

CHAPTER V

CONCLUSION AND IMPLICATIONS

A. Conclusion

This study aims to analyze the effect of Patient–Physician Relationship and Patient Participation on Hospital Loyalty Intention with Relational Bonding as a mediating variable in patients at the RSGMP UNSOED Specialist Clinic. Based on the results of the analysis using the Structural Equation Modeling (SEM) method, several findings were obtained that explain the relationship between variables in the research model.

The results of the study indicate that the Patient–Physician Relationship has a positive and significant effect on Relational Bonding. This finding indicates that the quality of the relationship between patients and doctors, such as clear communication, doctor empathy, and continuous interaction during the treatment process, plays an important role in forming relational bonds between patients and health services. Good interpersonal relationships enable the creation of trust and comfort for patients during treatment.

In addition, Patient Participation was also found to have a positive and significant effect on Relational Bonding. These results indicate that active patient involvement in the consultation and treatment decision-

making process, such as asking questions, expressing treatment preferences, and discussing medical options, can strengthen the relational bond between patients and doctors.

However, this study found that Relational Bonding does not have a significant effect on Hospital Loyalty Intention. This finding shows that patient loyalty to hospitals is not entirely determined by the relational closeness formed between patients and doctors. Patient loyalty is also likely influenced by factors outside the research model, such as service experience, quality of health services, and rational considerations such as treatment costs and medical needs.

On the other hand, Relational Bonding has been proven to have a positive and significant effect on Compliance with Treatment. This shows that the relational bond between patients and doctors can increase patient compliance in following the treatment instructions given by medical personnel, such as compliance with medication use, attendance at follow-up visits, and consistency in carrying out self-care instructions.

Furthermore, the mediation test results show that Relational Bonding does not mediate the influence of Patient Participation on Hospital Loyalty Intention. This is because the relationship between Relational Bonding and Hospital Loyalty Intention is not significant, so the mediation criteria as described in the Baron & Kenny (1986) approach are not met. Thus, it can be concluded that although the patient-doctor relationship and

patient participation play an important role in forming Relational Bonding, patient loyalty to the hospital is likely to be influenced by other factors outside the research model.

B. Research Implications

1. Managerial Implications

Based on the research results, there are several managerial implications that can be considered by the management of the RSGMP UNSOED Specialist Clinic in improving service quality and patient experience.

First, the results show that the Patient–Physician Relationship has a positive and significant effect on Relational Bonding. This finding indicates the importance of the quality of interaction between patients and specialist doctors. Therefore, management needs to encourage doctors to maintain open communication, show empathy, and convey medical information clearly and in an easy to understand manner. An effective communication approach can strengthen the emotional closeness of patients and build stronger relational bonds.

Second, Patient Participation has been proven to have a positive effect on Relational Bonding. This shows that active patient involvement in the consultation and treatment process plays a strategic role in forming relational bonds. Management can facilitate patient

participation by creating an interactive consultation atmosphere, providing space for patients to ask questions, and involving patients in discussions about treatment options. This strategy can increase feelings of appreciation and strengthen patients psychological connection.

Third, the results of the study show that Relational Bonding has a positive and significant effect on Compliance with Treatment. These findings confirm that strong relational bonds contribute to increased patient compliance. Thus, strengthening relational bonding can be used as an indirect strategy to increase patient compliance with treatment instructions, such as compliance with medication doses, attendance at check-ups, and implementation of self-care.

However, this study found that Relational Bonding does not have a significant effect on Hospital Loyalty Intention. This condition indicates that patient loyalty is not solely shaped by emotional closeness, but is also influenced by other factors, such as medical needs, treatment costs, service quality, and patient experience. Therefore, management needs to pay attention to the rational and functional aspects of services, including service efficiency, facility comfort, cost transparency, and overall patient experience quality.

Overall, the findings of this study confirm that managing patient-doctor relationships and patient involvement are important elements in strategies to improve the quality of health services. A

patient-centered care approach is expected to increase satisfaction, compliance, and positive perceptions of the services provided by the RSGMP UNSOED Specialist Clinic.

Thus, a service strategy that emphasizes effective communication, patient involvement, and a quality service experience is expected to improve the quality of the patient-physician relationship and strengthen patients positive perceptions of healthcare services.

2. Theoretical Implications

This study contributes theoretically to the development of service marketing and healthcare management literature, particularly regarding the relationship between Patient–Physician Relationship, Patient Participation, Relational Bonding, Hospital Loyalty Intention, and Compliance with Treatment.

First, the results reinforce the conceptual framework that places Patient–Physician Relationship as an important determinant in the formation of Relational Bonding. This finding confirms that the quality of interpersonal interactions in healthcare services plays a role in building patient relational bonding. Theoretically, these results are in line with the relationship marketing perspective, which emphasizes the importance of trust, communication, and empathy in creating long-term relationships between service providers and customers.

Second, this study also enriches our understanding of the role of Patient Participation in the context of healthcare services. The finding that Patient Participation has a significant effect on Relational Bonding shows that active patient involvement is not only an operational element of service but also a psychological factor that strengthens relational bonds. This expands the concept of patient engagement in healthcare marketing and service-dominant logic literature.

Third, the finding that Relational Bonding does not have a significant effect on Hospital Loyalty Intention makes an important contribution to the literature on patient loyalty. This result indicates that in the context of specialist healthcare services, institutional loyalty is not always formed through relational bonds alone. Situational factors, service characteristics, and medical needs can be additional explanatory variables. Thus, this study adds a new nuance to the discussion on the mechanisms of patient loyalty formation.

Fourth, this study strengthens the theoretical relationship between Relational Bonding and Compliance with Treatment. The finding that relational bonding significantly influences patient compliance confirms that the relational dimension in healthcare contributes to patient behavior. Theoretically, these results support patient behavior and therapeutic relationship theories that emphasize

the importance of trust and emotional closeness in improving adherence.

Fifth, the mediation test results show that Relational Bonding is not yet able to mediate the relationship between Patient Participation and Hospital Loyalty Intention. This finding contributes theoretically by showing that the mediation mechanism in the patient loyalty model can be contextual. Not all relational relationships act as effective mediators, thus opening up opportunities for the development of a more comprehensive theoretical model.

Overall, this study enriches the literature on relationship marketing in the context of healthcare by highlighting the role of relational variables in influencing patient loyalty and compliance behavior.

C. Research Limitations

Although this study provides empirical contributions in explaining the relationship between Patient–Physician Relationship, Patient Participation, Relational Bonding, Hospital Loyalty Intention, and Compliance with Treatment, several limitations were encountered during the research process.

1. Variation in Patient Treatment Experience

The respondents involved in this study were patients who were undergoing or had undergone specialist dental treatment at the

UNSOED RSGMP Specialist Clinic. However, the type of treatment received by each patient varied, such as orthodontic procedures, scaling, or other dental care services. Differences in treatment types and duration of care may influence the intensity of interaction between patients and doctors, which could affect how respondents perceive relational bonding and treatment compliance.

2. Limitations in Data Collection Process

In the context of healthcare services at the UNSOED RSGMP Specialist Clinic, patients may not always interact with the same doctor during every visit due to scheduling systems and the educational nature of the hospital environment. This situation may influence the continuity of doctor–patient interaction experienced by respondents and could affect their perception of relational bonding.

3. Differences in Patient-Physician Interaction Patterns

This study only focused on relational and behavioral variables of patients. Patient loyalty in health services may also be influenced by other factors that were not examined, such as service quality, patient satisfaction, institutional image, price perception, and service accessibility. The exclusion of these variables is a limitation in explaining patient loyalty more comprehensively. Therefore, further research is recommended to include additional variables such as patient satisfaction, service quality, and institutional image to obtain a more comprehensive understanding of patient loyalty.

4. Limitations of Self-Reported Perception

The data used in this study were based on respondents' self-reported perceptions obtained through questionnaires. Respondents' answers may be influenced by subjective judgments, temporary emotional conditions, or personal interpretations when evaluating their treatment experiences. Consequently, the responses may not fully represent objective service conditions.

5. Model Modification Limitation

This study involved a model modification process to achieve a better level of fit between the proposed model and the empirical data. The modification was carried out by adding several covariance relationships between error terms based on the Modification Indices (MI) suggested by AMOS.

Although this approach is methodologically acceptable and commonly applied in Structural Equation Modeling (SEM) analysis (Hair et al., 2010), it may reduce the generalizability of the model. The modified model is more closely aligned with the specific characteristics of the sample data used in this study, which may limit its applicability in different research settings.

Therefore, future studies are encouraged to re-examine the model without modification or to validate the modified model using different samples to ensure its robustness and external validity.