the respondents felt about it. Patient comments were used in conjunction with the measuring strategy, which allowed for even greater service enhancements as a result. According to SERVQUAL's mean comparisons, the organization has been better at being reliable and responsive, and it has gotten slightly better at being confident and empathetic as well.

A preliminary sample revealed that in four out of the five criteria of service quality for the Ob/Gyn practice, patient expectations and actual experiences differed to varying degrees. Fortunately, the initial sample showed that the service's strength is in the dimension of empathy. Convenient office hours and friendly treatment from the employees were viewed as positive aspects of the empathic approach. Weaknesses and gaps in service quality were shown through concrete, reliable, responsive, and assurance metrics. Observable aspects were the facility itself, the medical equipment, the promotional materials, and the way the staff looked. Because the practice only

made small adjustments for this dimension, it was not surprising that tangibles showed no difference between samples. The clinic made an earnest effort to fix the patients' complaints about the unreliability of the treatment they received. Improving response time was the primary concern in the area of responsiveness. Despite the practice adding training sessions to improve in this unfavorable area, the assurance dimension showed no meaningful difference between samples. In terms of the empathy dimension, no specific effort was taken to alter the method.

The service sector is under intense pressure to improve performance and quality in today's global marketplace. Since its inception in Parasuraman et al 1988 research, the SERVQUAL measuring instrument has been implemented across the service industry. Marketing and healthcare administration are two industries that have shown to be very fruitful for this application. Management must understand that providing high-quality service is not a passing trend.

In addition to providing one metric for evaluating a facility's service quality, this research offers a more comprehensive set of metrics. Few studies have examined the effects of repeatedly assessing an organization's service quality. The medical center's service quality was evaluated twice. The primary objective of this paper is to check if service quality improved between the initial and follow-up assessments. This research looks at how SERVQUAL scores changed from one year to the next in the same medical office when improvements were made to the quality of care provided.

It is crucial from a managerial standpoint that the medical office consistently monitors service quality measurements. In fact, characteristics that contribute to retention include service quality and patient happiness. Because many people are worried about the effects of the recently planned healthcare reforms, this issue has recently gained more attention. By fixing the problems and keeping the good points, the medical practice in this study has a leg up on the competition thanks to the findings of this study's research.

In particular, the length of time customers must wait before being served has a substantial impact on their overall satisfaction. A patient's perception of care and treatment is influenced by how long they must wait, which in turn has a direct impact on their overall level of satisfaction. Several variables, including the present load, lead to a slower phase of service, which in turn determines how long customers must wait (Al-Neyadi et al., 2018). It is possible that customers are not always looking for the best possible service when they make a purchase; factors like price and availability may increase happiness without negatively impacting customers' opinions of a company's services (Cronin and Taylor, 1992). Patient wait times were reduced, leading to an increase in the SERVQUAL score. This method must be found for evaluating the quality of healthcare services that considers the priorities of all stakeholders (Piligrimiene and Buoninoine, 2008). Continuous market research to determine consumer needs and relationship marketing to foster client loyalty are two strategies proposed by Chowdhury (2008) to bridge the gap between patients and healthcare providers. This study lends credence to the idea that we should take a variety of indicators into account. There was proof presented that indicated some areas of service had improved, leading to a subsequent evaluation of service quality.

In addition, the degree to which a customer is satisfied with a service is the result of a multifaceted process dependent on the interplay of numerous factors. As a result,

managers can better tailor their service processes to meet the needs of specific industries if they have a firm grasp on the potential implications of different dimensions. A closer look at each of the five factors that make up service quality revealed some key areas that had been overlooked. Understanding where you excel and where you may use improvement is essential for developing a winning approach. Perhaps there is a distinction between how service quality is defined for services with high and low levels of customer participation, such as healthcare and banking, respectively (Cronin and Taylor, 1992). Therefore, it is just as important to define service quality precisely as it is to measure it effectively. The healthcare industry totally benefits from the implementation of service quality standards because it increases operational efficiency, which in turn leads to better resource allocation, less waste of existing resources, and higher quality treatment for patients. It has been shown that.

6. Conclusion

Customers are more likely to make a purchase or return if they are satisfied with the service they received, even though service quality is a factor. This research's primary weakness is that it focused solely on service quality rather than additional metrics, such as patient happiness. In light of this, managers may need to prioritize programs aimed at ensuring overall customer happiness above those focusing only on service excellence. Another drawback is that a genuine longitudinal design would not have been possible because the same group was not assessed repeatedly throughout time. We thought the better SERVQUAL results were not due to chance or to the second sample group specifically. Since this is an issue, future research may want to explore re-measuring the same group multiple times. In conclusion, healthcare institutions need to be sensitive to meeting patients' expectations for tangibles, reliability, responsiveness, empathy, and certainty in order to compete more effectively in the market. One of the most important measures of a healthcare provider's performance is patient happiness, thus it seems sense that focusing on this indicator would be a top priority for quality improvement efforts (Torres and Guo, 2004). As such, a manager can benefit from patient-centered evaluation of service quality in order to identify critical success elements and implement efficient solutions to service quality issues.

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