Impact on Patient Trust of Healthcare Facility and its Implication on Brand Trust

Asia Pacific Journal of Multidisciplinary Research

Vol. 6 No. 2, 67-70 May 2018 Part II P-ISSN 2350-7756 E-ISSN 2350-8442 www.apjmr.com

Dudung Juhana

School of Economic Pasundan, Bandung, Indonesia dudungjuhanastiepas@gmail.com

Date Received: February 27, 2018; Date Revised: April 11, 2018

Abstract — Previous research has shown that health facilities play an important role in improving patients' trust as well as the image of health facilities. This research aims to determine the impact of health facilities and patients' trust on brand trust. To know the effect, the quantitative approach is used by using structural equation modeling. The sample of samples is 179 people. The results show that there is significant influence of health facilities and patients' trust on brand trust. This indicates that to increase brand trust it is necessary to improve health facilities and patients' trust.

Keywords –health facilities, patients' trust, brand trust.

INTRODUCTION

According to Indonesian government regulations, health service facilities accommodates some individual health service, whether it is promotive, preventive, curative or rehabilitative, which is provided by the Government, both local government and private and public.

Healthcare facilities need to provide satisfying public health services as mentioned in the regulation. In general, perceptions formed from the interaction of patients and health facilities have a significant effect on patients' perception of the service quality. Therefore, the access to excellent public healthcare facilities is necessary to to improve the quality of health services. As states by Kotler [1] that many factors are considered to select and attract the patients. However, providing satisfying health services that suits the patients' aspiration is a way to attract patients. Hence, patients' trust to the healthcare facilities is necessary to affect the brand trust. Patients find it difficult to assess the quality of health services, even after experiencing it. This condition occurs because they do not have sufficient knowledge and experience. For that reason, the presence of high-quality health facilities and the trust in health services can build up the confidence in the brand trust of health facilities. Facilities can be interpreted as available services and equipment in the healthcare environment. They are used to provide maximum service so that the patients get the health benefits.

The facility is an influential factor in providing high-quality services. It involves the patients' needs and expectations, both physical and psychological to ensure the comfort of patients in the treatment.

The design and layout of health facilities are closely related to the development of patients' perception. Health facilities are considered as supporting factors in providing high-quality health services. It can be said that a facility is a benefit from the health services to the patient, given on the basis of a transaction that has been done by both parties. Health facilities mean all services and equipment that support our health, both physical and spiritual health. Patients will be more eager in maintaining their health if there are many supporting facilities.

Improving the quality of interpersonal experience with staff, the hospital's operational quality and the entire satisfaction and the quality of health care services are necessary to maintain patients satisfaction [2]. This aspect has an impact on patient trust [3] when it is positive, it can improve the positive perceptions on the provider [4].

Health facility becomes influential because it is an indispensable source of income for hospitals [5]. As points out by [6] that the physical environment affects the quality of health services. As stated by Juhana, Manik, Febrinella and Sidharta [7], Sidharta, Affandi, and Priadana [8], Kurniawan and Sidharta [9], and Heryanto, Sidharta, and Mulyawan 10] believe the excellent service quality creates a positive image.

The community behavior on health services is still heavily influenced by the availability of health facilities. For example, the villagers prefer traditional treatment. It indicates that the provider's reputation may affect the patients' perception in choosing a health facility.

The health system is relational between the patient and the healthcare server. It has a connection with the issue of relationship quality and behavior. In general, trust facilitates cooperative actions to achieve the common goals. As Mayer and Davis [11] suggest that excellent interpersonal relationship builds trust. Furthermore, Colquitt, Scott, and LePine [12] prove the patterns of trust behavior is associated with task performance, citizenship behavior, counterproductive behavior. The importance of trust within the health system is due to the underlying cooperation in health systems that creates an essential contribution in building more value on the received benefits [13]. This condition shows the patients' trust create positive perceptions of health facilities. Research conducted by Sharma and Chahal [4] shows that to increase patients' satisfaction, it is necessary to have a good relationship between the provider with the patients. It generates a positive image of provided health services.

OBJECTIVES OF THE STUDY

Previous research has shown that health facilities play an important role in improving patients' trust as well as the image of health facilities. However, no research connects the health facilities to patients' trust and its implications on brand trust. This fact underlies this research to fill the gap in the previous study. It is expected that this research can contribute to the understanding of the relation of health facilities on trust and brand trust in health facilities in the developing countries.

Based on the background the problem formulation of this study includes how much influence the health facilities on patients' trust and its implication on brand trust. Thus, the study aims to determine the magnitude of the health facilities' effect on patients' trust and its implications on brand trust.

METHODS

This research method is considered as a survey research with quantitative approach. The researcher distributed the sample systematically to the respondent based on the research theme and then recapitulated the respondents' answer. The research variables were measured with a 5-point Likert scale from agree to strongly disagree. Research instruments for health facilities are adopted from Sharma and Chahal [14] while trust and brand trust variables are adopted from

Chaudhuri & Holbrook and Doney&Cannon. The samples in this study were patients who came to health facilities multiple times. From 200 questionnaires, the number of samples that completed the surveys are 179 people. The sampling technique is random sampling on patients who come to health facilities in Bandung. This study uses Structural Equation Modeling-Partial Least Square as data analysis tool. This analytical device can be used to measure the relation between complex variables. Also, it can be used in the structural model with the first order and second order model. First order tests the indicator while the second order tests the variable [17].

Testing the validity and reliability of research indicators were done before the analysis. The test validity was done by using Average Variance Extracted criterion with a value higher than 0.5, while the test reliability was done by using Composite reliability criteria with a cut-off value 0.7 and Cronbach alpha with a cut-off value above 0.6 [17].

RESULTS

Respondents who filled the questionnaires come from various age groups. It comes from 15 years old to 65 years old. The highest education level is high school. Most respondents are women.

The data calculation shows that from 15 instruments only 13 instruments are valid and reliable. It refers to the criteria Average Variance Extracted> 0.5, Cronbach alpha> 0.6 and Composite reliability> 0.7 [17]. The test validity and reliability is shown in the following table:

Table 1. Results of Research Parameters

Table 1. Results of Research Larameters								
Indicators	Facility	Trust	Brand	CR	AVE	CA		
			Trust					
Fac1	0.675			0.781	0.652	0.650		
Fac2	0.739							
Fac3	0.797							
Fac4	0.502							
Fac5	0.487							
Trust1		0.592		0.773	0.679	0.607		
Trust2		0.690						
Trust3		0.680						
Trust4		0.745						
Btrust1			0.705	0.816	0.726	0.697		
Btrust2			0.693					
Btrust3			0.836					
Btrust4			0.658					

The pathway of independent and dependent variable relationships, as well as mediation, is generated from the structural model by evaluating path coefficients with a predefined significance value of p <.05. The

table 2 shows the structural results of the research model.

Tabel 2. Path Coefficients

Variables	Path Value	p-value	Tenenhaus GoF
Facility > Trust	0.380	0.000	
Facility > Brand	0.143	0.042	
Trust			
Trust > Brand Trust	0.567	0.000	
R Square			
Trust	0.144	0.005	Small
Brand Trust	0.353	0.000	Medium
Overall R Square	0,360		Large

Table 2 shows that the value of the path coefficients is below 0.05. Therefore, it can be said that all the research models are significant. It means that the health facilities have a substantial effect on both trust and brand trust. The trust significantly influences the brand trust as well.

DISCUSSION

The results of the calculations illustrate that all the hypotheses in this study are significant. Here is the result of the evaluation of the structural model of the research as presented in the picture below:

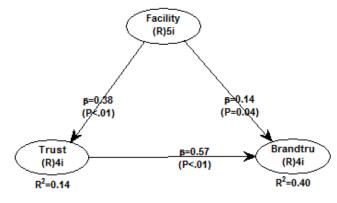


Figure 1. Result of the Structural Model

The result of path coefficients shows that the health facility has a significant effect on the patients' trust with the value of $\beta=0.38$ and p-value 0.000. Meanwhile, the brand trust with value $\beta=0.143$ and p-value 0,042. This result is in accordance with some researchers conducted by Gilson [13], Chaudhuri and Holbrook [15], Doney and Cannon [16], Mechanic and Schlesinger [18], Pearson and Raeke[19], Thom, Hall, and Pawlson [20], Gilson, Palmer and Schneider [21], Gilson [22], Geçti and Zengin [23] and Kemp, E.,

Jillapalli and Becerra [24] . The result proves that the health facility has a significant effect on patients' trust and brand trust. Moreover, the result indicates that the existence of excellent health facilities can increase the patients' trust and hospital brand trust.

The path coefficient value of patients' trust towards brand trust is $\beta = 0.567$ with p-value 0,000. These results indicate that there is a significant influence of patients' trust on brand trust. These results support previous research that proves that patients' trust significantly affects the brand trust [15], [23]-[26]. Therefore, it is safe to say, the increased patients' trust rises the health facility's brand trust.

Health facility services are important parts of providing health care that meets the patient' wishes and expectations. It is shown by the fact that the presence of adequate health facilities is a strong predictor in improving the patient's trust towards the quality of health services. The presence of a doctor on duty, the availability of health facilities and medicines lead to patients' trust. Moreover, it raises the hopes for wellness that can ultimately create a positive image of health facilities based on safety. The patients' confidence and trust in the health facility lead to the brand trust of healthcare facilities. Healthcare facilities need to reinforce the positive attitudes so that patients develop their trust and confidence and eliminate negative opinions by providing better care to patients without any prejudice [4].

CONCLUSION AND RECOMMENDATION

Based on the results of the study, it can be concluded that providing medical services through good health facilities is necessary to improve the patients' trust and brand trust on health care facilities. Therefore, managers of healthcare facilities need to increase the trust based on the patient's interpersonal relationship through the medical services. The results of this study contribute to the development of literature since there is the gap between health facilities with trust and its implications on brand trust in healthcare facilities. It is expected that the managers of health care facilities in developing countries can create and increase patients' trust that leads to the positive image of health services. However, this study has some drawbacks where the sample used is relatively small. Therefore, the samples cannot be generalized on a wide scope. The subsequent research needs to develop the research population which produces more accurate and comprehensive information by incorporating other factors that

allegedly affect the patients' trust such as the quality of healthcare and the availability of drugs.

REFERENCES

- [1] Kotler, P. A. G. (2003). *Principles of Marketing*. Singapore: Pearson Education.
- [2] Chahal, H. (2007, January). Patient Loyalty–Service quality Relationship in Health care sector: A case study of civil Hospital Ahmedabad. In *Proceeding of 2nd IIMA Conference on Research in Marketing. January* (Vol. 3, No. 5, pp. 138-140).
- [3] Gilson, L., Palmer, N., & Schneider, H. (2005). Trust and health worker performance: exploring a conceptual framework using South African evidence. *Social Science & Medicine*, *61*(7), 1418-1429.
- [4] Mohan, G. K. (2014). Discriminant analysis-Patient satisfaction measure of Government and Private Hospitals. *International Journal on Global Business Management & Research*, 2(2), 82-89.
- [5] Pavarini, P., Sanders, S., & Lindsay, M. (2012). Health Care Reform Going Forward: What's the Impact on Providers. *Becker's Hospital Review, December*.
- [6] Atiga, R. A. (2012). Healthcare quality under the National Health Insurance Scheme in Ghana; Perspectives from premium holders. *International Journal of Quality & Reliability Management.* 29(2), 144-161.
- [7] Juhana, D., Manik, E., Febrinella, C., & Sidharta, I. (2015). Empirical study on patient satisfaction and patient loyalty on public hospital in Bandung, Indonesia. *International Journal of Applied Business and Economic Research*, 13(6), 4305-4326.
- [8] Sidharta, I., Affandi, A., & Priadana, S. (2016). Service quality of pharmaceutical service at public hospital in Bandung, Indonesia. *International Journal of PharmTech Research*, 9(4), 142-146.
- [9] Kurniawan, P., & Sidharta, I. (2016). SERVQUAL on Brand Image and Relationship Equity. *International Review of Management and Marketing*, 6(4), 866-871.
- [10] Heryanto, I., Sidharta, I., & Mulyawan, A. (2016). Pharmaceutical Service Quality and Loyalty at Public Hospital in Bandung Indonesia. *International Journal of PharmTech Research*, 7(9), 154-160.
- [11] Mayer, R. C., & Davis, J. H. (1999). The effect of the performance appraisal system on trust for management: A field quasi-experiment. *Journal of applied psychology*, 84(1), 123-136.
- [12] Colquitt, J. A., Scott, B. A., & LePine, J. A. (2007). Trust, trustworthiness, and trust propensity: a meta-analytic test of their unique relationships with risk taking and job performance. *Journal of Applied Psychology*, 92(4), 909-927. http://dx.doi.org/10.1037/0021-9010.92.4.909.
- [13] Gilson, L. (2003). Trust and the development of health care as a social institution. *Social science & medicine*, 56(7), 1453-1468.

- [14] Sharma, R. D., & Chahal, H. (1999). A study of patient satisfaction in outdoor services of private health care facilities. *Vikalpa*, 24(4), 69-76.
- [15] Chaudhuri, A., & Holbrook, M. B. (2001). The chain of effects from brand trust and brand affect to brand performance: the role of brand loyalty. *Journal of marketing*, 65(2), 81-93.
- [16] Doney, P. M., & Cannon, J. P. (1997). Trust in buyer-seller relationships. *Journal of marketing*, 61, 35-51.
- [17] Kock, N. (2012). WarpPLS 5.0 User Manual. http://cits.tamiu.edu/WarpPLS/UserManual_v_5_0.pd
- [18] Mechanic, D., & Schlesinger, M. (1996). The impact of managed care on patients' trust in medical care and their physicians. *Jama*, 275(21), 1693-1697.
- [19] Pearson, S. D., & Raeke, L. H. (2000). Patients' trust in physicians: many theories, few measures, and little data. *Journal of general internal medicine*, *15*(7), 509-513.
- [20] Thom, D. H., Hall, M. A., & Pawlson, L. G. (2004). Measuring patients' trust in physicians when assessing quality of care. *Health affairs*, 23(4), 124-132.
- [21] Gilson, L., Palmer, N., & Schneider, H. (2005). Trust and health worker performance: exploring a conceptual framework using South African evidence. *Social Science & Medicine*, *61*(7), 1418-1429.
- [22] Gilson, L. (2006). Trust in health care: theoretical perspectives and research needs. *Journal of health organization and management*, 20(5), 359-375.
- [23] Geçti, F., & Zengin, H. (2013). The relationship between brand trust, brand affect, attitudinal loyalty and behavioral loyalty: A field study towards sports shoe consumers in Turkey. *International Journal of Marketing Studies*, 5(2), 111-119.
- [24] Kemp, E., Jillapalli, R., & Becerra, E. (2014). Healthcare branding: developing emotionally based consumer brand relationships. *Journal of Services Marketing*, 28(2), 126-137.
- [25] Lee, E. J., Park, J. S., & Kim, N. Y. (2015). The Effects of hospital brand equity on trust and relationship commitment of customers. *The Korean Journal of Health Service Management*, 9(2), 1-12.
- [26] Kim, K, S., Kim, J, H., Kim, D, Y. & Kang, S. H. (2008). Brand equity in hospital marketing. *Journal of Business Research*, 61, 75–82.

COPYRIGHTS

Copyright of this article is retained by the author/s, with first publication rights granted to APJMR. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (http://creative commons.org/licenses/by/4