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Price Fairness, Waiting Time, And Patient-Doctor Communication In Influencing Patient Satisfaction And Revisit Intention At Xyz Primary Clinic, Bandung City: SEM-PLS And IPMA

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Abstract: In the past two years, the flow of general patients at XYZ Primary Clinic located in Bandung City has decreased. This happened without any modification to the service protocol. The purpose of this study was to determine how price fairness, waiting time, doctor-patient interaction, and patient satisfaction affect intention to return and overall satisfaction with the clinic. These three service-defining non-medical factors are considered to be very important for measuring service quality. SEM-PLS and IPMA were used for this study in quantitative form. A validated questionnaire was administered to 177 patients of XYZ Primary Clinic in Bandung City, which resulted in data collection. Based on the analysis, it was found that price fairness and doctor-patient communication significantly increased satisfaction; however, waiting time had a negative impact on satisfaction. In addition, patient satisfaction increases the intention to revisit the clinic. Furthermore, the results show that satisfaction can strengthen the influence of these three independent variables on return intentions. Through the use of IPMA, findings revealed that doctor-patient communication performed below expectations, yet was the most influential, making this aspect a focal point for improvement. This analysis highlights the need to improve communication among medical staff, sharpen operational service workflows, and make pricing transparent to encourage greater patient loyalty. The conclusions drawn from this analysis can strategically guide clinic administrators on policy decisions aimed at improving service quality from a patient perspective.

Keyword: Price Fairness, Waiting Time, Patient-Doctor Communication, Patient Satisfaction, Revisit Intention, and IPMA

INTRODUCTION

Clinical success alone does not define the quality of care. It encompasses the entire experience of the patient throughout the instance, service, or treatment (Abbasi-Moghaddam et al., 2019; Simon et al., 2020). For instance, in Primary Clinics, non-medical dimensions like fairness of prices, duration of waiting, and interpersonal relationships between the physician

and the patient markedly shape concepts of service quality (Bellio & Buccoliero, 2021; Ghildiyal et al., 2022).

General practitioner patient visits in XYZ Primary Clinic located in Bandung City has shown a downward trend over the last two years, despite no internal changes in the servicing system. Internal data indicates the waiting time which is more than the Ministry of Health of the Republic of Indonesia's benchmark (≤ 60 minutes) and inadequate empathetic communication between the physician and the patient as major contributors to the declining patient satisfaction. Communication with patients has been identified as substandard by approximately 70 percent of patients and about 90 percent of patients surveyed considered the costs charged vis a vis the service experience they received was dissonant.

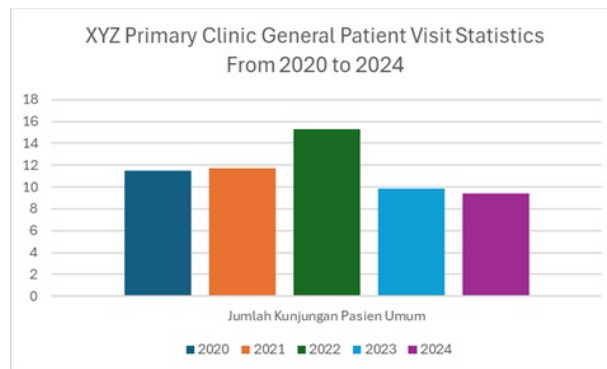


Figure 1.

Multiple earlier works validate the relevance of these three variables. Price fairness positively affects patient satisfaction and intention to return (Fathillah, 2023; Sihombing & Sigalingging, 2020). Waiting time has a detrimental influence on perceived service quality (Chen et al., 2024), and communicative interactions of the physician with patients positively influence patient satisfaction and loyalty (Muthuswamy & Dilip, 2024).

Based on the prior paragraphs, the objective of this study was to analyse the price fairness, waiting time, doctor-patient communication, and their impacts on patient satisfaction and intention to revisit the clinic through the SEM-PLS approach and Importance Performance Map Analysis (IPMA) which can strategically and pragmatically quantify service enhancement (Hair et al., 2022), identifying key areas for enhanced focus.

METHOD

This study applies a quantitative method with PLS-SEM and its subsequent analysis IPMA. Combining IPMA with PLS-SEM enables a more holistic approach to analyzing the relations between performance metrics and their respective outcomes (Hair et al., 2022). PLS-SEM is suitable for explaining complex relationships among constructs, non-normal datasets, and small sample sizes (Hair et al., 2022). This specific research focused on the population of general patients who had previously received treatment at the XYZ Primary Clinic in Bandung City. The sampling technique was carried out through purposive sampling where a sum of 177 patients were selected based on the direct experience criterion.

A closed questionnaire validated for reliability was used which included price fairness, waiting time, patient- doctor communication, patient satisfaction, and revisit intention as its five core components. Each component was evaluated on a seven-point Likert scale (Suliyanto, 2018). The data was analyzed by testing measurement model (outer model), structural model (inner model), and conducting IPMA analysis to identify variables which had high impact, but low performance (Hair et al., 2022). This methodology aims to create empirically-based strategic recommendations directed towards the enhancement of clinic service quality (Hair et al., 2022; Sihombing & Sigalingging, 2020).

Relationship between Price Fairness and Patient Satisfaction

In the context of health facility operations, price fairness is defined as a patient's perception on the appropriateness of the costs incurred versus the quality of services rendered, which in turn affects patient satisfaction. Significantly, trust and satisfaction with service providers increases dramatically when patients perceive service prices as fair and transparent (Fathillah, 2023; Harmawan et al., 2023). In health care, perception of price fairness positively and directly affects patient experience as stated by Setiawan et al. (2020).

H1: Price Fairness has a positive effect on Patient Satisfaction

Relationship between Waiting Time and Patient Satisfaction

Waiting time as a metric of a health service's efficiency has profound implications on how a patient perceives quality of care and their overall satisfaction level. Chen et al. (2024) elaborate that a patient's satisfaction continues to diminish proportionally with their increasing wait time, irrespective of the medical services provided. Rizany et al. (2021) reported average waiting times for outpatients at multiple clinics in Indonesia to be more than 60 minutes, which severely hampered their perceptions of service quality. Suarmayasa et al. (2023) has pointed out that prolonged waiting time inflicts discomfort which adversely affects satisfaction levels.

H2: Waiting Time has a negative effect on Patient Satisfaction

Relationship between Doctor-Patient Communication and Patient Satisfaction

Effective communication on the part of the physicians as well as establishing a responsive communication system with the patients assists to enhance patient satisfaction with the health services provided. Muthuswamy and Dilip (2024) showed that communication that is clear, considerate, and attentive influences perceived service value as well as the satisfaction levels of the patients. Empathic communication can mitigate the adverse effects of prolonged waiting periods, according to some of Söderlund's (2024) research. Empathy is communicatively insufficient, and void of sympathy, leads to dissatisfaction regardless of how good the provided clinical service is (Shahbazpoor et al., 2022).

H3: Doctor-Patient Communication has a positive effect on Patient Satisfaction

Relationship between Patient Satisfaction and Revisit Intention

In healthcare, patient satisfaction serves as a pivotal indicator of healthcare service revisit intentions. Patients exhibit a remarkable intention to re-engage with services when they are satisfied with their experience; this satisfaction may stem from the quality of care extended, an interaction with health workers, or even the efficiency of the process (Fengmin et al., 2022; Kettlewell, 2021). In primary healthcare facilities, satisfaction is vital to loyalty and retention, as highlighted in the study by Park et al. (2021). Besides, Prakoeswa et al. (2022) state that satisfaction from a positive service experience strongly drives patient referrals and re-engagement with the same health facility. Thus, improving patient satisfaction as a priority to enhance service sustainability and patient loyalty.

H4: Patient Satisfaction has a positive effect on Revisit Intention

The relationship between Price Fairness and Revisit Intention mediated by Patient Satisfaction

Price fairness, or rather, perceived price fairness, has been proven to moderate patient satisfaction which in turn impacts intent to revisit. Fathillah (2023) noted that patients who perceived the cost of service relative to the quality of service received expressed greater satisfaction, leading to a greater likelihood of service utilisation in the future. Sihombing & Sigalingging (2020) verified that patient satisfaction serves as an important mediating factor reinforcing the linkage between price fairness and intention to revisit, more so in outpatient

services. The same was reported by Zhang et al. (2020) where perceived fair pricing positively impacts trust and loyalty that stems from good services received.

H5: Price Fairness has a positive effect on Revisit Intention mediated by Patient Satisfaction

Relationship between Waiting Time and Revisit Intention mediated by Patient Satisfaction

Prolonged waiting times may diminish patients' intentions to revisit a health care facility, especially when the experience reduces their overall level of satisfaction with the received services. As Chen et al. (2024) pointed out, waiting times exceeding the patient's expectations negatively affect the perception of service quality, which subordinately reduces revisit intention. Here, satisfaction acts as a mediator, smoothing out the effect of waiting time on the decision to return for further treatment. Jaén et al. (2022) argued that timely and efficient service fosters satisfaction which ultimately builds loyalty. Meanwhile, research conducted by Rizany et al. (2021) highlights that negative perceptions about excessively long waiting times can be offset if patients are overall satisfied with the communication and medical services provided.

H6: Waiting Time has a negative effect on Revisit Intention mediated by Patient Satisfaction

Relationship between Doctor-Patient Communication and Revisit Intention mediated by Patient Satisfaction

Having effective communication between healthcare professionals and patients facilitates a holistic understanding, promotes a sense of trust, and subsequently influences the patient's tendency to avail of the clinic's services in the future—fully understanding that satisfaction is a major mediator. Empathic, clear, and open communication, according to Muthuswamy and Dilip (2024), entails higher service value which in essence raises patient satisfaction and takes them back to the clinic. As noted by Söderlund (2024), effective interpersonal communication is capable of nullifying the adverse effects of the service's other aspects such as waiting time, providing patients feel emotionally cared for and understood. Moreover, as noted in Shahbazpoor et al. (2022), favorable perceptions of interactions with medical professionals establish enduring relationships between patients and providers. Hence, patient satisfaction constitutes a major element that mediates the communication between doctor-patient and the intention to reuse the clinic services.

H7: Doctor-Patient Communication has a positive effect on Revisit Intention mediated by Patient Satisfaction

Relationship between Price Fairness and Revisit Intention

Price fairness is a salient determinant which impacts patients' decisions to return to health services, thereby underutilized. When patients feel that the fees charged are commensurate to the quality and merits of the services provided, intention to revisit will increase (Octaviani et al, 2021; Zhang et al, 2020). Sihombing and Sigalingging's research (2020) shows that price fairness has significant contributions toward revisit intention, particularly in specialist outpatient services. Furthermore, perception of price transparency together with its constancy strengthens patient loyalty to the service providers (Zhang et al, 2020; Huang et al, 2023).

H8: Price Fairness has a positive effect on Revisit Intention

Relationship between Waiting Time and Revisit Intention

Waiting time represents one of the non-medical reasoning factors that affect patient revisit intention. According to Chen et al. (2024), long waiting times has a negative impact on patient perception of service quality which subsequently reduces the intention to return to the health facility. Rizany et al. (2021) argue that waiting times, especially those extending beyond 60

minutes, significantly diminish patient comfort and loyalty. Jaén et al. (2022) and Bahammam (2023) also noted that service efficiency perception, particularly with regards to waiting time, has tremendous influence on patient experience and choice of healthcare provider.

H9: Waiting Time has a negative effect on Revisit Intention

The Relationship between Doctor-Patient Communication and Revisit Intention

Appropriate interaction between physicians and their patients goes beyond ensuring satisfaction; it affects the patients' intention toward seeking additional healthcare services in the future. Muthuswamy and Dilip (2024) indicate that empathy along with clear and responsive communication builds trust and creates an emotional connection with the patients by the providers. Good communication, as emphasized in research by Shahbazpoor et al. (2022), enhances service value perception which positively influences patient retention and loyalty. On the other hand, Steinmair et al. (2022) pointed out that good communication during a consultation contributes positively in the patient's decision to revisit the healthcare setting.

H10: Doctor-Patient Communication has a positive effect on Revisit Intention

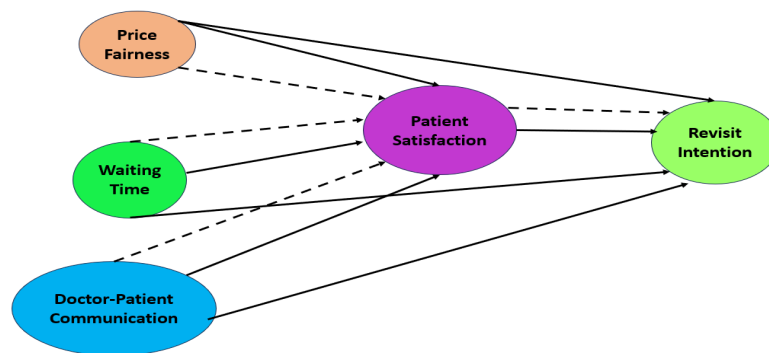


Figure 2. Conceptual Framework of Research Hypothesis

METHOD

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RESULTS AND DISCUSSION

The research included 177 participants who were receiving or expected to receive treatment services at XYZ Primary Clinic. Each participant's gender, age, education level, employment status and income were gathered to obtain the demographic characteristics for the

respondent sample. The following outlines the demographic characteristics of those respondents who took part in the study:

Table 1. Demographic Profile of Respondents

Profile	Description	Total	Percentage
Gender	Male	102	57,6%
	Female	75	42,4%
Ages	15 – 20 years old	13	7,3%
	21 – 30 years old	103	58,2%
	31 – 40 years old	27	15,3%
	41 – 50 years old	7	4,0%
	51 – 60 years old	27	15,3%
Last Education	Senior High School	53	29,9%
	Diploma 3	13	7,3%
	Bachelor Degree 1	98	55,4%
	Bachelor Degree 2	13	7,3%
Jobs	Student	49	27,7%
	Teacher/Lecturer	14	7,9%
	Self-employed	33	18,6%
	Housewife	7	4,0%
	Civil Servant	6	3,4%
	Private Employee	68	38,4%
Income	< IDR 500.000	27	15,3%
	IDR 500.000 – IDR 1.000.000	14	7,9%
	IDR 1.000.000 – IDR 5.000.000	74	41,8%
	IDR 5.000.000 – IDR 10.000.000	62	35,0%

Generically, data indicated in this table illustrates emphatically that the majority of study participants are male, fall within the ascertained age range of 21-30 years, possess a Bachelor’s degree (S1), are employed in the private sector, and their earnings are between one million and five million rupiah.

For this research, the SmartPLS version 3 program was utilized as the primary tool to analyze structural equation modeling with a partial least square (SEM-PLS) approach. The evaluation of the model is done in two steps: the measurement model, outer model which checks validity and reliability of the indicators and constructs, and the structural model, inner model which determines the relationships among the latent variables of the model (Hair et al, 2022). The assessment of the outer model aims to check whether indicators can reflect with psychometric validity and reliability latent measured variables. As for the validity test, it assesses the relevance of the instrument in measuring the intended construct (Hair et al, 2022).

The inner model is used in explaining and predicting the relationships of the latent variables estimated using T-statistic test parameters and bootstrapping methods (Hair et al., 2022). The assessment of inner model also include the evaluation of the model's explanatory power over the dependent variable as a result of changes in the latent constructs and the model's esteem is computed using Stone-Geisser Q-square as acriterion for assessing predictive power

(Hair et al., 2022). The hypothesis tests were performed with SEM-PLS analysis in SmartPLS 3 which also features a graphic design of the model structure within the application.

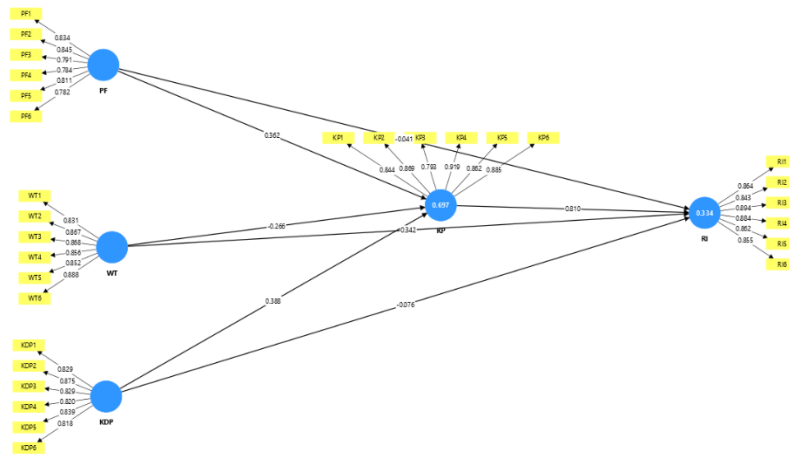


Figure 3. SEM-PLS Model

Outer Loading

Table 2. Outer Loading

Item/ Variabel	Doctor-Patient Communication	Patient Satisfaction	Price Fairness	Revisit Intention	Waiting Time
KDP1	0,829				
KDP2	0,875				
KDP3	0,829				
KDP4	0,820				
KDP5	0,839				
KDP6	0,818				
KP1		0,844			
KP2		0,869			
KP3		0,793			
KP4		0,919			
KP5		0,862			
KP6		0,885			
PF1			0,834		
PF2			0,845		
PF3			0,791		
PF4			0,784		
PF5			0,811		
PF6			0,782		
RI1				0,864	
RI2				0,843	
RI3				0,894	
RI4				0,884	
RI5				0,862	
RI6				0,855	
WT1					0,831
WT2					0,867
WT3					0,868
WT4					0,856
WT5					0,852
WT6					0,888

As observed in this study, most indicators have met the threshold set to be able to function as a representation of the measured variable after measuring the outer loading on each indicator. The operating criterion is the outer loading value which ideally should be greater than 0.7. Consequently, all indicators evaluated are accepted to be valid and pertinent to the subsequent phase of research analysis (Hair et al., 2022).

Construct Reliability

Table 3. Construct Reliability

Variabel	<i>Cronbach's Alpha</i>	<i>Composite Reliability</i>	Results
Price Fairness (PF)	0,894	0,896	Reliable
Waiting Time (WT)	0,930	0,934	Reliable
Doctor-Patient Communication(KDP)	0,913	0,914	Reliable
Patient Satisfaction (KP)	0,931	0,932	Reliable
Revisit Intention (RI)	0,934	0,935	Reliable

From the data on the table, analysis shows that price fairness (PF) has a composite reliability value of 0.919, waiting time (WT) of 0.945, doctor-patient communication (KDP) of 0.933, patient satisfaction (KP) of 0.946, and revisit intention (RI) of 0.948. These findings are indicative of all the variables in this study having a composite reliability value exceeding 0.7. That implies the variables that were utilized in this study are dependable (Hair et al., 2022).

Construct Validity

Table 4. Average Variance Expected (AVE)

Variabel	<i>Average Variance Expected (AVE)</i>	Results
<i>Price fairness</i> (PF)	0,653	Valid
<i>Waiting time</i> (WT)	0,741	Valid
Doctor-Patient Communication (KDP)	0,697	Valid
Patient Satisfaction (KP)	0,745	Valid
Revisit Intention (RI)	0,752	Valid

Based on the table above, each variable's Average Variance Expected (AVE) value is greater than 0.50. This study indicates that all indicators implemented for measuring each variable, price fairness (PF), waiting time (WT), komunikasi dokter dan pasien (KDP), keterpaduan pasien (KP), dan niat kembali (RI) were all found to be valid. That is, convergent validity for each variable in this study has been achieved (Hair et al., 2022).

Discriminant Validity

Tabel 5. Heterotrait-Monotrait Ratio (HTMT)

Variabel	Doctor-Patient Communication (KDP)	Patient Satisfaction (KP)	Price Fairness (PF)	Revisit Intention (RI)	Waiting Time (WT)
KDP					
KP	0,768				

PF	0,566	0,759		
RI	0,327	0,541	0,338	
WT	0,546	0,687	0,540	0,126

Looking at the table above, the Hetrotait-Monotrait ratio for HTMT price fairness (PF), waiting time (WT), komunikasi dokter pasien (KDP), and kepuasan pasien (KP) disregards the bound of <0.85. This shows that each indicator utilized is able to constructively represent the concept it measures even outperforming other constructs. In essence, this study analysis has successfully met the criteria of discriminant validity (Hair et al., 2022).

Inner Model

Multicollinearity Test

Table 6. Variance Inflation Factor (VIF)

Item	VIF
PF → KP	1,514
WT → KP	1,502
KDP → KP	1,533
KP → RI	3,298
PF → RI	1,946
WT → RI	1,736
KDP → RI	2,029

From the table above, it can be determined that in this study, each VIF value for each variable is less than 3 or 5. Thus, it can be concluded that the data which is analyzed does not undergo serious collinearity difficulties. This condition shows that the variables employed in the study will not results in miscalculations in the evaluation of significance outcomes (Hair et al. 2022).

Coefficient of Determinant (R-Square)

Table 7. R-Square

ITEM		R-SQUARE	R-SQUARE ADJUSTED
Patient Satisfaction (KP)		0,697	0,691
Revisit Intention (RI)		0,334	0,319

The above table shows that the R-square value for patient satisfaction denoted by KP is 0.697. This means that price fairness PF, waiting time WT and doctor-patient communication KDP have the joint capacity to explain patient satisfaction KP by 69.7%. This percentage implies that patient satisfaction KP is considered high (Hair et al., 2022).

The R-square value for revisit intention RI, is 0.334. This means that patient satisfaction KP explains 33.4% of variations in revisit intention RI. This percentage implies that the model explaining revisit intention RI falls in the moderate category (Hair et al. 2022).

Effect Size (f-square)

Table 8. f-square

Variabel	f-square
PF → KP	0,285
WT → KP	0,155
KDP → KP	0,323

KP → RI	0,299
PF → RI	0,001
WT → RI	0,102
KDP → RI	0,004

The table can be interpreted in the following manner:

1. The f-square value for the pathway from price fairness (PF) to patient satisfaction (KP) is 0.285. This suggests that the price fairness (PF) factor exerts a moderate influence on the changes or increase in the R-square value of patient satisfaction (KP).
2. The f-square value for the pathway from waiting time (WT) to patient satisfaction (KP) is 0.155. This suggests that the waiting time (WT) factor exerts a moderate influence on the changes or increase in the R-square value of patient satisfaction (KP).
3. The f-square value for the pathway from doctor-patient communication (KDP) to patient satisfaction (KP) is 0.323. This suggests that the doctor-patient communication (KDP) factor exerts a moderate influence on the changes or increase in the R-square value of patient satisfaction (KP).
4. The f-square value for the pathway from patient satisfaction (KP) to revisit intention (RI) is 0.299. This suggests that the patient satisfaction (KP) factor exerts a moderate influence on the changes or increase in the R-square value of revisit intention (RI).
5. The f-square value for the pathway from price fairness (PF) to revisit intention (RI) is 0.001. This evidences that the price fairness (PF) variable does not assist with a small or weak level of influence to the incremental values of the R-square value of revisit intention (RI).
6. The f-square value for the pathway from waiting time (WT) to revisit intention (RI) is 0.102. This evidences that the waiting time (WT) variable does not assist with a small or weak level of influence to the incremental values of the R-square value of revisit intention (RI).
7. The f-square value for the pathway from doctor-patient communication (KDP) to revisit intention (RI) is 0.004. This evidences that doctor-patient communication (KDP) variable does not assist with a small or weak level of influence to the incremental values of the R-square value of revisit intention (RI).

Predictive Relevance (Q-Square)

Table 9. Q²-predict

Variabel	Q² Predict
Kepuasan Pasien (KP)	0,680
Revisit Intention (RI)	0,105

From the Q-square value displayed above, it can be seen that the Q-square result for Key Performance Indicator (KP) totals 0.680 which showcases remarkable predictive ability while considering factors predictive for patient satisfaction. This signifies that other factors such as price fairness (PF), waiting time (WT), and doctor-patient communication (KDP) proficiently explain and predict patient satisfaction KP, as KP has a good predictive power. Similarly, in the pandemic scenario, the Q-square value for the revisit intention (RI) yields approximately 0.105 which denotes weak predictive value. Thus, the model’s prediction ability towards the patient satisfaction variable (KP) was found to be effective for both explanation and prediction while the RI variable remains underdeveloped.

Cross Validated Predictive Ability Test (CVPAT)

Table 10. Cross Validated Predictive Ability Test (CVPAT)

Variabel	PLS-SEM vs Indicator Average (IA)				PLS-SEM vs Linear Model (LM)			
	PLS loss	IA loss	Average loss difference	p value	PLS loss	LM loss	Average loss difference	p value
Patient Satisfaction (KP)	1,450	2,948	-1,498	0,000	1,450	1,644	-0,194	0,000
Revisit Intention (RI)	2,743	2,974	-0,231	0,079	2,743	3,123	-0,380	0,000
Overall	2,097	2,961	-0,864	0,000	2,097	2,383	-0,287	0,000

The results support the claim that the SEM-PLS model has high scoring predictive validity for the patient satisfaction (KP) construct. For the revisit intention (RI) construct, SEM-PLS outperforms LM, hence the need for more data evaluation and model testing. This suggests that the SEM-PLS model is trustworthy for predictions and data driven decisions (Hair et al., 2022).

Hypothesis Test

Table 11. Hypothesis Test

Item	Path Coefficient	T statistics	P values	Direction of relationship	Description
PF → KP	0,362	5,986	0,000	Positive	H1 Accepted
WT → KP	-0,266	5,209	0,000	Negative	H2 Accepted
KDP → KP	0,388	6,466	0,000	Positive	H3 Accepted
KP → RI	0,810	9,102	0,000	Positive	H4 Accepted
PF → KP → RI	0,293	5,079	0,000	Positive	H5 Accepted
WT → KP → RI	-0,215	4,173	0,000	Negative	H6 Accepted
KDP → KP → RI	0,314	5,244	0,000	Positive	H7 Accepted
PF → RI	-0,041	0,522	0,301	Negative	H8 Rejected
WT → RI	-0,342	4,261	0,000	Negative	H9 Accepted
KDP → RI	-0,076	0,994	0,160	Negative	H10 Rejected

The table above can be interpreted as follows:

1. The data indicates constructive relationship between price fairness (PF) and patient satisfaction (KP) with a path coefficient equaling to 0.362. The T-statistic value is 5.986 which is greater than 1.645 and p-value is less than 0.05, thus H1 is accepted. The implies that PF positively influences KP.
2. On the other hand, WT negatively influences KP, as shown by the -0.266 path coefficient. As already noted, T-statistic is 5.209 which is greater than 1.645 and the p-value remains below the 0.05 threshold. Hence, H2 is accepted. WT negatively influences KP.
3. Communication between the doctor and patient (KDP) positively influences patient satisfaction (KP), which is evidenced by the path coefficient of 0.388. T-statistic 6.466

remains higher than 1.645 while p-value consistently remains under 0.05 and therefore H3 is accepted. KDP positively influences KP.

4. It can also be noted that patient satisfaction (KP) positively affects the intention to revisit intention (RI) with the path coefficient being 0,810. The T-statistic results also indicate that KP positively influences RI as the values are 9.102 which is definitely over 1.645 and the p-value is less than 0,05, so H4 is accepted.
5. Price fairness (PF) increases revisit intention (RI) directly, but only after the mediation of patient satisfaction (KP) with a path coefficient of 0.293. since T-statistic 5.079 > 1.645 and p-value less than 0.05, this hypothesis is accepted. PF does affect indirectly through KP.
6. Waiting time (WT) negatively impacts revisit intention (RI) indirectly through patient satisfaction (KP), with a path coefficient of -0.215. The results showed T-statistic 4.173 > 1.645 and p-value less than 0.05 holds true leading to rejecting the sixth hypothesis. WT affects RI indirectly through KP, thus having a negative influence on it.
7. Doctor-patient communication (KDP) positively affects revisit intention (RI) through mediation of patient satisfaction (KP) with a path coefficient of 0.314. Results showed T-statistic 5.244 > 1.645 and p-value less than 0.05, so H7 is accepted. KDP impacts RI through KP.
8. Price fairness (PF) and revisit intention (RI) demonstrate a negative relationship with PF's influence on RI being direct and diminutive while bearing a path coefficient of -0.041. H8 is rejected. PF does not influence RI positively in a direct manner.
9. Waiting time (WT) poses a strong negative impact on revisit intention (PF) of patients with a path coefficient of 0.342. Since T-statistic 4.261 is greater than 1.645 and p-value is lesser than 0.05, thus it can concluded that WT negatively impacts RI. Therefore, H9 is accepted. WT has a strong negative impact on RI.
10. With T-statistic 0.999 which is less than 1.645 further proving the p-value of 0.160 is greater than 0.05 allows H10 to be rejected causing KDP to have relation with RI thus proving KDP has no direct positive impact on RI. KDP has no direct affirmative effect in RI.

Importance-Performance Map Analysis (IPMA)

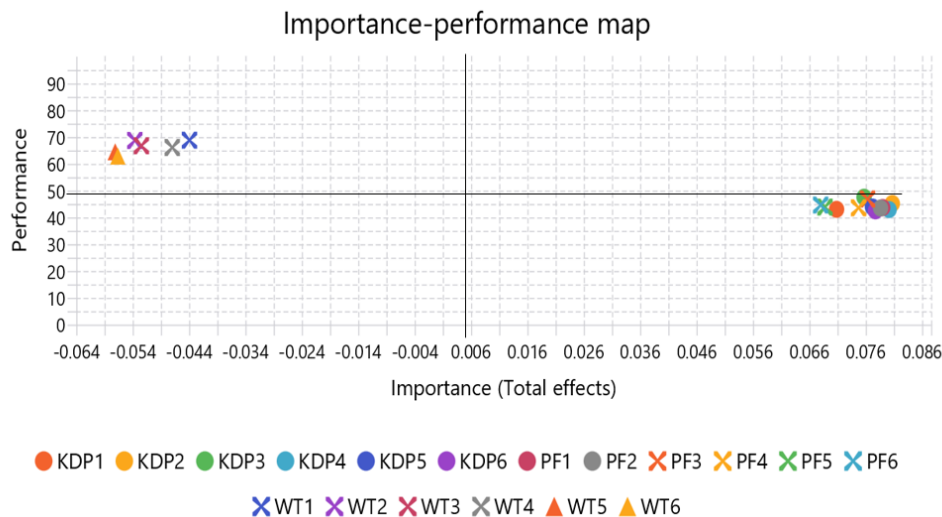


Figure 4. IPMA of Patient Satisfaction Variable Indicators

Conducting an importance-performance map analysis (IPMA) on patient satisfaction (KP) constructs Kap; produces a clear picture of what factors impact patient satisfaction the most and how well each indicator is performing. In this instance, the KP construct value falls sharply lacking in built KP is low in the IP add value, which means the focus should be on improving variables that are useful. In addition, based on the IPMA data process results, the prioritization of enhancements is directed to constructs deemed significant but low-performing,

including KDP2 with an importance value of 0.081 and performance value of 45.198, KDP4 with importance of 0.081 and performance value of 42.938, PF1 with 0.079 importance and 43.691 performance, and PF2 with 0.082 importance and 43.503 performance. These results show that these specific variables are quite critical to the patient satisfaction construct (KP) but need to be further improved upon.

On the other hand, the waiting time construct (WT) also performs well, but its importance sits at a low or even negative value. In other words, patients find their waiting time (WT) satisfactory, meaning it does not negatively impact overall patient satisfaction (KP). Equally low importance and performance were PF5 (importance value of 0.069; performance value of 43.879), PF6 (importance value of 0.068; performance value of 44.633), KDP1 (importance value of 0.071; performance value of 43.032), KDP3 (importance value of 0.076; performance value of 47.552). This suggests that these variables have a marginal impact and low performance (improvable, but not prioritized).

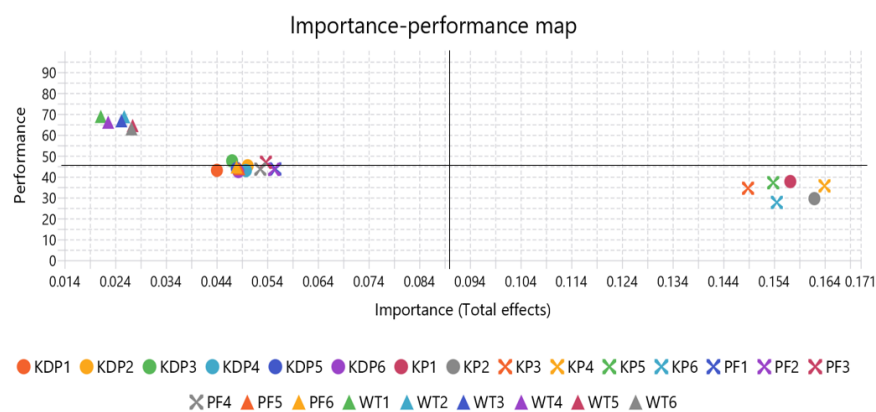


Figure 5. IPMA of Revisit Intention Variable Indicators

Key performance indicators from the analysis of patient satisfaction KP impact KP the most concerning revisit intention RI, with KP4 importance value of 0.164; performance value of 34.593, KP2 importance value 0.162; performance value 29.492 and KP1 importance value 0.157; with performance value of 37.665 as the highest indicators that despite performing poorly, have high importance value. However, it can be interpreted that these factors have a great impact on patient revisit intention RI which illustrates that implementation in the field has not been satisfactory and requires further enhancement for service quality to be improved. The KP6 variable, with performance value of 27.684, has the weakest performance among all variables and therefore, is more viable for sharp focus. In general terms all KP indicators are positioned in the strategic quadrant – patient satisfaction KP being low performing but highly relevant therefore valuable to clinic service enhancement.

The results of the analysis regarding price fairness (PF) showed a moderate level of importance, around 0.048 to 0.055, with good performance, over 43, in the following variables: PF1 (importance value of 0.055; performance value of 43.691), PF2 (importance value of 0.055; performance value of 43.503), PF3 (importance value of 0.053; performance value 46.893). This implies that patients’ perceptions of price fairness are quite positive, yet this factor does not significantly influence their intention to revisit (RI). Thus, although price fairness is far from being a central focus of intervention, it should nonetheless be addressed within the framework of ensuring that patients' perceptions do not deteriorate.

The results of the analysis on waiting time (WT) construct indicates that all of the variables WT1 (importance value: -0.022; performance: 68.832), WT2 (-0.027; 68.738), WT3 (-0.027; 66.761), WT4 (-0.024; 66.102), WT5 (-0.029; 64.501), and WT6 (-0.029; 62.900) have

high performance and negative importance values. This indicates that the current waiting time (WT) is optimal in satisfying patients and does not, significantly influence their intention to revisit (RI).

The results of the analysis on the construct of doctor-patient communication (KDP) show noteworthy results that must be addressed. KDP2 (importance value of 0.050; performance value of 45.198), KDP3 (0.047; 47.552), and KDP1 (0.044; 43.032) have notable contributions toward revisit intention (RI), but still underperform relative to expectations.

Discussion

As per the findings of this analysis, price fairness significantly impacts patient satisfaction positively; however, it does not have a direct effect on revisit intention. Price fairness alone would not determine the intention to revisit; rather, it would need patient satisfaction as a conduit, showing that satisfaction would need to precede the intention. Price fairness quotes PF3 and PF5 are cited as the strongest contributors to price fairness perception and, in turn, reinforce the KP1 and KP5 satisfaction indicators. This corroborates with Wiguna et al.(2023) and Sumardika et al. (2024), whose works emphasize that price fairness contributes to satisfaction but also highlights the deeper impact of loyalty and return intentions.

Our findings indicate that waiting time has a direct negative impact on both patient satisfaction and the likelihood of a patient returning to the facility. Specifically, patients with longer waiting times expressed significantly lower satisfaction scores on return visit intention indicators RI2 and RI6. This aligns with earlier findings by Rifa & Bernarto (2023) and Wijayanti et al. (2023) that suggested faster service increases patient satisfaction, thereby enhancing the likelihood of returning to the facility.

Contrary to expectations, communication between doctors and patients did not directly influence revisit intention. Instead, communication impacted satisfaction, which then influenced return intention. Fulfilling these communication elements KDP3 and KDP5 bolster patient comfort and trust. Importance-Performance Map Analysis (IPMA) showed communication to have high importance but only moderate performance; thus, this area requires focus to enhance overall service quality. This supports Mehra and Mishra (2021) and Park et al. (2021), who reported that doctor communication quality significantly affects patient loyalty through their satisfaction with the services received.

CONCLUSION

This study found that among the factors of price fairness, waiting time, and doctor-patient communication, patient satisfaction is the most significant mediating factor influencing revisit intention at XYZ Primary Clinic. While price fairness and doctor-patient communication were shown to positively influence satisfaction, they did not have a direct impact on revisit intention. On the other hand, service efficiency was found to negatively affect both satisfaction and revisit intention, making it a concerning issue for clinic management. The IPMA analysis revealed that doctor-patient communication is of high importance but low performance, suggesting it should be a strategic priority in efforts to improve service quality.

The study's findings come with several limitations. First, the scope was limited to a single private clinic in Bandung, which restricts the generalizability of the results to other clinics or health service settings. Second, the sample consisted only of general walk-in patients and excluded BPJS (national insurance) patients who may hold different service expectations, as noted by Zulkarnain and Bernarto (2024). Third, the research employed a purely quantitative approach using closed-ended questions, lacking deeper qualitative insights into patient experiences. Fourth, the cross-sectional nature of the study prevents the observation of changes over time, reducing the ability to confirm causal relationships between variables. Future research using longitudinal designs and mixed methods is recommended to enhance the reliability and depth of findings.

From a managerial perspective, XYZ Primary Clinic is advised to focus on improving the quality of doctor-patient communication, given its high importance and low performance in the IPMA results. Strategic efforts may include training medical staff in empathetic communication, allocating sufficient consultation time, and implementing communication-focused standard operating procedures that emphasize patient education and empathy. In addition, transparency regarding service fees must be strengthened to support patients' perception of price fairness, which in turn can indirectly boost their willingness to return. Although current performance in terms of waiting time is satisfactory, attention should shift to more impactful areas such as communication and pricing transparency. These efforts are expected to improve overall patient satisfaction and loyalty in the long term.

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