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## The Influence of Dimensions of Relationship Marketing Practices on Patient Satisfaction and Its Impact on Patient Loyalty at XYZ Pratama Clinic

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**Abstract:** This study was conducted to determine the factors that influence the level of outpatient satisfaction at the XYZ Primary Clinic and its impact on patient loyalty. This study involved 195 outpatients. Data collection was carried out by distributing questionnaires containing 5 questions with a Likert Scale of 1-5 based on the judgmental sampling method. Data were analyzed using the SEM PLS method. The results showed that conflict handling, competence and empathy had a significant positive effect on patient satisfaction. Trust, commitment, communication, and social bonds did not affect patient satisfaction. In addition, patient satisfaction had a positive and significant effect on patient loyalty at the XYZ Primary Clinic, where satisfied patients tended to return to use the service and recommend it to others. Patient satisfaction partially mediated each of the influences given by conflict handling, competence, empathy on empathy. The results of importance performance mapping show that empathy and conflict handling are things that are considered important by patients and have been implemented well. This means that empathy and conflict handling are factors that must be maintained. Social bonds and communication are considered important by patients but have not been implemented well. Further research can enlarge the population at other Primary Clinics, take diagnostic data.

**Keyword:** Patient loyalty, patient satisfaction, relationship marketing practices

## INTRODUCTION

The healthcare sector contributes significantly to community development. The development of healthcare services is in line with the level of community welfare (Ersoy & Tehci, 2023). The healthcare industry has undergone a dramatic transformation globally as a result of rapid advances in medical science along with the increasing tendency of consumers, in this case patients, to obtain superior care. This has shifted the balance of healthcare from a paternalistic and doctor-oriented perspective to a patient-oriented one. Thus, building strong and collaborative relationships with patients is critical to healthcare providers' efforts to achieve success in today's highly competitive market (Anabila, 2021).

Health service facilities are health service institutions that carry out all health efforts. One of the primary health facilities is the Pratama Clinic which organizes Individual Health

Efforts by providing basic medical services. The basic medical services in question include general practitioner services, general dentist services, simple action services, simple obstetric services, and medical record administration services.

Clinics act as public organizations that provide health services, which cannot be separated from the demands of competition in all aspects (Nurhayati et al., 2024). To be able to compete, improving the quality of health services is one of the efforts that must be made. Clinics must provide quality services, far from the negative views that develop in society; for example, slow service times, unfriendly staff, and inadequate service facilities, which can cause problems for clinics in the future. Good service management is needed in order to create health services that are needed by the surrounding community so that the community feels satisfied with health services (Nurhayati et al., 2024).

The problem phenomenon found at XYZ Clinic comes from data on the number of outpatient visits at XYZ Clinic and the results of interviews with several sources directly involved in services at XYZ Clinic. According to data on the number of patient visits at XYZ Clinic, there was a decrease in the number of outpatients in 2020 compared to 2019. Then there was an increase in the number of outpatients from 2020 to 2022, but there was a decrease again in the number of outpatients in 2023.

Furthermore, communication issues were also found. The source of information was obtained from a general practitioner who provided services at the XYZ Clinic who said that there were still patients who were uncooperative in terms of treatment compliance. This refers to communication that occurs during services where problems are likely related to the patient's level of education and language limitations or medical personnel who may not provide sufficient explanations regarding treatment. Communication is an important factor that can affect patient satisfaction because good communication indicates better quality of care and is related to increased patient satisfaction (Alrimali & Alreshidi, 2024). In addition to communication, trust, conflict handling, social bonds, commitment, competence, and empathy also affect patient satisfaction (Alrimali & Alreshidi, 2024; Amoako et al., 2019; Anabila, 2021; El Garem et al., 2024; Moudatsou et al., 2020; Novita & Prasetyo, 2022; Oly Ndubisi & Kok Wah, 2005).

One of the main obligations of every health facility is to provide quality services to patients. Building relationships with patients that focus on patient satisfaction can make them return to a particular health facility and will form a concept called patient loyalty (Prakoeswa et al., 2022). Patient loyalty can be interpreted as the intention to return to a health care provider (Prakoeswa et al., 2022). Patient loyalty is reflected in their continued preference for a particular health care provider, even when they are faced with various alternatives (El Garem et al., 2024).

Patient satisfaction and patient loyalty are two interrelated things, where patient satisfaction will build patient loyalty (Nurhayati et al., 2024). Patient satisfaction is one of the important factors in the health care sector which can be seen from the quality of care and services provided by health care providers (Li et al., 2023). Patient satisfaction will affect the spread of information by word of mouth (Octivanny & Berlianto, 2022). Satisfied patients tend to share information or opinions about a service informally. Patients will convey the good experiences they get from a health service to their friends or relatives (Octivanny & Berlianto, 2022). Patient satisfaction reflects the patient's attitude towards the health services provided to him, thus patient satisfaction will affect patient loyalty (El Garem et al., 2024; Hasjim & Arifin, 2024).

Previous studies have discussed the influence of marketing practices on patient satisfaction and its impact on patient loyalty. This study raises the dimensions of Relationship Marketing (RM) as independent variables that influence patient satisfaction and loyalty in a private hospital in Ghana (Anabila, 2021). Relationship Marketing has many basic principles (Chavan et al., 2024). Specifically, this study examines the contribution of the basic principles

of Relationship Marketing, namely trust, communication, conflict handling, social bonds, commitment, and competence to patient satisfaction and its impact on patient loyalty (Anabila, 2021). Relationship Marketing has been widely studied in various sectors, but little attention has been paid to the health care sector, especially with a limited focus on primary care clinics.

Empathy is also theorized as one of the basic principles of Relationship Marketing (Oly Ndubisi & Kok Wah, 2005). The concept of empathy is shared by many healthcare professionals including doctors, nurses, and other paramedics. Empathy is the ability to understand the feelings of others. Empathy is one of the foundations of a therapeutic relationship between healthcare professionals and patients that has been shown to contribute significantly to better health outcomes (Moudatsou et al., 2020). Empathy plays an important role in building relationships between healthcare providers and patients. Thus, high levels of empathy from healthcare providers will result in higher patient satisfaction (Wang et al., 2018).

In previous research conducted by Anabila (2021), the empathy variable has not been studied further as one of the basic principles of Relationship Marketing and its influence on patient satisfaction and loyalty. Therefore, this study includes the empathy variable as an independent variable that acts as one of the basic principles of Relationship Marketing.

The position of this research is to propose a conceptual framework in the form of a research model that has been modified from previous research (Anabila, 2021; Rahayu, 2023). In this study, the basic principles of Relationship Marketing consisting of the variables trust, communication, conflict handling, social bonds, commitment, competence, and empathy are linked to patient satisfaction. Furthermore, the effect of patient satisfaction on patient loyalty will be seen. This model is expected to explain and predict the dependent variable of patient loyalty in a primary clinic. The proposed research model will be tested empirically with primary data from patients who receive health services at a primary clinic in Jambi Province.

## **METHOD**

This research that focuses on clinic management is classified as a survey research with quantitative data analysis. Based on the data collection time period, this study can be classified as a cross-sectional study, with the data collection process carried out only once in a certain period. Measurement of indicators in this research questionnaire was carried out using a 5-point Likert scale. The population determined in this study were all patients who came for treatment at the XYZ primary clinic in Jambi Province. For research using the PLS-SEM statistical method, there is another way to calculate the minimum number of samples, namely the inverse square root formula which if the power cannot be determined, then the minimum sample required is 160 respondents (Kock & Hadaya, 2018), but the number of samples obtained in this study exceeds the minimum number, which is 195 people. All measuring instruments are adaptations of previous research (Anabila, 2021; El Gareem et al., 2024; Rahayu, 2023).

## **RESULTS AND DISCUSSION**

### **Profile Respondent**

The total respondents of the study were 195 patients. There were more female respondents (63.6%) than male respondents (36.4%). The largest number of respondents were in the age groups of 18-27 years (30.3%) and 28-43 years (30.3%), followed by the age groups above 59 years (20.0%) and 44-59 years (19.5%). The largest number of respondents lived in Muaro Jambi Regency (78.5%), while the rest came from other areas. The largest number of respondents were housewives (31.3%), followed by private employees (24.6%), and entrepreneurs (14.9%) and students (14.9%). A total of 64.6% of respondents had come for treatment to the XYZ Clinic more than twice in the past year, followed by 35.4% of respondents who had come for treatment to the XYZ Clinic twice in the past year. As many as 31.3% of

respondents have been registered as patients at XYZ Clinic for 1-3 years, followed by 23.6% for less than one year, and 23.1% have been registered for 3-5 years as patients at XYZ Clinic.

### Validity And Reliability (Outer Model)

According to the results of the outer loading test, all indicators show an outer loading value greater than 0.7, so all indicators in this study are said to be reliable. The Cronbach's alpha value of all variables is greater than 0.7 according to the criteria explained by Hair (2022). In addition, the composite reliability ( $\rho_c$ ) value of all variables is more than 0.7, so it can be concluded that all indicators have shown internal consistency which means they are considered reliable for measuring the construct. The highest AVE value is in the conflict handling variable, which is 0.723 and the lowest AVE value is in the communication variable, which is 0.601. Even so, all variables in this study have AVE values above 0.5. This shows that all constructs in this study are valid. The outer loading, Cronbach's Alpha, and Composite Reliability values can be seen in the table below:

**Table 1. Validity And Reliability**

Item	Outer Loading
<b>Trust (CA = 0.898, CR = 0.919, AVE = 0.619)</b>	
TRS1: I feel that this clinic maintains patient confidentiality	0.774
TRS2: I feel that I trust this clinic	0.759
TRS3: I feel that the medical staff at this clinic respects their patients	0.738
TRS4: I feel that the medical staff at this clinic are honest	0.857
TRS5: I feel that the medical staff at this clinic fulfill their obligations	0.787
TRS6: I feel that in a critical situation, I can rely on this clinic	0.766
TRS7: I feel that the medical staff at this clinic are eager to solve my problems	0.821
<b>Communication (CA = 0.889, CR = 0.913, AVE = 0.601)</b>	
CMC1: I feel that the medical staff at this clinic gave me a clear explanation of my test results	0.758
CMC2: I feel that the medical staff at this clinic gave me useful medical advice	0.749
CMC3: I feel that the medical staff at this clinic were knowledgeable in answering every question	0.799
CMC4: I feel that the medical staff at this clinic were capable of answering every question	0.809
CMC5: I feel that the medical staff at this clinic were able to build long-term relationships	0.745
CMC6: I feel that the medical staff at this clinic explained to me the possible side effects that might occur from the treatment given to me	0.746
CMC7: I feel that this clinic always provides information about my health status to my family	0.817
<b>Conflict Handling (CA = 0.810, CR = 0.887, AVE = 0.723)</b>	
COH1: I feel that the medical staff at this clinic understands how to avoid conflict with their patients	0.853
COH2: I feel that the medical staff at this clinic are able to resolve problems quickly	0.868
COH3: I feel that the medical staff at this clinic listen to my complaints while resolving the problem	0.830
<b>Social Bonds (CA = 0.851, CR = 0.894, AVE = 0.627)</b>	
SOB1: I feel that the medical staff at this clinic asks back the news of patients who have received treatment	0.779
SOB2: I feel that the medical staff at this clinic treats patients as friends	0.823
SOB3: I feel that the medical staff at this clinic treats patients as partners	0.823
SOB4: I feel that the medical staff at this clinic values their relationship with patients	0.790
SOB5: I feel that this clinic respects patients	0.741
<b>Commitment (CA = 0.817, CR = 0.891, AVE = 0.732)</b>	
CMT4: I feel that the medical staff at this clinic is committed to providing the best service	0.870

Item	Outer Loading
CMT6: I feel that this clinic consistently provides quality service	0.874
CMT7: I feel that the medical staff at this clinic is committed to maintaining long-term relationships with patients	0.821
<b>Competence (CA = 0.872, CR = 0.907, AVE = 0.662)</b>	
CPT1: I feel that the medical staff at this clinic provides excellent service	0.791
CPT2: I feel that the medical staff at this clinic provides the right diagnosis	0.851
CPT3: I feel that the medical staff at this clinic provides the right treatment	0.803
CPT4: I feel that this clinic has general competence in providing health services	0.808
CPT5: I feel that the medical staff at this clinic have good medical skills	0.814
<b>Empathy (CA = 0.926, CR = 0.936, AVE = 0.630)</b>	
EMP1: I feel that the medical staff at this clinic are willing to help fulfill every patient request	0.800
EMP2: I feel that the medical staff at this clinic are ready to help patients when they need it	0.736
EMP3: I feel that the medical staff at this clinic are sympathetic to patients	0.767
EMP4: I feel that the medical staff at this clinic can reassure patients	0.797
EMP5: I feel that the medical staff at this clinic are polite to patients	0.798
EMP6: I feel that the medical staff at this clinic are friendly to patients	0.794
EMP7: I feel that the medical staff at this clinic are friendly to patients	0.800
EMP8: I feel that the medical staff at this clinic care about patients	0.813
EMP9: I feel that the medical staff at this clinic cares about patients	0.835
<b>Patient Satisfaction (CA = 0.900, CR = 0.921, AVE = 0.626)</b>	
SFC1: I am happy with the healthcare services provided by this clinic	0.807
SFC2: I feel that this clinic is among the best in the healthcare industry	0.743
SFC3: I feel that this clinic is relatively superior to other clinics	0.809
SFC4: I have positive feelings towards this clinic	0.801
SFC5: I am happy to come to this clinic to get treatment	0.801
SFC6: Overall, I am satisfied with the services provided by this clinic	0.774
SFC7: I am satisfied because I get the best treatment	0.801
<b>Patient Loyalty (CA = 0.920, CR = 0.936, AVE = 0.675)</b>	
LYT1: I feel proud to have joined this clinic	0.827
LYT2: I will provide positive information by word of mouth	0.804
LYT3: I have the will to continue to receive treatment at this clinic for the long term	0.825
LYT4: I will convey positive things about this clinic	0.827
LYT5: I will recommend this clinic to people who ask me for advice	0.793
LYT6: I will invite my relatives to visit this clinic for treatment	0.839
LYT7: I will consider this clinic as my first choice when I need medical care	0.838

Source: Data processing results (2024)

The HTMT value in Table 2 still found a relationship between constructs that had a ratio value of more than 0.9. This value is found in the relationship between commitment and conflict handling, which is 0.943. A high value is also seen in the relationship between communication and conflict handling, which is 0.905. From the results above, bootstrapping was then carried out to see the interferential HTMT value. Bootstrapping testing was carried out after eliminating the 4 indicators that have been mentioned. After the bootstrapping process, a range of confidence interval (CI) values will be obtained to ensure that the HTMT ratio value can be accepted significantly. If the 95% CI value has an upper limit of more than 1, then its significance cannot be confirmed, thus the measured indicators have not been discriminated



well. The measurement results in Table 2 show that all 95% CI values between constructs are not more than 1, so it is said that the indicators measured in this study have been discriminated well.

**Table 2. Discriminant Validity**

	CMT	CMC	CPT	COH	EMP	LYT	SFC	SOB	TRS
<b>CMT</b>									
<b>CMC</b>	0.877 (CI: 0.810- 0.938)								
<b>CPT</b>	0.884 (CI: 0.820- 0.941)	0.847 (0.777- 0.908)							
<b>COH</b>	0.943 (CI: 0.810- 0.938)	0.905 (CI: 0.847- 0.960)	0.796 (CI: 0.713- 0.872)						
<b>EMP</b>	0.844 (CI: 0.774- 0.910)	0.793 (CI: 0.719- 0.861)	0.896 (CI: 0.834- 0.947)	0.772 (CI: 0.698- 0.846)					
<b>LYT</b>	0.713 (CI: 0.618- 0.804)	0.622 (CI: 0.485- 0.743)	0.749 (CI: 0.647- 0.840)	0.654 (CI: 0.551- 0.753)	0.733 (CI: 0.644- 0.820)				
<b>SFC</b>	0.814 (CI: 0.723- 0.905)	0.713 (CI: 0.615- 0.801)	0.861 (CI: 0.795- 0.917)	0.771 (CI: 0.677- 0.861)	0.851 (CI: 0.759- 0.933)	0.900 (CI: 0.847- 0.949)			
<b>SOB</b>	0.830 (CI: 0.736- 0.919)	0.778 (CI: 0.686- 0.870)	0.786 (CI: 0.690- 0.873)	0.772 (CI: 0.662- 0.881)	0.767 (CI: 0.671- 0.854)	0.644 (CI: 0.515- 0.760)	0.737 (CI: 0.627- 0.840)		
<b>TRS</b>	0.838 (CI: 0.757- 0.907)	0.871 (CI: 0.808- 0.932)	0.748 (CI: 0.653- 0.835)	0.858 (CI: 0.790- 0.919)	0.677 (CI: 0.585- 0.762)	0.512 (CI: 0.372- 0.649)	0.627 (CI: 0.511- 0.735)	0.712 (CI: 0.586- 0.832)	

This study has removed four items from the commitment variable because there were indications of multicollinearity. After eliminating 4 indicators from the commitment variable, a multicollinearity test was carried out again with the results shown in Table 2. It can be seen that all paths have a VIF value of less than 5 according to recommendations (Hair et al., 2022). The highest VIF value is found in the communication and patient satisfaction paths with a value of 4.053. Based on the results in Table 2, it can be concluded that all independent variables in the study have ideal VIF values and there is no indication of multicollinearity. This is considered important in assessing the quality of the study because the seven independent variables do not have a strong correlation between variables. These results indicate that this study is acceptable because there is no multicollinearity between the independent variables.

**Table 3. Multicollinearity Test**

<b>Jalur (Path)</b>	<b>Variance Inflation Factor (VIF)</b>
<i>Trust → Patient Satisfaction</i>	3.199
<i>Communication → Patient Satisfaction</i>	4.053
<i>Conflict Handling → Patient Satisfaction</i>	3.325
<i>Social Bonds → Patient Satisfaction</i>	2.465
<i>Commitment → Patient Satisfaction</i>	3.657
<i>Competence → Patient Satisfaction</i>	3.680
<i>Empathy → Patient Satisfaction</i>	3.489
<i>Patient Satisfaction → Patient Loyalty</i>	1.000

Source: Data processing results (2024)

## Inner Model

The R<sup>2</sup> value of patient loyalty was found to be 0.675 and is included in the moderate explanatory power category. This variable has a value of 67.5% which can be explained by the predictor variables in this study while 32.5% is influenced by other variables outside the study. The R<sup>2</sup> value of patient satisfaction is 0.687 and is also included in the moderate explanatory power category. This variable has a value of 68.7% which can be explained by the predictor variables in this study while 31.3% can be explained/influenced by other variables outside the study.

In the f<sup>2</sup> test, there are three variables with small effect sizes, namely conflict handling, competence, and empathy towards patient loyalty. Meanwhile, other variables show no effect size. A large effect is found in the patient satisfaction variable towards patient loyalty with an f<sup>2</sup> of 2.082.

The dependent variable patient loyalty has a Q<sup>2</sup> predict value of 0.490 and has passed the value of 0 so that it can be stated to have medium predictive relevance. The patient satisfaction variable is categorized as large predictive relevance with a Q<sup>2</sup> predict value of 0.636. Based on the data above, it can be said that this research model can be considered to have adequate predictive ability

## Hypothesis Testing

**Table 4. Hypothesis testing**

	<b>Hipotesis</b>	<b>Std. Coefficient</b>	<b>t statistics</b>	<b>p-values</b>	<b>Results</b>
H1	<i>Trust → Patient Satisfaction</i>	-0.068	0.870	0.192	not supported
H2	<i>Communication → Patient Satisfaction</i>	-0.079	0.898	0.185	not supported
H3	<i>Conflict Handling → Patient Satisfaction</i>	0.179	2.228	0.013	supported
H4	<i>Social Bonds → Patient Satisfaction</i>	0.096	1.301	0.097	not supported
H5	<i>Commitment → Patient Satisfaction</i>	0.104	1.020	0.154	not supported
H6	<i>Competence → Patient Satisfaction</i>	0.318	2.893	0.002	supported
H7	<i>Empathy → Patient Satisfaction</i>	0.358	2.379	0.009	supported
H8	<i>Patient Satisfaction → Patient Loyalty</i>	0.822	27.860	0.000	supported

Source: Data processing results (2024)

Based on the research results, it was found that Hypothesis H1 showed a p-value of 0.192 which was not significant with a t-statistic of 0.870, lower than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at -0.068 which

means it has a negative direction. This shows that trust has a negative and insignificant effect on patient satisfaction. This means that increasing trust is actually associated with a decrease in patient satisfaction, although the effect is not strong enough to be considered significant in the context of this study. Therefore, the H1 hypothesis which states that trust has a positive and significant effect on patient satisfaction is rejected. The results of this study are not in line with previous studies which stated that trust has a positive and significant effect on patient satisfaction (Anabila, 2021; Andreano & Pardede, 2023; El Garem et al., 2024; Ginting et al., 2023; IR et al., 2024). Therefore, the results of this study are a novelty compared to previous findings. The reason for this could be a mismatch between patient expectations of the service and what they receive. Patients come with certain expectations and these may not be met when they receive the service provided. Although they may experience improvement in their illness, patient satisfaction levels may decrease.

Based on the research results, it was found that Hypothesis H2 showed a p-value of 0.185 which was not significant with a t-statistic of 0.898, lower than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at -0.079 which means it has a negative direction. This shows that communication has a negative and insignificant effect on patient satisfaction. This means that increasing communication is actually associated with a decrease in patient satisfaction, although the effect is not strong enough to be considered significant in the context of this study. Therefore, the H2 hypothesis which states that communication has a positive and significant effect on patient satisfaction is rejected. The results of this study are not in line with previous studies which stated that communication has a positive and significant effect on patient satisfaction (Anabila, 2021; Issau et al., 2023; Omeje & Olise, 2022; Supriatin et al., 2022; Wardani et al., 2021). Therefore, the results of this study are a novelty compared to previous findings. This can occur due to several factors such as language limitations or poor communication skills of medical personnel (Albagawi & Jones, 2017; Alrimali & Alreshidi, 2024).

Based on the research results, it was found that Hypothesis H3 showed a p-value of 0.013 which was significant with a t-statistic of 2.228, higher than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at 0.179 which means it has a positive direction. This shows that conflict handling has a positive and significant effect on patient satisfaction. This means that the increase in conflict handling is in line with the increase in patient satisfaction and the effect is strong enough to be considered significant in the context of this study. Therefore, the hypothesis H3 which states that conflict handling has a positive and significant effect on patient satisfaction is accepted. The results of this study are in line with previous studies which stated that conflict handling has a positive and significant effect on patient satisfaction (Anabila, 2021; Issau et al., 2023; Mahmoud et al., 2018; Omeje & Olise, 2022; Wardani et al., 2021). Thus, this finding supports previous findings. Proper conflict management reflects a desire to make the patient's interests a priority, which ultimately increases patient satisfaction.

Based on the research results, it was found that Hypothesis H4 showed a p-value of 0.097 which was not significant with a t-statistic of 1.301, lower than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at 0.096 which means it has a positive direction. This shows that social bonds have a positive but insignificant effect on patient satisfaction. This means that the increase in social bonds is in line with the increase in patient satisfaction but the effect is not strong enough to be considered significant in the context of this study. Therefore, the H4 hypothesis which states that social bonds have a positive and significant effect on patient satisfaction is rejected. The results of this study are not in line with previous studies which stated that social bonds have a positive and significant effect on patient satisfaction (Anabila, 2021; Maupa et al., 2023; Negassa & Japee, 2023; Sangperm & Pungpho, 2020; Yi et al., 2021). Therefore, the results of this study are a novelty compared to previous findings. This can happen because there is a role for other factors such



as the level of trust that influences the growth of emotional bonds in a relationship (Maupa et al., 2023).

Based on the research results, it was found that Hypothesis H5 showed a p-value of 0.154 which was not significant with a t-statistic of 1.020, lower than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at 0.104 which means it has a positive direction. This shows that commitment has a positive but not significant effect on patient satisfaction. This means that increasing commitment is in line with increasing patient satisfaction but the effect is not strong enough to be considered significant in the context of this study. Therefore, hypothesis H5 which states that commitment has a positive and significant effect on patient satisfaction is rejected. The results of this study are not in line with several previous studies (Amoako et al., 2019; Anabila, 2021; Issau et al., 2023; Setyawan et al., 2022; Wardani et al., 2021). On the other hand, research by Mahmoud et al. (2018) also obtained the same results as this study, namely that commitment does not have a significant effect on customer satisfaction. This may imply that health care providers who have provided their services and are committed to improving their relationships with their patients do not effectively influence patients' post-treatment evaluations of the services they receive (Mahmoud et al., 2018).

Based on the research results, it was found that Hypothesis H6 showed a p-value of 0.002 which was significant with a t-statistic of 2.893, higher than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at 0.318 which means it has a positive direction. This shows that competence has a positive and significant effect on patient satisfaction. This means that increasing competence is in line with increasing patient satisfaction and the effect is strong enough to be considered significant in the context of this study. Therefore, hypothesis H6 which states that competence has a positive and significant effect on patient satisfaction is accepted. The results of this study are in line with previous studies which stated that competence has a positive and significant effect on patient satisfaction (Anabila, 2021; Novita & Prasetyo, 2022; Putri et al., 2022; Rulandari, 2023; Tammubua & Surapto, 2020). Thus, this finding supports previous findings. Competence consists of knowledge, skills, and abilities possessed by a person and has become part of him/herself, so that he/she can carry out cognitive, affective, and psychomotor behaviors as well as possible. This competence needs to be understood by medical personnel in carrying out their duties and authorities in providing health services.

Based on the research results, it was found that Hypothesis H7 showed a p-value of 0.009 which was significant with a t-statistic of 2.379, higher than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at 0.358 which means it has a positive direction. This shows that empathy has a positive and significant effect on patient satisfaction. This means that increasing empathy is in line with increasing patient satisfaction and the effect is strong enough to be considered significant in the context of this study. Therefore, hypothesis H7 which states that empathy has a positive and significant effect on patient satisfaction is accepted. The results of this study are in line with previous studies which stated that empathy has a positive and significant effect on patient satisfaction (Agustina & Handayani, 2023; Bhavnani & Berlianto, 2022; Lesmana & Achmadi, 2022; San, 2022; Wardani et al., 2021). Thus, this finding supports previous findings. In healthcare, empathy is one of the basic principles of the therapeutic relationship between healthcare professionals and their patients, and it has been shown to contribute significantly to better health outcomes. Empathy focuses on the care and attention given to patients to understand their needs and put the patient's values in their best interest.

Based on the research results, it was found that Hypothesis H8 showed a p-value of 0.000 which was significant with a t-statistic of 27.860, higher than the threshold value of 1.645. The standardized coefficient value in this hypothesis was obtained at 0.822 which means it has a positive direction. This shows that patient satisfaction has a positive and significant

effect on patient loyalty. This means that increasing patient satisfaction is in line with increasing patient loyalty and the effect is strong enough to be considered significant in the context of this study. Therefore, hypothesis H8 which states that patient satisfaction has a positive and significant effect on patient loyalty is accepted. The results of this study are in line with previous studies which stated that patient satisfaction has a positive and significant effect on patient loyalty (Anabila, 2021; Cakici et al., 2019; El Garem et al., 2024; Mbuwel et al., 2023; Nguyen, 2023). Thus, this finding supports previous findings. Patient satisfaction should be a top priority because improving the quality of patient care in healthcare facilities is essential (Vaz, 2018). Patient loyalty is reflected in their continued preference for a particular healthcare provider, even when faced with multiple alternatives (El Garem et al., 2024).

## CONCLUSION

The conclusion in this research is that conflict handling, competence and empathy have a significant positive effect on patient satisfaction. Trust, commitment, communication, and social bonds did not affect patient satisfaction. In addition, patient satisfaction had a positive and significant effect on patient loyalty at the XYZ Primary Clinic. Patient satisfaction partially mediated each of the influences given by conflict handling, competence, empathy on empathy. Social bonds and communication are things that need to be improved because they are considered important but have not been done optimally.

Managerial implications of this study based on IPMA results show that empathy and conflict handling are things that are considered important by patients and have been implemented well. This means that empathy and conflict handling are factors that must be maintained. Social bonds and communication are considered important by patients but have not been implemented well. Commitment and trust are not considered important by patients and have not been implemented well. Competence is not considered important by patients but is implemented well.

The results of this study explain that several dimensions of Relationship Marketing have a significant positive influence on patient loyalty with mediation from patient satisfaction. The theoretical implications of this study indicate that the theory of Relationship Marketing has reliable and valid indicators in the use of comprehensive patient satisfaction level measurements. This study provides a new contribution to studies that focus on patient satisfaction and patient loyalty with research subjects located in primary clinics.

Several limitations have been identified in the study. The first limitation is that the respondent data is only from one primary clinic so it may have limitations for generalizing the findings. It is recommended to involve different primary clinics. The second limitation that can be identified is that no data collection was conducted on the diagnosis of the disease suffered by the patients who were respondents in this study. Diagnosis data may be needed because some diagnoses require regular visits to get medicine and this clearly affects the number of visits in a certain period of time. Therefore, it is recommended that further research conduct data collection on this matter.

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