The Influence of Service Quality, Word of Mouth, Patient Physician Trust on Revisit Intentions Mediated by Patient Satisfaction in Primaya Hospital Patients

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DOI: https://doi.org/10.56457/jimk.v12i2.591Received: July 24, 2024Accepted: December 17, 2024Published: December 19, 2024

ABSTRACT

This research was conducted to determine the influence of service guality, word of mouth, patientphysician trust on revisit intention which is mediated by patient satisfaction in Primaya Sorowako Hospital patients. This research is quantitative and was conducted cross-sectionally. The total sample was 119 patients. The sample was selected using non-probability sampling, namely purposive sampling. Research data was taken using Google form media with five answer choices. The data analysis method uses PLS-SEM. The results of this study found that service quality had no effect on revisit intention. Word of mouth has a positive effect on revisit intention. Patient physician trust has no effect on revisit intention. Patient satisfaction has a positive effect on revisit intention. Service quality has a positive effect on patient satisfaction. Word of mouth has a positive effect on patient satisfaction. Patient physician trust has no effect on patient satisfaction. Patient satisfaction fully mediates the positive influence of service quality on revisit intention. Patient satisfaction partially mediates the positive influence of word of mouth on revisit intention. Patient satisfaction does not mediate the influence of patient physician trust on revisit intention. The hospital can increase revisit intention by making patients feel satisfied through the various services provided at the hospital, longer consultation times, faster waiting hours, more attention given by hospital staff. Suggestions for further research could be expanded to several other hospitals in the Sorowako area and surrounding areas. Further research can also add other factors that cause high and low patient revisit intention, such as price perceptions and hospital image.

Keywords: Patient Pyhsician Trust, Patient Satisfaction, Revisit Intention, Service Quality, Word Of Mouth

INTRODUCTION

Health has an important role for individuals and society in a country. UURI Regulation number 17 in 2023 defines health as a healthy condition in physical, mental and social form and not just free from disease but capable of producing a productive life. Apart from being realized thanks to the role of humans, optimal health also has the role of hospitals. In Law number 44 of 2009, hospitals are described as health bodies whose role is to provide individual health services in a complete (complete/perfect) manner in the form of inpatient, outpatient and emergency services. Hospitals play a role in providing preventive, promotive, curative and rehabilitative services (Kristiana, 2020).

Private hospitals must be ready to compete with other hospitals, both private hospitals and public government hospitals. The or competition that occurs between hospitals must be balanced with the performance of the hospital organization in the form of providing quality services to patients. Private hospitals must provide quality services to patients because the profits they obtain depend on the number of patients who visit. Aspects of patient satisfaction differ between private hospitals and public hospitals (Hutama et al., 2018)... The quality of service between private and government hospitals also has differences in



several aspects (Salim, 2020). These differences must be addressed specifically by private hospitals so that the quality of service provided is better than in government hospitals so that the level of consumer (patient) satisfaction in private hospitals is better than in government hospitals.

In carrying out its activities, hospitals certainly need marketing activities to increase patient repeat visits and prevent patients from using health facilities in other places. One aspect that hospitals need to pay attention to is revisit intention or the intention to return to a hospital. Consumers' or patients' repeat visit intentions are very beneficial for hospital management due to reputation, profitability and competition (Lai et al., 2020). Visitors who come repeatedly, participate in consumptive activities, tend to feel satisfied, spread positive news from their mouths tend to require a small marketing price compared to visitors (patients) who come for the first time (Nguyen Viet et al., 2020). Revisit intention can be defined as a repeated action that represents consumers' thoughts about experiencing a particular product, including making decisions to form long-term relationships with service providers in the future (Lai et al., 2020). Revisit intention has been identified as the dependent variable in this study.

The Theory of Planned Behavior (TPB) is the most widely researched framework for predicting behavioral intentions or tendencies (Fielding et al., 2008). The basic assumption of the TPB is that individual behavior is controlled by individual intentions, where these intentions are caused by factors such as attitudes, subjective norms, and perceived behavioral control (Ajzen, 1985, 1991). Attitude shows an individual's feelings related to carrying out a behavior. This results from salient beliefs and evaluation of consequences (Soliman, 2021). Therefore, individuals form positive or negative attitudes towards these behavioral acts (Bianchi et al., 2017). Factors such as perceived service quality, satisfaction, trust, word of mouth are included in the attitude component category.

Customer satisfaction is a combination of customer feelings towards service in various dimensions (Yan et al., 2015). Patient satisfaction is not a static indicator because it is influenced by changes in the external environment of the health system (Gavurova et al., 2021). The results of a systematic review found several determinants of patient satisfaction that were investigated in various studies where research results varied because there was no globally accepted patient satisfaction formula and measurement system (Batbaatar et al., 2016).

Perceived quality refers to an individual's evaluation of the overall quality of a product or service compared to alternatives (Mohd Isa et al., 2019). Quality in service organizations is the extent to which the service provided meets expectations or expectations customer (Ghobadian et al., 1994). Service quality is a global evaluation or attitude of overall service excellence (Parasuraman et al., 1985). Service quality can be understood as a comprehensive customer evaluation of a particular service and the extent to which the service meets their expectations and provides satisfaction (Al-Jazzazi & Sultan, 2017).

Word of mouth is a form of positive verbal communication from one mouth to another between consumers and other people such as family and friends about health service providers (Siripipatthanakul, 2021). Word of mouth can also be said to be an informal source of communication between the sender of the message and the recipient of the message about services or goods (Murray, 1991). Word of mouth is generally defined as cultural exchange, a continuous flow of accurate and effective information, personal communication or dialogue between two individuals (Ruswanti et al., 2020).

Trust is an important everyday concept defined as dependability, loyalty, reliance on integrity, friendship with others (Kirkpatrick & Schwarz, 1983). Most of the literature divides trust into two categories: trust in the medical profession as a whole (or the healthcare system as a whole) and trust in specific medical practitioners (Rolfe et al., 2014). Trust



is a combination of reasoning (cognitive trust) and feelings (emotional trust), a trustor develops emotional trust in the person they trust when the person they trust evaluates how they feel and believe in the person they trust (Esmaeilzadeh, 2019). Trust is defined as the belief that a trusted person will comply with the trusted person's actions when the information is insufficient, or it is difficult to make a reasonable decision for himself (Marsh & Dibben, 2005).

Revisit intention or the patient's intention to visit is of course caused by various things. The patient's intention to visit again depends on satisfaction factors (Park et al., 2021). The patient's intention to revisit is influenced by the patient's level of investment of energy, time and effort in seeking information (Lai et al., 2020). Service quality and patient satisfaction are two causes of increasing patient intention to revisit (Siripipatthanakul, 2021). Hospital image and satisfaction are determinants of the patient's desire to visit again (Mandagi et al., 2023). Nutritional knowledge, perceived medical quality, and trust in physiologists have an effect on repeat visit intentions (Fengmin et al., 2022). Cupping, pharmacopuncture, and therapy are positively correlated with intention to revisit (Jeon et al., 2022). The affective component (i.e. relationship marketing) and behavioral component (i.e. word of mouth) play an important role in increasing revisit intention (Mohd Isa et al., 2019). Quality of service, image of the hospital, word of mouth are factors that determine how much a patient wants to make a repeat visit (Rahman & Desembrianita, 2023). Patients' intention to revisit is due to their level of trust and satisfaction (Akthar et al., 2023). Based on the factors that have been described, WOM, service quality, trust, satisfaction are used to influence patient revisit intention.

METHOD

The research uses a quantitative cause and effect design. The population is visiting patients at Primaya Sorowako Hospital whose exact number is not known. The purposive

sampling technique was used when taking samples with the criteria, namely that the patient was at least 18 years old, the patient had received health services at least twice, the patient was willing to be a respondent and was willing to fill out a questionnaire, the patient was able to write, communicate and read. To calculate the sample for this study, G*Power software was used. G*Power is recommended for sample size and power calculations for various statistical methods. The G*Power calculation uses an effect size of f2 0.15, α with an error rate of 0.05, power 0.95 so that the required minimum sample is 119 people. Data was obtained via a Google form which was distributed patients according to to predetermined criteria. The data analysis method was chosen using PLS SEM.

The revisit intention research instrument consists of 6 items adapted from (Mohd Isa et al., 2019). The 9-item patient satisfaction instrument was adapted from (Larsen et al., 1979). The service quality instrument consists of 5 dimensions with a total of 22 items adapted from (Lee & Kim, 2017). The word of mouth instrument consists of 5 items adapted from (Mohd Isa et al., 2019). The patientphysician trust instrument consists of a 6 items adapted from (Peng et al., 2020).

RESULT and DICUSSION

Respondents consisted of 58 men (48.74%) and 61 women (51.26%). As many as 18 people (15.13%) aged 18 to 27 years, as many as 29 people (24.37%) aged 28 to 37 years, as many as 46 people (38.65%) aged 38 to 47 years, as many as 26 people (21.85%) %) aged 48 to 57 years. A total of 27 people (22.69%) were high school/equivalent graduates, 19 people (15.97%) were diploma graduates, 64 people (53.78%) were bachelor graduates, 9 people (7.56%) were master's graduates. A total of 32 people (26.89%) earned < 5 million, 38 people (31.93%) earned 5 - 10 million, 30 people (25.21%) earned 10 -15 million, 19 people (15.97%) income > 15 million.

Convergent Validity

			Tab	ole 1. Out	er Load	ling			
)		SQ		WOM		PT		PS	
160	SO12	0 552	WOM1	0 976	DT1	0 956	DC1	0 838	E

	SQ		SQ		WOM		PT		PS		RI
SQ1	0.762	SQ12	0.553	WOM1	0.876	PT1	0.856	PS1	0.838	RI1	0.811



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SQ2 SQ3 SQ4 SQ5 SQ6 SQ7 SQ8 SQ9 SQ10 SQ11	0.809 0.632 0.775 0.781 0.759 0.779 0.769 0.760 0.722 0.795	SQ13 SQ14 SQ15 SQ16 SQ17 SQ18 SQ19 SQ20 SQ21 SQ22	0.657 0.704 0.780 0.618 0.718 0.665 0.733 0.792 0.781 0.694	WOM2 WOM3 WOM4 WOM5	0.904 0.933 0.870 0.936	PT2 PT3 PT4 PT5 PT6	0.811 0.824 0.767 0.802 0.654	PS2 PS3 PS4 PS5 PS6 PS7 PS8 PS9	0.839 0.842 0.807 0.875 0.875 0.862 0.860 0.840	RI2 RI3 RI4 RI5 RI6	0.769 0.813 0.734 0.838 0.792
<u>SQ11</u>		SQ22	0.694			. .					

Table 1 contains the factor loading values for each item from all variables. Service quality has a factor loading score between 0.553 to 0.809. Word Of Mouth has a factor loading score from 0.870 to 0.935. Patient Physician Trust had factor loading scores ranging from 0.654 to 0.856. Patient Satisfaction has a factor loading score from 0.807 to 0.875. Revisit Intention has factor loadings between 0.734 and 0.838. A factor loading value of 0.5 is still used in this research as long as the AVE value is > 0.5.

Discriminant Validity

Table	2.	Discriminant Valid	itv
Iable	~ .	Discriminant vanu	ILV

	PS	PT	RI	SQ	WOM
PS					
PT	0.73	8			
RI	0.72	5 0.639			
SQ	0.79	4 0.815	0.590		
WOM	0.81	7 0.778	0.752	0.770	
Table 2	shows the	results of the	discriminant	validity and can be	differentiated

lable 2 shows the results of the discriminant validity test using the Heterotrait-Honotrait Ratio (HTMT) where all values are <0.9, which means that each variable has good discriminant validity and can be differentiated from other variables. **Reliability Test**

Table 3. Reliability Test

Variable	Cronbach's Alpha	Composite Reliability	Result
SQ	0.958	0.962	Reliable
WOM	0.944	0.957	Reliable
PT	0.876	0.907	Reliable
PS	0.952	0.959	Reliable
RI	0.882	0.911	Reliable
Table 3 contains validity	v testina usina value	s in Table 4.11 are > 0.7	so that all

Table 3 contains validity testing usingvalues in Table 4.11 are > 0.7 so that allCronbach Alpha and composite reliability. Allvariables are declared reliable.

R

Square

	Table	4. R Square	
	Variable	R Square	Result
Patier	nt Satisfaction	0.700	Moderat
Revi	isit Intention	0.529	Moderat

Table 4 contains the R Square quantities. Service quality, WOM, physician patient trust contributed to the rise and fall of patient satisfaction by 0.700 or 70% and the remaining 30% was caused by other factors outside the research. Service quality, word of mouth (WOM), patient physician trust, and patient satisfaction contributed to the rise and fall of revisit intention by 52.9% and the remaining 47.1% was due to other factors outside the research. The R square value is grouped into three categories where an R square value of 0.75 and above is included in the strong category, an R square value of 0.50 and above and less than 0.75 is included in the moderate category, and an R square value of 0.25 and above and less than 0.50 is included weak category (Hair et al., 2019).



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F Square

Table 5. F S	Square		
Pengaruh Variabel		F Square	Result
Service Quality 🕨 Patient Satisfa	action	0.118	Weak
Word Of Mouth ► Patient Satisfa	ction	0.212	Moderate
Patien Physician Trust 🕨 Patient Sat	tisfaction	0.052	Weak
Service Quality 🕨 Revisit Inten	tion	0.005	No Effect
Word Of Mouth Revisit Inten	tion	0.130	Weak
Patien Physician Trust 🕨 Revisit In	Itention	0.005	No Effect
Patient Satisfaction 🕨 Revisit Inte	ention	0.076	Weak
F Square values higher than 0.02, 0.15,	of service quality and pa	tient physicia	an trust on
and 0.35 represent small, medium and large	patient satisfaction, as	well as the	e effect of
effect sizes (Purwanto, 2021). The F Square	patient satisfaction on	revisit inf	tention. A
value can be seen in Table 5. In Table 5 it can	moderate effect is see	n in the in	fluence of
be seen that service quality and patient	WOM on patient satisfac	tion.	
physician trust have no effect on revisit	Q Square		
intention. Weak effects were seen in the effects			
Table 6 Q S	Square		

Variabele	Q ² Predict	Result
Patient Satisfaction	0.495	Medium predictive relevance
Revisit Intention	0.317	Medium predictive relevance
	the second secon	anting (DO) and modelt intention (DI) of

If the Q Square value < 0.25, it can be said that the model has small predictive relevance, the Q Square value of 0.25 - 0.5 has medium predictive relevance, while the Q Square value > 0.5 can be said that the model has large predictive relevance (Ghozali & Latan, 2015). Table 6 shows the Q Square values of patient satisfaction (PS) and revisit intention (RI) of 0.495 and 0.317. This means that the factors that influence patient satisfaction and revisit intention have a relevant construct model and have a moderate level. Hypothesis Testing

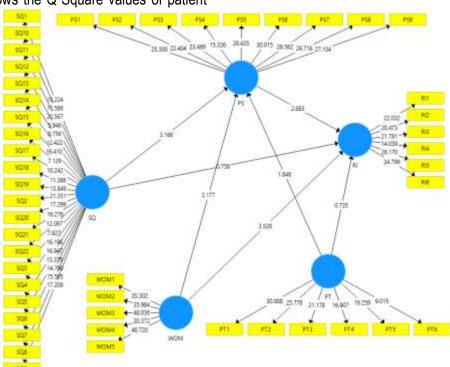






Figure 1 contains the research path coefficient and T-statistic test. Service quality, word of mouth, and patient physician trust act as exogenous/independent variables. Patient

satisfaction acts as a mediating variable. Revisit intention as an endogenous/dependent variable.

Table 7. Hypothesis Testing					
	Standard	T Statistics	P Value	Decision	
	Coefficient				
SQ ▶RI	-0.084	0.758	0.449	Rejected	
WOM ► RI	0.432	3.528	0.000	Accepted	
PT ► RI	0.079	0.735	0.462	Rejected	
PS ► RI	0.345	2.883	0.004	Accepted	
SQ ► PS	0.318	3.166	0.002	Accepted	
WOM ► PS	0.400	3.177	0.001	Accepted	
PT ► PS	0.202	1.848	0.065	Rejected	
SQ ► PS ► RI	0.110	2.085	0.037	Accepted	
WOM ► PS ► RI	0.138	1.973	0.049	Accepted	
PT ► PS ► RI	0.069	1.571	0.116	Rejected	

The influence of service quality on revisit intention

The results of testing the H1 hypothesis can be seen in table 7 that this hypothesis is not supported with a p value > 0.05 (0.449), a T-statistic value < 1.96 (0.758) so it can be said that service quality has no effect on revisit intention. The research results are in line with other research where service quality has no effect on repeat visit intentions (Trisnawati et al., 2022). The quality of medical services perceived by patients is not a determining factor in intention to revisit (Mohd Isa et al., 2019). Service quality is not a determining factor in intention to revisit (Ginting et al., 2023).

The influence of word of mouth on revisit intention

The results of testing the hypothesis H2 can be seen in table 7 that the hypothesis is supported with a p value < 0.05 (0.000), a Tstatistic value > 1.96 (3.528), so it can be said to have a significant effect. The standard coefficient obtained was 0.432, indicating that word of mouth has a positive effect on revisit intention. The research results are in line with previous research which stated that the higher word of mouth was followed by the higher level of revisit intention in patients in the city of Penang, Malaysia (Mohd Isa et al., 2019). Word of mouth encourages the creation of revisit intention in the case of travel agents (Gholipour Soleimani & Einolahzadeh, 2018). Word of mouth can encourage the level of revisit intention from customers (Liu & Lee, 2016).

The influence of patient physician trust on revisit intention

The results of testing the hypothesis H3 appear in table 7 that this hypothesis is not supported with a p value > 0.05 (0.462), a Tstatistic value < 1.96 (0.735) so that patient physician trust has no effect on revisit intention. The research results are in line with previous findings which state that trust has no impact on patients' intention to revisit (Mohd Isa et al., 2019). The results of research at the Bekasi public hospital also found that trust had no impact on patient revisit intention (Zahra et al., 2023).

The influence of patient satisfaction on revisit intention

The results of testing the hypothesis H4 can be seen in table 7 that this hypothesis is supported by a p value <0.05 (0.004), a Tstatistic value > 1.96 (2.883) so it can be said to have a significant effect. The standard coefficient obtained was 0.345 which shows that patient satisfaction has a positive direction on revisit intention. The research results are in line with previous findings which stated that patient satisfaction is a determining factor in patients' revisit intention (Siripipatthanakul, 2021). Patient satisfaction leads to the



formation of patients' intention to revisit patients at private hospitals in Manado (Mandagi et al., 2023). Increasing patient satisfaction also has an impact on their intention to revisit (Park et al., 2021). Customer satisfaction was found to be able to increase the intention to re-visit patients at the hospital (Wandebori & Pidada, 2017).

The influence of service quality on patient satisfaction

The results of testing the H5 hypothesis can be seen in table 7, that this hypothesis is supported by a p value < 0.05 (0.002), a Tstatistic value > 1.96 (3.166), so it can be said to have a significant effect. The standard coefficient obtained is 0.318 which indicates a positive direction. The research results state that service quality has a positive effect on patient satisfaction. The research results are in line with previous findings which stated that the higher the service quality, the better the patient satisfaction in private hospitals (Zarei et al., 2015). Service quality dimensions such as patient safety, hospital image, social responsibility, personnel quality are significant predictors of patient satisfaction (Tan et al., 2019). The perception of service quality among patients increases their trust which then has a positive effect on their satisfaction (Chang et al., 2013). Perceptions of service quality were found to magnify patient satisfaction levels in Palestinian health organizations (Zaid et al., 2020).

The influence of word of mouth on patient satisfaction

The results of testing the hypothesis H6 can be seen in table 7 that this hypothesis is supported by a p value < 0.05 (0.001), a Tstatistic value > 1.96 (3.177) so it can be said to have a significant effect. The standard coefficient obtained is 0.400 which shows that it has a positive direction. The results of this study state that word of mouth has a positive effect on patient satisfaction. The research results are in line with previous findings which stated that word of mouth capital can increase patient satisfaction (Hasibuan, 2023). The existence of a link between word of mouth and patient satisfaction has also been confirmed in previous research (Siripipatthanakul, 2021). There is a relationship between word of mouth promotion and patient satisfaction at a hospital (Indriana et al., 2021). Word of mouth was found to have a positive impact on patient satisfaction in West Jakarta regional hospitals (Ruswanti et al., 2020).

The influence of patient physician trust on patient satisfaction

Testing hypothesis H7 can be seen in table 7 that this hypothesis is not supported with a p value > 0.05 (0.065), a T-statistic value < 1.96 (1.848) so it can be said that it has no significant effect. The standard coefficient obtained is 0.202. The results of the study stated that patient physician trust had no effect on patient satisfaction. The research results are not in line with previous findings which stated that trust has a strong positive correlation with patient satisfaction (Durmus & Akbolat, 2020).. Higher trust in doctors is associated with higher patient satisfaction (Orrange et al., 2021). Customer trust was found to have an impact on satisfaction (Ginting et al., 2023).

The influence of service quality on revisit intention through patient satisfaction as mediation

The results of the H8 hypothesis test can be seen in table 7 that this hypothesis is supported by a p value < 0.05 (0.037), a Tstatistic value > 1.96 (2.085) therefore it can be said to have a significant effect. The standard coefficient obtained is 0.110, which means that service quality has a positive direction towards revisit intention through the mediation of patient satisfaction. Previous research results found that electronic service quality has a positive effect on customer loyalty, and this effect is mediated or mediated by customer satisfaction (Muharam et al., 2021). Service quality has an impact on repeat visit intentions through satisfaction mediation (Ginting et al., 2023).

The influence of word of mouth on revisit intention through patient satisfaction as mediation

Testing the hypothesis H9 can be seen in table 4.15 that this hypothesis is supported by



a p value < 0.05 (0.049), a T-statistic value > 1.96 (1.973), so it can be said to have a significant effect. The standard coefficient obtained was 0.138, which means that word of mouth has a positive direction towards revisit intention through the mediation of patient satisfaction. The research results show that word of mouth has a positive effect on revisit intention through the mediation of patient satisfaction. Patient satisfaction partially mediates the impact of word of mouth (WOM) on revisit intention because word of mouth influences revisit intention.

The influence of patient physician trust on revisit intention through patient satisfaction as mediation

Testing the hypothesis H10 can be seen in table 7 that this hypothesis is not supported with a p value > 0.05 (0.116), a T-statistic value < 1.96 (1.571) therefore it can be said to have no significant effect. The standard coefficient obtained is 0.069. The research results found that patient satisfaction did not mediate the influence of patient trust on revisit intention.

CONCLUSION

The results of this research concluded that service quality has no effect on revisit intention. Word of mouth has a positive effect on revisit intention. Patient physician trust has no effect on revisit intention. Patient satisfaction has a positive effect on revisit intention. Service quality has a positive effect on patient satisfaction. Word of mouth has a positive effect on patient satisfaction. Patient physician trust has no effect on patient satisfaction. Patient satisfaction fully mediates the positive influence of service quality on revisit intention. Patient satisfaction partially mediates the positive influence of word of mouth on revisit intention. Patient satisfaction does not mediate the influence of patient physician trust on revisit intention.

The first strategy to increase revisit intention is to make patients feel satisfied through the various services provided at the hospital, longer consultation times, faster waiting hours, more attention given by hospital staff. The second strategy that can be used to increase hospital staff's revisit intention is to increase patient word of mouth promotion because it tends to make patients feel satisfied and want to visit again in the future.

This research has limitations. The research was carried out using Google forms so that researchers could not monitor the progress of the research. The research was only conducted at one hospital in Sorowako so it cannot be generalized more widely. This research is only limited to the variables service quality, word of mouth, patient physician trust, patient satisfaction in influencing revisit intention, while there are other factors outside this research that have an impact on revisit intention, for example brand image, price perception, etc. Suggestions for further research could be expanded to several other hospitals in the Sorowako area and surrounding areas. Further research can also add other factors that cause high and low patient revisit intention, such as price perceptions and hospital image.

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