

ANTECEDENTS OF PATIENT EXPERIENTIAL SATISFACTION AND ITS IMPACT ON PATIENT LOYALTY (A STUDY OF OBSTETRIC SERVICE IN A MOTHER AND CHILD HOSPITAL IN INDONESIA)

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ABSTRACT

The purpose of this study was to examine and analysed the effect of maternity care by doctors, maternity care by nurse, hospital ambiance, hospital reputation, waiting time, and patient safety on patient experiential satisfaction and their impact on patient loyalty moderated by social media engagement. The analysis of this modified research model from previous studies was carried out with data from obstetric services at the Mother and Child Hospital or *Rumah Sakit Ibu dan Anak* (RSIA). The method in this research is quantitative with a survey and cross-sectional approach. Respondent data were taken by purposive sampling with a questionnaire from individuals who had received obstetric services at RSIA XYZ, especially those who had a history of giving birth at this RSIA. There were 205 samples that met the requirements and were analysed by PLS-SEM. The results showed that the six antecedents of patient experiential satisfaction were proven to have a significant and positive effect. The strongest influence was shown by maternity care by doctors and followed by hospital reputation and hospital ambiance. The findings of this study prove the positive impact of experiential satisfaction on patient loyalty at RSIA. Social media engagement was found to have a significant and negative effect, this can be attributed to the suboptimal performance of social media managed by RSIA. From the findings of this study, managerial implications can be drawn for the development of obstetric services at RSIA. There are a number of limitations that are followed by suggestions for further research.

Keywords: Patient experiential satisfaction; patient loyalty; antecedents; social media engagement; RSIA

INTRODUCTION

The existence and role of health care facilities have a major influence on the health status of a country's people and sustainable development (World Health Organization, 2020). In Indonesia, development in the health sector also pays attention to the function and performance of health service facilities such as hospitals, specialty hospitals, clinics, community health centers, and other facilities. Indonesian Law Number 36 of 2009 concerning National Health states that a health service facility is a tool and or place used to organize health service efforts, whether promotive, preventive, curative, or rehabilitative carried out by the government, regional government, and or the community including private party. In the health system in Indonesia, the private sector is open to participating, for example in providing service facilities such as hospitals.

The health service industry by private hospitals has certain market characteristics that are different from market characteristics in other industrial sectors (Arici & Gucer, 2018). One of the distinctive characteristics of the private hospital market is the high level of regulation and government intervention through various regulations. However, the private sector is generally able to innovate better health services to meet changing consumer needs (Berry, 2019). The role of the private sector is getting bigger along with the increase in people's purchasing power, the level of economic progress, and accessibility to health service facilities by private hospitals (Kementerian Kesehatan Republik Indonesia, 2021).

In the national health system, one of the special health care facilities needed to improve the health status of mothers and children is the Mother and Child Hospital or *Rumah Sakit Ibu dan Anak* (RSIA). Definition of RSIA, according to the Regulation of the Indonesian Ministry of Health No. 523 of 1982, is a facility that provides health services for physiological and pathological pregnant, maternity, postpartum women who have medical responsibility for an expert in obstetrics and gynecology and a pediatrician. The function of RSIA is to provide health services that specifically handle cases of obstetrics and gynecology, as well as child health services. The maternal and child hospital as one of the special hospitals acts as a health facility that is held in each region, both organized by the government and by the private sector (Kementerian Kesehatan Republik Indonesia, 2020). This RSIA provides health services for mothers and children (babies) which are indispensable in creating a prosperous family. Babies or children as the next generation need special attention in maintaining their health since they are still in the womb.

RSIA, which has complete facilities and competent and reliable medical personnel, will play a role in improving the health status of the community. This is of course related to the performance of good health services so that the number of deaths and diseases due to childbirth will be reduced (World Health Organization, 2020). In health services at RSIA, many factors determine the performance of services, ranging from medical personnel, facilities, environment, work culture, running system. Private RSIA in Indonesia needs to pay attention to their competitive ability to compete through the quality of their services. This is a challenge for RSIA management to manage all existing resources in the organization to offer superior health services, which will later affect its business growth (Richter & Muhlestein, 2017; Prakash & Srivastava, 2019; Bellio & Buccoliero, 2021). Quality and superior health services are known as the results of a series of processes or outcomes that involve many factors, especially human factors and resource governance factors in organizations (Donabedian, 1988). Therefore, an effective management approach is needed in running a private RSIA business.

Obstetric services as part of medical services focus on women's health during pregnancy and childbirth (birth). Included in this service is the examination process before, during, and after a woman gives birth (partum period). Meanwhile, gynecology services are more focused on the health of women's reproductive organs only, starting from diagnosis, examination, to treatment (Varney et al., 2004). Pregnant women usually visit obstetricians and gynecologists for routine antenatal care checks and care, namely checking the condition of pregnancy and preparing for childbirth.

Currently, there is competition among the private RSIA, which can also be related to service performance, including obstetric services. If the performance of this service is good in the eyes of the patient, the patient will be encouraged to comply and return to visit for a check-up at the RSIA. On the other hand, consumers who have received service and are satisfied tend to recommend RSIA to their family or friends, this will attract new patients (Bellio & Buccoliero, 2021). The increasing number of consumer or patient visits can be a determining factor for hospitals to survive in competition in the tight hospital business (Arici & Gucer, 2018; Richter, & Muhlestein, 2017). To win the competition, it is inevitable to relate the RSIA performance assessment of services by using the patient's perspective. This approach is basically focused on the patient's satisfaction with the obstetric services he receives and encourages his intention to behave in a way that supports the RSIA business. This intention or desire can be in the form of an intention to visit again as well as a desire to recommend the RSIA. Such consumer behavior in management science can be explained as part of the construct of patient loyalty (Zeithaml et al., 1996).

Previous research devoted to obstetric services or midwifery services at RSIA that can affect patient loyalty was rare, one of it was carried out by taking a patient population in general hospitals in Malaysia. The study showed significant and positive influence from the construct of patient satisfaction to patient loyalty. The results have identified variables that can affect patient satisfaction in the hospital. Previous research by Yeo et al. (2021) has a target construct, namely patient satisfaction based on the theory of customer satisfaction with a confirmation-expectation approach. Where satisfaction occurs because of the fulfilment of consumer expectations that first existed. This concept is more based on post-purchase behavior with cognitive elements in evaluating satisfaction. In the service or hospitality industry where consumption is different from tangible products, this concept of satisfaction is often questioned (Zeithaml et al., 1996; Berry, 2019).

In the consumption of a service, the components that play a role other than cognitive are also affective components, these emotional components trigger memories in the minds of consumers which will then affect their behavior in the future. This approach refers more to memorable experiences (Pine & Gilmore, 2013) where consumers evaluate all the services they get as a holistic experience. This is in accordance with the new marketing concept, namely experiential marketing (Schmitt, 1999) that what is marketed is not the only product or service attributes, but the overall subjective experience that provides certain value in the eyes of consumers. Therefore, this study attempts to use the experiential satisfaction approach from Kao et al. (2007) where experiential satisfaction is defined as the result of the consumer's evaluation of the experience he receives from the overall service provided by the service provider. One of the important indicators in this construct is from the emotional aspect, namely the extent to which the service can give a deep impression to consumers (Kao et al., 2007). In the health care sector, this experiential satisfaction appeared in the new study by Bellio and Buccoliero (2021) in the hospital setting.

In marketing activities, the involvement of consumers can affect their intentions in the future, therefore in marketing activities, it is necessary to strive so that consumers can also be involved (Bagozzi et al., 1999). In this digital era, marketing can be done on online platforms with social media marketing. According to Barger et al. (2016), social media marketing can create a relationship of engagement or attachment between companies and consumers in long-term relationships. From the study of digital marketing literature, it is known that social media engagement has an influence on customer loyalty (Trunfio & Rossi, 2021). Thus, social media engagement can be used as a moderating relationship between satisfaction and patient loyalty. This variable was included to learn more about the influence of consumers who have received services and who also see social media content managed by RSIA. This is a necessity because in the future digital marketing through social media will play more of a role in the service industry (Trunfio & Rossi, 2021).

In order to contribute to management knowledge, this research attempt to propose a new research model that is modified from previous studies on patient care in hospitals (Yeo et al., 2021; Tan et al., 2019; Liu et al., 2021). This model is built from the framework of the stimulus-organism-

response (SOR) theory of Russell and Mehrabian (1974) which examines the stimuli that can induce the patient's response. Furthermore, the theory of customer satisfaction and loyalty from Oliver (1980) was converted into patient satisfaction according to the theory of Ware et al. (1983) and then developed with an approach from the theory of customer experience (Pine & Gilmore, 2013; Schmitt, 1999).

In this proposed research model, the dependent variable is patient loyalty, while experiential satisfaction is a mediating variable which is also the target construct in this research model. Furthermore, there are six independent variables that become antecedents of experiential satisfaction, namely maternity care by doctors, maternity care by nurses, hospital ambiance, hospital reputation, waiting time, and patient safety. This research model has been tested empirically on certain populations, namely women who have received obstetric services, especially those who have had the experience of birth at RSIA.

LITERATURE REVIEW

The theories that form the basis for the preparation of the conceptual framework of this research are theories related to consumer satisfaction with health care services. An important theoretical basis used in the theoretical framework of this research is the stimulus-organism-response (SOR) theory developed by Russell and Mehrabian (1974). This theory is implemented to explain the antecedents of patient satisfaction and its impact on patient loyalty. SOR theory consists of three constructs, namely stimuli, organisms, and the final response of the individual. This theory explains that stimuli from the environment affect a person's cognitive and affective reactions, which will lead to individual behavior. Based on this theory, the factors that influence individual perceptions can be conceptualized as influences that stimulate the individual's response. Consumer behavior can be explained in the SOR framework, where stimuli are represented by variables from the environment and marketing activities to consumers (Bagozzi et al., 1999). The response shows the process of consumer behavior and final decisions such as revisit intention, intention to repurchase (re-purchase), and willingness to recommend a product or service. Stimuli from outside the individual or his environment in this study are referred to as service-related stimuli. In the context of health care, service stimuli are in the form of care from doctors, nurses, all the processes during which services are provided, and the physical environment that will affect future behavior (Linder-Pelz, 1982). Therefore, overall stimuli should be considered to better understand satisfaction especially with obstetric care in RSIA.

The latest theory on how to measure patient satisfaction is based on the theory of customer experience (Pine & Gilmore, 2013; Schmitt, 1999; Brakus et al., 2009). This theory basically refers to an individual's subjective experience of a product or service, which has a deep impression and becomes the source of the overall assessment. Consumers use their personal experiences in assessing the products or services they use, where this experience is related to their level of satisfaction. In this customer experience, there is a customer journey from one point or service event (touchpoints) provided by different service providers by one service care provider (Lemon & Verhoef, 2016). The customer journey can describe the overall consumer experience from the starting point of the service provided to the end of contact with the service provider. Therefore, this approach is considered more effective because it can also show at which moment the consumer has the most memorable experience. In this concept of customer experience, apart from the cognitive dimension, there are also emotional dimensions of consumers that are more prominent and affect their memory of the services they experience or known as memorable experience (Pine & Gilmore, 2013; Brakus et al., 2009).

The theory of customer experience was later developed by Kao et al. (2007) to assess consumer satisfaction, where the level of consumer satisfaction is not only measured by the fulfillment of their expectations but rather in the form of an assessment of the experience received from service providers based on certain transactions. In the new study by Bellio and Buccoliero (2021) experiential satisfaction was used to assess the quality of health care services in the hospital. This concept is in accordance with the arguments previously stated by Anderson et al. (1994) that consumer satisfaction is a

comprehensive evaluation of the product or service that is paid based on previous experience. The argument is a criticism that in the concept of customer satisfaction, the assessment is based on an assessment immediately after the transaction and is not effectively used in the concept of service which involves many factors. In the experiential marketing concept introduced by Schmitt (1999) the orientation of the service care provider is to provide a holistic experience based on the consumer's perspective and not oriented to one of the service features. With these considerations, this study used the concept of experiential satisfaction which is considered more able to explain the construct of patient satisfaction in the context of health services.

Maternity care by a medical professional is defined as the perception of patients receiving services provided by a healthcare provider who has certain competencies (Johnson et al, 2016). The role of doctors who provide medical services in hospitals has been known to have a direct influence on the overall patient assessment of the hospital where the patient is being treated (Liu et al., 2021). The role of doctors was found to have a strong influence on patient satisfaction and loyalty in hospitals (Fatima et al., 2018) therefore it can be understood that doctors are assets for hospitals in competing for new patients. The findings of previous studies show a significant effect of the services provided by competent and highly skilled doctors and nurses in the patient's evaluation on their satisfaction (Kim et al., 2017). Other research findings by Wang et al. (2019) show that in addition to the competence of doctors who show a caring attitude, it will have a greater effect on patient satisfaction. According to Otani et al. (2012), nurses have more direct contact with patients than doctors, especially in-patients. Research devoted to obstetric services confirms that interpersonal services provided by professional health care have a direct effect on patient satisfaction (Yeo et al., 2021). This can also apply to the context of services by doctors at RSIA. Based on these considerations, the following hypotheses can be proposed:

H1: Maternity care by doctors has a positive effect on patient experiential satisfaction

H1: Maternity care by nurses has a positive effect on patient experiential satisfaction

According to the study of Bitner (1992) and MacAllister et al. (2018), the physical environment in particular hospital ambiance can provide a comfortable psychological atmosphere for patients and can affect the state of well-being or calm. Hospital ambiance is defined as a physical environment and atmosphere in a hospital that can provide a sense of comfort or other positive emotions (MacAllister et al., 2018). A calm atmosphere in a hospital is associated with outcomes in patient care, on the other hand, a noisy and uncomfortable atmosphere can cause patient dissatisfaction. A good physical environment in hospitals has been shown to have a direct influence on patient satisfaction (Fatima et al., 2018; Tan et al., 2019). New research related to the design and management of rooms in hospitals according to patient needs shows a significant relationship between hospital ambiance and patient satisfaction (Talantikite & Bencherif, 2021). This can also apply to the context of services at RSIA, with that in mind, research hypotheses can be formulated:

H3: Hospital ambiance has a positive influence on patient experiential satisfaction

Hospital reputation is defined as the impression or impression that is shared or spread through the social environment as well as the perception of how the company has status in certain situations (Sandberg & Werr, 2002). In empirical research on the role of hospital image (Asnawi et al., 2019), it is shown that there is a positive influence of hospital image on patient loyalty through patient satisfaction. This positive image can also be equated with the reputation obtained by the hospital in the eyes of patients. In assessing the image of the hospital, the role of competence and expertise, as well as the professional attitude of medical personnel, plays an important role (Tan et al., 2019). Research by Bellio and Buccoliero (2021) shows that a good image of the hospital is related to patient perception of health care quality. Another study for patients receiving obstetric services, found a significant and

positive effect on patient satisfaction (Yeo et al., 2021). Therefore, in the context of obstetric services at RSIA, the following hypothesis can be formulated:

H4: Hospital reputation has a positive influence on patient experiential satisfaction

Waiting time is defined as the time spent from the time the patient enters the registration room until the time he meets the doctor, waiting for the medicine to leave the hospital, including waiting for other necessary procedures and procedures at the hospital (Gupta & Denton, 2008). In service management in hospitals, the patient flow factor in the service flow is referred to as an important process in service quality because it is felt directly by consumers and becomes part of the assessment (Prakash & Srivastava, 2019). Patient flow is related to patient waiting time which affects their perception of the quality of service received from care providers (Johnson & Russel, 2015). Fast administrative service processes can be related to patient satisfaction (Kim et al., 2017). Other empirical findings show that waiting time that is well tolerated by patients (out-patients) in clinics influences patient satisfaction (Wang et al., 2019). Research related to obstetric services confirms the significant and positive effect of short waiting time on patient satisfaction (Yeo et al., 2021). Thus, the following hypothesis can be formulated:

H5: Waiting time has a positive effect on patient experiential satisfaction

Patient safety is defined as the provision of health services by reducing or minimizing the risk of undesirable events for patients or recipients of these services (Johnson & Russel, 2015). Empirical research has shown that the implementation of patient safety in hospital services can affect patient perceptions of service quality and subsequent patient satisfaction. Previous research has shown significant results between the perception that hospitals have made the best of patient safety (Johnson et al., 2016). This finding is also supported by research conducted by Tan et al. (2019), which found a positive influence of patient perception of patient safety on patient satisfaction in hospitals. The implementation of patient safety in hospitals indicates that the hospital is oriented to the interests and safety of patients (patient-centeredness). This approach can be well perceived by patients who are increasingly intelligent and aware of their rights (Prakash & Srivastava, 2019). This can also be applied to the context of patient care at RSIA. Thus, the research hypothesis can be formulated as follows:

H6: Patient safety has a positive effect on patient experiential satisfaction

Social media engagement is defined as the level of attachment between consumers and a product or service through interactions on certain social media platforms (Barger et al., 2016). Social media engagement has a role in establishing long-term relationships or relationships with consumers (Barger et al., 2016). The interactive relationship that takes place on social media platforms can affect consumer intentions. Engagement that occurs with consumers through social media has an influence on consumers' behavioral intentions in the future (Dolan et al., 2016). Furthermore, it is known that social media engagement can have an influence on customer loyalty through the mediation of other variables (Trunfio & Rossi, 2021). Considering that the patient has also seen social media content generated from RSIA, therefore the following hypotheses can be formulated:

H7: Social media engagement as a moderator of the relationship between patient experiential satisfaction and patient loyalty

Patient experiential satisfaction in this study is defined as satisfaction with the individual experience of the service received based on certain transactions (Kao et al., 2007), in the context of health care (Linder-Pelz, 1982). Patient loyalty is defined as a commitment to services, which will

encourage certain behavioral intentions, especially the consistent reuse of these services in the future (Oliver, 1997). Patients who are satisfied with the services received from the hospital as a health care provider will show loyal and supportive behavior at the hospital. Empirical research on hospital services in general shows that patient satisfaction will have a significant effect on patient loyalty (Fatima et al., 2018; Asnawi et al., 2019; Liu et al., 2021). Research in Indonesia also confirmed that patient satisfaction has been shown to have a significant effect on patient loyalty (Ricca & Antonio, 2021). Research with the concept of experiential satisfaction also shows results when consumer perceptions of experiential satisfaction increase, consumers will show more loyal behavior (Bellio & Buccoliero, 2021). Likewise in research with obstetric services, it was found that the more satisfied patients were with hospital services, the more loyal patients would be to the hospital (Yeo et al., 2021). This can also be applied to RSIA patients who receive obstetric services. Thus, the following hypotheses can be formulated:

H8: Patient experiential satisfaction has a positive impact on patient loyalty

From the description of the hypotheses that have been compiled based on previous research, a research model or conceptual framework can be described. In this research model, there are nine variables with eight paths marked with arrows to describe the research hypothesis. The picture of the conceptual framework or research model and its hypotheses can be seen as follows:

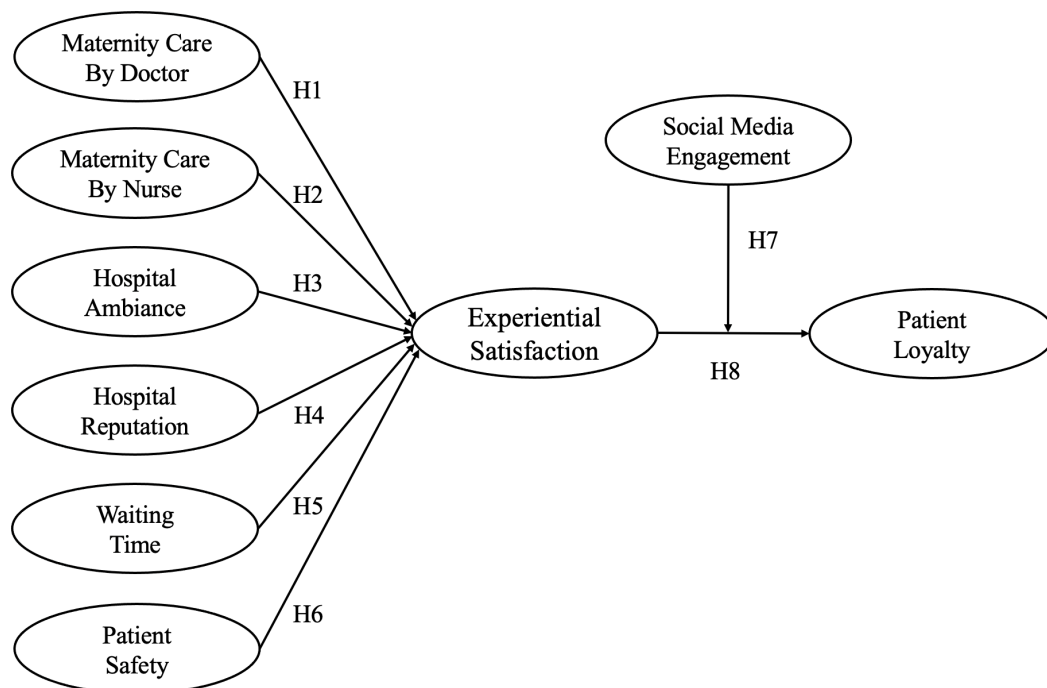


Figure 1. Conceptual Framework

RESEARCH METHOD

This study applies quantitative survey methods with a cross-sectional data approach to answer the research questions (Bougie & Sekaran, 2020). The conceptual framework was then empirically tested based on data from the population. The targeted population in this study is women who have received obstetric services, especially those who have had the experience of birth at one private RSIA located in Tangerang, Indonesia. The sample was taken purposively with certain criteria. During the data collection in August 2021, the number of 245 respondents filled the online structured questionnaires.

Few answers were considered invalid in data cleaning, after elimination, 205 samples are eligible. This amount met the criteria of minimum sample requirement based on the guidance for PLS-SEM analysis (Kock & Hadaya, 2018).

The constructs in the proposed conceptual framework are measured by a set of indicators in a structured questionnaire instrument. The questionnaire used in this study was adapted from the previous research, then it was modified to the study context. Priorly, this questionnaire is translated to the local language by translators to ensure all questions are easily understood. Finally, this questionnaire was reviewed by experts in the field of service marketing before distribution. The questionnaire uses a Likert scale from 1 to 5; respondents were asked to state their level of agreement with the statements on a scale of 1 (strongly disagree) to 5 (strongly agree) as suggested (Bougie & Sekaran, 2020). The questionnaire for hospital ambience adopted from Bitner (1992), hospital reputation from Wu (2011), maternity care by doctors and nurses adopted from Kim et al. (2017), waiting time adopted from Johnson et al. (2016), patient experiential satisfaction modified from Kao et al., (2007) and Wu (2011), patient loyalty adopted from Lonial et al. (2010), patient safety adopted from Tan et al. (2019), social media engagement modified from Barger et al. (2016).

The conceptual framework consists of nine constructs and is considered a complex research model; therefore, the PLS-SEM method was preferable since it could analyze complex models in exploratory research. PLS-SEM approaches are preferred when the orientation of the study is more on the explanatory and predictive abilities of the model (Hair et al., 2019). The PLS-SEM analysis was applied through the SmartPLS™ version 3.3 which is selected since it provides a bootstrapping menu to test significance (Memon et al., 2021). The main procedure with PLS-SEM is based on two types of models, namely inner and outer models. The outer model establishes to measure reliability and validity between indicators and their respective constructs in the model. The inner model deploys to test the significant relationship between each construct in the research model (Hair et al., 2020).

RESULTS AND DISCUSSION

Results

There are 205 eligible respondents whose profiles are described in Table 1. Respondents were gathered from a private RSIA. The respondents who participated in this survey, most are well educated, housewives who living in South Tangerang district where the RSIA located followed by Tangerang City. This indicates that the patient considers the location of RSIA when looking for maternity care.

Table 1. Respondent Profile

Description	Category	Amount	Percentage (%)
Age (Year)	21–25	14	6,83
	26–30	85	41,46
	31–35	57	27,80
	36–40	38	18,54
	>40	11	5,37
Total		205	100,00
Education	High School	26	12,68
	Bachelor/Graduate	158	77,07
	Post Graduate	21	10,24
Total		205	100,00
Domicile	Tangerang City	59	28,78
	South Tangerang	88	42,93
	Greater Jakarta	40	19,51
	Depok	11	5,37
	Others	7	3,41
Total		205	100,00
Occupation	Housewife	102	49,76

	Private Employee	53	25,85
	Entrepreneur	38	18,54
	Professional	9	4,39
	Others	3	1,46
	Total	205	100,00

In the first step of PLS-SEM analysis, the outer loading from the reflective model was done to assess the indicator of reliability (outer loading). The result found 24 indicators met outer loading criteria, while 5 indicators MCD4, MCN4, HA4, HR 3, and PES4 were excluded since the loading was below 0,708. The second step of the analysis is to test internal consistency in the model, all constructs shown Cronbach alpha greater than 0,7 and composite reliability as upper threshold ranging between 0,7–0,95, (Hair et al., 2019; Hair et al., 2020) indicates the constructs reliability of the respective model. The third step was to assess the convergent validity by measuring Average Variance Extracted (AVE). This validity check shows all constructs have an AVE ≥ 0.50 as required (Hair et al., 2019), meaning all constructs can explain at least 50 percent of item variance in the model, thus establishing convergent validity. The third step was to assess the convergent validity by measuring Average Variance Extracted (AVE). This validity check shows all constructs have an AVE ≥ 0.50 as required (Hair et al., 2019), meaning all constructs can explain at least 50 percent of item variance in the model, thus establishing convergent validity.

Table 2. Heterotrait/Monotrait Ratio

Variable	Hospital Ambiance	HR	MCBD	MCBN	Mod.effect SME	PES	PL	PS	SME
Hospital Reputation (HA)	0,781								
Maternity Care by Doctors (MCBD)	0,656	0,438							
Maternity Care by Nurses (MCBN)	0,742	0,672	0,62						
Moderating effect SME	0,122	0,041	0,135	0,103					
Patient Experiential Satisfaction (PES)	0,853	0,784	0,783	0,781	0,061				
Patient Loyalty (PL)	0,731	0,653	0,675	0,677	0,16	0,816			
Patient Safety (PS)	0,812	0,702	0,702	0,689	0,202	0,832	0,732		
Social Media Engagement (SME)	0,733	0,792	0,584	0,681	0,014	0,736	0,747	0,738	
Waiting Time	0,762	0,618	0,69	0,698	0,138	0,804	0,698	0,761	0,588

The fourth step in the outer model analysis is to check the discriminant validity by Heterotrait-Monotrait (HT/MT) ratio. This approach was used since it's known to have a more precise value (Hair et al., 2020; Henseler et al., 2015). The recommended threshold value for HT/MT ratio is below 0,85 referring to Henseler et al. (2015) to establish that each construct indicator is conceptually different. Table 2 shows that all HT/MT values are well below the 0.85 thresholds, thus, it concluded that all

indicators used in this research model have adequate discrimination to measure their own respective constructs. This outer model analysis has passed the four parameters of reliability and validity testing sequentially. Therefore, it can be concluded that all indicators in this research model are reliable and valid to measure their respective constructs specifically.

The inner model analysis is done in two parts, the first part to evaluate the quality of the proposed model. Since goodness of fit was not suitable in PLS-SEM as suggested by Hair et al. (2019), the model's explanatory power needs to be assessed. This study performed coefficient determinant or R^2 to measure prediction accuracy and construct cross-redundancy validation value of Q^2 to measure the predictive relevance of the model. Priorly, the inner Variance Inflation Factor (VIF) test was conducted to check multicollinearity issues. The findings show all the constructs have inner VIF value below 3 as suggested (Hair et al., 2019). Thus, it could be said that there is no multicollinearity issue found in this model. The result found that patient loyalty has $R^2 = 0.568$, greater than 0,5, and is categorized as moderate predictive accuracy (Sarstedt et al., 2017). Thus, it could be said the respective model has adequate capability to predict patient loyalty. The patient experiential satisfaction has $R^2 = 0.747$, indicating that experiential satisfaction has substantial predictive accuracy.

In order to assess the prediction of the proposed model, the model's out-of-sample predictive value from the blindfolding procedure was used (Sarstedt et al., 2017; Hair et al., 2020). All the Q^2 are found >0 , whereas patient loyalty shows $Q^2 = 0,382$ and was categorized as medium (>0.25). Patient experiential satisfaction has $Q^2 = 0,582$ therefore, it could be said endogenous constructs in the out-of-sample model approach have sufficient predictive relevance.

Hypothesis testing by bootstrapping procedure was conducted to determine the effect of the variables in the model and confirm whether the hypothesis proposed by this study was supported. The bootstrap approach is used to establish the significance of the data analysis in PLS-SEM (Memon et al., 2021). The cut-off value of t-statistic > 1.645 (one-tailed with alpha 0,05) was used as a criterion to determine whether the hypothesis is significant or not. The results are shown in Table 3 below.

Table 3. Hypothesis Test Result

	Hypothesis	Standardized Coefficient	T-Statistics	Result
H1	Maternity Care by Doctor -> Patient Experiential Satisfaction	0,260	5,370	Hypothesis Supported
H2	Maternity Care by Nurse -> Patient Experiential Satisfaction	0,156	2,784	Hypothesis Supported
H3	Hospital Ambience -> Patient Experiential Satisfaction	0,163	2,840	Hypothesis Supported
H4	Hospital Reputation -> Patient Experiential Satisfaction	0,204	4,008	Hypothesis Supported
H5	Waiting Time -> Patient Experiential Satisfaction	0,144	2,754	Hypothesis Supported
H6	Patient Safety -> Patient Experiential Satisfaction	0,155	3,315	Hypothesis Supported
H7	Moderating.Effect._SocialMediaEngagement: PExp. Satisfaction -> Patient Loyalty	-0,160	2,941	Hypothesis Supported
H8	Patient Experiential Satisfaction -> Patient Loyalty	0,454	5,561	Hypothesis Supported

It could be seen in Table 3, all the eight hypotheses are supported by t-statistic > 1,645, and p-value < 0,05, with the positive direction (coefficient) in accordance with the directional hypotheses. The coefficient of maternity care by doctors to patient experiential satisfaction was found 0,260 greater than others. Therefore, care by doctors in RSIA could be a great predictor of patient experiential satisfaction.

The role of social media engagement could be seen in H7, with the slope analysis. T-statistic was found > 1.645 with a coefficient of -0,160 hence, it's insignificant. However, this finding shows a negative moderating effect. The simple slope analysis is in Figure 2. Indicate that the higher social media engagement, the weaker influence of patient experiential.

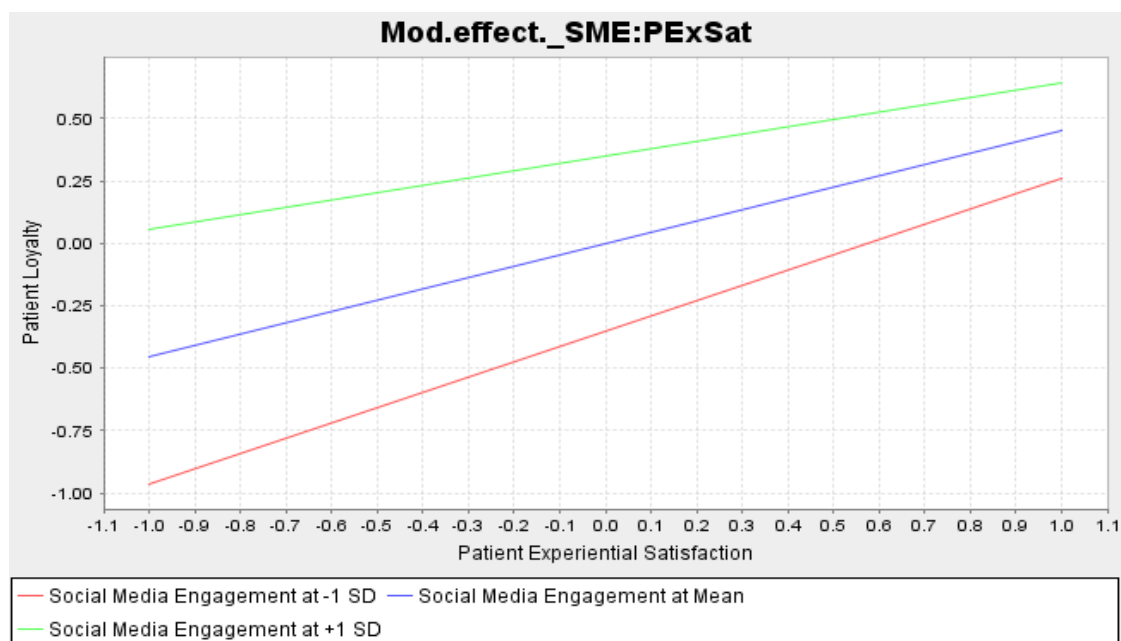


Figure 2. Slope Analysis of Social Media Engagement

In addition, mediation analysis was also carried out to determine the mediation significance through the specific indirect effects. Based on the result of mediation analysis in Table 5 as in below, continuous watching intention and consumption intention proved as mediator construct tested had a respective t-statistic above 1.645 thresholds. This result indicates that patient experiential satisfaction proved as a significant mediator toward patient loyalty.

Table 4. Specific Indirect Effect

Path	Standardized Coefficient	T-Statistics
Maternity Care by Doctor -> Patient Experiential Satisfaction -> Patient Loyalty	0,118	4,046
Maternity Care by Nurse -> Patient Experiential Satisfaction -> Patient Loyalty	0,071	2,340
Hospital Ambience -> Patient Experiential Satisfaction -> Patient Loyalty	0,074	2,352
Hospital Reputation -> Patient Experiential Satisfaction -> Patient Loyalty	0,093	3,669

Patient Safety -> Patient Experiential Satisfaction -> Patient Loyalty	0,070	2,706
Waiting Time -> Patient Experiential Satisfaction -> Patient Loyalty	0,065	2,429

Importance Performance Map Analysis (IPMA) is a useful tool to identify indicators, providing input to managers to prioritize their improvement activities (Ringle & Sarstedt, 2016). This method is based on the importance that resulted from the total effect and performance based on the mean value. IPMA could be seen as four quadrants, whereas the focus on the quadrant with more important indicators and performance. The following figures show the mapping to identify the respective indicators that need to be maintained or improved.

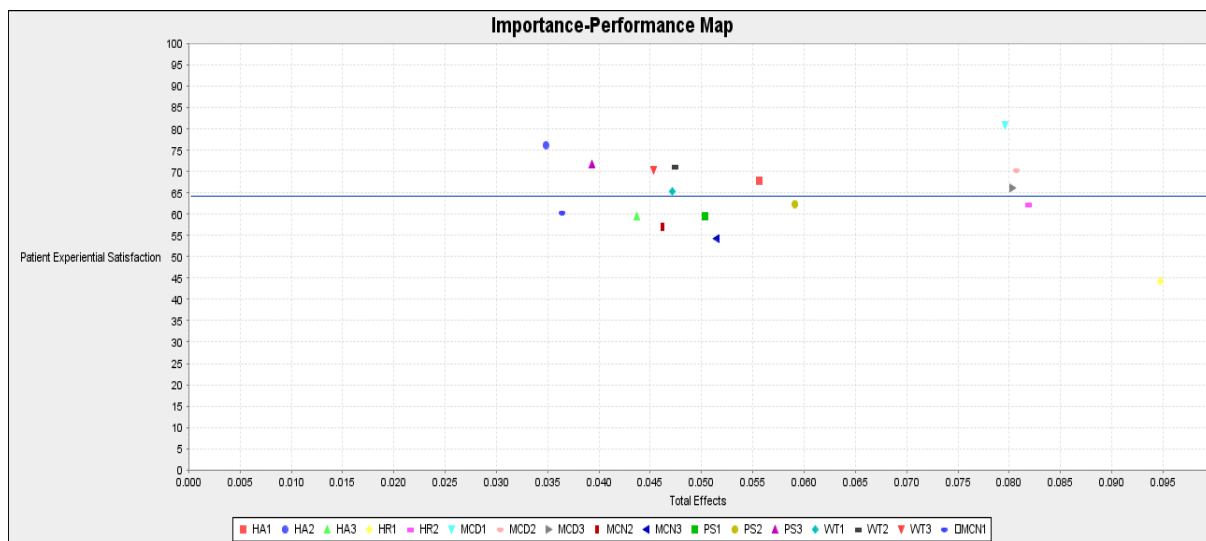


Figure 3. IPMA Indicators

In the lower right quadrant of Figure 3 above, it could be seen the HR2 indicator, meaning that respondents are considered important but have below-average performance. The HR2 indicator which contains respondents' responses that RSIA has modern medical equipment and advanced treatment facilities is not sufficient. Therefore, this matter needs to be prioritized by RSIA management because it is considered important for patients but has not shown adequate performance. Modern medical equipment at RSIA is important in the patient's perspective which can affect their assessment of the obstetric services provided. In the future, RSIA management needs to prioritize and strive for modern medical equipment that can increase patient satisfaction.

Discussion

The focus of this research is on obstetric care (obstetric care) provided by health care facilities, namely private mother and child hospitals or Rumah Sakit Ibu dan Anak (RSIA). Respondents are patients who have a history of labor or delivery at RSIA XYZ. In the proposed research model, there are nine variables with eight hypotheses that have been tested. The dependent variable in this model is patient loyalty, while experiential satisfaction is a mediating variable that connects six independent variables. The variable of social media engagement is a moderator of the relationship between experiential satisfaction and patient loyalty. From the results of the analysis of this research model with PLS-SEM, an empirical model can be described as shown in Figure 4 below.

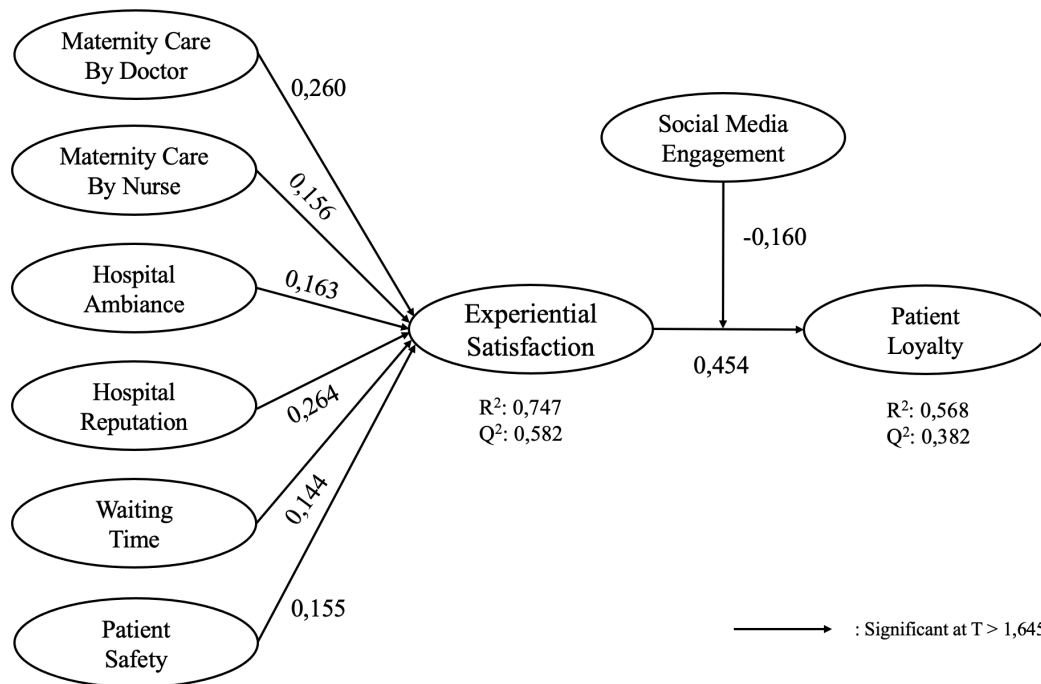


Figure 4. Empirical Model

Maternity care by doctors, hospital reputation, hospital ambiance, maternity care by nurses, waiting time, and patient safety are proven to have a significant positive effect on patient experiential satisfaction. If the patient perception of those variables increases, the experiential satisfaction of RSIA patients will also increase. Social media engagement as a moderator has been proven to significantly weaken the effect of patient experiential satisfaction on patient loyalty. With the increasing social media engagement at RSIA, the effect of experiential satisfaction on patient loyalty will be weaker. Thus, social media is something to watch since it could generate negative effects when mismanage. Finally, patient experiential satisfaction is proven to have a significant positive impact on patient loyalty. If the perception of patient experiential satisfaction increases, then patient loyalty to RSIA will also increase. The findings of this study are in line with a similar study on obstetric services in hospitals conducted by Yeo et al. (2021), where patient satisfaction has a significant effect on patient loyalty. The results of this study are also in line with previous studies conducted in different countries and different types of hospitals (Ricca & Antonio, 2021; Liu et al., 2021; Tan et al., 2019) where it was found that a positive evaluation of patient satisfaction at the hospital would encourage his intention to be loyal to the hospital.

The role of maternity care by doctors shows the strongest influence, so it needs to be prioritized by the management of maternal and child hospitals. This finding is in line with the findings of previous research (Kim et al., 2017; Liu et al., 2021; Fatima et al., 2018). Patients often do not understand the health procedures or medical considerations of a doctor, but patients can feel how doctors treat their patients with care or attention. This caring attitude by doctors has been proven in previous research (Wang et al., 2019; Bellio & Buccoliero, 2021) to have an important role in patient perspective when evaluating the quality of service that they receive. This is what is meant by Gronroos (1984) as functional quality or aspects of functional service quality that are different from technical quality aspects, such as clean beds in hospitals. In this regard, this study supports what was revealed by Berry (2019) that in health services there is a high-emotion nature or service which involves a lot of patient emotional factors. Therefore, it is important for RSIA management to pay attention to the emotional aspects of

their patients during the treatment process (Kim et al., 2017) especially in female patients who are about to give birth for the first time. This was found to be true for patients receiving obstetric services at RSIA.

The second suggestion for RSIA management is to prioritize aspects of service or health care provided by doctors at RSIA. Patients are now more knowledgeable, critical and want a higher quality of service. Therefore, doctors in addition to clinical aspects need also pay attention to the emotional aspects of pregnant women and those who will give birth at the RSIA. Management needs to encourage doctors who practice at RSIA to communicate empathically and interactively with their patients. Good communication with doctors, especially midwifery specialists will make patients feel comfortable and trust the RSIA services which will affect patient satisfaction when receiving health services at the hospital. Hospital management needs to seek or manage practice schedules well so that there is sufficient time allocation from specialist doctors for each patient.

The findings of this study also indicate that hospital reputation is the second most powerful factor in influencing patient satisfaction at RSIA. This is in line with the results of the obstetric care research in Malaysia conducted by Yeo et al. (2021). In this case, respondents were dominated by patients who paid for their own treatment costs or out-of-pocket money, so patients tended to choose doctors according to their preferences or wishes. The hospital reputation is formed through a process of many years but will also have a long term influence and is related to the hospital image and reputation. Thus, hospital management must always strive for and maintain a good reputation from the patient's perspective.

In addition, this study also proves the significant influence of four other independent variables such as hospital ambiance, maternity care by nurses, waiting time, and patient safety. This finding is in line with previous research in the context of hospital services that these variables play a significant and positive role in patient satisfaction (Yeo et al., 2021; Liu et al., 2021; Fatima et al., 2018; Tan et al., 2019; Wang et al., 2019). Thus, in developing RSIA's business, these matters must be a concern of the management. Besides these findings, this research also makes a new contribution by showing that marketing efforts made through social media managed by RSIA need to be considered and evaluated.

The results of this study show that social media engagement as a moderator weakens the effect of patient satisfaction on patient loyalty. This finding is in accordance with the research insight that social media engagement does not always have a positive effect but can also have a negative influence (Dolan et al., 2016). This can be caused in addition to the content and frequency of posting on social media accounts, it can also be influenced by the interactivity factor in these social media (Ariel & Avidar, 2015). In previous studies, interactivity between followers and account managers was known to have a significant influence (Hou et al., 2019). If followers are satisfied with the interactive process on social media platforms, they will have a positive assessment, on the other hand, if they feel they are not getting a good response or interaction, their assessment will also tend to be negative (Dolan et al., 2016). This finding needs attention so that RSIA's social media can be a means of engagement with followers so that it can become an effective marketing tool in the digital era. This is a necessity because currently, consumers get more information from social media platforms, consumers also have certain behaviors when using social media. This research provides insight in the early stages, that if social media engagement is not managed properly, it will have an unexpected effect, the response to social media can have a positive but also negative influence on RSIA. This finding certainly still needs to be deepened with future studies on social media marketing conducted by hospitals.

The new contribution of this research is to show a new approach where patient satisfaction is seen as patient experiential satisfaction. In this concept, patient satisfaction refers

to the overall experience he gets from the service provider. This finding confirms the concept of experiential satisfaction developed by Kao et al. (2007), which is proven to have an impact on consumer loyalty. In this model, for the patient experiential satisfaction construct, substantial predictive accuracy (R^2) and large predictive relevance (Q^2) are obtained. Therefore, it can be concluded that the six antecedents of patient experiential satisfaction in the research model can adequately predict patient experiential satisfaction variables. Thus, this research model can be suggested to be replicated and tested in a larger and more diverse population of RSIA patients in future studies.

CONCLUSION

The results of this study demonstrated that the six independent variables named maternity care by doctors, hospital reputation, hospital ambiance, maternity care by nurses, waiting time, and patient safety as antecedents of experiential satisfaction have all been proven to have a significant and positive influence. The strongest influence comes from maternity care by a doctor or services provided by a doctor, followed by hospital reputation and hospital ambiance. Furthermore, experiential satisfaction has been shown to have a significant and positive impact on patient loyalty. Social media engagement showed the negative effect that weakens the relationship from experiential satisfaction to patient loyalty.

With these findings, managerial implications can be drawn up, namely the importance of RSIA management studying and measuring patient satisfaction levels, especially from the aspect of their experience while receiving treatment at RSIA. This is input in order to be able to develop an effective service program according to patient expectations. Patients' expectations or expectations for quality health services also change along with the progress of the times (Berry, 2019), so management needs to be adjusted so that they continue to have excellence in service. This study has a different approach by emphasizing the aspect of satisfaction not only from the fulfilment of expectations but also from the aspect of satisfaction with the patient's experience when receiving services at RSIA.

Memorable experiences involve the emotional side of the patient that can make a deep impression and become a good long-term memory (memorable) and will encourage intention to support an organization that provides these services (Pine & Gilmore, 2013). In the context of the health care industry, this will appear as a patient's intention to make the hospital an option in the future, for example through a revisit intention or an intent to recommend. The findings of this study indicate that maternity care by a doctor plays an important role to shape experiential satisfaction, which shows the relationship between doctors and patients, becomes the most important factor in creating patient satisfaction. Thus, for obstetric services at RSIA, it is very important for doctors, especially midwifery specialists, to establish good communication with their patients.

In this research, several limitations can be identified. First, this study has limitations since this research was only tested empirically on one RSIA with a limited number of samples. Therefore, there are limitations in generalizing the findings of this study. It is recommended in future research to include more RSIA with various types, as well as a larger number of samples so it can be more generalized at the population level. The second limitation is in this study, due to the respondent's data that was collected by a questionnaire distributed online, where there was a time-lapse between filling out the online questionnaire and the last time the respondent received service at the RSIA. This will have an effect as a recall bias because the respondents' memories of the services they received at RSIA are not very clear anymore. To overcome this, it is advisable to collect respondent data by exit interview or by means of face-to-face directly at the hospital when the patient is about to leave the RSIA. Thus, the memory of the

respondent's impression of the RSIA service can be directly obtained. The exit interview was of course carried out in accordance with strict health protocols and taking into account the condition of the respondent. The third limitation is that respondents who receive obstetric services at RSIA are not separated between patients with normal delivery processes and obstetric patients who are treated with certain diseases or complications, such as patients who require laparoscopic surgery. The severity of this disease will also affect the patient's expectations and his assessment of the results of therapy. Therefore, it is recommended in future research to separate or sub-group analysis of obstetric patients with normal delivery processes from patients with certain diseases or complications that require separate treatment. With this subgroup analysis, it is hoped that data acquisition from various types of obstetric services at RSIA can be analysed more deeply so as to produce more specific findings.

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