Antecedents of Patient Experiential Satisfaction and Its Effect on Revisit Intention

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Abstract

Introduction/Main Objectives: *This paper examines declining patient visits in private clinics in Central Kalimantan, focusing on XYZ Clinic, which relies solely on out-of-pocket payments. Despite surviving the COVID-19 crisis, the clinic saw a sharp decrease in visits in 2023, highlighting the need to understand patient loyalty drivers. Background Problems: The main issue addressed in this study is the sustainability of private healthcare services, specifically examining the influence of price fairness, Clinic Image, and communication on patients' revisit intention, with experiential satisfaction acting as a mediating factor.* ***Novelty:*** *This study integrates communication, price fairness, and Clinic Image in a single model with satisfaction as a mediator, an approach not widely explored in Indonesian private clinic contexts. Research Methods: A cross-sectional quantitative design was used. Data were gathered via structured questionnaires from 162 XYZ Clinic patients and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). Advanced analytics were also performed. Finding/Results: Price fairness and communication significantly affect experiential satisfaction, with communication being the strongest factor. Both fairness and satisfaction influence revisit intention, while Clinic Image has no significant effect.* ***Conclusion:*** *The findings suggest that private clinics should focus on transparent communication and fair pricing to enhance patient loyalty, rather than relying solely on image-building strategies.*

Keywords: *Clinic Image, Communication, Patient Experiential Satisfaction, Price Fairness, Revisit Intention*

A. Theoretical Background

In the landscape of primary healthcare services, patient revisit intention has emerged as a critical focus for practitioners and researchers alike. This concept refers to the probability that patients will return to the same provider following an initial visit. As healthcare becomes increasingly competitive, particularly in systems not supported by insurance, as seen in figure 1, understanding what drives patients to return is essential for sustaining clinical operations and ensuring service continuity.

In Central Kalimantan, the number of private clinics has declined significantly in recent years. In 2018, there were 74 clinics in Lamandau Regency, and by 2024, the number had decreased to 9 clinics (Badan Pusat Statistik, 2024), raising concerns about service sustainability. One privately owned clinic, referred to in this study as Since 2023, XYZ Clinic has experienced a sharp decline in both patient visits and overall revenue. Interestingly, no major service disruptions, management changes, or external crises have been reported during this period. At the same time, a broader trend of declining numbers of private clinics has emerged, prompting critical questions about the internal and perceptual factors that influence patient loyalty and the sustainability of private healthcare providers operating without government support.

The case of XYZ Clinic exemplifies this growing concern. As a privately owned facility that operates entirely without public funding, the clinic depends solely on out-of-pocket payments from patients. Despite maintaining stable performance throughout the COVID-19 pandemic, the clinic now faces significant challenges in retaining patients and ensuring continuous engagement.

This paradox highlights an urgent need to investigate not only the determinants that attract first-time patients, such as service quality, clinic image, and communication effectiveness, but also the factors that sustain long-term patient relationships including perceived fairness, trust, and emotional connection. Understanding these dimensions could provide valuable insights for strengthening patient loyalty and ensuring the financial viability of private healthcare institutions in increasingly competitive environments.

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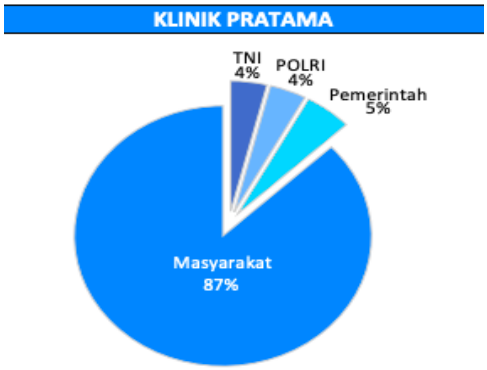


Figure 1. Percentage of Private Clinics in Indonesia
Source: *Ministry of Health of the Republic of Indonesia (2024)*

Patient satisfaction plays a central role in shaping this intention. Patient experiential satisfaction is results of expectations and experiences obtained after receiving health services. Research has shown that higher satisfaction is associated with greater willingness to return. Prior studies highlight the influence of satisfaction on repeat visits, supporting the importance of this factor in patient retention (Pighin *et al.*, 2022; Rifa and Bernarto, 2023; Ngian *et al.*, 2025).

Perceived fairness in pricing also contributes to patient decision-making. In facilities that operate on an out-of-pocket payment model, patients tend to evaluate the fairness of costs based on the outcomes and overall service experience. Studies found that price fairness can significantly affect both satisfaction (Putu and Ekawati, 2020; Khodijah, Akhmad Dwi Priyatno and Syntia Rahutami, 2024) and revisit behavior (Nathania, Wuisan and Yuliana, 2023; Hidayat, Andika and Ekasasi, 2024; Panjarwanto and Tambunan, 2024), especially in privately funded healthcare systems.

Clinic Image is a collection of beliefs, ideas and impressions that patients have about a clinic (Taneja, 2021). A strong and positive image of a clinic has the potential to enhance patients' experiential satisfaction, as it shapes their overall perceptions and emotional responses during the care process (Tan *et al.*, 2019; Vimla and Taneja, 2020; Lienata and Pink Berlianto, 2023; Nur *et al.*, 2024).

Communication between patients and providers further enhances the patient experience. Empathetic, clear, and patient-centered communication has been linked to increased satisfaction in healthcare providers Adeline, 2024; Herlina, Rumengan and Indrawan, 2024; Lampus and Wuisan, 2024; Wijaya and Afifi, 2024; Jesslyn Mellenia, Ardi Ardi, 2025). Prior studies demonstrated that good communication can strengthen patient relationships and influence return behavior (Kim, Sim and Kim, 2021; Article, 2023; Herlina, Rumengan and Indrawan, 2024; Wijaya and Afifi, 2024).

This research aims to investigate the drivers behind revisit intention, specifically, it examines how patient satisfaction, price fairness, Clinic Image, and communication quality contribute to the likelihood of patients returning. These variables are explored both independently and in relation to each other to better understand how they shape patient decision-making. The core problem addressed in this study is the unexplained decline in patient visits at privately funded clinics in Central Kalimantan (Badan Pusat Statistik, 2024). Recognizing this issue is crucial, as such clinics form a key part of the healthcare infrastructure, especially in regions underserved by public facilities or insurance programs. To address this problem, the study seeks to answer how patient satisfaction, perceived price fairness, Clinic Image, and communication influence revisit intention in a private healthcare setting.

The objectives of this research are to identify the extent to which each factor affects revisit intention, to determine whether patient satisfaction mediates the relationship between service perceptions and revisit behavior, and to provide actionable insights that private clinics can use to improve retention and service quality. Through this inquiry, the study contributes both empirically and practically, by filling a gap in the literature and offering evidence-based recommendations for private healthcare providers in similar socioeconomic settings.

Theoretical Review

Price Fairness

In healthcare service delivery, particularly in private clinics, price fairness is a critical factor influencing patient satisfaction and loyalty. This variable refers to patients' perception that the price charged is reasonable and acceptable (Muskat *et al.*, 2019). Such assessments are not solely based on nominal cost, but also on the perceived value, service quality, and comparisons with similar providers. Unfair pricing perceptions can lead to dissatisfaction, complaints, and even switching

behavior. Several elements shape this perception, including pricing transparency, flexibility for specific cases, and alignment between cost and quality of service (Putu and Ekawati, 2020; Martinus Hanandito Nugroho Pratomo Linggo, 2021; Angelica and Bernarto, 2023; Nathania, Wuisan and Yuliana, 2023; Hidayat, Andika and Ekasasi, 2024; Khodijah, Akhmad Dwi Priyatno and Syntia Rahutami, 2024; Panjarwanto and Tambunan, 2024).

In this study, price fairness is measured through six indicators: (1) price parity with other clinics, (2) financial relief for specific patient groups, (3) cost transparency, (4) special discounts, (5) price-expectation alignment, and (6) price-service adequacy (Hidayat, Andika and Ekasasi, 2024).

Clinic Image

Clinic Image is defined as the set of beliefs, perceptions, and impressions patients hold about a healthcare facility (Taneja, 2021). It encompasses both tangible aspects such as infrastructure and comfort, and intangible ones like trust and emotional connection. A Clinic image is influenced by its reputation, adequacy of facilities, environmental comfort, and service quality. A positive image fosters trust and enhances patient confidence, often shaping their preference and long-term loyalty (Tan *et al.*, 2019; Vimla and Taneja, 2020; Taneja, 2021; Lienata and Pink Berlianto, 2023; Nur *et al.*, 2024; Toreh and Wuisan, 2024).

In this study, Clinic Image is measured through five indicators: (1) perceived reputation of the clinic, (2) adequacy of clinic facilities, (3) comfort of the clinical environment, (4) quality of services provided, and (5) perceived superiority over other clinics (Taneja, 2021).

Communication

Communication in clinical services is essential to ensure effective interaction between healthcare providers and patients. It refers to the exchange of information that ensures clarity about patient needs, expectations, and treatment procedures (Kwame and Petrucka, 2020). Effective communication includes courteous greetings, clear identification processes, open explanation of health conditions, and involving patients in care decisions. Simplicity in language and non-verbal cues such as a friendly demeanor enhance comfort. When communication is transparent and respectful, it strengthens patient-provider relationships and overall service quality (Kim, Sim and Kim, 2021; Woo and Choi, 2021; Article, 2023; Herlina, Rumengan and Indrawan, 2024; Reagan et al., 2024; Wijaya and Afifi, 2024).

Communication is assessed using seven indicators: (1) greeting gestures from healthcare personnel, (2) clear self-introduction by medical staff, (3) verification of patient identity, (4) transparency in communicating the patient's condition, (5) involvement in care planning discussions, (6) use of easily understandable language, and (7) the display of appropriate friendly expressions such as smiling (Wijaya and Afifi, 2024).

Patient Experiential Satisfaction

Patient experiential satisfaction is measured through five indicators: (1) satisfaction with the service provided by healthcare personnel, (2) trust in the medical services received, (3) perceived reliability of the healthcare team, (4) satisfaction with treatment outcomes, and (5) quality of care during the service encounter (Pighin *et al.*, 2022).

Revisit Intention

Revisit intention has been widely acknowledged as an outcome of patient satisfaction (Kusumawardani and Damayanti, 2020; Pighin *et al.*, 2022; Az Zahra, Farida and Arso, 2023; Rifa and Bernarto, 2023; Islam *et al.*, 2024; Putra, Romadhona and Abdullah, 2024; Ngian *et al.*, 2025). It refers to the likelihood that patients will return for future visits, especially in private clinics where maintaining patient loyalty is essential. It is often viewed as a behavioral extension of satisfaction (Um, Chon and Ro, 2006).

Revisit intention is evaluated using six indicators: (1) willingness to return to the clinic for future medical needs, (2) preference to revisit the clinic for treatment of close relations, (3) likelihood of choosing the clinic again when in need of healthcare, (4) preference for the clinic despite the availability of alternatives, (5) intention to recommend the clinic to others, and (6) tendency to prioritize the clinic as a first choice when feeling unwell (Hidayat, Andika and Ekasasi, 2024).

Price Fairness on Patient Experiential Satisfaction

Price fairness has been shown to significantly influence patients' experiential satisfaction (Putu and Ekawati, 2020; Martinus Hanandito Nugroho Pratomo Linggo, 2021; AlOmari, 2022; Angelica and Bernarto, 2023; Khodijah, Akhmad Dwi Priyatno and Syntia Rahutami, 2024). When patients perceive the cost of services as reasonable and aligned with the

quality they receive, it builds a sense of security and trust. This perception suggests that the clinic operates with integrity and not merely for profit. Fair pricing enhances patients' confidence that their well-being is prioritized, which positively shapes their satisfaction, particularly when services meet or surpass expectations. Thus, a stronger sense of price fairness is likely to translate into more favorable patient experiences.

H1 : Price Fairness has positive impact to Patient Experiential Satisfaction

Clinic Image on Patient Experiential Satisfaction

A positive Clinic Image significantly contributes to patient satisfaction (Tan et al., 2019; Vimla and Taneja, 2020; AlOmari, 2022; Lienata and Pink Berlianto, 2023; Nur et al., 2024; Toreh and Wuisan, 2024). Patients often form expectations based on a Clinic reputation, perceived professionalism, and environmental comfort. When the actual experience affirms or exceeds those expectations, satisfaction is likely to rise. A clinic that is perceived as trustworthy, well-equipped, and empathetic fosters emotional assurance, which strengthens patients' overall impression of care quality. Consequently, a strong and favorable Clinic Image can be a key determinant of experiential satisfaction.

H2 : Clinic Image has positive impact to Patient Experiential Satisfaction

Communication on Patient Experiential Satisfaction

Effective communication between healthcare providers and patients plays a vital role in shaping a satisfactory care experience (Adeline, 2024; Herlina, Rumengan and Indrawan, 2024; Jayawinangun et al., 2024; Lampus and Wuisan, 2024; Reagan et al., 2024; Wijaya and Afifi, 2024). Clarity in conveying information, attentiveness to patient concerns, and respectful interaction help foster a sense of being understood and valued. When communication is empathetic and inclusive, patients become more involved in decision-making and gain a clearer understanding of their health condition. This mutual engagement enhances emotional connection and trust, fostering a deeper sense of understanding and empathy between the parties involved. As a result, individuals are more likely to feel valued and acknowledged, which ultimately leads to improved satisfaction with the overall experience and strengthens long-term relational commitment.

H3 : Communication has positive impact to Patient Experiential Satisfaction

Price Fairness on Revisit Intention

Patients who perceive pricing as fair are more inclined to return for future services (Nathania, Wuisan and Yuliana, 2023; Hidayat, Andika and Ekasasi, 2024; Panjarwanto and Tambunan, 2024). A fair pricing structure reinforces the belief that the clinic values patient welfare over profit, fostering trust and a positive evaluation of the overall experience. This perception reduces financial anxiety and strengthens the intention to revisit, especially when service quality corresponds with the cost. Hence, perceived fairness in pricing becomes a key factor in shaping patients' long-term engagement with the clinic.

H4 : Price Fairness has positive impact to Revisit Intention

Patient Experiential Satisfaction on Revisit Intention

Patient satisfaction is a critical predictor of repeat visits (Kusumawardani and Damayanti, 2020; Pighin *et al.*, 2022; Az Zahra, Farida and Arso, 2023; Rifa and Bernarto, 2023; Islam *et al.*, 2024; Putra, Romadhona and Abdullah, 2024; Ngian *et al.*, 2025). When patients' experiences are aligned with or surpass their expectations, they tend to develop a favorable impression of the service provider. Satisfaction stems from a combination of clinical competence, emotional support, and environmental comfort. Satisfied patients are more likely to return to the same clinic when seeking future care, making experiential satisfaction a decisive factor in patient retention.

H5 : Patient Experiential Satisfaction has positive impact on Revisit Intention

Communication on Revisit Intention

Clear and empathetic communication also plays a pivotal role in strengthening revisit intention (Kim, Sim and Kim, 2021; Woo and Choi, 2021; Article, 2023). When patients feel heard, respected, and involved, their connection with the healthcare provider deepens. Open and courteous interaction between healthcare providers and patients plays a pivotal role in creating a safe, comfortable, and reassuring clinical environment. Such interpersonal communication fosters not only understanding but also a sense of being valued and respected. When patients perceive that their concerns are listened to attentively and addressed empathetically, a sense of trust naturally develops. This trust then becomes the foundation for continued patient engagement and loyalty, as

individuals begin to associate the clinic with both professional competence and genuine care. Trust transforms a one-time service encounter into an ongoing relationship characterized by emotional security and confidence in the provider's integrity. Consequently, effective communication marked by openness, respect, and empathyserves as more than a functional exchange of information. It operates as a relational mechanism that strengthens the emotional bond between patient and provider. In the long term, these strong communication practices enhance not only patient satisfaction and adherence to medical advice but also foster sustained loyalty, contributing to the Clinic overall reputation and success.

H6 : Communication has positive impact to Revisit Intention

B. Method

Research Method

This study adopts a quantitative, non-interventional approach using a cross-sectional survey design. The primary aim is to analyze the influence of price fairness, Clinic Image, and communication on revisit intention, with patient experiential satisfaction serving as a mediating variable. As the conceptual model involves five latent variables and six pathways, the research is categorized as predictive causal multivariate research. Data collection was conducted only once during a specific period, without manipulating or intervening with the participants. This design choice assumes that patient perceptions toward healthcare services are relatively stable in the short term. Data were gathered using a structured questionnaire and analyzed through inferential statistical techniques to test the proposed hypotheses.

The instrument used in this research is a structured questionnaire employing a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). This scale was selected for its proven effectiveness in capturing respondent perceptions, especially in healthcare-related studies. Respondents completed the questionnaire voluntarily after receiving medical treatment, accompanied by staff who provided clarification if needed. Prior to data collection, informed consent was obtained. The study received ethical approval from the research Committee Ethic Faculty Economic and Business Pelita Harapan University 013/MARS/EC/V/2025.

Sample

The population in this study consists of individuals who received healthcare services at Clinic XYZ during April 2025. A non-probability purposive sampling technique was employed, targeting respondents who met three inclusion criteria: (1) willingness to complete the questionnaire, (2) having received treatment at Clinic XYZ, and (3) being 17 years of age or older as of April 2025.

To determine the minimum sample size, a power analysis was conducted using G*Power 3.1 software. By setting a medium effect size ($f^2 = 0.15$), a statistical power of 0.95, and $\alpha = 0.05$ with four predictors, the required minimum sample size was determined to be 129 respondents. However, based on inverse square root method recommendations for PLS-SEM, the sample size was increased to 160 respondents to ensure robustness (Kock and Hadaya, 2018)

Data Analysis

Data analysis was performed using the Partial Least Squares Structural Equation Modeling (PLS-SEM) method, processed with SmartPLS® version 4.1.0.2. PLS-SEM was chosen for its suitability in exploratory research settings, particularly where model prediction and theory development are primary goals. It also offers flexibility in handling non-normally distributed data, which is typical in behavioral research gathered through surveys.

The measurement model (outer model) was evaluated in terms of reliability and validity (Hair et al., 2019; Sarstedt et al., 2022).The structural model (inner model) was evaluated using the bootstrapping method to test the significance of hypothesized relationships. The Cross-Validated Predictive Ability Test (CVPAT) was also performed to compare model error rates with those of benchmark models, such as the linear model and indicator average model.

A lower error in the PLS model indicates superior predictive performance (Hesterberg et al., 2011; Hair et al., 2019; Liengaard et al., 2021; Sarstedt et al., 2022). Hypothesis testing was conducted using p-values and confidence intervals (CI). A p-value of less than 0.05 and a CI that excludes zero were considered indicators of significant relationships. Mediation analysis was carried out by evaluating specific indirect effects and their statistical significance, determining whether the mediating variable significantly explained the relationship between independent

and dependent variables (Nitzl, Roldán and Cepeda-Carrion, 2016; Hair et al., 2019).

To further enhance managerial insight, Importance–Performance Map Analysis (IPMA) was conducted, combining two dimensions: the relative importance of constructs (based on total effects) and their average performance (based on scaled Likert values from 0 to 100). Lastly, PLS-POS were used to detect data heterogeneity. These advanced segmentation techniques helped identify unobserved subgroups within the data that may have differing behavioral patterns, allowing for more tailored recommendations based on segment-specific models (Hair et al., 2015; Arenas-Gaitán, Villarejo Ramos and Peral-Peral, 2020).

C. Results And Discussion

Participant Characteristics

This study involved 162 respondents. Detailed characteristics of the respondents are presented in Table 1. The majority of respondents were aged 36–45 years (42%), and senior high school was the most common education level (45.7%). The largest occupational group fell under "others" (39.5%), and most respondents earned IDR 3,000,001–4,000,000 per month (22.2%). A slight majority did not have BPJS (53.1%). Nearly all respondents (98.1%) learned about XYZ Clinic from family or friends, indicating the strong influence of personal networks in spreading information about the clinic.

Table 1. Respondents' Characteristic of XYZ Clinic

Characteristics	Total (n=162) n (%)
Gender	
Female	92 (56.8%)
Male	70 (43.2%)
Age	
17 – 25 tahun	23 (14.2%)
26 – 35 tahun	37 (22.8%)
36 – 45 tahun	68 (42%)
> 45 tahun	34 (21%)
Education level	
Primary School	23 (14.2%)
Junior High School	29 (17.9%)
Senior High School	74 (45.7%)
Diploma	5 (3.1%)
Bachelor's	26 (16%)
Master's	1 (0.6%)
Others	4 (2.5%)
Occupation	
Government employee	9 (5.6%)
Entrepreneur	15 (9.3%)
Private sector employee	32 (19.8%)
Housewife	42 (25.9%)
Others	64 (39.5%)
Residential area	
Lamandau	160 (98.8%)
Outside Lamandau	2 (1.2%)
Household Expenditure Per month	
< 1.000.000	
1.000.000 - 2.000.000	27 (16.7%)
2.000.001 - 3.000.000	26 (16 %)
3.000.001 - 4.000.000	35 (21.6%)
4.000.001 - 5.000.000	36 (22.2%)
> 5.000.000	24 (14.8%)
	14 (8.6%)
Do you have BPJS?	
Yes	76 (46.9%)
No	86 (53.1%)
How did you find out about Klinik XYZ?	
Internet	0 (0%)
Family/ Friends	159 (98.1%)
Others	3 (1.9%)

Source: Author's data processing (2024).

Measurement Model (Outer Model)

Here is the expanded English version, refined and slightly elaborated while keeping your original meaning intact:

All indicators in the outer model met the required thresholds for reliability and validity, confirming the robustness of the measurement model. As shown in Table 2, six indicators exhibited outer loading values below 0.708 but remained above 0.50, which is still considered acceptable according to Hair et al. (2019). These indicators were retained because their removal would not substantially enhance construct reliability or overall model fit, and they also carried

important theoretical relevance to the latent constructs.

Furthermore, the internal consistency of the measurement model was reinforced by the Cronbach's alpha, Composite Reliability (CR), and Average Variance Extracted (AVE) values, all of which exceeded the minimum recommended threshold of 0.70 (Sarstedt et al., 2022). This demonstrates that the constructs possess adequate internal consistency and that the observed indicators reliably capture their corresponding latent variables. Retaining moderately loading indicators also ensured theoretical completeness and preserved the conceptual validity of the constructs; removing them solely for statistical reasons could have weakened construct representation and reduced content validity.

Overall, the model achieves an effective balance between statistical adequacy and theoretical integrity, ensuring that the measurement quality remains fully aligned with established standards for Partial Least Squares Structural Equation Modeling (PLS-SEM). For future research, it may be beneficial to conduct additional validation procedures such as extended bootstrapping or multi-group analysis to further confirm the stability and generalizability of these indicators across different samples or contexts.

Table 2. Construct Validity and Realiability

Variable	Code	Outer Loading
Price Fairness	PF	0,657
		0,731
		0,802
		0,721
		0,738
		0,681
Mean=4.260, CA= 0.818, rho_a= 0.820, rho_c= 0.867, AVE= 0.522		
Clinic Image	CI	0,622
		0,715
		0,828
		0,844
		0,801
Mean=4.371, CA= 0.824, rho_a= 0.847, rho_c= 0.877, AVE= 0.590		
Communication	C	0,633
		0,794
		0,822
		0,841
		0,826
		0,779
		0,668
Mean=4.388, CA= 0.834, rho_a= 0.837, rho_c= 0.876, AVE= 0.503		
Patient Experiential Satisfaction	PES	0,741
		0,720
		0,748
		0,745
		0,710
Mean=4.377, CA= 0.872, rho_a= 0.873, rho_c= 0.907, AVE= 0.661		
Revisit Intention	RI	0,687
		0,848
		0,840
		0,882
		0,800
		0,776
Mean=4.391, CA= 0.892, rho_a= 0.899, rho_c= 0.918, AVE= 0.653		

Source: Author's data processing (2024).

The Heterotrait–Monotrait (HT/MT) ratio values obtained from the Partial Least Squares (PLS) algorithm, along with the corresponding bootstrapped confidence intervals for each construct. The results are arranged in a matrix format to facilitate the evaluation of discriminant validity, which assesses the extent to which each latent construct is empirically distinct from the others. All constructs exhibit HT/MT ratio values below the 0.90 threshold, indicating that correlations between conceptually distinct constructs remain within acceptable limits (Henseler et al., 2015). Furthermore, the 95% confidence intervals derived from the bootstrapping procedure confirm that none of the upper bounds exceed 1.0, thereby reinforcing the evidence for discriminant validity.These results collectively suggest that each construct in the model is statistically and conceptually distinct, with its indicators effectively capturing the unique characteristics of the intended latent variable. The absence of multicollinearity or conceptual overlap implies that the model structure is sound and that the constructs demonstrate adequate discriminant validity, ensuring reliable interpretation of the structural relationships tested in subsequent analyses.

Table 3. Construct Validity and Realiability

	CI	C	PES	PF
CI				
C	0.656 CI (0.550 – 0.753)			
PES	0.372 CI (0.231 – 0.520)	0.590 CI (0.466 – 0.706)		
PF	0.582 CI (0.461 – 0.699)	0.537 CI (0.430 – 0.654)	0.536 CI (0.421 – 0.656)	
RI	0.412 CI (0.276 – 0.547)	0.555 CI (0.420 – 0.686)	0.461 CI (0.335 – 0.576)	0.505 CI (0.369 – 0.631)

Source: Author's data processing (2024).

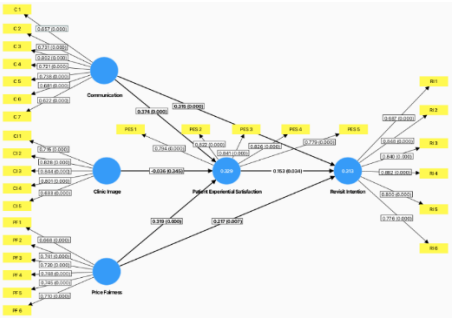
Structural Model (Inner Model)

The structural model was rigorously evaluated to The structural model was rigorously assessed to evaluate both its explanatory and predictive capabilities, employing bootstrapping as a non-parametric resampling technique. Bootstrapping offers distinct advantages in structural equation modeling, as it does not rely on the assumption of normality and provides robust estimates of standard errors, thereby enhancing the accuracy and reliability of hypothesis testing (Hesterberg et al., 2011). The results of the structural model evaluation are presented in Figure 2, which illustrates the path coefficients along with their significance levels, providing a clear visualization of the relationships between constructs.

To ensure the validity and robustness of the findings, multicollinearity was carefully examined. All independent variables demonstrated internal Variance Inflation Factor (VIF) values below the recommended threshold of 5, suggesting that multicollinearity was not a concern in this study (Hair et al., 2019). This is an important consideration, as high multicollinearity can distort standard errors and obscure the true magnitude and significance of relationships among constructs. Moreover, the absence of multicollinearity minimizes the risk of common method bias, further strengthening the reliability and interpretability of the model outcomes.

Overall, the evaluation indicates that the structural model possesses adequate explanatory power and predictive relevance, thereby providing confidence in the robustness of the relationships among the studied constructs. The next section will present a detailed examination of each path coefficient, emphasizing not only their statistical significance but also the magnitude and direction of

the effects. Additionally, it will discuss the broader theoretical implications of these findings, shedding light on the underlying mechanisms within the conceptual framework. Practical implications will also be addressed, highlighting how the results can inform actionable recommendations.



. **Figure 1.** Inner Research Model Results
Source: Author's Computation

The rejection of the hypothesis that Clinic Image has a positive effect on patient experiential satisfaction aligns with a recent finding (Alphanto *et al.*, 2025), which also reported a negative influence. This suggests a shift in patient perception, where individuals now tend to evaluate satisfaction based more on their actual experience rather than the perceived image of the healthcare provider. Such a trend indicates growing expectations for real, tangible service quality over branding or reputation alone. In this study, most patients learned about the clinic through personal recommendations rather than public media, limiting the strength of its perceived image. With a majority of respondents having lower educational backgrounds and residing in the same area, practical service factors such as staff behavior and cost may have mattered more than reputation. As a result, Clinic Image did not significantly shape patient satisfaction in this research. All hypothesis test results is presented in table 4.

Table 4. Hypothesis Test Results

	Hypothesis	Standardized Coefficient	P Values	T-statistic Value	f-square	Result
H1	Price fairness has positive effect to patient experiential satisfaction	0.319	0.000	3.905	0.109	Hypothesis Supported
H2	Clinic Image has positive effect to patient experiential satisfaction	-0.036	0.345	0.400	0.001	Hypothesis not Supported
H3	Communication has positive effect to patient experiential satisfaction	0.374	0.000	4.355	0.135	Hypothesis Supported
H4	Price fairness has positive effect to revisit intention	0.319	0.007	2.482	0.048	Hypothesis Supported
H5	Patient experiential satisfaction has positive effect to pada revisit intention	0.153	0.034	1.827	0.023	Hypothesis Supported
H6	Communication has positive effect to revisit intention	0.315	0.000	3.564	0.098	Hypothesis Supported

Source: Author's Computation

The predictive power model assessment was done by looking at the Q^2 predict resulting from PLS predict calculation. The model has Q^2 predict for revisit intention by 0.135 indicate small to moderate predictive relevance (Sarstedt *et al.*, 2022). A more detailed and sensitive assessment of Q^2 predict was also conducted by comparing the prediction errors using the indicator average (IA) and linear model (LM), as shown in Table 5 (Shmueli *et al.*, 2019).

Table 5. Q-square Predict Indicator Value

	PLS-RMSE	LM-RMSE	IA-RMSE	Interpretation
PES 1	0.623	0.613	0.712	Weak
PES 2	0.534	0.545	0.599	Good
PES 3	0.569	0.588	0.610	Good
PES 4	0.580	0.629	0.640	Good
PES 5	0.590	0.628	0.652	Good
RI 1	0.603	0.658	0.657	Good
RI 2	0.651	0.707	0.723	Good
RI 3	0.662	0.718	0.723	Good
RI 4	0.599	0.642	0.688	Good
RI 5	0.599	0.629	0.652	Good
RI 6	0.637	0.668	0.671	Good

Source: Author's Computation

The Q^2 predict analysis confirms that the PLS model demonstrates adequate predictive relevance overall, particularly for revisit intention, making it suitable for both theoretical conclusions and practical implications. To confirm the model prediction capability, the new approach by CVPAT was deployed, as seen in table 6 (Shmueli *et al.*, 2019). The results show that compared to IA and LM, model has less average loss (negative), indicating high predictive power (Liengaard *et al.*, 2021). These findings suggest that if the model is applied in studies with different populations, similar results are likely to be observed.

Table 6. Cross-Validated Predictive Ability (CVPAT) Value

Variabel	PLS-SEM vs. IA		PLS-SEM vs. LM	
	Average loss different	p-*value*	*Average loss different*	p-*value*
Patient Experiential Satisfaction	-0.078	0.000	-0.025	0.083
Revisit Intention	-0.079	0.002	-0.059	0.000
Overall	-0.079	0.000	-0.044	0.000

Source: Author's data processing (2024).

Advance Analytic

Mediation analysis was performed to examine the potential mediating role of patient experiential satisfaction, drawing on specific indirect effect values and their corresponding significance levels. Although this mediating pathway was not part of the initial theoretical framework, its evaluation is aligned with methodological recommendations from prior research (Nitzl, Roldán, & Cepeda-Carrion, 2016; Hair et al., 2019), which emphasize the importance of testing non-hypothesized mediation effects when they are conceptually plausible and empirically relevant. This additional analysis enables a more comprehensive understanding of how the constructs interact within the structural model and whether patient experiential satisfaction serves as a transmission mechanism through which exogenous variables influence revisit intention. The complete mediation results, including indirect effect coefficients and

significance values, are presented in Table 6, offering deeper insight into the strength and relevance of the mediating relationships examined in this study.

Table 6. Mediation Analysis

Specific Indirect Effect			*Direct Effect*		
Path	*Coeff.*	p-*values*	*Path*	*Coeff,*	p-*values*
Clinic Image → Patient Experiential Satisfaction → Revisit Intention	-0.005	0.356	*Clinic Image → Revisit Intention*	-0.005	0.356
Communication → Patient Experiential Satisfaction → Revisit Intention	0.057	0.045*	*Communication → Revisit Intention*	0.057	0.045*
Price Fairness → Patient Experiential Satisfaction → Revisit Intention	0.049	0.045*	*Price Fairness → Revisit Intention*	0.049	0.045*

Source: Author's Computation

The mediation analysis revealed that patient experiential satisfaction functions as a partial mediator, indicating that it plays a meaningful—though not exclusive—role in transmitting the effects of the antecedent variables to revisit intention. This finding suggests that experiential satisfaction captures an important aspect of the patient journey and can therefore be integrated into routine patient feedback surveys as a reliable metric for monitoring clinic performance over time. Its mediating role also highlights the need for continued exploration in future mediation-focused studies to better understand how patient experiences shape subsequent behavioral outcomes Furthermore, the IPMA (Importance–Performance Map Analysis) procedure was conducted using revisit intention as the target construct, given its strategic significance for healthcare providers and its position as the key outcome variable in this study. By focusing on revisit intention, the IPMA results help identify which constructs are most influential and which areas require performance improvement to enhance patient loyalty. The complete results of the IPMA analysis are illustrated in Figure 2, providing a comprehensive overview of the relative importance and performance levels of each construct, thereby offering actionable guidance for managerial decision-making and service enhancement.

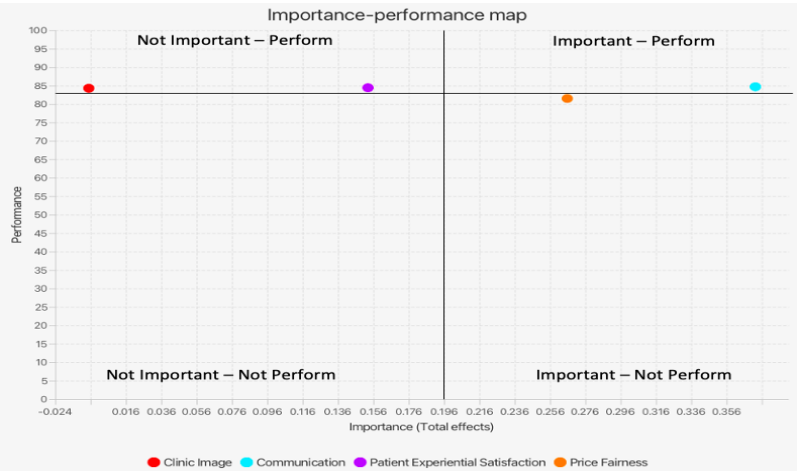


Figure 2. IPMA Construct Analysis Results

The IPMA (Importance–Performance Map Analysis) results presented in Figure 2 reveal that communication exerts the strongest influence on patients' revisit intention, underscoring its pivotal role in fostering patient loyalty and enhancing overall service satisfaction. This outcome highlights that effective, consistent, and empathetic communication should be regarded as a primary strategic priority for healthcare service improvement. When communication is clear and patient-centered, it not only enhances the patient experience but also strengthens perceptions of reliability and professionalism.

Price fairness also emerged as a highly influential predictor, accompanied by a noticeable performance gap. This gap points to the need for improved transparency in pricing structures and clearer explanations regarding service costs. Addressing this issue is essential for reducing patient uncertainty, preventing misconceptions related to pricing, and cultivating stronger trust in the healthcare provider. Transparent and fair pricing communication can therefore serve as a key intervention area for improving revisit intention.

In contrast, the Clinic image exhibited only a marginal effect on patients' revisit intention, suggesting that improvements in branding or public reputation alone may not meaningfully increase return visits. Consequently, managerial resources and quality improvement efforts would be more effectively allocated toward enhancing communication systems and reinforcing perceived price fairness, rather than focusing solely on image-building initiatives. These findings carry substantial practical implications for healthcare administrators by identifying high-leverage variables that directly influence patient retention and long-term loyalty.

Beyond the IPMA results, the study also highlights the critical importance of recognizing sample heterogeneity within PLS-SEM analyses. Variability among respondents can influence predictive accuracy, making segmentation techniques—such as the PLS-POS approach—valuable for uncovering more homogeneous subgroups and improving the model's explanatory power. The two-segment solution identified in this study shows increased R^2 values for both patient experiential satisfaction and revisit intention, indicating enhanced predictive performance when structural heterogeneity is accounted for. Each segment also contained sufficient sample size, ensuring that the segmentation results are statistically credible and analytically robust (Ringle, 2006; Hair et al., 2015).

By incorporating segmentation insights, researchers and managers gain a more nuanced and actionable understanding of patient behavior. This enables the development of tailored strategies that align with the unique characteristics, expectations, and priorities of each subgroup—ultimately supporting more effective interventions, improving patient satisfaction, and optimizing efforts to strengthen revisit intention.

Table 7. R2 Results in PLS-POS Analysis

Variable	*Original* R^2	Segment 1	Segment 2
	n = 162	n = 111	n = 51
Patient Experiential Satisfaction	0.329	0.438	0.592
Revisit Intention	0.313	0.437	0.818

The analysis revealed that the R^2 values for both patient experiential satisfaction and revisit intention increased across the segmented groups, indicating the presence of meaningful structural heterogeneity within the sample. This outcome suggests that the relationships among the constructs differ across respondent subgroups, reflecting nuanced variations in perceptions, prior experiences, service expectations, and behavioral intentions. Such heterogeneity implies that a single, pooled model may overlook important subgroup-specific dynamics. Notably, Segment 2 demonstrated substantially stronger predictive accuracy compared to the other segments, highlighting the relevance of conducting post hoc segmentation analyses to identify the distinct factors that drive differences in patient preferences and decision-making patterns.

Understanding these variations is essential for developing more targeted, context-sensitive interpretations of model results. In addition to the

statistical findings, this study presents structural model diagrams for both segments, along with the outer loading values for all indicators, as shown in Figures 3 and 4. These visual representations provide a clear illustration of how each latent construct is operationalized and the extent to which its indicators contribute to the overall measurement structure. By examining these figures, readers can more easily observe variations in indicator strength, measurement robustness, and construct representation across the two segments. Such visual comparisons enhance the interpretability of the model and clarify how measurement quality differs between subgroups

Overall, the segmentation-based approach enhances the study's analytical depth and practical value by revealing subgroup differences in patient behavior. These findings offer a solid basis for developing targeted service strategies that improve patient satisfaction, encourage revisit intention, and strengthen overall loyalty in private healthcare settings.

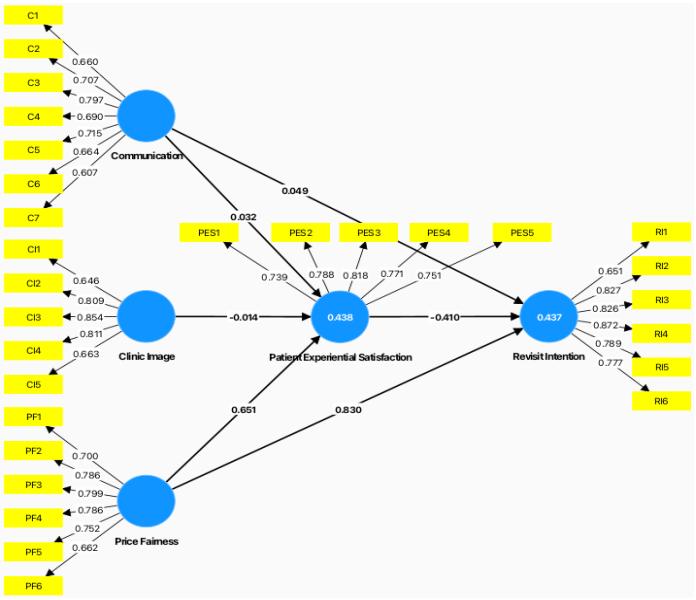


Figure 3. PLS-POS Segment 1 (n = 111)
Source: Author's Computation

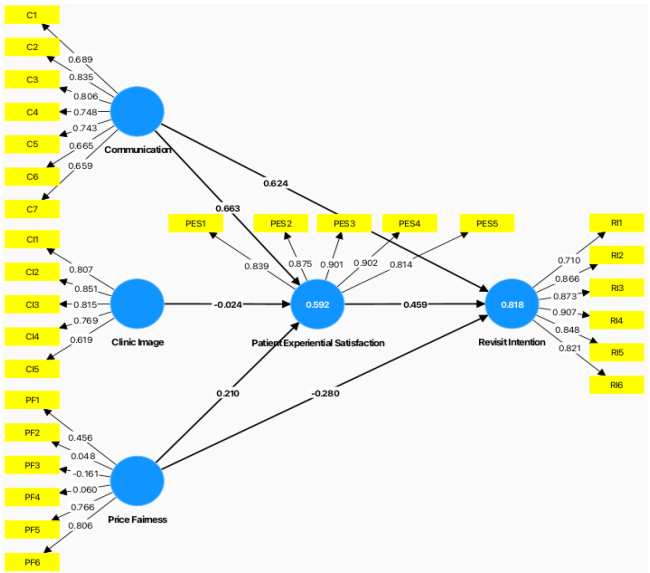


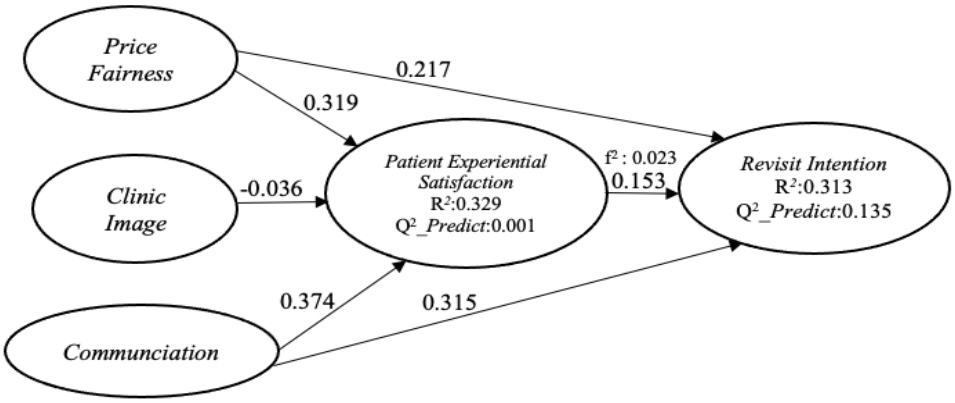
Figure 4. PLS-POS Segment 2 (n = 51)
Source: Author's Computation

The differences in path coefficients between segments confirm that the study population is heterogeneous and cannot be treated as a uniform group; PLS-POS segmentation reveals hidden structures, enabling more targeted service strategies based on specific patient preferences. One price fairness indicator showed a negative outer loading in segment 2, suggesting that overly detailed billing transparency may lead to negative perceptions among some patients, reinforcing that fairness perceptions vary across segments and should be addressed with tailored communication strategies.

Empirical Model

The empirical model of this study, as seen in figure 5, reveals that communication quality and perceived price fairness have a greater influence on patient satisfaction and loyalty than Clinic Image. This finding suggests that strengthening direct service elements, particularly in communication and pricing policies, can serve as an effective strategy for retaining patients in private primary care settings such as Clinic XYZ.

Figure 5. Empirical Model



Source: Author's Computation

D. *Conclusion And Suggestion*

Conclusion

This study explored the antecedents of patient experiential satisfaction and its effect on revisit intention within the context of private healthcare at XYZ Clinic in Lamandau. Using PLS-SEM on data from 162 patients, the results confirm that price fairness and communication significantly enhance patient satisfaction, while clinic image unexpectedly demonstrated a negative statistical effect. This anomaly may be influenced by contextual factors, such as the community's strong reliance on personal recommendations rather than public reputation, along with the greater emphasis placed on cost considerations and staff behavior among patients from diverse socio-economic backgrounds.

Communication emerged as the most influential factor in shaping satisfaction and encouraging return visits, underscoring its strategic importance in service delivery.

Despite providing meaningful insights, the study is limited by its cross-sectional design and purposive sampling, which may constrain generalizability. Self-reported data also introduce potential bias. Nevertheless, the model's moderate predictive power and validation through CVPAT support its applicability for replication in similar settings. This study contributes to a deeper practical understanding of patient behavior in private clinics and offers a useful framework for strengthening service strategies. Future research is recommended to test this model across more diverse populations and longitudinal settings to further explore patient loyalty patterns.

Recommendation

Based on the results of this study, several recommendations can be proposed for clinic management and future researchers.

First, communication should be prioritized as the primary driver of patient satisfaction and revisit intention**.** Clinic management should provide continuous communication and empathy training for both medical and administrative staff, emphasizing active listening, clarity in conveying medical information, and patient-centered interaction. Consistent, transparent, and empathetic communication can build stronger trust and foster long-term patient loyalty.

Second**,** price fairness and transparency should be strengthened. The clinic should clearly display and explain its pricing structures before service delivery and consider implementing flexible payment options or loyalty discount programs. Such initiatives can enhance patients' perception of fairness, reduce uncertainty, and encourage repeat visits.

Third, since clinic image was found to have no significant effect on patient satisfaction, management should focus more on improving actual service quality rather than relying heavily on branding or marketing activities. Enhancing staff responsiveness, reducing waiting times, and ensuring clarity in service procedures are practical measures that can directly improve patient experience and perceived value.

Fourth, as most patients became aware of the clinic through family and friend recommendations**,** management should leverage word-of-mouth marketing *by* developing a patient referral or reward program

This approach capitalizes on community trust and can effectively strengthen patient retention and loyalty.

Finally**,** future research is encouraged to replicate this model across different regions and types of clinics, involving larger and more diverse samples. Employing **a** longitudinal design is also recommended to capture changes in patient satisfaction and loyalty over time, thereby improving the generalizability and theoretical robustness of the findings

F. Reference

Adeline, F. (2024) Sikap perawat , singkatnya waktu tunggu , kemampuan komunikasi , dan ambience terhadap kepuasan pasien di RS XYZ. 14(2).

AlOmari, F. (2022) The mediating role of hospital image: The impact of care cost and service quality on patient satisfaction. *Journal of Innovation in Business and Economics*, 6(01), pp. 1–16. doi: 10.22219/jibe.v6i01.18475.

Angelica, V., & Bernarto, I. (2023) The effect of people, physical evidence, process and price fairness on patient satisfaction and revisit intention at the Xyz Hospital Polyclinic, Makassar City. *JMBI UNSRAT (Jurnal Ilmiah Manajemen Bisnis dan Inovasi Universitas Sam Ratulangi).*, 10(2), pp. 1345–1360. doi: 10.35794/jmbi.v10i2.49234.

Arenas-Gaitán, J., Villarejo Ramos, A. F., &Peral-Peral, B. (2020) A posteriori segmentation of elderly internet users: applying PLS-POS. *Marketing Intelligence and Planning*, 38(3), pp. 340–353. doi: 10.1108/MIP-01-2019-0057.

Article, O. (2023) Revisit intention based on trust. 35(3), pp. 77–82.

Az Zahra, S., Farida, N., &Arso, S. P. (2023) Effect of customer value and trust on patient revisit intention: satisfaction as mediator. *Journal of Health Science and Prevention*, 7(2). doi: 10.29080/jhsp.v7i2.909.

Badan Pusat Statistik (2024) [*Jumlah rumah sakit umum, rumah sakit khusus, puskesmas, klinik pratama, dan posyandu menurut kecamatan di Kabupaten Lamandau, 2024]*. Available at: https://lamandaukab.bps.go.id/id (Accessed: 18 April 2025).

Hair, J. *et al.* (2015) Identifying and treating unobserved heterogeneity with FIMIX-PLS: part I – method. *European Business Review*, 28. doi: 10.1108/EBR-09-2015-0094.

Hair, J. F. *et al.* (2019) When to use and how to report the results of PLS-SEM. *European Business Review*, 31(1), pp. 2–24. doi: 10.1108/EBR-11-2018-0203.

Herlina, F., Rumengan, A. E., & Indrawan, M. G. (2024) The effect of Interpersonal Communication, Facilities and Application-Based Registration on patient satisfaction with service quality as an intervening variable in the outpatient row RSUD Raja Ahmad Tabib Riau Island Province. *Journal of Multidisciplinary Academic and Practice Studies*, 2(3), pp. 553–577. doi: 10.35912/jomaps.v2i3.2357.

Hesterberg, T. *et al.* (2011) Bootstrap methods and permutation tests bootstrap methods

and permutation tests companion chapter 18 to the practice of business statistics.

Hidayat, A., Andika, B. T., & Ekasasi, S. R. (2024) Determinants of revisit intention among indonesian beauty clinic customers in distribution beauty clinic market: the mediating role of trust. *Journal of Distribution Science*, 22(2), pp. 31–40. doi: 10.15722/jds.22.02.202402.31.

Islam, S. B. *et al.* (2024) Investigating patient revisit intention in community health centres: a mediational study. *International Journal of Pharmaceutical and Healthcare Marketing*. doi: 10.1108/IJPHM-11-2023-0102.