

Building Patient Loyalty in Pharmacy Service: A Comprehensive Model

Prasojo Pribadi¹, Susi Ari Kristina², Suci Paramitasari Syahlani³, Satibi^{2*}

1. Department of Pharmacy Management, Faculty of Health Science, Universitas Muhammadiyah Magelang, Jl. Mayjend Bambang Soegeng 21, Magelang, Central Java, Indonesia.
2. Department of Pharmaceutics, Faculty of Pharmacy, Universitas Gadjah Mada, Sekip Utara 55281 Yogyakarta, Indonesia.
3. Department of Livestock Sozio-Economics, Faculty of Animal Science, Universitas Gadjah Mada, Jl. Fauna No.03, Yogyakarta, Indonesia

Info Article

Submitted: 14-02-2021

Revised: 21-05-2021

Accepted: 16-06-2021

*Corresponding author
Satibi

Email:
satibi@ugm.ac.id

ABSTRACT

The function of pharmaceutical services has been broadened to become patient-centered care that emphasize building relationships between patients and service providers. Furthermore, loyalty indicate a powerful and positive connection between customers and service provider. This study aims to examine the mechanism of pharmacy services, patient emotions, satisfaction, and trust in influencing patient's loyalty. A cross-sectional survey was conducted in the outpatient department (OPD) from six referral hospitals. The purposive sampling method was used in this study, with inclusion criteria: patients over 17 years old, volunteered to be a respondent, as well as using pharmacy service experience at least three times. A total 300 usable responses were obtained. Self-administered questionnaire method was utilized. The partial least square-structural equation modeling (PLS-SEM) approach was performed for data analysis. The results showed that pharmacy service has a significant effect on emotions, satisfaction, and trust ($p < 0.05$). Patient satisfaction has a positive effect on trust and loyalty ($p < 0.05$). While trust has a significant influence on patient loyalty ($p < 0.05$). Positive emotions has a positive effect on patient loyalty. Furthermore, positive emotions, satisfaction, and trust has a fully mediating role. The association between pharmacy service and trust is partially mediated by satisfaction. Trust has a partial mediating effect on the relationship between satisfaction and patient loyalty. In addition, pharmacy services has an indirect effect on patient loyalty. Pharmacists have a professional and ethical obligation to assess the patient's requirements and condition holistically, taking into account emotional, psychological, social, and biological factors. Pharmacists can employ practical ways to promote patient-centered communication, engage patients in their treatment, and foster the formation of a pharmacist-patient relationship based on mutual respect, this leads to a common knowledge of all the issues, goals, and challenges to therapy management.

Keywords: Patient Loyalty, Emotion, Satisfaction, Trust, Hospital, Pharmacy Service

INTRODUCTION

The high volume of prescriptions shows an increase in demand for pharmaceutical services, it is reported that 80% of patients who visit puskesmas get pharmaceutical services (Insani *et al.*, 2017; Kim and Ruger, 2008). The pharmacy department plays a crucial role in the final process of healthcare, thereby shifting the paradigm of the

conventional function of pharmaceutical services from drug supply to become patient-centered care. This service is an essential aspect of developing patient-care provider relationships, which is a popular indicator of healthcare quality (Insani *et al.*, 2017; Khudair and Raza, 2013). Currently, the management of healthcare services in Indonesia does not give preferences in enhancing patient

satisfaction through the service function of the pharmacy (Ramli and Sjahrudin, 2015).

Moreover, the existing literature stated that customers' loyalty is a basic element in a service business, which indicates a strong and positive relationship between customers and service providers (Chang *et al.*, 2013; Mittal and Lassar, 1998). Since the implementation of the Universal Health Coverage (UHC) in Indonesia, there has been an aggressive expansion of profit private hospitals, compared to the non-profits (Health Policy Plus, 2018). Therefore, the healthcare sector requires loyal customers to survive in a challenging and competitive business environment (Ehigie, 2006; Tosyali *et al.*, 2019). Many factors affected the company's success in maintaining customers' loyalty, which include: service quality, trust and satisfaction. Most of the empirical investigations proved a positive relationship between service quality perceptions, satisfaction and loyalty (Arab *et al.*, 2012; Kim *et al.*, 2017; Sumaedi *et al.*, 2014). Meanwhile, the manner of delivering quality pharmacy access and services can strengthen patient loyalty to the hospital.

Previous loyalty literature in the context of pharmaceutical service were conducted in several countries. Augusto & Bastos formulated a conceptual framework to show that loyalty is the outcome of service quality and satisfaction of pharmacies in Portugal (Augusto and Bastos, 2008). Athavale *et al.* identify antecedents and consequences of pharmacy loyal behaviour (Athavale *et al.*, 2014). Insani assessed the effect of pharmaceutical service quality on patient loyalty and determined the mediating role of patient satisfaction (Insani *et al.*, 2017). Heryanto examined the effect of pharmaceutical service quality on patient satisfaction and loyalty in public hospitals (Heryanto *et al.*, 2016). In recent research, Castaldo developed and tested two models to identify determinants of pharmacy store loyalty for community in Italy (Castaldo *et al.*, 2016). However, the study only focused on a few determinants of loyalty and does not disclose the emotional factors which roles were equally important.

Post-purchase behaviour is the outcome of information processing (cognitive) and emotional experience (affective) of a product or service that is felt, then gives a conclusion (Darsono, 2012). The involvement of emotional factors are important in patient satisfaction and loyalty, numerous studies discovered a significant relationship between involvement and emotional level regarding service

experiences on satisfaction and loyalty (Chebat and Slusarczyk, 2005; DeWitt *et al.*, 2008; Dubé *et al.*, 1996; Vinagre and Neves, 2010, 2008). However, most of them are applicable in the general healthcare sector. Presently, the studies involving emotional factors in pharmaceutical services in both developed and developing countries are still very limited. This research propose a more complex conceptual framework by including negative and positive emotions, simultaneously. The purpose of this research is to explore the mechanism of pharmacy services, patient emotions, satisfaction, and trust in influencing patient loyalty in a referral hospital setting. Furthermore, it determines the mediating role of emotions, satisfaction and trust.

MATERIAL AND METHODS

Research design and subjects

A cross-sectional survey was conducted in the outpatient department (OPD) from six referral hospitals. The purposive sampling method was used in this study, with inclusion criteria: patients over 17 years old, volunteered to be a respondent, as well as using pharmacy service experience at least three times. Informed consents were also asked to patients before interviewing. The data was collected during September-December, 2018 in the Special Region of Yogyakarta Province.

A total of 500 questionnaires were distributed and 300 usable responses were obtained. The response rate was 60%. Self-administered questionnaire method was utilized. In this study, there are 12 paths of analysis so that the minimum sample size is 120. According to Hair *et al.* (2014) the number of samples in partial least square-structural equation modeling (PLS-SEM) is ten times the largest number of model paths directed at certain constructs in the model.

Research instrument

The survey instrument was developed based on a literature review. A total of 27 indicators and 6 constructs were adopted from several existing literature, with the following details: 9 indicators of pharmacy service (Gupchup *et al.*, 1996; Khudair and Raza, 2013; Tinelli *et al.*, 2011), 3 indicators of trust (Lien *et al.*, 2014), 3 indicators of satisfaction and 3 indicators of patient loyalty (Sumaedi *et al.*, 2014) on a four-point Likert scale from "strongly disagree" to "strongly agree". The positive and negative emotions consist of 3 and 6 indicators on a four-point scale from never to very often (Dubé *et al.*, 1996; Vinagre and Neves, 2010, 2008).

Table I. The Respondents' Demographic Profile

Characteristic	Number	%
<i>Gender</i>		
Female	172	57.3
Male	128	42.7
<i>Marital status</i>		
Married	174	58
Single	126	42
<i>Age group</i>		
18-24	61	20.3
25-44	160	53.3
45-64	64	21.3
>64	15	5
<i>Education</i>		
Elementary School	12	4
Junior High School	26	8.7
Senior High School	153	51
Diploma	33	11
Bachelor	69	23
Master	7	2.3
<i>Monthly income (IDR)</i>		
<1.500.000	131	43.7
1.500.000-2.500.000	113	37.7
2.500.000-3.500.000	37	12.3
>3.500.000	19	6.3
<i>Occupation</i>		
Students	38	12.7
Government employee	28	9.3
Private employee	75	25
Entrepreneur	70	23.3
Farmer	20	6.7
Other	69	23
<i>Type of insurance membership</i>		
General patients	65	21.7
PBI (Contribution Aid Recipients)	165	55
Non-PBI (Not a Contribution Aid Recipient)	68	22.7
Private insurance	2	0.7

The designed questionnaire was discussed with experts (3 academics and 2 practitioners) to obtain content validity.

The first stage tested the convergent validity and construct reliability. The second stage assessed the discriminant validity. Convergent validity is fulfilled when the loading factor of indicators and Average Variance Extracted (AVE) of constructs are greater than 0.5 (Bagozzi and Yi, 1991; Fornell and Larcker, 1981). The reliability of instrument is met when the Composite Reliability (CR) and Cronbach Alpha (CA) values are greater than 0.70 (Gefen *et al.*, 2000).

Fulfillment of convergent validity requirements is indicated by the loading factor values ranging 0.588-0.949 and AVE between 0.555-0.735, surpassing the required values (>0.50). Moreover, convergent validity is also assessed by CR and CA value. CR values ranging from 0.880-0.952 and CA between 0.796-0.926, surpassing the required value (>0.70). The discriminant validity is determined when the square root of the AVE is greater than the correlation value between the construct and all other. All constructs met the discriminant validity criteria. Therefore, the research instrument was

declared to meet the criteria of convergent and discriminant validity.

Data analysis

Smart-PLS 3.0 software was used to analyze the data. The PLS-SEM analysis in this research used the approach suggested Fornell and Anderson (Anderson and Gerbing, 1988; Fornell and Larcker, 1981). A PLS-SEM was employed to analyze the data as follows: (1) evaluate the inner models, (2) path analysis. Meanwhile, the bootstrap function is used to test hypotheses and obtain the path coefficient values.

Ethical consideration

The Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Gadjah Mada University, Indonesia, approved the study with the reference number KE/FK/1042/EC/2017.

RESULT AND DISCUSSION

The profile of respondents socio-demographic

The profile of respondents socio-demographic were presented in Table 1. A total of 300 questionnaires were examined in this study. The demographic data indicated that the respondents were dominated by females with a percentage of 57.3 % and the rest were male at 42.7 %. Most respondents were married (58%). Age 25-44 (53.3 %) and 45-64 (21.3 %) constituted the largest age group of respondents. Furthermore, for the latest education, it was dominated by high school graduates by 51 %, 23 % (Bachelor's degree), and 11 % (Diploma). Only 2.3 % have a Masters's degree. For income level, around 43.7 % earn less than 1.500.000 IDR and 37.7 % earn 1.500.000-2.500.000 IDR. Most respondents were private employees (25 %), followed by entrepreneurs by 23.3 %. The insurance membership status. The type of insurance membership, most respondents were PBI (55%) (Table I). The majority of 66.5 % of respondents had experienced hospital outpatient services more three times a year.

Inner model

The R² value of the patient loyalty was 0.589 which showed that the independent variables in the model were able explain 58.9 % of the patient loyalty. According to Ghozali & Latan, a GoF value of 0.1 was considered small, a GoF value of 0.25 was medium, and a GoF with a value greater than 0.36 was large (Ghozali and Latan, 2015) (Table II and

Figure 1). Therefore, when the GoF value is 0.44, the structural model is categorized as fit model.

Tabel II. Inner Model of Patient Loyalty

	R-Square	GoF
Patient Loyalty	0.589	GoF= $\sqrt{AVE \times R^2}$
Negative Emotion	0.011	GoF= $\sqrt{0.709 \times 0.272}$
Positive Emotion	0.018	GoF= 0.44
Satisfaction	0.208	
Trust	0.534	

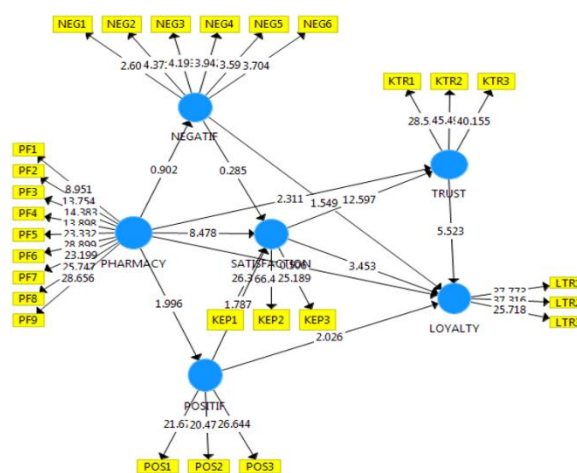


Figure 1. Model Structural of Patient Loyalty.

The main motive of this study is to analyze the mechanism of pharmacy services, emotions, satisfaction, and trust in influencing patient loyalty and evaluate their potential mediating roles. Therefore, unaffected direction was first established in this research, pharmacy services with negative and positive emotions, and loyalty (Table III).

Table III summarized the results from all path which analyzed and provided the statistical evidence that pharmacy service had a significant effect on positive emotions, satisfaction, and trust. Satisfaction has a positive effect on trust and patient loyalty. Trust has a significant influence on patient loyalty. Furthermore, positive emotions has a significant effect patient loyalty.

According to Baron and Kenny, full mediation only occurs when: (a) the direct path from the independent variable to the dependent is not significant, and (b) the indirect pathway through the mediating variable is significant. Partial mediation only occurs when: (a) the direct path between the independent variable to the dependent is considerable and (b) the indirect pathway is significant (Baron and Kenny, 1986).

Table III. Hypotheses Testing

Relationship	Original Sample	T Statistics	P Values
Negative Emotion -> Patient Loyalty	-0.101	1.549	0.122
Negative Emotion -> Satisfaction	-0.022	0.285	0.776
Pharmacy Service -> Patient Loyalty	0.020	0.506	0.613
Pharmacy Service -> Negative Emotion	-0.107	0.902	0.367
Pharmacy Service -> Positive Emotion	0.136	1.996	0.046*
Pharmacy Service -> Satisfaction	0.453	8.478	0.000*
Pharmacy Service -> Trust	0.118	2.311	0.021*
Positive Emotion -> Patient Loyalty	0.088	2.026	0.043*
Positive Emotion -> Satisfaction	-0.103	1.787	0.075
Satisfaction -> Patient Loyalty	0.322	3.453	0.001*
Satisfaction -> Trust	0.671	12.597	0.000*
Trust -> Patient Loyalty	0.471	5.523	0.000*

Table IV. The Mediation Role of Emotion, Satisfaction, and Trust

Mediator	Relationship	Full Mediation	Partial Mediation	Not Supported
Negative Emotion	Pharmacy Quality -> Patient Loyalty			✓
Negative Emotion	Pharmacy Service -> Satisfaction			✓
Positive Emotion	Pharmacy Service -> Patient Loyalty	✓		
Positive Emotion	Pharmacy Service -> Satisfaction			✓
Satisfaction	Negative Emotion -> Patient Loyalty			✓
Satisfaction	Positive Emotion -> Patient Loyalty			✓
Satisfaction	Pharmacy Service -> Trust		✓	
Satisfaction	Pharmacy Service -> Patient Loyalty	✓		
Trust	Pharmacy Service -> Patient Loyalty	✓		
Trust	Satisfaction -> Patient Loyalty		✓	

Positive emotions, patient satisfaction, and trust has a fully mediating role (Table IV). However, the direct path between pharmacy service and patient loyalty becomes irrelevant when mediators of positive emotions, patient satisfaction and trust are included. Patient satisfaction had a partial mediating effect in the relationship between pharmacy service and trust. Trust had a partial mediating effect in the relationship between patient satisfaction and loyalty.

This model conducted another test to ascertain the relationship between service quality, satisfaction, trust, and loyalty. This investigation deepened the understanding of the relationship by adding emotional factors (negative and positive emotions) as antecedents of patient satisfaction and loyalty. The interesting findings from the results showed that positive emotions were influenced by pharmacy service and it affected

patient loyalty. Moreover, positive emotions also play a fully mediating effect between pharmacy service and patient loyalty. Many empirical studies have shown the critical role of the influence of emotions in customer post-purchase behaviour (Havlena and Holbrook, 1986). Allen *et al.* showed that emotions complement attitudes in predicting consumption behaviour (Allen *et al.*, 1992). It also help explain the response of satisfaction (attitude) to consumption (Westbrook and Oliver, 1991), and emotional factors influence satisfaction and repeated consumption (Allen *et al.*, 1992; Laverie *et al.*, 1993). According to Li and Tam, the behavioural intentions interpreted with willingness to recommend hospitals to others, consenting to their strength, and to consider them as the first choice in future medical care. In addition, to achieve competitive advantage, public and private hospitals should continue to improve their services

to ensure their quality is at the maximum level to achieve patient satisfaction (Li *et al.*, 2011; Tam, 2012).

A good pharmaceutical service is oriented in the treatment process, guarantees the availability of drugs, safety, effectiveness, and rational use of medicines (Novaryatiin *et al.*, 2018). Patients acknowledge the contribution of pharmacy service staff to help them comprehend the benefits and risks of treatment (Khudair and Hanssens, 2010). Increasing the duration of counseling provides vital information to patients, therefore, reasonably increasing patient satisfaction (Aziz *et al.*, 2018). One valuable resource in a pharmacy department is the supply of medicines. The drug availability enable consumers to meet the needs for medicines, therefore, affecting consumer satisfaction (Arimbawa *et al.*, 2014). This study discovered that pharmacy service has a significant effect on positive emotions, satisfaction, and trust. This discovery supported with existing studies, showed that pharmacy service components affects patient satisfaction (Khudair and Hanssens, 2010; Khudair and Raza, 2013; Larson *et al.*, 2002; Panvelkar *et al.*, 2009). These also emphasized the essence of the pharmaceutical services contribution in building relationships with patients, which has an indirect effect on patient loyalty. Therefore, the function of pharmaceutical services needs to be improved in the healthcare system. According to Castaldo, the elements needed are pharmacist competencies, skills, attitude towards customers, communication skills, and managing relationships in a trustworthy manner. However, these elements are to be improved, in order to establish trust (Castaldo *et al.*, 2016).

Harmonizing with the previous research, this study discovered that satisfaction has a positive effect on trust and patient loyalty (Jani and Han, 2011; Kantsperger and Kunz, 2010; Kassim and Asiah Abdullah, 2010; Li *et al.*, 2011; Tam, 2012). This satisfaction builds a sense of patient trust in health services. However, the higher the patient satisfaction, the higher the increase in their trust (Ramli and Sjahrudin, 2015). Consumers' satisfaction with hospital care, establish reviews that the hospital has been able to provide maximum services. Therefore, this enhances patient loyalty and enable them to use hospital services in the future (Choi and Kim, 2013; Juhana *et al.*, 2015; Kumar *et al.*, 2014; Rashid and Jusoff, 2009). Finally, trust has a significant influence on patient loyalty (Chiu *et al.*, 2009; Gefen, 2000; Lee, 2005; Liu *et al.*, 2005; Wen *et al.*, 2005). Health

services need to maintain patient loyalty, foster good relations with them, and maintain trust. This research supports the relationship marketing theory that attempts to build long-term relationships (relational exchange) (Ramli and Sjahrudin, 2015). Trust has become a crucial success element in business relationships (Morgan and Hunt, 1994). Several research suggested that trust is the central construct to improve customer loyalty (Moorman *et al.*, 1993; Morgan and Hunt, 1994). In addition, Sheth and Parvatiyar stated that health services are trust services and have a high risk. Trust has been secured as a variable connected with risk mitigation. Factors applicable to risk mitigation curbing from service consumption are important for creating patient's loyalty (Sheth and Parvatiyar, 1995).

These findings have practical implications for pharmaceutical services, emphasized the importance of this professional service contribution in building relationships with patients. Therefore, the function of pharmacy services needs to be improved in the healthcare system. Pharmacists need knowledge of patients and their individual experiences of disease and treatment. Pharmacists have a professional and ethical obligation to assess the patient's requirements and condition holistically, taking into account emotional, psychological, social, and biological factors (Naughton, 2018). Pharmacists can employ practical ways to promote patient-centered communication, engage patients in their treatment, and foster the formation of a pharmacist-patient relationship based on mutual respect, this leads to a common knowledge of all the issues, goals, and challenges to therapy management. Only with thus realistic treatment plans can be developed and followed, and consequently increase the likelihood of better health outcomes (Naughton, 2018). Patient care is influenced by several factors, including agreement regarding the role, function, and outcome of the pharmacist-patient relationship. Clinical pharmacists can help patients administer their medications and reduce anxiety about using multiple drugs. Pharmacists have unique expertise in the correct use of drugs and the provision of a wide range of patient care services. This expertise is used to reduce drug side effects, improve patient safety, and optimize drug use and health outcomes (Mohiuddin, 2019).

This study has several restrictions including hospital settings, limiting the application of results to other types of health services (eg. public health

centers). Future studies need to require the verification of the research results with a larger sample category and involve more hospital institutions. Furthermore, this survey only targets outpatient services, due to limited time and resources.

CONCLUSION

The path analysis provides statistical evidence that pharmacy service has substantial effect on positive emotions, satisfaction, and trust. Satisfaction has a favorable effect on trust and loyalty. Trust has an important influence on patient loyalty. Also, positive emotion has a positive effect on patient loyalty. Positive emotions, satisfaction, and trust appeared to have a full mediating role. The direct path between pharmacy service and patient loyalty becomes irrelevant when mediators of positive emotion, satisfaction, and trust are added. The association between pharmacy service and trust is partially mediated by satisfaction. Trust has a partial mediating effect on the relationship between satisfaction and patient loyalty. Pharmacy service has an indirect effect on patient loyalty.

ACKNOWLEDGEMENT

This study was a part of a Ph.D. thesis financially supported by the RTA program of Universitas Gadjah Mada 2020. We are also indebted to Universitas Muhammadiyah Magelang and all individuals that participated in this study.

REFERENCES

- Allen, C.T., Machleit, K.A., Kleine, S.S., 1992. A Comparison of Attitudes and Emotions as Predictors of Behavior at Diverse Levels of Behavioral Experience. *J. Consum. Res.* 18, 493. <https://doi.org/10.1086/209276>
- Anderson, J.C., Gerbing, D.W., 1988. Structural Equation Modeling in Practice : A Review and Recommended Two-Step Approach. *Psychol. Bull.* 103, 411–423.
- Arab, M., Tabatabaei, S.G., Rashidian, A., Forushani, A.R., Zarei, E., 2012. The Effect of Service Quality on Patient loyalty: a Study of Private Hospitals in Tehran, Iran. *Iran. J. Public Health* 41, 71–7. <https://doi.org/10.5539/gjhs.v7n1p1>
- Arimbawa, E., Suarjana, Wijaya, G., 2014. Hubungan Pelayanan Kefarmasian dengan Kepuasan Konsumen Menggunakan Jasa Apotik di Kota Denpasar. *Public Heal. Prev. Med. Arch.* 2, 198–203.
- Athavale, A.S., Banahan, B., Bentley, J.P., Weststrum, D.S., 2014. Antecedents and Consequences of Pharmacy Loyalty Behavior. *Int. J. Pharm. Healthc. Mark.* 9, 36–55. <https://doi.org/10.1108/IJPHM-02-2013-0003>
- Augusto, J., Bastos, R., 2008. Pharmacies Customer Satisfaction and Loyalty – A Framework Analysis.
- Aziz, M.M., Ji, W., Masood, I., Farooq, M., Malik, M.Z., Chang, J., Jiang, M., Atif, N., Fang, Y., 2018. Patient satisfaction with community pharmacies services: A cross-sectional survey from Punjab; *Pakistan. Int. J. Environ. Res. Public Health* 15. <https://doi.org/10.3390/ijerph15122914>
- Bagozzi, R., Yi, Y., 1991. Multitrait-Multimethod Matrices in Consumer Research. *J. Consum. Res.* 17, 426–439.
- Baron, R.M., Kenny, D.A., 1986. The Moderator-Mediator Variable Distinction in Social Psychological Research : Conceptual, Strategic, and Statistical Considerations. *J. Pers. Soc. Psychol.* 51, 1173–1182.
- Castaldo, S., Grosso, M., Mallarini, E., Rindone, M., 2016. The Missing Path To Gain Customers Loyalty In Pharmacy Retail: The Role Of The Store In Developing Satisfaction And Trust. *Res. Soc. Adm. Pharm.* 12, 699–712. <https://doi.org/10.1016/j.sapharm.2015.10.001>
- Chang, C., Woodside, A.G., Carroll, W.E., College, B., Hill, C., 2013. Configural algorithms of patient satisfaction, participation in diagnostics, and treatment decisions' influences on hospital loyalty. *J. Serv. Mark.* 27, 91–103. <https://doi.org/10.1108/08876041311309225>
- Chebat, J., Slusarczyk, W., 2005. How emotions mediate the effects of perceived justice on loyalty in service recovery situations: an empirical study. *J. Bus. Res.* 58, 664–673. <https://doi.org/10.1016/j.jbusres.2003.09.005>
- Chiu, C.-M., Chang, C.-C., Cheng, H.-L., Fang, Y.-H., 2009. Determinants of customer repurchase intention in online shopping, *Online Information Review.* <https://doi.org/10.1108/14684520910985710>
- Choi, B.J., Kim, H.S., 2013. The impact of outcome quality, interaction quality, and peer-to-peer quality on customer satisfaction with a hospital service. *Manag. Serv. Qual.* 23, 188–204.

- <https://doi.org/10.1108/09604521311312228>
- Darsono, 2012. Faktor Emosi dalam Perilaku Konsumen. *Dharma Ekon.* 19, 1–11.
- DeWitt, T., Nguyen, D.T., Marshall, R., 2008. Exploring customer loyalty following service recovery: The mediating effects of trust and emotions. *J. Serv. Res.* 10, 269–281. <https://doi.org/10.1177/1094670507310767>
- Dubé, L., Bélanger, M.C., Trudeau, E., 1996. The role of emotions in health care satisfaction. *Mark. Health Serv.* 16, 45–51.
- Ehigie, B.O., 2006. Correlates of customer loyalty to their bank: A case study in Nigeria. *Int. J. Bank Mark.* 24, 494–508. <https://doi.org/10.1108/02652320610712102>
- Fornell, C., Larcker, D.F., 1981. Evaluating Structural Equation Models with Unobservable Variables and Measurement Error. *J. Mark. Res.* 18, 39–50.
- Gefen, D., 2000. E-commerce: The role of familiarity and trust. *Omega* 28, 725–737. [https://doi.org/10.1016/S0305-0483\(00\)00021-9](https://doi.org/10.1016/S0305-0483(00)00021-9)
- Gefen, D., Straub, D., Boudreau, M.-C., 2000. Structural Equation Modeling and Regression: Guidelines for Research Practice. *Commun. Assoc. Inf. Syst.* 4. <https://doi.org/10.17705/1cais.00407>
- Ghozali, I., Latan, H., 2015. Partial Least Squares: Konsep, Teknik dan Aplikasi. Badan Penerbit UNDIP, Semarang.
- Gupchup, G. V., Wolfgang, A.P., Iii, J.T., 1996. Development of a Scale to Measure Directive Guidance by Pharmacists. *Ann. Pharmacother.* 30, 1369–1375.
- Hair, J., Hult, G.T., Ringle, C.M., Sarstedt, M., 2014. Partial Least Squares Structural Equation Modeling (PLS-SEM). *Sage Publication, California.*
- Havlena, W.J., Holbrook, M.B., 1986. The Varieties of Consumption Experience: Comparing Two Typologies of Emotion in Consumer Behavior. *J. Consum. Res.* 13, 394. <https://doi.org/10.1086/209078>
- Health Policy Plus, 2018. Pasar Sektor Kesehatan Swasta di Era JKN. Washington.
- Heryanto, I., Sidharta, I., Mulyawan, A., 2016. Pharmaceutical service quality and loyalty at public hospital in bandung Indonesia. *Int. J. PharmTech Res.* 9, 154–160.
- Insani, S.D., Hakim, L., Widyaningrum, K., 2017. The Effect of Outpatient Pharmaceutical Service Quality on Patient Loyalty Through Patient Satisfaction of Karsa Husada General Hospital Batu. *J. Appl. Manag.* 15, 616–623.
- Jani, D., Han, H., 2011. Investigating the key factors affecting behavioral intentions: Evidence from a full-service restaurant setting. *Int. J. Contemp. Hosp. Manag.* 23, 1000–1018. <https://doi.org/10.1108/095961111111167579>
- Juhana, D., Manik, E., Fabrinella, C., Sidharta, I., 2015. Empirical study on patient satisfaction and patient loyalty on public hospital in Bandung, Indonesia. *IJABER* 13, 4305–4326.
- Kantsperger, R., Kunz, W.H., 2010. Consumer trust in service companies: a multiple mediating analysis. *Manag. Serv. Qual. An Int. J.* 20, 4–25. <https://doi.org/10.1108/09604521011011603>
- Kassim, N., Asiah Abdullah, nor, 2010. The effect of perceived service quality dimensions on customer satisfaction, trust, and loyalty in e-commerce settings: A cross cultural analysis. *Asia Pacific J. Mark. Logist.* 22, 351–371. <https://doi.org/10.1108/13555851011062269>
- Khudair, I.F., Hanssens, Y.I., 2010. Evaluation of patients' knowledge on warfarin in outpatient anticoagulation clinics in a teaching hospital in Qatar. *Saudi Med J* 31, 672–677.
- Khudair, Raza, 2013. Measuring Patients' Satisfaction with Pharmaceutical Services at a Public Hospital in Qatar. *Int. J. Health Care Qual. Assur.* 26, 398–419. <https://doi.org/10.1108/IJHCQA-03-2011-0025>
- Kim, C.E., Shin, J., Lee, J., Lee, Y.J., Kim, M., Choi, A., Park, K.B., Lee, H., Ha, I., 2017. Quality of medical service, patient satisfaction and loyalty with a focus on interpersonal-based medical service encounters and treatment effectiveness: a cross-sectional multicenter study of complementary and alternative medicine (CAM) hospitals. *BMC Complement. Altern. Med.* 17, 1–12. <https://doi.org/10.1186/s12906-017-1691-6>
- Kim, H.J., Ruger, J.P., 2008. Pharmaceutical reform in South Korea and the lessons it provides. *Health Aff.* 27, 260–269. <https://doi.org/10.1377/hlthaff.27.4.w260>
- Kumar, Naveen, Jacob, Anil, Thota, 2014. Impact of healthcare marketing and branding on

- hospital services. *Int. J. Res. Found. Hosp. Healthc. Adm.* 2, 19–24.
- Larson, L., Rovers, J., Mackeigan, L., 2002. Patient Satisfaction With Pharmaceutical Care: Update of a Validated Instrument Patient. *J. Am. Pharm. Assoc.* 42, 44–50.
- Laverie, D., Kleine, R., Kleine, S.S., 1993. Linking emotions and values in consumption experiences: An exploratory study. *Adv. Consum. Res.* 20, 70–75.
- Lee, T., 2005. The Impact of Perceptions of Interactivity on Customer Trust and Transaction Intentions in Mobile Commerce. *J. Electron. Commer. Res.* 6, 165–180.
- Li, S.J., Huang, Y.Y., Yang, M.M., 2011. How satisfaction modifies the strength of the influence of perceived service quality on behavioral intentions. *Leadersh. Heal. Serv.* 24, 91–105. <https://doi.org/10.1108/17511871111125675>
- Lien, C., Wu, J.J., Chen, Y.H., Wang, C.J., 2014. Trust Transfer and The Effect of Service Quality on Trust in the Healthcare Industry. *Manag. Serv. Qual.* 24, 399–416. <https://doi.org/10.1108/MSQ-11-2013-0255>
- Liu, C., Marchewka, J.T., Lu, J., Yu, C.S., 2005. Beyond concern a privacy trust behavioral intention model of electronic commerce. *Inf. Manag.* 42, 289–304. <https://doi.org/10.1016/j.im.2004.01.003>
- Mittal, B., Lassar, W.M., 1998. Why do customers switch? The dynamics of satisfaction versus loyalty. *J. Serv. Mark.* 12, 177–194.
- Mohiuddin, A.K., 2019. Pharmacist-Patient Relationship: Commitment to Care. *Int. J. Hosp. Pharm.* 4, 1–3.
- Moorman, C., Deshpande, R., Zaltman, G., 1993. Factors Affecting Trust in Market Research Relationships. *J. Mark.* 57, 81–101.
- Morgan, R.M., Hunt, S.D., 1994. The Commitment-Trust Theory of Relationship Marketing. *J. Mark.* 58, 20. <https://doi.org/10.2307/1252308>
- Naughton, C.A., 2018. Patient-Centered Communication. *Pharmacy* 6, 1–8. <https://doi.org/10.3390/pharmacy6010018>
- Novaryatiin, S., Ardhan, S.D., Aliyah, S., 2018. The Level of Patient Satisfaction to Pharmaceutical Service in Dr . Murjani Hospital Sampit. *Borneo J. Pharm.* 1, 22–26.
- Panvelkar, P.N., Saini, B., Armour, C., 2009. Measurement of Patient Satisfaction with Community Pharmacy: a Review. *Pharm World Sci* 38, 525–537. <https://doi.org/10.1007/s11096-009-9311-2>
- Ramli, A.H., Sjahrudin, H., 2015. Building Patient Loyalty in Healthcare Services. *Int. Rev. Manag. Bus. Res.* 4, 391–401.
- Rashid, W.E.W., Jusoff, H.K., 2009. Service quality in health care setting. *Int. J. Health Care Qual. Assur.* 22, 471–482. <https://doi.org/10.1108/09526860910975580>
- Sheth, J., Parvatiyar, A., 1995. Relationship marketing in consumer market: antecedents and consequences. *J. Acad. Mark. Sci.* 23, 255–271.
- Sumaedi, S., Mahatma, I.G., Bakti, Y., Rakhmawati, T., Astrini, N.J., Widiyanti, T., Yarmen, M., 2014. The Empirical Study on Patient Loyalty: The role of trust, perceived value, and satisfaction (a case study from Bekasi, Indonesia). *Clin. Gov. An Int. J.* 19, 269–283. <https://doi.org/10.1108/CGIJ-04-2014-0018>
- Tam, J.L.M., 2012. Linking Perceived Service Quality to Relational Outcomes in a Chinese Context. *J. Int. Consum. Mark.* 24, 7–23. <https://doi.org/10.1080/08961530.2012.650136>
- Tinelli, M., Blenkinsopp, A., Bond, C., 2011. Development, Validation And Application Of A Patient Satisfaction Scale For A Community Pharmacy Medicines-Management Service. *Int. J. Pharm. Pract.* 19, 144–155. <https://doi.org/10.1111/j.2042-7174.2011.00110.x>
- Tosyali, H., Sutcu, C.S., Tosyali, F., 2019. Patient Loyalty in the Hospital Patient Relationship: The Mediating Role of Social Media. *Erciyes İletişim Derg.* 6, 783–804.
- Vinagre, H., Neves, J., 2010. Emotional predictors of consumer's satisfaction with healthcare public services. *Int. J. Heal. Care* 23, 209–227. <https://doi.org/10.1108/09526861011017111>
- Vinagre, M.H., Neves, J., 2008. The influence of service quality and patients' emotions on satisfaction. *Int. J. Health Care Qual. Assur.* 21, 87–103. <https://doi.org/10.1108/09526860810841183>
- Wen, C.H., Lan, L.W., Cheng, H.L., 2005. Structural Equation Modeling to Determine Passenger Loyalty Toward Intercity Bus Services. *J.*

Transp. Res. Board 1927, 249-255.
<https://doi.org/10.3141/1927-28>
Westbrook, R.A., Oliver, R.L., 1991. The
Dimensionality of Consumption Emotion

Patterns and Consumer Satisfaction. *J.*
Consum. Res. 18, 84.
<https://doi.org/10.1086/209243>