The Influenced Factor of Revisits Patient Intention to The Executive Polyclinic Hospital

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The executive polyclinic is one of the health services options available in hospitals, where the trend of visits tends to increase at this time, both prior visits and new visits. The determinants that influence the visit have not been extensively studied empirically. The purpose of this study is to look at the impact of service quality and marketing mix parameters on the frequency of patient return visits, as mediated by patient satisfaction, at Hermina Ciruas Hospital's Executive Polyclinic. This study used a cross-sectional strategy with 201 respondents who were frequent visitors to the Executive Polyclinic of Hermina Ciruas Hospital. The independent variables in this study are reliability, tangibility, responsiveness, assurance, empathy, customer needs, cost, convenience, and communication. Patient satisfaction is the intervening variable. Meanwhile, the intention to return patient is the dependent variable. Path analysis is a type of data analysis. The customer needs factor (b=0.226; p=0.006) has a direct impact on patient satisfaction with the Executive Polyclinic's services. The patient's intention to return to the Executive Polyclinic was influenced by the assurance factor (b=-0.077; p=0.009), tangibility (b=0.257; p=0.027), cost (b=0.043; p=0.042), convenience (b=0.075; p=0.002), and patient satisfaction (b=0.232; p=0.012). The most important aspect influencing the patient's decision to return to the Executive Polyclinic is tangibility. Hospitals must concentrate on maintaining and improving physical facilities in order to maintain the desire for recurrent patient visits.

Keywords: Executive Polyclinic, Marketing Mix, Revisit Intention, Service Quality.

1. INTRODUCTION

Hospitals as one of the health-care providers, have a responsibility to continually give the best services to the community [1]. In order to survive and thrive, hospitals must pay attention to the effectiveness and efficiency of their services, as well as quality and patient safety. In addition, in order to accommodate the financing of health services, the hospital (especially in Indonesia) has implemented an integrated system with the Badan *Penyelenggara Jaminan Sosial* (BPJS) Health. However, due to a variety of BPJS issues, including as late payments (claims) and an overabundance of BPJS patients, providing high-risk services is not optimal [2]. Hospitals, especially private hospitals are struggling to balance money (income), so many of them establish executive polyclinics with the notion of one-stop service to help financially and improve services [3, 4]. The executive poly is a poly that serves patients who are not -

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BPJS Health patients. This indicates that the payment is confidential or is protected by private insurance or company guarantees. Several hospital reports in Indonesia point to an increase in patient visits to executive polyclinics [5, 6]. The factors that cause these patients to receive healthcare at the executive polyclinic must be understood in order for hospital administration to retain or improve their facilities and services [7]. However, the factors that influence patient visits to the executive poly haven't been thoroughly explained empirically. According to statistical data, the number of hospitals in Indonesia is increasing every year. In addition, the data from the Ministry of Health of the Republic of Indonesia [8], the average number of hospitals increased by roughly 5.2% over the last 6 (six) years, from 2012 to April 2018. From this increase, the highest growth was dominated by profit-oriented/private hospitals which reached 17.3%, while public hospitals were only 7.7%. There is a valid cause for the increase. According to the study, increasing

demand for health services (hospitals) could be related to an increase in the number of developing diseases, increasing disposable income, and increasing public awareness of the value of health [9, 10]. In fact, according to another study, people who request health services don't just want ordinary services; they want quality services with high comfort, one of which is not having to wait in line, which can be accommodated by the presence of the executive poly [11, 12]. Although there is no definitive statistics on the number of public requests for executive poly in hospitals, the availability of poly in hospitals is not exclusively driven by financial considerations, but also by a desire to satisfy community needs. Because hospitals that open executive polyclinics normally do a preliminary analysis of community need [13].

Patient visits in a hospital polyclinic can be analyzed using an analytical approach to service quality and the Marketing Mix Model. Service quality can be assessed through the Service Quality dimension developed by Parasuraman, Zeithaml, & Berry [14]. The Service Quality dimension consists of 5 (five) main aspects, namely: 1) reliability; 2) responsiveness; 3) assurance; 4) tangibility such as adequate infrastructure; and 5) empathy given by service providers [15]. Meanwhile, marketing aspects can be evaluated from the patient's perspective with the following factors, according to Lauterborn [16] marketing theory (marketing mix model 4C): 1) conformity to the patient's needs and expectations; 2) costs to be incurred by the patient; 3) affordability and comfort of patients to hospital services; and 4) intensive communication is carried out [17]. In this study, researchers will use the nine aspects mentioned above (5 aspects of service quality and 4 aspects of the marketing mix) as independent variables to assess the direct and indirect effects of patient satisfaction on the plans to revisit for more appointments.

Based on previous study, these aspects can be evaluated for their impact on a customer's plans to revisit and satisfaction. Shafiq, Naeem, and Munawar [18] found that assessing five (five) factors of service quality on patient guarantees was able to close a gap. Because the hospital can fix problems related to the patient by assessing the 5 (five) dimensions. In the case of empathy, the patient feels the acceptance of the hospital's sincere and exceptional (special) attention. As a result, patients feel more important and valued [19]. In this study is important because it may be used to analyze and identify the characteristics and motivations of visiting patients. The result of this study can be used to map existing problems in the Executive Polyclinic and serve as an indicator of improvement. Management should concentrate on improving the physical facility while also being able to recognize other factors that may affect patient visits. Because the quantity of patients and

revenue will be probably decrease. Establishing an executive polyclinic has several goals, one of it is to boost hospital revenue so that it can continue to provide adequate services. As a result, it becomes urgent to carry out this research. According to research, this type of study has never been done previously in an executive polyclinic context.

2. METHODOLOGY

A. Variables, Design, and Analysis
This study has a cross-sectional design and is a sort of causality study. The purpose of this study was to discover the factors that influence patients' intentions to revisit to the Executive Polyclinic of Hermina Ciruas Hospital. Reliability, tangibility, responsiveness, assurance, empathy, customer needs, cost, convenience, and communication are the independent variables (exogenous) in this study. Patient satisfaction is the intervening variable. Meanwhile, the intention to visit to the patient is the dependent variable (endogenous). The researchers used a path analysis model because there were intervening variables.

B. Population and Sample
All patients who were revisits at the Executive Polyclinic of Hermina Ciruas Hospital with complete data from January to May 2020 were included in this study, totaling 932 individuals. The researchers calculated the number of samples using the Hair formula, resulting in a minimum of 120 samples that might be extended to 240 samples for this research. Patients with the status of revisit at least two times were chosen, as were patients who could be easily contacted by researchers, had no neurological health problems, and could read, write, and use technology well.

C. Research Instruments
The instrument in this study used a questionnaire adapted from Al-Damen [20] and Angelova & Zekiri [21]. The questionnaire has been tested for validity and reliability. All question items in the questionnaire are declared valid because r count is greater than r table (0.1384). Then, the questionnaire is also reliable with the results of Cronbach's Alpha of 0.972 which is worth more than 0.6.

3. RESULT AND DISCUSSON
The results of this study indicate that 81% of respondents have a university education background, while only 0.5% are not in school and have graduated from kindergarten. The maximum age for filling out this respondent is 66 years old and the smallest age for filling out this respondent is 20 years (see Table I).

Table I. Characteristics of respondents

Variable	N	%
Education		
Not Educated	1	0.5%
Kindergarten	1	0.5%
Elementary School	4	2%
Junior High school	2	1%
High school	30	15%
University	163	81%
Total	**201**	**100%**
Age		
20-35	145	72%
36-55	53	26.5%
>55	3	1.5%
Total	**201**	**100%**

Evaluation of the measurement model is carried out before testing between latent variables with structural models to verify indicators and latent variables can be tested further. In Figure 1, the reliability indicator value is obtained which shows how much the indicator variance can be explained by the latent variable. Indicator reliability, an indicator must be eliminated if the value less than 0.4 on loading (λ) value (see Figure 1).
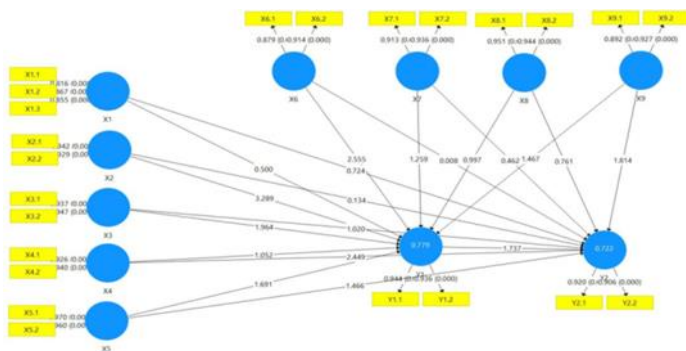

Figure 1. Research modeling

Based on Figure 1, all indicators have a reliability indicator value of more than 0.4 so that the model used and its indicators are reliable. Overall, the indicators used to measure each latent variable in the model are quite optimal. The next criteria are composite reliability and convergent validity (AVE) which can be seen in table 2 which is used to measure or evaluate the model from the outer model (see Table II).

Table II. Composite reliability and AVE results

Variable	Composite Reliability	AVE
Reliability (X1)	0,883	0,716
Responsiveness (X2)	0,933	0,875
Guarantee (X3)	0,941	0,888
Tangibility (X4)	0,931	0,870
Empathy (X5)	0,964	0,931
Customer Needs (X6)	0,892	0,804
Cost (X7)	0,922	0,854
Convenience (X8)	0,946	0,898
Communication (X9)	0,906	0,828
Kepuasan Pasien (Y1)	0,938	0,883
Revisit Intention (Y2)	0,909	0,834

Based on the value of composite reliability presented, it was found that the 5 latent variables had CR values above 0.6. This means that the indicators used are able to measure each latent variable (construct) well or it can be said that all measurement models are reliable. The AVE value shown in the table shows that all latent variables have an AVE value above the minimum criteria, namely 0.5 so that it can be said that the criteria for convergent validity have been met. Furthermore, the correlation value will be compared with the AVE root value. The following is the result of the comparison of the AVE root value and the correlation value (see Table III).

Table III. Comparison of AVE root square values and correlation values

Variable	AVE Root Square	Discriminant Validity
Reliability (X1)	0.846	0,716
Responsiveness (X2)	0.935	0,875
Guarantee (X3)	0.942	0,888
Tangibility (X4)	0.933	0,870
Empathy (X5)	0.965	0,931
Customer Needs (X6)	0.897	0,804
Cost (X7)	0.924	0,854
Convenience (X8)	0.948	0,898
Communication (X9)	0.910	0,828
Kepuasan Pasien (Y1)	0.940	0,883
Revisit Intention (Y2)	0.913	0,834

Then in table 4 it can be seen the results of the path coefficients and t-statistical values obtained by the bootstrapping process as much as 3000 times. The influencing variable is a variable that has a significance value (p-value) which is less than a significant level of 0.05 and has a t-count value of more than 1.96. Based on table 4, it can be seen that the variables that significantly affect the intention to revisit are the convenience variable (X8) which directly affects 0.075 or 7.5% the intention to revisit, then the cost variable (X7) which affects the intention of revisits is 0.043 or equal to 4.3% then the guarantee variable (X3) which affects the visitation intention by -0.07 or it can be said that the guarantee variable that continues to increase will reduce the repeat visit intention by 7%, the patient satisfaction variable (Y1) which directly affects the repeat visit intention by 0.232 or 23.2%, and the variable tangibility (X4) which affects visit intention is 0.257 or 25.7%. While the variable that has a significant effect on Y1 (visitor satisfaction) is the customer needs variable (X6) which has an influence of 0.226 or 22.6% on visitor satisfaction. While the variable Y1 (visitor satisfaction) which is a mediating variable has no effect on the variable Intention of patient repeat visits. This is caused by the p-value which is more than the value of the significance level (see Table IV).

Table IV. Path coefficient and t-statistic value

	Original Sample	T Statistics	P Values
Communication (X9) -> Revisit Intention (Y2)	0.214	0.500	0.617
Communication (X9) -> Patient Satisfaction (Y1)	0.176	0.638	0.523
Convenience (X8) -> Revisit Intention (Y2)	0.075	3.114	0.002
Convenience (X8) -> Patient Satisfaction (Y1)	0.086	0.666	0.506
Cost (X7) -> Revisit Intention (Y2)	0.043	2.039	0.042
Cost (X7) -> Patient Satisfaction (Y1)	0.079	1.576	0.115
Costumer Needs (X6) -> Revisit Intention (Y2)	0.001	1.094	0.274
Costumer Needs (X6) -> Patient Satisfaction (Y1)	0.226	2.756	0.006
Empathy (X5) -> Revisit Intention (Y2)	0.161	1.684	0.093
Empathy (X5) -> Patient Satisfaction (Y1)	0.177	1.788	0.074
Guarantee (X3) -> Revisit Intention (Y2)	-0.077	2.620	0.009
Guarantee (X3) -> Patient Satisfaction (Y1)	-0.187	0.518	0.605
Patient Satisfaction (Y1)-> Revisit Intention (Y2)	0.232	2.213	0.012
Reliability (X1) -> Revisit Intention (Y2)	0.060	0.676	0.499
Reliability (X1) -> Patient Satisfaction (Y1)	-0.036	1.000	0.318
Responsiveness (X2) -> Revisit Intention (Y2)	-0.015	0.989	0.323
Responsiveness (X2) -> Patient Satisfaction (Y1)	0.344	1.577	0.115
Tangibility (X4) -> Revisit Intention (Y2)	0.257	2.208	0.027
Tangibility (X4) -> Patient Satisfaction (Y1)	0.112	1.814	0.070

A. At the Executive Polyclinic, the influence of service quality factors and marketing mix on the intention of revisits patient is mediated by patient satisfaction.

The results of this study show that factors such as service quality and marketing mix have little bearing on patient satisfaction-mediated revisit intentions. According to another hypothesis, patient satisfaction and the intention to return to the Executive Polyclinic are influenced by a number of factors in service quality and marketing mix. Patient satisfaction, on the other hand, has no influence as an intervening variable. The findings of this study differ from those of Wandebori & Pidada [22] and Cibro & Hudrasyah [23], who found that marketing mix factors and service quality, such as reliability, assurance, and empathy, can influence patients' intentions to return to a hospital, with patient satisfaction mediating the effect. That is, patient satisfaction, which may be reflected by service activities in the hospital such as the doctor's punctuality, feelings of trust in officers, and a high sense of caring for the officers, can make patients feel satisfied,

which can then increase the plans to revisit in the future (the higher the level of satisfaction, the higher the intention to revisit). This study shows that patient satisfaction with the service does not always directly strengthen the patient's intention or intention to revisit in the future, and that the intention to repeat patient visits that arise is not always preceded by a sense of satisfaction with the service, but can be mediated by other factors. For example, the service quality factor is perceived as lacking, resulting in lower patient satisfaction. However, because the patient did not want to waste time seeking for alternative health care options, he chose to stay at the Executive Polyclinic for treatment. Furthermore, patients may be satisfied with the Executive Polyclinic because of the perceived quality of care and a good marketing mix, but this satisfaction does not indicate that they wish to return. Perhaps the person already has alternative options, such as going to a primary health facility for treatment before going to the Hospital Executive Polyclinic.

B. Patient satisfaction is influenced by service quality factors.

Patient satisfaction at the Executive Polyclinic is unaffected by any factor of service quality (reliability, tangibility, assurance, empathy, and responsiveness). This research differs from those of Almsalam [24] and Pakurar et al. [25], who found a positive relationship between customer satisfaction and perceptions of service quality. The findings of this study, however, are consistent with Berkowitz's [26] findings, which show that the quality of service provided to a patient may not be sufficient to satisfy that patient. Furthermore, Adinegara et al. [27] and Wahyuningsih [28] found that there are other factors, such as the fulfillment of personal/perceived value, that might influence customer satisfaction more than service quality. Personal value is a belief in or adherence to a personal value or principle that usually influences decisions and daily life. It is possible that the hospital, as a service provider, has tried to provide services as efficiently as possible, but that this does not always match to the patient's values or principles. In fact, according to a study by Mbango [29], a company must ensure that its customers have their own 'value' perception of the services they have received in order to maintain a constant feeling of satisfaction. Besides that, health care team at the Executive Polyclinic may have been responsive and fast in serving patients (responsiveness), giving good attention (empathy), providing complete and comfortable facilities (tangibility), and the doctor is always on time in meeting the schedule (reliability), but this is not always what patients want in the health care process. Patients may just want to be oriented toward achieving their demands, which have previously been difficult to meet in other health care facilities. Patients

363

have had good experiences with quality services in other hospitals, for example. Other factors, such as the inadequacy of other hospitals to fulfill his health perception desires (e.g., doctors are overly focused on pharmaceutical treatments and neglect the psychological assistance that patients seek), need to be investigated in this study. The patient views the officer's application of normative matters in the aspects of responsiveness, empathy, assurance, tangibility, and reliability as a duty and standard that must be met. This means that the patient satisfaction paradigm and criteria must be considered more thoroughly, rather than focusing solely on service quality factors (service quality is a mandatory thing, not an attribute that determines absolute patient satisfaction).

C. The influence of marketing mix factors on patient satisfaction with the services of the Executive Polyclinic.
Customer needs are the main aspect of the marketing mix that has an influence on patient satisfaction. The findings of this study agree with those of Oladipo [30], who found that how patients or the general public use health facilities is mostly determined by the level and suitability of their needs. That is to say, meeting the needs of patients can be a top priority. However, not all health-care facilities are fully aware of what patient needs include. The Executive Polyclinic's facilities and service quality may be adequate. However, providing services that are suited to the needs of the patient has a significant impact on patient satisfaction. Even when it comes to the selling principle, people prefer to buy what they need rather than waste money on items they don't need. Because the patient is not in a life-threatening situation, he does not require medicine, therapy, or X treatment. As a result, the patient will be upset if he or she is required to do these things. Another example can be found in Mohammed et al. [31] research. Because many patients who use long-term medicines become psychologically burdened, health care providers must review the patient's need for medication in detail. This means that in health-care services, patients' needs must be considered. Medication may still be needed, but the patient's needs for other types of health services should be evaluated.

D. The influence of service quality factors on the patients' intentions to revisit to the Executive Polyclinic.
Assurance and tangibility are two service quality factors that influence a patient's decision to return to the Executive Polyclinic. This is in line with a study conducted by Ismail & Yunan [32], which found that when a person receives excellent service quality, one of which is in the area of guarantee and tangibility, that person decides to return to the service. A patient in the service process requires the guarantee that he will be alright during the checkup process because he trusts the ability and reliability of the health worker who checks

him (will not injure him). When a patient is comfortable with all of the procedures that are followed during treatment at the Executive Polyclinic, he will have to revisit because of the positive impression he has received. The patient's intention to return visits is also affected by tangibility aspects such as the feasibility and completeness of physical facilities and infrastructure. Patients or customers today, no matter where they are, desire comfort when receiving services. This is because regular services at non-executive polyclinics that are located in the same building as BPJS patients are frequently deemed insufficient, causing patients to wait for hours to see a doctor.

E. Effects of marketing mix factors on patients' intentions to revisit to the Executive Polyclinic.
Cost and Convenience are two marketing mix factors that influence the intention of revisiting to the Executive Polyclinic. The findings of this study corroborate those of Azhar et al. [33], who found that the marketing mix (which includes prices and accessibility to location affordability) can influence consumer loyalty in revisits. In terms of cost, consumers in general seek inexpensive health-care costs while still receiving high-quality care [34]. Kamimura et al. [35] conducted research on low-cost health care, finding that patients are unsatisfied with their experiences due to long wait times and treatment quality that falls short of expectations. This indicates how vital it is to comprehend the concepts of pricing and quality [36]. Executive polyclinic services are significantly more expensive than those provided by other types of polyclinics. It is only accessible to a select few. However, the community's perspective, which currently tends to seek the greatest, most comfortable, and highest-quality service through the Executive Poly, also must be highlighted (especially the data at Hermina Ciruas Hospital shows an increase in executive poly patients in the last 3 months). This research supports the findings of Sia et al. [37], who found that a patient's level of comfort and affordability with regard to hospital services can influence their desire to revisits. When someone wants to control their diseases or just seek treatment, they want it to be easy to find and affordable. Consumer needs and communication are another aspect of marketing mix that has no bearing on the likelihood of revisits. These findings differ from those of Pour et al. [38], who claim that the marketing mix, which includes sales targeted to community needs as well as effective promotion and communication strategies, can stimulate customer interest. The lack of influence on these variables implies that the Executive Polyclinic patients are resistant to the hospital's promotion and extensive communication. Patients will revisit when a number of criteria have been met, including reasonable costs and convenient locations.
F. The effect of patient satisfaction on patients' intentions

to revisit to the Executive Polyclinic.

Patient satisfaction has an impact on the probability of patients returning for more visits. According to a study conducted by Soleimani & Einolahzadeh [39], the more satisfied a customer is, the more likely he is to return to a service. In addition, the findings of this study were bolstered by Azhari et al. [40], who explain that when a patient is satisfied with the hospital's services, the patient's loyalty to the hospital increases, including the patient's intention to return in the future. Patient satisfaction is extremely important to product providers in order for customers (in this case, executive polyclinic patients) to be satisfied. The patient satisfaction that occurs in the Executive Polyclinic of Hermina Ciruas Hospital is mainly due to the customer needs element. Patients are satisfied since they are catered to their specific requirements. When a patient is satisfied with the services they have received, their perceptions and feelings are flooded with positive and pleasant experiences. Then, as a result of this pleasant experience, a person's desire to visit again.

4. CONCLUSIONS

Price, affordability, certainty, and tangibility are factors that impact a patient's decision to return to the executive polyclinic. Furthermore, hospitals with an Executive Polyclinic must pay particular attention to each patient's wants (consumer needs), as this component has a significant impact on patient satisfaction. Patients are, for example, only referred to be evaluated based on their complaints and preferences, and they are not prescribed drugs that are unrelated to their medical issues. Then, because these two elements affect the intention of repeat visits, hospitals must constantly maintain prices that are directly proportional to the quality supplied (expensive) and provide comfortable and suitable infrastructure for patients (tangible). The hospital's management needs to improve resources and facilities connected to the Executive Polyclinic's services. Finally, current hospital administration must recognize that patients often believe that normative aspects such as responsiveness and empathy are acceptable, resulting in higher patient satisfaction expectations, particularly in large cities.

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