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REVITALIZING HEALTHCARE MARKETING FOR SUSTAINABLE REUSE INTENTION MEDICAL CHECK-UP THROUGH SERVICE LOGIC FOR VALUE AND QUALITY SERVICE

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ABSTRACT

This study aims to explore the application of Service Logic (SL) for Value in healthcare service marketing and its impact on the intention to reuse medical examinations. The study employs a causal method with 385 respondents who are users of medical check-up services at RSUD (Public Hospital). Data analysis is conducted using Structural Equation Modeling (SEM). The findings highlight the importance of understanding patients' needs, preferences, and expectations in designing healthcare services. By focusing on value creation and delivering quality services, healthcare service providers can enhance patient satisfaction and encourage repeat health examinations. By integrating SL principles into healthcare service marketing strategies, providers can create positive patient experiences, improve service quality, and foster long-term relationships with patients. Practical implications include adopting Service Logic principles in the marketing of medical check-up services, which can revitalize healthcare services and promote sustained intention to reuse for medical examinations, leading to a more sustainable healthcare service ecosystem.

KEYWORDS: Value co creation, Satisfaction, Healthcare, Services Dominant Logic.

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1. INTRODUCTION

The paradigm shift in healthcare services has led to a change in the orientation of healthcare services. This change is based on the development of Service Logic (SL) as a fundamental

framework for change. Service Logic is developed based on the SD-L premises, including "Service is the fundamental basis of exchange" (Vargo et al., 2008). From this perspective, maximum efficiency - and maximum profit - is achieved through standardization and economies of scale. However, the SD-L premises, as outlined by Grönroos, (2011) and Grönroos & Voima, (2013), do not fully support the understanding of value creation and co-creation in a meaningful way for theoretical development and decision-making in business and marketing practices.

SDL promotes value creation that leads to sustainability in health. Preventive and promotive functions are encouraged for community well-being, in addition to the curative function of healthcare services. The interaction between healthcare service providers and patients is viewed as co-creation, as stated by Akter et al., (2022).

One area for creating value based on service logic in healthcare is the medical check-up service. This service, as provided in public hospitals (RSUD), is an expansion of efforts to promote a sustainable healthcare system. Medical check-up services not only aim to detect early signs of diseases or health disorders but also provide a general overview of an individual's health. This service is a crucial part of promotive and preventive efforts to achieve sustainable health. However, providing medical check-up services to promote sustainable health, especially in government-owned hospitals, is not easy.

Medical check-up services have significant benefits for both patients and service providers. Hills & Shah, (2020) and Ishida et al., (2015) suggest that these services are essential for detecting and diagnosing chronic diseases, identifying early risks by recognizing early signs of diseases, and enabling appropriate preventive or management actions to maintain health (Cheng et al., 2022). Briseño-Bass et al., (2019) and Koto et al., (2021) add that this health information is used for control, better understanding to reduce risks, and improving clinical outcomes. Wang et al., (2021) further emphasize identifying potential risks of related disease development and reducing the prevalence of non-communicable diseases Cheah & Meltzer, (2020). Service providers can optimize the function of medical check-ups to create shared value with patients, achieving healthcare goals through curative and promotive strategies.

However, efforts to create value based on co-creation are not easy. Healthcare service marketing has its own orientation and complexity (Iacobucci & Popovich, 2022; Popa et al., 2022). Healthcare service marketing is designed to influence the behavior of the target audience to obtain benefits reflected in the physical and/or mental health of the community (Evans & French, 2021).

The contribution of this research strengthens the idea of service logic for service science by demonstrating the importance of service quality and perceived value in the medical check-up service system to enhance reuse intention. This study develops propositions derived from service logic and propositions about healthcare services for the community. The concept of creating and using value in medical check-ups is expanded to be more descriptive, termed "value in context," aligning with the goal of healthcare services, i.e., sustainability. Reuse intention is determined based on the value of medical check-up services and the quality of healthcare services, directing curative actions toward preventive and promotive healthcare services. Grönroos, (2011) asserts that

service logic provides service providers with an opportunity to create shared value with their customers. One area for value creation is through patient empowerment, but this has not been extensively explored. The co-creation process drives innovation and knowledge generation, and interdisciplinary idea exchange will not only contribute to the development of service science but also benefit other social and economic disciplines involved in understanding and improving value creation (Vargo et al., 2008). Akter et al., (2022) state that there is a gap in connecting important constructs: co-creation of value (co-creation) and customer well-being through healthcare service platforms. The research goal is to fill this gap by exploring the application of Service Logic (SL) for Value in healthcare service marketing and its impact on the intention to reuse medical examinations.

2. LITERATURE REVIEW

2.1 Service Logic Value co Creation

One of the concepts foundational to service marketing management is Service Dominant Logic (SDL), serving as a unique approach to management and marketing (Grönroos & Ravald, 2011). Joiner & Lusch, (2016) argue that efforts to drive changes in the healthcare service system are based on a new paradigm, namely, Service Dominant Logic (S-D Logic). SD-Logic represents a new perspective that focuses on intangible resources, value creation, and relationships (Vargo & Lusch, 2004). Tadjewski & Jones, (2021) state that SD Logic is a manifestation of recognition for the centrality and needs of consumers. Dahl et al., (2021) add that SD-Logic has provided direction for value creation efforts. For service-oriented companies, services are the key concept for building relationships with their customers. SDL is more than just customer-oriented; it involves collaboration, learning, and adapting to the dynamic needs of individuals (Scarlett et al., 2022; Vargo & Lusch, 2004).

2.2 Service Quality

The concept of service quality in healthcare is highly complex, and there is currently no consensus on it (Etgar & Fuchs, 2009; Kennedy et al., 2019; Shafei et al., 2019). Ye et al., (2017) put forth the concept of service quality as a combination of expectations and reality. Service quality reflects practical experiences and awareness of the quality of medical services (Yu et al., (2019). It is considered the excellence of healthcare resources with the best health standards achieved through monitoring and evaluating healthcare service standards to ensure patient safety and satisfaction (Amankwah et al., 2019).

In general, service quality can be constructed based on Parasuraman et al., (1988) framework but with more specificity. Ali et al. (2022) note that different models and dimensions have evolved and developed beyond Servqual in the healthcare service quality literature. Technical, procedural, infrastructural, interactional, personnel, and social support quality for patients and families are considered as dimensions of service quality (Swain & Kar, 2018). Ali et al., (2022) propose the PUGHOSQUAL model to measure service quality in the healthcare context, a model developed by Aagja & Garg, (2010). PUGHOSQUAL is based on Total Quality Management (TQM) and includes five dimensions of hospital service quality: admission, medical services, overall services, discharge processes, and social responsibility. Davis et al., (2016) explain that service quality becomes more specific, related to the quality of life and the services experienced by patients.

2.3 Perceived Value

The concept of perceived value, as introduced by Zeithaml, (1988), has been widely adopted in various literatures. Román-Augusto et al., (2022) define it as "an assessment of the overall utility of a product or service based on perceptions of what is received and what is given." Hakimi et al., (2018) describe it as a value judgment regarding consumer experiences, representing the highest cognitive structure and overall evaluation (Ahn & Thomas, 2020). In the healthcare domain, Guo et al., (2020) state that perceived value is the patient's perception of overall utility based on the trade-off between perceived benefits and the costs of usage. Devi & Yasa, (2021) argue that perceived value is a construct configured by two components: the benefits received (economic, social, and relational) and the sacrifices made (price, time, effort, risk, and convenience) by the customer. Perceived value reflects how the benefits from the experience impact daily life, including its effects on well-being and participation in daily activities (Walton & Collins, 2022).

2.4 Satisfaction

Satisfaction is viewed as an evaluation of performance and reality, representing a cognitive evaluation process for consumers (Hwang & Park, 2018; Mohammed & Rashid, 2018). It involves overall emotional responses to the service experience in post-purchase transactions. Satisfaction is attained through emotional responses triggered by cognitive evaluations such as service quality and past experiences (Hakimi et al., 2018; Shahijan et al., 2018). Patient satisfaction, specifically, is an effective response based on the overall evaluation of the hospital service system (Liu et al., 2021; Miao et al., 2019; Nguyen et al., 2021; Vigolo et al., 2020).

2.5 Reuse Intention in Medical Check-up

Reuse intention for medical check-ups is developed based on the concept of loyalty, illustrating the likelihood of individuals returning for medical check-ups in the future as part of efforts to maintain health and detect potential health issues early. Loyalty is seen as the frequent utilization of services when a patient has a positive attitude towards the service or hospital providing that service (Fatima et al., 2018). Dayan et al., (2021) and Kotler et al., (2019) explain that consumer loyalty is a form of customer allegiance to a company, brand, or product. Goh et al., (2016) describe repurchase intention as an effort to buy the same brand, product, or service again. Repurchase intention is a process and outcome evaluation that reflects the rational side of customers in line with their experiences and knowledge (Han et al., 2020).

3. HYPOTHESIS DEVELOPMENT

3.1 Service Quality and Satisfaction

Customer satisfaction is a psychological term often associated with service quality (Andromeda & Antonio, 2022). There is an influence of service quality on satisfaction (Abu-Salim et al., 2017; Batra & Taneja, 2021; Chuenyindee et al., 2022; Jandavath & Byram, 2016; Schmit et al., 2018). If the quality of service meets patient expectations, the patient will express a different positive attitude or response than otherwise. The success of treatment is supported by an adequate service quality management system that enhances patient satisfaction. Dulău et al., (2022) add that patient satisfaction is a crucial indicator in assessing service quality. The proposed hypothesis is as follows:
Ha1: Service quality has a positive influence on satisfaction.

3.2 Perceived Value and Satisfaction

Perceived value determines the level of customer satisfaction. Perceived value is a crucial factor that precedes patient satisfaction (Ahn et al., 2020; Ge et al., 2021; Swain & Kar, 2018). Improved customer satisfaction is a rational and emotional response to the value provided by customers and the value acquired by customers. The higher the quality of service, the higher the level of customer satisfaction. Qian et al., (2020) state that patient dissatisfaction arises from the perceived value by patients. Gómez-Carmona et al., (2022); Rahman, (2019); Uzir et al., (2021) add that perceived value has a positive influence on satisfaction. Rahman, (2019) adds that customers derive satisfaction based on the context of perceived values. The proposed hypothesis is:

Ha2: Perceived value has a positive influence on satisfaction.

3.3 Satisfaction and Reuse Intention Medical Check-up

Repurchase is considered a potential behavioral outcome resulting from satisfaction as an effective response. Abu-Salim et al., (2017) state that patient satisfaction determines the continuity of service consumption at the same hospital or the patient's resilience to seek services from other service providers. Swain & Kar, (2018) argue that the level of patient satisfaction determines the intention to revisit in the future. Asnawi et al., (2019); Manzoor et al., (2019) emphasize that patient satisfaction is one of the most important determinants of the success of healthcare facilities in increasing patient visits. Jeon et al., (2021); Karjaluoto et al., (2019) assert that satisfaction influences loyalty. Dulău et al., (2022) add that patient satisfaction determines the approach to patient loyalty behavior. The emotional response of patients to the quality of service becomes a crucial aspect supporting the sustainability of healthcare service consumption, including medical check-ups. The proposed hypothesis is:

Ha2: Satisfaction has a positive influence on reuse intention medical check-up.

3.4 Service Quality, Satisfaction and Reuse Intention Medical Check-up

Quality directly determines loyalty, indicated by the intention to reuse the offered services. Ge et al., (2021); Meesala & Paul, (2018); Ahmed et al., (2021) explain that perceiving the quality of healthcare services influences higher loyalty. According to Schmit et al., (2018), the importance of the quality of care for the effectiveness of satisfying patients to ensure loyalty is crucial. Furthermore, Sadeh, (2017) reinforces the influence of service quality on patient satisfaction and patient loyalty. Fatima et al., (2018) add that there is a relationship between service quality, satisfaction, and patient loyalty. Yang et al., (2021) state that service quality factors such as cleanliness, responsiveness, assurance, empathy, and reliability determine the intention to return. Zaid et al., (2020); Rostami et al., (2019); Asnawi et al., (2019); Ge et al., (2021) emphasize the importance of satisfaction based on service quality in shaping the intention to return. The proposed hypothesis is:

Ha4: Satisfaction mediates the positive influence of service quality on reuse intention medical check-up.

3.5 Perceived Value, Satisfaction and Reuse Intention Medical Check-up

The holistic role of perceived value in the experience and future decision-making process is highlighted (Ahn et al., 2020). Wu et al., (2016) state that perceived value has been considered a key component of intention. Perceived value influences the intention to reuse healthcare service

systems (de Kervenoael et al., 2020; Karjaluoto et al., 2019). The direct influence of perceived value on loyalty is undeniable (Fitriani et al., 2020). Perceived value can affect the intention to return through satisfying cognitive evaluations. Alkhalaf, (2022); Qalati et al., (2021); Uzir et al., (2021) add that customer-perceived value of a product or service determines evaluative emotional responses and ultimately influences the intention to return to using the offered service or product. El-Adly, (2019); Ge et al., (2021); Hussein et al., (2018) and Fitriani et al., (2020) further add that perceived value can influence loyalty through patient satisfaction. Cuong & Khoi, (2019); Devi & Yasa, (2021); Jaleel et al., (2021); Lin & Yin, (2022) indicate that perceived value influences satisfaction and the intention to return. The subscription to these ideas is put forth by Assaker et al., (2020). The proposed hypothesis is:

Ha5: Patient satisfaction mediates the positive influence of perceived value on reuse intention medical check-up through satisfaction.

4. PROPOSED MODEL

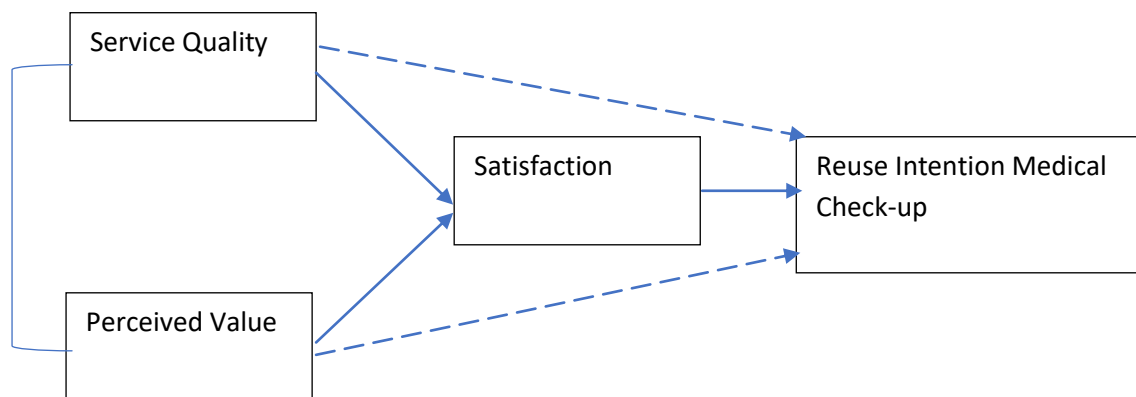


Figure 1. Research Framework

5. RESEARCH METHOD

The research is designed based on the objective, which is a causal study; therefore, this research is of a verificative nature. The data collection timeframe is cross-sectional, with individual service users of medical check-up being the unit of analysis. A survey using a questionnaire was conducted with a sample of 385 medical check-up service users, comprising patients from a General Regional Hospital in Indonesia. Prior to conducting the research, the researcher ensured that the study adhered to research ethics and protected the rights and safety of patients. The researcher submitted a research proposal and obtained ethical approval from the hospital before proceeding with the study. The next step involved coordinating with the hospital team to identify patients who had undergone medical check-ups. Patient's personal data was kept confidential and only used for research purposes outlined in the ethical approval. Before participating in the study, the researcher obtained written consent, clearly explaining the research goals and procedures without violating the rights of patients. After obtaining informed consent, the researcher proceeded with the necessary data collection, which may involve questionnaire completion. The researcher ensured that the data collected from patients were kept private. Personal information was securely stored and only accessed by authorized researchers.

The measurement of Service Quality was constructed based on Amankwah et al., (2019) six indicators: 1) safety, 2) effectiveness, 3) efficiency, 4) timeliness, 5) patient-centeredness, and 6)

equity. The instrument's Goodness of Fit Test results were: CMIN/DF = 1.928, RMSEA = 0.040, GFI = 0.91, AGFI = 0.93, TLI = 0.96, CFI = 0.92, PNFI = 0.72.

Perceived Value measurement was developed based on Guo et al., (2020) three indicators: 1) value for money, 2) acceptable use of money, time, and energy, and 3) the product/service is considered a good purchase. The instrument's Goodness of Fit Test results were: CMIN/DF = 2.665, RMSEA = 0.070, GFI = 0.90, AGFI = 0.91, TLI = 0.94, CFI = 0.90, PNFI = 0.78.

Satisfaction, as an effective response based on the overall evaluation of the hospital service system (Miao et al., 2019), was measured using four indicators: medical environment, additional health services, performance in medical services, and pricing. The Goodness of Fit Test results for the service scape evaluation were: CMIN/DF = 2.11, RMSEA = 0.050, GFI = 0.92, AGFI = 0.933, TLI = 0.945, CFI = 0.92, PNFI = 0.78.

The measurement of Reuse Intention Medical Check-up, developed based on Goh et al., (2016), consists of three indicators: consumer's desire to return, recommendation to others, and preference compared to other products. The instrument's Goodness of Fit Test results were: CMIN/DF = 1.88, RMSEA = -0.045, GFI = 0.92, AGFI = 0.933, TLI = 0.95, CFI = 0.92, PNFI = 0.785.

The test results indicate that the measurement of latent variables in this study is acceptable. Each observed variable does not fully reflect the latent variables analyzed, as indicated by the model test results and cut-off values. Closed questionnaire responses were on a scale of 1-5, ranging from never to always. The data analysis procedure includes: 1) Developing a theory-based model in a path diagram, 2) Converting the path diagram to measurement equations for latent variables and structural equations, 3) Confirmatory factor analysis, 4) Evaluating goodness-of-fit criteria and model improvement, 5) Selecting maximum likelihood estimation technique, normality, linearity, and outlier tests, 6) Testing the significance of correlations and mediation, 7) Hypothesis testing.

6. RESULT

Demographic Characteristics

Table 1. Demographic Characteristics

Demographic Characteristics	Total	%
Age		
20 - 25 years old	37	9.6%
26 - 35 years old	247	64.2%
36 - 45 years old	52	13.5%
> 46 years old	49	12.7%
Occupational status		
Student	3	0.8%
Private Employee	32	8.3%
Public Employee	20	5.2 %
Not Working	82	21.3%

Demographic Characteristics	Total	%
Others	248	64.4%
Total	385	100%

The majority of respondents, in the age range of 26 to 35 years, constitute the largest user group, comprising 247 individuals or approximately 64.2% of the total. Although the purposes of medical check-ups vary, in general, this examination has not been widely utilized for maintaining health, preventing diseases, and ensuring physical and emotional balance in leading an active life. About 248 individuals or around 64.4% of the total in this age group have diverse objectives for medical check-up services, including politicians registering for candidacy as legislative candidates.

The overview of research variables is as follows:

Table 2. Description statistic

<i>Variable</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Category</i>
Service Quality	3.9	0.62	Somewhat High
Perceived Value	3.2	0.77	Less
Satisfaction	3.8	0.42	Moderate
Reuse Intention Medical Check-up	3.5	0.91	Moderate

Source: Data processing (2023)

The data indicates that the service quality falls into the somewhat high category with an average score of 3.9 on a scale of 1-5. Perceived value for academic services is in the lower category with an average score of 3.2. This suggests that patients feel that the medical check-up results contribute less significantly to understanding their health conditions or providing clear guidance for further actions or treatments. Therefore, it is crucial for healthcare providers to understand patients' perceptions and expectations regarding the functions and expected benefits of medical check-ups.

Satisfaction falls into the moderate category. However, the reuse intention for medical check-ups is lower. While patients are satisfied with the medical check-up service, they still lack understanding of the information provided. This creates ambivalence or confusion regarding the actual benefits or value of the medical check-up, impacting future decision-making. Therefore, healthcare providers should enhance communication and education for patients, using easily understandable language to explain detailed results and their implications for the patient's health. This can improve the understanding of the information provided, making patients feel more confident in deciding to reuse medical check-up services in the future.

1. Development of the model in a path diagram

The complete model, in accordance with the Structural Equation Modeling (SEM) procedure, is as follows:

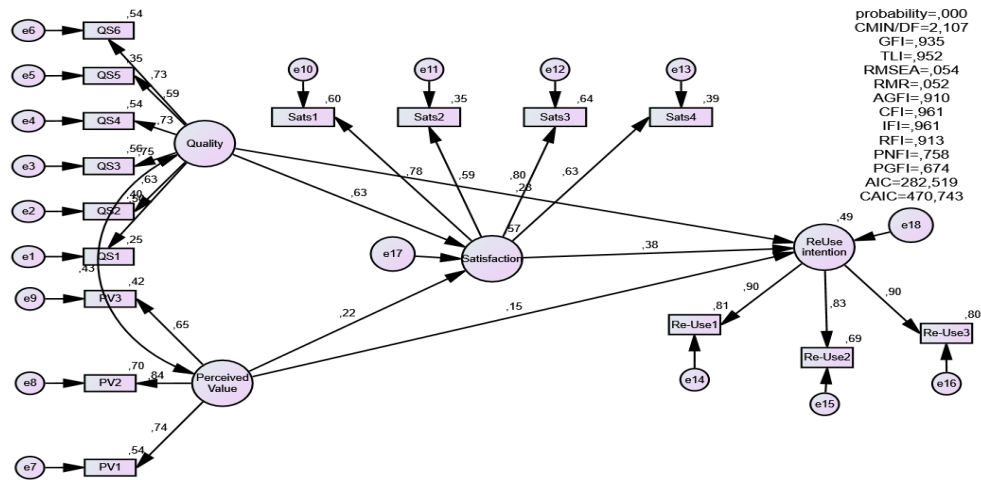


Figure 2. Full Model Standardized Regression Weight

2. Conversion of the path diagram

The results of the conversion of the measurement equations, based on the SEM testing, indicate that the construction of latent variables aligns with the measurement model employed.

3. Confirmatory Factor Analysis

The results of the convergent validity test, including the significance of factor loadings, Average Variance Extracted (AVE), and Composite Reliability, are as follows:

Table 3. Confirmatory Factor Analysis

Path	Estimate	S.E.	C.R.	P	Standardized Regression weight
QS1 <--- Quality	1,000				0.50
QS2 <--- Quality	1,581	0.183	8,624	***	0.64
QS3 <--- Quality	1,987	0.221	8,995	***	0.75
QS4 <--- Quality	1,865	0.215	8,677	***	0.73
QS5 <--- Quality	1,554	0.196	7,919	***	0.59
QS6 <--- Quality	1,791	0.195	9,193	***	0.73
PV1 <--- Perceived_Value	1,000				0.74
PV2 <--- Perceived_Value	1,219	0.097	12,572	***	0.84
PV3 <--- Perceived_Value	0.985	0.088	11,234	***	0.65
Sats1 <--- Satisfaction	1,000				0.78
Sats2 <--- Satisfaction	0.855	0.079	10,881	***	0.59
Sats3 <--- Satisfaction	1,049	0.071	14,819	***	0.80
Sats4 <--- Satisfaction	0.894	0.076	11,780	***	0.63
Reuse3 <--- ReUse_intention	1,000				0.90
Reuse1 <--- ReUse_intention	1,018	0.041	24,829	***	0.90
Reuse2 <--- ReUse_intention	0.92	0.043	21,490	***	0.83

Source: Data processing (2023)

According to the data processing results, each standardized regression weight factor has a value > 0.5. Hair et al. (2014) stated that a standardized regression weight value > 0.5 indicates that each observed variable directly contributes significantly to explaining changes in latent variables (variables not directly observed). Following this method, every observed variable in the factor model is capable of measuring the same dimension of the measured concept. All indicator variables have a critical ratio (C.R.) greater than twice the standard error (S.E.), indicating that the factor model has high convergent validity and is reliable in measuring the dimensions of the measured concept.

Table 4. Confirmatory Factor Analysis Test AVE (Average Variance Extracted), Composite Reliability (CR), and Discriminant Validity

Variables	AVE	CR	QS	PV	PS	Re-Use
Service Quality	0.440	0.769	0.440			
Perceived Value	0.553	0.737	0.03	0.553		
Satisfaction	0.496	0.773	0.07	0.09	0.496	
Reuse Intention Medical Check-up	0.767	0.873	0.10	0.15	0.29	0.767

Source: Data processing (2023)

Based on the AVE values, the measurements with the previously constructed observed variables are sufficiently adequate, and the composite reliability values are acceptable, each exceeding 0.70. The discriminant validity results indicate that the measurement instruments describe and can distinguish different constructs well. Each observed variable has a stronger influence in explaining changes in its latent variable compared to the constructs of other latent variables.

4. Maximum Likelihood Estimation Technique

Tests for normality, linearity, and outliers indicate that the analysis process can proceed using the Maximum Likelihood Estimation (MLE) method. The linearity test results were conducted using the SPSS program, where a good linear line between exogenous and endogenous variables starts from the bottom left and goes towards the top right. Skewness test results show that the values from the normality assessment test in the AMOS program fall within the range $-2.58 \leq c.r \leq 2.58$. The regression line indicates a linear relationship pattern between independent and dependent variables.

5. Evaluation of Goodness of Fit Criteria and Model Improvement

The results of the model evaluation are as follows:

Table 5. Goodness of fit test result

Goodness-of-Fit	Cut-off Value	Respeficication	Conclusion
Absolut Fit Measure			
<i>p-value (Sig.)</i>	> 0,05	0.00	Marginal
<i>GFI (Goodness of Fit)</i>	≥ 0,90	0.935	Fit
<i>RMSEA (Root Mean Square Error of Approximation)</i>	≤0,08	0.054	Fit

<i>Goodness-of-Fit</i>	<i>Cut-off Value</i>	<i>Respeficication</i>	<i>Conclusion</i>
<i>RMR (Root Mean Square Residual)</i>	$\leq 0,05$	0.052	Fit
Incremental Fit Measure			
<i>AGFI (Adjusted Goodness of Fit Index)</i>	$\geq 0,90$	0.91	Fit
<i>CFI (Comparative Fit Index)</i>	$\geq 0,90$	0.961	Fit
<i>IFI (Incremental Fit Index)</i>	$\geq 0,90$	0.961	Fit
<i>RFI (Relative Fit Index)</i>	$\geq 0,95$	0.913	Fit
Parsimonious Fit Measure			
<i>PNFI (Parsimonious Normed Fit Index)</i>	>0.6	0.758	Fit
<i>PGFI (Parsimonious Goodness of fit Index)</i>	Close to 1	0.674	Marginal
<i>AIC (Akaike Information Criterion)</i>	<342.000	282	Fit
<i>CAIC (Consistent Akaike Information Criterion)</i>	<1137.576	470	Fit

Source: Data processing (2023)

The confirmatory model's goodness-of-fit test results are accepted. The data aligns with the model constructed in the study, indicating no significant differences between the data and the model based on the theoretical framework established earlier.

6. Significance Test of Correlation and Mediation

The results of the significance test are as follows:

Table 6. Correlation Test Results

Path			Estimate	S.E.	C.R.	P
Quality	<-->	Perceived_Value	0.166	0.031	5,389	***
Quality	<-->	Satisfaction	0.273	0.039	7,038	***
Quality	<-->	ReUse_intention	0.321	0.046	6,960	***
Perceived_Value	<-->	Satisfaction	0.301	0.046	6,595	***
Perceived_Value	<-->	ReUse_intention	0.386	0.058	6,631	***
Satisfaction	<-->	ReUse_intention	0.541	0.062	8,786	***

Source: Regression weight Data processing (2023)

Results show that each variable generally functions according to the research construction. There is a significant relationship based on both the p-value and CR value. The relationship is significant at a 95% confidence level, even at a 0.01 error level.

The results of the mediation test indicate that the calculated Z-value when satisfaction mediates the influence of service quality on re-use intention is 4.75, meaning it falls within the acceptance region of the hypothesis. The critical Z-value is 2.004. The calculated Z-value for the satisfaction variable mediating the influence of perceived value on re-use intention is 3.81.

7. Hypothesis Testing

The results of hypothesis testing based on data regarding the relationship between variables and the mediation test are as follows:

Tabel 7. The results of hypothesis testing

	Hypothesis	Beta coefficient		Conclusion
		Direct	Indirect	
Ha1	Service quality has a positive influence on satisfaction	0.632		Supported
Ha2	Perceived value has a positive influence on satisfaction	0.221		Supported
Ha3	Satisfaction has a positive influence on reuse intention medical check-up	0.376		Supported
Ha4	Satisfaction mediates the positive influence of service quality on reuse intention medical check-up	0.278	0.238	Supported
Ha5	Patient satisfaction mediates the positive influence of perceived value on reuse intention medical check-up through satisfaction	0.15	0.083	Supported

Source: Standardized Regression Weight Data Processing Results 2023

The study results indicate that the hypotheses formulated in this research are supported. Consistent with previous studies that position service quality and perceived value as exogenous variables for reuse intention, in the context of medical check-up services, their position as exogenous variables is confirmed. Additionally, patient satisfaction partially mediates the influence of service quality and perceived value on the reuse intention of medical check-up services. These findings suggest there are two mechanisms to predict changes in the variation of reuse intention in medical check-up services, both directly and indirectly.

7. DISCUSSION

The research results indicate that there are two mechanisms to explain changes in reuse intention, both directly and indirectly. These findings validate the implementation of health services developed based on Service-Dominant Logic (SDL) co-creation of value (VCC) through a shared platform to enhance reuse intention for better health outcomes. Hospitals are willing to address health-related issues by seeking innovative service delivery based on service quality and perceived value.

The concept of service logic co-creation in medical check-ups creates value by involving service users and providers collaboratively, enhancing patient satisfaction, and achieving health goals Cheng et al., (2022); Popa et al., (2022). Consistent with Grönroos, (2011), service logic providers have the opportunity to create shared value with their customers.

In the context of healthcare service marketing, medical check-ups play a crucial role in creating value for patients through early detection, prevention, risk management, and improving the quality of life and health outcomes. Through collaboration between service users and providers, medical check-ups can meet patient needs, enhance satisfaction, and provide sustainable benefits.

For patients, medical check-ups help detect and diagnose chronic diseases early, enabling early intervention and proper management to maintain patient health (Cheng et al., 2022; Hills & Shah, 2020; Ishida et al., 2015). Identifying early signs of diseases and related risk factors in medical check-ups increases patients' efforts for appropriate preventive actions, such as lifestyle changes or risk management, to prevent further disease development (Briseño-Bass et al., 2019; Koto et al., 2021). Health information obtained through medical check-ups assists patients and healthcare providers in controlling diseases, understanding patients' health conditions, and planning more effective treatment, reducing the risk of complications and improving patient clinical outcomes, helping identify potential disease development risks (Wang et al., 2021). For patients, this action is invaluable because health information obtained through medical check-ups helps patients live better lives.

In line with the research results, the development of propositions from service logic and propositions about health services for the community is through expanding the concept of value in a more descriptive context, focusing on preventive and promotive actions, and emphasizing collaboration and value creation in service logic co-creation to achieve sustainable health goals. Collaboration and value creation in service logic co-creation become key elements in the development of sustainable health services. In this context, patients and healthcare service providers work together to create optimal value by involving service users in the decision-making process and designing treatment that suits patients' needs and preferences.

Collaboration strengthens the relationship between patients and service providers, thus enhancing patient trust and satisfaction. By implementing these propositions, health services can expand the concept of value in a more descriptive context, focus on preventive and promotive actions, and prioritize collaboration and value creation in service logic co-creation. This is expected to improve the quality of health services, enhance public health outcomes, and achieve sustainable health goals. In line with Grönroos, (2011) and Vargo et al., (2008), creating shared value with customers in service logic co-creation drives changes in the interaction process between patients and healthcare service providers. This process leads to shared value, where health efforts are not only curative based on health test results but involve collaborative efforts for health promotion with a focus on preventive efforts to create a healthier community at a lower cost for medical check-up users.

Consistent with Akter et al., (2022), medical check-up services encompass real value creation where health information becomes the basis for value creation (preventive and promotive). Service innovation and innovative offerings impact the quality of life for patients and healthcare services. Creating value for patients is an innovative solution to health problems. Value creation in service logic co-creation becomes a key element in the development of sustainable health services.

8. LIMITATIONS AND FUTURE DIRECTION FOR RESEARCH

The study was conducted in a developing country, specifically focusing on medical check-up services in public hospitals (RSUD), limiting the generalizability of its findings to similar contexts. Future research could be carried out in various geographical and economic settings to enhance the external validity of the findings. While the study identified specific practices related to value co-creation, future research could broaden the investigation to explore other service sectors. This would provide a more comprehensive understanding of the implications and effects of co-creating value. Further research might involve a more representative sample of the medical check-up service user population across different healthcare facilities, not just limited to public hospitals, to improve generalizability. Mixed methods could be employed, incorporating data collection techniques such as in-depth interviews to gain deeper insights into users' perceptions and preferences. Research conducted over a more extended period could capture both the process and outcomes of value co-creation.

9. CONCLUSION

Service quality and perceived value in medical check-ups influence patient satisfaction and the intention to reuse services. Quality medical check-up services and perceived value developed based on Service-Dominant Logic (SD-L) provide an innovative solution to health problems, where medical check-up information serves as the foundation for creating preventive and promotive value. Service innovation and innovative offerings impact the quality of life for patients and healthcare services as a whole. The creation of shared value with patients is based on optimizing promotive, preventive, and curative functions for better health.

Theoretical Implication: The concept of service logic co-creation, creating shared value with customers, drives changes in the interaction process between patients and healthcare service providers. This process is not only focused on curative processes based on health test results but also on preventive and promotive efforts to create a healthier society at more affordable costs. Healthcare services can develop a theoretical framework of SDL co-creation to update the operational scope and delivery of their services. Health services are inseparable from the value creation process that facilitates sharing, learning, and connections to support customer health.

Practical Implication: The expansion of health services based on a shared platform serves as the orientation for healthcare service providers towards the reuse intention of medical check-ups. Hospitals, as providers of medical check-up services, consider developing services to create added value based on a shared platform. Medical check-up information is managed collaboratively with patients to provide a better understanding that directs the focus towards preventive and promotive actions in healthcare services. Collaboration between patients and service providers encourages healthcare providers to continually develop holistic health services, encompassing early detection, prevention, risk management, and improvement of quality of life.

REFERENCES

Aagja, J. P., & Garg, R. (2010). *Measuring perceived service quality for public hospitals (PubHosQual) in the Indian.*

- Abu-Salim, T., Onyia, O. P., Harrison, T., & Lindsay, V. (2017). Effects of perceived cost, service quality, and customer satisfaction on health insurance service continuance. *Journal of Financial Services Marketing*, 22(4), 173–186. <https://doi.org/10.1057/s41264-017-0035-4>
- Ahmed, I., Jeon, G., & Piccialli, F. (2021). A Deep-Learning-Based Smart Healthcare System for Patient's Discomfort Detection at the Edge of Internet of Things. *IEEE Internet of Things Journal*, 8(13), 10318–10326. <https://doi.org/10.1109/JIOT.2021.3052067>
- Ahn, J. (.), Choi, E.-K. (.), & Joung, H.-W. (2020). Does Gender Moderate the Relationship among Festival Attendees' Motivation, Perceived Value, Visitor Satisfaction, and Electronic Word-of-Mouth? In *Information* (Vol. 11, Issue 9). <https://doi.org/10.3390/info11090412>
- Ahn, J., & Thomas, T. K. (2020). The role of customers' perceived values of integrated resort brands in destination. *Journal of Destination Marketing and Management*, 15(November 2019), 100403. <https://doi.org/10.1016/j.jdmm.2019.100403>
- Akter, S., Babu, M. M., Hossain, M. A., & Hani, U. (2022). Value co-creation on a shared healthcare platform: Impact on service innovation, perceived value and patient welfare. *Journal of Business Research*, 140, 95–106. <https://doi.org/10.1016/j.jbusres.2021.11.077>
- Ali, J., Jusoh, A., Idris, N., Nor, K. M., Wan, Y., Abbas, A. F., & Alsharif, A. H. (2022). Applicability of healthcare service quality models and dimensions: future research directions. *TQM Journal*. <https://doi.org/10.1108/TQM-12-2021-0358>
- Alkhawaldeh, A. M. (2022). Religious Tourism Post-Covid-19 in the Context of Muslim Countries: Destination Image, Perceived Value, Intention To Revisit Makkah and Health Risk As Moderator. *Geojournal of Tourism and Geosites*, 43(3), 858–865. <https://doi.org/10.30892/gtg.43303-897>
- Amankwah, O., Choong, W. W., & Mohammed, A. H. (2019). Modelling the influence of healthcare facilities management service quality on patients satisfaction. *Journal of Facilities Management*, 17(3), 267–283. <https://doi.org/10.1108/JFM-08-2018-0053>
- Andromeda, I., & Antonio, F. (2022). The impact of hospital servicescapes on patient loyalty mediated by patients' emotion and satisfaction: a study at private hospital in indonesia. *JURNAL ILMIAH MANAJEMEN BISNIS DAN INOVASI UNIVERSITAS SAM RATULANGI*, 9(2), 663–677.
- Asnawi, A. A., Awang, Z., Afthanorhan, A., Mohamad, M., & Karim, F. (2019). The influence of hospital image and service quality on patients' satisfaction and loyalty. *Management Science Letters*, 9(6), 911–920. <https://doi.org/10.5267/j.msl.2019.2.011>
- Assaker, G., O'Connor, P., & El-Haddad, R. (2020). Examining an integrated model of green image, perceived quality, satisfaction, trust, and loyalty in upscale hotels. *Journal of Hospitality Marketing and Management*, 29(8), 934–955. <https://doi.org/10.1080/19368623.2020.1751371>
- Batra, M., & Taneja, U. (2021). Examining the effect of servicescape, perceived service quality and emotional satisfaction on hospital image. *International Journal of Pharmaceutical and Healthcare Marketing*, 15(4), 617–632. <https://doi.org/10.1108/IJPHM-04-2020-0026>
- Briseño-Bass, P., Chávez-Pérez, R., & López-Zendejas, M. (2019). Prevalence of hepatic steatosis and its relation to liver function tests and lipid profile in patients at medical check-up. *Revista de Gastroenterología de México (English Edition)*, 84(3), 290–295. <https://doi.org/10.1016/j.rgmxen.2018.05.024>
- Cheah, Y. K., & Meltzer, D. (2020). Ethnic Differences in Participation in Medical Check-ups Among the Elderly: Evidence from Malaysia. *Journal of General Internal Medicine*, 35(9), 2680–2686. <https://doi.org/10.1007/s11606-020-05766-6>
- Cheng, Y., Zhang, H., Zheng, H., Yin, H., Wang, Y., Wang, H., Gu, L., & Yin, D. (2022). Association between serum uric acid/HDL-cholesterol ratio and chronic kidney disease: A cross-sectional study based on a health check-up population. *BMJ Open*, 12(12), 1–7. <https://doi.org/10.1136/bmjopen-2022-066243>

- Chuenyindee, T., Ong, A. K. S., Ramos, J. P., Prasetyo, Y. T., Nadlifatin, R., Kurata, Y. B., & Sittiwatethanasiri, T. (2022). Public utility vehicle service quality and customer satisfaction in the Philippines during the COVID-19 pandemic. *Utilities Policy*, 75(January), 101336. <https://doi.org/10.1016/j.jup.2022.101336>
- Cuong, D. T., & Khoi, B. H. (2019). The effect of brand image and perceived value on satisfaction and loyalty at convenience stores in Vietnam. *Journal of Advanced Research in Dynamical and Control Systems*, 11(8), 1446–1454.
- Dahl, A. J., Milne, G. R., & Peltier, J. W. (2021). Digital health information seeking in an omnichannel environment: A shared decision-making and service-dominant logic perspective. *Journal of Business Research*, 125, 840–850. <https://doi.org/10.1016/j.jbusres.2019.02.025>
- Davis, K. S., Mohan, M., & Rayburn, S. W. (2016). *Service quality and acculturation: advancing immigrant healthcare utilization*.
- Dayan, M., Kuwaiti, I. A. Al, Husain, Z., Yen, N., & Dayan, A. (2021). Factors influencing patient loyalty to outpatient medical services: an empirical analysis of the UAE's government healthcare system. *The International Journal of Quality & Reliability Management*, 39(1), 176–203. <https://doi.org/https://doi.org/10.1108/IJQRM-11-2020-0373>
- de Kervenoael, R., Hasan, R., Schwob, A., & Goh, E. (2020). Leveraging human-robot interaction in hospitality services: Incorporating the role of perceived value, empathy, and information sharing into visitors' intentions to use social robots. *Tourism Management*, 78(April 2019), 104042. <https://doi.org/10.1016/j.tourman.2019.104042>
- Devi, A. A. D. T., & Yasa, N. N. K. (2021). Role of Customer Satisfaction in Mediating the Influence of Service Quality and Perceived Value on Brand Loyalty. *International Research Journal of Management, IT and Social Sciences*, 8(3), 315–328. <https://doi.org/10.21744/irjmis.v8n3.1786>
- Dulău, D., Craiut, L., Tit, D. M., Buhas, C., Tarce, A. G., & Uivarosan, D. (2022). Effects of Hospital Decentralization Processes on Patients' Satisfaction: Evidence from Two Public Romanian Hospitals across Two Decades. In *Sustainability (Switzerland)* (Vol. 14, Issue 8). <https://doi.org/10.3390/su14084818>
- El-Adly, M. I. (2019). Modelling the relationship between hotel perceived value, customer satisfaction, and customer loyalty. *Journal of Retailing and Consumer Services*, 50(July 2018), 322–332. <https://doi.org/10.1016/j.jretconser.2018.07.007>
- Etgar, M., & Fuchs, G. (2009). Why and how service quality perceptions impact consumer responses. *Managing Service Quality*, 19(4), 474–485. <https://doi.org/10.1108/09604520910971566>
- Evans, W. D., & French, J. (2021). Demand creation for COVID-19 vaccination: Overcoming vaccine hesitancy through social marketing. *Vaccines*, 9(4), 1–14. <https://doi.org/10.3390/vaccines9040319>
- Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in context of private healthcare systems. *International Journal of Quality and Reliability Management*, 35(6), 1195–1214. <https://doi.org/10.1108/IJQRM-02-2017-0031>
- Fitriani, D. A., Pasinringi, S. A., Irwandy, I., & Amqam, H. (2020). The effect of perceived value toward loyalty through patient satisfaction in Hasanuddin University Hospital. *Enfermeria Clinica*, 30, 408–411. <https://doi.org/10.1016/j.enfcli.2019.11.008>
- Ge, Y., Yuan, Q., Wang, Y., & Park, K. (2021). The structural relationship among perceived service quality, perceived value, and customer satisfaction-focused on starbucks reserve coffee shops in Shanghai, China. *Sustainability (Switzerland)*, 13(15). <https://doi.org/10.3390/su13158633>
- Goh, S. K., Jiang, N., & Tee, P. L. (2016). The Impact of Brand trust, Self-image Congruence and Usage Satisfaction toward Smartphone Repurchase Intention. *Journal*, 6(3), 436–441.

- Gómez-Carmona, D., Paramio, A., Cruces-Montes, S., & Marín-Dueñas, P. P. (2022). Impact of COVID-19 prevention measures on health service quality, perceived value and user satisfaction. A structural equation modelling (SEM) approach. *Atencion Primaria*, 54(2). <https://doi.org/10.1016/j.aprim.2021.102178>
- Grönroos, C. (2011). Value co-creation in service logic: A critical analysis. *Marketing Theory*, 11(3), 279–301. <https://doi.org/10.1177/1470593111408177>
- Grönroos, C., & Ravald, A. (2011). Service as business logic: implications for value creation and marketing. *Journal of Service Management*, 22(1), 5–22. <https://doi.org/10.1108/09564231111106893>
- Grönroos, C., & Voima, P. (2013). Critical service logic: Making sense of value creation and co-creation. *Journal of the Academy of Marketing Science*, 41(2), 133–150. <https://doi.org/10.1007/s11747-012-0308-3>
- Guo, C., Zhang, Z., Zhou, J., & Deng, Z. (2020). Seeking or contributing? Evidence of knowledge sharing behaviours in promoting patients' perceived value of online health communities. *Health Expectations*, 23(6), 1614–1626. <https://doi.org/10.1111/hex.13146>
- Hakimi, N., Binti Che Nawi, N., Ismail, M., Zaki Muhamad Hasan, M., Hery Ibrahim, A., & Azwin Md Nasir, N. (2018). The Roles of Islamic Religiosity, Brand Image and Knowledge on Relationship between Perceived Value and Tourist Satisfaction: A Review. *International Journal of Business and Management*, 13(8), 101. <https://doi.org/10.5539/ijbm.v13n8p101>
- Han, H., Yu, J., & Hyun, S. S. (2020). Effects of nature-based solutions (NBS) on eco-friendly hotel guests' mental health perceptions, satisfaction, switching barriers, and revisit intentions. *Journal of Hospitality Marketing and Management*, 29(5), 592–611. <https://doi.org/10.1080/19368623.2019.1660751>
- Hills, O., & Shah, D. (2020). Online health information seeking, medical care beliefs and timeliness of medical check-ups among African Americans. *Patient Education and Counseling*, 103(12), 2468–2476. <https://doi.org/10.1016/j.pec.2020.06.006>
- Hussein, A. S., Hapsari, R. D. V., & Yulianti, I. (2018). Experience quality and hotel boutique customer loyalty: Mediating role of hotel image and perceived value. *Journal of Quality Assurance in Hospitality and Tourism*, 19(4), 442–459. <https://doi.org/10.1080/1528008X.2018.1429981>
- Hwang, J., & Park, S. (2018). An exploratory study of how casino dealer communication styles lead to player satisfaction. *Journal of Travel & Tourism Marketing*, 35(9), 1246–1260. <https://doi.org/10.1080/10548408.2018.1488648>
- Iacobucci, D., & Popovich, D. (2022). Studying Healthcare from a Marketing Perspective. *Foundations and Trends in Marketing*, 15(2), 86–152. <https://doi.org/10.1561/17000000071>
- Ishida, Y., Ichikawa, Y. E., Fukakusa, M., Kawatsu, A., & Masuda, K. (2015). Novel equations better predict lung age: A retrospective analysis using two cohorts of participants with medical check-up examinations in Japan. *Npj Primary Care Respiratory Medicine*, 25(June 2014). <https://doi.org/10.1038/npjpcrm.2015.11>
- Jaleel, A. A., Yajid, M. S. A., Khatibi, A., & Azam, S. M. F. (2021). Assessing the interrelationships between customer satisfaction, perceived value and behavioral intention among Maldivians seeking medical care within medical tourism services: Empirical evidence from the Maldives. *Management Science Letters*, 11, 1845–1854. <https://doi.org/10.5267/j.msl.2021.1.019>
- Jandavath, R. K. N., & Byram, A. (2016). Healthcare service quality effect on patient satisfaction and behavioural intentions in corporate hospitals in India. *International Journal of Pharmaceutical and Healthcare Marketing*, 10(1), 48–74. <https://doi.org/10.1108/IJPHM-07-2014-0043>
- Jeon, Y. K., Kim, D. W., Han, S. J., Huang, Y. H., & Kim, J. J. (2021). How does service environment enhance consumer loyalty in the sport fitness industry? The role of servicescape,

- consumption motivation, emotional and flow experiences. *Sustainability (Switzerland)*, 13(11). <https://doi.org/10.3390/su13116414>
- Joiner, K., & Lusch, R. (2016). Evolving to a new service-dominant logic for health care. *Innovation and Entrepreneurship in Health*, 3, 25–33. <https://doi.org/10.2147/ieh.s93473>
- Karjaluoto, H., Shaikh, A. A., Saarijärvi, H., & Saraniemi, S. (2019). How perceived value drives the use of mobile financial services apps. *International Journal of Information Management*, 47, 252–261. <https://doi.org/10.1016/j.ijinfomgt.2018.08.014>
- Kennedy, D. M., Anastos, C. T., & Genau, M. C. (2019). Improving healthcare service quality through performance management. *Leadership in Health Services*, 32(3), 477–492. <https://doi.org/10.1108/LHS-02-2019-0006>
- Kotler, P., Keller, K. L., Brady, M., Goodman, M., & Hansen, T. (2019). Marketing management (4th European ed.). Harlow: Pearson Education.
- Koto, R., Nakajima, A., Horiuchi, H., & Yamanaka, H. (2021). Serum uric acid control for prevention of gout flare in patients with asymptomatic hyperuricaemia: A retrospective cohort study of health insurance claims and medical check-up data in Japan. *Annals of the Rheumatic Diseases*, 80(11), 1483–1490. <https://doi.org/10.1136/annrheumdis-2021-220439>
- Lin, W., & Yin, W. (2022). Impacts of service quality, brand image, and perceived value on outpatient's loyalty to China's private dental clinics with service satisfaction as a mediator. *PLoS ONE*, 17(6 June), 1–9. <https://doi.org/10.1371/journal.pone.0269233>
- Liu, S., Li, G., Liu, N., & Hongwei, W. (2021). The Impact of Patient Satisfaction on Patient Loyalty with the Mediating Effect of Patient Trust. *Inquiry (United States)*, 58. <https://doi.org/10.1177/00469580211007221>
- Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient satisfaction with health care services; an application of physician's behavior as a moderator. *International Journal of Environmental Research and Public Health*, 16(18), 1–16. <https://doi.org/10.3390/ijerph16183318>
- Meesala, A., & Paul, J. (2018). Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. *Journal of Retailing and Consumer Services*, 40(July 2016), 261–269. <https://doi.org/10.1016/j.jretconser.2016.10.011>
- Miao, R., Zhang, H., Wu, Q., Zhang, J., & Jiang, Z. (2019). Using structural equation modeling to analyze patient value, satisfaction, and loyalty: a case study of healthcare in China. *International Journal of Production Research*, 58(2), 577–596. <https://doi.org/10.1080/00207543.2019.1598595>
- Mohammed, A., & Rashid, B. (2018). A conceptual model of corporate social responsibility dimensions, brand image, and customer satisfaction in Malaysian hotel industry. *Kasetsart Journal of Social Sciences*, 39(2), 358–364. <https://doi.org/10.1016/j.kjss.2018.04.001>
- Nguyen, N. X., Tran, K., & Nguyen, T. A. (2021). Impact of service quality on in-patients' satisfaction, perceived value, and customer loyalty: A mixed-methods study from a developing country. *Patient Preference and Adherence*, 15(September), 2523–2538. <https://doi.org/10.2147/PPA.S333586>
- Parasuraman, A., Zeithaml, V. A., & Berry, L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. 1988, 64(1), 12–40.
- Popa, A. L., Țarcă, N. N., Sasu, D. V., Bodog, S. A., Roșca, R. D., & Tarcza, T. M. (2022). Exploring Marketing Insights for Healthcare: Trends and Perspectives Based on Literature Investigation. *Sustainability (Switzerland)*, 14(17). <https://doi.org/10.3390/su141710499>
- Qalati, S. A., Vela, E. G., Li, W., Dakhan, S. A., Hong Thuy, T. T., & Merani, S. H. (2021). Effects of perceived service quality, website quality, and reputation on purchase intention: The mediating and moderating roles of trust and perceived risk in online shopping. *Cogent Business and Management*, 8(1). <https://doi.org/10.1080/23311975.2020.1869363>

- Qian, H., Lu, W., & Zhang, D. (2020). *Why Patients Dissatisfy with Medical Care in China-- Evidence from the Patient Perceived Value*.
- Rahman, M. K. (2019). Medical tourism: tourists' perceived services and satisfaction lessons from Malaysian hospitals. *Tourism Review*, 74(3), 739–758. <https://doi.org/10.1108/TR-01-2018-0006>
- Román-Augusto, J. A., Garrido-Lecca-Vera, C., Lodeiros-Zubiria, M. L., & Mauricio-Andia, M. (2022). Green Marketing: Drivers in the Process of Buying Green Products—The Role of Green Satisfaction, Green Trust, Green WOM and Green Perceived Value. *Sustainability (Switzerland)*, 14(17). <https://doi.org/10.3390/su141710580>
- Rostami, M., Ahmadian, L., Jahani, Y., & Niknafs, A. (2019). The effect of patient satisfaction with academic hospitals on their loyalty. *International Journal of Health Planning and Management*, 34(1), e726–e735. <https://doi.org/10.1002/hpm.2685>
- Sadeh, E. (2017). Interrelationships among quality enablers, service quality, patients' satisfaction and loyalty in hospitals. *TQM Journal*, 29(1), 101–117. <https://doi.org/10.1108/TQM-02-2015-0032>
- Scarlett, G., Reksoprawiro, R., Amelia, N., & Wibowo, A. J. I. (2022). Institutions and technology in the value co-creation process of restaurant consumers: a service-dominant logic perspective. *TQM Journal*, 34(3), 357–376. <https://doi.org/10.1108/TQM-10-2020-0255>
- Schmit, M. K., Watson, J. C., & Fernandez, M. A. (2018). Examining the Effectiveness of Integrated Behavioral and Primary Health Care Treatment. *Journal of Counseling and Development*, 96(1), 3–14. <https://doi.org/10.1002/jcad.12173>
- Shafei, I., Walburg, J., & Taher, A. (2019). Verifying alternative measures of healthcare service quality. *International Journal of Health Care Quality Assurance*.
- Shahijan, M. K., Rezaei, S., & Guptan, V. P. (2018). Marketing public and private higher education institutions: A total experiential model of international student's satisfaction, performance and continues intention. *International Review on Public and Nonprofit Marketing*, 15(2), 205–234. <https://doi.org/10.1007/s12208-018-0198-2>
- Swain, S., & Kar, N. C. (2018). Hospital service quality as antecedent of patient satisfaction – a conceptual framework. *International Journal of Pharmaceutical and Healthcare Marketing*, 12(3), 251–269. <https://doi.org/10.1108/IJPHM-06-2016-0028>
- Tadajewski, M., & Jones, D. G. B. (2021). From goods-dominant logic to service-dominant logic? Service, service capitalism and service socialism. *Marketing Theory*, 21(1), 113–134. <https://doi.org/10.1177/1470593120966768>
- Uzir, M. U. H., Al Halbusi, H., Thurasamy, R., Thiam Hock, R. L., Aljaberi, M. A., Hasan, N., & Hamid, M. (2021). The effects of service quality, perceived value and trust in home delivery service personnel on customer satisfaction: Evidence from a developing country. *Journal of Retailing and Consumer Services*, 63(April), 102721. <https://doi.org/10.1016/j.jretconser.2021.102721>
- Vargo, S. L., & Lusch, R. F. (2004). The Four Service Marketing Myths: Remnants of a Goods-Based, Manufacturing Model. *Journal of Service Research*, 6(4), 324–335. <https://doi.org/10.1177/1094670503262946>
- Vargo, S. L., Maglio, P. P., & Akaka, M. A. (2008). On value and value co-creation: A service systems and service logic perspective. *European Management Journal*, 26(3), 145–152. <https://doi.org/10.1016/j.emj.2008.04.003>
- Vigolo, V., Bonfanti, A., Sallaku, R., & Douglas, J. (2020). The effect of signage and emotions on satisfaction with the servicescape: An empirical investigation in a healthcare service setting. *Psychology and Marketing*, 37(3), 408–417. <https://doi.org/10.1002/mar.21307>
- Walton, A., & Collins, T. (2022). The experiences of older adult members of a combined lunch club and assisted shopping group and the perceived value in their occupational lives: A qualitative study. *Health Science Reports*, 5(6). <https://doi.org/10.1002/hsr2.912>

- Wang, P. P., Ke, C. M., Yao, D. Y., Fang, X. J., Luo, W. X., Wu, J. L., Wang, J., & Zheng, C. N. (2021). A Cohort Study on Associations between Fundus/intraocular Pressure Abnormality and Medical Check-up Items. *Current Eye Research*, 46(5), 704–709. <https://doi.org/10.1080/02713683.2020.1826978>
- Wu, H. C., Li, T., & Li, M. Y. (2016). A Study of Behavioral Intentions, Patient Satisfaction, Perceived Value, Patient Trust and Experiential Quality for Medical Tourists. *Journal of Quality Assurance in Hospitality and Tourism*, 17(2), 114–150. <https://doi.org/10.1080/1528008X.2015.1042621>
- Yang, K., Kim, J., Min, J., & Hernandez-Calderon, A. (2021). Effects of retailers' service quality and legitimacy on behavioral intention: the role of emotions during COVID-19. *Service Industries Journal*, 41(1–2), 84–106. <https://doi.org/10.1080/02642069.2020.1863373>
- Ye, J., Dong, B., & Lee, J. Y. (2017). The long-term impact of service empathy and responsiveness on customer satisfaction and profitability: a longitudinal investigation in a healthcare context. *Marketing Letters*, 28(4), 551–564. <https://doi.org/10.1007/s11002-017-9429-2>
- Zaid, A. A., Arqawi, S., Al Shobaki, M. J., Arqawi, S. M., Mwais, R. M. A., & Abu-Naser, S. S. (2020). The Impact of Total Quality Management and Perceived Service Quality on Patient Satisfaction and Behavior Intention in Palestinian Healthcare Organizations. *Trku*, 62(03). <https://www.researchgate.net/publication/341043587>
- Zeithaml, V. A. (1988). Consumer Perceptions of Price, Quality, and Value: A Means-End Model and Synthesis of Evidence. *Journal of Marketing*, 52(3), 2. <https://doi.org/10.2307/1251446>