

The Role of Patient Experience in Improving Revisit Intention Among General Outpatients in District Hospital

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Abstract: In response to the evolving landscape of public healthcare services, hospitals are expected not only to maintain operational efficiency but also to adapt to the shifting needs and expectations of patients as healthcare consumers. The presence of non-BPJS patients in regional public hospitals plays a strategic role not only contributing to revenue diversification but also reflecting service quality, institutional competitiveness, and shaping public perception. The declining trend in outpatient visits by general patients at RSUD Balaraja over the past three years highlights the need to understand the factors influencing consumer behavior in determining revisit intentions. This study examines the effect of co-creation and hospital image on the revisit intention of outpatient general patients at RSUD Balaraja, with patient experience as a mediating variable. The research employed a quantitative explanatory design involving 278 outpatient general patients selected through purposive sampling. Data were collected via structured questionnaires and analyzed using Structural Equation Modeling–Partial Least Squares (SEM-PLS). The results indicate that patient experience plays a significant mediating role in shaping revisit intention among general outpatients at RSUD Balaraja. These findings confirm that patient experience serves as a central factor in post-service evaluation processes, which ultimately drive patients' intention to return. Therefore, hospitals need to enhance patient involvement in service processes (co-creation), improve public perception of institutional image (hospital image), and develop patient-centered service systems as a key strategy to increase revisit intention among general outpatients.

Keywords: Co-Creation; Hospital Image; Outpatient; Patient Experience; Revisit Intention;

1. Introduction

Amid globalization and the intensification of global competition, business managers are required to rapidly adapt and improve efficiency in order to remain competitive. Hospitals, as healthcare service institutions, are now expected not only to deliver high-quality medical services but also to consider business aspects in their management to sustain their organizational viability. With the increasing number of hospitals, competition among healthcare facilities has become inevitable. Therefore, understanding patient behavior and their evaluation of healthcare services particularly regarding their intention to revisit (revisit intention) has become increasingly important.

Revisit intention is defined as the consumer's tendency to reuse the same service or product as a consequence of the evaluation of their prior consumption experience. A decline in revisit intention often indicates the presence of service gaps, unmet patient expectations, or ineffective communication. Revisit intention is a crucial factor for business sustainability, considering that the cost of retaining existing customers is generally lower than the cost of acquiring new ones.

Over the past three years, RSUD Balaraja has experienced a significant decline of 25.87% in outpatient visits among general patients. This downward trend highlights the importance of examining behavioral factors that influence patients' revisit intentions. Preliminary survey results indicate that RSUD Balaraja still faces several shortcomings, particularly in the aspect of co-creation, especially related to transparency; in hospital image, particularly in terms of positive brand perception (brand favorability); and in patient experience, which remains suboptimal as reflected in patient dissatisfaction with hospital

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services. This situation is further exacerbated by the perception that the hospital environment is less comfortable due to insufficient support from staff during the service process..

2. Literature Review

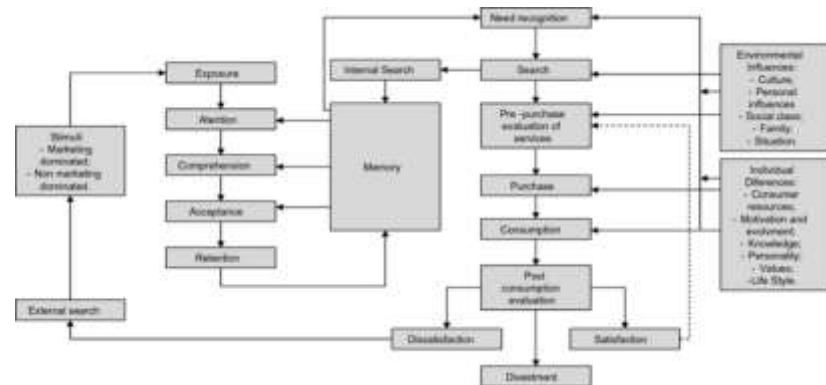


Figure 1. Decision Making Model.

Revisit Intention

Revisit intention can be defined as the consumer's tendency to reuse the same service after evaluating their previous consumption experience. This concept emphasizes that the decision to return is strongly influenced by the comparison between expectations and perceived service performance. When the experience meets or exceeds expectations, consumers are more likely to feel satisfied and demonstrate positive behaviors such as loyalty and the intention to revisit. Conversely, dissatisfaction may lead consumers to switch to alternative service providers, (Schiffman et al., 2010).

Furthermore, revisit intention is considered a form of behavioral intention that reflects a customer's willingness to return, provide positive word-of-mouth, and increase service usage. In this context, customer experience plays a crucial role in shaping such intentions. Consumers who have positive experiences are more likely to revisit, while negative experiences reduce this likelihood. This indicates that revisit intention is not only associated with satisfaction but also with the overall perception of service quality and the long-term relationship between customers and service providers (Baker & Crompton, 2000; Cole & Scott, 2004; Zeithaml et al., 2018).

Based on theoretical synthesis, revisit intention is influenced by various factors, including environmental influences, individual differences, and both marketer- and non-marketer-driven stimuli, all of which contribute to post-consumption evaluation. It can be measured using three main dimensions: product performance, word of mouth, and expectations. Product performance reflects perceived service quality, word of mouth represents the tendency to share experiences with others, and expectations indicate the alignment between anticipated and actual service outcomes. These dimensions serve as key indicators in assessing consumers' intention to revisit the same service.

Co-Creation

Co-creation is a collaborative process in which value is jointly developed through interactions between service providers and customers. Unlike the traditional approach that separates production and consumption, co-creation emphasizes active customer involvement in defining and shaping value through shared experiences. This perspective highlights that value does not inherently reside in products or services, but emerges through dynamic interactions and subjective experiences during service use (Prahalad & Ramaswamy, 2004; Vargo & Lusch, 2014). Furthermore, co-creation extends beyond customer-provider relationships by involving multiple stakeholders in a network, enabling innovation and enhancing the overall value of services through collective contributions (Ansell & Torfing, 2021; Perks et al., 2012; Ramaswamy & Ozcan, 2020).

In this study, co-creation is conceptualized based on four key dimensions proposed by Prahalad & Ramaswamy (2004), namely dialogue, access, risk assessment, and transparency. Dialogue reflects interactive communication and joint problem-solving between patients and healthcare providers. Access refers to the availability of information and resources that facilitate patient participation. Risk assessment emphasizes patients' ability to evaluate potential benefits and risks through adequate information, while transparency focuses on openness and trust in service delivery. Together, these dimensions illustrate how collaborative interactions between patients and healthcare providers can enhance service quality, patient experience, and ultimately healthcare outcomes.

Hospital Image

Hospital image refers to patients' perceptions and beliefs about a hospital, which are reflected in the associations stored in their memory. It represents a translation of the brand image concept, encompassing a set of beliefs, ideas, and impressions about a healthcare institution (Kotler et al., 2021). In healthcare settings, hospital image plays an important role in shaping patient experiences and influencing behavioral decisions, including the intention to revisit a hospital. It is also understood as a comprehensive evaluation formed through patients' comparisons of service quality, professional competence, and interactions with healthcare providers (Ben-Sira, 1976). Moreover, hospital image involves both cognitive aspects, such as knowledge and beliefs, and affective aspects, including emotions and feelings toward the hospital (Paul & Jerry, 2010). These perceptions are formed through past experiences and tend to be relatively stable over time (Schiffman et al., 2010), although they remain subjective and dynamic depending on individual interpretations and situational contexts (Dobni & Zinkhan, 1990).

In this study, hospital image is conceptualized based on three main dimensions proposed by Kotler et al. (2021), namely brand strength, brand uniqueness, and brand favorability. Brand strength refers to how easily a hospital is recognized and remembered by patients, while brand uniqueness reflects the distinctive characteristics that differentiate the hospital from its competitors. Brand favorability relates to the positive associations and emotional responses that patients develop toward the hospital. These dimensions collectively illustrate how patients perceive, evaluate, and emotionally connect with a healthcare provider, ultimately influencing their preferences and decisions to reuse healthcare services (Kotler et al., 2021).

Patient Experience

Patient experience is defined as a comprehensive representation of healthcare services that are patient-centered, safe, effective, timely, efficient, and equitable, encompassing all interactions that occur throughout the continuum of care (Agency for Healthcare Research and Quality, 2016; Balik et al., 2011). It reflects not only clinical encounters but also emotional and environmental aspects experienced by patients during their interactions with healthcare systems, including relationships with doctors, nurses, and other staff (Wolf et al., 2014). A positive patient experience is achieved when care is delivered through respectful partnerships, open communication, and collaboration between patients, families, and healthcare providers (NHS Institute for Innovation and Improvement, 2013). Furthermore, patient experience is shaped by organizational culture and values that influence how services are delivered in a humane, responsive, and patient-oriented manner, ultimately affecting patients' perceptions of care quality and overall well-being (Wolf et al., 2014).

This study, patient experience is conceptualized based on the framework proposed by Balik et al. (2011) through the Institute for Healthcare Improvement (IHI), which includes four key dimensions: staff hearts and minds, respectful partnership, reliable care, and evidence-based care. The dimension of staff hearts and minds emphasizes the engagement and commitment of healthcare providers in delivering compassionate care supported by a positive work culture. Respectful partnership highlights the importance of involving patients and families in the care process through mutual respect and active participation. Reliable care focuses on consistency and coordination of services to ensure optimal clinical outcomes, while evidence-based care underscores the use of the best available scientific knowledge combined with clinical expertise and patient values in decision-making. These dimensions collectively illustrate that patient experience is a multidimensional construct that integrates clinical quality,

interpersonal relationships, and organizational performance in healthcare delivery (Balik et al., 2011).

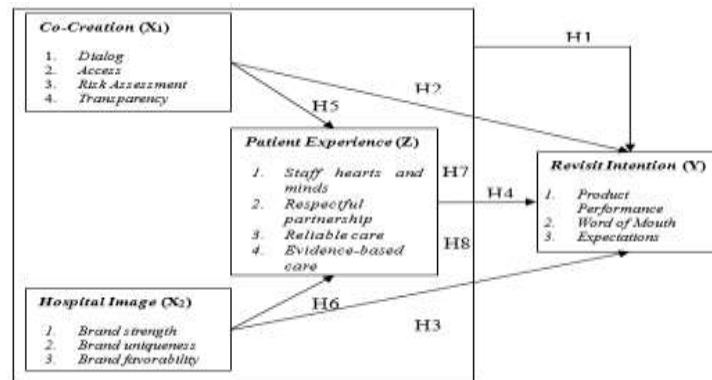


Figure 2. Conceptual Framework.

3. Proposed Method

This study employed a cross-sectional design with a quantitative approach to examine causal relationships among variables. Data were collected at a single point in time using a structured questionnaire to analyze the relationships between co-creation, hospital image, and revisit intention, with patient experience as an intervening variable among outpatient patients at Balaraja Regional General Hospital. The research focused on hypothesis testing to identify cause-and-effect relationships. The population consisted of 916 outpatient individuals who used either self-payment or private insurance schemes. The sample was determined using purposive sampling, ensuring that respondents met specific inclusion criteria such as being aged 21–55 years, having prior outpatient service experience at the hospital, and being willing to participate. Based on indicator-based sample size calculation, which recommends a minimum sample size of 5–10 times the number of indicators, a total of 278 respondents were included in the study (Hair et al., 2021).

Data collection was conducted over one month through direct distribution of questionnaires to eligible respondents. The instrument used had been tested for validity and reliability to ensure data quality. The collected data were verified before being analyzed using Structural Equation Modeling with Partial Least Squares (SEM-PLS). Measurement of variables was carried out using a four-point Likert scale to assess respondents' level of agreement with each statement. Each research variable was operationalized into measurable indicators, which were then translated into questionnaire items to capture respondents' perceptions accurately.

4. Results and Discussion

Respondent Characteristics

The characteristics of the respondents indicate that the majority were female (51%). Based on age distribution, the largest proportion of respondents was in the 26–30 years age group (18%). In terms of educational background, most respondents had completed high school or its equivalent (49%). Regarding occupation, the largest group consisted of self-employed individuals (44%).

From the perspective of payment methods, most respondents used general (out-of-pocket) payment schemes (79%). Additionally, all respondents (100%) had previously utilized outpatient services more than once, indicating that they had prior experience with the hospital services being evaluated in this study.

Convergent Validity Test

The results of the convergent validity test indicate that all measurement indicators meet the required validity criteria. The loading factor values for revisit intention range from 0.708 to 0.842, while co-creation shows loading factors between 0.730 and 0.827. Furthermore, the hospital image variable demonstrates loading factor values ranging from 0.735 to 0.849, and patient experience ranges from 0.736 to 0.847.

Since all loading factor values exceed the acceptable threshold of 0.70, it can be concluded that each indicator is valid and capable of adequately measuring its respective construct.

Tabel 1. Average Variance Extracted Test Result.

Variabel	(AVE)	Validitas
Co-Creation	0.619	Valid
Hospital Image	0.615	Valid
Patient Experience	0.593	Valid
Revisit Intention	0.611	Valid

Source: Results of Primary Data Analysis, 2025.

An AVE value > 0.5 indicates that the research variables are valid. All variables in this study are considered valid and can be processed in further analysis. The AVE (Average Variant Extracted) value is presented because it indicates the validity of each variable, such as Employee Engagement, Transformational Leadership, High Performance Work System, and Perceived Organizational Support. This differs from the loading factor used to assess the validity of each questionnaire item.

Realibility Test

Reliability testing aims to determine whether the instruments used as research tools are consistent. According to Hair et al. (2021), a construct is considered reliable if the composite reliability and Cronbach's alpha values are > 0.70 .

Tabel 2. Realibility Test.

Variable	Cronbacch's Alpha	Rho_A	Composite Reliability	Description
<i>Co-Creation</i>	0.944	0.945	0.951	Reliabel
<i>Hospital Image</i>	0.921	0.923	0.935	Reliabel
<i>Patient Experience</i>	0.923	0.926	0.936	Reliabel
<i>Revisit Intention</i>	0.942	0.943	0.950	Reliabel

Source: Results of Primary Data Analysis, 2025.

Based on the table above, it can be seen that the variables revisit intention, co-creation, hospital image and patient experience have composite reliability and Cronbach's alpha values > 0.70 so it can be concluded that all constructs meet the required reliability.

Hypotesis Test

Hypothesis Testing Results – The research data were processed using SmartPLS.

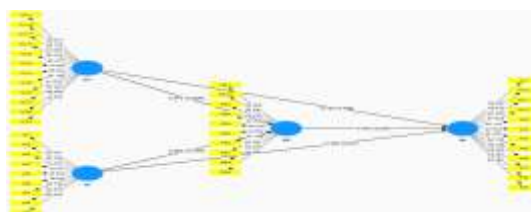


Figure 3. Bootstrapping Analysis Results.

The figure above shows valid item results with a statistical T value of ≥ 1.96 . This shows that patient involvement, self-efficacy, and accessibility significantly influence the quality of life of hemodialysis patients.

Simultaneous Test

Minimum was achieved

Chi-square = .000

Degrees of freedom = 0

Based on these results, it can be seen that the calculated Chi-square value is 0.000, which is smaller than the Chi-square table. This very small Chi-square value indicates that there is no difference between the theory and empirical data, which means the model used fits the data so that H0 is rejected and H1 is accepted, namely there is a simultaneous influence between co-creation, hospital image and patient experience on revisit intention.

Partial Hypothesis

Tabel 3. Partial Hypotesis Test (Indirect Effect).

	<i>Original Sample</i>	<i>T Statistics</i>	<i>P Values</i>	Description
CC → RI	0.193	4.359	0.000	H2 Accepted
HI → RI	0.260	5.431	0.000	H3 Accepted
PE → RI	0.533	10.967	0.000	H4 Accepted
CC → PE	0.510	12.688	0.000	H5 Accepted
HI → PE	0.452	10.795	0.000	H6 Accepted

Source: Results of Primary Data Analysis, 2025.

The results of the direct effect test among variables indicate that the variables examined have significant relationships with Revisit Intention and Patient Experience. The largest path coefficient was found in the effect of Patient Experience on Revisit Intention, with a path coefficient value of 0.533, a T-statistic of 10.967 (≥ 1.96), and a P-value of 0.000 (< 0.05). These results indicate that Patient Experience has a significant positive effect on Revisit Intention.

Indirect Effect Hypothesis Test

Tabel 4. Indirect Effect Hypothesis Test.

	<i>Original Sample</i>	<i>T Statistics</i>	<i>P Value</i>	Description
CC → PE → RI	0.272	8.123	0.000	H7 Accepted
HI → PE → RI	0.241	7.391	0.000	H8 accepted

Source: Results of Primary Data Analysis, 2025.

The results presented in the table indicate that Patient Experience plays a significant intervening role in mediating the relationship between Co-Creation and Revisit Intention, as well as between Hospital Image and Revisit Intention.

The relationship between Co-Creation and the dependent variable Revisit Intention, mediated by the intervening variable Patient Experience, shows a coefficient value of 0.272, a T-statistic of 8.123 (≥ 1.96), and a P-value of 0.000 (< 0.05). Meanwhile, the relationship between Hospital Image and the dependent variable Revisit Intention, mediated by Patient Experience, shows a coefficient value of 0.241, a T-statistic of 7.391 (≥ 1.96), and a P-value of 0.000 (< 0.05). These findings indicate that Patient Experience significantly mediates the influence of both Co-Creation and Hospital Image on Revisit Intention.

Discussion

The findings indicate that co-creation, hospital image, and patient experience simultaneously have a significant influence on revisit intention among outpatient patients. This suggests that patients' intention to return is not shaped by a single factor, but rather by the integration of communication, perception, and experience within healthcare services. When patients perceive meaningful involvement in care processes, supported by a positive image of the hospital and satisfactory service experiences, their likelihood of revisiting

increases. This aligns with consumer behavior theory, which emphasizes that post-consumption evaluation determines future behavioral intentions.

The average index of revisit intention was categorized as moderate, indicating that patients have a fairly good intention to revisit, although it has not yet reached a strong level of loyalty. The highest score was found in the product performance dimension, particularly in service consistency. This reflects that patients value standardized and reliable service delivery. Consistency in healthcare services plays a crucial role in shaping patient trust and satisfaction, which are key determinants of repeat visits. These findings are consistent with the notion that perceived performance relative to expectations influences satisfaction and behavioral intention (Zeithaml et al., 2018).

Co-creation was found to have a positive and significant effect on revisit intention. This result indicates that when patients are actively involved through information sharing, communication, and participation in care decisions, their intention to revisit increases. The highest score in co-creation was observed in the risk assessment dimension, particularly in the clarity of information regarding treatment risks. Transparent communication fosters trust and enhances patient confidence in the healthcare provider. This supports the perspective that value is created through interaction between providers and consumers (Prahalad & Ramaswamy, 2004; Vargo & Lusch, 2014).

Furthermore, the findings reveal that effective co-creation contributes to building stronger relationships between patients and healthcare providers. Patients who feel informed and involved are more likely to perceive the service as valuable and responsive to their needs. This interactive process strengthens emotional and cognitive engagement, which ultimately affects their decision to revisit. Previous studies have also demonstrated that co-creation positively influences revisit intention, although some inconsistencies remain across contexts (Pula, 2022; Sharma & Bhat, 2022).

Hospital image also showed a significant positive effect on revisit intention. A hospital that is easily recognized and remembered by patients tends to become a primary choice when healthcare services are needed. The highest score was found in the brand strength dimension, indicating strong recall among patients. However, this recognition has not been fully supported by deeper positive perceptions. Hospital image, as a form of brand image, plays a critical role in shaping patient preferences and decisions through cognitive and emotional associations (Kotler et al., 2021; Schiffman et al., 2010).

A positive hospital image encourages healthcare providers to maintain and improve service quality in order to sustain public trust. This leads to more structured and consistent service processes, which in turn enhance patient satisfaction and revisit intention. The findings are consistent with previous studies showing that hospital image significantly influences repeat visits and patient loyalty. Additionally, hospital image acts as an external stimulus that shapes perceptions even before patients directly experience the service (Hakim et al., 2025).

Patient experience was also found to have a strong positive effect on revisit intention. The overall patient experience was categorized as high, indicating that patients generally had positive perceptions of the services received. The highest score was found in the reliable care dimension, particularly in perceived health improvement after treatment. This highlights the importance of clinical outcomes in shaping patient perceptions. Positive experiences reinforce trust and satisfaction, which are essential for encouraging repeat visits (Balik et al., 2011; Wolf et al., 2014).

Patient experience represents a comprehensive evaluation of healthcare services, encompassing clinical, emotional, and environmental aspects. When patients feel respected, involved, and well-treated, they are more likely to develop a favorable perception of the hospital. This aligns with the concept of patient-centered care, where healthcare delivery focuses on meeting individual patient needs. Such experiences not only enhance satisfaction but also strengthen long-term relationships between patients and healthcare providers, (NHS Institute for Innovation and Improvement, 2013).

The study also found that patient experience mediates the relationship between co-creation and revisit intention. This means that the effect of co-creation becomes stronger when it is channeled through positive patient experiences. Patients who are actively engaged and simultaneously experience tangible benefits from the service are more likely to revisit. This finding highlights the synergistic effect between communication and experience in shaping patient behavior. It reinforces the idea that interaction alone is not sufficient without meaningful outcomes (Balik et al., 2011; Prahalad & Ramaswamy, 2004).

Similarly, patient experience was found to mediate the relationship between hospital image and revisit intention. A strong hospital image becomes more impactful when patients directly experience high-quality care that meets their expectations. This indicates that perception and experience must be aligned to create a lasting impression. When patients perceive a hospital positively and also experience tangible improvements in their health, their intention to revisit becomes significantly stronger. This supports the integration of cognitive, emotional, and experiential factors in healthcare decision-making, (Kotler et al., 2021).

5. Comparison

The results of this study indicate that co-creation, hospital image, and patient experience play an integrated role in shaping revisit intention among outpatient patients. Compared to previous studies, co-creation is consistently recognized as a strategic approach that strengthens patient involvement through interactive and collaborative processes. This study reinforces earlier findings by showing that when patients are actively engaged through dialogue, access, transparency, and risk-sharing, they tend to develop more meaningful service experiences. However, this research further emphasizes that co-creation alone is not sufficient unless it is supported by a positive hospital image and enriched patient experience, highlighting a more comprehensive interaction model than prior studies.

In terms of hospital image, this study aligns with existing literature that identifies image as a key determinant of patient perception and behavioral intention. A strong, unique, and favorable hospital image contributes to trust and emotional attachment, which ultimately encourages patients to return. Compared to earlier research, this study demonstrates that hospital image does not only directly influence revisit intention but also indirectly shapes it through patient experience. This suggests that hospital image operates not merely as a cognitive perception but also as an experiential driver, reinforcing the importance of both rational and emotional dimensions in healthcare services.

Furthermore, patient experience emerges as a critical mediating variable that connects both co-creation and hospital image with revisit intention. While previous studies have highlighted the importance of patient-centered care, this study provides a more integrative perspective by positioning patient experience as the core mechanism through which value is perceived and evaluated. The findings suggest that positive experiences characterized by respectful partnerships, reliable care, and evidence-based practices enhance patient satisfaction and loyalty. Compared to prior research, this study offers a more holistic framework by combining behavioral, perceptual, and experiential factors, demonstrating that revisit intention is best understood through the interaction of these multiple dimensions rather than isolated influences.

6. Conclusions

Patient experience encompasses the overall experience of patients when interacting with the healthcare service system, including clinical, emotional, and environmental aspects. A positive patient experience occurs when the relationship among patients, families, and healthcare providers is built upon respect, openness, collaboration, and a focus on the unique needs of each patient.

This study demonstrates that patient experience, as a mediating variable, plays a highly significant role in bridging the relationship between co-creation and revisit intention, as well as between hospital image and revisit intention among general outpatient patients at RSUD Balaraja. The development of co-creation and hospital image values contributes to enhancing patients' experiential value when they receive services at the hospital's outpatient department.

The direct influence of patient experience on revisit intention among general outpatient patients in this study also shows significant results. These findings indicate that fulfilling patient expectations for a positive healthcare experience, particularly regarding the reliability of medical services and improvements in health conditions, enhances patients' evaluations of the hospital as a healthcare provider with high and consistent quality standards. Consequently, patient experience becomes an important factor in strengthening patients' intention to revisit the hospital.

This study integrates and further develops the Consumer Decision-Making Model proposed by Engel, Blackwell et al. (2001) with the Co-Creation theory (Prahalad & Ramaswamy, 2004), the Hospital Image theory (Kotler et al., 2021), and the Patient Experience theory (Balik et al., 2011) within the context of healthcare services. The findings indicate that patients' intention to revisit hospitals can be influenced by the roles of co-creation and hospital image, mediated through patient experience.

In efforts to increase revisit intention, hospitals are therefore encouraged to focus on strengthening co-creation, hospital image, and patient experience, as these factors present significant potential to increase the number of outpatient visits to hospitals..

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