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## Quality of Services at RSUD X, Emotions and Satisfaction of Covid-19 Patients

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### ABSTRACT

This research aims to reveal the influence of service quality consisting of tangible, reliability, responsiveness, empathy, and assurance on the positive emotions of RSUD patients X Solo City and its influence on satisfaction. The problem formulation in this research is related to the gap that will be discussed in this research. The gaps that will be discussed in this research relate to theoretical gaps, empirical gaps, and method gaps. The theoretical gap in this research is related to the basic theory that will be used in this research, namely service quality theory, emotion theory, and customer satisfaction theory. This research involved 300 respondents who were former Covid-19 patients who had been treated at referral hospitals in the cities of Semarang and Solo. Data collection uses a questionnaire with a survey method. The data analysis technique uses Structural Equation Modeling (SEM) with the help of the SMART PLS 3 application. The results of this study show that all dimensions of RSUD service quality have a positive and significant effect on patient emotions, and patient emotions have a positive effect on satisfaction. The limitations of this research are related to the scope of respondents and areas used as well as the variables contained in this research model.

**Keywords:** Service Quality; Positive Emotions; Satisfaction; SEM

### INTRODUCTION

Currently, health problems have become a basic need for people throughout Indonesia. The increase in people's living standards is accompanied by an increase in people's demands for quality health. Therefore, this requires health service providers such as hospitals to always improve the quality of their services. Furthermore, it is not only services that are healing for disease but also includes preventative services to improve the quality of life and provide satisfaction for the community as users of health services (Arasli & Ahmadeva, 2008).

Hospitals as government agencies engaged in health services are experiencing rapid changes. At the beginning of its development, hospitals were institutions that

had a social function, but with the existence of private hospitals, in the end, hospitals became more of an industry that operates in the field of health services by carrying out management based on business entity management. The development of technology, communication and information has led to competition between hospitals, both government-owned hospitals and private hospitals. Each tries to attract consumers, in this case the public, to use their services.

The high level of service competition currently requires a service/service provider institution to always try to pamper customers/consumers by providing the best service. Consumers will always look for products in the form of goods or services from companies that can provide the best service to



them (Kotler & Keller, 2016). However, the main problem for a health service institution is the increasing number of competitors that appear. Therefore, in this case hospitals are required to always maintain the trust of the public as consumers by improving the quality of service so that consumer satisfaction always increases (Al-Shdaifat, 2015). Hospitals need to carefully determine consumers' needs and desires in an effort to fulfill and increase satisfaction with the services provided (Chang et al., 2013).

During the Covid-19 pandemic, the Health system in Indonesia was faced with efforts to maintain a balance between meeting the needs for handling the pandemic and fulfilling Health services that were considered essential. This balance must be maintained so that there is no increase in cases of other diseases after the COVID-19 pandemic ends. The increasing number of corona virus infections in Indonesia continues to increase, so this has caused quite a few health services in hospitals to begin to be overwhelmed in handling Covid-19 positive patients.

Therefore, at times like this, hospitals are required to be able to provide optimal quality of service during the Covid-19 pandemic so that they can create patient satisfaction which can speed up the healing process psychologically because they receive quality services. Providing the best quality service is not something that is easy for hospital managers because the services provided by hospitals involve the quality of life of their patients so that if an error occurs in a medical procedure it can have a negative impact on the patient. Especially during the Covid-19 pandemic, this impact can include the patient's illness getting worse, disability and even death.

In receiving and serving inpatients during the Covid-19 pandemic with various characteristics, hospitals must always listen to the voices of consumers, and have the ability to respond to every desire, consumer expectation and demands of health service users. This is closely related to health workers who always accompany and serve patients as consumers during the Covid-19 pandemic.

The service quality theory that will be used as one of the theoretical bases used in the research is the service quality theory put forward by Parasuraman et al (1985). According to Parasuraman et al (1985) service quality consists of dimensions that are closely related to customer perceptions between expectations and reality related to their consumption. These dimensions are tangible, reliability, responsiveness, empathy, and assurance.

The theory of emotion used in this research is the theory put forward by Russell (1980) and Smith and Lazarus (1990). The cognitive theory view states that emotions are determined more by the results of an individual's interpretation of an event (Schlett & Ziegler, 2014). Individuals can view and interpret an event based on negative, unpleasant, miserable, annoying and disappointing perceptions or assessments (Schlett & Ziegler, 2014). Therefore, in this research positive emotions are one of the mediating variables in the proposed research model.

In connection with customer satisfaction, the basic theory used is as proposed by Cronin and Taylor (1992). According to them, customer satisfaction is a post-purchase evaluation or the result of an evaluation after comparing what they feel with their expectations. Therefore, through this research it is hoped that customer satisfaction can be revealed, in this case Covid-19 patients who have been treated and recovered from regional hospitals in Semarang City and Solo City.

However, based on the results of initial interviews that the author conducted with several patients who had been treated at the hospital, the majority showed a level of satisfaction that this was actually coercion because basically they had no other choice. Excerpts from the interview results clearly show the level of satisfaction felt by patients who have been treated at RSUD City X and City Y, but it is not optimal. This is because the perceived quality of service has not been able to form maximum positive emotions in patients after

they are declared cured and discharged from the hospital.

The problem formulation in this research is related to the gap that will be discussed in this research. The gaps that will be discussed in this research relate to theoretical gaps, empirical gaps, and method gaps. The theoretical gap in this research is related to the basic theory that will be used in this research, namely the service quality theory put forward by Parasuraman et al (1985), the emotion theory put forward by Russell (1980), Smith and Lazarus (1990), and Morris and Keltner (2000), as well as the customer satisfaction theory put forward by Oliver (1980).

Various existing literature on the influence of quality on customer satisfaction uses several approaches to measuring quality. The most popular theory is SERVQUAL as proposed by Parasuraman et al (1985; 1991) which measures the difference between customer expectations and perceptions on five service quality factors which include tangible (physical form), reliability (reliability), responsiveness (responsiveness), assurance (guarantee), and empathy (empathy).

Several researchers such as Oliver (1993) and Oliver and Westbrook (1993) stated that SERVQUAL does not have the ability to show precisely the impact of each quality dimension or combination of dimensions on different emotions. Furthermore, the best results that can be achieved using SERVQUAL in relation to customer emotions are similar to other disconfirmation approaches (Oliver 1993; Oliver & Westbrook 1993). For example, positive disconfirmation leads to positive emotions while negative disconfirmation leads to negative emotions. However, it is unclear whether certain quality dimensions evoke emotions characterized by high or low arousal (intensity).

Furthermore, for example, when the tangibles or empathy dimensions are below customer expectations, what negative emotions will arise with consumers? Is it anger, unpleasant surprise, annoyance, or boredom? Similarly, when assurance or responsiveness is

above expectations, which positive emotions will emerge? Joy, satisfaction, or confidence?

Therefore, based on this theoretical gap as in this research, the author has a perspective and sees customer emotions as a symptom of problems experienced by organizations/companies in providing their services. Thus, based on this, emotions as a symptom are very useful in providing external exposure to the efficiency of organizational processes so that if problems occur they can be handled more quickly. If an organizational manager practically observes customers who are angry or confused, or anxious, then he or she will receive an alert regarding the SERVQUAL dimension. Perhaps some of these dimensions are unsatisfactory and need to be addressed immediately.

Various literature on services shows that satisfied consumers will tend to repeat previous consumption experiences which ultimately have a positive impact on the organization's economic profits (Cronin et al., 2000; Ferrand & Vecchiatini, 2002; Yoshida & James, 2010). Cronin and Taylor (1992) state that satisfaction as a consumer experience arises because it is caused by reactions to service encounters.

Furthermore, analysis of satisfaction can be carried out either only by the size of a particular transaction or as a transaction viewed as a whole process (Jones & Suh, 2000; Pedragosa & Correia, 2009). Satisfaction based on a specific transaction relates only to a single service encounter, whereas overall satisfaction refers to the cumulative evaluation of all service encounters between a consumer and an organization ( Jones & Suh, 2000 ; Pedragosa & Correia, 2009 ).

Previous research shows that consumer satisfaction analysis must consider emotional factors experienced during the process of service consumption (Biscaia et al., 2012; Kang et al., 2011; Martin et al., 2008; Oliver, 1997). Consistently, Oliver (1997) emphasized that satisfaction requires experience dependence and involves emotions, while Mano and Oliver (1993) indicated that

emotions related to consumption are important antecedents for understanding consumer satisfaction.

The empirical gap in this research is related to the background of the research conducted. So far, research on the relationship between service quality, emotions and satisfaction has only tended to be carried out in European and American countries. Furthermore, these studies were only conducted in manufacturing and service organizations such as banking and restaurants. There are still few and rarely conducted studies in hospital settings. Based on the author's literature review, there are only two studies that reveal the relationship between service quality, emotions and customer satisfaction in a hospital setting, namely: research conducted by Vinagre and Neves in 2008 and 2010.

Meanwhile, in Indonesia there are several similar studies, such as research conducted by Hakim (2011) which revealed the influence of service quality on customer emotional satisfaction and behavioral intentions with a hotel research background. The results of the research show that service quality influences customer emotional satisfaction and behavioral intentions.

Research conducted by Samsudin (2011) regarding the influence of service quality and patient emotions on patient satisfaction when inpatient at a public hospital in the Klaten area. The results of his research show that patients are satisfied with the quality of services provided by the General Hospital. Patient satisfaction will increase if the quality of service also increases. This is because there is a relationship between service quality, patient emotions, expectations, involvement and patient behavioral intentions.

Research conducted by Sari (2014) who aims to determine the influence of service quality on visitor satisfaction, the influence of emotional factors on visitor satisfaction, and the influence of service quality and emotional factors on visitor satisfaction. The research setting is a hotel. The results of his research show that service quality influences customer

satisfaction and emotional factors also influence customer satisfaction.

These three studies show a relationship between service quality, emotions and satisfaction in service delivery. Only one study was conducted in a hospital research setting. However, of these three studies, none of them revealed the influence of service quality on customer satisfaction which was mediated by positive emotions.

As stated by Oliver (1993) and Oliver and Westbrook (1993), when consumers experience quality services, they will experience positive emotions and when they experience poor service quality, negative emotions will emerge. Furthermore, with the formation of positive customer emotions, satisfaction will result and if negative emotions emerge, consumers will become dissatisfied (Oliver 1993; Oliver and Westbrook 1993).

This research will be carried out at regional hospitals in City X and City Y which are one of the referral hospitals for Covid-19 patients in Central Java Province. Furthermore, research that reveals the influence of service quality on customer satisfaction which is mediated by positive emotions has never been conducted in Indonesia with the research background of regional general hospitals which are referral hospitals for Covid-19 patients.

In connection with the method gap, this research focuses attention on the construct of service quality which has so far been treated as a construct with reflective indicators. As stated by MacKenzie et al (2005), Collier and Bienstock (2009), and Ruiz (2010), when the service quality construct refers to the service delivery process which is an interaction relationship between customers and providers, this construct has formative indicators. Thus, in this research the service quality construct will be applied as a construct with formative indicators.

Based on the description of the problem formulation, this research generally aims to reveal the influence of service quality consisting of tangible, reliability, responsiveness, empathy and assurance on the positive emotions of

RSUD patients. Semarang and Solo cities and its influence on satisfaction.

## Literature Review and Hypothesis Development

### Service quality

Service quality has been conceptualized as the difference between customer expectations regarding the service they will receive and their perception of the service received (Parasuraman et al., 1985). Service quality is a multidimensional concept (Parasuraman et al., 1994). Dimensions of service quality can be identified through research conducted by Parasuraman et al (1985) known as SERVQUAL (Service Quality), as follows:

#### 1) Proof Physical (Tangibles)

In the form of the appearance of physical facilities, equipment and various communication materials. The appearance, facilities and physical infrastructure of the company as well as the condition of the surrounding environment are concrete evidence of the services provided by the service provider.

#### 2) Reliability

Ability to provide services as promised, reliable, accurate, consistent and in line with expectations. Conforming to customer expectations means on-time performance, error-free service, a sympathetic attitude, and high accuracy.

#### 3) Power Responsiveness

The willingness of employees and entrepreneurs to help customers and provide services quickly as well as hearing and resolving complaints submitted by customers, for example the alertness of employees in serving customers, speed in the transaction process, and handling customer complaints.

#### 4) Guarantee (Assurance)

The ability of employees to create confidence and trust in the promises that have been made to consumers, for example the ability of employees to: knowledge of the product appropriately, quality of

friendliness, attention and politeness in providing service, skills in providing information, ability to provide security inside utilizing the services offered, and the ability to instill customer trust in the company. This guarantee dimension is a combination of dimensions:

- a) Competence, which means it includes the skills and knowledge possessed by employees.
- b) Politeness, which includes friendliness, attention and attitude of employees.
- c) Credibility, includes matters related to trust in the company such as reputation, achievements, and so on.

#### 5) Empathy (Empathy)

The willingness of employees and entrepreneurs to provide in-depth and special attention to customers by trying to understand customer desires, where a company is expected to have an understanding and knowledge of customers and understand specific customer needs. This empathy dimension is a combination of the following dimensions:

- a) Access, includes the ease of utilizing the services offered by the company.
- b) Communication, is the ability to communicate to convey information to customers or obtain input from customers.
- c) Understanding customers, including: the company's efforts to know and understand customer needs and desires.

Based on definitions from several experts regarding service quality, it can be concluded that several important points are that every activity/action provided or offered to customers is basically intangible and if customer needs can be met then it can provide customer satisfaction.

### Positive Emotions

Emotions according to Rafaeli and Sutton (1989) are changes in organisms accompanied by symptoms of consciousness, behavior and physiological processes. Awareness occurs

when someone knows the meaning of the situation that is occurring (Rafaeli & Sutton, 1989). The heart beats faster, the skin responds by producing sweat, and panting for breath are included in the physiological processes experienced by a person as a result (Rafaeli & Sutton, 1989). It can be concluded that emotion is a special feeling and thought, a biological and psychological condition as well as a series of tendencies to act on stimuli from outside and within the individual including conscious changes, which are profound in nature, and changes in behavior in general which are accompanied by expression. physicality (Rafaeli & Sutton, 1989; Morris & Keltner, 2000).

Different perspectives always emerge when assessing emotions in consumer situations during service contact. Emotions are considered as variables assessing customer satisfaction (Dube' & Morgan, 1998; Westbrook, 1987), also as hedonic consumption (Arnould and Price, 1993), as affective responses (Aaker et al., 1986) or as consumer situations (Laverie et al. al., 1993; Richins, 1997; Dube et al., 2003). Emotions have been linked to satisfaction as emotional responses, as mediators between cognitive appraisals and global satisfaction and as predictors of satisfaction (Liljander & Strandvik, 1997).

Westbrook (1987) conducted an assessment of the influence of expectations, disconfirmation of expectations and emotions on consumer satisfaction and found two different emotional dimensions, namely negative and positive. There are several studies showing that there is a relationship between positive emotions and satisfaction (Dube'-Rioux, 1990; Oliver, 1993; Westbrook, 1987).

Likewise, other research shows that negative emotions are directly related to satisfaction in normal service or product consumption situations (Taylor & Cronin, 1994; Price et al., 1995; Hui & Tse, 1996), or negative emotions attributed to others (Folkes et al., 1987; Weiner et al., 1987; Westbrook, 1987). These studies show that consumer emotions influence satisfaction in a congruent way: positive emotions increase satisfaction and

negative emotions decrease it. However, satisfaction can be positively influenced by some types of negative emotions (Arnould & Price, 1993; Dube' & Morgan, 1996).

### **Customer satisfaction**

According to Schiffman and Wisenblit (2015) that satisfaction is a person's feeling of pleasure or disappointment resulting from comparing the perceived performance of a product or service with expectations. The goal of all service efforts should be to maximize customer satisfaction (Schiffman & Wisenblit, 2015). Service providers must be sure to provide the best possible service for the money paid and avoid raising consumer expectations of service performance beyond what the product can provide (Parasuraman et al., 1994). Apart from the experience of using the service itself, consumers can receive reinforcement from other elements in the transaction situation, such as the environment where the transaction or service occurs, the attention and service provided by employees, and the friendly attitude provided. If performance falls short of expectations, then customers are dissatisfied. If it matches expectations, then the customer is satisfied. If it exceeds expectations, then the customer is very satisfied or happy. Meanwhile, according to Cronin and Taylor (1992) customer satisfaction is a post-purchase evaluation or evaluation result after comparing what they feel with their expectations.

### **The influence of service quality on positive emotions**

As a global psychological state, satisfaction is a fundamental cognitive and emotional aspect to characterize the process and results in assessing service use. Despite the interest of emotional factors in the study of consumer satisfaction, there is a wide variety of propositions regarding the mechanisms that cause or trigger emotions, the relationships between proposed factors and the content and structure of consumption emotions (Bagozzi et al., 1999; Laros & Steenkamp, 2005). One of the factors that forms emotions is service quality, which consists of tangible, reliability, responsiveness, empathy and assurance.

Customers will perceive the quality of the service they receive through a cognitive process, then the affection stage will be formed as feedback on the stimulus they receive (Bagozzi et al., 1999; Laros & Steenkamp, 2005) which in this case is service quality. Emotions are generated from cognitive processes and attributions (Westbrook & Oliver, 1991), explaining emotional experiences through emotional interactions resulting in an affective-cognitive structure (Izard, 1992).

Hypothesis 1: Tangible service quality at Semarang and Solo City Regional Hospitals has an influence on the positive emotions of Covid-19 patients

Hypothesis 2: Reliability of Service Quality at Semarang and Solo City Regional Hospitals influences the positive emotions of Covid-19 patients

Hypothesis 3: Responsiveness of Service Quality at Semarang and Solo City Regional Hospitals influences the positive emotions of Covid-19 patients

Hypothesis 4: Empathy, service quality at Semarang and Solo City Regional Hospitals has an influence on the positive emotions of Covid-19 patients

Hypothesis 5: Service Quality Assurance at Semarang and Solo City Regional Hospitals has an influence on the positive emotions of Covid-19 patients

### **The influence of positive emotions on customer satisfaction**

Bradburn (1969) stated that emotions may have negative and positive qualities at the same time. Both types of emotions are thought to

contribute independently to life dissatisfaction/satisfaction. Oliver (1993) in his research found that this concept can be applied well in the field of consumption of consumer goods and services. When a service is seen as having several different attributes that can be evaluated by consumers during the process and after the consumption process, then this can be considered as a potential source of negative or positive emotions. If a product fails to meet customers' needs or expectations, it is expected that they will respond with negative emotions (Oliver, 1993; Oliver & Westbrook, 1993). On the other hand, if the product is deemed to be as desired or better than expectations, then customers will respond with positive emotions. Emotions can be related to past experiences or the customer's own behavior. Emotions refer to a series of responses that occur primarily during a consumer experience (Westbrook & Oliver, 1991). High levels of satisfaction can include both positive and negative emotions (Arnould & Price, 1993), which implies that we should consider the impact of the effects of positive and negative emotions separately (Babin et al., 2005; Dube' & Menon, 2000; Price et al., 2005; al., 1995).

### **Hypothesis 6: positive emotions of Covid-19 patients at Semarang and Solo City Regional Hospitals influence their satisfaction**

Thus, in accordance with the main aim of this research, namely to reveal the influence of service quality (tangible, reliability, responsiveness, empathy, and assurance) in explaining and predicting the positive emotions of Covid-19 patients at Semarang and Solo Regional Hospital which have an impact on their satisfaction, the theoretical model proposed in this research are as follows:

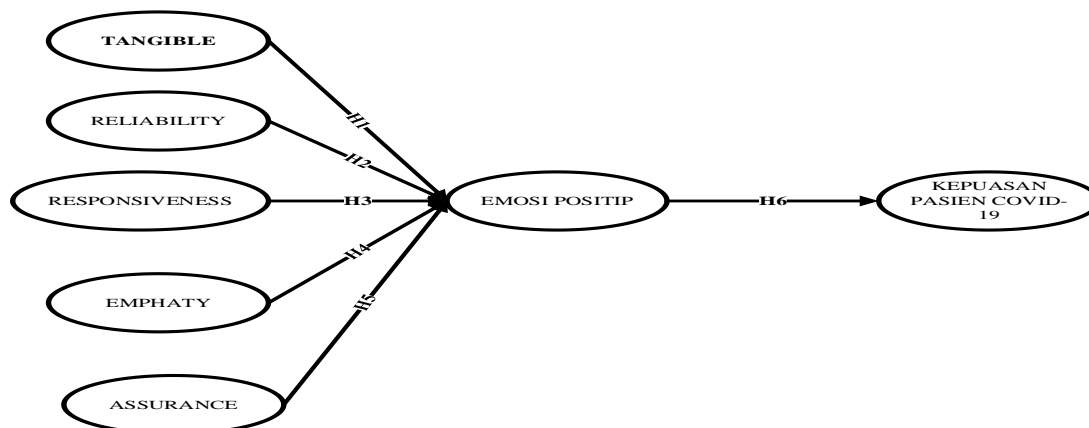


Figure 1. Theoretical Model

## METHODS

### Population, Sample, and Sampling Techniques

#### Population

The target population chosen in this study was all Covid-19 patients who had been treated at RSUD X Solo City and Semarang City.

#### Sample

The respondents used in this research were those who met the following criteria, (1) have been treated as a Covid-19 patient, (2) be at least 18 years old, and (3) be willing to be involved in research.

The reasons for determining these criteria are as follows, (1) Solo City and Semarang City Hospitals are organizations that provide hospital services with various policies. Therefore, the respondent must be someone who has been treated as a Covid-19 patient at the hospital and is considered capable of perceiving the quality of service in relation to existing policies, and (2) age 18 years is considered an age that shows a person's ability to behave (Fishbein & Middlestadt, 1995).

#### Sample Size

In determining the sample size, researchers refer to Chin (1998) and Chin et al (2008) recommend that the sample size is best used when using SEM, especially variance-based SEM, namely: The minimum is: 10 times the largest number of formative indicators used to measure 1 latent variable or 10 times the largest number of structural paths aimed at a particular latent variable in the structural model. If covariance-based SEM requires a large sample

size that can include hundreds or even thousands of observations; then PLS SEM is sufficient to use a small sample size. Research conducted by Chin and Todd (1995) proved that by using only 20 data they could use PLS SEM correctly.

This research uses variance-based SEM, because the number of structural paths is 5, the largest of which are included in a latent variable, the sample size used is based on the statement Chin (1998) and Chin et al (2008) is a minimum of 5 This is based on the statement by Cohen et al (2000), that the larger the sample used in SEM measurements, the better the measurement results will be.

#### Sampling technique

This research uses a non-probability sampling method with a purposive sampling technique. Purposive sampling is specifically also known as judgment sampling, which is a method that is deliberately used because the information taken comes from sources selected based on certain criteria and ensures that the respondents match the objectives of this research (Cooper & Schindler, 2014).

This research uses original research data obtained directly without interpretation or filtering from a second party (Sekaran & Bougie, 2010) or what is usually referred to as primary data. The data collection method used is a self-administered survey (Cooper & Schindler, 2014) by distributing questionnaires directly to respondents and filling them in themselves.

#### Measurement



To measure service quality, the indicators used for each dimension are adopted as proposed by Parasuraman et al (1985). Measuring positive emotions uses indicators developed by Morris and Keltner (2000). Patient satisfaction is measured using indicators developed by Schiffman and Wisenblit (2015). The answers given were measured using a Likert scale for 1 = Strongly Disagree (SD), 2 = Disagree (D), 3 = neutral (N), 4 = Agree (A), and 5 = Strongly Agree (SA).

#### Data analysis technique

This research uses variance-based Structural Equation Modeling (SEM) techniques or better known as SEM PLS (Partial Least Square) and is assisted by SMART PLS 3 software. PLS is a variance-based SEM statistical method designed to solve multiple regression when problems occur. specific to the data, such as small research sample sizes, missing data, and multicollinearity (Jogiyanto & Abdillah, 2009). The main reason for using variance-based SEM in this research is the existence of a construct with formative indicators, namely service quality.

## RESULTS AND DISCUSSION

Table 1. Profile and Characteristics of Respondents

Profile	Amount	Percentage
<b>Gender</b>		
Man	209	69.67
Woman	91	30.33
<b>Age (years)</b>		
< 25	1	0.33
25 – 35	47	15.67
36 – 45	84	28
46 – 55	93	31
> 55	75	25
<b>Work</b>		
Civil servants	170	56.67
Student	89	29.67
Other	41	13.67
<b>Level of education</b>		
SENIOR HIGH SCHOOL	114	38
D3	32	10.67
S1	106	35.33
S2	48	16
<b>Marital status</b>		
Not married yet	122	40.67
Marry	178	59.33
<b>Expenditure</b>		
0 – 1,000,000	44	14.67
1,000,001 – 2,500,000	77	25.67
2,500,001 – 5,000,000	98	32.67
5,000,001 – 10,000,000	70	23.33
Above 10,000,000	11	3.67

Based on the data displayed in Table 1, it shows that the majority of respondents in this

study were men. Most of the respondents were married, and were dominated by those aged 46-



55 years. Furthermore, the majority of respondents work as Civil Servants and are dominated by those who have a high school education level. Most of the respondents in this study had a monthly expenditure level of IDR 2,500,001 – 5,000,000.

### Structural Equation Modeling (SEM) Test Results

#### Measurement Model Test Results

Model evaluation in this research was carried out by evaluating the measurement model and structural model (Chin et al., 2008). Evaluation of the measurement model aims to

assess the validity and reliability of the model. Through an algorithm iteration process, the measurement model parameters are obtained. The measurement model parameters are convergent validity, discriminant validity, composite reliability, and Cronbach alpha (Chin et al., 2008).

Discriminant validity is related to the principle that measures of different constructs should not be highly correlated (Jogiyanto and Abdillah, 2009; Hair et al., 2014). In this study, the discriminant validity test was assessed based on the factor loading of the measurements with the construct (see Table 2).

**Table 2. Factor loading values for construct measurements**

	Positive Emotions	Satisfaction	Tangibles	Reliability	Responsiveness	Empathy	Assurance
e1	0.837567						
e2	0.802220						
e3	0.717978						
e4	0.682642						
K1		0.926038					
K2		0.886956					
K3		0.655199					
K4		0.552463					
TG1			0.829594				
TG2			0.865794				
TG3			0.876057				
TG4			0.807678				
TG5			0.860041				
REL1				0.847321			
REL2				0.888350			
REL3				0.825528			
REL4				0.784900			
REL5				0.858375			
REL6				0.895069			
RESP1				0.706333			
RESP2					0.828022		
RESP3					0.888772		
RESP4					0.868503		



<b>RESP5</b>	0.831069
<b>EMP1</b>	0.781701
<b>EMP2</b>	0.813452
<b>EMP3</b>	0.822346
<b>EMP4</b>	0.833567
<b>AS1</b>	0.789125
<b>AS2</b>	0.793451
<b>AS3</b>	0.869141
<b>AS4</b>	0.887892

Reliability shows the accuracy, consistency and precision of a measuring instrument in making measurements (Cooper & Schindler, 2014). The reliability test in this research used two methods, namely Cronbach alpha and Composite Reliability. Cronbach alpha measures the lower limit of the reliability value of a construct, while Composite Reliability measures the actual value of the reliability of a construct (Cooper & Schindler, 2014). However, Composite Reliability is considered better in estimating the internal consistency of a construct (Hair et al., 2014).

Cronbach alpha has limitations, especially in relation to unidimensionality (Baumgartner & Homburg, 1996). Cronbach alpha does not prove that a measure is unidimensional even though it has an  $\alpha$  value high (Baumgartner & Homburg, 1996). Therefore, Baumgartner and Homburg (1996) suggested using Average Variance Extracted (AVE) and composite reliability to assess construct reliability. The rule of thumb is that the  $\alpha$  or Composite Reliability value must be greater than 0.7, although a value

of 0.6 is still acceptable (Chin et al., 2008; Hair et al., 2014).

However, in this research there is a construct with formative indicators, namely service quality which consists of tangible, reliability, responsiveness, empathy and assurance. Thus, internal consistency tests for these three constructs are not absolutely necessary (MacKenzie et al., 2005). This is because, in factor analysis as one of the stages in SEM when testing construct validity, the consequences of removing formative indicators (as is done with reflective indicators for covariance-based SEM) from the measurement model will have the potential to change the meaning of the construct (MacKenzie et al., 2005 ). Table 3 shows the AVE, Cronbach alpha, and Composite Reliability values for each construct that only has reflective indicators, namely positive emotions and satisfaction.

Table 3. Evaluation Results of Measurement Models for Constructs with Reflective Indicators

Construct	AVE	Cronbach alpha	Composite Reliability
positive emotions	0.581642	0.765787	0.846720
job satisfaction	0.588014	0.806933	0.859933

Based on the results shown in Table 3, it can be concluded that the convergent validity and internal consistency of measurements for reflective constructs (positive emotions and satisfaction) in this study are good. This is indicated by the AVE value for each construct

which is above 0.5, which indicates that the convergent validity for each construct is good. Likewise with the Cronbach alpha and Composite Reliability values for each construct in this research. However, as stated by Baumgartner and Homburg (1996), Composite



Reliability is considered better in estimating the internal consistency of a construct. Based on Table 3, the Composite Reliability value for each construct in this study is above 0.6.

To test the validity of the formative construct in this research, namely service quality consisting of tangible, reliability, responsiveness, empathy and assurance, a bootstrapping process was carried out in the Smart PLS program, resulting in one of the outputs, namely the outer weight output table. The author compares the T-statistical value with

the T-table (two-tailed). If there is an indicator for each formative construct that has a T-statistic value  $< 1.96$ , then the indicator is not significant in the construct it forms. Thus, this construct is considered not to meet the criteria for construct validity testing (Jogiyanto & Abdillah, 2009). If the formative construct does not meet the construct validity test criteria (i.e. one or more indicators are not significant) then the formative construct statistically cannot be tested further in the structural model.

Table 3. Evaluation Results of Measurement Models for Constructs with Formative Indicators

	T Statistics ( O/STERR )
e1 <- positive emotions	9.050871
e2 <- positive emotion	8.492833
e3 <- positive emotions	9.093269
e4 <- positive emotions	5.755835
TG1 -> Tangibles	10.341546
TG2 -> Tangibles	8.378267
TG3 -> Tangibles	2.295257
TG4 -> Tangibles	2.048453
TG5 -> Tangibles	2.645143
REL1 -> Reliability	4.170481
REL2 -> Reliability	4.763946
REL3 -> Reliability	5.970384
REL4 -> Reliability	3.535633
REL5 -> Reliability	2.035186
REL6 -> Reliability	16.890949
RESP1 -> Responsiveness	2.669267
RESP2 -> Responsiveness	5.762983
RESP3 -> Responsiveness	4.736943
RESP4 -> Responsiveness	2.567120
RESP5 -> Responsiveness	2.499867
EMP1 -> Emphaty	2.976245
EMP2 -> Emphaty	2.816244
EMP3 -> Emphaty	2.116243
EMP4 -> Emphaty	2.316242
AS1 -> Assurance	3.240871

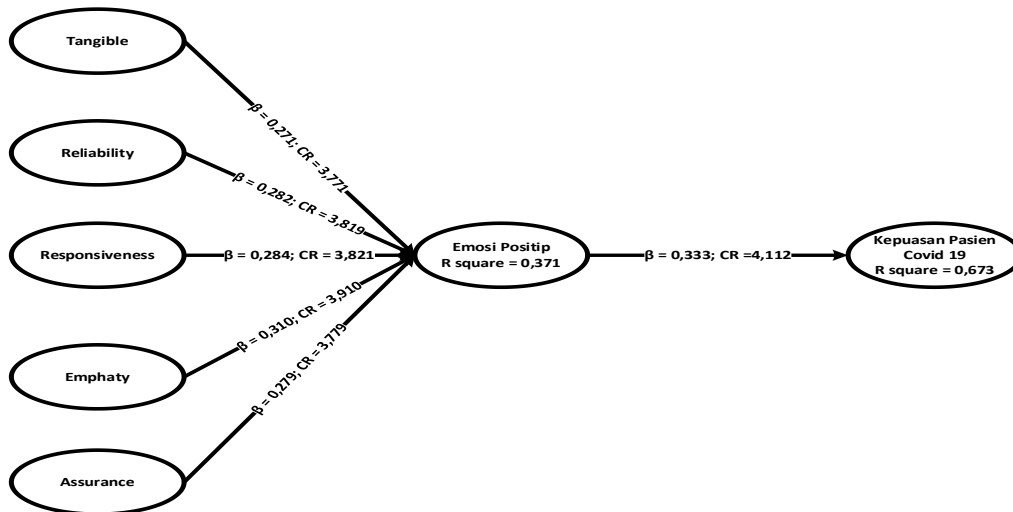
AS2 -> Assurance	5.112833
AS3 -> Assurance	2.057269
AS4 -> Assurance	4.759835
k1 <- job satisfaction	8.106375
k2 <- job satisfaction	10.644470
k3 <- job satisfaction	11.244109
k4 <- job satisfaction	7.922954
k5 <- job satisfaction	0.776641

Table 3, which is the outer weight output, shows that the T-statistic value for the formative construct indicators is > 1.96 (T-table). Thus, the construct is formative in this research, namely service quality consisting of tangible, reliability, responsiveness, empathy, and assurance tested further in the structural model of this research.

**Structural Model Test Results**

In this research, structural model testing was carried out to predict causal relationships

between latent variables. Testing the structural model in this research basically aims to reveal the validity of the theoretical model built in this research through testing research hypotheses (Hair et al., 2014). Furthermore, structural model testing in this research was carried out by evaluating path coefficient values and statistical t values or Critical Ratio (CR) values to test significance between constructs in the structural model (Hair et al., 2014).



**Figure 2. Structural Model Test Results**

Table 4. Structural Model Evaluation Results

Construct	R-square	Effect Size	Q square	T-statistics
Tangibles		0.271		3,771
Reliability		0.282		3,819
Responsiveness		0.284		3,821
Empathy		0.310		3,910
Assurance		0.279		3,779
Positive emotions	0.371	0.333	0.308	4,112
Satisfaction	0.673		0.582	



Table 4 explains the goodness of fit of the structural model in this research. In this research, evaluating the results of the structural model begins by looking at the R-square value for each endogenous variable (positive emotions and satisfaction) in the model produced by Smart PLS. The R-Square value shows the ability of the independent variables to explain the variance of the dependent variables. The results of this study indicate that the ability of hospital service quality (tangible, reliability, responsiveness, empathy, and assurance) in explaining the variance of positive emotions is 37.10% and the ability of positive emotions in explaining the variance in hospital patient satisfaction is 47.30%.

Chin (1998) and Hock and Ringle (2006) (see: Garson (2016)) determine the R-square value categories as strong, moderate, and weak. An R-square value of 0.67 is categorized as strong, 0.33 is categorized as moderate, and 0.19 is categorized as weak (Chin (1998) and Hock & Ringle (2006) (see: Garson (2016))). Thus, this research model overall shows that the quality of service (tangible, reliability, responsiveness, empathy, and assurance) has a moderate ability to explain positive emotions, and positive emotions have a strong ability to explain customer satisfaction.

Next, the f square value (effect size) shows the influence of the independent latent variable on the dependent latent variable. Effect size values can be grouped into three categories, namely weak (0.02), medium (0.15), and strong (0.35) (Kock, 2103; Hair et al., 2013) (see: Solihin and Ratmono (2013)). An effect size value below 0.02 indicates that the influence of the independent latent variable is very weak from a practical point of view even though it has a significant p value. The estimation results show the effect size of the influence of service quality (tangible, reliability, responsiveness, empathy, and assurance) on positive emotions is in the range 0.271-0.310 and the influence of positive emotions on job satisfaction is 0.333.

For the effect size value, the influence of service quality (tangible, reliability, responsiveness, empathy, and assurance) on

positive emotions in the medium effect size group. Likewise, the influence of positive emotions on customer satisfaction is classified as a medium effect size group. Thus, this shows that the quality of service (*tangible, reliability, responsiveness, empathy, and assurance*) has an important role from a practical perspective in influencing positive emotions, as well as positive emotions on customer satisfaction.

Q-square (usually also called Stone-Geisser coefficient) is a non-parametric measure obtained through the blindfolding algorithm (Solihin and Ratmono, 2013). Q-square is used to assess the predictive validity or relevance of a set of predictor latent variables to the criterion latent variable (Solihin & Ratmono, 2013). A model with predictive validity must have a Q-square value greater than zero (Solihin & Ratmono, 2013). The estimation results of this research model show good predictive validity because the Q-square value is above zero (see Table 4)

Overall, the Goodness of Fit (GoF) index for this research model is calculated based on the formula proposed by Tenenhaus et al (2005), namely:

$$\text{GoF} = \sqrt{\text{mean communality} \times \text{mean R} - \text{square}}$$

**Description: mean (average)**

Based on the results of this research, the average communality value is 0.588 and the average R-square value is 0.522, so the Goodness of Fit (GoF) index value for this research model is = 0.554. As stated by Tenenhaus et al (2005), a GoF value above 0.5 can be categorized as good.  $\sqrt{0,588 \times 0,522}$

Hypothesis one which states that the tangible aspects of hospitals have a positive effect on the positive emotions of Covid-19 patients in this study is supported. This shows that Covid-19 patients who were treated at the regional general hospitals in the cities of Solo and Semarang felt that the tangible aspects of the place where they were treated were able to shape their positive emotions. The parameter coefficient value (0.271) and the CR or t statistic



value (3.771) indicate the support of hypothesis one in this study. The results of this study are in accordance with those stated by Cui and Lai (2013), Jeong et al (2009), Peng and Kim (2014) in their research. These researchers apply the stimuli-organism-response (SOR) model in their research to investigate the influence of aspects of the physical environment of retail stores on customers' emotional responses (eg pleasure and arousal) which will then lead to different behavioral aspects of shopping outcomes. Furthermore, Cui and Lai (2013), Jeong et al (2009), and Peng and Kim (2014) have proven that tangible aspects are able to form customers' positive emotions. In this research, physical (tangible) aspects such as the tidiness of the inpatient room, the tidiness of the staff and treating doctors, the completeness of medical equipment, and the cleanliness of eating and drinking utensils were able to make the hearts of Covid-19 patients being treated happy and happy so that their spirits to recover even higher.

Hypothesis two which states that the reliability aspect of hospital service quality has a positive effect on the positive emotions of Covid-19 patients in this study is supported. The parameter coefficient value (0.282) and the CR or t-statistic value (3.819) indicate the support of hypothesis two. As stated by Brown and Sulzer-Azaroff (1994) and Hennig-Thurau et al (2006), many previous studies have shown that service providers who display strong reliability will increase the positive mood of customers, which in turn will increase satisfaction. This will also lead to positive behavioral intentions such as willingness to return and positive word of mouth communication (Hennig-Thurau et al., 2006; Ford, 1995; Tsai & Huang, 2002). Emotions have a central role in consumers' experiences when consuming (Oliver, 1997). In most service industries, front-line employees are required to display positive emotions, such as warmth and friendliness, reliability, responsiveness, and empathy during service transactions (Ashforth and Humphrey, 1993). In this research, reliability aspects such as the ability of doctors and nurses to provide timely services will

produce positive emotions for the Covid-19 patients being treated.

Hypothesis three which states that responsiveness has a positive effect on the positive emotions of Covid-19 patients treated at regional general hospitals in the cities of Solo and Semarang is supported in this research. The results can be seen in the parameter coefficient value (0.284) and the CR or t-statistic value (3.821) which shows this support. The more positive the responsiveness aspect felt by the Covid-19 patient being treated, the more positive their emotions will be. As stated by Ashforth and Humphrey (1993) that in most service industries, front-line employees are required to display positive emotions, such as warmth and friendliness, reliability, responsiveness, and empathy during service transactions, seen in this research. Hatfield et al (1994) and Pugh (2001) state that research on emotional contagion shows that positive or negative emotional expressions shown by service providers can produce appropriate emotional states in other people, in this case customers. One form of transmission of positive emotions is the willingness of service providers to listen to customers' inner voices. In other words, good responsiveness from the service provider will influence the positive emotions of customers. Doctors and nurses on duty at the regional general hospitals in the cities of Solo and Semarang, when they show friendliness and give opportunities to patients and their families to ask questions and have discussions, are able to create a sense of joy and happiness in them. Patients and their families feel positive emotions as a result of the good treatment they receive from doctors and nurses.

Hypothesis four which states that the empathy aspect has a positive effect on the positive emotions of Covid-19 patients in this study is very well supported. This can be seen from Figure 2 which shows the parameter coefficient value (0.310) as well as the CR or t-statistic value (3.910) which exceeds the significance threshold value, namely 1.96. These results show that the more positive empathy felt by Covid-19 patients being treated

at Solo and Semarang city hospitals, the more happy and happy they will feel while undergoing treatment. As stated by Hochschild (1983) and Grandey (2000), service personnel are usually trained to display good empathy through positive emotions and expressions during service contact. Furthermore, the effort required to maintain good empathy through a friendly smile, especially when dealing with unpleasant customers, will often lead to positive emotions felt by customers (Hochschild, 1983; Grandey, 2000). It is therefore very important to manage actual inner emotions and expressed emotions when service contact occurs (Pugh, 2001; Rafaeli & Sutton, 1990). Various research results show that the empathy aspect displayed through inner emotions by service providers is very influential in forming customers' positive affectivity (Sutton, 1991; Pugh, 2001). Ekman (1985) in his research also stated that the actual emotions (both positive and negative) expressed show the positive empathy aspect displayed by service providers through facial gestures and vocal expressions. Therefore, employees who experience a positive inner emotional state will be more likely to display positive emotions during service delivery which is demonstrated through aspects of empathy during service contact (George, 1991; Pugh, 2001).

Hypothesis five which states that the assurance aspect has a positive effect on the positive emotions of Covid-19 patients treated in hospitals in this study is also well supported. The results in Figure 2 show that the parameter coefficient value (0.279) and the CR or t-statistic value (3.779) are significant. This shows that the more positive the assurance aspect felt by Covid-19 patients being treated at Solo and Semarang city hospitals, the more positive emotions in the form of pleasure and happiness will increase. As stated by Parasuraman et al (1994), assurance is the knowledge and politeness of employees and their ability to convey trust and confidence to customers. In this research, the assurance aspect displayed by the nurses and doctors on duty at the Solo and Semarang city hospitals was very good so

that the sense of trust and confidence in the Covid-19 patients being treated grew well, which ultimately resulted in positive emotions being formed. The feeling of joy, happiness and comfort during treatment is a form of positive emotion that is displayed after experiencing the good assurance aspects provided during service contact with doctors and nurses. As has been explained, assurance shows the knowledge and courtesy of employees and their ability to inspire trust and confidence in customers. This effort can take the form of emotional contagion which was created to describe the process by which emotional states are transmitted and experienced between people (Howes et al., 1985; Hatfield et al., 1992). Emotional contagion can thus be understood as the flow of emotions from one person to another, with the receiver picking up on the emotions displayed by the sender in social interactions (Schoenewolf, 1990; Hennig-Thurau et al., 2006). This can occur between two individuals, between an individual and a group of people, or between groups of people (Barsade, 2002). Emotional contagion efforts are created when service providers try to convince customers about the quality of the services offered so that most of the emotional contagion process is unconscious (Hatfield et al., 1994). Thus, the recipient or customer will experience appropriate emotions through a psychological connection that is often unconscious and automatic (Barsade, 2002). Therefore, emotional contagion is driven by the extent to which the sender or service provider is able to display emotions (Hennig-Thurau et al., 2006). The service provider's ability to convince customers is displayed through the expression of positive emotions, which in turn will influence the formation of customers' positive emotions. In this research, the politeness and knowledge of doctors and nurses in giving confidence to Covid-19 patients being treated was able to shape their positive emotions.

Hypothesis six which states that the positive emotions of Covid-19 patients treated at Solo and Semarang city hospitals have a positive effect on their satisfaction is well supported in



this research. The results shown in Figure 2 regarding parameter coefficient values and CR or t-statistic values that exceed the threshold of 1.96 indicate this support. The more positive emotions that are formed, the more satisfied the Covid-19 patients treated at Hospital X Kota Solo and Semarang will be. It has been proven in various research results that customer emotions have a strong influence on satisfaction (Oliver, 1997). In evaluating a particular consumption experience, customers will describe their current emotional state (Hennig-Thurau et al., 2006), and changes in emotions will also influence their satisfaction (Baron, 1987; Sinclair & Mark, 1995). This is in accordance with research which has shown that there is a positive relationship between positive emotions and customer satisfaction (Mano & Oliver, 1993; Oliver, 1993; Price et al., 1995; Wirtz et al., 2000; Soderlund & Rosengren, 2004). Furthermore, theoretically the relationship between positive customer emotions and satisfaction is strong (Oliver, 1997). Emotional changes should influence levels of satisfaction (Baron, 1987; Sinclair & Mark, 1995). When a customer experiences positive emotions in a service encounter, he or she will express a higher level of satisfaction. As in this research, Covid-19 patients who feel pleasure, happiness, comfort, and so on, will feel satisfaction in their hearts, which shows that the relationship between positive emotions and satisfaction is well established.

### CONCLUSIONS AND SUGGESTIONS

The research results show that the service quality model is able to understand, explain and predict the positive emotions of patients treated at the Covid-19 referral hospital which is ultimately able to shape their inner satisfaction. SAs in this research, the author has a perspective and views that customer emotions are a symptom of problems experienced by organizations/companies in providing their services. Thus, based on this, it is very important to understand customer emotions which is very useful in designing organizational process efficiency so that if a problem occurs it

can be handled more quickly. The results of this research can be practical input for organizational managers who, when faced with customers who are angry, confused, or anxious, will receive a warning regarding the dimensions of service quality. Perhaps some of these dimensions are unsatisfactory and need to be addressed immediately to maintain customer satisfaction.

For further research, it is best to involve respondents who have been Covid-19 patients (survivors) who have been treated at regional hospitals in five major cities in Indonesia so that good generalization of the results can be carried out. Furthermore, further research should also include types of negative emotions so that they can reveal good understanding, explanation and prediction of emotions on customer satisfaction. Apart from that, further research could also include variables that also act as antecedents of service quality, as well as variables that moderate the relationship between service quality and emotions and emotions and satisfaction. Future research should also include other variables that are considered as consequences of satisfaction

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