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From Care to Advocacy: The Influence of Holistic Services and Facility Adequacy on Patient Experience and Trust in Hospitals

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Abstract: This study examines the effects of holistic services and facility Adequacy to fostering brand advocacy in hospital selection in Batu City, Malang, Indonesia. Using a quantitative approach, data were collected from 340 respondents representing an infinite population and analyzed through Partial Least Squares–Structural Equation Modeling. The results indicate that holistic services significantly shape patient experience and trust, particularly through effective communication at intake, perceived security, and clear information provided by physicians. These dimensions highlight the importance of empathy, patient-centered interaction, and a strong sense of safety in building positive patient perceptions. In addition, facility Adequacy enhances patient experience and trust through adequate waiting areas and well-organized spatial arrangements, emphasizing comfort and cleanliness. Patient experience, supported by professional interaction and a supportive physical environment, strengthens patient trust and encourages brand advocacy. Overall, the findings suggest that communication quality, safety, and facility adequacy are strategic factors in improving patient loyalty and recommendations within the socio-cultural context of Batu City.

Keywords: Holistic Healthcare Services; Patient Experience; Patient Trust; Brand Advocacy; Facility Adequacy; Hospital Selection.

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A. Introduction

Healthcare services have undergone a paradigm shift from a traditional medical approach to patient-centered care, which places the patient at the core of service delivery. Patient experience is now assessed not only based on clinical success but also on the quality of interactions, comfort, emotional support, and level of trust in healthcare providers. Holistic Healthcare Services or the Holistic Services 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 patient experiences (Alaamri et al., 2023). A positive experience, in turn, motivates patients to recommend the hospital, thereby strengthening the institution's reputation through word-of-mouth brand advocacy (Natan et al., 2024)

Healthcare delivery has shifted from a predominantly biomedical model toward a patient-centered framework that positions individuals at the heart of service provision. Patient experience is no longer evaluated solely on clinical outcomes, but also on the quality of interactions, physical comfort, emotional support, and the degree of confidence placed in healthcare professionals. The concept of Holistic Services represents an approach that highlights the significance of non-clinical dimensions alongside medical care, including interpersonal engagement and perceived safety, which play a substantial role in shaping favorable patient experiences (Alaamri et al., 2023). Such positive experiences subsequently encourage patients to recommend healthcare institutions, thereby enhancing organizational reputation through word-of-mouth brand advocacy (Natan et al., 2024).

This trend has become increasingly prominent as competition between public and private hospitals intensifies, leading patients to evaluate the overall quality of their service experience rather than relying solely on the institution's clinical reputation when making healthcare choices. A preliminary survey was conducted by distributing questionnaires to 130 respondents to identify the key factors influencing hospital selection. The instrument comprised closed-ended items that emphasized the primary reasons for choosing healthcare services, with particular attention to non-clinical dimensions. The findings provided a basis for

understanding patients' perceptions of the overall quality of their service experience. Figure 1 presents the questionnaire results, illustrating the main sources from which patients obtain information about hospitals.

A preliminary study was conducted through the distribution of questionnaires to 130 residents of Batu City to identify the primary sources from which patients obtain information about hospitals. The results indicate that family members constitute the main source of information in hospital selection, with 63.8% of respondents reporting that they relied on family recommendations. This finding suggests the strong role of interpersonal communication and trust grounded in social relationships in shaping patient preferences. In addition, friends and relatives also serve as important references, as 40.8% of respondents reported depending on recommendations from their social networks, Social media, particularly Instagram, ranked next as a source of information, accounting for 31.5% of responses, highlighting the growing influence of digital platforms in shaping patient perceptions of healthcare services. Information obtained directly from medical staff also contributed substantially, at 27.7%, reflecting a high level of trust in professional authority during the decision-making process. Institution-based sources, such as hospital posters or banners (21.5%) and official websites (16.2%), played a relatively smaller role compared to interpersonal referrals. Meanwhile, other sources including previous personal experience, self-referral, workplace, and village community each accounted for only 0.8% of responses, while radio was not reported as a source of information by any respondent. Overall, these findings underscore that social recommendations and direct interpersonal interactions remain the dominant factors shaping patient perceptions and decisions in hospital selection.

Batu City, known for its cool climate and healing natural environment, is served by six hospitals, including two public and four private institutions. The range of healthcare options has shifted patient preferences from a purely clinical focus toward a more holistic care experience. Hospital evaluation now extends beyond medical outcomes to include emotional and experiential factors such as comfort, staff empathy, cleanliness, administrative efficiency, and communication quality. Several hospitals have implemented Holistic Services approach by providing facilities such as healing gardens, family spaces, and spiritual support, which enhance patient experience. Patient trust plays a central role in fostering loyalty and encouraging brand advocacy. Hospitals with comprehensive facilities, modern services, and specialist availability are perceived as better able to meet patient needs, while challenges such as long waiting times and administrative complexity remain barriers to trust. When patient experiences and trust are achieved, patients are more likely to recommend the hospital.

Based on the existing phenomenon, the Holistic Services approach which emphasizes empathy, friendliness, emotional support, and a holistic patient experience is believed to enhance 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). This approach also contributes to the improvement of 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 Facilities Adequacy also influences 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, Patient Experience serves as a key mediator that shapes Patient Trust and drives 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 Holistic Services and Facilities Adequacy influence 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' advocate loyalty toward hospitals.

Based on the explanation presented above, the purpose of this study is to analyze the influence of Holistic Services,Facilities Adequacy, 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.

Patient Experience Drawing on the observed phenomenon, the Holistic Services or Holistic Services approach emphasizing empathy, warmth, emotional support, and holistic care is expected to strengthen by enabling patients to feel genuinely valued as individuals rather than merely recipients of clinical treatment (Adams et al., 2024; Altinay et al., 2023). This human-centered orientation also enhances Patient Trust, as supportive and respectful interactions between healthcare professionals and patients foster perceptions of professional competence, ethical conduct, and institutional goodwill (Liu et al., 2021; Meyer et al., 2024).

In parallel, the Facilities contributes to both Patient Experience and Patient Trust by increasing patients' sense of safety and confidence in the hospital's capacity to address their medical and non-medical needs in an integrated manner (Swathi et al., 2023; Tanjung et al., 2021). The availability of modern laboratories, comfortable care environments, and advanced diagnostic systems reinforces perceptions of service reliability and quality.

Moreover, Patient Experience functions as a central mediator that links service quality to Patient Trust and ultimately stimulates Brand Advocacy. Favorable experiences nurture emotional attachment and satisfaction, which strengthen trust, while heightened trust encourages patients to actively recommend the hospital to their social networks and through digital platforms (Maulana, 2023; Wilk et al., 2021).. Accordingly, this study aims to examine the effects of Holistic Services, facility completeness, patient experience, and patient trust on Brand Advocacy in hospital selection in Batu City, Malang, Indonesia, and to provide empirical insight into how experience and trust shape patients' willingness to advocate for healthcare institutions.

B. Literature Review

1. Theoretical Framework

a. Holistic Healthcare Services

The concept of Holistic Services or Holistic Services, as proposed by Garfield and Mackler (2009), underscores the value of a holistic model of healthcare that prioritizes the development of therapeutic relationships and the provision of psycho social support. This perspective promotes active patient engagement, which has been shown to strengthen patient experiences and increase trust in healthcare professionals. Patient participation, including involvement in personal hygiene and self-care practices, has been associated with improved compliance among medical staff (Abdi et al., 2024). Similarly, the inclusion of family members in the rehabilitation process enhances emotional support, thereby fostering greater patient involvement and contributing to recovery outcomes (Popescu et al., 2025).

Addressing patients' emotional and psychological needs is fundamental to creating meaningful care encounters and reinforcing confidence in the healthcare system (Buljac-Samardzic et al., 2022). . Patient-centered strategies, such as transparent communication and sustained emotional support, play a critical role in shaping favorable patient experiences and strengthening patient trust. Effective and empathetic interactions between patients and healthcare providers promote higher levels of engagement, which in turn support better adherence to treatment and improved clinical results (León et al., 2021; Namiq et al., 2022; Marselin et al., 2023). This body of evidence highlights that trust and patient experiences can be cultivated through compassionate, participatory, and human-centered care practices.

b. Facility Adequacy

The scope and standard of service facilities play a central role in shaping Patient Experience and Patient Trust. Facilities that are comprehensive, modern, and properly maintained create a sense of security and physical comfort, which enhances patients' overall satisfaction with healthcare providers. According to Tanjung et al., (2021) , the adequacy of both clinical and non-clinical facilities significantly influences how patients perceive their treatment experience. Mwaisengela et al., (2025) further indicate that favorable evaluations of hospitals are strongly associated with the quality of available facilities, which in turn reinforces patients' confidence in the services delivered.

Beyond their functional purpose, hospital facilities also serve an affective role by strengthening the emotional connection between patients and healthcare institutions. Chaitkin et al., (2022) report that well-optimized facilities extend beyond meeting basic requirements and contribute to the development of long-term patient loyalty. Positive interactions with the physical care environment are critical in building trust and encouraging brand advocacy (Rumintjap et al., 2024). Accordingly, the completeness and quality of hospital facilities not only enhance patient experience but also support trust formation, reinforce institutional reputation, and promote sustained patient loyalty (Sterckx et al., 2024).

c. Patient Expérience

Patient experience plays a central role in strengthening patient trust by fostering meaningful and satisfying interactions throughout the care process. Hamadi et al., (2024) indicate that the friendliness, attentiveness, and empathetic conduct of healthcare professionals generate positive emotional responses that enhance patients' comfort and overall satisfaction. When patients feel genuinely valued, they tend to develop more favorable perceptions of both medical staff and the healthcare institution.

Furthermore, effective communication and a supportive care environment further reinforce positive experiences and increase confidence in healthcare services. Vo et al., (2021) suggest that a comfortable setting and open communication promote feelings of respect and trust toward providers. Similarly, Ghildiyal et al., (2022) and Gobbo et al., (2020) emphasize that empathetic and respectful treatment is associated with higher satisfaction and a greater willingness to recommend healthcare services, highlighting the strong relationship between patient experience and patient trust (Gobbo et al., 2020; Verkooyen et al., 2024).

d. Patient Trust into advocacy behaviors

Patient trust can be defined as patients' confidence in the professional capability, reliability, and sincere intentions of healthcare providers and hospital institutions to deliver care that is safe, ethical, and transparent. Duan et al., (2024) distinguish two primary dimensions of trust: interpersonal trust between patients and healthcare professionals, and institutional trust directed toward the hospital system. Trust is cultivated when patients perceive that providers demonstrate strong clinical expertise, communicate information openly, and exhibit empathy in their practice. AlRuthia et al., (2020) note that patient trust is closely associated with satisfaction with healthcare providers, which in turn fosters a sense of security and the belief that care is delivered in the patient's best interest. Once established, trust has a direct impact on treatment adherence, service satisfaction, and long-term loyalty to the hospital (Durmuş & Akbolat, 2020).

Moreover, patient trust is strongly connected to brand advocacy. When individuals have confidence in healthcare institutions and professionals, they are more inclined to express sustained support and loyalty, which often translates into advocacy behaviors. Hariyanti et al., (2024) and Liu et al., (2021) found that trust in service quality, professional integrity, and ethical conduct encourages patients to share positive experiences through personal recommendations and word-of-mouth communication. Brand advocacy refers to the voluntary actions of consumers in promoting and defending a brand, typically driven by favorable experiences. Wilk et al., (2021) describe brand advocacy as an active effort to disseminate positive information and protect a brand's reputation, extending beyond simple loyalty that reflects only an intention to reuse services. In healthcare settings, advocacy arises when patients are satisfied with and confident in the services provided, motivating them to recommend hospitals through direct communication or online platforms (Kumgliang & Khamwon, 2022). Septyani & Alversia, (2020) further emphasize that advocacy serves as a key indicator of the effectiveness of patient experience strategies, as it reflects emotional fulfillment and a strong sense of attachment. Consistent with this, Shahid et al., (2022) demonstrate that emotional connections with a brand increase the likelihood of voluntary advocacy, while Schnabel et al., (2019) highlight that alignment between brand values and consumer needs strengthens advocacy outcomes. Collectively, these findings suggest that brand advocacy not only enhances a hospital's reputation but also fosters a supportive network that

actively shares positive recommendations with prospective patients.

2. Conceptual Framework

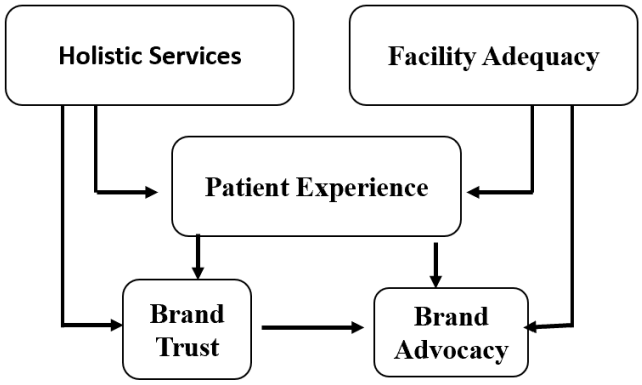

Figure 1 Conceptual Framework

The conceptual framework of this study, "From Care to Advocacy: The Influence of Holistic Services and Facility Adequacy on Patient Experience and Trust in Hospitals", This study examines the ways in which patient experience, trust, and dimensions of service quality shape hospital choice and brand advocacy. It highlights the significance of the Holistic Services approach, which integrates both inpatient and outpatient services and places emphasis on non-clinical elements such as effective communication, patient autonomy, and safety, along with reception services, physician–patient interaction, and post-treatment care. These components underscore the value of empathetic communication, emotional support, and a supportive healing environment in fostering favorable patient experiences that reinforce trust in healthcare institutions. (Adams et al., 2024; Altinay et al., 2023). The adequacy of service facilities plays a central role in shaping patient experience and strengthening patient trust. Tangible features, including clean and comfortable lobbies, waiting spaces, and sufficient parking areas, influence patients' evaluations of hospital service quality. In addition, well-organized layouts and properly functioning equipment provide reassurance regarding the hospital's capacity to address both clinical and non-clinical needs. Collectively, these factors contribute to patients' sense of safety and confidence, thereby enhancing their overall experience and trust in the institution.(Ai et al., 2022; Swathi et al., 2023; Tanjung et al., 2021). Patient experience operates as a pivotal link between patient trust and brand advocacy. Clear and supportive communication with healthcare professionals, a clean and peaceful care environment, and effective pain management foster positive emotional bonds and reinforce trust. When patients feel confident in their healthcare providers and satisfied with the care they receive, they are more inclined to recommend the hospital to others through personal referrals or digital platforms (Ai et al., 2022; Liu et al., 2021; Maulana, 2023; Wilk et al., 2021). This sequence of relationships indicates that holistic care beyond clinical treatment and the adequacy of service facilities shape favorable patient experiences, which subsequently strengthen trust and encourage brand advocacy, positioning these elements as key determinants in hospital choice (Hariyanti et al., 2024; Liu et al., 2021).

3. Hypothesis

Grounded in the proposed conceptual framework, this study advances a set of hypotheses to test the causal links among the key variables. The hypotheses are articulated as follows: H1: Holistic Care has a positive effect on Patient Experience (Adams et al., 2024; Altinay et al., 2023). H2: Holistic Care has a positive effect on Patient Trust (Liu et al., 2021; Meyer et al., 2024; Zhao et al., 2024). H3: Facility Adequacy has a positive effect on Patient Experience (Ai et al., 2022; Swathi et al., 2023; Tanjung et al., 2021). H4: Facility Adequacy has a positive effect on Patient Trust (Ai et al., 2022; Shie et al., 2022; Varga et al., 2023). H5: Patient Experience has a positive effect on Patient Trust (Liu et al., 2021; Maulana, 2023; Wilk et al., 2020; Zhao et al., 2024). H6: 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 employs an explanatory quantitative design to examine cause and effect relationships among variables through statistical hypothesis testing (Creswell, 2017).. It investigates how Holistic Care and Facility Adequacy affect Patient Experience and Patient Trust as mediating factors, and how these elements together influence Brand Advocacy in hospital selection. The model aims to provide empirical evidence on how hospitals can move holistic care by improving Facility Adequacy and delivering patient-centered care to build stronger trust and encourage advocacy behaviors. Through this approach, the study enhances understanding of how patient experience and trust serve as key pathways linking hospital service quality with patients' willingness to recommend and support the hospital.

2. Population and Sample

The target population of this study comprises residents of Batu City. Because the total number of patients cannot be precisely determined, the population is treated as infinite. Accordingly, the sample size was established using the guideline suggested by Hair et al., (2019), which recommends determining the number of respondents by multiplying the total number of variable indicators by a factor ranging from five to ten. Applying this rule, the required sample size was calculated as 34 indicators multiplied by ten, resulting in 340 participants. Therefore, this study involved 340 respondents, which is considered adequate to represent the patient population in Batu City.

3. Operational Variable

Table 1 Operational Definitions of Research Variables

Variable	Item	Reference
Holistic Care	Communication on intake Autonomy Security Reception at clinic Information from doctor After care and medication	(Adams et al., 2024)
Facility Adequacy	Lobby space that is comfortable, clean and tidy to use Comfortable waiting room facilities Availability of adequate parking spaces Arranging facilities. Function value. Supporting equipment	(Tanjung et al., 2021)
Patient Trust	Competence Honesty Global trust	(Meyer et al., 2024)
Patient Expérience	Quality of care Health care providers' expertise Quality of cooperation Nurses listen carefully Nurses explain things in an understandable way Doctors treat with courtesy and respect Doctors explain things in an understandable way Hospital room was kept clean Surrounding area was kept quiet Staff did everything they could to help with pain Staff explained what medication was for	(Altinay et al., 2023)
Brand Advocacy	Say positive things about the brand Talk about the good points of this brand Talk up the brand when others talk negatively about it Defend the brand if I hear someone speaking poorly about it Express how excited I am to support the brand Feel a need to express my fondness for the brand Provide extra details about the brand Provide a lot of information about the brand	(Wilk et al., 2021)

4. Data Collection Technique

This research began in April 2025. Data were gathered using a questionnaire with a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) (Creswell, 2017). The instrument was constructed based on the indicators defined for each variable in the conceptual model. Questionnaires were administered through both online and offline methods, in accordance with patient conditions and local policies in Batu City.

5. Data Analysis Technique

Data analysis was conducted using the Partial Least Squares–Structural Equation Modeling approach supported by Smart PLS software Hair et al., (2019). This method is well suited for complex research frameworks involving numerous indicators, moderate sample sizes, and data that do not follow a normal distribution. The analysis process followed two main phases Hair et al., (2019): Outer model testing (measurement model), to examine the validity and reliability of indicators in representing their respective latent variables. Inner model testing (structural model), to test the hypothesized relationships among the latent variables.

Table 2 Outer Model Assessment

No.	Test	Objective	Eligibility Criteria
1	Convergent Validity	Examines how well the indicators represent the underlying construct	Average Variance Extracted (AVE) ≥ 0.50
2	Outer Loading	Evaluates the degree to which indicators contribute to their latent variables	Loading ≥ 0.70 (≥ 0.60 acceptable in some cases)
3	Composite Reliability	Assesses the internal consistency within each construct	CR ≥ 0.70
4	Cronbach's Alpha	Measures the reliability of the construct	Alpha ≥ 0.70
5	Discriminant Validity – Fornell-Larcker	Determines the level of distinction among different constructs	√AVE > inter-construct correlations

Table 3 Inner Model Assessment

No.	Test	Objective	Eligibility Criteria
1	R-Square (R^2)	Examines how strongly independent variables can predict the dependent variables	R^2 ≥ 0.25 (weak), ≥ 0.50 (moderate), ≥ 0.75 (strong)
2	Path Coefficient (β)	Evaluates the magnitude and direction of the relationships among constructs	Coefficient value and p-value < 0.05
3	T-Statistics & P-Values	Determines the statistical significance of the structural pathways	T ≥ 1.96 and p < 0.05 (for 5% significance level)
4	f-Square (f^2)	Assesses the impact size of exogenous variables on endogenous constructs	f^2 ≥ 0.02 (small), ≥ 0.15 (moderate), ≥ 0.35 (large)

D. Result

1. Respondent Characteristics

To gain a clearer picture of the participants' backgrounds and diversity, this section presents the demographic and professional profiles of the respondents. It describes the patients involved in the hospital selection study in Batu City by outlining their gender, age, level of education, and occupation. These attributes serve as contextual factors for interpreting the relationships among Holistic Services, Facilities Adequacy, Patient Experience, Patient Trust, and Brand Advocacy. By examining the respondents' demographic and occupational composition, this section helps clarify how these elements may shape patients' choices, levels of trust, and advocacy behaviors, while providing a broader understanding of the hospital selection process.

The demographic profile of respondents in the study "Holistic Services 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 Holistic Services and service completeness contribute to patient experience and trust, ultimately fostering stronger brand advocacy in hospital selection decisions within Batu City. The demographic profile of respondents in the study "From Care to Advocacy: The Influence of Holistic Services and Facility Adequacy on Patient Experience and Trust in Hospitals" conducted across hospitals in Batu City reflects a wide variety of patient characteristics in terms of gender, age, education, and occupation. In terms of gender, most respondents were male, totaling 207 individuals (61%), while female participants numbered 133 (39%). This suggests a slightly higher representation of male patients in hospital selection decisions, although the overall distribution remains relatively balanced.

With respect to age, the largest proportion of respondents fell within the 46–55 year range (24%), followed by those aged 26–35 years (21%), ≤25 years (19%), >55 years (18%), and 36–45 years (17%). This pattern indicates that most participants are within the middle to later productive age groups, where healthcare needs typically increase and the choice of a dependable hospital becomes more significant.

From an educational standpoint, the majority of respondents held a Bachelor's degree (31%), followed by Diploma holders (22%), Master's degree graduates (17%), Senior High/Vocational School (11%), Junior High School (11%), Elementary School (6%), and Doctorate (1%). This distribution shows that most participants come from relatively higher educational backgrounds, which may shape their expectations regarding service quality, communication with healthcare providers, and non-medical aspects of care. Individuals with higher levels of education often demand greater transparency, professionalism, and credibility in hospital services.

Regarding occupation, private sector employees constituted the largest group (44%), followed by entrepreneurs (25%), civil servants (17%), and those not currently employed (14%). This range of occupations reflects varied socioeconomic conditions that can influence how patients perceive facility adequacy, overall service performance, and their willingness to recommend or advocate for a hospital.

Overall, the demographic composition demonstrates a reasonably balanced and representative sample, enhancing the robustness of the study. These findings offer valuable insights into how Holistic Services and the facilities shape patient experience and trust, which in turn encourage stronger brand advocacy in hospital selection within Batu City.

2. Outer Model Evaluation

a. Convergent Validity – Outer Loading

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 a strong representative power toward the latent variable.

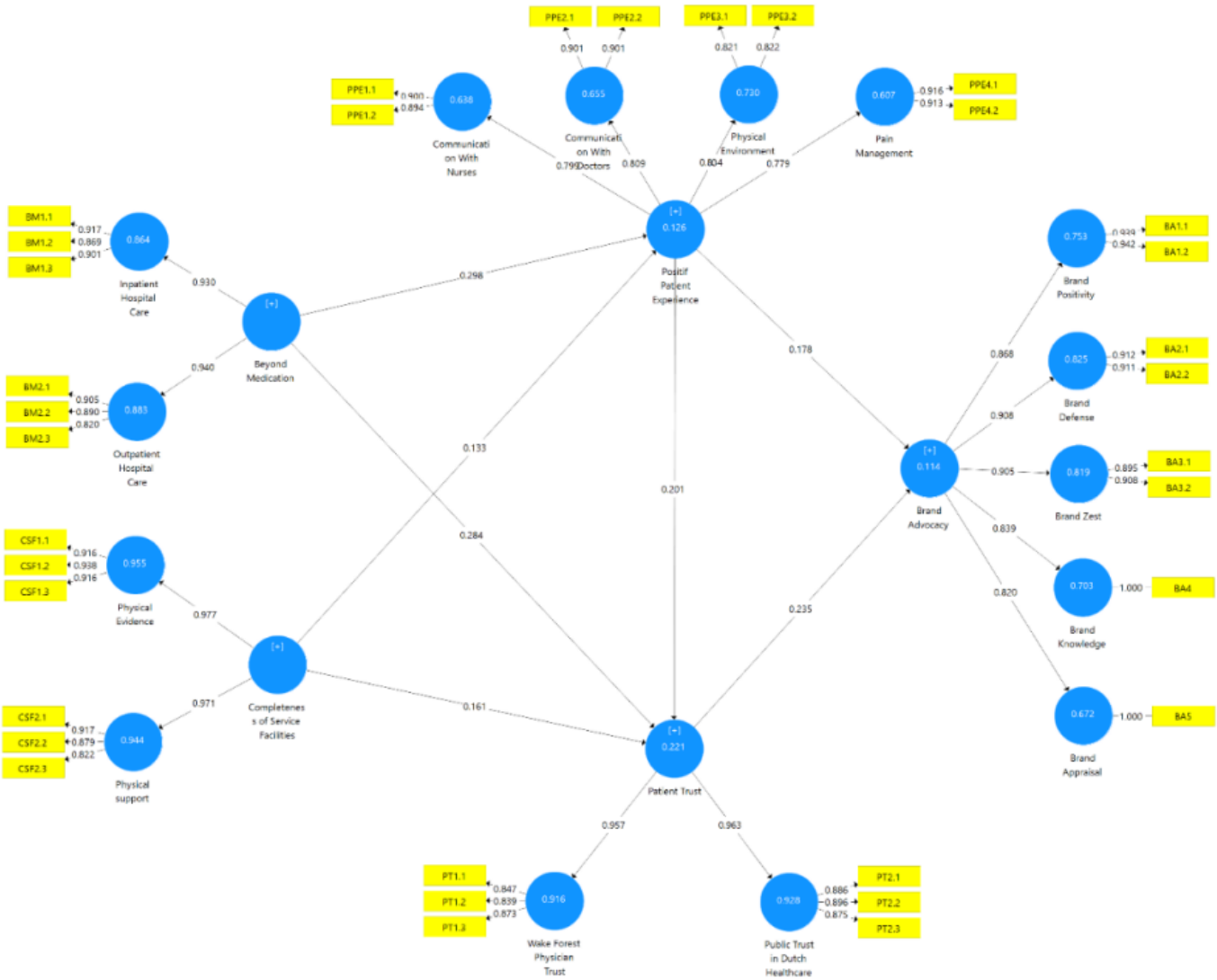

Figure 2 Outer Model

The table below presents the outer loading results, arranged in ascending order based on the indicator items.

Table 4 Outer Loading for Indicators

Contruct	Indicators	Loading	Item	Loading
Holistic Services	Inpatient Hospital Care	0,930	a. Communication on intake Autonomy b. Security	0,917 0,869
	Outpatient Hospital Care	0,940	a. Information from doctor b. Reception at clinic c. Aftercare and medication	0,901 0,905 0,890
Facilities Adequacy	Physical Evidence	0,977	a. Lobby space that is comfortable, clean and tidy to use b. Comfortable waiting room facilities c. Availability of adequate parking spaces	0,820 0,916 0,938 0,916
	Physical support	0,971	a. Arranging facilities. b. Function value. c. Supporting equipment	0,917 0,879 0,822
Patient Trust	Wake Forest Physician Trust	0,957	a. Competence b. Honesty c. Global trust	0,847 0,839 0,873
	Public Trust in Dutch Healthcare	0,963	a. Quality of care b. Health care providers' expertise c. Quality of cooperation	0,886 0,896 0,875
Patient Expérience	Communication With Nurses	0,799	a. Nurses listen carefully b. Nurses explain things in an understandable way	0,900 0,894
	Communication With Doctors.	0,809	a. Doctors treat with courtesy and respect b. Doctors explain things in an understandable way	0,901 0,901
	Physical Environment	0,804	a. Hospital room was kept clean b. Surrounding area was kept quiet	0,821 0,822
	Pain Management	0,779	a. Staff did everything they could to help with pain b. Staff explained what medication was for	0,916 0,913
Brand Advocacy	Brand Positivity	0,868	a. Say positive things about the brand b. Talk about the good points of this brand	0,939 0,942
	Brand Defense	0,908	a. Talk up the brand when others talk negatively about it b. Defend the brand if I hear someone speaking poorly about it	0,912 0,911
	Brand Zest	0,905	a. Express how excited I am to support the brand b. Feel a need to express my fondness for the brand	0,895 0,908
	Brand Knowledge	0,839	a. Provide extra details about the brand	1,000
	Brand Appraisal	0,820	a. Provide a lot of information about the brand	1,000

Source: Data Processed (2025)

The results of the outer model analysis indicate that all indicators for the constructs Holistic Services, Facilities Adequacy, Patient Experience, Patient Trust , and Brand Advocacy 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, Facilities Adequacy, demonstrated the highest indicator reliability, with loading values of physical evidence = 0.977 and physical support = 0.971 , indicating that both items strongly represent their construct. Similarly, the Holistic Services construct also showed excellent reliability, with inpatient hospital care = 0.930 and outpatient hospital care = 0.940 . The Patient Trust construct displayed high factor loading as well Wake Forest Physician Trust = 0.957 and Public Trust in Dutch Healthcare = 0.963 confirming that the trust-related items were measured strongly and consistently. For Patient Experience , all indicators demonstrated acceptable loading values: communication with nurses = 0.799, communication with doctors = 0.809, physical environment = 0.804 , and pain management = 0.779 . Although slightly lower than other constructs, these values still meet reliability standards and contribute meaningfully to measuring the Patient Experience variable. The Brand Advocacy construct also exhibited strong internal consistency, with loading of brand positive = 0.868, brand defense = 0.908 , brand zest = 0.905 , brand knowledge = 0.839 , and brand appraisal = 0.820 .

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 structural model (SEM/PLS) analysis, particularly in examining how Holistic Services and Facilities Adequacy, influence 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 5 Fornell Larcker Criterion

	Holistic Services	**Brand Advocacy**	**Facilities Adequacy**	**Patient Trust**	**Patient Experience**
Holistic Services	0,826				
Brand Advocacy	0,358	0,822			
Facilities Adequacy	0,249	0,189	0,876		
Patient Trust	0,391	0,293	0,273	0,835	
Positif Patient Experience	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 Holistic Services (0.826), Brand Advocacy (0.822), Facilities Adequacy (0.876), Patient Trust (0.835), and Patient Experience (0.715) exceeds the correlation values of each construct with other constructs. For example, the square root of the AVE for Holistic Services (0.826) is higher than its correlations with Brand Advocacy (0.359), Facilities Adequacy (0.246), Patient Trust (0.389), and Patient Experience (0.330). Similarly, Brand Advocacy (0.822) shows a value greater than its correlations with other variables such as Facilities Adequacy, (0.189), Patient Trust (0.293), and 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 6 Construct Reliability and Validity

	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Holistic Services	0,907	0,928	0,682
Inpatient Hospital Care	0,877	0,924	0,802
Outpatient Hospital Care	0,842	0,905	0,761
Facilities Adequacy	0,939	0,952	0,767
Physical Evidence	0,913	0,946	0,853
Physical Support	0,844	0,906	0,763
Patient Experience	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	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	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 Holistic Services, Facilities Adequacy, 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 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 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 Holistic Services, Facility Adequacy, 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 Holistic Services and Facility Adequacy on Patient Experience, Patient Trust, and their subsequent impact on Brand Advocacy in patients' hospital selection decisions in Batu City.

d. Inner Model Evaluation

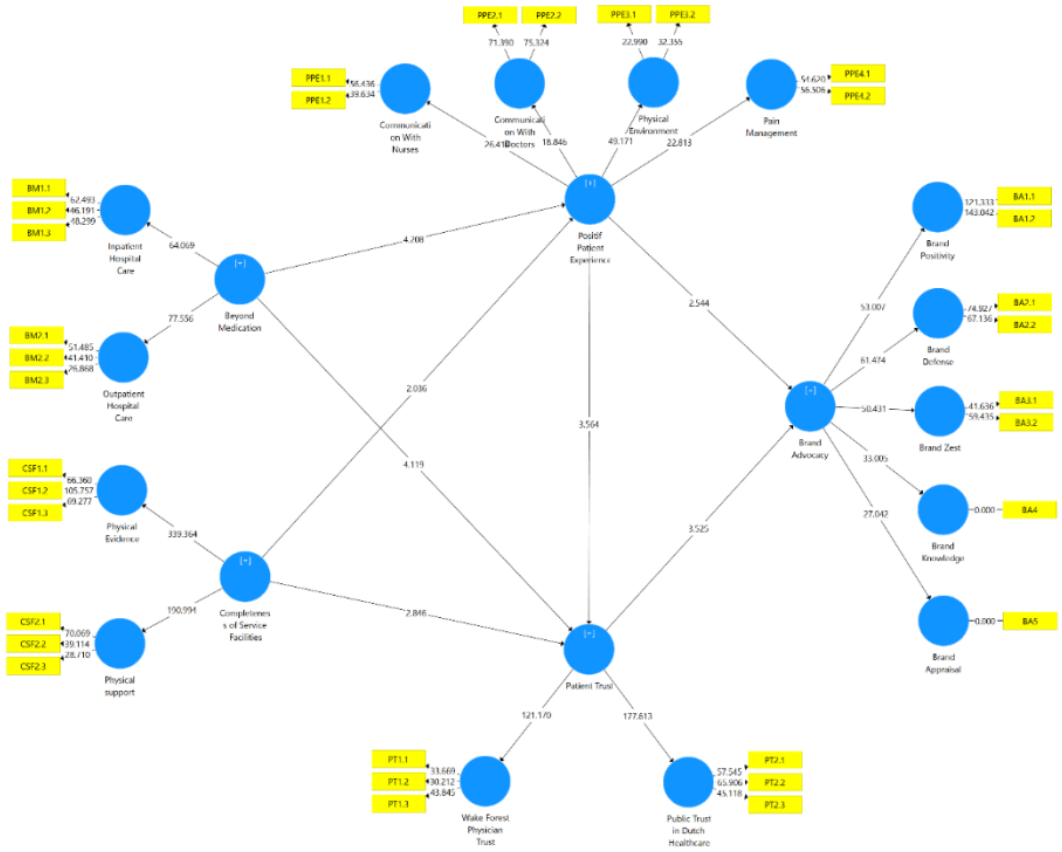

Figure 1 Inner Model

a. Coefficient of Determination (R^2)

The R-Square (R^2) value reflects how much of the variation in an endogenous variable is accounted for by the exogenous variables. A higher R^2 indicates a stronger explanatory power of the model in capturing the relationships among the variables.

Table 7 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
Patient Experience	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 values shown in the table describe how well the model explains the variation in the endogenous variables examined in this study. The Patient Trust construct obtained an R-square value of 0.220 (adjusted = 0.213), indicating that 22.0% of its variance is explained by the predictor variables. In addition, the R-square values for the trust indicators were very high, with Wake Forest Physician Trust reaching 0.916 and Public Trust in Dutch Healthcare reaching 0.928. These findings indicate that changes in patient trust can be largely attributed to factors such as Holistic Services, Facilities Adequacy, and Patient Experience. This level of explanation can be considered moderate, suggesting that these variables play a meaningful role in shaping trust in hospitals.

The Patient Experience construct recorded an R-square value of 0.126 (adjusted = 0.120), meaning that about 12.6% of its variance is accounted for by the predictors. The indicator values for communication with nurses (0.638), communication with doctors (0.655), physical environment (0.730), and pain management (0.607) show that variations in patient experience can be explained by Holistic Services and Facilities Adequacy. Although the overall explanatory strength is relatively limited, these results still indicate that both factors have a notable influence on patients' care experiences.

Meanwhile, the Brand Advocacy construct achieved an R-square value of 0.114 (adjusted = 0.109), indicating that 11.4% of the variation in advocacy behavior is explained by Holistic Services, Facilities Adequacy, Patient Experience, and Patient Trust. Even though this represents a weak level of explanatory power based on PLS-SEM standards, the findings emphasize that trust and positive experiences function as important mediating elements that encourage patients to recommend hospitals to others.

Overall, the R-square values across the indicators demonstrate predictive relevance ranging from low to high, as none exceed the commonly accepted moderate range of 0.25 to 0.75 in PLS-SEM analysis. Nevertheless, the results offer valuable insight into how Holistic Services initiatives and facilities adequacy indirectly shape patient trust, patient experience, and brand advocacy in hospital selection among patients in Batu City.

b. Effect Size (f^2)

The effect size (f^2) indicates the extent to which each independent variable contributes to changes in the R-square value of a dependent variable. Based on Cohen's (1988) criteria, effect sizes are classified into three levels: small at 0.02, medium at 0.15, and large at 0.35.

Table 8 Effect Size (f^2)

Construct	Patient Experience	Patient Trust	Brand Advocacy
Holistic Services (X1)	0,095 (Small)	0,089 (Small)	
Facilities Adequacy (X2)	0.019 (Small)	0,031 (Small)	
Patient Experience (Z1)		0.045 (Small)	0,032 (Small)
Patient Trust (Z2)			0,056 (Small)

Source: Data Processed (2025)

The results indicate that Holistic Services exerts a small influence on both Patient Experience ($f^2 = 0.095$) and Patient Trust ($f^2 = 0.089$). This suggests that, although medical and non-medical dimensions of care positively shape patients' experiences and levels of trust, their overall contribution remains limited. In a similar manner, Facilities Adequacy shows a small effect on Patient Experience ($f^2 = 0.019$) and Patient Trust ($f^2 = 0.031$), indicating that while adequate facilities support patient perceptions and confidence, their impact is relatively modest.

With respect to the mediating variables, Patient Experience demonstrates a small effect on Patient Trust ($f^2 = 0.045$) and Brand Advocacy ($f^2 = 0.032$), highlighting that favorable experiences still play an important role in building trust and encouraging advocacy, even if the magnitude is not strong. Likewise, Patient Trust has a small effect on Brand Advocacy ($f^2 = 0.056$), meaning that trust contributes to patients' willingness to recommend the hospital, though to a limited degree.

Overall, the findings confirm that all relationships within the model fall into the small effect size category. Nevertheless, when considered collectively, these factors form a meaningful and consistent pathway. Holistic Services initiatives and the completeness of facilities indirectly strengthen brand advocacy through their influence on patient experience and trust, offering practical implications for hospitals in Batu City seeking to enhance patient preference by improving holistic and patient-centered service quality.

c. Direct Effect Analysis

To gain deeper insight into the structural links among the constructs, the direct relationships between the independent and dependent variables were examined through path coefficients, t-statistics, and significance values. This analysis clarifies the magnitude and direction of influence among the independent factors (Holistic Services and Facilities Adequacy), the mediating constructs (Patient Experience and Patient Trust), and the outcome variable (Brand Advocacy) within the proposed research framework.

Table 9 Direct Effect: Path Coefficient, T-Statistic, and Significance

Pathway	Coefficient (O)	T-Statistic	P-Value	Note
X1→ Z1 (Holistic Services → Patient Experience)	0,298	4,208	0,000	Significant
X1 → Z2 (Holistic Services → Patient Trust)	0,284	4,119	0,000	Significant
X2 → Z1 (Facilities Adequacy→ Patient Experience)	0,133	2,036	0,042	Significant
X2 → Z2 (Facilities Adequacy → Patient Trust)	0,161	2,846	0,005	Significant
Z1 → Z2 (Patient Experience → Patient Trust)	0,201	3,564	0,000	Significant
Z1 → Y (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 direct effect analysis indicates that all proposed paths are statistically significant, supporting the hypothesized relationships among Holistic Services, Facilities Adequacy, Patient Experience, Patient Trust, and Brand Advocacy in the context of hospital choice in Batu City. The link between Holistic Servicesn and Patient Experience ($\beta = 0.298$, $t = 4.208$, $p < 0.001$) reveals a meaningful positive effect, suggesting that holistic, non-medical and medical service dimensions enhance patients' overall care experiences. In a similar manner, Holistic Services also shows a significant positive influence on Patient Trust ($\beta = 0.284$, $t = 4.119$, $p < 0.001$), indicating that comprehensive and human-centered service practices strengthen patients' confidence in hospitals.

Facilities Adequacy likewise demonstrates a significant positive impact on Patient Experience ($\beta = 0.133$, $t = 2.036$, $p = 0.042$) and Patient Trust ($\beta = 0.161$, $t = 2.846$, $p = 0.005$), underscoring the role of adequate and well-maintained infrastructure in shaping favorable service perceptions and institutional trust. Furthermore, Patient Experience significantly contributes to Patient Trust ($\beta = 0.201$, $t = 3.564$, $p < 0.001$), confirming that high-quality interactions and care processes foster stronger confidence in healthcare providers.

In addition, Patient Experience exerts a positive and significant effect on Brand Advocacy ($\beta = 0.178$, $t = 2.544$, $p = 0.011$), while Patient Trust also shows a robust positive relationship with Brand Advocacy ($\beta = 0.235$, $t = 3.525$, $p < 0.001$). These results imply that satisfied and trusting patients are more likely to recommend and promote hospitals to others.

Overall, the findings emphasize that both holistic service approaches and facility adequacy play a critical role in enhancing patient experience and trust, which subsequently drive advocacy behaviors. This highlights the strategic importance of integrating patient-centered care with reliable service quality to strengthen hospital reputation and patient recommendations in Batu City.

E. Discussion

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

The demographic information presented in the table illustrates a heterogeneous respondent profile in terms of gender, age, educational attainment, and occupational background, indicating a broad representation of patients in Batu City. Male respondents constituted a larger proportion of the sample (207 individuals or 61%), while females accounted for 133 individuals (39%), suggesting a slight predominance of male participation in hospital choice, though the overall gender composition remains relatively balanced.

With respect to age, the highest percentage of respondents was in the 46–55 age group (24%), followed by those aged 26–35 years (21%), 25 years and below (19%), over 55 years (18%), and 36–45 years (17%). This pattern shows that most participants fall within the middle to later stages of productive age, a phase typically associated with increased healthcare utilization. As a result, the selection of hospitals that can address both clinical needs and trust-related considerations becomes particularly important for this segment.

In terms of educational level, the majority of respondents held a bachelor's degree (31%), followed by diploma holders (22%), those with a master's degree (17%), high school or vocational education (11%), junior high school (11%), elementary education (6%), and doctoral degrees (1%). This relatively high educational profile suggests a strong level of health literacy, enabling patients to assess hospital services beyond clinical outcomes, including aspects such as intake communication, patient autonomy, safety, reception services, physician-provided information, and post-care and medication processes, as well as their confidence in healthcare personnel.

Regarding occupational status, private-sector employees formed the largest group (44%), followed by entrepreneurs (25%), civil servants (17%), and respondents who were not employed (14%). This occupational distribution reflects a wide range of socioeconomic conditions, which may shape differences in expectations, preferences, and motivations in choosing hospitals. Individuals engaged in formal employment or business activities tend to prioritize services that are efficient, reliable, and capable of delivering favorable care experiences.

When considered in relation to the core variables of this study Holistic Services, Facilities Adequacy, Patient Experience, and Patient Trust in driving Brand Advocacy this demographic variation offers important context for interpreting patient behavior in Batu City. Patients who are older, well-educated, and economically active are more likely to hold higher expectations for healthcare that extends beyond clinical treatment, emphasizing holistic, patient-centered service delivery.

These results align with the findings of Ai et al., (2022) and Liu et al., (2021),, which highlight trust as a central factor in cultivating loyalty and encouraging favorable advocacy toward healthcare institutions. Consequently, the demographic composition of respondents not only reflects the diversity of

patient characteristics but also reinforces the applicability of the proposed research framework, emphasizing the critical linkage between patient experience, trust, and brand advocacy in shaping hospital selection decisions in Batu City.

b. Direct Effects in Each Variable Relationship.

Based on the statistical findings, the direct effect results are consistent with the proposed hypotheses, confirming that all hypothesized relationships are statistically significant and support the conceptual framework connecting Holistic Services, Facilities Adequacy,Patient Experience, Patient Trust, and Brand Advocacy in hospital selection within Batu City. The results illustrate that the Holistic Services construct reflects a holistic model of care in which patient satisfaction is influenced not only by clinical performance but also by emotional, psychological, and social aspects of service delivery.

The inpatient care dimension highlights the quality of services provided during hospitalization, particularly at the point of patients' initial contact with healthcare personnel. The indicator Communication on Intake, which shows the strongest loading value (0.917), emphasizes the importance of clear, attentive, and transparent communication during the admission process. Such interactions involve explaining procedures, listening carefully to patient concerns, and providing understandable information. Effective early communication helps establish positive first impressions, alleviates patient anxiety, and strengthens perceptions of overall service quality, making staff communication competence a strategic component of patient-centered inpatient care.

In addition, the Security indicator (loading = 0.901) underscores that patients' perceptions of safety are fundamental to creating a positive hospital experience. This dimension includes both physical and psychological protection, such as confidence in the professional competence of medical staff, the confidentiality of patient information, and the ethical and transparent implementation of medical procedures.

The outpatient care dimension focuses on the quality of services delivered throughout the outpatient process, from registration to follow-up care. The indicator Information from Doctor (loading = 0.905) highlights that open, clear, and understandable communication between physicians and patients is a critical element of outpatient services. Clear explanations regarding diagnoses, treatment plans, and potential medication effects enhance patients' sense of security and reinforce their trust in healthcare professionals.

The effect of Holistic Services 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 Holistic Services and 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 Holistic Services 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 Holistic Services 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 Facilities Adequacy, 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 and Physical Support which together shape positive perceptions of a hospital's professionalism and credibility. In the Physical Evidence sub dimension, the indicator with a high loading value (0.938) corresponds to adequate waiting room facilities , emphasizing that a well-organized physical environment significantly influences 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 sub dimension, with an indicator loading value of 0.917, highlights the functional aspect of hospital facilities specifically arranging facilities . 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 Facilities Adequacy, and 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 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 has a positive and significant effect on Patient Trust, with a t-statistic Facilities Adequacy 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 Patient Experience 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 are able to create empathetic interactions, responsive services, and a supportive environment that fosters comfort and trust. Patient Experience is not merely an outcome of service quality but also serves as a key factor in shaping Patient Trust and promoting Brand Advocacy The first sub dimension, Communication with Nurses , highlights the critical role of nurses as the front line in delivering positive care experiences. The indicator "Nurses listen carefully" , with a loading value of 0.900, shows that nurses' ability to listen empathetic ally 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 , reflects the importance of professional and respectful interactions between doctors and patients. The indicators "Doctors treat with courtesy and respect" and "Doctors explain things in an understandable way" , 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, emphasizes the role of the hospital's physical setting in shaping patient experiences. The indicators "Hospital room was kept clean" and "Surrounding area was kept quiet" , 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 subdimension, Pain Management , underscores the importance of the medical staff's role in managing patients' pain. The indicators "Staff did everything they could to help with pain" and "Staff explained what medication was for" , 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 Patient Experience and Patient Trust shows a t-statistic value of 3.564 and a p-value of 0.000, indicating that 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 Patient Experience 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 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 Patient Experience and Brand Advocacy shows a t-statistic value of 2.544 and a p-value of 0.011, indicating that 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 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 and Public Trust in Dutch Healthcare , which together represent patients' interpersonal trust and institutional trust in the healthcare system. In the Wake Forest Physician Trust sub dimension, the indicator Global Trust 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 patient experiences, influencing patients' hospital selection preferences. Meanwhile, the Public Trust in Dutch Healthcare sub dimension emphasizes institutional trust in the hospital as a whole. The indicators Quality of Care with a loading value of 0.886 and Healthcare Providers' Expertise 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 Holistic Services and Facilities Adequacy, have relatively balanced influences on Patient Experience and Patient Trust, which ultimately have a positive impact on Brand Advocacy 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 Holistic Services variable represents a holistic care approach that places patients at the center of the entire treatment process. The sub dimension Inpatient Hospital Care, particularly the indicator Communication on Intake 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 , 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 sub dimension, the indicator Information from Doctor 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 Patient Experience and Patient Trust. Meanwhile, the Facilities Adequacy, variable demonstrates an important contribution through the availability and quality of hospital facilities, which foster comfort and perceptions of professionalism. The Physical Evidence sub dimension specifically the indicator Adequate Waiting Room Facilities 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 sub dimension, the indicator Arranging Facilities 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 Patient Experience but also strengthen Patient Trust in the hospital institution as a whole. Therefore, it can be concluded that Holistic Services and Facilities Adequacy are two essential pillars that exert both direct and indirect influences on 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 , Security , Information from Doctor, Adequate Waiting Room Facilities, and Arranging Facilities 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 Holistic Services and Facilities Adequacy in the context of hospitals in Batu City have a direct and significant influence on Patient Experience and Patient Trust , which ultimately impact Brand Advocacy. 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, Security , Information from Doctor , Adequate Waiting Room Facilities , and Arranging Facilities 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, 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 Holistic Services and Facilities Adequacy 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 Holistic Services and Facilities Adequacy have a direct and significant influence on Patient Experience and Patient Trust, which in turn have a positive impact on Brand Advocacy. 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, Security, and Information from Doctor highlight the importance of open and empathetic interactions between medical staff and patients. Meanwhile, the indicators Adequate Waiting Room Facilities and Arranging Facilities 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 Brand Advocacy and Physical Evidence 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 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.

References

1. 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
2. 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
3. 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.
4. 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
5. 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
6. 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
7. 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
8. 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
9. 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
10. 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
11. 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
12. 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
13. 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
14. Chen, Y. (2022). *Challenges in compliance with MARPOL Annex V on ship-generated garbage* (Ocean & Coastal Management (ed.)).
15. Creswell, J. W. (2017). *Pendekatan Metode Kualitatif, Kuantittatif Dan Campuran*. Putaka Pelajar.
16. 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

17. 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
18. 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
19. 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
20. 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
21. 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.
22. 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
23. 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
24. 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
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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
31. 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
32. 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
33. 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
34. 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
35. 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
36. 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
37. 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
38. 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
39. 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)
40. 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
41. 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

42. 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
43. 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
44. 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
45. 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
46. 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
47. 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
48. 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
49. 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
50. 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
51. 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
52. 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