



## Analysis of Patient Experience Dimensions and Their Implications in Improving Customer Engagement and Customer Delight at Hospital X

Selvyana C. Palit<sup>1</sup>, Ratna Indrawati<sup>2</sup>

<sup>1</sup>LAFKI, Jakarta, Indonesia, [selvyana.palit@gmail.com](mailto:selvyana.palit@gmail.com)

<sup>2</sup>LAFKI, Jakarta, Indonesia, [ratnaindrawatil@gmail.com](mailto:ratnaindrawatil@gmail.com)

Corresponding Author: [selvyana.palit@gmail.com](mailto:selvyana.palit@gmail.com)<sup>1</sup>

**Abstract:** Medical institutions currently face the challenge of going beyond conventional satisfaction standards to create customer delight through strategic patient experience management. This study aims to analyze the dimensions of patient experience and their implications for increasing customer engagement and delight among internal medicine patients at Hospital X. This quantitative study used a cross-sectional design involving 99 respondents selected through a purposive sampling method. Data analysis was conducted using the Three Box Method for descriptive review and Path Analysis to examine the structural relationships between variables. The results of the descriptive analysis indicate that patient experience is in the high category (77.47), with the Information and Education dimension as the main contributor to excellence (78.75). In contrast, the Continuity and Transition dimension was identified as a relative weak point (75.38), especially in the aspect of drug side effect education. The findings of the path analysis confirmed that patient experience has a direct significant effect on customer engagement and customer delight. Customer engagement is proven to act as a mediating variable that strengthens the transmission of the influence of patient experience in creating deep emotional satisfaction. This research model has a predictive power of 66.3% of the variance in customer delight. This study concludes that optimizing every point of interaction and strengthening patient emotional engagement is a fundamental instrument for hospital management to build long-term loyalty and competitive advantage.

**Keyword:** Customer delight, Customer Engagement, Hospital Management, Patient Experience.

### INTRODUCTION

The primary challenge for medical institutions today is to go beyond basic satisfaction standards to create customer delight through a more in-depth and personalized patient experience. Focusing on the dimensions of the patient experience is crucial because every interaction point in the hospital contributes significantly to building customer engagement, with patient emotional involvement being key to ensuring loyalty and service continuity.

Through this approach, this research aims to examine the dimensions of the patient experience and their implications for strengthening customer engagement and delight, particularly for internal medicine patients at Hospital X.

The implementation of the Patient-Centered Care (PCC) paradigm, which respects patient values and needs, is a key foundation for building high-quality care (ACSQHC, 2010). The patient experience itself refers to all interactions within the healthcare system, encompassing both emotional and functional aspects throughout the patient's medical journey (Wolf et al., 2014). The synergy between this experience and engagement that exceeds expectations will trigger feelings of satisfaction and delight that exceed customer expectations (Rust & Oliver, 2000). This condition serves as a driver for strong loyalty, where patients not only receive care but also feel an emotional connection to the hospital.

The operational conditions at Hospital X demonstrate the urgency of strengthening the quality of interactions. A preliminary survey of the internal medicine clinic revealed that some patients still felt that service was not optimal. Although Hospital X has made infrastructure improvements, such as adding an inpatient floor and expanding the parking area, these physical efforts need to be aligned with a deeper understanding of consumer behavior to create a competitive advantage (Howard & Sheth, 1969; Kotler & Keller, 2012). This is crucial because a good patient experience has been shown to be positively correlated with better clinical outcomes and higher levels of satisfaction (Doyle et al., 2013).

To achieve this goal, this study utilized the Picker Institute's (1999) framework, which provides eight comprehensive dimensions for measuring patient experience. These eight dimensions include respect for patient values, care coordination, information and education, physical comfort, emotional support, family involvement, care transitions, and accessibility. The use of this theory is crucial because the Picker Institute emphasizes that all dimensions must be considered in an integrated manner to provide a positive and holistic picture of the patient experience throughout the patient's care journey.

Therefore, this study aims to analyze the dimensions of patient experience and their implications in increasing customer engagement and customer delight in internal medicine polyclinic patients at Hospital X. The level of active participation of patients in interactions with the hospital is very necessary because high engagement can encourage positive behavior such as word of mouth recommendations (Vivek et al., 2014).

## **METHOD**

This study employed a quantitative approach with a cross-sectional design, where the dependent variable, customer delight, the independent variable, patient experience, and the intervening variable, customer engagement, were examined simultaneously at a single point in time. The data collection instrument used was a questionnaire designed to measure patient perceptions of the service experience, the level of patient engagement with the hospital, and emotional satisfaction exceeding expectations. The study population was all patients who had received services at the internal medicine clinic at Hospital X in the past six months, with an unknown population size. The sample was determined using purposive sampling based on certain criteria: patients were at least 18 years old, had received services at least once in the past six months, and were willing to participate. The minimum sample size was determined using the Lemeshow formula, requiring at least 99 respondents.

Data analysis was conducted using a combination of multiple regression analysis and path analysis to examine the direct and indirect effects of patient experience on customer engagement and customer delight. This method allowed researchers to simultaneously evaluate the relationships between variables and systematically test the research hypotheses, thus providing a clear picture of the implications of patient experience on emotional engagement and satisfaction at Hospital X.

## RESULTS AND DISCUSSION

This study involved 99 respondents in the internal medicine clinic at Hospital X, with the majority of patients being female (78.8%) and aged over 55 years (34.3%). Prior to model testing, the research instrument was validated, with all statement items exceeding the *r* value of 0.1975 and having a Cronbach's Alpha coefficient above 0.60.

### Descriptive Analysis of Patient Experience Dimensions

An analysis of the patient experience dimensions was conducted to deeply analyze the quality of service interactions at Hospital X from the patient's perspective. Based on the descriptive analysis, the patient experience variables collectively recorded an average index value of 77.47, representing a high category. The distribution of scores achieved in each dimension is presented systematically in Table 1.

**Table 1. Distribution of Patient Experience Dimension Index**

<b>No.</b>	<b>Dimensions</b>	<b>Average Index</b>	<b>Category</b>
1	<i>Information &amp; Education</i>	78,75	Tinggi
2	<i>Coordinate of Care</i>	76,75	Tinggi
3	<i>Physical Comfort</i>	78,75	Tinggi
4	<i>Emotional Support</i>	77,50	Tinggi
5	<i>Respect for Patient Preferences</i>	77,92	Tinggi
6	<i>Involvement of Family &amp; Friends</i>	77,00	Tinggi
7	<i>Continuity &amp; Transition</i>	75,38	Tinggi
8	<i>Overall Impression</i>	77,75	Tinggi
<b>Average Variable</b>		<b>77,47</b>	<b>Tinggi</b>

**\* Quality Interval Description (Three Box Method):**

1. **25,00 – 49,67:** Low
2. **49,67 – 74,34:** Medium
3. **74,34 – 99,00:** High

The analysis results in Table 1 indicate that the Information & Education dimension made the most significant contribution to shaping a positive patient experience, with the highest index score (78.75). This achievement was driven by the competence of medical personnel (doctors) in disseminating clinical information clearly and communicatively. This finding confirms Picker's (1999) theory that effective educational communication is a fundamental pillar of patient-centered care, improving the efficacy and overall quality of the patient experience.

Conversely, the Continuity & Transition dimension was identified as having the lowest average index (75.38). Further analysis detected a gap in the education indicator regarding drug side effects, which remained in the moderate category. This serves as an evaluative note for Hospital X's management, indicating that the service transition process requires more detailed information standardization. Strategically, strengthening this dimension is crucial because, through path analysis, optimizing the patient experience is expected to strengthen customer engagement and stimulate customer delight that exceeds conventional medical satisfaction standards.

### Implications of Patient experience on Customer engagement and Customer delight

Verification of the structural model through path analysis indicates that all hypotheses in this study are empirically accepted. It was found that patient experience has a significant contribution in predicting customer delight, both through a direct effect and a mediating effect through customer engagement. This finding confirms that patient experience is a key determinant driving emotional attachment and deep psychological satisfaction at Hospital X.

**Table 2. Results of Path Analysis of Direct Influence**

Relationship between Variables		Coefficient	R <sup>2</sup>	Information
<i>Patient experience (X<sub>3</sub>)</i>	→ <i>Engagement (Z)</i>	0.259	0.392	Signifikan
<i>Patient experience (X<sub>3</sub>)</i>	<i>Cust Delight (Y)</i>	0.178	0.663	Signifikan
<i>Cust Engagement (Z)</i>	→ <i>Cust Delight (Y)</i>	0.257	0.663	Signifikan

The results in Table 2 show a consistently positive coefficient, reinforced by an R-Square value of 0.663. This figure explains that 66.3 percent of the variance in customer delight is simultaneously influenced by patient experience and customer engagement. This finding aligns with studies by Widyowati in 2023 and Wolf et al. in 2014, which revealed that a positive patient experience significantly increases patient engagement levels. This importance was also emphasized by Doyle in 2013, where quality service encourages patients to be more actively involved in the care process and medical decision-making.

**Table 3. Three Box Method Analysis Matrix for All Variables**

Variables	Score Index	Categor y	Behavior
Patient Experience	77.47	Low	Positive
Cust Engagement	73.68	Medium	Interactive
Cust Delight	76.08	High	Satisfying

In-depth analysis using the three-box method in Table 3 shows that the Customer Engagement variable recorded a score of 73.68, or falls into the moderate category. Within this variable, the absorption dimension was the highest contributor, reflected in respondents' willingness to recommend Hospital X's services to others. This achievement aligns with the dominance of the education dimension in the Patient Experience variable in Table 1, indicating that clarity of information is a key driver of patient engagement. As explained by Anhang in 2014, satisfying first-hand experiences will increase patient loyalty when their expectations are met or exceeded.

In addition to its influence on engagement, Patient Experience has been shown to have a strong direct influence on Customer Delight. This condition arises when patients receive service that exceeds their expectations, resulting in a deep sense of pleasure, as Kotler's theory (2016) suggests. A functional correlation was found, where the clarity of information in Table 1 synergizes with the esteem dimension in the Customer Delight variable, particularly regarding the staff's adeptness in serving patient needs. The experience of receiving transparent information and unexpectedly respectful treatment is an added value that significantly triggers positive emotions, according to Epstein in 2011.

The synergy between Patient Experience, Customer Engagement, and Customer Delight creates a solid framework for Hospital X. In accordance with Zeithaml's 2018 principles, Customer Delight is achieved by designing services that deliver delightful experiences. This finding is also supported by Altinay (2023), who stated that Patient Experience positively influences subjective emotions. By optimally managing each

interaction point, Hospital X can ensure the experience's influence on delight is strengthened, ultimately building long-term loyalty and a competitive advantage for the hospital, as per Gupta's 2018 research.

This study also confirms that Customer Engagement has a significant influence on Customer Delight, as shown in Table 2 with a coefficient of 0.257. The level of patient emotional involvement is a key driver of satisfaction that exceeds expectations. Consistent with Wolf's 2014 study, patients who are actively engaged through two-way communication tend to feel more valued, transforming standard satisfaction into an extraordinary Customer Delight experience. Deep emotional engagement creates a more personal and meaningful relationship according to Islam in 2020. Establishing a professional relationship between patients and medical personnel is a crucial strategy to achieve emotional joy as emphasized by Nguyen in 2020. The synergy between the superior Patient experience dimension and strengthening Customer engagement is a fundamental instrument for Hospital X in creating extraordinary service outcomes.

## CONCLUSION

Patient experience in the internal medicine clinic at Hospital X was collectively ranked high, with the Information and Education dimension as the primary contributor to excellence. This achievement demonstrates that clear medical communication between healthcare professionals and patients is a key foundation for creating positive perceptions. However, the analysis also identified that the Continuity and Transition dimension remains a relatively weak point requiring strategic optimization, particularly in the education aspect regarding medication side effects during the treatment process.

Based on model testing using path analysis, it was found that patient experience has a significant direct influence on both customer engagement and customer delight. This finding confirms that every point of service interaction is a key determinant in driving deep emotional attachment and psychological satisfaction in patients. Furthermore, this study demonstrates the role of customer engagement as a significant mediating variable in strengthening the transmission of the influence of patient experience on customer delight. This implies that positive experiences will have a more profound impact on patient satisfaction if they are actively involved and have a strong emotional attachment throughout the medical care process at Hospital X.

Based on the conclusions from each aspect of the study, the following recommendations can be made for the hospital's progress:

1. Hospital management must strengthen the foundation of operational standards for patient experience by continuously implementing Patient-Centered Care protocols, namely services that focus on patient comfort, dignity, and values, not just technical medical procedures.
2. Hospital management should not only focus on minimum standards, but in practice, all hospital staff, including frontline staff (security guards and administrators) and medical personnel, should pay extra attention to emotional moments that surprise patients (customer delight), such as providing appreciation or proactively handling complaints that exceed their basic expectations. Through this synergy of operational excellence and emotional touch, hospitals become not just places to seek healing but also build strong, long-term relationships with patients (customer engagement).

## REFERENCE

Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, Rybowski L, Edgman-Levitan S, Cleary PD. 2014. *Examining the Role of Patient Experience Surveys in*

- Measuring Health Care Quality.*” *Med Care Res Rev* 71(5):522-54. doi: 10.1177/1077558714541480.
- Doyle, C., Lenmox, L., & Bell, D. 2013. “*A Systematic Review of Evidence on the Links between Patient Experience and Clinical Safety and Effectiveness.*” *BMJ Open* 3(1):e001570.
- Gupta, S., Pansari, A., & Kumar, V. 2018. “*Global Customer Engagement.*” *Journal of International Marketing* 26(1): 4-29. doi: doi.org/10/1509/jim.17.0091.
- Islam, J. U. .. Shahid, S. .. Rasool, A. .. Rahman, Z. .. Khan, I. .. &, Rather, R. A. 2020. “*Impact of Website Attributes on Customer Engagement in Banking: A Solicitation of Stimulus-Organismresponse Theory.*” *International Journal of Bank Marketing.* 38(6), 1279-1303.
- Kotler, P., and K. L., Keller. 2012. *Marketing Management*. Prentice Hall
- Kotler, Philip & Keller, Kevin Lane. 2016. *Marketing Management (15th Edition)*. Harlow: Pearson Education Limited.
- Nguyen, T. N. Q., Tran, Q. H. M., & Chylinski, M. 2020. “*Emphaty and Delight in a Personal Service Setting.*” *Australasian Marketing Journal* 28: 11-17.
- Picker Institute. 1999. *The Picker Institute Implementation Manual*. Boston: PickerInstitute
- Rust, Roland T., and Richard L. Oliver. 2000. “*Should We Delight the Customer?*” *Journal of the Academy of Marketing Science* 28(1): 86-94. doi: 10.1177/0092070300281008.
- Vivek, Shiri D., Sharon E. Beatty, and Robert M. Morgan. 2012. “*Customer Engagement: Exploring Customer Relationships Beyond Purchase.*” *Journal of Marketing Theory and Practice* 20(2):122-46. doi: 10.2753/MTP1069-6679200201.
- Wolf, J. A., Niederhauser, V., Marshburn, D., & LaVela, S. L. 2014. “*Defining Patient Experience.*” *Patient Experience Journal* 1(1): 7-19.
- Zeithmal, V. A., Bitner, M. J., & Gremler, D. D. 2018. *Services Marketing: Integrating Customer Focus across the Firm (7th Ed.)*. McGraw-Hill Education