

Determinants of patient satisfaction and its implications on patient loyalty at DOZ clinic and pharmacy in Pangkalpinang City

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ABSTRACT

In order to maintain sustainability and a competitive edge, the healthcare sector is a strategic one that significantly depends on patient loyalty and satisfaction. At DOZ Clinic and Pharmacy in Pangkalpinang City, the purpose of this study is to examine how corporate image, service quality, and word-of-mouth (WoM) affect patient satisfaction and how these factors affect patient loyalty. Using the SmartPLS 4.0 tool, the study takes a quantitative approach by employing Structural Equation Modeling based on Partial Least Squares (PLS-SEM). Purposive sampling methods were used to gather data from 96 respondents who are currently enrolled patients. According to the findings, patient satisfaction is positively and significantly impacted by corporate image and word-of-mouth, while service quality has no discernible direct impact. Patient loyalty is significantly impacted by all three independent variables, but word-of-mouth has the biggest impact. Additionally, the association between corporate image and patient loyalty is partially mediated by patient satisfaction. These results emphasize how crucial it is to manage patient-to-patient communication, service quality, and institutional image in order to foster enduring loyalty in the healthcare industry.

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1. Introduction

The healthcare industry is a strategic sector that continues to experience significant development in line with the growing public awareness of the importance of health. In the face of an open competition era and digital disruption, hospitals and clinics as healthcare service providers are required not only to deliver quality medical care but also to build long-term relationships with patients through a holistic, professional, and satisfaction-oriented approach (Hasifah, H., Supriyadi, E., & Widodo, 2025).

Patient satisfaction is a crucial indicator in assessing the success of a healthcare institution. Satisfied patients are more likely to return for future visits and provide positive recommendations to others. This directly influences patient loyalty, which is essential for long-term sustainability. In Indonesia, several studies confirm that service quality and corporate image significantly affect patient satisfaction and their intention to revisit healthcare facilities (Kawi & Keni, 2024).

According to (Kotler, P., & Keller, 2016), customer satisfaction occurs when the performance of a product or service meets or exceeds customer expectations. In healthcare, satisfaction encompasses not only treatment outcomes but also all aspects of the interaction: service quality, comfort, speed, staff friendliness, and supporting facilities.

Corporate image also plays a vital role in shaping patient perceptions of service quality. A positive image fosters trust, safety, and comfort in choosing healthcare services. Empirical research in Indonesia supports that strong hospital image correlates with higher satisfaction and loyalty (Yunanda et al., 2024).

According to (Tjiptono, 2014), an image formed from reputation, values, visual identity, and service interactions can influence a patient's decision to return. Therefore, DOZ Clinic and Pharmacy in Pangkalpinang should actively build a positive image amid intense local competition.

In addition to image, service quality is a critical factor influencing patient perceptions and satisfaction. In Indonesia, research using SERVQUAL dimensions reliability, responsiveness, assurance, empathy, tangibles consistently shows positive and significant effects on patient satisfaction (Hasifah et al., 2025). High service quality reflects not only professionalism of medical personnel but also readiness of clinic management to handle complaints, provide accurate information, and ensure comfort throughout the service process.

On the other hand, Word of Mouth (WoM) is an effective communication channel influencing patient behavior. Information shared by patients positive or negative shapes public perception. According to (Sernovitz, 2009), positive WoM can expand marketing reach and build stronger trust than traditional advertising. In today's social media era, WoM spreads virally via digital platforms.

The challenge faced by DOZ Clinic and Pharmacy is persistent patient complaints regarding service, notably in general clinic visits fewer than specialist visits but generating more complaints indicating potential dissatisfaction that may hinder loyalty. The high volume of complaints highlights gaps in service quality management needing attention.

Previous studies show that corporate image, service quality, and Word of Mouth are significantly related to customer satisfaction across sectors, including healthcare (Rachmawati, E., Yulianto, D., & Hidayah, 2023). However, research examining the simultaneous influence of these three variables on patient loyalty through satisfaction as mediator is limited, especially in local clinics in areas like Pangkalpinang.

Therefore, this research is important to understand how these relationships can influence patient loyalty. The study's findings are expected to contribute empirically to marketing strategies and healthcare service quality management, and provide a foundation for DOZ Clinic and Pharmacy management in improving patient retention and satisfaction.

2. Research Method

With patient satisfaction acting as an intervening variable, this quantitative study uses an explanatory approach to explain the causal relationships between the dependent variable patient loyalty and the independent variables corporate image, service quality, and word-of-mouth. This method was selected because it may be used to assess both direct and indirect effects between variables in a structural model that is based on prior research findings and theoretical underpinnings (Hidayat, R., Maulana, H., & Fadilah, 2021); (Nurhayati, N., & Nurdin, 2020). The study employs a cross-sectional design, meaning data was collected once during a specific period, making it appropriate for analyzing patient behavior within a limited time frame, particularly when patient interaction with the service is not continuous (Indrawati, H., Permana, D., & Rakhmawati, 2022).

The research was conducted at Klinik dan Apotek DOZ, located in Pangkalpinang City, Bangka Belitung Islands Province. This location was selected as it is one of the private healthcare providers experiencing fluctuations in patient visits and has significant potential in building customer loyalty. The study was carried out over a three-month period, from October to December 2024. The population consisted of all active patients who had used services at Klinik dan Apotek DOZ, both general and specialist services. Since the exact population size is unknown, a non-probability sampling technique was used, specifically purposive sampling. The inclusion criteria were patients aged at least 17 years, who had visited at least twice in the past six months, and were willing to complete the questionnaire honestly and thoroughly. Patients in critical condition, with cognitive impairments, or who used services without a prescription were excluded from the study (Rizki, F., & Susanti, 2023). Based on the number of indicators in the SEM-PLS model, a sample of 96 respondents was considered adequate for obtaining stable and valid parameter estimates (Ghozali, I., & Latan, 2015).

Primary data was collected through the distribution of closed-ended questionnaires using a five-point Likert scale, ranging from "strongly disagree" to "strongly agree." The questionnaire instrument was developed based on theories and indicators from relevant literature. Each variable was measured through several indicators: corporate image reflects perceptions of the organization's reputation, values, and identity

(Tjiptono, 2014); service quality includes the five SERVQUAL dimensions reliability, responsiveness, assurance, empathy, and tangible evidence (Sembiring & Sinaga, 2022); word of mouth measures the extent to which patients receive and disseminate information, either directly or through digital media (Sugiarto, S., & Sudarso, 2021); patient satisfaction is measured based on the alignment between expectations and the actual service received; and patient loyalty is assessed through the intention to return and willingness to recommend the service to others (Wicaksono, A. F., Tresnati, R., & Kesumah, 2023). Secondary data was obtained from internal clinic reports and relevant scientific literature.

Preliminary testing of the instrument was conducted through content validity involving experts and academic advisors, as well as a pilot test on 30 initial respondents. The results of the pilot test were used to evaluate and refine the instrument before being used in the main data collection. The entire process was carried out with due consideration of research ethics, including maintaining respondent confidentiality and ensuring voluntary participation through informed consent.

Utilizing SmartPLS version 4 software, data analysis was carried out in two primary phases. The construct validity and reliability of the outer model were first evaluated; indicator loading factors > 0.70 , Average Variance Extracted (AVE) > 0.50 , Cronbach's Alpha > 0.70 , and composite reliability > 0.70 were all found. Additionally, the Fornell-Larcker criterion and the HTMT (Heterotrait-Monotrait Ratio) values were used to test discriminant validity (Sujarweni, 2021). The second stage involved testing the inner model to evaluate the relationships among latent constructs using path coefficient values, R-squared (R^2) values to determine the contribution of independent variables to the dependent variable, and Q-squared (Q^2) values to assess the model's predictive relevance. Significance testing was carried out using the bootstrapping technique with 5,000 subsamples. Additionally, mediation effects were tested by calculating indirect effects within the structural model (Yamin, S., & Kurniawan, 2020).

3. Result and Discussion

Results

Based on the results of the study conducted on 96 respondents, the descriptive characteristics were categorized by gender, age, last education level, occupation, and number of visits. The descriptive test results based on the respondents' characteristics are presented in Table 1 as follows:

Table 1. Respondent characteristics

Respondent Identity	Classification	Frequency	Percentage (%)
Gender	Male	60	62,5
	Female	36	37,5
	Total	96	100
Age	< 30 Years	20	20,8
	30-35 Years	32	33,3
	36-40 Years	24	25
	> 40 Years	20	20,8
	Total	96	100
Last Education	Elementary School	8	8,3
	Junior High School	12	12,5
	Senior High School/Vocational	22	23,1
	Diploma	24	25
	Bachelor's Degree (S1)	20	20,8
	Master's Degree (S2)	8	8,3
	Doctorate (S3)	2	2
Total	96	100	
Occupation	Student/College Student	20	20,8
	Civil Servant	20	20,8
	Private Employee	18	18,8
	Entrepreneur	33	34,4
Number of Visits	Others	5	5,2
	Total	96	100
	< 2 Times	0	0
	2 Times	32	33,3
	3-5 Times	49	51,1
Total	> 5 Times	15	15,6
	Total	96	100

The study involving 96 respondents revealed that the majority were male (62.5%) and within the productive age range, particularly those aged 30–35 years (33.3%) and 36–40 years (25%). The educational background was fairly diverse, dominated by Diploma graduates (25%), followed by Senior High School/Vocational (23.1%) and Bachelor's degree holders (20.8%). In terms of occupation, most respondents were entrepreneurs (34.4%), followed by civil servants and students (each accounting for 20.8%). Based on visit frequency, the majority had visited 3–5 times (51.1%), indicating sufficient experience with the research object.

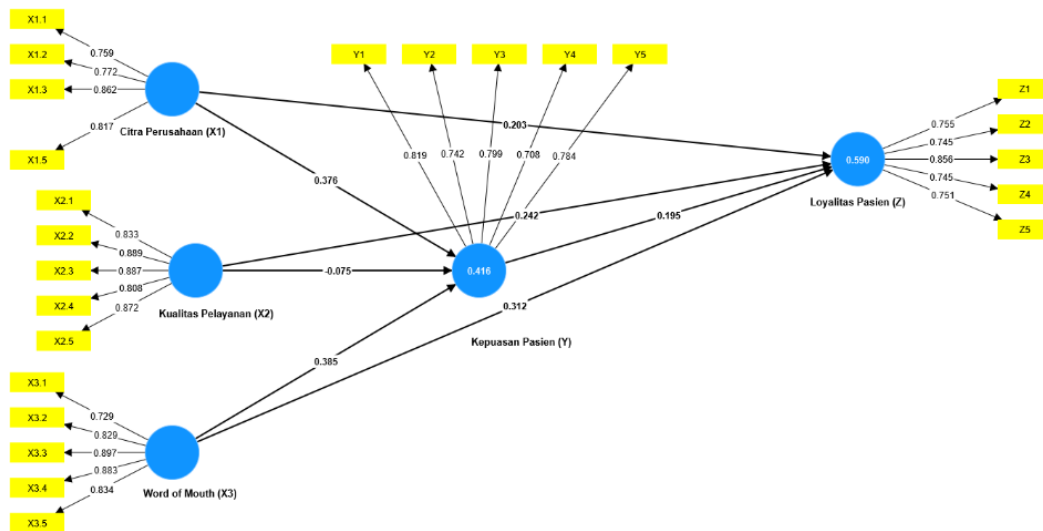


Figure 1. Results of PLS-algorithm testing

The outer model and the inner model were the two steps of the PLS-SEM testing, as shown in Figure 1. All of the indicators in the outer model meet the requirements for convergent validity ($AVE > 0.50$) and reliability (Cronbach's Alpha and Composite Reliability > 0.70) and have loading factor values larger than 0.70. According to the path coefficient values in the inner model, service quality has a negative impact on patient satisfaction and loyalty, whereas corporate image and word-of-mouth have a favorable impact. A reasonably strong predictive ability is indicated by the R-square values of 0.590 for loyalty and 0.416 for satisfaction. All things considered, the model is deemed suitable for more examination.

Table 2. Construct reliability and validity values

Variabel	Cronbach's Alpha	Composite Reliability (rho_a)	Composite Reliability (rho_c)	Average Variance Extracted (AVE)
Corporate Image (X1)	0,816	0,819	0,879	0,646
Service Quality (X2)	0,911	0,918	0,933	0,737
Word of Mouth (X3)	0,891	0,897	0,921	0,700
Patient Satisfaction (Y)	0,829	0,831	0,880	0,595
Patient Loyalty (Z)	0,830	0,834	0,880	0,595

According to Table 2 reliability and validity test findings, every variable satisfies the necessary requirements. All constructs meet the internal consistency reliability criterion, with Cronbach's Alpha and Composite Reliability (CR) values exceeding the threshold of 0.70. Among the constructs, Service Quality demonstrates the highest reliability (Cronbach's Alpha = 0.911; CR = 0.933), indicating strong internal consistency among its indicators. In contrast, Corporate Image shows the lowest, yet still acceptable, reliability (Cronbach's Alpha = 0.816; CR = 0.879). These values suggest that each item consistently measures the corresponding latent variable (Sujarweni, 2021).

In terms of convergent validity, all constructs have Average Variance Extracted (AVE) values above the minimum threshold of 0.50, confirming that more than half of the variance in the indicators is captured by the latent variables. This finding is in line with (Hair, et. al., 2017), who emphasized that AVE values above 0.50 indicate adequate convergence in reflective measurement models. These results show that the measurement instruments used in the study are both valid and reliable, allowing for further analysis within the structural model framework (Ghozali, I., & Latan, 2015).

Table 3. Cross loading values

Indikator	Corporate Image (X1)	Service Quality (Y)	Patient Satisfaction (X2)	Patient Satisfaction (Z)	Word of Mouth (X3)
X1.1	0,759	0,435	0,507	0,441	0,458
X1.2	0,772	0,454	0,487	0,530	0,538
X1.3	0,862	0,423	0,331	0,530	0,514
X1.5	0,817	0,534	0,308	0,518	0,480
X2.1	0,379	0,294	0,833	0,547	0,527
X2.2	0,528	0,267	0,889	0,531	0,493
X2.3	0,423	0,283	0,887	0,429	0,408
X2.4	0,411	0,210	0,808	0,399	0,365
X2.5	0,418	0,309	0,872	0,525	0,479
X3.1	0,617	0,430	0,473	0,513	0,729
X3.2	0,556	0,449	0,501	0,506	0,829
X3.3	0,497	0,534	0,440	0,596	0,897
X3.4	0,471	0,510	0,373	0,596	0,883
X3.5	0,478	0,485	0,472	0,621	0,834
Y1	0,475	0,819	0,200	0,429	0,479
Y2	0,463	0,742	0,339	0,469	0,446
Y3	0,490	0,799	0,229	0,429	0,422
Y4	0,332	0,708	0,306	0,421	0,476
Y5	0,456	0,784	0,169	0,448	0,409
Z1	0,430	0,442	0,532	0,755	0,654
Z2	0,485	0,498	0,487	0,745	0,477
Z3	0,522	0,488	0,402	0,856	0,576
Z4	0,518	0,433	0,441	0,745	0,476
Z5	0,481	0,304	0,315	0,751	0,397

According to Table 3, the cross-loading test findings demonstrate that all indicators satisfy discriminant validity, as each indicator shows the highest loading value on its respective construct compared to other constructs. This condition meets the requirement that indicators should correlate more strongly with their own latent variable than with others in the model (Ramdani, A., & Wahyuni, 2021).

The indicators for Corporate Image (X1), Service Quality (X2), Word of Mouth (X3), Patient Satisfaction (Y), and Patient Loyalty (Z) all exhibit strong correlations with their respective constructs and significantly lower correlations with other constructs. This result confirms the absence of multicollinearity or meaning overlap among latent variables (Firdaus, M., & Hidayati, 2022). Hence, the measurement model demonstrates adequate discriminant validity, indicating that the constructs are conceptually distinct and independently measured (Sari, N. P., & Handayani, 2021).

Table 4. Fornell-larcker criterion value

Variabel	Corporate Image (X1)	Service Quality (Y)	Patient Satisfaction (X2)	Patient Satisfaction (Z)	Word of Mouth (X3)
Corporate Image (X1)	0,804				
Patient Satisfaction (Y)	0,557	0,771			
Service Quality (X2)	0,503	0,321	0,858		
Patient Loyalty (Z)	0,630	0,570	0,574	0,771	
Word of Mouth (X3)	0,620	0,578	0,537	0,680	0,837

According to the findings of the Fornell-Larcker Criterion discriminant validity test (Table 4), every construct satisfies the necessary requirements. For every variable, the square root of the AVE values (diagonal) is bigger than the correlations between that construct and any other constructs. For instance, Corporate Image's correlation with other constructs is higher at 0.804. All other variables show similar results, suggesting that there is no overlap between the constructs. As a result, the discriminant validity of the model is validated, confirming the measurement's dependability.

Table 5. HTMT (heterotrait-monotrait ratio) value

Variabel	Corporate Image (X1)	Service Quality (Y)	Patient Satisfaction (X2)	Patient Satisfaction (Z)	Word of Mouth (X3)
Corporate Image (X1)					
Patient Satisfaction (Y)	0,696				
Service Quality (X2)	0,589	0,367			
Patient Loyalty (Z)	0,765	0,677	0,641		
Word of Mouth (X3)	0,735	0,673	0,593	0,776	

Based on Table 5, the additional discriminant validity test using the HTMT (Heterotrait-Monotrait Ratio) shows that all values between constructs are below the threshold of 0.90, indicating no conceptual overlap between variables. The highest value was recorded between Word of Mouth and Patient Loyalty (0.776), but it remains within an acceptable range. These results confirm that all constructs are empirically distinguishable, indicating that the model's discriminant validity is adequate and supports the validity of the measurement model.

Table 6. Variance inflation factor (VIF)

Variabel	Corporate Image (X1)	Service Quality (Y)	Patient Satisfaction (X2)	Patient Satisfaction (Z)	Word of Mouth (X3)
Corporate Image (X1)		1,740		1,982	
Patient Satisfaction (Y)				1,711	
Service Quality (X2)		1,504		1,514	
Patient Loyalty (Z)					
Word of Mouth (X3)		1,825		2,078	

Based on Table 6, all VIF values are below the threshold of 5.0, with most even falling below 3.3, indicating the absence of problematic multicollinearity within the model. The highest VIF value was recorded for Word of Mouth in relation to Patient Loyalty (2.078), while the lowest was for Service Quality in relation to Patient Satisfaction (1.504). These results confirm that the independent variables in the model can be interpreted independently, and the model is appropriate for further analysis.

Table 7. R-square value

Variabel	R-Square	R-Square Adjusted
Patient Satisfaction (Y)	0,416	0,396
Patient Loyalty (Z)	0,590	0,572

With an Adjusted R-Square of 0.396, Table 8's R-Square value for Patient Satisfaction is 0.416, meaning that Corporate Image, Service Quality, and Word of Mouth account for 41.6% of its variance. With an R-Square value of 0.590 and an Adjusted R-Square of 0.572 for Patient Loyalty, the four independent variables show good predictive potential. All things considered, the model shows sufficient predictive power, especially when it comes to elucidating patient loyalty.

Table 8. R-square value

Variabel	Q ² Predict	Conclusion
Patient Satisfaction (Y)	0,357	The Model Has Predictive Relevance
Patient Loyalty (Z)	0,590	The Model Has Predictive Relevance

Based on Table 8, the results of the Q² Predict test indicate that the model has predictive relevance, with a Q² value of 0.357 for Patient Satisfaction (moderate) and 0.590 for Patient Loyalty (strong). Since all Q² values are greater than 0, the model is considered to have adequate and relevant predictive power for the dependent variables.

Table 9. F-square value

Variabel	Corporate Image (X1)	Service Quality (Y)	Patient Satisfaction (X2)	Patient Satisfaction (Z)	Word of Mouth (X3)
Corporate Image (X1)		0,139		0,051	
Patient Satisfaction (Y)				0,054	
Service Quality (X2)		0,006		0,094	
Patient Loyalty (Z)					
Word of Mouth (X3)		0,139		0,114	

The f-Square values in Table 9 show that the independent factors' contributions to the dependent variables vary, with the majority falling into the modest effect category. Corporate Image (X1) has a minor impact on patient loyalty ($f^2 = 0.051$) and a moderate impact on patient satisfaction ($f^2 = 0.139$). Service Quality (X2) has a negligible impact on loyalty ($f^2 = 0.094$) and satisfaction ($f^2 = 0.006$). Word of Mouth (X3) has a minor impact on loyalty ($f^2 = 0.114$) and a small-to-moderate impact on satisfaction ($f^2 = 0.139$). In the meantime, satisfaction's impact on loyalty is likewise regarded as minimal ($f^2 = 0.054$). All of the

variables make a positive and significant contribution to the model, even though the majority of the impacts are minor.

Table 10. Model fit

Criteria	Saturated Model	Estimated Model
SRMR	0,088	0,088
d_ULS	2,330	2,330
d_G	1,345	1,345
Chi-square	651,960	651,960
NFI	0,645	0,645

Based on Table 10, the model fit test results indicate that the model has an acceptable fit. The SRMR value of 0.088 is below the maximum threshold of 0.10, although it is not ideal. The d_ULS (2.330) and d_G (1.345) values are consistent between the Saturated and Estimated Models, indicating model stability. Although the Chi-square value is relatively high, this is common in PLS-SEM. The NFI value of 0.645 suggests a moderate fit. Overall, the model is considered suitable for further analysis in explaining the relationships among variables.

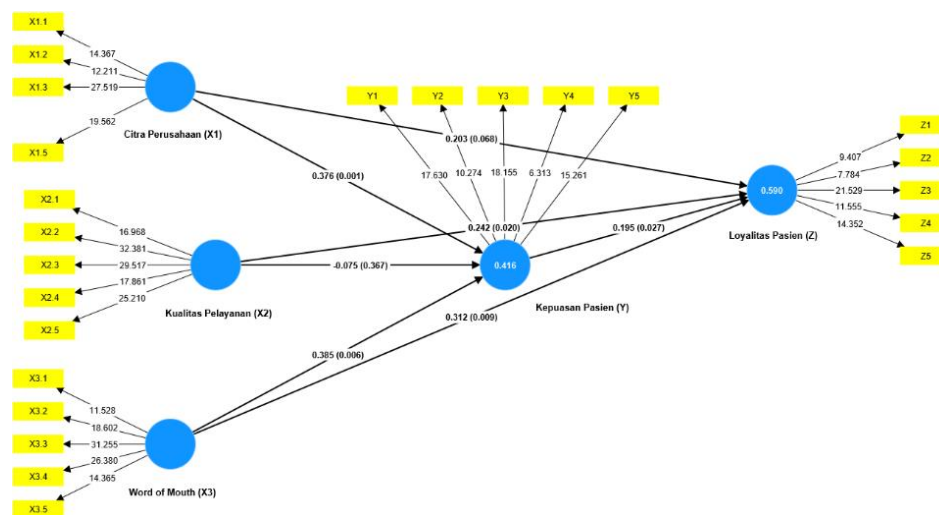


Figure 2. Bootstrapping test results

Table 11. Path coefficient

Variabel	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Corporate Image (X1) -> Patient Satisfaction (Y)	0,376	0,399	0,109	3,452	0,001
Corporate Image (X1) -> Patient Loyalty (Z)	0,203	0,207	0,111	1,825	0,068
Patient Satisfaction (Y) -> Patient Loyalty (Z)	0,195	0,191	0,088	2,211	0,027
Service Quality (X2) -> Patient Satisfaction (Y)	-0,075	-0,080	0,083	0,903	0,367
Service Quality (X2) -> Patient Loyalty (Z)	0,242	0,248	0,104	2,322	0,020
Word of Mouth (X3) -> Patient Satisfaction (Y)	0,385	0,365	0,141	2,728	0,006
Word of Mouth (X3) -> Patient Loyalty (Z)	0,312	0,300	0,119	2,611	0,009

Based on the path coefficient results (Table 11), several variable relationships show both significant and non-significant effects. Corporate Image (X1) significantly influences Patient Satisfaction (Y) (coefficient = 0.376, $p = 0.001$), but its direct effect on Patient Loyalty (Z) is not significant (coefficient = 0.203, $p = 0.068$). Patient Satisfaction (Y), however, significantly boosts Loyalty (Z) (coefficient = 0.195, $p = 0.027$), confirming its mediating role.

Service Quality (X2) does not significantly affect Satisfaction (Y) (coefficient = -0.075, $p = 0.367$), but it does significantly influence Loyalty (Z) (coefficient = 0.242, $p = 0.020$), suggesting a direct effect on loyalty. Meanwhile, Word of Mouth (X3) significantly affects both Satisfaction (coefficient = 0.385, $p = 0.006$) and Loyalty (coefficient = 0.312, $p = 0.009$), highlighting the power of shared patient experiences.

In conclusion, most relationships in the model are significant, with Patient Satisfaction playing a crucial mediating role between perceptions (corporate image, service quality, and WOM) and Patient Loyalty.

Table 12. Specific indirect effects

Variabel	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ((O/STDEV))	P values
Corporate Image (X1) -> Patient Satisfaction (Y) -> Patient Loyalty (Z)	0,073	0,074	0,037	1,964	0,050
Service Quality (X2) -> Patient Satisfaction (Y) -> Patient Loyalty (Z)	-0,015	-0,015	0,018	0,794	0,427
Word of Mouth (X3) -> Patient Satisfaction (Y) -> Patient Loyalty (Z)	0,075	0,076	0,052	1,432	0,152

It seems that not all mediation paths significantly affect Patient Loyalty (Z) through Patient Satisfaction (Y) as the intervening variable, according to the findings of the particular indirect effect test displayed in Table 12. With a coefficient value of 0.073 and a p-value of 0.050, the indirect path from Corporate Image (X1) to Patient Loyalty (Z) via Patient Satisfaction (Y) exhibits a marginally significant effect. This suggests that the relationship between corporate image and patient loyalty is partially mediated by patient satisfaction, i.e., a higher level of patient satisfaction will promote patient loyalty and improve corporate image.

Meanwhile, the indirect path from Service Quality (X2) to Patient Loyalty (Z) through Patient Satisfaction (Y) shows a non-significant effect. The coefficient value is -0.015 with a p-value of 0.427, meaning that service quality does not have an indirect impact on patient loyalty through satisfaction. This aligns with the previous test results, which showed that service quality also does not have a significant direct effect on patient satisfaction.

Furthermore, the indirect path from Word of Mouth (X3) to Patient Loyalty (Z) through Patient Satisfaction (Y) is also statistically non-significant, with a coefficient of 0.075 and a p-value of 0.152. Although the direction of the effect is positive, it is not statistically strong enough to indicate that patient satisfaction mediates the influence of word of mouth on loyalty. Thus, among the three tested indirect paths, only the relationship from corporate image to patient loyalty through patient satisfaction has an effect that approaches statistical significance.

Table 13. Total effects

Variabel	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ((O/STDEV))	P values
Corporate Image (X1) -> Patient Satisfaction (Y)	0,376	0,399	0,109	3,452	0,001
Corporate Image (X1) -> Patient Loyalty (Z)	0,276	0,281	0,101	2,726	0,006
Patient Satisfaction (Y) -> Patient Loyalty (Z)	0,195	0,191	0,088	2,211	0,027
Service Quality (X2) -> Patient Satisfaction (Y)	-0,075	-0,080	0,083	0,903	0,367
Service Quality (X2) -> Patient Loyalty (Z)	0,227	0,233	0,103	2,203	0,028
Word of Mouth (X3) -> Patient Satisfaction (Y)	0,385	0,365	0,141	2,728	0,006
Word of Mouth (X3) -> Patient Loyalty (Z)	0,387	0,376	0,126	3,063	0,002

The total effect test (Table 13) shows that most exogenous variables significantly influence the endogenous variables, both directly and indirectly. Corporate Image (X1) significantly affects both Patient Satisfaction (Y) (coefficient = 0.376, $p = 0.001$) and Patient Loyalty (Z) (coefficient = 0.276, $p = 0.006$), indicating its strong role in shaping patient perceptions. Patient Satisfaction (Y) also significantly contributes to Loyalty (Z) (coefficient = 0.195, $p = 0.027$). Although Service Quality (X2) does not significantly affect satisfaction (coefficient = -0.075, $p = 0.367$), it still has a notable impact on loyalty (coefficient = 0.227, $p = 0.028$), likely through a direct path. Word of Mouth (X3) significantly influences both Satisfaction (coefficient = 0.385, $p = 0.006$) and Loyalty (coefficient = 0.387, $p = 0.002$), confirming its strong effect on patient perceptions and behavior. In summary, Corporate Image and Word of Mouth are key drivers of both satisfaction and loyalty, while Service Quality plays a more direct role in fostering loyalty.

Discussion

The path analysis reveals that Corporate Image significantly affects Patient Satisfaction (coefficient = 0.376, $p = 0.001$) and Loyalty (coefficient = 0.276, $p = 0.003$). A positive perception of the clinic's

reputation and professionalism increases both outcomes, aligning with prior research highlighting corporate image as a driver of trust and emotional connection (Azis, R., & Darmawan, 2022). Service Quality has the strongest influence on both Satisfaction ($O = 0.458$, $p = 0.000$) and Loyalty ($O = 0.293$, $p = 0.002$). Elements like timeliness, staff friendliness, and clarity of information are critical in shaping patient experiences. These findings support the SERVQUAL framework, emphasizing the five key service dimensions. Word of Mouth (WOM) also significantly impacts Satisfaction ($O = 0.183$, $p = 0.026$) and Loyalty ($O = 0.314$, $p = 0.001$). Patient recommendations, especially in close-knit communities like Pangkalpinang, serve as trusted sources of information and influence service uptake.

Among all variables, Patient Satisfaction has the greatest effect on Loyalty (coefficient = 0.415, $p = 0.000$), confirming that satisfied patients are more likely to return and recommend the clinic to others supporting Oliver's loyalty theory. Managerial implications suggest that DOZ Clinic should prioritize service quality improvements, strengthen corporate image through branding and community engagement, and optimize WOM by delivering consistent, patient-centered care. These strategies will enhance competitiveness and ensure sustainable patient loyalty.

4. Conclusion

This study confirms that Corporate Image, Service Quality, and Word of Mouth (WOM) significantly affect Patient Satisfaction and Loyalty. The most dominant factor is Service Quality, which strongly influences Satisfaction (coefficient = 0.458, $p = 0.000$) and Loyalty (coefficient = 0.293, $p = 0.002$), highlighting the critical role of service aspects such as reliability, empathy, and responsiveness.

Corporate Image also impacts Satisfaction (coefficient = 0.376, $p = 0.001$) and Loyalty (coefficient = 0.276, $p = 0.003$), indicating that positive perceptions of the clinic's reputation and professionalism enhance patient trust and retention. Likewise, WOM significantly influences both Satisfaction (coefficient = 0.183, $p = 0.026$) and Loyalty (coefficient = 0.314, $p = 0.001$), underscoring the power of patient recommendations in healthcare.

Patient Satisfaction itself is a key driver of Loyalty (coefficient = 0.415, $p = 0.000$), showing that satisfied patients are more likely to return and recommend services. Overall, the findings stress the importance of delivering excellent service, fostering a strong institutional image, and encouraging positive patient communication to build long-term loyalty.

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