

THE INFLUENCE OF SERVICE QUALITY AND PHYSICAL EVIDENCE ON REVISIT INTENTION: A LITERATURE REVIEW

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ABSTRACT

This literature review aims to examine the influence of service quality and physical evidence on revisit intention in healthcare settings. As patient loyalty becomes increasingly critical in competitive health service markets, understanding non-medical service factors is essential. This review systematically analyzes 20 empirical journal articles published between 2016 and 2024, focusing on how tangible environmental elements and frontline service delivery affect patients' likelihood of returning to the same healthcare facility. Data were collected from journal databases using keywords such as "service quality," "physical evidence," and "revisit intention." Most of the reviewed studies used quantitative methods, applying statistical tools such as PLS-SEM and multiple regression analysis. Results show that service quality—particularly empathy, assurance, and responsiveness—has a consistently strong positive effect on revisit intention. Physical evidence, including facility cleanliness, layout, and comfort, also influences revisit behavior, although its impact varies depending on context. This review highlights the need for hospitals to improve both environmental and interpersonal service dimensions to enhance patient retention. Limitations include a focus on selected studies and potential publication bias. Future research should explore moderating variables and conduct longitudinal or comparative studies.

Keywords: service quality, physical evidence, revisit intention, healthcare service, literature review.

INTRODUCTION

In today's increasingly competitive healthcare environment, hospitals are expected not only to deliver high-quality medical care but also to enhance non-medical aspects of their service, such as environmental comfort and front office interaction. These non clinical elements fall under the domains of physical evidence and service quality, both of which play critical roles in shaping patient perceptions and loyalty. One of the most commonly cited indicators of patient loyalty is revisit intention, or the likelihood that a patient will return to the same healthcare provider for future services [1][2].

A growing body of research indicates that physical evidence including cleanliness, waiting room comfort, signage clarity, and overall facility design significantly influences patient satisfaction and revisit behavior. Several studies have identified a strong positive relationship between the quality of physical facilities and patient loyalty in hospital settings [3] [4]. Physical environment especially on indoor environmental quality (IEQ; e.g., air, layout, lighting, acoustic, and thermal environment) has a positive influence on consumer revisit intention [5]. In related industries such as hospitality, which share similar service dynamics with healthcare, studies have found that tangible environmental factors within front office areas are among the most dominant predictors of customer satisfaction [6] [7]. The contribution of service quality, brand image, and word of mouth affected repurchase intention in affecting repurchase intention was 93.7 percent [8], However, some research's results are not entirely consistent across the literature. At the research of private hospital in Indonesia, there is no significant

effect of physical evidence on revisit intention, suggesting that contextual factors or intervening variables may influence the strength of this relationship [2].

Service quality—particularly interpersonal interactions at the front office has been shown to be a key determinant of revisit intention. Elements such as empathy, responsiveness, professionalism, and effective communication from frontline personnel often shape patients’s first impressions and significantly affect their future healthcare decisions [3][9] [10]. Strategic improvements in front office behavior and professionalism can enhance service effectiveness and patient retention [11]. Although dimensions such as empathy are not exclusive to front office, they are often most clearly experienced during initial interactions between staff and patients.

Given the importance of both physical evidence and service quality in determining revisit intention, and considering the variation and inconsistency in prior findings, it is crucial to examine this topic more comprehensively. Therefore, the objective of this article is to review and synthesize findings from 20 peer-reviewed studies that investigate the effects of physical evidence and service quality on revisit intention in the healthcare sector. This review aims to identify common trends, methodological approaches, and conflicting results, while highlighting gaps in the current literature. In particular, future research should explore the role of moderating and mediating variables such as trust, patient demographics, and service expectations, conduct comparative studies across public vs. private hospitals and different cultural or geographic settings, and implement longitudinal designs to track changes in patient behavior over time. Additionally, incorporating qualitative insights may enrich our understanding of how patients form repeat service decisions in healthcare contexts.

RESEARCH METHODS

This study employed a systematic literature review design to synthesize existing research on the influence of service quality and physical evidence on revisit intention within the healthcare sector. The objective was to identify patterns, contrasts, and gaps in current empirical studies related to these variables. The review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure methodological rigor and transparency. The primary source of literature for this review was ScienceDirect, Scopus, PubMed, or Google Scholar are reputable academic databases known for peer-reviewed research in healthcare management, marketing, and service quality. Searches were conducted using combinations of relevant keywords: “service quality,” “physical evidence,” “revisit intention,” and “healthcare.” Boolean operators such as AND and OR were applied to maximize relevant results.

Articles were included based on the following criteria:

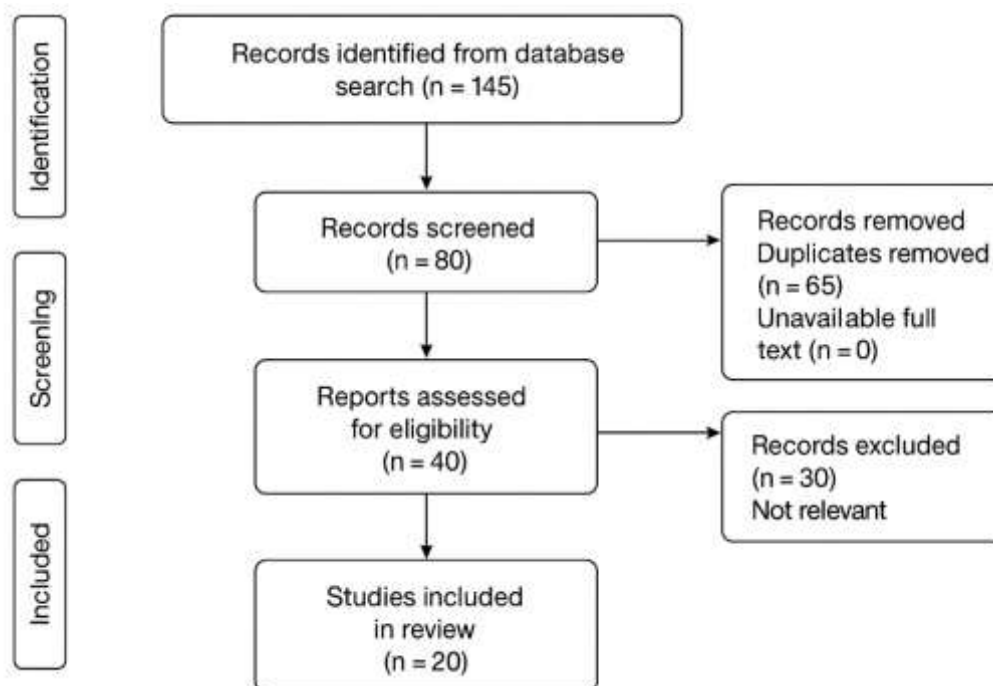
1. The study focused on hospital or healthcare service settings.
2. Published between 2016 and 2024.
3. Examined relationships involving at least one independent variable (service quality or physical evidence) and the dependent variable (revisit intention).
4. Only empirical articles using quantitative or mixed-methods approaches.
5. Articles available in English and peer-reviewed.

Exclusion Criteria:

1. Conceptual frameworks, opinion papers, and articles not using empirical methods.
2. Studies outside the healthcare or hospital setting.
3. Duplicates or irrelevant articles.

PRISMA Flow Summary:

1. Records identified through database searching: 145
2. Records after duplicates removed: 80
3. Full-text articles assessed for eligibility: 40
4. Studies included in final review: 20
5. Articles excluded due to irrelevance or non-empirical design: 60



Picture 1. PRISMA flow chart

The initial database search identified 145 records. After removing duplicates and screening titles and abstracts for relevance, 80 articles remained. Full-text reviews were conducted for 40 studies, and 20 articles that met all inclusion criteria were selected for final analysis. The quality and relevance of each study were assessed based on methodological clarity, variable operationalization, and statistical rigor. Data from the selected studies were synthesized thematically to identify patterns, methodological approaches, and inconsistencies in the relationships among service quality, physical evidence, and revisit intention. To enhance validity, the screening and selection process was conducted independently by two reviewers, and disagreements were resolved through discussion. This systematic approach ensures that the findings reflect a comprehensive and unbiased overview of recent empirical evidence in the field.

Definition of Variables:

1. Service Quality refers to patients' perceptions of how well healthcare services are delivered, including tangibles, reliability, responsiveness, assurance, and

- empathy, based on the SERVQUAL model (Parasuraman et al.).
2. Physical Evidence refers to the tangible elements of healthcare service environments, such as cleanliness, waiting area comfort, signage, layout, and facility aesthetics.
 3. Revisit Intention is defined as the likelihood that a patient will return to the same healthcare provider or facility in the future.

RESULTS AND DISCUSSION

This literature review synthesized findings from 20 empirical journal articles published between 2016 and 2024, focusing on the relationship between service quality, physical evidence, and revisit intention in healthcare or service related settings. The majority of the studies were conducted in Indonesia, while others were based in Vietnam, Ghana, Jordan, Malaysia, Argentina and Saudi Arabia. Most of the research adopted quantitative designs, primarily using PLS-SEM, multiple regression analysis, or structural equation modeling (SEM) for data analysis. Sample sizes varied from 160 to over 400 respondents, with most targeting hospital patients, particularly in outpatient or inpatient settings. Several studies also used a hospitality industry proxy (e.g., hotels) to generalize front office dynamics to healthcare.

Table.1
Summary of 20 Reviewed Articles on Service Quality, Physical Evidence, and Revisit Intention (2016-2024)

Name, year	Research Objectives	Research Methods	Results
Agung Ananda Putera Pidada, Harimukti Wandebori, 2016	investigating the influence of service quality dimensions on customer satisfaction, the influence of customer satisfaction on patient intention to return	Quantitative approach with questionnaires analyzed through PLS	Service quality has a positive and significant influence on customer satisfaction, and customer satisfaction has a significant influence on intention to return.
Putri J. Pratiwi Syam, Hendra Achmadi, 2022	Investigating the influence of service quality on patient revisit intention to private hospitals in Indonesia	Quantitative research, survey using questionnaire, PLS-SEM analysis	Empathy had the strongest influence on revisit intention, while responsiveness, tangibles, and reliability were not significant.
Vena Angelica, Innocentius Bernarto, 2023	identify factors that influence patient satisfaction and its impact on revisit intention	Quantitative research, survey using questionnaire, PLS-SEM analysis	People factors, physical evidence, and price fairness have a positive effect on patient satisfaction. Process variables do not have a

Name, year	Research Objectives	Research Methods	Results
			positive effect. Patient satisfaction has a positive effect on the intention to return.
Amir Mahmud, 2022	Analyzing the influence of service quality dimensions consisting of responsiveness, assurance, physical evidence, empathy, and reliability on patient satisfaction.	Quantitative research, questionnaires survey, PLS-SEM analysis, plus qualitative analysis using interviews	responsiveness, assurance, tangibles, empathy, and reliability have a significant positive influence on patient satisfaction.
Ananta Budhi Danurdara Nisrina Andranaswari Paramitha, 2022	Exploring the relationship between service quality and customer satisfaction	Descriptive method	Customer satisfaction with the services provided by front office staff Customers are most satisfied with the tangible and reliability dimensions.
Shuaib Ahmed Balroo, 2023	testing how these two aspects influence consumer satisfaction and intention to revisit the hotel	Quantitative with snowball sampling	Hotel servicescape has a significant positive relationship with satisfaction, and satisfaction is also positively related to intention to revisit.
Phan Thanh Hai, Nguyen Thanh Cuong, Van Chien Nguyen, Mai Thi Thuong, 2021	Examining factors influencing patient satisfaction, patient loyalty, and revisit intention	Quantitative research with cross-sectional, use EFA, CFA methode, and SEM.	Service quality influences patient satisfaction and return visit intention, brand image influences patient loyalty but does not influence patient satisfaction.
Made Windy Septariani, I Gusti Putu Sutarma, Made Sudiarta, Ni Made Sudarmini, 2020	Determining strengths, weaknesses, opportunities and threats in improving service quality	Qualitative descriptive, quantitative, IFAS matrix analysis, EFAS, IE Matrix, and SWOT analysis	Internal and external factors that influence improving the quality of front office services

Name, year	Research Objectives	Research Methods	Results
Yuniarti Anas Hidayat, 2021	analyzing the relationship between medical and non-medical service quality and patient satisfaction, trust, and intention to return to a suburban hospital	Quantitative research, survey using questionnaire, SEM analysis AMOS 24	The quality of medical and non-medical services affects satisfaction. Patient satisfaction affects trust and intention to return, but trust does not significantly affect intention to return. This study suggests that suburban hospital management should emphasize more on medical services, non-medical services, and patient satisfaction to improve patient intention to return.
Akhmad Setyo Rahman Suyoto Eva Desembrianita, 2023	Analyzing the influence of service quality and hospital image on repeat visit intention through word of mouth	Cross-sectional quantitative design with Proportional Random Sampling.	Service quality and hospital image have a significant influence on the intention to revisit through word of mouth
Alfca Ayu M. P. Damayanti (Penulis utama / Corresponding author) Kunthi A. Kusumawardani, 2020	Analyzing factors that influence patient loyalty through brand image, trust, word of mouth, perceived service quality, and satisfaction.	Quantitative research, survey using questionnaire, PLS-SEM analysis	Trust and service quality have a high influence on satisfaction. Service quality and satisfaction influence revisit intention.
Kim Piew Lai, Yuen Yee Yen, dan Chong Siong Choy., 2024	Investigating the influence of service quality and price on patient revisit intention	Survey with questionnaire, analyzed with SEM	Service quality affects monetary prices and behavioral prices, which in turn affect patients' revisit intentions to the hospital.

Name, year	Research Objectives	Research Methods	Results
Siew-Pin Yong, Yen-Nee Goh, Mao-Seng Ting, Janifer Lunyai, 2021	Investigating the formation of intention to return by medical tourists	146 survey questionnaire used the assessment sampling technique. analyze by SPSS and SmartPLS	Medical quality, service quality and satisfaction act as mediators having a significant relationship to return to the hospital,

Following the PRISMA-based systematic review process, the synthesis of 20 empirical studies published between 2016 and 2024, both service quality and physical evidence were found to significantly influence revisit intention in healthcare settings. Several studies consistently found that physical evidence - the tangible elements of service such as facility layout, cleanliness, waiting area comfort, and signage - had a positive and significant influence on revisit intention. Physical evidence as a key driver of patient satisfaction and return behavior in hospital polyclinics [3], similarly concluded that physical environment elements significantly impacted patient perceptions in public hospitals [4].

In the hospitality domain, tangible aspects of front office services were the most influential among all service quality dimensions [6], and servicescape (which includes physical setting) significantly affects both satisfaction and revisit intention [7]. On Penang's research, destination image and satisfaction significantly affect visitors' revisit intention [12]. However, not all studies support a direct causal relationship, physical evidence did not significantly affect revisit intention in their hospital-based study, suggesting that the impact of physical environment may be mediated by other variables such as trust or perceived value [2]. This inconsistency indicates that contextual factors, such as hospital type, location, and patient demographics, may influence how physical elements shape loyalty behavior.

The majority of studies confirm that service quality, particularly the interpersonal behavior of frontline staff, such as empathy, assurance, and responsiveness as significant contributors to revisit exerts a strong and consistent impact on revisit intention. People a dimension closely linked to front office service had the most dominant effect on patient satisfaction and loyalty [3]. The role of direct staff interaction in building patient trust and long-term engagement [9].

There are five elements of service quality elements of service quality [13], empathy is the highest factor influencing patient satisfaction, followed by reliability, tangibles, assurance, and responsiveness [14]. Quality, comprised of indicators, such as staff competencies, trust, genuine concern for people's needs, and satisfaction, has also been found to have important effects on revisit intention in ambulatory care [15]. Studies also highlighted specific dimensions intention. These findings reinforce the idea that how services are delivered through friendly, responsive, and competent front office staff plays a central role in shaping patients'

willingness to return [1] [11]. Service quality and hospital image have a significant influence on the intention to revisit [16] [17]. Medical quality, service quality and satisfaction act as mediators having a significant relationship to return to the hospital [18] [19]. The managers of the sub-urban hospital are advised to pay more attention to quality of medical services and the quality of non-medical services, because these have a positive and significant effect on satisfaction. Meanwhile, patient satisfaction has a positive and significant effect on trust and revisit intention [20] [21]. However, managers should also be aware of the effect of service quality on monetary and behavioral pricing, which can indirectly influence patients' decision to the hospital [22].

In contrast, some studies revealed variation in the dominant dimensions. For example, while empathy was found to be the most influential factor in some settings [2], others pointed to assurance or reliability. This variation may be due to different cultural expectations or service delivery standards in various countries.

The synthesis of findings suggests that both physical evidence and service quality are essential components in shaping patient revisit behavior, but they function differently:

1. Physical evidence creates the initial impression and environmental comfort, helping to legitimize and enhance trust in the institution.
2. Service quality especially through front office interaction creates a relational experience that builds long-term loyalty.

Together, these elements form a cohesive patient experience strategy that is critical for hospitals seeking to improve retention, satisfaction, and competitive advantage.

CONCLUSION

This literature review synthesized findings from 20 empirical studies examining the influence of service quality and physical evidence on revisit intention in healthcare and related service sectors. The reviewed articles consistently show that both factors play important roles in shaping patient behavior, particularly their intention to return to the same healthcare facility.

Service quality, especially interpersonal dimensions such as empathy, responsiveness, and assurance, emerged as the most consistently significant predictor of revisit intention. Patients' direct interactions with front office staff strongly influence their satisfaction and trust, which in turn affects their loyalty. Physical evidence, including the cleanliness, design, and comfort of hospital environments, was also found to positively impact revisit intention in most studies though its effect appeared to be more context-dependent and occasionally mediated by other variables.

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