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Antecedents of Patients' Revisit Intention at Siloam Hospitals Kebon Jeruks

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Abstract: This study aims to analyze the factors influencing patient revisit intention at RS Siloam Hospitals Kebon Jeruk, focusing on service quality, additional factors, hospital physical environment, and trust, and their impact on patient satisfaction and revisit intention. The research was conducted using survey data from 160 outpatient patients, analyzed using the Partial Least Squares - Structural Equation Modeling (PLS-SEM) method. The results indicate that service quality factors, including reliability, responsiveness, and empathy, significantly affect patient satisfaction. Additionally, hospital physical environment and trust also positively contribute to patient satisfaction. Patient satisfaction, in turn, significantly influences patient revisit intention. The Importance-Performance Matrix Analysis (IPMA) identified that Trust and Hospital Physical Environment, though highly important, have relatively low performance and require more attention. Conversely, patient satisfaction is at a good level and should be maintained. These findings provide managerial implications for RS Siloam Hospitals Kebon Jeruk to improve aspects influencing patient satisfaction, particularly trust and physical environment, to enhance patient loyalty and strengthen revisit intention. This study also opens opportunities for further research by expanding the sample to include multiple hospitals to strengthen the generalizability of the findings.

Keywords: Service Quality, Additional Factors, Physical Environment, Trust, Patient Satisfaction, Revisit Intention.

INTRODUCTION

The increasing number of non-COVID-19 patients has begun to positively impact the number of visits to hospitals under PT Siloam International Hospitals Tbk (SILO). This increase is expected to offset the decline in revenue previously caused by the reduction in COVID-19 patient admissions. Nevertheless, the volume of non-COVID-19 patient visits has shown significant growth, as documented by Siloam Hospitals. Siloam Hospitals achieved an important milestone in the third quarter of 2022 by recording the highest number of inpatient and outpatient visits compared to the previous ten quarters. During the first nine months of 2022, inpatient days increased by 8.3%, reaching a total of 587,617 days compared to

542,772 days recorded during the same period in 2021. By September 2022, Siloam Hospitals had served approximately 2.2 million outpatient visits, reflecting a 32.2% increase compared to the same period in the previous year.

Siloam Hospitals Kebon Jeruk possesses strong competitiveness within the West Jakarta area due to several factors that make it a primary choice for patients. One of the key elements supporting the hospital's competitiveness is its superior service quality. Healthcare service quality at Siloam Hospitals Kebon Jeruk includes competent medical staff, responsive services, and modern healthcare facilities that enable patients to receive accurate and efficient treatment. These factors significantly contribute to patient satisfaction, which ultimately enhances patients' revisit intention (Sharka et al., 2024b).

Overall, Siloam Hospitals Kebon Jeruk is in a strong position amidst intense competition with other hospitals in West Jakarta. Various factors, including high-quality services, modern facilities, established trust, and a strategic location, make the hospital one of the primary alternatives for patients seeking quality healthcare services. To remain competitive, the hospital must continue to innovate and ensure that patient experience remains a top priority.

Based on the context described above, several major issues emerge that require further investigation. These issues reflect a discrepancy between patient expectations and the actual experiences they encounter, which subsequently affects their intention to revisit the hospital. Although the number of non-COVID-19 patient visits at Siloam Hospitals Kebon Jeruk has increased, patient satisfaction levels do not appear to be optimal. This can be observed from the relatively low Bed Occupancy Rate (BOR), which only reached 65%. The standard established by both the hospital and the government is 80%, indicating a significant gap of 15%. This gap suggests that many patients may not be sufficiently satisfied with the services provided, thereby reducing their intention to return to the hospital.

Several factors may contribute to suboptimal patient satisfaction, including service quality, communication, service speed, facility availability, and the hospital environment. Another related issue is the less-than-optimal patient revisit intention. Although patient visits have increased, the low BOR indicates that not all patients consider Siloam Hospitals Kebon Jeruk as their primary choice for repeated treatment. This demonstrates a gap between the services expected by patients and the services they actually receive, which ultimately affects patient loyalty. To enhance revisit intention, the hospital must ensure that patients' experiences during treatment meet or even exceed their expectations.

The discrepancy between patients' expectations of ideal healthcare services and their actual experiences at Siloam Hospitals Kebon Jeruk constitutes an important issue that requires further research. Patients generally expect fast and accurate services, effective communication, the availability of medicines and medical facilities, as well as a comfortable hospital environment. When these expectations are not fulfilled, patient satisfaction and revisit intention are negatively affected. This gap indicates that several aspects of healthcare services may need improvement to reduce the mismatch between patient expectations and actual experiences.

Improvements in healthcare service quality are reflected in the availability of adequate healthcare facilities. Outpatient clinics represent the most dominant category of healthcare facilities. Furthermore, community health centers (Puskesmas) are distributed across every district. West Jakarta also has a substantial number of hospitals evenly distributed throughout the region. In total, there are 28 general hospitals, one specialized hospital, and one maternity hospital. The availability of adequate healthcare facilities in West Jakarta is further supported by a sufficient number of healthcare professionals (BPS, 2023).

Nevertheless, another gap exists regarding the increasing demand for more complex healthcare services, such as cardiology, neurology, urology, and oncology services. Although

Siloam Hospitals Kebon Jeruk has a strong reputation in terms of facilities and the reliability of its medical personnel, patient expectations regarding service quality for more complex cases may differ from the actual conditions in practice. This situation may create challenges in maintaining patient trust and loyalty. Therefore, further research is necessary to identify the extent of the gap between expected and perceived service quality and to examine how this gap influences patients' intentions to revisit or recommend the hospital. This research is important to ensure that the increasing number of patient visits can be sustained while also being accompanied by high levels of patient satisfaction and loyalty.

METHOD

This study focuses on examining the effects of Service Quality Factors, Additional Factors, Hospital Physical Environment, and Trust on Patient Satisfaction, mediated by Revisit Intention. The research object includes all variables within the proposed research model (Sekaran & Bougie, 2016). A five-point Likert scale was used to measure respondents' perceptions, ranging from strongly disagree (1) to strongly agree (5), as it is considered simple and easy for respondents to understand (Sekaran & Bougie, 2016).

The population of this study consists of patients at Siloam Hospitals Kebon Jeruk. The study applied a non-probability sampling method with a purposive sampling technique, where only respondents meeting specific criteria were selected (Sekaran & Bougie, 2020). Based on the inverse square root formula proposed by (Kock & Hadaya, 2018), the minimum sample size required for PLS-SEM analysis was 160 respondents, which was considered adequate for this study (Memon et al., 2020).

This study employs the Partial Least Squares–Structural Equation Modeling (PLS-SEM) method, a variance-based multivariate analysis technique considered suitable for exploratory research and the development of relatively new research models (Hair et al., 2019). Compared to Covariance-Based Structural Equation Modeling (CB-SEM), PLS-SEM is more appropriate for exploratory studies involving complex variable relationships (Sarstedt et al., 2021; Hair et al., 2019).

RESULT AND DISCUSSION

Result

The respondents who completed the questionnaire were patients at Siloam Hospitals Kebon Jeruk. The questionnaire distribution resulted in 160 respondents who met the research criteria. Based on the data, 79.4% (127 respondents) were female. In terms of age, the majority of respondents (41.9%) were between 28–43 years old. Approximately 82.5% of respondents resided in Jakarta. Regarding educational background, 50.0% of respondents held a bachelor's degree (S1). In terms of occupation, 51.9% worked as private employees. Around 38.1% of respondents had a monthly income ranging from IDR 5,000,001 to IDR 10,000,000. Furthermore, 70.6% of respondents had been patients at the hospital for more than five years, and 79.4% visited the hospital more than three times per year.

Outer Model

The outer model describes the relationship between latent variables and their indicators by estimating factor loadings to measure how well each indicator reflects its underlying construct. This study applied both the Outer Model – Lower Order Construct (LOC) and the Outer Model – Higher Order Construct (HOC). Lower Order Constructs (LOCs) represent more specific and detailed dimensions of broader concepts, while Higher Order Constructs (HOCs) integrate several LOCs into more comprehensive constructs. Based on the validity and reliability testing results, all indicators demonstrated factor loadings above the recommended threshold of 0.60, indicating good convergent validity. In addition, all

constructs achieved Composite Reliability (CR) values ranging from 0.828 to 0.960 and Average Variance Extracted (AVE) values above 0.50, confirming that all constructs were reliable and valid for further analysis. The dimensions of Service Quality Factors, including Tangible, Reliability, Responsiveness, Assurance, and Empathy, all showed strong reliability and validity values. Similarly, the dimensions of Additional Factors, namely Cost-effectiveness and Staff-related Factors, also demonstrated satisfactory measurement properties.

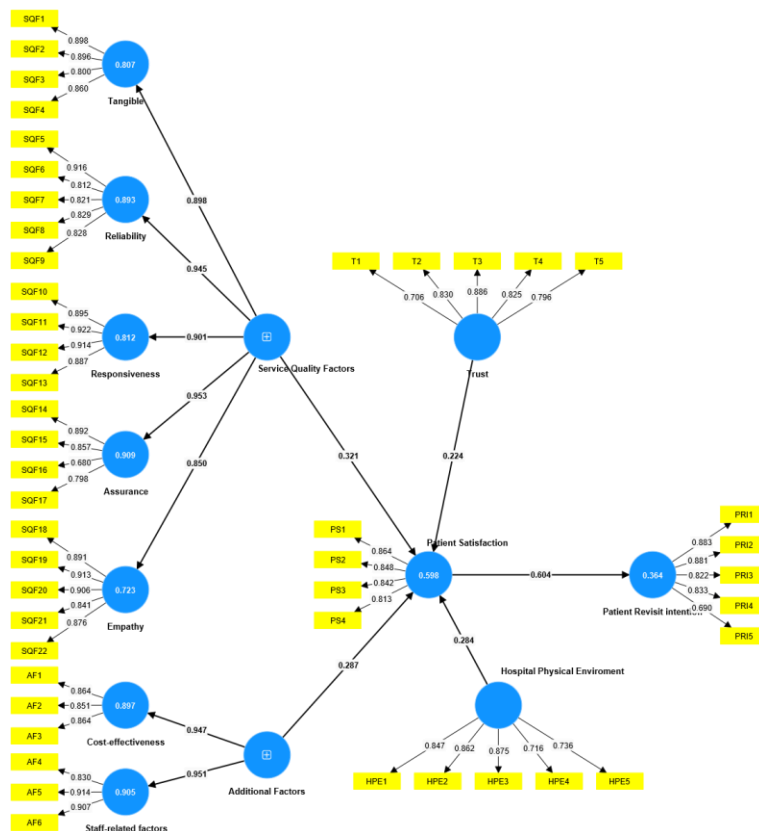


Figure 1. Outer Model - Lower Order Construct

Furthermore, the construct-level analysis showed that Hospital Physical Environment, Trust, Patient Revisit Intention, and Patient Satisfaction all met the recommended validity and reliability criteria. Hospital Physical Environment recorded a CR value of 0.876 and an AVE value of 0.656, while Trust achieved a CR value of 0.893 and an AVE value of 0.657. Patient Revisit Intention and Patient Satisfaction also demonstrated strong construct reliability, with CR values of 0.892 and 0.863, respectively. In the Higher Order Construct analysis, Service Quality Factors achieved a Composite Reliability value of 0.960 and an AVE value of 0.829, indicating excellent construct consistency. Likewise, Additional Factors obtained a Composite Reliability value of 0.948 and an AVE value of 0.901. These findings confirm that all constructs and dimensions used in this study possess adequate validity and reliability, making them appropriate for evaluating the relationships among variables within the proposed research model.

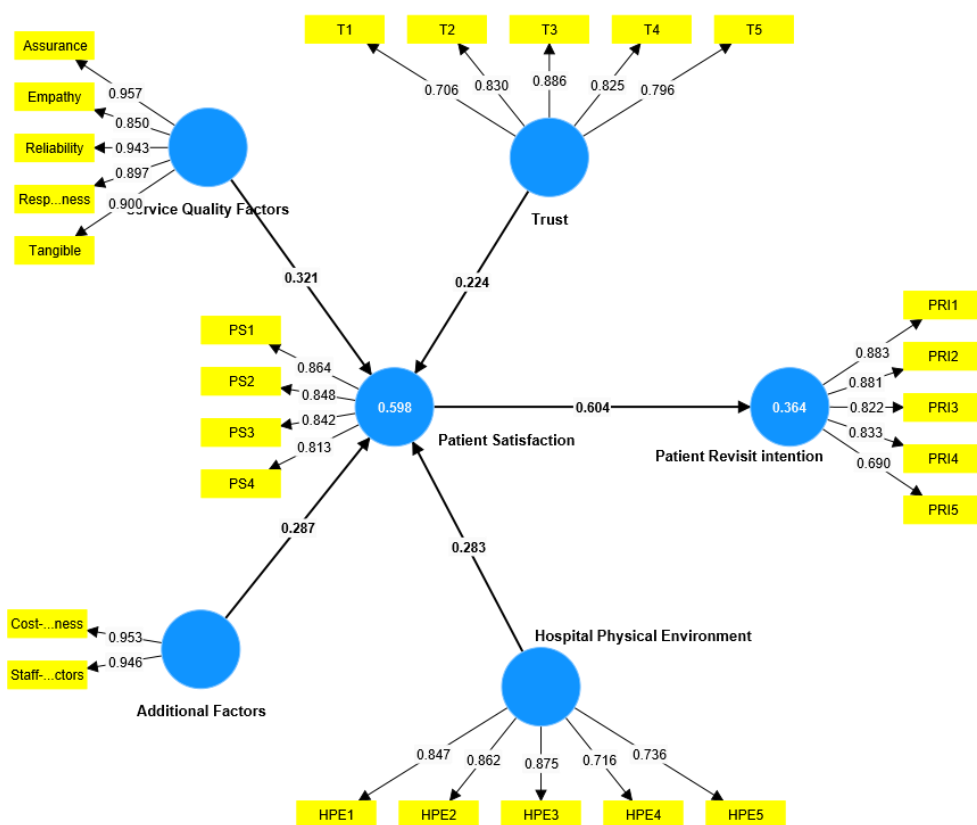


Figure 2. Outer Model - Higher Order Construct

Outer Loading

Table 1. Outer Loading, Reliability, and Validity Testing Results

Variable	Indicator / Dimension	Outer Loading	Cronbach's Alpha	Composite Reliability	AVE	Evaluation
Service Quality Factors	Tangible	0.900	0.948	0.960	0.829	Reliable & Valid
	Reliability	0.943				
	Responsiveness	0.897				
	Assurance	0.957				
	Empathy	0.850				
Additional Factors	Cost-effectiveness	0.953	0.890	0.948	0.901	Reliable & Valid
	Staff-related factors	0.946				
Hospital Physical Environment	HPE1–HPE5	0.716–0.875	0.868	0.905	0.656	Reliable & Valid
Trust	T1–T5	0.706–0.886	0.871	0.905	0.657	Reliable & Valid
Patient Satisfaction	PS1–PS4	0.813–0.864	0.863	0.907	0.709	Reliable & Valid
Patient Revisit Intention	PRI1–PRI5	0.790–0.883	0.881	0.913	0.680	Reliable & Valid

Based on the results presented in Table 1, all indicators and dimensions demonstrated outer loading values above the recommended threshold of 0.70, indicating that all indicators validly reflected their respective latent constructs (Hair et al., 2019). The Service Quality Factors variable consisted of five dimensions with 22 indicators, while Additional Factors consisted of two dimensions with six indicators. Furthermore, Hospital Physical Environment, Trust, Patient Satisfaction, and Patient Revisit Intention each demonstrated

satisfactory indicator loading values, confirming convergent validity across all constructs. The reliability test results also showed that all variables achieved Cronbach’s Alpha and Composite Reliability values above 0.70, indicating high internal consistency and construct reliability. Specifically, Service Quality Factors recorded the highest Composite Reliability value of 0.960, followed by Additional Factors with 0.948. In addition, the Average Variance Extracted (AVE) values for all variables ranged from 0.656 to 0.901, exceeding the minimum threshold of 0.50. These findings confirm that all constructs possess good discriminant and convergent validity, indicating that the measurement model used in this study is both reliable and valid for further structural model analysis.

Discriminant Validity

Based on the Fornell-Larcker Criterion results presented in Table 4.17, all latent variables demonstrated good discriminant validity. This is indicated by the square root value of the Average Variance Extracted (AVE) for each construct being higher than the correlations with other constructs. For example, the Service Quality Factors variable recorded a square root AVE value of 0.910, which was greater than its correlations with the other variables, confirming that each construct was empirically distinct from the others.

Furthermore, discriminant validity was also evaluated using the Heterotrait-Monotrait Ratio (HTMT) criterion, as presented in Table 4.18. The results showed that all HTMT values were below the recommended threshold of 0.90, indicating that discriminant validity had been successfully achieved. Therefore, it can be concluded that all constructs in this study were valid and sufficiently distinct from one another, confirming the adequacy of the measurement model for further structural analysis.

Inner Model

In hypothesis testing, the researcher used the inner weight table. A hypothesis is accepted when the t-statistic value is greater than or equal to the t-table value at a significance level (α) of 5%, namely 1.64. The path coefficient values (original sample estimate) and t-statistic values in the inner model are presented below. The structural model is also illustrated in the following figure.

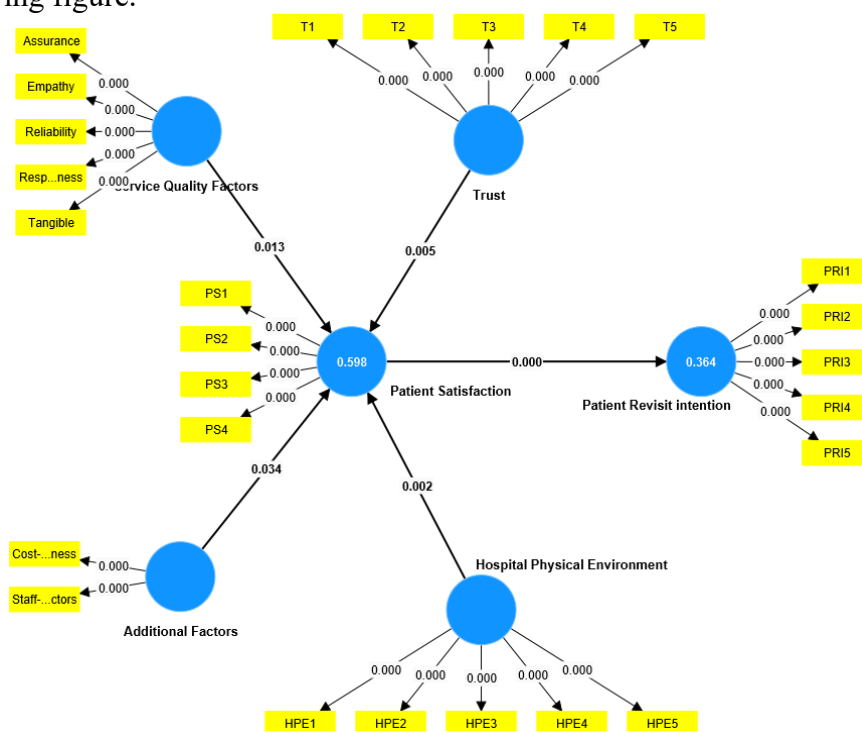


Figure 3. Inner Model

Table 2. Inner VIF Values

Variables	Additional Factors	Hospital Physical Environment	Patient Revisit Intention	Patient Satisfaction	Service Quality Factors	Trust
Additional Factors				1.661		
Hospital Physical Environment				1.431		
Patient Revisit Intention			1.000			
Patient Satisfaction					1.522	
Service Quality Factors						1.011
Trust						

The multicollinearity test was conducted using the Variance Inflation Factor (VIF) criterion, where VIF values below 5 indicate the absence of multicollinearity problems. Based on the results, all variables recorded VIF values below the threshold, including Additional Factors (1.661), Hospital Physical Environment (1.431), Service Quality Factors (1.522), and Trust (1.011). Therefore, it can be concluded that there were no multicollinearity issues among the independent variables, indicating that the structural model was statistically appropriate for further analysis.

Table 3. R-Square Values

Variable	R-Square	R-Square Adjusted
Patient Satisfaction	0.598	0.587
Patient Revisit Intention	0.364	0.360

The coefficient of determination (R-Square) analysis showed that Patient Satisfaction obtained an R-Square value of 0.598, meaning that Service Quality Factors, Additional Factors, Hospital Physical Environment, and Trust were able to explain 59.8% of the variance in Patient Satisfaction. The remaining 40.2% was influenced by variables outside the scope of this research. Meanwhile, Patient Revisit Intention obtained an R-Square value of 0.364, indicating that Patient Satisfaction explained 36.4% of the variance in Patient Revisit Intention, while the remaining 63.6% was influenced by external variables not included in the research model.

Table 4. F-Square Values

Variables	Additional Factors	Hospital Physical Environment	Patient Revisit Intention	Patient Satisfaction	Service Quality Factors	Trust
Additional Factors				0.123		
Hospital Physical Environment				0.139		
Patient Revisit Intention			0.573			
Patient Satisfaction					0.168	
Service Quality Factors						0.123
Trust						

The effect size (F-Square) analysis was conducted to evaluate the magnitude of influence between variables in the structural model. The results indicated that Service Quality Factors (0.168), Additional Factors (0.123), Hospital Physical Environment (0.139), and Trust (0.123) had moderate effect sizes on Patient Satisfaction because their values were below 0.35 but still meaningful. In contrast, Patient Satisfaction demonstrated a strong effect on Patient Revisit Intention with an F-Square value of 0.573, indicating a large effect size and confirming the important role of patient satisfaction in encouraging revisit intention.

Table 5. Q-Squared Results

Variable	Q ²	Q ² Predict	Result
Patient Satisfaction	0.404	0.516	Large Predictive Relevance
Patient Revisit Intention	0.241	0.498	Moderate Predictive Relevance

The Q-Squared analysis was performed to assess the predictive relevance of the research model. Patient Satisfaction obtained a Q² value of 0.404, indicating moderate predictive relevance, while Patient Revisit Intention obtained a Q² value of 0.241, indicating relatively weak predictive relevance. However, both variables recorded Q² Predict values that were higher than their Q² values and approached the large predictive relevance category, demonstrating that the model has good predictive capability and can consistently predict outcomes even when variations occur in the input data.

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

Variable	PLS-SEM vs Indicator Average (IA) Average Loss Difference	p-value	PLS-SEM vs Linear Model (LM) Average Loss Difference	p-value
Patient Revisit Intention	-0.209	0.000	0.136	0.000
Patient Satisfaction	-0.234	0.000	-0.061	0.000
Overall	-0.220	0.000	0.049	0.016

The Cross-Validated Predictive Ability Test (CVPAT) was used to evaluate the predictive performance of the PLS-SEM model by comparing it with the Indicator Average (IA) and Linear Model (LM). The comparison between PLS-SEM and IA produced negative average loss differences with significant p-values, indicating that the proposed model possessed predictive capability. Although the comparison with the Linear Model (LM) showed positive average loss differences for some variables, the overall findings confirmed that the research model still demonstrated adequate predictive relevance and was sufficiently robust to predict patient revisit intention in future studies.

Results of Direct Hypothesis Testing, Mediation, and Coefficient Analysis
Results of Path Coefficient Testing

Table 7. Direct Effect Analysis

Hipotesis	Original sample (O)	T statistics (O/STDEV)	P values	Result
H1 Service Quality Factors -> Patient Satisfaction	0.321	2.494	0.013	Supported
H2 Additional Factors -> Patient Satisfaction	0.287	2.122	0.034	Supported
H3 Hospital Physical Environment -> Patient Satisfaction	0.283	3.094	0.002	Supported
H4 Trust -> Patient Satisfaction	0.224	2.784	0.005	Supported

H5	Patient Satisfaction -> Patient Revisit intention	0.604	6.810	0.000	Supported
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Table 8. Specific Indirect Effect Values

	Hipotesis	Original sample (O)	T statistics ((O/STDEV))	P values	Hasil
H6	Service Quality Factors -> Patient Satisfaction -> Patient Revisit intention	0.194	2.719	0.007	Supported
H7	Additional Factors -> Patient Satisfaction -> Patient Revisit intention	0.173	1.978	0.042	Supported
H8	Hospital Physical Environment -> Patient Satisfaction -> Patient Revisit intention	0.171	3.161	0.002	Supported
H9	Trust -> Patient Satisfaction -> Patient Revisit intention	0.135	2.618	0.009	Supported

Discussion

The Influence of Service Quality Factors on Patient Satisfaction

The purpose of this study was to investigate the influence of Service Quality Factors, Additional Factors, Hospital Physical Environment, and Trust on Patient Satisfaction, as well as the effect of Patient Satisfaction on Patient Revisit Intention at Siloam Hospitals Kebon Jeruk. The findings revealed that Service Quality Factors positively and significantly influenced Patient Satisfaction, with a path coefficient of 0.321, a t-statistic value of 2.494, and a p-value of 0.013. These results indicate that responsiveness, timeliness, and the professionalism of medical staff are important determinants directly affecting patient satisfaction. Patients who perceive that hospital services are responsive, efficient, and aligned with their expectations are more likely to experience higher levels of satisfaction. These findings demonstrate that both technical and interpersonal aspects of healthcare services are essential in creating positive patient experiences.

Furthermore, the findings highlight the importance of improving service quality as a strategic priority for hospital management. Friendly communication, staff attentiveness, and the ability to provide clear information are important elements that should be maintained and continuously enhanced. The relationship between Service Quality Factors and Patient Satisfaction confirms that service quality dimensions strongly shape patients’ perceptions of hospitals. By improving service quality, hospitals can increase patient satisfaction while simultaneously strengthening trust and long-term loyalty. These findings are consistent with previous studies conducted by Sharka et al. (2024), who found that service quality significantly influenced patient satisfaction in dental clinics in Saudi Arabia. Likewise, Guspianto et al. (2022) reported that service quality directly affected patient value and satisfaction in Indonesia. In addition, Lai et al. (2020) emphasized that service quality dimensions were the primary factors shaping positive patient perceptions of hospitals in Malaysia, while Woo & Choi (2021) and Syam & Achmadi (2022) also highlighted the importance of service quality in building patient satisfaction.

The Influence of Additional Factors on Patient Satisfaction

The findings showed that Additional Factors positively and significantly influenced Patient Satisfaction, with a path coefficient of 0.287, a t-statistic value of 2.122, and a p-value of 0.034. These findings indicate that supplementary services, such as clear information availability, staff assistance, and supporting facilities, significantly contribute to improving patient satisfaction. When hospitals provide additional services that are relevant and aligned with patient needs, patients tend to feel more valued, which positively affects their perceptions of overall service quality. This demonstrates that additional services are not merely complementary elements but also crucial factors in creating positive patient

experiences.

Moreover, this study confirmed that additional services are important in creating holistic patient experiences. Comfortable waiting rooms, effective communication from hospital staff, and digital service support systems provide substantial added value for patients. Therefore, hospital management should invest in improving and developing additional services to better fulfill patient expectations. The relationship between Additional Factors and Patient Satisfaction demonstrates that patient satisfaction depends not only on core healthcare services but also on how supporting services are delivered and managed. These findings are supported by previous studies. Fengmin et al. (2022) found that additional services significantly influenced patient satisfaction in China's medical tourism sector. Similarly, Guspianto et al. (2022) reported that additional services affected patient value and satisfaction in Indonesian healthcare centers. Sharka et al. (2024) also confirmed that effective additional services improved patient experiences in Saudi Arabia, while Lai et al. (2020) emphasized the importance of supplementary services in creating holistic patient experiences in Malaysia.

The Influence of Hospital Physical Environment on Patient Satisfaction

The findings demonstrated that Hospital Physical Environment positively and significantly influenced Patient Satisfaction, with a path coefficient of 0.283, a t-statistic value of 3.094, and a p-value of 0.002. These results indicate that the physical environment of the hospital plays a crucial role in shaping patient experiences. Factors such as cleanliness, comfortable waiting areas, and the aesthetic quality of hospital facilities significantly contribute to patient satisfaction. The hospital environment not only creates a strong first impression but also promotes feelings of comfort and safety throughout the healthcare experience.

In addition, the relationship between Hospital Physical Environment and Patient Satisfaction demonstrates that physical elements are strategic dimensions influencing patients' overall perceptions of healthcare services. Patients who perceive the hospital environment as clean, comfortable, and well-designed are more likely to develop positive evaluations of healthcare services. Therefore, hospital management should continuously improve the physical environment to support patient-centered care and satisfaction. These findings are supported by previous studies. Rifa & Bernarto (2023) highlighted that the hospital physical environment significantly influenced patient satisfaction in Bekasi, Indonesia. Likewise, Nazarian et al. (2024) found that cleanliness and comfort strongly affected patient perceptions across several countries. Guspianto et al. (2022) also emphasized the importance of the physical environment in strengthening patient value and satisfaction in Indonesia.

The Influence of Trust on Patient Satisfaction

The findings revealed that Trust positively and significantly influenced Patient Satisfaction, with a path coefficient of 0.224, a t-statistic value of 2.784, and a p-value of 0.005. These results confirm that patient trust in hospitals, including trust in medical personnel and healthcare systems, is a critical factor in improving patient satisfaction. Patients who trust the competence, integrity, and professionalism of hospitals are more likely to feel satisfied with the healthcare services they receive. Trust therefore represents a fundamental aspect of the relationship between patients and healthcare providers.

Furthermore, trust serves as a strong foundation for positive patient-hospital relationships. Patients who believe that hospitals maintain competence, protect patient privacy, and prioritize patient interests tend to provide more favorable evaluations of healthcare services. Strengthening trust can be achieved through transparent communication, clear procedures, and professional staff attitudes. The relationship between Trust and Patient Satisfaction highlights that trust not only strengthens patient relationships but also shapes

patients' overall perceptions of healthcare quality. These findings are consistent with previous studies. Abdul-Rahman et al. (2023) emphasized the importance of trust in improving patient satisfaction in the post-pandemic healthcare sector. Fengmin et al. (2022) found that trust significantly influenced patient experiences in China. Similarly, Akthar et al. (2024) reported that trust played a significant role in improving patient satisfaction and revisit intention in Indian multispecialty hospitals. Guspiano et al. (2022) also stressed the importance of trust in strengthening the relationship between service quality and patient satisfaction in Indonesia.

The Influence of Patient Satisfaction on Patient Revisit Intention

The findings revealed that Patient Satisfaction positively and significantly influenced Patient Revisit Intention, with a path coefficient of 0.604, a t-statistic value of 6.810, and a p-value of 0.000. These results confirm that patient satisfaction is a major antecedent driving patients' intentions to revisit hospitals in the future. Patients who feel satisfied with hospital services are more likely to return to the same healthcare institution whenever they require medical treatment again. This finding highlights that patient satisfaction is a crucial factor in building long-term patient loyalty and maintaining hospital sustainability.

Moreover, the relationship between Patient Satisfaction and Patient Revisit Intention emphasizes the importance of creating consistent and satisfying patient experiences across all service interactions. Patient satisfaction not only generates positive evaluations and recommendations but also becomes a strategic factor supporting hospital sustainability through increased patient loyalty. Therefore, hospital management should continuously improve all aspects influencing patient satisfaction, including service quality, additional services, hospital physical environment, and trust. These findings are supported by previous studies. Sharka et al. (2024) found that patient satisfaction directly influenced revisit intention in Saudi Arabia. Guspiano et al. (2022) identified patient satisfaction as a mediating factor between service quality and patient loyalty in Indonesia. Lai et al. (2020) also emphasized that patient satisfaction was a key determinant of loyalty and revisit intention in Malaysia. In addition, Syam & Achmadi (2022) and Akthar et al. (2024) confirmed that patient satisfaction is a crucial factor in fostering long-term relationships between patients and hospitals.

Importance-Performance Mapping Analysis (IPMA)

The Importance-Performance Mapping Analysis (IPMA) provided valuable insights for the management of Siloam Hospitals Kebon Jeruk in understanding the relationship between variable importance and performance in influencing Patient Satisfaction and Patient Revisit Intention. Based on the analysis, the average construct importance value was 0.255, while the average construct performance value was 73.189. These findings indicate differences between the aspects considered important by patients and the current performance levels of those aspects. By categorizing variables into four quadrants, hospital management can identify areas requiring immediate improvement and implement more effective management strategies.

The IPMA results also suggest that hospital management should prioritize variables with high importance but relatively lower performance. Through this strategic approach, hospitals can allocate resources more effectively and focus on improving aspects that provide the greatest impact on patient satisfaction and revisit intention. Consequently, IPMA serves as an important managerial tool for supporting continuous quality improvement and strengthening competitive advantages in healthcare services.

CONCLUSION

This study focused on the influence of Service Quality Factors, Additional Factors, Hospital Physical Environment, and Trust on Patient Revisit Intention through Patient

Satisfaction at Siloam Hospitals Kebon Jeruk. The study tested five hypotheses empirically using survey data collected from patients at the hospital. Data analysis was conducted using the PLS-SEM method to answer the proposed research questions. The findings concluded that Service Quality Factors, Additional Factors, Hospital Physical Environment, and Trust significantly influenced Patient Satisfaction, while Patient Satisfaction significantly influenced Patient Revisit Intention. Higher perceptions of service quality, additional services, hospital physical environment, and trust were found to increase patient satisfaction, which subsequently encouraged stronger intentions among patients to revisit the hospital in the future.

This study provides important insights for the development of hospital services, particularly in improving patient satisfaction and revisit intention at Siloam Hospitals Kebon Jeruk. The empirical model demonstrated substantial predictive ability and relevance in explaining Patient Satisfaction and Patient Revisit Intention. The findings also highlighted the importance of Trust and Hospital Physical Environment as major determinants of patient satisfaction. Therefore, hospitals should focus on improving these factors to strengthen patient loyalty and maintain long-term relationships with patients. Furthermore, future studies are recommended to test the model on larger and more diverse patient populations and to include additional variables that may directly influence revisit intention.

The findings of this study provide managerial implications for Siloam Hospitals Kebon Jeruk in improving Patient Satisfaction and Patient Revisit Intention. Based on the IPMA results, Trust and Hospital Physical Environment should be maintained because their performance is already optimal, while Patient Satisfaction must continue to be improved through consistent service quality. Meanwhile, indicators categorized in the “Concentrate Here” quadrant should become the main priority for improvement to better meet patient expectations and strengthen patient loyalty.

This study confirms that Service Quality Factors, Additional Factors, Hospital Physical Environment, and Trust significantly influence Patient Satisfaction, which subsequently affects Patient Revisit Intention. The findings support theories related to healthcare communication, service management, environmental services, value perception, and customer loyalty, emphasizing the importance of trust, service quality, and hospital environment in creating positive patient experiences and long-term patient loyalty.

This study was limited to patients at Siloam Hospitals Kebon Jeruk, which may limit the generalizability of the findings. Future studies are recommended to involve multiple hospitals, use more effective data collection methods, and include additional variables such as hospital image, user engagement, and patient experience. Further research should also consider differences in patient characteristics and service units to obtain more comprehensive results regarding Patient Satisfaction and Patient Revisit Intention.

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