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BEYOND MEDICATION AND TOWARD ADVOCACY: QUANTITATIVE INSIGHTS ON THE ROLES OF PATIENT EXPERIENCE AND TRUST IN HOSPITAL SELECTION

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ABSTRACT
This study investigates the influence of Beyond Medication (BM) and Completeness of Service Facilities (CSF) on Positive Patient Experience (PPE) and Patient Trust (PT) toward Brand Advocacy (BA) in the context of hospital selection in Batu City, Malang, Indonesia. Using a quantitative approach with 340 respondents from an infinite population, data were analyzed through the Partial Least Squares-Structural Equation Modeling (PLS-SEM) method. The findings reveal that Beyond Medication plays a pivotal role in shaping patient experience and trust, particularly through Communication on Intake (loading = 0.917), Security (BM1.3, loading = 0.901), and Information from Doctor (BM2.1, loading = 0.905). These indicators emphasize the importance of empathy, patient-centered communication, and a strong sense of safety in fostering positive perceptions. Similarly, the Completeness of Service Facilities significantly contributes to enhancing patient experience and trust via adequate waiting room facilities (CSF1.2, loading = 0.938) and arranging facilities (CSF2.1, loading = 0.917), underscoring the value of comfort, cleanliness, and efficient spatial management. Moreover, Positive Patient Experience emerges from effective interactions with medical staff, a supportive physical environment, and genuine attentiveness, which enhance patients' trust and encourage Brand Advocacy. This study demonstrates that communication quality, security, and facility adequacy directly improve patients' positive experiences, trust, and willingness to recommend hospitals. Within Batu City's sociocultural context, empathy, safety, and comfort are strategic elements in shaping patient perceptions and advocacy.

Keywords: *Beyond Medication, Completeness of Service Facilities, Patient Experience, Trust, Brand Advocacy*

A. INTRODUCTION

Healthcare services have witnessed a significant change in perspective from a traditional medical approach to patient-centered care, which places the patient at the core of service delivery. Patient experience is increasingly evaluated not solely by clinical outcomes, but also by the quality of communication, emotional care, comfort, and the trust patients place in healthcare professionals. The Beyond Medication concept reflects an approach that emphasizes the importance of non-medical aspects alongside medical ones, such as interpersonal relationships and a sense of safety in care, which significantly influence positive patient experiences (Alaamri et al., 2023). A positive experience, in turn, motivates patients to recommend the

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hospital, thereby strengthening the institution's reputation through word-of-mouth brand advocacy (Natan et al., 2024)

This phenomenon has become increasingly significant as competition among hospitals, both private and public, intensifies, prompting patients to consider the overall quality of their service experience, not merely the hospital's medical reputation, when making decisions. A preliminary investigation involving 130 questionnaire respondents was carried out to determine the determinants of hospital selection. The instrument consisted of closed-ended questions highlighting the main reasons for choosing healthcare services, particularly focusing on non-medical aspects. The results served as the foundation for identifying patients' perceptions of the overall quality of their service experience. The results shown in Figure 1 highlight the various sources respondents use to learn about hospitals.

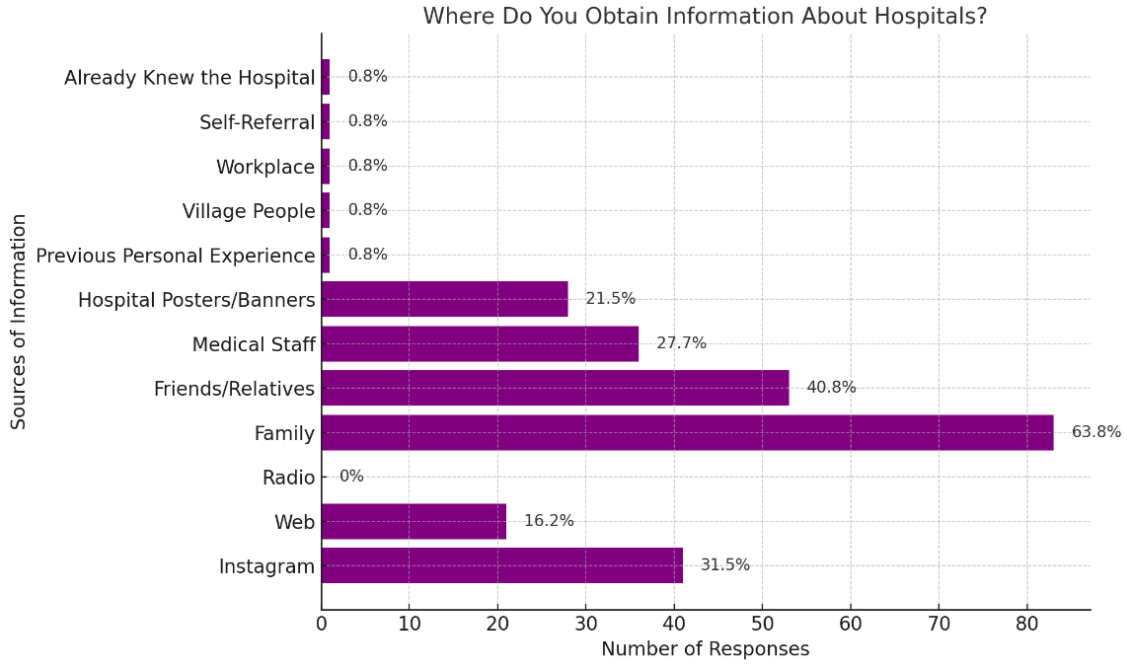

Figure 1

factors that influence patients' decisions in choosing a hospital

Source: Primary Data (2025)

Based on the data above, the questionnaire results indicate that family (63.8%), friends/neighbors (40.8%), Instagram (31.5%), and medical professionals (27.7%) are the four primary sources of information about hospitals. This finding underscores the importance of social factors as effective channels for hospital recommendations, as social interactions often serve as the main medium through which patients share their healthcare experiences. Support from family, friends, medical staff, and the community not only acts as a motivator for recovery but also influences patients' recommendations and decisions when selecting a hospital. Trust built through these social networks tends to be more readily accepted than formal promotional messages, as it is perceived to be more authentic and less commercially driven. These findings are consistent with Limbu et al., (2020), who assert that advocacy is influenced by personal, relational (such as satisfaction, trust, and emotional attachment), and social factors. This preliminary study demonstrates that social influence plays a vital role in patients' process of selecting a hospital

Batu, a popular destination for travelers with a cool climate and a tranquil natural atmosphere conducive to recovery, currently has six hospitals, consisting of two public and four private institutions. This variety of options has driven a shift in patient behavior from focusing solely on treatment to seeking a more holistic care experience. Evaluation of hospitals is no longer limited to clinical success, but now encompasses emotional aspects such as comfort, empathy from medical staff, cleanliness, administrative convenience, and effective communication. Several hospitals have implemented the Beyond Medication concept through facilities such as healing gardens, family rooms, spiritual services, and family involvement in care, all of which contribute to a more positive patient experience. Patient trust in hospitals serves as a key determinant in fostering loyalty and encouraging brand advocacy. Hospitals with comprehensive facilities, modern services, and the availability of medical specialists are perceived as more capable of meeting patients' needs holistically. However, challenges such as long waiting times, limited diagnostic equipment, and bureaucratic procedures remain obstacles to building trust. When patients' experiences and trust are fulfilled, they are more likely to recommend the hospital to others.

Based on the existing phenomenon, the Beyond Medication approach, which emphasizes empathy, friendliness, emotional support, and a holistic patient experience, is believed to enhance Positive Patient Experience, as patients feel more genuinely cared for on a human level rather than merely treated medically (Adams et al., 2024; Altinay et al., 2023). "Such an approach plays a role in strengthening patient trust, as warm and human-centered relationships between medical staff and patients foster perceptions of competence, integrity, and goodwill toward the hospital (Liu et al., 2021; Meyer et al., 2024). Meanwhile, the Completeness of Service Facilities also influences Positive Patient Experience and Patient Trust, as patients feel safer and more confident in the hospital's ability to meet both their medical and non-medical needs comprehensively (Swathi et al., 2023; Tanjung et al., 2021). Well-equipped facilities such as modern laboratories, comfortable treatment rooms, and advanced diagnostic technologies strengthen patients' confidence in the hospital's service quality. Furthermore, positive patient experience acts as a key mediator influencing patient trust and driving brand advocacy. Positive experiences foster emotional attachment and satisfaction, which build trust, while strong trust motivates patients to become brand advocates by recommending the hospital to family, friends, and the broader community, both through direct interactions and via social media platforms (Maulana, 2023; Wilk et al., 2021). Thus, the relationships among variables in this research model form a sequential causal pattern, in which Beyond Medication and Completeness of Service Facilities influence Positive Patient Experience, which subsequently enhances Patient Trust and promotes Brand Advocacy. This relational chain reinforces that patient experience and trust serve as the primary bridge between the quality of non-medical services and patients' ad vocative loyalty toward hospitals.

Based on the explanation presented above, the purpose of this study is to analyze the influence of Beyond Medication, Completeness of Service Facilities, Positive Patient Experience, and Patient Trust on Brand Advocacy in the context of hospital selection in Batu City, Malang, Indonesia. This research is expected to provide a deeper empirical understanding of the crucial role of patient experience and trust in shaping patient advocacy behavior, namely the patients' willingness to recommend the hospital to others as a reflection of their trust and satisfaction with the services received.

B. LITERATURE REVIEW

1. Theoretical Framework

a. Beyond Medication

The Beyond Medication concept introduced by Garfield and Mackler (2009) emphasizes the importance of holistic healthcare by fostering therapeutic relationships and providing psychosocial support. This approach encourages active patient involvement, which has been proven to enhance positive experiences and trust toward healthcare professionals. Patient participation, such as in hygiene practices, contributes to improved medical staff compliance (Abdi et al., 2024). Likewise, family involvement in the rehabilitation process strengthens emotional support, positively impacting patient engagement and recovery (Popescu et al., 2025). Addressing emotional needs is essential for creating meaningful care experiences and reinforcing trust in the healthcare system (Buljac-Samardzic et al., 2022). Patient-centered interventions, including open communication and emotional support, play a crucial role in shaping positive patient experiences and enhancing patient trust. Communicative and effective interactions between patients and healthcare providers increase patient engagement, leading to better treatment adherence and improved clinical outcomes (León et al., 2021; Namiq et al., 2022; Marselin et al., 2023). This approach demonstrates that trust and positive experiences can be cultivated through humane and participatory care practices

b. Completeness of Service Facilities

The availability and quality of service facilities are crucial elements in shaping Positive Patient Experience and Patient Trust. Comprehensive, modern, and well-maintained facilities provide a sense of safety and comfort, contributing to patients' overall satisfaction with healthcare institutions. Tanjung et al. (2021) state that adequate medical and non-medical facilities significantly influence patients' perceptions during treatment. Mwaisengela et al. (2025) further demonstrate that positive perceptions of hospitals are often shaped by the quality of their facilities, which in turn enhances patients' trust in the services provided. Beyond their operational function, facilities also hold an emotional role in strengthening the bond between patients and hospitals. Chaitkin et al. (2022) found that optimizing facilities can fulfill more than just patients' basic needs; it helps build long-term loyalty. Positive experiences derived from interactions with the hospital's physical environment serve as key factors in developing trust and promoting brand advocacy (Rumintjap et al., 2024). Thus, the completeness and quality of hospital facilities not only foster positive experiences but also cultivate trust, strengthen reputation, and enhance patient loyalty toward the hospital (Sterckx et al., 2024).

c. Positif Patient Experience

Positive Patient Experience (PPE) plays a crucial role in building Patient Trust by fostering satisfying interactions throughout the care process. Hamadi et al., (2024) found that the friendliness, attentiveness, and empathy of healthcare providers can generate deep positive emotions, thereby enhancing patients' comfort and satisfaction. When patients feel valued, they tend to hold more positive perceptions of both medical staff and the hospital as an institution. Moreover, effective communication and a supportive care environment further strengthen positive patient experiences and enhance trust in healthcare services. Vo et al., (2021) noted that a comfortable environment and open communication create feelings of respect and trust toward healthcare providers. Similarly, Ghildiyal et al., (2022) and Gobbo et al., (2020) emphasized that patients who are treated with empathy and respect are more likely to feel satisfied and willing to recommend healthcare services to others, demonstrating a strong link between Positive Patient Experience and Patient Trust (Gobbo et al., 2020; Verkooyen et al., 2024).

d. Patient Trust

According to Anggardini and Ratnasari (2022) Service quality contributes positively and meaningfully to building trust. Patient trust refers to patients' belief in the competence, credibility, and genuine intentions of healthcare providers and hospital institutions to deliver care that is both safe and honest. Duan et al., (2024) identified two main dimensions of this trust: interpersonal trust between patients and medical professionals, and institutional trust toward the hospital system. Trust develops when patients perceive that healthcare professionals possess strong professional competence, provide information transparently, and demonstrate empathy in their medical practices. AlRuthia et al., (2020) stated that patient trust is significantly associated with satisfaction toward healthcare providers, which in turn fosters feelings of safety and the belief that providers act in the best interests of their patients. When patient trust is firmly established, it directly influences treatment adherence, service satisfaction, and loyalty to the hospital (Durmuş & Akbolat, 2020). Furthermore, Patient Trust is closely linked to Brand Advocacy. When patients have confidence in healthcare institutions and providers, they are more likely to express long-term support and loyalty, ultimately engaging in brand advocacy behaviors. Hariyanti et al., (2024) and Liu et al., (2021) found that patients' trust in service quality, professional integrity, and ethical conduct of healthcare providers encourages them to share their positive experiences with others, both through personal recommendations and word-of-mouth communication.

e. Brand Advocacy

Brand advocacy refers to customers' voluntary behavior to recommend and defend a brand, often driven by the positive experiences they have had. According to Wilk et al., (2021)Brand advocacy involves consumers' active efforts to spread positive information and uphold the brand's reputation, as opposed to mere loyalty, which only reflects an intention to revisit or reuse the service. In the context of healthcare, patient brand advocacy emerges when patients are satisfied with and trust the services they receive from a hospital, leading to a desire to recommend it to others, either through direct communication or online reviews (Kumgliang & Khamwon, 2022). Research by Septyani & Alversia, (2020) also highlights that brand advocacy serves as an important indicator of the success of patient experience strategies, as it reflects emotional satisfaction and a deep sense of attachment. This finding aligns with Shahid et al., (2022), who revealed that when customers develop an emotional connection with a brand, they are more likely to engage in voluntary advocacy. Furthermore, Schnabel et al., (2019) found that brands expressing values aligned with consumers' needs and preferences are more likely to foster stronger brand advocacy. Thus, brand advocacy not only enhances a hospital's reputation but also creates a supportive community that collaboratively shares positive recommendations with potential patients

2. Conceptual Framework

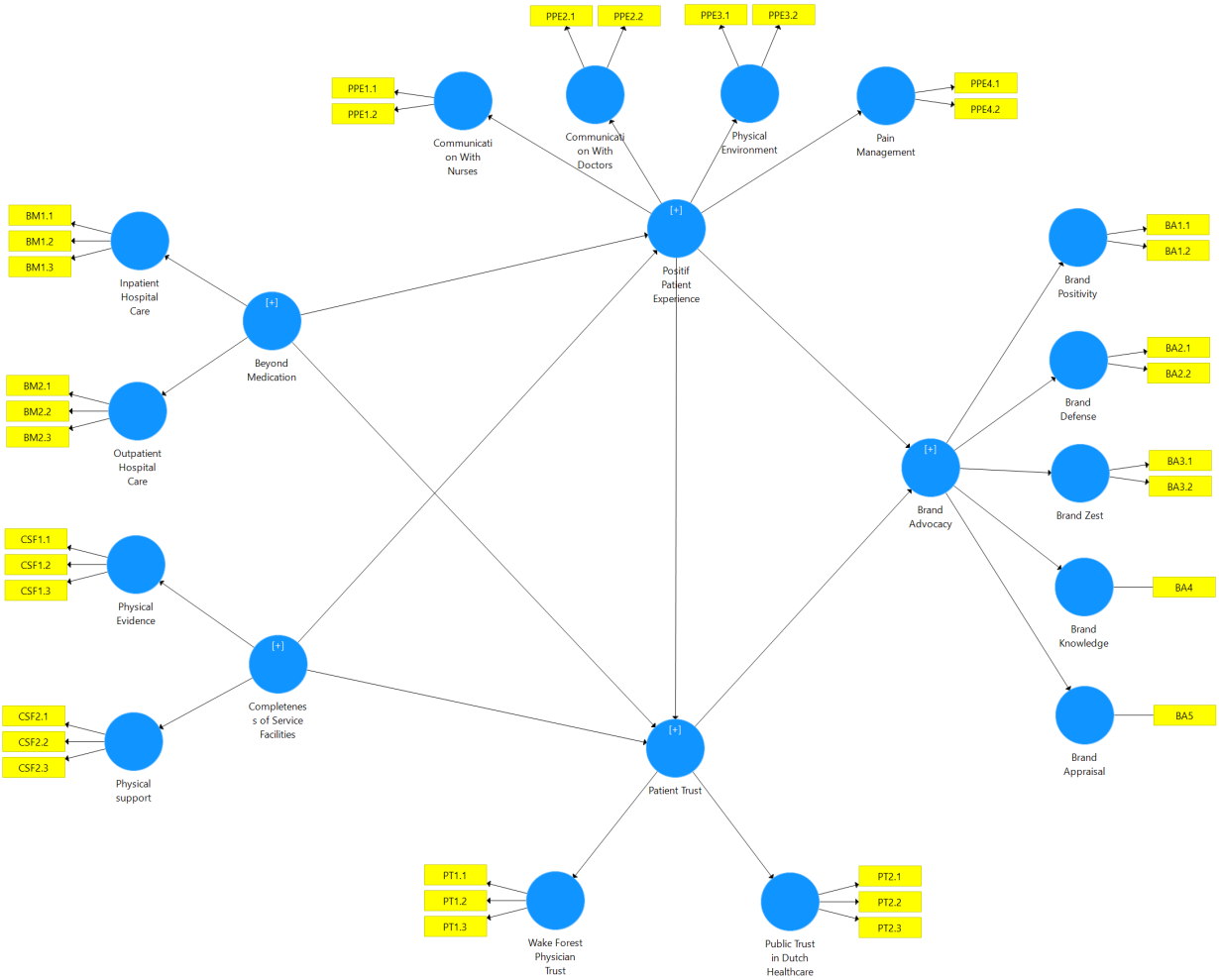

Figure 2 Conceptual Framework

Note: communication on intake (BM1.1); autonomy (BM1.2); security (BM1.3); information from doctor (BM2.1); reception at clinic (BM2.2); aftercare and medication (BM2.3); comfortable, clean and tidy to use (CSF1.1); comfortable waiting room facilities (CSF1.2); availability of adequate parking spaces (CSF1.3); arranging facilities (CSF2.1); function value (CSF2.2); supporting equipment (CSF2.3); competence (PT1.1); honesty (PT1.2); global trust (PT1.3); quality of care (PT2.1); healthcare providers' expertise (PT2.2); quality of cooperation (PT2.3); nurses listen carefully (PPE1.1); nurses explain things in an understandable way (PPE1.2); doctors treat with courtesy and respect (PPE2.1); doctors explain things in an understandable way (PPE2.2); hospital room was kept clean (PPE3.1); surrounding area was kept quiet (PPE3.2); staff did everything they could to help with pain (PPE4.1); staff explained what medication was for (PPE4.2); say positive things about the brand (BA1.1); talk about the good points of this brand (BA1.2); talk up the brand when others talk negatively about it (BA2.1); defend the brand if hearing someone speaking poorly about it (BA2.2); express excitement in supporting the brand (BA3.1); feel a need to express fondness for the brand (BA3.2); provide extra details about the brand (BA4.1); provide a lot of information about the brand (BA5.1).

The conceptual framework of this study, "Beyond Medication and Toward Advocacy: Quantitative Insights into the Roles of Patient Experience and Trust in Hospital Selection", explores how patient experience, trust, and service quality factors influence hospital selection and brand advocacy. The study emphasizes the

role of Beyond Medication, which encompasses both inpatient and outpatient care, focusing on non-medical aspects such as communication, autonomy, and safety, as well as reception, doctor–patient communication, and aftercare. These factors highlight the importance of empathetic communication, emotional support, and an overall healing environment in building positive patient experiences that strengthen trust in hospitals (Adams et al., 2024; Altinay et al., 2023). Completeness of Service Facilities serves as a key factor in forming Positive Patient Experience and Patient Trust. This includes tangible elements such as clean and comfortable lobbies, waiting areas, and sufficient parking facilities, which shape patients' perceptions of hospital service quality. Moreover, physical support, such as well-organized facilities and functional equipment, reassures patients of the hospital's ability to meet both their medical and non-medical needs. These aspects directly affect how patients feel safe and confident, enhancing their overall experience and trust in the institution (Ai et al., 2022; Swathi et al., 2023; Tanjung et al., 2021). Positive Patient Experience functions as a central mediator between Patient Trust and Brand Advocacy. Effective communication with medical staff, a clean and calm environment, and proper pain management all contribute to positive emotional attachment and increased trust. When patients trust their healthcare institutions and feel satisfied with their experiences, they are more likely to promote the hospital to others through word-of-mouth or social media (Ai et al., 2022; Liu et al., 2021; Maulana, 2023; Wilk et al., 2021). This chain of relationships demonstrates that Beyond Medication and Completeness of Service Facilities contribute to positive patient experiences, which in turn reinforce trust and foster brand advocacy, making them critical factors in hospital selection (Hariyanti et al., 2024; Liu et al., 2021).

3. Hypothesis

Based on the conceptual model that has been developed, this study formulates several hypotheses to examine the causal relationships among the variables involved. The hypotheses are structured as follows:

H1: Beyond Medication has a positive effect on Positive Patient Experience
(Adams et al., 2024; Altinay et al., 2023)

H2: Beyond Medication has a positive effect on Patient Trust
(Liu et al., 2021; Meyer et al., 2024; Zhao et al., 2024)

H3: Completeness of Service Facilities has a positive effect on Positive Patient Experience
(Ai et al., 2022; Swathi et al., 2023; Tanjung et al., 2021)

H4: Completeness of Service Facilities has a positive effect on Patient Trust
(Ai et al., 2022; Shie et al., 2022; Varga et al., 2023)

H5: Positive Patient Experience has a positive effect on Patient Trust
(Liu et al., 2021; Maulana, 2023; Wilk et al., 2020; Zhao et al., 2024)

H6: Positive Patient Experience has a positive effect on Brand Advocacy
(Altinay et al., 2023; Maulana, 2023; Wilk et al., 2021)

H7: Patient Trust has a positive effect on Brand Advocacy
(Hariyanti et al., 2024; Liu et al., 2021)

C. RESEARCH METHOD

1. Research Design

This study was designed using an explanatory quantitative approach to analyze the influence of among

variables through statistical hypothesis testing (Creswell, 2017). Specifically, the research examines how Beyond Medication (X1) and Completeness of Service Facilities (X2) influence Positive Patient Experience (Z1) and Patient Trust (Z2) as mediating variables, and how these factors collectively impact Brand Advocacy (Y) in hospital selection. This model seeks to provide empirical insights into how hospitals can go beyond medical treatment by enhancing service completeness and implementing patient-centered care experiences to foster greater trust and ultimately encourage advocacy behaviors. Through this framework, the study contributes to a deeper understanding of how patient experience and trust function as key mechanisms linking hospital service quality to patients' willingness to recommend and advocate for the hospital.

2. Population and Sample

The population in this study consists of the residents of Batu City, Malang, Indonesia. Since the exact number of patients is unknown, the population is considered infinite. Therefore, the determination of the sample size in this research refers to the approach proposed by Hair et al., (2019), which states that the sample size should be adjusted based on the number of variable indicators multiplied by a factor of 5 to 10. Based on this guideline, the sample size for this study was calculated as 34 × 10 = 340. Thus, a total of 340 respondents were required as the research sample, which is considered sufficient to represent the patient population in Batu City, Malang, Indonesia.

3. Operational Variable

Table 1 Operational Definitions of Research Variables

Variable	Indicators	Item	Reference
Beyond Medication	1. Inpatient Hospital Care 2. Outpatient Hospital Care	a. Communication on intake b. Autonomy c. Security d. Reception at clinic e. Information from doctor f. Aftercare and medication	(Adams et al., 2024)
Completeness of Service Facilities	1. Physical Evidence 2. Physical support	a. Lobby space that is comfortable, clean and tidy to use b. Comfortable waiting room facilities c. Availability of adequate parking spaces d. Arranging facilities. e. Function value. f. Supporting equipment	(Tanjung et al., 2021)
Patient Trust	1. Wake Forest Physician Trust	a. Competence b. Honesty c. Global trust	(Meyer et al., 2024)

	2. Public Trust in Dutch Healthcare	d. Quality of care e. Health care providers' expertise f. Quality of cooperation	
Positif Patient Experience	1. Communication With Nurses	a. Nurses listen carefully b. Nurses explain things in an understandable way	(Altinay et al., 2023)
	2. Communication With Doctors,	c. Doctors treat with courtesy and respect d. Doctors explain things in an understandable way	
	3. Physical Environment,	e. Hospital room was kept clean f. Surrounding area was kept quiet	
	4. Pain Management	g. Staff did everything they could to help with pain h. Staff explained what medication was for	
Brand Advocacy	1. Brand Positivity	a. Say positive things about the brand b. Talk about the good points of this brand	(Wilk et al., 2021)
	2. Brand Defense	c. Talk up the brand when others talk negatively about it d. Defend the brand if I hear someone speaking poorly about it	
	3. Brand Zest	e. Express how excited I am to support the brand f. Feel a need to express my fondness for the brand	
	4. Brand Knowledge	g. Provide extra details about the brand	
	5. Brand Appraisal	h. Provide a lot of information about the brand	

Source: Adams et al., (2024); Meyer et al., (2024); Altinay et al., (2023); Wilk et al., (2021); Tanjung et al., (2021)

4. Data Collection Technique

This study was conducted starting in October 2025. The data were collected through a questionnaire

using a five-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree) (Creswell, 2017). The measurement instrument was developed based on the indicators of each variable within the conceptual framework. The questionnaire was distributed both online and offline, depending on the policies and conditions of the patients in Batu City.

5. Data Analysis Technique

Data analysis in this study employed the Partial Least Squares – Structural Equation Modeling (PLS-SEM) technique with the assistance of the Smart PLS software (Hair et al., 2019). P LS-SEM is suitable for complex conceptual models, a large number of indicators, non-normal data distributions, and moderate sample sizes. The PLS-SEM procedure consists of two primary stages (Hair et al., 2022):

1) Outer model testing (measurement model)-to assess the validity and reliability of indicators toward their respective latent constructs.
2) Inner model testing (structural model)-to evaluate the causal relationships between latent constructs (i.e., structural hypotheses).

Table 2 Outer Model Assessment

No.	Test	Objective	Eligibility Criteria
1	Convergent Validity	Measures the extent to which indicators reflect the construct	Average Variance Extracted (AVE) ≥ 0.50
2	Outer Loading	Evaluates the contribution of indicators to latent constructs	Loading ≥ 0.70 (≥ 0.60 acceptable in some cases)
3	Composite Reliability	Assesses the internal consistency of a construct	CR ≥ 0.70
4	Cronbach's Alpha	Measures construct reliability	Alpha ≥ 0.70
5	Discriminant Validity – Fornell-Larcker	Assesses the distinctiveness between constructs	√AVE > inter-construct correlations

Source: Primary Data (2025)

In PLS-SEM, the measurement model is assessed through several key tests. Convergent validity is confirmed when the Average Variance Extracted (AVE) is ≥ 0.50, indicating that indicators effectively reflect the construct. Outer loading should generally be ≥ 0.70 to show strong indicator contributions. Composite reliability (CR) and Cronbach's Alpha assess internal consistency, both with acceptable values ≥ 0.70. To ensure discriminant validity, the Fornell-Larcker criterion is used, requiring the square root of AVE to exceed inter-construct correlations.

After confirming the reliability and validity of the measurement model, the next step involves assessing the structural model (inner model) to evaluate the relationships between latent constructs. This is done using key metrics such as R-Square, path coefficients, t-statistics, and effect sizes, as summarized in the following table 3.

Table 3 Inner Model Assessment

No.	Test	Objective	Eligibility Criteria
1	R-Square (R^2)	Measures the predictive power of independent variables	R^2 ≥ 0.25 (weak), ≥ 0.50 (moderate), ≥ 0.75 (strong)

2	Path Coefficient (β)	Evaluates the strength and direction of construct relationships	Coefficient value and p-value < 0.05
3	T-Statistics & P-Values	Assesses the significance of structural paths	T ≥ 1.96 and p < 0.05 (for 5% significance level)
4	f-Square (f^2)	Assesses the effect size of exogenous variables on endogenous ones	f^2 ≥ 0.02 (small), ≥ 0.15 (moderate), ≥ 0.35 (large)

Source: Primary Data (2025)

In evaluating the structural model in PLS-SEM, several key metrics are used. R-Square (R^2) measures the predictive power of independent variables on the dependent variable, with values of 0.25, 0.50, and 0.75 indicating weak, moderate, and strong predictive accuracy, respectively. Path coefficients (β) show the strength and direction of relationships between constructs, and are considered significant when the p-value is less than 0.05. To test the statistical significance of these paths, T-statistics and p-values are assessed, where T ≥ 1.96 and p < 0.05 denote significance at the 5% level. Finally, f-Square (f^2) is used to evaluate the effect size of exogenous variables on endogenous, with thresholds of 0.02 (small), 0.15 (moderate), and 0.35 (large).

D. RESULT

1. Respondent Characteristics

To better understand the background and diversity of participants in this study, it is essential to describe their demographic and occupational characteristics. This section outlines the profile of patients who participated as respondents in the research on hospital selection in Batu City, including gender, age, educational background, and occupation. These characteristics provide important context for interpreting the relationships among Beyond Medication, Completeness of Service Facilities, Positive Patient Experience, Patient Trust, and Brand Advocacy. Understanding the demographic and occupational composition of respondents helps explain how these factors may influence patients' decision-making, trust, and advocacy behaviors toward healthcare services, while also offering a comprehensive picture of the dynamics involved in the hospital selection process.

Table 4 Distribution of Respondent Characteristics (N = 340)

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Male	207	61%
	Female	133	39%
Age	≤ 25 Year	66	19%
	26 – 35 Year	72	21%
	36 – 45 Year	58	17%
	46 – 55 Year	83	24%
	> 55 Year	61	18%
Education	Elementary School	22	6%
	Junior High School	39	11%
	Senior High School/Vocational High School	39	11%

	Diploma	75	22%
	Bachelor's Degree	106	31%
	Master's Degree	57	17%
	Doctoral Degree	2	1%
Work	Not Working	46	14%
	Private Employee	150	44%
	Entrepreneur	86	25%
	Civil Servant	58	17%

Source: Data Processed (2025)

The demographic profile of respondents in the study "Beyond Medication and Toward Advocacy: Quantitative Insights on the Roles of Patient Experience and Trust in Hospital Selection," conducted in hospitals across Batu City, demonstrates a diverse range of patient characteristics based on gender, age, education, and occupation. In terms of gender, the majority of respondents were male (207 respondents or 61%), while female respondents accounted for 133 (39%). This indicates that male patients are slightly more dominant in the hospital selection process, although the overall gender distribution remains relatively balanced. Regarding age, most respondents were between 46–55 years old (24%), followed by 26–35 years (21%), ≤25 years (19%), >55 years (18%), and 36–45 years (17%). These findings suggest that the majority of respondents fall within the middle to late productive age group, a stage where the need for healthcare services tends to increase. Consequently, choosing a reliable and suitable hospital becomes a key consideration for this demographic group. From an educational perspective, most respondents held a Bachelor's degree (31%), followed by Diploma (22%), Master's degree (17%), Senior High/Vocational School (11%), Junior High School (11%), Elementary School (6%), and Doctorate (1%). This indicates that most participating patients came from upper-middle educational backgrounds, which may influence how they evaluate service quality, doctor–patient communication, and non-medical experiences provided by hospitals. Patients with higher education levels tend to expect greater transparency, professionalism, and trustworthiness in the services they receive. In terms of occupation, the largest group consisted of private employees (44%), followed by entrepreneurs (25%), civil servants (17%), and unemployed individuals (14%). This occupational diversity reflects a broad socioeconomic background, which can shape patients' perceptions of facility completeness, service quality, and their tendency to recommend or advocate for a particular hospital brand.

Overall, this demographic composition represents a balanced and representative sample, strengthening the study's validity. These results provide meaningful insights into how Beyond Medication and service completeness contribute to patient experience and trust, ultimately fostering stronger brand advocacy in hospital selection decisions within Batu City.

2. Outer Model Evaluation

a. Convergent Validity-Outer Loading

To further illustrate the structural relationships and measurement components tested in this study, the following figure presents the complete PLS-SEM model, including both the measurement model (outer

model) and the structural model (inner model). It visually demonstrates the path coefficients, indicator loadings, and R^2 values that reflect the strength and predictive power of the constructs.

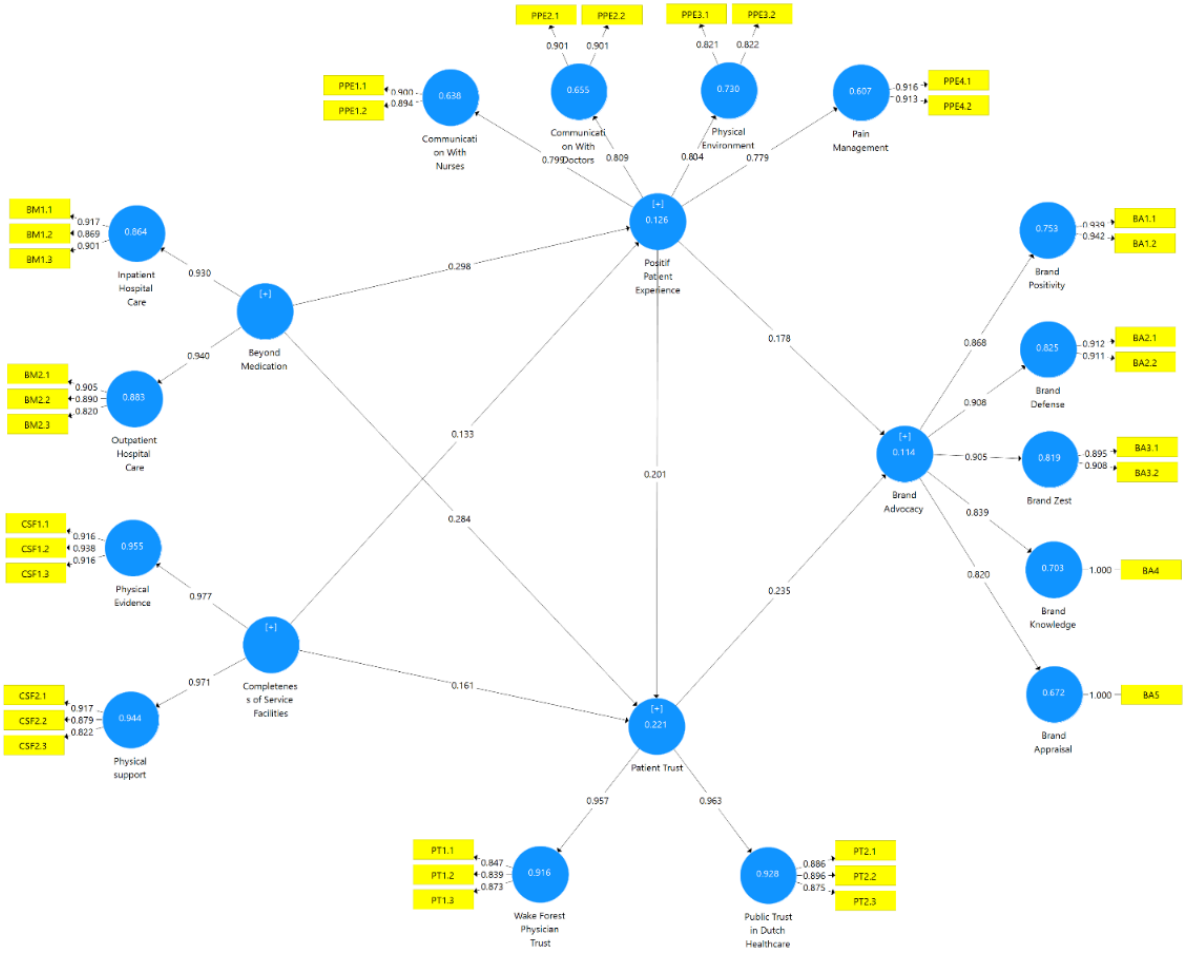

Figure 3 Outer Model

Outer loading serves as a key measure for evaluating convergent validity, illustrating the degree to which indicators align with the latent constructs being examined. An outer loading value greater than 0.70 indicates that the indicator has strong representative power toward the latent variable. Table 5 presents the outer loading results, arranged in ascending order based on the indicator items.

Table 5 Outer Loading for Indicators

Contruct	Indicators	Loading	Item	Loading
Beyond Medication (BM)	Inpatient Hospital Care (BM1)	0,930	a. Communication on intake (BM1.1)	0,917
			b. Autonomy (BM1.2)	0,869
			c. Security (BM1.3)	0,901
	Outpatient Hospital Care (BM2)	0,940	a. Information from doctor (BM2.1)	0,905
			b. Reception at clinic (BM2.2)	0,890
				0,820

			c. Aftercare and medication (BM2.3)	
Completeness of Service Facilities (CSF)	Physical Evidence (CSF1)	0,977	a. Lobby space that is comfortable, clean, and tidy to use (CSF1.1)	0,916
			b. Comfortable waiting room facilities (CSF1.2)	0,938
			c. Availability of adequate parking spaces (CSF1.3)	0,916
	Physical support (CSF2)	0,971	a. Arranging facilities. (CSF2.1)	0,917
			b. Function value. (CSF2.2)	0,879
			c. Supporting equipment (CSF.3)	0,822
Patient Trust (PT)	Wake Forest Physician Trust (PT1)	0,957	a. Competence (PT1.1)	0,847
			b. Honesty (PT1.2)	0,839
			c. Global trust (PT1.3)	0,873
	Public Trust in Dutch Healthcare (PT2)	0,963	a. Quality of care (PT2.1)	0,886
			b. Health care providers' expertise (PT2.2)	0,896
			c. Quality of cooperation (PT2.3)	0,875
Positif Patient Experience (PPE)	Communication With Nurses (PPE1)	0,799	a. Nurses listen carefully (PPE1.1)	0,900
			b. Nurses explain things in an understandable way (PPE1.2)	0,894
	Communication With Doctors. (PPE2)	0,809	a. Doctors treat with courtesy and respect (PPE2.1)	0,901
			b. Doctors explain things in an understandable way (PPE2.2)	0,901
	Physical Environment (PPE3)	0,804	a. Hospital room was kept clean (PPE3.1)	0,821
			b. Surrounding area was kept quiet (PPE3.2)	0,822
	Pain Management (PPE4)	0,779	a. Staff did everything they could to help with pain (PPE4.1)	0,916
			b. Staff explained what the medication was for (PPE4.2)	0,913
Brand Advocacy (BA)	Brand Positivity (BA1)	0,868	a. Say positive things about the brand (BA1.1)	0,939
			b. Talk about the good points of this brand (BA1.2)	0,942
	Brand Defense (BA2)	0,908	a. Talk up the brand when others talk negatively about it (BA2.1)	0,912
				0,911

			b. Defend the brand if I hear someone speaking poorly about it (BA2.2)	
Brand Zest (BA3)		0,905	a. Express how excited I am to support the brand (BA3.1) b. Feel a need to express my fondness for the brand (BA3.2)	0,895 0,908
Brand Knowledge (BA4)		0,839	a. Provide extra details about the brand (BA4.1)	1,000
Brand Appraisal (BA5)		0,820	a. Provide a lot of information about the brand (BA5.1)	1,000

Source: Data Processed (2025)

The results of the outer model analysis indicate that all indicators for the constructs Beyond Medication (BM), Completeness of Service Facilities (CSF), Positive Patient Experience (PPE), Patient Trust (PT), and Brand Advocacy (BA) exhibit factor loading values exceeding the minimum threshold of 0.70, signifying strong convergent validity across all variables and their constructs. Among the constructs tested, Completeness of Service Facilities (CSF) demonstrated the highest indicator reliability, with loading values of physical evidence = 0.977 (CSF1) and physical support = 0.971 (CSF2), indicating that both items strongly represent their construct. Similarly, the Beyond Medication (BM) construct also showed excellent reliability, with inpatient hospital care = 0.930 (BM1) and outpatient hospital care = 0.940 (BM2). The Patient Trust (PT) construct displayed high factor loadings as well—Wake Forest Physician Trust = 0.957 (PT1) and Public Trust in Dutch Healthcare = 0.963 (PT2), confirming that the trust-related items were measured strongly and consistently. For Positive Patient Experience (PPE), all indicators demonstrated acceptable loading values: communication with nurses = 0.799 (PPE1), communication with doctors = 0.809 (PPE2), physical environment = 0.804 (PPE3), and pain management = 0.779 (PPE4). Although slightly lower than other constructs, these values still meet reliability standards and contribute meaningfully to measuring the Positive Patient Experience variable. The Brand Advocacy (BA) construct also exhibited strong internal consistency, with loadings of brand positive = 0.868 (BA1), brand defense = 0.908 (BA2), brand zest = 0.905 (BA3), brand knowledge = 0.839 (BA4), and brand appraisal = 0.820 (BA5).

Overall, the outer loading results confirm that the measurement model meets the criteria for reliability and convergent validity, indicating that each construct accurately reflects its underlying concept. These findings provide a solid empirical foundation for conducting a structural model (SEM/PLS) analysis, particularly in examining how Beyond Medication and Completeness of Service Facilities influence Positive Patient Experience and Patient Trust, ultimately impacting Brand Advocacy in the context of hospital selection in Batu City.

b. Discriminant Validity-Fornell Larcker Criterion

Discriminant validity reflects how well a construct can be distinguished from other constructs. According to the Fornell–Larcker Criterion, the square root of the AVE (displayed along the diagonal of the table) should be greater than the correlation values between that construct and other constructs appearing in the corresponding rows and columns for each variable (Sarstedt et al., 2019). The results of the discriminant validity test can be presented as follows:

Table 6 Fornell-Larcker Criterion

	Beyond Medication (BM)	Brand Advocacy (BA)	Completeness of Service Facilities (CSF)	Patient Trust (PT)	Positif Patient Experience (PPE)
Beyond Medication (BM)	0,826				
Brand Advocacy (BA)	0,358	0,822			
Completeness of Service Facilities (CSF)	0,249	0,189	0,876		
Patient Trust (PT)	0,391	0,293	0,273	0,835	
Positif Patient Experience (PPE)	0,331	0,255	0,207	0,328	0,715

Source: Data Processed (2025)

The discriminant validity results based on the Fornell–Larcker Criterion, as shown in Table 6, indicate that the square root of the AVE for each construct Beyond Medication (0.826), Brand Advocacy (0.822), Completeness of Service Facilities (0.876), Patient Trust (0.835), and Positive Patient Experience (0.715) exceeds the correlation values of each construct with other constructs. For example, the square root of the AVE for Beyond Medication (0.826) is higher than its correlations with Brand Advocacy (0.359), Completeness of Service Facilities (0.246), Patient Trust (0.389), and Positive Patient Experience (0.330). Similarly, Brand Advocacy (0.822) shows a value greater than its correlations with other variables such as Completeness of Service Facilities (0.189), Patient Trust (0.293), and Positive Patient Experience (0.255). This pattern remains consistent across all constructs, indicating that each variable shares a stronger relationship with its own indicators than with those of other constructs. These findings confirm that discriminant validity has been well established, meaning that the latent variables in this study are empirically distinct from one another and that the measurement model effectively differentiates conceptually separate constructs.

c. Construct Reliability and Validity

The reliability test of the constructs was conducted to assess the extent to which the indicators within each construct demonstrate good internal consistency, using three main measures: Cronbach's Alpha, Composite Reliability, and Average Variance Extracted (AVE).

Table 7 Construct Reliability and Validity

	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Beyond Medication (BM)	0,907	0,928	0,682
Inpatient Hospital Care	0,877	0,924	0,802
Outpatient Hospital Care	0,842	0,905	0,761
Completeness of Service Facilities (CSF)	0,939	0,952	0,767
Physical Evidence	0,913	0,946	0,853
Physical Support	0,844	0,906	0,763
Positive Patient Experience (PPE)	0,863	0,893	0,511
Communication With Nurses	0,758	0,892	0,805
Communication With Doctors	0,768	0,896	0,812
Physical Environment	0,818	0,806	0,675
Pain Management	0,805	0,911	0,837
Patient Trust (PT)	0,913	0,932	0,697
Public Trust in Dutch Healthcare	0,863	0,916	0,785
Wake Forest Physician Trust	0,813	0,889	0,728
Brand Advocacy (BA)	0,932	0,943	0,676
Brand Positivity	0,870	0,939	0,885
Brand Defense	0,796	0,908	0,831
Brand Zest	0,770	0,897	0,813
Brand Knowledge	1,000	1,000	1,000
Brand Appraisal	1,000	1,000	1,000

Source: Data Processed (2025)

The results of the reliability and validity assessment presented in the table indicate that all constructs meet the required measurement quality standards. The Cronbach's Alpha values for the indicators of the variables Beyond Medication, Completeness of Service Facilities, Positive Patient Experience, Patient Trust, and Brand Advocacy range from 0.758 to 1.000, with all exceeding the minimum threshold of 0.70, indicating a strong level of internal consistency among the indicators within each construct. Furthermore, the Composite Reliability (CR) values, ranging from 0.806 to 1.000, are also well above the 0.70 benchmark, suggesting that the indicators consistently and accurately represent their respective latent variables. Additionally, the Average Variance Extracted (AVE) values, which fall between 0.511 and 1.000, surpass the minimum criterion of 0.50, meaning that each construct effectively explains the variance of its indicators, thereby supporting adequate convergent validity. Although the Positive Patient Experience construct recorded the lowest AVE value (AVE = 0.511), it remains within the acceptable range, signifying that the construct is still valid for inclusion in the measurement model. Overall, these findings confirm that all constructs, including Beyond Medication, Completeness of Service Facilities, Positive Patient Experience, Patient Trust, and Brand Advocacy, exhibit

strong reliability and convergent validity. Therefore, the measurement model is considered reliable and robust, making it suitable for further analysis using the SEM/PLS-SEM approach.

These results reinforce the research objective of exploring the roles of Beyond Medication and Completeness of Service Facilities on Positive Patient Experience, Patient Trust, and their subsequent impact on Brand Advocacy in patients' hospital selection decisions in Batu City.

3. Inner Model Evaluation

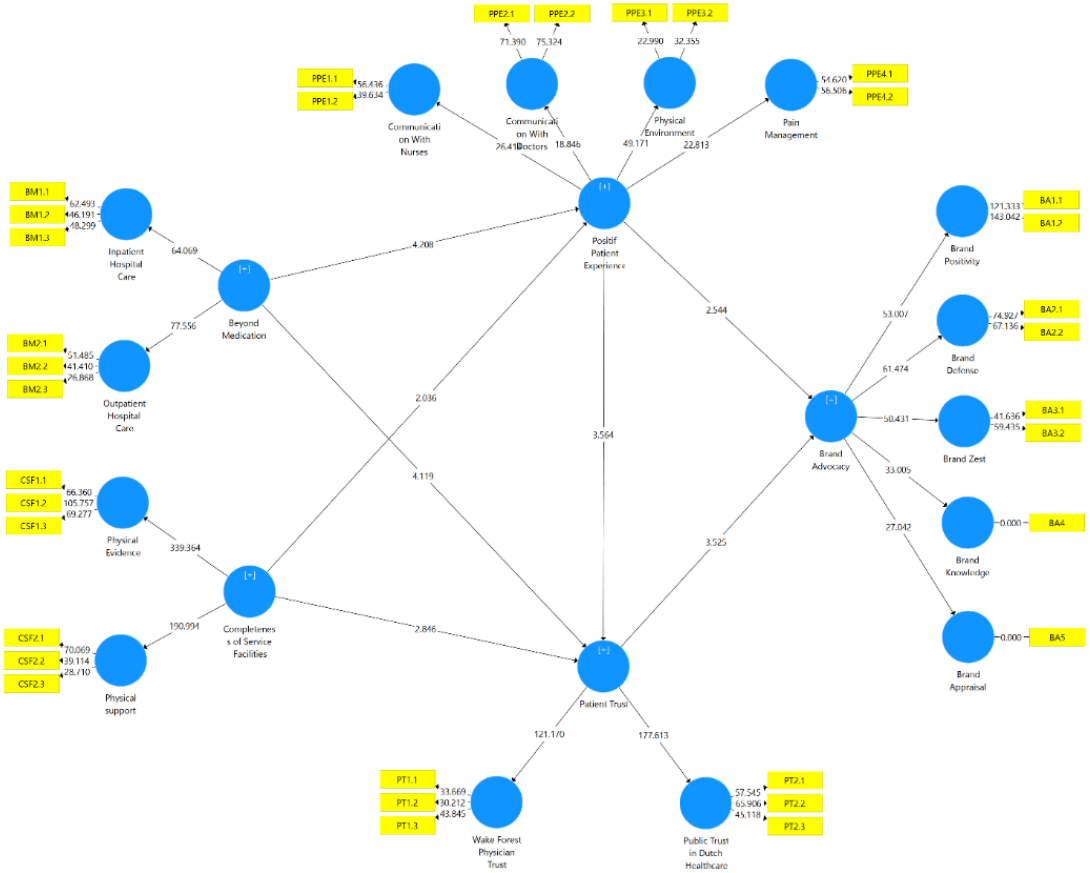

Figure 4 Inner Model

a. Coefficient of Determination (R^2)

The R-Square (R^2) value indicates the proportion of variance in the endogenous variable that can be predicted by the exogenous variables. The larger the R^2 value, the greater the model's ability to explain the relationships among the variables.

Table 8 R- Square Values

	R Square	R Square Adjusted
Brand Advocacy (BA)	0,114	0,109
Brand Positivity	0,753	0,752
Brand Defense	0,825	0,824
Brand Zest	0,819	0,818

Brand Knowledge	0,703	0,702
Brand Appraisal	0,672	0,671
Patient Trust (PT)	0,220	0,213
Wake Forest Physician Trust	0,916	0,916
Public Trust in Dutch Healthcare	0,928	0,928
Positive Patient Experience (PPE)	0,126	0,120
Communication With Nurses	0,638	0,637
Communication With Doctors	0,655	0,654
Physical Environment	0,730	0,729
Pain Management	0,607	0,606

Source: Data Processed (2025)

The R-square results presented in the table illustrate the model's ability to explain the variance of the endogenous variables analyzed in this study. The Patient Trust (PT) construct recorded an R-square value of 0.220 (adjusted = 0.213), indicating that 22.0% of the variance is explained by the predictors. Additionally, the R-square values of the Patient Trust indicators were notably high, with Wake Forest Physician Trust showing $R^2 = 0.916$ and Public Trust in Dutch Healthcare showing $R^2 = 0.928$. These results suggest that variations in patient trust can be explained by predictors such as Beyond Medication, Completeness of Service Facilities, and Positive Patient Experience. This reflects a moderate level of explanatory power, indicating that these factors contribute meaningfully to the development of patient trust in hospitals. Similarly, the Positive Patient Experience (PPE) construct had an R-square value of 0.126 (adjusted = 0.120), meaning approximately 12.6% of the variance is explained. The R-square values of individual indicators, Communication with Nurses (0.638), Communication with Doctors (0.655), Physical Environment (0.730), and Pain Management (0.607) indicate that variations in positive patient experiences can be explained by predictors such as Beyond Medication and Completeness of Service Facilities. Although the explanatory power is relatively low, the results still show that these two factors significantly influence the overall patient care experience. The Brand Advocacy (BA) construct recorded an R-square value of 0.114 (adjusted = 0.109), indicating that 11.4% of the variance in brand advocacy is explained by Beyond Medication, Completeness of Service Facilities, Positive Patient Experience, and Patient Trust. Although this represents a weak explanatory power by PLS-SEM standards, the results still highlight that patient trust and positive patient experiences act as significant mediating factors driving patients to engage in advocacy behaviors toward hospitals.

Overall, the R-square values of each indicator display predictive relevance ranging from low to high, as the values have not exceeded the moderate range (0.25–0.75) commonly used in PLS-SEM. Nevertheless, these findings provide valuable insights into how Beyond Medication initiatives and service completeness indirectly influence patient trust, patient experience, and brand advocacy in the hospital selection process among patients in Batu City.

b. Effect Size (f^2)

The effect size (f^2) reflects the contribution of each exogenous variable to the variation in R^2 of the endogenous variable. According to Cohen's (1988) guidelines, the effect size categories are defined as follows: small = 0.02, medium = 0.15, and large = 0.35.

Table 9 Effect Size (f^2)

Construct	Positive Patient Experience (Z1)	Patient Trust (Z2)	Brand Advocacy (Y)
Beyond Medication (X1)	0,095 (Small)	0,089 (Small)	
Completeness of Service Facilities (X2)	0.019 (Small)	0,031 (Small)	
Positive Patient Experience (Z1)		0.045 (Small)	0,032 (Small)
Patient Trust (Z2)			0,056 (Small)

Source: Data Processed (2025)

The research findings show that Beyond Medication has a small effect on Positive Patient Experience ($f^2 = 0.095$) and Patient Trust ($f^2 = 0.089$). This indicates that although both the medical and non-medical aspects of healthcare services have a positive influence on improving patient experience and trust, their overall impact remains relatively small. Similarly, Completeness of Service Facilities demonstrates a small effect on Positive Patient Experience ($f^2 = 0.019$) and Patient Trust ($f^2 = 0.031$), suggesting that while adequate facilities contribute to patients' experiences and trust, their influence is still limited. Regarding the mediating constructs, Positive Patient Experience shows a small effect on Patient Trust ($f^2 = 0.045$) and Brand Advocacy ($f^2 = 0.032$). This implies that, although the influence is moderate, positive patient experiences continue to play a key role in fostering trust and motivating advocacy behavior. Likewise, Patient Trust exerts a small effect on Brand Advocacy ($f^2 = 0.056$), meaning that trust influences patients' willingness to promote or recommend the hospital, albeit to a limited extent. Overall, the analysis confirms that all relationships in the model exhibit small effect sizes. This indicates that while each construct individually contributes modestly, their combined influence forms a coherent and meaningful pathway. Specifically, Beyond Medication practices and service completeness indirectly enhance brand advocacy through their effects on patient experience and trust, providing valuable insights for hospitals in Batu City seeking to increase hospital selection preference through improvements in holistic, patient-centered service quality.

c. Direct Effect Analysis

To further understand the structural relationships among the constructs, the direct effects between exogenous and endogenous variables were analyzed using path coefficients, t-values, and significance levels. The following interpretation explains the strength and direction of influence among the independent variables (Beyond Medication and Completeness of Service Facilities), the mediating variables (Positive Patient Experience and Patient Trust), and the dependent variable (Brand Advocacy) within the proposed model.

Table 10 Direct Effect: Path Coefficient, T-Statistic, and Significance

Pathway	Coefficient (O)	T-Statistic	P-Value	Note
X1→Z1 (Beyond Medication→Positive Patient Experience)	0,298	4,208	0,000	Significant
X1→Z2 (Beyond Medication→Patient Trust)	0,284	4,119	0,000	Significant
X→Z1 (Completeness of Service Facilities→Positive Patient Experience)	0,133	2,036	0,042	Significant
X2→Z2 (Completeness of Service Facilities→Patient Trust)	0,161	2,846	0,005	Significant
Z1→Z2 (Positive Patient Experience→Patient Trust)	0,201	3,564	0,000	Significant
Z1→Y (Positive Patient Experience→Brand Advocacy)	0,178	2,544	0,011	Significant
Z2→Y (Patient Trust→Brand Advocacy)	0,235	3,525	0,000	Significant

Source: Data Processed (2025)

The results of the direct effect analysis show that all hypothesized relationships exhibit statistical significance, thereby confirming the proposed relationships among Beyond Medication (BM), Completeness of Service Facilities (CSF), Positive Patient Experience (PPE), Patient Trust (PT), and Brand Advocacy (BA) in patients' hospital selection in Batu City. The relationship between Beyond Medication and Positive Patient Experience ($\beta = 0.298$, $t = 4.208$, $p = 0.000$) demonstrates a significant positive direct effect, indicating that Beyond Medication positively influences the overall patient experience. Similarly, the relationship between Beyond Medication and Patient Trust ($\beta = 0.284$, $t = 4.119$, $p = 0.000$) also shows a significant positive effect, suggesting that both the medical and non-medical aspects of healthcare services effectively enhance the overall patient experience and deepen patient trust in hospitals. Likewise, Completeness of Service Facilities has a significant positive effect on Positive Patient Experience ($\beta = 0.133$, $t = 2.036$, $p = 0.042$) and on Patient Trust ($\beta = 0.161$, $t = 2.846$, $p = 0.005$). These findings indicate that adequate and comprehensive facilities significantly improve patients' perceptions of service quality and their trust in the hospital. Furthermore, the relationship between Positive Patient Experience and Patient Trust ($\beta = 0.201$, $t = 3.564$, $p = 0.000$) shows a significant positive effect, reinforcing that patients who receive high-quality care are more likely to develop strong trust in the hospital. Additionally, Positive Patient Experience has a significant positive effect on Brand Advocacy ($\beta = 0.178$, $t = 2.544$, $p = 0.011$), while Patient Trust also exerts a significant positive effect on Brand Advocacy ($\beta = 0.235$, $t = 3.525$, $p = 0.000$). These results suggest that patients with higher satisfaction and trust levels are more inclined to engage in advocacy behaviors, such as recommending the hospital to others.

Overall, these findings demonstrate that Beyond Medication and Completeness of Service Facilities significantly influence Positive Patient Experience and Patient Trust, which in turn have a direct impact on Brand Advocacy. This highlights the importance of integrating holistic, patient-centered care with reliable and trustworthy service practices to foster advocacy behavior among patients in hospitals across Batu City.

E. DISCUSSION

a. The Influence of Demographic Factors on Hospital Selection Decisions in Batu City

Based on the demographic data presented in the table above, the respondent profile in this study shows

considerable diversity in terms of gender, age, education, and occupation, reflecting a broad representation of patients in Batu City. In terms of gender, the majority of respondents were male (207 people or 61%), while female respondents accounted for 133 people (39%). This indicates that male patients are more dominant in the hospital selection process, although the overall gender distribution remains relatively balanced. From an age perspective, the largest proportion of respondents falls within the 46–55 age group (24%), followed by 26–35 years (21%), ≤25 years (19%), >55 years (18%), and 36–45 years (17%). These findings suggest that most respondents belong to the middle to late productive age group, a category that generally has higher healthcare needs. Therefore, selecting a hospital that can meet both medical requirements and foster trust becomes an important consideration for this group.

In terms of education, most respondents held a Bachelor's degree (31%), followed by Diploma (22%), Master's degree (17%), High School/Vocational School (11%), Junior High School (11%), Elementary School (6%), and Doctorate (1%). This relatively high level of education indicates that most patients possess strong health literacy and are capable of evaluating hospital services not only from their physical and medical aspects but also from dimensions such as communication on intake, autonomy, security, reception at clinic, information from doctor, and aftercare and medication, as well as their trust in medical staff. Regarding occupation, the largest group consisted of private employees (44%), followed by entrepreneurs (25%), civil servants (17%), and unemployed respondents (14%). This distribution reflects a diverse socioeconomic status among respondents, which potentially influences their preferences, expectations, and motivation in hospital selection. Respondents working in the formal or entrepreneurial sectors tend to value healthcare services that are efficient, credible, and capable of delivering positive patient experiences. When linked to the focus of this study, namely, the roles of Beyond Medication, Completeness of Service Facilities, Patient Experience, and Patient Trust in shaping Brand Advocacy, this demographic diversity provides crucial context for understanding patient behavior patterns in Batu City. Patients who are mature in age, highly educated, and economically active tend to have higher expectations for services that go beyond the clinical aspect, emphasizing holistic and patient-centered experiences.

These findings are consistent with Ai et al., (2022) and Liu et al., (2021), who revealed that trust plays a vital role in building loyalty and fostering positive advocacy behavior toward hospitals. Therefore, this demographic profile not only illustrates the diversity of patient characteristics but also strengthens the relevance of the research model, which underscores the importance of the interrelationship between patient experience, trust, and brand advocacy in hospital selection decisions in Batu City.

b. Direct Effects in Each Variable Relationship.

Based on the results of the statistical analysis, the findings of the direct effects align with the proposed research hypotheses. These results confirm that all hypothesized relationships are statistically significant, thereby supporting the conceptual model linking Beyond Medication (BM), Completeness of Service Facilities (CSF), Positive Patient Experience (PPE), Patient Trust (PT), and Brand Advocacy (BA) in hospital selection in Batu City. The findings demonstrate how the Beyond Medication (BM) construct represents a holistic approach to patient care, emphasizing that patient satisfaction depends not only on clinical outcomes but also on non-medical dimensions, emotional, psychological, and social. The sub dimension BM1 (Inpatient Hospital Care) specifically highlights the quality of services during inpatient treatment, particularly the patient's initial

interaction with healthcare staff. One of the key indicators, Communication on Intake (BM1.1), with the highest loading value (0.917), reflects the importance of effective communication during the admission process. This aspect includes explaining procedures clearly, listening attentively, and providing transparent information. High-quality initial interactions help form positive first impressions, reduce patient anxiety, and strengthen perceptions of service quality. Therefore, improving staff communication competence becomes a strategic element in creating a patient-centered inpatient experience. Meanwhile, the Security indicator (BM1.3, loading = 0.901) illustrates that the sense of safety experienced by patients during treatment is a core component of creating a positive hospital experience. The security aspect encompasses both physical and psychological protection, including confidence in the competence of medical personnel, the safeguarding of patient information, and the ethical and transparent execution of medical procedures. The sub dimension BM2 (Outpatient Hospital Care) focuses on the quality of services received during outpatient care, from admission to post-treatment follow-up. One key indicator, Information from Doctor (BM2.1), with a loading value of 0.905, underscores that clear and open communication between doctor and patient is a vital element of outpatient service. Easily understandable explanations regarding diagnoses, treatment plans, and medication side effects enhance patients' sense of safety and trust in medical professionals.

The effect of the Beyond Medication variable is also supported by a t-statistic value of 4.208 and a p-value of 0.000, indicating a positive and significant relationship. This demonstrates that the connection between Beyond Medication and Positive Patient Experience shows that both medical and non-medical aspects of care significantly enhance patients' overall evaluation of their hospital experience. These findings are consistent with Adams et al., 2024 and Altinay et al., (2023), who emphasize that a holistic service approach beyond clinical competence can foster greater satisfaction and emotional attachment. In the context of hospitals in Batu City, this highlights the importance of integrating both medical and non-medical dimensions that not only focus on treatment outcomes but also on psychological comfort and empathy toward patients. The statistical results for the effect of Beyond Medication on Patient Trust show a t-statistic value of 4.119 and a p-value of 0.000, confirming a positive and significant impact. This finding suggests that effective communication from the outset, patient autonomy in medical decisions, a sense of security, warm reception at the clinic, clear information provided by doctors, and attentive aftercare collectively improve patients' perceptions of professionalism, empathy, and integrity in healthcare providers. Overall, this combination of factors strengthens patient trust both in individual doctors and in the healthcare system as a whole. The positive influence of Beyond Medication on Patient Trust also aligns with the findings of (Liu et al., 2021; Meyer et al., 2024; Zhao et al., 2024), which indicate that patient trust grows when hospitals deliver services that are personalized, transparent, and communicative. In regions such as Batu City, where word-of-mouth recommendations remain a dominant factor in hospital selection, the trust built through empathetic and reliable care serves as a crucial foundation for fostering long-term relationships between patients and hospital.

The Completeness of Service Facilities (CSF) construct illustrates the extent to which the availability and quality of hospital facilities can create patient comfort, safety, and confidence in the quality of services. This variable consists of two main sub-dimensions, Physical Evidence (CSF1) and Physical Support (CSF2), which together shape positive perceptions of a hospital's professionalism and credibility. In the Physical Evidence (CSF1) sub dimension, the indicator with a high loading value (0.938) corresponds to adequate waiting room facilities (CSF1.2), emphasizing that a well-organized physical environment significantly

influences Positive Patient Experience. A clean, tidy, and comfortable environment not only enhances patient comfort during waiting or treatment but also creates a professional impression that strengthens trust in the hospital. Physical facilities designed with patients' needs in mind also provide a sense of safety and emotional satisfaction, serving as a key foundation in building Patient Trust. Meanwhile, the Physical Support (CSF2) sub dimension, with an indicator loading value of 0.917, highlights the functional aspect of hospital facilities, specifically arranging facilities (CSF2.1). This indicator reflects that efficient layouts, optimal facility functions, and adequate medical support equipment play a significant role in improving service effectiveness. Hospitals equipped with modern infrastructure and comprehensive support facilities are generally perceived as more capable of delivering fast, safe, and accurate services. The results of the relationship between Completeness of Service Facilities and Positive Patient Experience show a t-statistic of 2.036 and a p-value of 0.042, indicating a positive and significant effect. This finding suggests that the Physical Evidence and Physical Support indicators directly influence patients' perceptions, encouraging them to view the hospital environment more positively, particularly in aspects such as Communication with Nurses, Communication with Doctors, Physical Environment, and Pain Management. In addition, service facility completeness plays a crucial role in creating a Positive Patient Experience. Well-maintained and comprehensive facilities contribute to patient comfort and increase confidence in hospital selection. According to Tanjung et al. (2021), adequate infrastructure, both medical and non-medical, has a significant impact on patients' experiences during treatment. Mwaisengela et al. (2025) further emphasize that high-quality hospital facilities help create positive patient perceptions, which in turn strengthen trust in hospital services. These findings are supported by Ai et al. (2022); Swathi et al. (2023); Tanjung et al. (2021), who highlight that modern facilities, accessibility, and service efficiency contribute greatly to patient comfort and reliability perceptions. Furthermore, the results show that the Completeness of Service Facilities has a positive and significant effect on Patient Trust, with a t-statistic of 2.846 and a p-value of 0.005. This finding is consistent with Shie et al., (2022) and Varga et al., (2023), who state that adequate facilities reflect professionalism and a strong commitment to service quality, which ultimately enhance patient trust as they feel safer and more confident in the hospital's ability to meet their medical and non-medical needs comprehensively (Swathi et al., 2023; Tanjung et al., 2021). Comprehensive facilities such as modern laboratories, comfortable treatment rooms, and diagnostic technology support strengthen patients' confidence and trust in choosing the best hospital in Batu City.

The results of the Positive Patient Experience (PPE) construct focus on patients' perceptions and emotional experiences during their hospital care journey, from initial registration to post-treatment. This variable illustrates the extent to which hospitals can create empathetic interactions, responsive services, and a supportive environment that fosters comfort and trust. Positive Patient Experience is not merely an outcome of service quality but also serves as a key factor in shaping Patient Trust (PT) and promoting Brand Advocacy (BA). The first sub dimension, Communication with Nurses (PPE1), highlights the critical role of nurses as the front line in delivering positive care experiences. The indicator "Nurses listen carefully" (PPE1.1), with a loading value of 0.900, shows that nurses' ability to listen empathetically is essential in building warm interpersonal relationships. This helps establish open and calming communication, reducing patient anxiety and enhancing their trust in nursing competence. The second sub-dimension, Communication with Doctors (PPE2), reflects the importance of professional and respectful interactions between doctors and patients. The indicators "Doctors treat with courtesy and respect" (PPE2.1) and "Doctors understandably explain things"

(PPE2.2), each with a loading value of 0.901, demonstrate consistent communication quality that values patients as individuals. Politeness, respect for patient autonomy, and clear explanations about diagnoses and treatments play a crucial role in delivering a high-quality experience and deepening trust in both doctors and hospitals overall. The third sub-dimension, Physical Environment (PPE3), emphasizes the role of the hospital's physical setting in shaping positive patient experiences. The indicators "Hospital room was kept clean" (PPE3.1) and "Surrounding area was kept quiet" (PPE3.2), with respective loading values of 0.821 and 0.822, indicate that cleanliness and tranquility significantly contribute to patient comfort and sense of safety. A clean, organized, and peaceful environment not only increases satisfaction but also supports both psychological and physical recovery. The fourth sub-dimension, Pain Management (PPE4), underscores the importance of the medical staff's role in managing patients' pain. The indicators "Staff did everything they could to help with pain" (PPE4.1) and "Staff explained what medication was for" (PPE4.2), with loading values of 0.916 and 0.913, respectively, show that attentive care in pain management and clear explanations about medications create a sense of safety and demonstrate respect for patients' needs.

On the other hand, the relationship between Positive Patient Experience and Patient Trust shows a t-statistic value of 3.564 and a p-value of 0.000, indicating that Positive Patient Experience has a positive and significant effect on Patient Trust. This demonstrates that indicators such as Communication with Nurses, Communication with Doctors, Physical Environment, and Pain Management directly influence Wake Forest Physician Trust and Public Trust in Dutch Healthcare. This finding suggests that Positive Patient Experience (PPE) plays a crucial role in building Patient Trust by fostering satisfying interactions throughout the care process. Hamadi et al. (2024) found that kindness, attentiveness, and empathy from healthcare providers can generate deep positive emotions, thereby enhancing comfort and satisfaction among patients. When patients feel valued, they tend to hold more favorable perceptions of both the medical staff and the hospital institution. Moreover, effective communication and a supportive care environment further reinforce patients' positive experiences, boosting their trust in healthcare services. Vo et al. (2021) observed that a comfortable environment and open communication create a sense of recognition and trust among patients. Similarly, Ghildiyal et al. (2022) and Gobbo et al. (2020) emphasized that patients treated with empathy and respect are more likely to be satisfied and willing to recommend healthcare services to others, indicating a strong link between Positive Patient Experience and Patient Trust (Gobbo et al., 2020; Verkooyen et al., 2024). This study's results are consistent with Ai et al. (2022); Liu et al. (2021); Wilk et al. (2021); and Zhao et al. (2024), who highlight that patient trust develops gradually through the accumulation of positive experiences, rather than from isolated interactions. Therefore, hospitals in Batu City must ensure that every service touch point provides a consistent and supportive experience to continuously strengthen patient trust over time.

The relationship between Positive Patient Experience and Brand Advocacy shows a t-statistic value of 2.544 and a p-value of 0.011, indicating that Positive Patient Experience has a positive and significant effect on Brand Advocacy. This finding suggests that the more positive the experience patients have during hospital care, the more likely they are to recommend the hospital to others. Research indicates that effective communication with nurses, which includes empathy and responsiveness to patients' needs, greatly contributes to creating these positive experiences (Appiah, 2023; Saraswasta et al., 2021). Moreover, clear communication and attentive explanations from doctors regarding patients' conditions and treatments also play an essential role (Chen et al., 2021; Chen, 2022). The physical hospital environment, including aspects such as comfort,

cleanliness, and efficient management, further strengthens patients' perceptions of the quality of care they receive (Báo et al., 2023; Teixeira et al., 2022). The combination of these indicators creates an enjoyable and satisfying care experience, ultimately encouraging patients to make positive recommendations about the hospital (Asmaryadi et al., 2020; Hamadi et al., 2024). As highlighted by Altinay et al., (2023); Maulana, (2023); Wang et al., (2020), patients who feel genuinely cared for and satisfied are more likely to become advocates, voluntarily recommending the hospital to others. These findings reveal that within the context of positive hospital experiences, patient advocacy behavior is largely shaped by comprehensive satisfaction with the care and services received at the hospital.

The Patient Trust (PT) construct highlights the level of patients' confidence in the competence, integrity, and goodwill of both hospitals and medical professionals in delivering safe, honest, and professional care. This variable consists of two main sub-dimensions: Wake Forest Physician Trust (PT1) and Public Trust in Dutch Healthcare (PT2), which together represent patients' interpersonal trust and institutional trust in the healthcare system. In the Wake Forest Physician Trust (PT1) sub dimension, the indicator Global Trust (PT1.3) with the highest loading value (0.873) illustrates that patients' trust in healthcare professionals is greatly influenced by professional competence, transparency, and sincerity in interactions. When doctors and nurses demonstrate high expertise, communicate information honestly, and show genuine care, patients feel safer and more confident that medical decisions are made in their best interest. These warm interpersonal relationships form the foundation for creating positive patient experiences, influencing patients' hospital selection preferences. Meanwhile, the Public Trust in Dutch Healthcare (PT2) sub dimension emphasizes institutional trust in the hospital as a whole. The indicators Quality of Care (PT2.1) with a loading value of 0.886 and Healthcare Providers' Expertise (PT2.2) with a loading of 0.896 show that patients assess a hospital's credibility based on consistent service quality, the expertise of healthcare providers, and effective interdepartmental coordination. When a hospital maintains high service standards and demonstrates strong synergy among its service units, patients' trust perceptions are significantly strengthened. Furthermore, the relationship between Patient Trust and Brand Advocacy shows a t-statistic value of 3.525 and a p-value of 0.000, indicating a positive and significant effect. Patient Trust plays a crucial role in driving Brand Advocacy. When patients trust a healthcare institution or provider, they are more likely to exhibit long-term support and loyalty, which ultimately leads to advocacy behavior. This finding aligns with Hariyanti et al. (2024) and Liu et al. (2021), who assert that trust forms the foundation of patient loyalty and advocacy. When patients perceive hospitals as reliable, ethical, and transparent, they are more motivated to share positive recommendations. This study contributes new insight by revealing that, in the context of hospitals in Batu City, patient advocacy arises not only from trust in individual doctors but also from community trust in the broader healthcare system.

Comprehensively, the findings of this study reveal that Beyond Medication (BM) and Completeness of Service Facilities (CSF) have relatively balanced influences on Positive Patient Experience (PPE) and Patient Trust (PT), which ultimately have a positive impact on Brand Advocacy (BA) in the context of hospital selection in Batu City. Both variables serve as key determinants in fostering positive perceptions and trust toward the quality of healthcare services, although potential external factors beyond the scope of this study, such as cultural influences, patients' social backgrounds, or hospital management policies, may also contribute to these relationships. The Beyond Medication (BM) variable represents a holistic care approach that places patients at the center of the entire treatment process. The sub dimension Inpatient Hospital Care (BM1),

particularly the indicator Communication on Intake (BM1.1), with a loading value of 0.917, emphasizes the importance of effective communication from the very first stage of patient admission. Transparent and empathetic initial interactions have been shown to reduce anxiety and enhance perceptions of service quality. Additionally, the indicator Security (BM1.3), with a loading value of 0.901, indicates that the sense of physical and psychological safety experienced by patients is a key element in creating a positive inpatient experience. In the Outpatient Hospital Care (BM2) sub dimension, the indicator Information from Doctor (BM2.1), with a loading value of 0.905, reinforces the finding that honest and clear information exchange between doctors and patients strengthens trust and satisfaction toward medical services. The combination of these indicators highlights that non-medical dimensions such as empathy, safety, and personal communication have a significant impact on shaping Positive Patient Experience and Patient Trust. Meanwhile, the Completeness of Service Facilities (CSF) variable demonstrates an important contribution through the availability and quality of hospital facilities, which foster comfort and perceptions of professionalism. The Physical Evidence (CSF1) sub dimension, specifically the indicator Adequate Waiting Room Facilities (CSF1.2), with a loading value of 0.938, confirms that a clean, well-organized, and pleasant physical environment significantly enhances patients' positive experiences. In the Physical Support (CSF2) sub dimension, the indicator Arranging Facilities (CSF2.1), with a loading value of 0.917, shows that efficient spatial arrangements and complete medical support equipment contribute to patients' sense of security and confidence in the hospital's ability to deliver high-quality care. Thus, well-maintained facilities not only reinforce Positive Patient Experience but also strengthen Patient Trust in the hospital institution as a whole. Therefore, it can be concluded that Beyond Medication and Completeness of Service Facilities are two essential pillars that exert both direct and indirect influences on Positive Patient Experience, Patient Trust, and ultimately on Brand Advocacy. However, these effects remain dynamic and contextual, as the effectiveness of indicators such as Communication on Intake (BM1.1), Security (BM1.3), Information from Doctor (BM2.1), Adequate Waiting Room Facilities (CSF1.2), and Arranging Facilities (CSF2.1) largely depends on environmental conditions, patient characteristics, and the organizational culture of the hospital. It is also possible that other external variables not examined in this study may influence the outcomes. Accordingly, hospitals are encouraged to continuously enhance holistic service quality, empathetic communication, and the provision of adequate facilities to strengthen patient trust and expand the positive effects on brand advocacy behaviors in the future.

Based on the findings, this study differs from previous research, as the results demonstrate that Beyond Medication (BM) and Completeness of Service Facilities (CSF) in the context of hospitals in Batu City, Malang, Indonesia have a direct and significant influence on Positive Patient Experience (PPE) and Patient Trust (PT), which ultimately impact Brand Advocacy (BA). This contrasts with earlier studies such as Altinay et al. (2023); Liu et al. (2021); Tanjung et al. (2021), which generally positioned these variables as indirect factors mediated through patient satisfaction. In the present study, indicators such as Communication on Intake (BM1.1), Security (BM1.3), Information from Doctor (BM2.1), Adequate Waiting Room Facilities (CSF1.2), and Arranging Facilities (CSF2.1) were found to directly enhance positive experiences, trust, and patients' inclination to recommend the hospital. This distinction indicates that within the sociocultural context of Batu City, Malang, Indonesia, empathetic interactions, a sense of safety, and comfortable facilities play a stronger strategic role in shaping patients' perceptions and advocacy behaviors compared to what has been observed in previous studies. Thus, this research contributes new insights by emphasizing that in the context of hospitals

located in tourist destinations such as Batu City, the aspects of Beyond Medication and Completeness of Service Facilities are not merely supportive factors but rather key strategic drivers that have a direct impact on patient experience, trust, and hospital brand advocacy. These findings enrich the existing literature by offering a contextual perspective and revealing direct causal relationships among variables that have been rarely explored empirically in prior studies

F. CONCLUSION & RECOMMENDATIONS

The results of this study show that the variables Beyond Medication (BM) and Completeness of Service Facilities (CSF) have a direct and significant influence on Positive Patient Experience (PPE) and Patient Trust (PT), which in turn have a positive impact on Brand Advocacy (BA). Both variables play relatively balanced roles in shaping patients' perceptions and levels of trust toward the quality of hospital services. The findings indicate that healthcare services focusing not only on clinical aspects but also on communication, safety, empathy, and well-designed physical facilities are crucial in creating positive experiences and strengthening patient loyalty. The indicators Communication on Intake (BM1.1), Security (BM1.3), and Information from Doctor (BM2.1) highlight the importance of open and empathetic interactions between medical staff and patients. Meanwhile, the indicators Adequate Waiting Room Facilities (CSF1.2) and Arranging Facilities (CSF2.1) demonstrate that comfortable, well-organized, and functional environments foster a stronger sense of trust and satisfaction among patients regarding hospital service quality. The results also reveal that BM and CSF contribute directly to patients' tendency to engage in Brand Advocacy, meaning they are more likely to recommend the hospital to others based on their positive experiences. However, this influence remains dynamic and contextual, as the effectiveness of these indicators can be affected by external factors such as healthcare provider competence, managerial policies, differences in patient characteristics, and hospital service culture. Therefore, hospitals need to continuously enhance overall service quality by paying close attention to emotional, physical, and social dimensions to strengthen patient loyalty and positive advocacy behavior in the future.

Based on the research findings, it is recommended that hospitals in Batu City, Malang, Indonesia, strengthen the implementation of holistic healthcare services by balancing medical and non-medical aspects through improved communication competence among healthcare professionals, particularly in empathy and information transparency, as reflected in the indicators Communication on Intake and Information from Doctor. Additionally, efforts to enhance patients' sense of safety should be optimized through the consistent application of safety standards and ethical service practices, while maintaining the quality of physical facilities such as waiting areas and service layouts to ensure they remain comfortable, clean, and functional. The practical implications of these findings suggest that strengthening emotional dimensions, interpersonal communication, and service infrastructure not only improves patient experience and trust but also directly promotes positive brand advocacy, reinforces the institution's image, and enhances its competitiveness in the healthcare sector.

G. REFERENCE

Abdi, Z., Ravaghi, H., Sarkhosh, S., Nafar, H., Khani, S., & Letaief, M. (2024). Patient and family engagement in patient safety in the Eastern Mediterranean Region: a scoping review. *BMC Health Services Research*, *24*(1), 765. https://doi.org/10.1186/s12913-024-11198-3

Adams, C., Harrison, R., & Wolf, J. A. (2024). The Evolution of Patient Experience: From Holistic Care to Human Experience. *Patient Experience Journal*, *11*(1), 4–13. https://doi.org/10.35680/2372-0247.1947

Ai, Y., Rahman, M. K., Newaz, M. S., Gazi, M. A. I., Rahaman, M. A., Al, M. A., & Chen, X. (2022). Determinants of patients' satisfaction and trust toward healthcare service environment in general practice clinics. *Frontiers in Psychology*, *13*(856750), 1–19.

Alaamri, M., Martin, R. J., Burant, C., Dolansky, M. A., & Hickman, R. L. (2023). Emotional Intelligence: A Novel Factor Influencing Hypertension Self-Management. *Western Journal of Nursing Research*, *45*(7), 618–625. https://doi.org/10.1177/01939459231165130

AlRuthia, Y., Alwhaibi, M., Almalag, H., Almosabhi, L., Almuhaya, M., Sales, I., Albassam, A. A., Alharbi, F. A., Mansy, W., Bashatah, A. S., & Asiri, Y. (2020). The relationship between trust in primary healthcare providers among patients with diabetes and levels of depression and anxiety. *PLOS ONE*, *15*(9), e0239035. https://doi.org/10.1371/journal.pone.0239035

Altinay, L., Alrawadieh, Z., Tulucu, F., & Arici, H. E. (2023). The effect of hospitableness on positive emotions, experience, and well-being of hospital patients. *International Journal of Hospitality Management*, *110*(February), 103431. https://doi.org/10.1016/j.ijhm.2023.103431

Anggardini, Fitrah and Ratnasari, Siwi Dyah (2022). The Effect of Service Quality and Trust on Online Purchasing Decisions at Shopee. *International Journal of Social Science and Human Research*, *5*(9), 4021–4028. https://doi.org/10.47191/ijsshr/v5-i9-07

Appiah, S., & Appiah, E. (2023). International Journal of Africa Nursing Sciences " People keep staring at you in public for no reason " : Experiences and coping strategies of parents WITH autistic children in Accra , Ghana. *International Journal of Africa Nursing Sciences*, *18*(December 2020), 100536. https://doi.org/10.1016/j.ijans.2023.100536

Asmaryadi, A., Pasinringi, S. A., Thamrin, Y., & Muis, M. (2020). Influence of Patient Experience and Hospital Image on Patient Loyalty in Meloy Public Hospital of Sangatta, East Kutai Regency. *Open Access Macedonian Journal of Medical Sciences*, *8*(T2), 147–151. https://doi.org/10.3889/oamjms.2020.5213

Báo, A. C. P., Prates, C. G., Amaral-Rosa, M. P., Costa, D. G. da, Oliveira, J. L. C. de, Amestoy, S. C., Magalhães, A. M. M. de, & Moura, G. M. S. S. de. (2023). Experience of the patient regarding their safety in the hospital environment. *Revista Brasileira de Enfermagem*, *76*(5). https://doi.org/10.1590/0034-7167-2022-0512

Ben Natan, M., Maman, D., Avramov, M., Shamilov, G., & Berkovich, Y. (2024). Exploring Factors Influencing Orthopedic Patients' Willingness to Recommend a Hospital: Insights From a Cross-Sectional Survey. *Journal of Patient Experience*, *11*. https://doi.org/10.1177/23743735241282706

Buljac-Samardzic, M., Clark, M. A., van Exel, N. J. A., & van Wijngaarden, J. D. H. (2022). Patients as team members: Factors affecting involvement in treatment decisions from the perspective of patients with a chronic condition. *Health Expectations*, *25*(1), 138–148. https://doi.org/10.1111/hex.13358

Chaitkin, M., McCormick, S., Alvarez-Sala Torreano, J., Amongin, I., Gaya, S., Hanssen, O. N., Johnston, R., Slaymaker, T., Chase, C., Hutton, G., & Montgomery, M. (2022). Estimating the cost of achieving basic water, sanitation, hygiene, and waste management services in public health-care facilities in the 46 UN designated least-developed countries: a modelling study. *The Lancet Global Health*, *10*(6), e840–

e849. https://doi.org/10.1016/S2214-109X(22)00099-7

Chen, X., Zhang, Y., Zhang, R., & Shen, G. (2021). 'I Accelerate' model: A grounded theory on conceptual framework of patient experience with nursing care in China. *Journal of Nursing Management*, *29*(5), 1311–1319. https://doi.org/10.1111/jonm.13271

Chen, Y. (2022). *Challenges in compliance with MARPOL Annex V on ship-generated garbage* (Ocean & Coastal Management (ed.)).

Creswell, J. W. (2017). *Pendekatan Metode Kualitatif, Kuantittatif Dan Campuran*. Putaka Pelajar.

de León, B. G., Pino-Sedeño, T. del, Serrano-Pérez, P., Rodríguez-Álvarez, C., Bejarano-Quisoboni, D., & Trujillo-Martín, M. M. (2021). *Effectiveness of Interventions to Improve Medication Adherence in Adults With Depressive Disorders: A Meta-Analysis*. https://doi.org/10.21203/rs.3.rs-887776/v1

Duan, Y., Xu, J., Zhao, M., & An, L. (2024). Shaping patient perceptions with healthcare supply chain transparency. *Transportation Journal*, *63*(4), 226–244. https://doi.org/10.1002/tjo3.12018

Durmuş, A., & Akbolat, M. (2020). The Impact of Patient Satisfaction on Patient Commitment and the Mediating Role of Patient Trust. *Journal of Patient Experience*, *7*(6), 1642–1647. https://doi.org/10.1177/2374373520967807

Ghildiyal, A. K., Devrari, J. C., & Dhyani, A. (2022). Quality of healthcare service and its influencing factors. *International Journal of Health Sciences*, 8609–8622. https://doi.org/10.53730/ijhs.v6nS3.8052

Gobbo, M., Saldaña, R., Rodríguez, M., Jiménez, J., García-Vega, M. I., de Pedro, J. M., & Cea-Calvo, L. (2020). Patients' Experience and Needs During Perioperative Care: A Focus Group Study. *Patient Preference and Adherence*, *Volume 14*, 891–902. https://doi.org/10.2147/PPA.S252670

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2022). *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)* (3e ed.). Sage.

Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review*, *31*(1), 2–24. https://doi.org/10.1108/EBR-11-2018-0203

Hamadi, H., Silvera, G. A., Park, S., Xu, J., & Xie, Z. (2024). Hospital Patient Experience: Exploring Hospitals as Shifters and Sustainers Over Time. *Quality Management in Health Care*, *33*(3), 132–139. https://doi.org/10.1097/QMH.0000000000000470

Hariyanti, T., Fitriasari, N., Pradana, E. W., & Lenggono, K. A. (2024). Hospital Customer Competition Issues are being addressed through Confirmation Factor Analysis on Experiential Marketing, Brand Trust, and Loyalty. *The Open Public Health Journal*, *17*(1), 1–7. https://doi.org/10.2174/0118749445325128240930144633

Hiwa S. Namiq, Kawa A. Obeid, & Dilan A. Mohammed. (2022). Role of Pharmaceutical Care in Type 2 Diabetic Patients in Kirkuk City. *Al Mustansiriyah Journal of Pharmaceutical Sciences*, *20*(4), 169–181. https://doi.org/10.32947/ajps.v20i4.788

K S, S., Barkur, G., & G, S. (2023). Assessment of healthcare service quality effect on patient satisfaction and care outcomes: A case study in India. *Cogent Business and Management*, *10*(3). https://doi.org/10.1080/23311975.2023.2264579

Kumgliang, O., & Khamwon, A. (2022). Antecedents of brand advocacy in online food delivery services: An empirical investigation. *Innovative Marketing*, *18*(3), 136–148. https://doi.org/10.21511/im.18(3).2022.12

Limbu, Y. B., Pham, L., & Mann, M. (2020). Corporate social responsibility and hospital brand advocacy. *International Journal of Pharmaceutical and Healthcare Marketing*, *14*(1), 159–174. https://doi.org/10.1108/IJPHM-04-2019-0029

Liu, S., Li, G., Liu, N., & Hongwei, W. (2021). The Impact of Patient Satisfaction on Patient Loyalty with the Mediating Effect of Patient Trust. *Inquiry (United States)*, *58*. https://doi.org/10.1177/00469580211007221

Marselin, A., Amalia, L., & Dinarti, L. K. (2023). The interventions to improve medication adherence in coronary heart disease patient: A systematic review. *Journal of the Saudi Heart Association*, *35*(4). https://doi.org/10.37616/2212-5043.1356

Maulana, A. (2023). the Influence of Hospital Brand Image on Patient'S Decision To Choose Hospital: Literature Review. *Jurnal ARSI : Administrasi Rumah Sakit Indonesia*, *9*(3). https://doi.org/10.7454/arsi.v9i3.7284

Meyer, S. B., Brown, P., Calnan, M., Ward, P. R., Little, J., Betini, G. S., Perlman, C. M., Burns, K. E., & Filice, E. (2024). Development and validation of the Trust in Multidimensional Healthcare Systems Scale (TIMHSS). *International Journal for Equity in Health*, *23*(1), 1–18. https://doi.org/10.1186/s12939-024-02162-y

Mwaisengela, S. M., German, C. J., Materu, P. A., Luoga, P., Machibya, M., Bahegwa, R. P., Swai, I. L., Mushi, L. D., Ngowi, R. R., Kiwesa, R. R., Kinyenje, E. S., Kacholi, G., Kapologwe, N. A., Kumalija, C. J., Anasel, M. G., Hokororo, J. C., Yahya, T. A., & Eliakimu, E. S. (2025). *Who's Raising the Bar? A Comparative Analysis of Healthcare Quality in Rural and Urban Primary Care Settings in Tanzania*. https://doi.org/10.21203/rs.3.rs-6466987/v1

Popescu, G., Maștaleru, A., Oancea, A., Costache, A.-D., Adam, C. A., Rîpă, C., Cumpăt, C. M., & Leon, M. M. (2025). Impact of Family Involvement in Cardiac Rehabilitation—Insights from a Literature Review. *Journal of Clinical Medicine*, *14*(18), 6468. https://doi.org/10.3390/jcm14186468

Rumintjap, F. M., Wahyudi, A., Meher, C., Yuliana, D., & Yuwanto, L. (2024). Patient Experience: Innovating the Application of LAFKI Concept in Person-Centred Care at Healthcare Facilities. *Formosa Journal of Science and Technology*, *3*(4), 641–670. https://doi.org/10.55927/fjst.v3i4.8843

Saraswasta, I. W. G., Hariyati, R. T. S., Yetti, K., & Nuraini, T. (2021). Implementation of Effective Nurse Communication in Hospital Through Electronic Nursing Documentation (END). *Indian Journal of Public Health Research & Development*. https://doi.org/10.37506/ijphrd.v12i1.13864

Sarstedt, M., Jr, J. F. H., Cheah, J.-H., Becker, J.-M., & Ringle, C. M. (2019). How to specify, estimate, and validate higher-order constructs in PLS-SEM. *Australasian Marketing Journal*, *27*(3), 197–211. https://doi.org/10.1016/j.ausmj.2019.05.003

Schnabel, A., Youssef, G. J., Hallford, D. J., Hartley, E. J., Mcgillivray, J. A., Stewart, M., Forbes, D., & Austin, D. W. (2019). *Psychopathology in parents of children with autism spectrum disorder : A systematic review and meta-analysis of prevalence*. https://doi.org/10.1177/1362361319844636

Septyani, S. D., & Alversia, Y. (2020). How Self-Expressive Brands Influence Brand Love and Brand Advocacy: A Study on Social Media. *GATR Journal of Management and Marketing Review*, *5*(3), 188–196. https://doi.org/10.35609/jmmr.2020.5.3(7)

Shahid, S., Paul, J., Gilal, F. G., & Ansari, S. (2022). The role of sensory marketing and brand experience in

building emotional attachment and brand loyalty in luxury retail stores. *Psychology & Marketing*, *39*(7), 1398–1412. https://doi.org/10.1002/mar.21661

Shie, A. J., Huang, Y. F., Li, G. Y., Lyu, W. Y., Yang, M., Dai, Y. Y., Su, Z. H., & Wu, Y. J. (2022). Exploring the Relationship Between Hospital Service Quality, Patient Trust, and Loyalty From a Service Encounter Perspective in Elderly With Chronic Diseases. *Frontiers in Public Health*, *10*(May). https://doi.org/10.3389/fpubh.2022.876266

Sterckx, A., Delbaere, B., De Blust, G., Spacova, I., Samson, R., Remmen, R., & Keune, H. (2024). Quality criteria of nature-based interventions in healthcare facilities: a scoping review. *Frontiers in Public Health*, *11*. https://doi.org/10.3389/fpubh.2023.1327108

Tanjung, A. R., Simanjorang, E. F. S., Prayoga, Y., & Limbong, C. H. (2021). The Effect of Company Image, Service Quality, and Completeness of Facilities on Customer Satisfaction In Bank Muamalat Rantau Prapat. *Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences*, *4*(2), 3032–3038. https://doi.org/10.33258/birci.v4i2.2011

Tanjung, R., Hanafiah, H., Arifudin, O., & Mulyadi, D. (2021). Kompetensi Manajerial Kepala Sekolah Dalam Meningkatkan Kinerja Guru Sekolah Dasar. *JIIP - Jurnal Ilmiah Ilmu Pendidikan*, *4*(4), 291–296. https://doi.org/10.54371/jiip.v4i4.272

Teixeira, C. C., Bezerra, A. L. Q., Paranaguá, T. T. de B., & Afonso, T. C. (2022). Professionals' beliefs in patient involvement for hospital safety. *Revista Brasileira de Enfermagem*, *75*(4). https://doi.org/10.1590/0034-7167-2021-0359

Varga, A. I., Spehar, I., & Skirbekk, H. (2023). Trustworthy management in hospital settings: a systematic review. *BMC Health Services Research*, *23*(1), 1–15. https://doi.org/10.1186/s12913-023-09610-5

Verkooyen, R., Broers, N. J., & Dandachi-FitzGerald, B. (2024). No pain, no gain revisited: the impact of positive and negative psychotherapy experiences on treatment outcome. *Frontiers in Psychology*, *15*. https://doi.org/10.3389/fpsyg.2024.1378456

Vo, P. T. N., Tran, A. T., Nguyen, H. Van, & Hoang, M. Van. (2021). Evaluation of Inpatient Experience at Some Clinical Departments of Kien Giang General Hospital, Kien Giang Province, Vietnam, 2020: An Analytical Cross-Sectional Study. *Health Services Insights*, *14*. https://doi.org/10.1177/11786329211020843

Wang, Y., Wu, H., Lei, X., Shen, J., & Feng, Z. (2020). The Influence of Doctors' Online Reputation on the Sharing of Outpatient Experiences: Empirical Study. *Journal of Medical Internet Research*, *22*(12), e16691. https://doi.org/10.2196/16691

Wilk, V., Soutar, G. N., & Harrigan, P. (2020). Online brand advocacy (OBA): the development of a multiple item scale. *Journal of Product and Brand Management*, *29*(4), 415–429. https://doi.org/10.1108/JPBM-10-2018-2090

Wilk, V., Soutar, G. N., & Harrigan, P. (2021). Online brand advocacy and brand loyalty: a reciprocal relationship? *Asia Pacific Journal of Marketing and Logistics*, *33*(10), 1977–1993. https://doi.org/10.1108/APJML-05-2020-0303

Zhao, Z., Zhang, Z., Yang, C., Li, Q., Chen, Z., & Yin, W. (2024). The influence of patient experience and patient trust on willingness to see a doctor based on SOR theory. *BMC Health Services Research*, *24*(1). https://doi.org/10.1186/s12913-024-11775-6