

Patient Experience and Effective Communication and Patient Belief have Positive Prediction on Patient Loyalty to Use Health Services

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Article information	Abstract
<p>Article history: Received: April 01st, 2024 Revised: July 27th, 2024 Accepted: August 21th, 2024</p> <p>Corresponding author: Name: Nofierni Address: Jl. Arjuna Utara, Kebon Jeruk Jakarta E-mail: nofierni@esaunggul.ac.id</p> <p>International Journal of Nursing and Health Services (IJNHS), Volume 7, Issue 4, August 20th, 2024 DOI: 10.35654/ijnhs.v7i4.802 E-ISSN: 2654-6310</p>	<p>Background: The decreasing number of patient visits is influenced by patient experiences that do not match their expectations. The patient's lack of trust and its medical staff still causes patients to not return for treatment. Objective: This study aims to analyse the association between patient experience and effective communication on patient loyalty through trust as an intervening variable. The sample for this study was outpatients who had been treated more than 2 (two) times at the internal medicine polyclinic at Dompot Dhuafa Integrated Health Home Hospital using BPJS insurance. The sample consisted of 280 people. The type of research is causality explanatory research with a cross-sectional approach. The sampling technique for this research uses a purposive sampling technique with statistical analysis using the Structural Equation Model (SEM) with Smart PLS software. The research results show that patient experience has a significant effect on BPJS patient loyalty through trust as an intervening variable seen from the R square value of 29.3% and effective communication has a significant effect on BPJS patient loyalty through trust as an intervening variable seen from the R square value of 33. 2%. It is recommended that hospital management be able to provide a good patient experience and effective communication by fostering a sense of trust from patients to increase loyalty to the hospital.</p> <p>Keywords: patient experience, effective communication, patient loyalty, trust</p> <p>This is an Open Access article distributed under the terms of the Creative Commons Attribution-Non-Commercial CC BY-NC 4.0</p>



Background

Patient experience is a critical factor in determining patient loyalty and the continued use of healthcare services. Positive patient experiences, characterized by effective communication, empathetic care, and a sense of trust in the healthcare provider, can lead to increased patient satisfaction, better health outcomes, and stronger patient-provider relationships (1-2).

The further emphasizes that while patient involvement and use of patient experiences are advocated, they are not always clearly apparent in clinical practice (3). Improving provider-patient communication is seen as a key way to promote patient-centered care

Effective communication between healthcare providers and patients is essential for building trust and understanding. When patients feel that their concerns are heard, their questions are answered, and they are involved in the decision-making process, they are more likely to have a positive perception of their care and believe in the effectiveness of the recommended treatments (1). Poor communication from nurses about new medications prescribed during hospitalization can negatively impact the patient experience (4).

Patient belief in the efficacy of healthcare services is a strong predictor of patient loyalty. When patients trust that the care they receive will improve their health and well-being, they are more likely to continue using those services and recommend them to others. This loyalty can lead to improved health outcomes, increased patient engagement, and a stronger healthcare system overall (5,6,7).

The initial research survey found that patient loyalty problems did not always go to routine treatment at the Dompét Dhuafa Integrated Healthy Hospital by 60%. The patient did not recommend the hospital to other people so the patient still moved to another hospital. Even though the Dompét Dhuafa Integrated Health Hospital has provided maximum service with existing facilities, both medical and non-medical services, on the other hand, there are still

complaints from patients who visit and enjoy the existing services.

Therefore, there are often gaps between how healthcare providers perceive their patients' health beliefs and values, and the patients' actual beliefs (8). This highlights the need for healthcare providers to better understand their patients' beliefs and values, and to communicate more effectively, in order to deliver truly patient-centered care and improve the overall patient experience. Bridging these gaps can have positive impacts on patient loyalty, satisfaction, and health outcomes

METHOD

Design

In this research, explanatory causality research was used with a cross-sectional approach to determine the influence of patient experience and effective communication on patient loyalty.

Sample, sample size and sampling technique

The sample in this study was all health insurance coverage (BPJS insurance) patients who had received treatment more than 2 (two) times at the Internal Medicine Polyclinic, totaling 280 people.

The sample size is calculated using the following formula:

$$\begin{aligned}
 n &= \frac{862}{1 + 862(0.05)^2} \\
 &= \frac{862}{1 + 2.155} \\
 &= \frac{862}{3.155} \\
 &= 273.21
 \end{aligned}$$

To increase the loss of follow-up the sample, we add 10%. The total samples are 280

The inclusion criteria of this study are 1) Patients are willing to become respondents; 2) Patients aged ≥ 25 years; 3) Patients who can fill out the questionnaire independently. Whereas the exclusion criteria of this study include 1) Patients who continue treatment in inpatient care; 2) Patients with mental disorders; and 3) Patients who are employees at Dompét Dhuafa Integrated Healthy Home Hospital

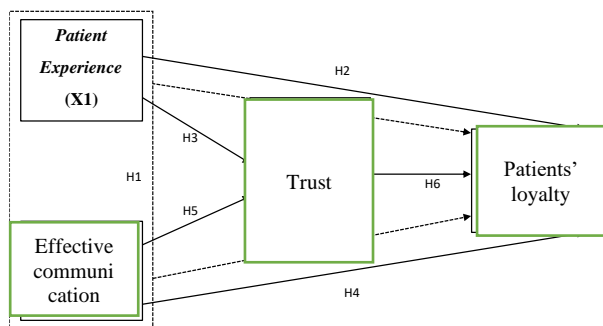


Figure. 1 Research constellation

Data collection process

The data collection process in this research was carried out by researchers and assisted by research assistants. The data collection process was carried out over a period of 1 month by distributing questionnaires directly. Participants who agreed to take part in this research received information regarding the research implementation process and were asked to sign informed consent. The instruments used in this research include:

Patient experience questionnaire. The patient experience questionnaire was used to measure events experienced by patients in receiving services directly in a place to feel the benefits obtained. This questionnaire consisted of 6 dimensions such as 1) information and education; 2) coordination service, 3) convenience physique, 4) support emotional, 5) appreciate experience patient, 6) engagement family and friend, 7) continuity and transition, and 8) access to service. Likert scale with scoring system was used in this study such as 4=strongly agree, 3=agree, 2=disagree, and 1=strongly disagree. The total of questionnaire was 20 with the highest score showed the high patient experience to receive the service.

Communication effectiveness questionnaire. The questionnaire was used to measure the effectiveness of communication among nurses with patients. This questionnaire consisted of 11 questions with 6 dimensions such as 1) understanding, 2) fun, 3) influence attitudes, 4) repair relationship, and 5) action. Likert scale with scoring system was used in this study such as 4=strongly agree, 3=agree, 2=disagree, and 1=strongly disagree. The highest score of communication showed the good communication among

nurses to patients and the lower score of communication was bad communication.

Patient loyalty questionnaire was used to measure the patient's willingness to continue to receive health services at the same place and influence other people to receive health services at the same hospital. This questionnaire consisted of 8 questions with 4 dimensions such as 1) purchase repeated, 2) purchase intermediate products line, 3) recommend such it up others 4) immunity to other competitors. Likert scale with scoring system was used in this study such as 4=strongly agree, 3=agree, 2=disagree, and 1=strongly disagree. The highest score of patient loyalty showed the patients willingness to continue to receive health services at the same place and lowest score showed the patients did not willingness to continue to receive health services at the same place.

Belief on hospital services was measured using the structure questionnaire. This questionnaire consisted of 12 questions with 3 dimensions such as 1) ability, 2) kindness, 3) integrity. Likert scale with scoring system was used in this study such as 4=strongly agree, 3=agree, 2=disagree, and 1=strongly disagree. The highest score of belief showed the patient's confidence that the hospital will act appropriately with their hopes.

Validity and reliability of instruments

The reflective measurement model assessment was carried out by examining the outer loading indicators. Convergent validity testing aims to find out that the indicators used can explain a measure accurately so that it can describe the concept you want to measure.

Convergent Validity Test with Average Variance Extracted (AVE) The instrument meets the convergent validity test if it has an Average Variance Extracted (AVE) above 0.5. An AVE value ≥ 0.5 means that the construct can explain 50% or more of the item variance (9).

The reliability test of the reflective measurement model was carried out using Cronbach's alpha and composite reliability (CR) criteria. The acceptable criterion value for Cronbach's alpha is > 0.7 . Detail of validity and reliability results as following

Table 1. average variance extracted (AVE) value of research model

Variables	Cronbach's Alpha	rho_A	composite reliability (CR)	AVE
Patients' experience	.964	.966	.967	.599
Effectiveness of communication	.927	.933	.938	.579
Belief	.947	.952	.954	.634
Patients' loyalty	.905	.909	.923	.599

Data analysis

Structural equation modelling (SEM) with partial least square (PLS) was carry out to analyse the data. The strength of the relationship between constructs/ variables can be shown through the Path Coefficient. The R2 value is to measure the level of variation in changes in exogenous variables to variables. endogenous. Goodness of fit value to find out whether the model fits. Predictive Relevance (Q²) to validate the model, suitable for endogenous latent variables that have a reflective measurement model. If the Q² value > 0 proves that the model has predictive relevance, whereas if Q² < 0 proves that the model lacks predictive relevance

RESULT

Characteristic of respondents

Table 2 described the characteristic of respondents. The result found that more than half respondents were women (60%) with age >56 years old (52.5%). More than half of respondents graduated from Secondary school (62.1%). Most of them were not work in anywhere (68.6%).

Table 2. characteristic of respondents

No	Variables	n	%
1	Gender		
	Men	112	40
	Women	168	60
2	Aged		
	<25 years	15	5.4
	25-40 years	45	16.1
	41-55 years	73	26.1
	>56 years	147	52.5
3	Education		
	Secondary school	174	62.1
	High school	74	26.4
	Diploma	18	6.4
	Bachelor	14	5
4	Occupation		
	Not work	192	68.6
	Student	3	1.1
	Civil servant	5	1.8
	Private employment	43	15.4
		37	13.2

Entrepreneurship

Direct effect between independent variables with dependent variable

Table 3 described the direct effect between independent variables with dependent variable. The results found that 1) Effective communication has association with belief (p-value<.05), and patients' loyalty (p-value<.05); 2) Belief has association with patients' loyalty (p-value<.05); and 3) Patients' experience has association with belief(p-value<.05) and patients' loyalty (p-value<.05).

Table 3. Direct effect between independent variables with dependent variable

Variables	Original sample (O)	Sample mean (M)	Standard deviation	T statistic	p-value
Direct effect					
Effective communication to belief	.287	.289	.096	.417	.000
Effective communication to patients' loyalty	.276	.279	.074	.372	.000
Belief to patients' loyalty	.239	.238	.086	2.77	.006
Patients' experience to belief	.381	.385	.068	5.62	.000
Patients' experience to patients' loyalty	.311	.316	.070	4.45	.000

Indirect effect between independent variables with dependent variable.

Table 4 described the indirect effect between independent variables with dependent variable. The results found that Effective communication has indirect effect patients' loyalty with belief as intervening variables (p-value<.05). Belief to patients' loyalty with belief as intervening variables (p-value<.05).

Table 4. Indirect effect between independent variables with dependent variable

Variables	Original sample (O)	Sample mean (M)	Standard deviation	T statistic	p-value
Direct effect					
Effective communication to patients' loyalty with belief as	.068	.067	.026	2.596	.010

intervening variables					
Belief to patients' loyalty with belief as intervening variables	.091	.093	.04	2.274	.023

DISCUSSION

The result found that patient experience influences the patient loyalty. The research results show that there is a direct influence of patient experience on patient loyalty. The influence of patient experience on patient loyalty is a multifaceted issue that encompasses various aspects of healthcare delivery, including service quality, communication, trust, and financial experience.

Research and studies have consistently shown that a positive patient experience significantly impacts patient loyalty, encouraging patients to return to the same healthcare provider and recommend the provider to others (10-11). Furthermore, patient satisfaction, which is influenced by service quality, acts as a mediator between service quality and patient loyalty, suggesting that satisfied patients are more likely to be loyal (12).

The communication becomes the second predictor on patients' loyalty. Communication between healthcare providers and patients is a critical component of the healthcare experience for building trust, which is another cornerstone for developing customer loyalty.

Trust reflects patients' willingness to rely on healthcare providers for their care, making it a crucial element in the healthcare context. Research has shown that trust and satisfaction are strongly positively correlated with patient commitment and loyalty (10). The study by Lee, emphasizes that a physician's communication skills positively affect a patient's cognitive trust (13). This suggests that when doctors listen to their patients and understand their implicit thoughts and feelings, patients develop a stronger cognitive trust in their healthcare providers, which is a critical component of patient loyalty.

Another study also mentioned that there is a significant relationship between patient-physician communication and loyalty to both the physician and the hospital (14).

patient-centered communication suggests that good communication skills are associated with patient satisfaction, which is strongly linked to various positive patient outcomes, including loyalty (15). Another statement highlights the impact of quality communication on patient-centered health outcomes, which include satisfaction, quality of care, and physical and mental health, all contributing to patient loyalty (16).

The next predictor such as patients' trust are significantly improved the loyalty. The research and studies reviewed across various sources consistently demonstrate that patients' trust in their healthcare providers significantly improves their loyalty to those providers. Patients who trust their healthcare providers are more likely to continue their relationship with the institution, return for future services, and recommend the hospital to family and friends (17). Trust directly influences loyalty, as demonstrated by research showing that trust had a direct and positive impact on loyalty (18).

Empirical studies further support the significant role of trust in improving patient loyalty. Research conducted in Indonesia found that trust has a positive influence on patient loyalty, underscoring the importance of trust in the healthcare context (19). Another literature review on perceived value and trust towards patient loyalty concluded that trust, along with perceived value, plays a crucial role in fostering patient loyalty (20).

The evidence from various studies and research articles consistently supports the notion that patients' trust in their healthcare providers significantly improves their loyalty. This relationship is manifested through both direct impacts of trust on loyalty and indirect effects mediated by factors such as perceived value, satisfaction, and commitment.

Limitation of study

Several weaknesses were found in the research process, such as 1. Some respondents had difficulty understanding the content of the questions because some of them were elderly and used manual questionnaires. 2 This research was only carried out on hospital objects, namely internal medicine outpatients, so it does not represent the entire picture of hospital conditions. Apart from that, this

research focuses on BPJS health coverage patients, so there are limitations in selecting hospitals because not all hospitals have collaboration with BPJS health coverage.

Conclusion

In conclusion indicate that creating a positive patient experience, engaging in effective communication, and building patient trust are all key factors that can positively predict and enhance patient loyalty to use healthcare services. Providers who focus on these areas are more likely to retain their patient base and foster lasting relationships

Implication

There needs to be an increase in the provision and completeness of hospital facilities to support patient comfort in receiving health services at the hospital. Medical personnel, especially doctors, are expected to be communicative so they can influence patient's loyalty. To increase patient satisfaction, excellent service is needed so that patients are not influenced to move to another hospital even though there are attractive promotions from other hospitals

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