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The Effect of Corporate Identity, Physical Environment, Contact Personnel, and Service Offering on Patients' Treatment Intention at Kh Daud Arif Hospital

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Abstract
Patient treatment intention is a vital indicator of hospital service success amid competitive dynamics among healthcare facilities. This study analyzes the influence of corporate identity, physical environment, contact personnel, and service offering on the treatment intention of outpatients at RSUD KH Daud Arif, Tanjung Jabung Barat Regency, motivated by an 8.80% decline in outpatient visits in December 2025. A quantitative approach with a cross-sectional design was employed. The population comprised all 17,286 outpatient visits during the last quarter of 2025, from which 170 respondents were selected through purposive sampling. Data were collected using a structured questionnaire and analyzed with multiple linear regression to test partial and simultaneous effects. The results show that, simultaneously, the four independent variables have a positive and significant effect on treatment intention, with an adjusted coefficient of determination of 0.582. Partially, service offering is the most dominant factor (β = 0.412; p = 0.000), followed by contact personnel (β = 0.224; p = 0.002), corporate identity (β = 0.185; p = 0.005), and physical environment (β = 0.152; p = 0.022). These findings confirm that the reliability and completeness of clinical services are the primary determinants of treatment intention, so strategies to recover patient visits should prioritize strengthening specialist service availability and the quality of staff interaction.

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1. INTRODUCTION

Hospitals are healthcare institutions that play a strategic role in providing comprehensive healthcare services, including outpatient, inpatient, and emergency care. According to Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2020, hospitals are required to provide high-quality, continuous services that are oriented toward patient safety and needs. As the healthcare system evolves and public demands increase, hospitals are required to excel not only clinically but also in the managerial and marketing aspects of healthcare services.

In Indonesia, this transformation was accelerated by the enactment of Law No. 17 of 2023 concerning Health, which unifies various regulations into a single comprehensive legal framework to promote an inclusive, equitable, and sustainable health system. Regional General Hospitals (RSUD), as the primary provider of referral services at the district level, face dual pressures: fulfilling the government's social mandate to provide

broad access to healthcare, while simultaneously competing in quality with private and referral healthcare facilities in large cities. KH Daud Arif Regional General Hospital in West Tanjung Jabung Regency is a concrete example of this dynamic, and its success in maintaining public trust is directly measured by the volume of patient visits, particularly in outpatient settings.

Operational performance data from KH Daud Arif Regional Hospital from October to December 2025 shows a significant downward trend in outpatient visits. The number of visits decreased from 6,036 in October to 5,884 in November (a 2.52% decrease) and to 5,366 in December (an 8.80% decrease). This progressive decline reflects systemic barriers to maintaining patient loyalty and requires in-depth managerial attention.

In the increasingly dynamic competition in healthcare services, patients' decisions about choosing a hospital are no longer solely determined by the availability of medical facilities or the competence of healthcare personnel. Patients assess hospitals holistically, encompassing the institution's reputation, the experience of receiving care, the comfort of the environment, and the quality of interactions with staff. These assessments shape perceptions of the hospital's brand image, which plays a crucial role in building patient trust. Fairiska and Sulistiadi (2024) demonstrated that the dimensions of corporate identity, physical environment, contact personnel, and service offerings collectively shape patients' perceptions of hospital quality and influence revisit intentions.

Corporate identity represents the hospital's identity and reputation; the physical environment relates to the condition of facilities and infrastructure that affect patient comfort; contact personnel reflect the attitude, competence, and quality of staff interactions; while service offerings reflect the quality and reliability of services received by patients. Patient treatment intentions reflect the patient's tendency to reuse services and recommend the hospital to others. Hutagaol et al. (2024) showed that outpatient revisit intentions are influenced by perceptions of service quality, patient satisfaction, trust, and commitment to the hospital.

Based on the description, this study aims to analyze the influence of corporate identity, physical environment, contact personnel, and service offering on patient treatment intentions at KH Daud Arif Regional General Hospital, both partially and simultaneously. The research hypothesis is formulated as follows: H1 to H4 state that each variable has a positive and significant effect on patient treatment intentions, while H5 states that all four variables simultaneously have a significant effect on patient treatment intentions.

2. RESEARCH METHODS

This study used a quantitative approach with a cross-sectional design, which involves collecting data at a single point in time from respondents who are representative of the population. This design efficiently depicts the relationships between variables without treatment manipulation.

The study population was all outpatients visiting KH Daud Arif Regional Hospital in the last quarter of 2025, totaling 17,286 visits (October 6,036; November 5,884; December 5,366). The sample size was determined based on the guidelines of Hair et al. (2021) for multivariate analysis, which is 5 to 10 times the number of indicators or a minimum of 150 to 200 respondents, resulting in a sample size of 170 respondents. The sampling technique used was purposive sampling with the following inclusion criteria: having received or currently receiving services at KH Daud Arif Regional Hospital, being at least 18 years old, having direct experience with the services, and being willing to complete the questionnaire.

The independent variables consist of corporate identity (X1), physical environment (X2), contact personnel (X3), and service offering (X4), while the dependent variable is

patient treatment intention (Y). Primary data were collected through a closed questionnaire with a four-point rating scale (unbalanced rating scale): 1 = strongly disagree to 4 = strongly agree. Before hypothesis testing, the instrument was tested for convergent validity (loading factor ≥ 0.70 and AVE ≥ 0.50) and reliability (Cronbach's Alpha ≥ 0.70 and Composite Reliability ≥ 0.70).

Hypothesis testing was conducted using multiple linear regression analysis through partial tests (t-test), simultaneous tests (F-test), and the coefficient of determination (R^2). The hypothesis was accepted if the significance value was less than 0.05.

3. RESEARCH RESULTS AND DISCUSSION

3.1.Research result

Based on a recapitulation of 170 respondents, the majority (73.5%) were residents of West Tanjung Jabung Regency. Women (54.1%) outnumbered men (45.9%). The largest age group was between 31 and 45 years old (40.0%), and occupations were dominated by private sector employees (31.8%) and self-employed (27.1%). This profile confirms the position of KH Daud Arif Regional Hospital as the primary referral facility for the local community.

Table 1. Demographic Characteristics of Respondents (n = 170)

Characteristics	Category	f	%
Domicile	West Tanjab Regency	125	73,5
	Outside the district	45	26,5
Gender	Man	78	45,9
	Woman	92	54,1
Age	18-30 years old	42	24,7
	31-45 years	68	40,0
	46-60 years	51	30,0
	> 60 years	9	5,3
Work	Civil Servants/TNI/ Polri	38	22,4
	Private officer	54	31,8
	Self-employed	46	27,1
	Student/mhs/IRT	32	18,8

Source: Processed primary data, 2026

3.2.Descriptive Analysis of Variables

Corporate identity scored an average of 3.22 (good), with the highest indicator being the ease of remembering the hospital name (3.45) and the lowest being the promotion aspect (2.82). Physical environment scored an average of 3.17 (good), with the highest being strategic location (3.52) and the lowest being completeness of facilities (2.74). Contact personnel scored an average of 3.14 (good), with the highest doctor appearance (3.35) and the lowest role of non-medical personnel (2.85). Service offering scored the lowest among

the independent variables, at 2.72 (sufficient), with the most critical availability of specialist services (2.55). Patient treatment intention scored an average of 2.74 (sufficient), with the lowest willingness to recommend (2.64).

Table 2. Summary of Average Scores of Variables

Variables	Score	Category
Corporate Identity (X1)	3,22	Good
Physical Environment (X2)	3,17	Good
Contact Personnel (X3)	3,14	Good
Service Offering (X4)	2,72	Enough
Treatment Intention (Y)	2,74	Enough

Source: Processed primary data, 2026

3.3.Validity and Reliability Test

All indicators had loading factors above 0.70 and AVE above 0.50 (corporate identity 0.615; physical environment 0.652; contact personnel 0.598; service offering 0.724; treatment intention 0.785), thus the instrument met convergent validity. All variables also had Cronbach's Alpha and Composite Reliability above 0.70; thus, the instrument was declared reliable.

Table 3. Results of Instrument Reliability Test

Variables	a	CR	Is.
Corporate Identity	0,812	0,865	Reliable
Physical Environment	0,845	0,882	Reliable
Contact Personnel	0,795	0,854	Reliable
Service Offering	0,890	0,912	Reliable
Treatment Intention	0,915	0,934	Reliable

Source: Processed primary data, 2026. α = Cronbach's Alpha; CR = Composite Reliability

3.4.Multiple Linear Regression Analysis

The resulting regression equation is Y = 1.324 + 0.185 X1 + 0.152 X2 + 0.224 X3 + 0.412 X4. The partial test shows that all four variables have a positive and significant effect on patient treatment intentions, with service offering as the most dominant variable. The simultaneous test obtained an F-count of 32.456 (significance 0.000). The Adjusted R^2 value of 0.582 indicates that 58.2% of the variation in treatment intentions can be explained by the model, while the remaining 41.8% is influenced by other factors outside the model.

Table 4. Multiple Linear Regression Estimation Results

Variables	B	t	Say.	Is.
(Constant)	1,324	2,145	0,033	-

Variables	B	t	Say.	Is.
Corp. Identity (X1)	0,185	2,842	0,005	Say.
Phys. Environ. (X2)	0,152	2,315	0,022	Say.
Personal Contact (X3)	0,224	3,156	0,002	Say.
Service Offer. (X4)	0,412	5,820	0,000	Say.

Source: Processed primary data, 2026. Adjusted $R^2 = 0.582$; F = 32.456; Sig. F = 0.000; B = regression coefficient

3.5.Influence of *Corporate Identity*

Corporate identity had a positive and significant effect on treatment intention (β = 0.185; p = 0.005), thus H1 was accepted. This finding aligns with the concept of brand image (Fairiska & Sulistiadi, 2024), which places organizational identity as the foundation of consumer trust in healthcare services. A high score on name recall indicates strong brand awareness, but a low score on promotion indicates a failure in strategic communication. Strengthening corporate identity through information transparency and publicizing clinical successes is crucial to restoring public trust.

3.6.Influence *Physical Environment*

The physical environment had a positive and significant effect (β = 0.152; p = 0.022), thus H2 was accepted despite its lowest contribution. Strategic location is a key advantage, but a paradox arises in the low score for completeness of facilities amidst the building's grandeur. According to the services cape concept (Rakhman et al., 2022), a well-organized physical environment increases satisfaction, but the unavailability of functional facilities when needed decreases perceptions of service quality. Consequently, physical development must be synchronized with the procurement of functional medical equipment.

3.7.Influence *Contact Personnel*

Contact personnel had a positive and significant effect (β = 0.224; p = 0.002), thus H3 was accepted. The quality of interpersonal interactions is a moment of truth in the healthcare industry. Doctors and nurses have built a professional image through neat appearance and politeness, in line with Chen et al. (2025), who found that responsive doctor-patient communication strengthens patient trust. However, the low score for the role of non-medical personnel indicates a weak point in the frontline of service, so service excellence training for all staff is an urgent need.

3.8.Influence *Service Offering*

Service offering was the most dominant variable (β = 0.412; p = 0.000), thus H4 was accepted with the strongest empirical evidence. This finding directly addresses the phenomenon of declining visits. The low score for specialist service availability (2.55) reflects an operational crisis due to a reduction in specialist medical personnel. When needed services are unavailable or have uncertain schedules, patients tend to seek alternatives at other hospitals. These results confirm that the reliability and comprehensiveness of clinical services are the operational core factors most responsible for fluctuations in treatment intentions.

3.9.Simultaneous Effects

Simultaneous testing proved that all four variables significantly influenced patient treatment intentions (H5 was accepted), with an Adjusted R^2 of 0.582. Hospital image is a multidimensional construct that patients evaluate holistically, from viewing the building, interacting with the registration staff, being examined by a doctor, to receiving clinical services. Management needs to adopt an integrated strategy to simultaneously improve all service dimensions to reverse the downward trend in visits.

4. CONCLUSION

Corporate identity, physical environment, contact personnel, and service offerings have a positive and significant effect on outpatient treatment intentions at KH Daud Arif Regional Hospital, both partially and simultaneously. Partially, service offerings are the most dominant factor ($\beta = 0.412$), followed by contact personnel ($\beta = 0.224$), corporate identity ($\beta = 0.185$), and physical environment ($\beta = 0.152$). Simultaneously, the four variables are able to explain 58.2% of the variation in patient treatment intentions.

Managerially, KH Daud Arif Regional General Hospital needs to prioritize strengthening the reliability and comprehensiveness of specialist services, followed by improving the quality of interactions between all staff through a service excellence program, revitalizing authentic marketing communications, and optimizing the functionality of physical infrastructure. Future research is recommended to add patient satisfaction as a mediator and patient loyalty as a final construct, and to use a longitudinal design to monitor changes in treatment intentions as improvement policies are implemented.

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