

THE INFLUENCE OF *RELATIONSHIP MARKETING* ON *PATIENT LOYALTY* MEDIATED BY THE *VALUE CO-CREATION BEHAVIOR* OF PATIENTS AT THE DENTAL AND ORAL EDUCATION HOSPITAL IN JAKARTA

Cathrine Rahayu

Faculty of Economics and Business, Universitas Trisakti
cathrinerahayubudirahardja@gmail.com

ABSTRACT

This study aims to analyze the influence of *relationship marketing* on patient loyalty mediated by *the value co-creation of patient behavior* which is divided into patient *participation behavior* and *patient citizenship behavior* in patients of the Educational Dental and Oral Hospital (RSGMP) in Jakarta. The data collection technique method uses *non-probability* sampling with a *purposive sampling* method. The respondents of the study as many as 310 people were patients who had received dental and oral care at least 2 times in the last 2 years at the RSGMP in Jakarta. The questionnaire was distributed via *google form* containing 31 statements answered based on five Likert scales. The analysis method used in this study is the *Structural Equation Model* (SEM). The results showed that *relationship marketing* has a positive effect on patient *participation behavior* and *patient citizenship behavior*. *Patient participation behavior* does not positively influence patient loyalty, but *patient citizenship behavior* has a positive effect on patient loyalty. *Relationship marketing* has a positive influence on patient loyalty. In addition, in the mediation variable, it was found that patient *participation behavior* does not have a mediating influence between *relationship marketing* on patient loyalty, while *patient citizenship behavior* has a partial mediation influence.

Keywords: relationship marketing; patient participation behavior; patient citizenship behavior; value co-creation behavior; patient loyalty

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INTRODUCTION

Marketing in the field of services at this time is increasingly competitive in many aspects. This condition encourages business people to increase the excellence of each of their businesses to be able to survive in the market. In health institutions, patients have needs and expectations in receiving maximum service. Patients also have the opportunity to choose a health institution amid the large number of health institutions today. For this reason, health institutions are trying to improve themselves to be able to meet expectations and maintain patient loyalty (Yıldırım et al., 2022).

Consumers in general have changed their traditional roles and started looking for products or services based on the information and personal needs with the help of technology. Good relationships between consumers and service providers are needed today with consumers who are at the center of the organization's operations. Forming relationships or good relationships with consumers will also provide company marketing benefits. Marketing with this relationship model is currently often done with a focus on retaining existing consumers rather than looking for new consumers. Therefore, many companies are currently oriented toward relationship marketing (Mubushar et al., 2020).

Patient loyalty to a health institution can be formed through good relationships between patients and caregiving staff. These good relationships can continue to be built and improved

through relationship marketing. The focus of relationship marketing is on retaining existing patients and providing good relationships beyond just services to patients. The marketing cost of attracting new patients will be more expensive than retaining existing patients more optimally. Therefore, maintaining a good relationship with patients through relationship marketing will be very important for maintaining patient loyalty (Yıldırım et al., 2022).

An ever-changing and complex business environment can make it difficult for a single company to sustain technical, economic, and social progress. Therefore, companies need to continue to adapt to current circumstances through cooperation with customers and service providers. This needs to be understood both by management to get new ideas and understand the focus that needs to be fostered more than the company. Systematization of this process is called value co-creation. Defined as a cooperative team process between service providers and consumers that focuses on operational activities, and solution development, which can be started by both producers and consumers (Preikschas et al., 2017).

Today's consumers are encouraged to proactively play a role in jointly creating services for their well-being. However, lack of knowledge is sometimes the main barrier that hinders value creation. This issue is quite important for consumers who need intensive interaction between parties if there is a knowledge gap. Therefore, consumers need to be given more information and education in order to get better value creation and services for their own welfare. That science gap also exists within health institutions so this can be an important record for management to improve (Pham et al., 2022).

In today's marketing world, marketing activities are formed with the aim of creating, producing, and conveying value to consumers. An organization, especially a hospital, must be able to play a role in the process of creating patient value. The concept of value is expressed as a ratio between what is received and given by the consumer. In creating value in healthcare efficiently, it is necessary to analyze patient feedback strategically. Value creation can be seen through collaborative behavior between patients and healthcare providers or called patient value co-creation (Samsa & Yüce, 2022).

Today patients have more information and more intense interactions with the health institutions they go to. This changes the relationship between recipients and service providers to be more collaborative. The importance of the relationship causes the organization to put the consumer at the center of a business or organization. Value co-creation is a competitive strategy used by organizations today. This is based on the fact that value does not come from a product or service alone but is formed through a process and experience of consumption by consumers (Nájera-Sánchez et al., 2022).

The health industry in Indonesia is currently experiencing a significant increase and development. Indonesians today have higher expectations for healthy living. People are not only looking for the health industry for curative or healing needs, but also for promotional and preventive activities. The hospital industry is already very wide so that competition is getting tougher. The standards owned by hospitals based on accreditation are also getting higher. Therefore, hospitals in Indonesia need to improve the quality of their services even better in order to form long-term relationships with consumers (Afifi & Amini, n.d.).

METHOD

The study uses hypothesis testing, aimed at testing its effect on independent variables, namely relationship marketing, on dependent variables, namely patient loyalty mediated by value co-creation variables. The unit of analysis of this study is patients who have received services in the last two years at the Educational Dental and Oral Hospital (RSGMP) in Jakarta with a minimum number of visits twice. Educational Dental and Oral Hospitals (RSGMP) in Jakarta include Trisakti University RSGMP, the University of Indonesia RSGMP, Prof. Dr. Moestopo University RSGMP (religious), and Yarsi University RSGMP. The basis of this study is cross-sectional data where the data is obtained only within a predetermined period of time and period.

Variables and Measurements

In this study, independent variables, dependent variables, and mediation variables were used as follows:

1. Relationship Marketing

In this study, *relationship marketing* used 16 items of questions based on research. The question item is divided into four dimensions, namely Abdullah & Kanyan (2013) *empathy, trust, communication, and commitment*. These question items include:

1. Doctors and employees at RSGMP are willing and ready to help with patient requests
2. Doctors and employees at RSGMP are sympathetic and can reassure patients
3. Doctors and employees at RSGMP are consistently polite, pleasant, and friendly to patients
4. Doctors and employees at RSGMP are caring and give individual attention
5. These doctors and employees at the RSGMP show respect to patients
6. Doctors and employees at RSGMP are honest
7. Doctors and employees at RSGMP can account for the appointments given
8. Doctors and staff of RSGMP are responsible for and fulfill obligations
9. Doctors and staff of RSGMP give clear explanations and useful advice
10. Doctors and staff of RSGMP have knowledge and competence in answering questions
11. Communication with doctors and staff of RSGMP is easy to understand
12. RSGMP dentists and staff appreciate and implement customer advice to improve service
13. RSGMP dentists and staff build and maintain long-term relationships
14. RSGMP dentists and staff are committed to providing the best service
15. RSGMP dentists and staff provide good products and services at appropriate prices
16. RSGMP is consistent in providing quality service

2. Patient Loyalty

The *patient loyalty* variable in this study used three question items based on the study by . These question items include: (Wang et al., 2011)

1. I will again come to this RSGMP in the future
2. I am committed to be on good terms with this RSGMP
3. Most likely I will still seek treatment to this RSGMP

3. Patient Participation Behavior

In this study, the *value co-creation* behavior variable was divided into two, namely *patient participation* behavior and *patient citizenship behavior*. The mediation variable of *patient*

participation behavior uses four question items based on research. The question item is divided into two dimensions, namely Zadeh et al (2019) *information seeking* and *personal interaction*. These question items include:

1. I am looking for the latest information regarding this RSGMP
2. I am sharing this information about RSGMP with others
3. I am friendly to other patients who are treated at this RSGMP
4. I avoid abusive actions and language to other patients seeking treatment at this RSGMP

4. Patient Citizenship Behavior

The *patient participation behavior* mediation variable uses eight question items based on research the question item is divided into four dimensions, namely Zadeh et al (2019), *advocacy, help, tolerance, and feedback*. These question items include:

1. I recommend this RSGMP to others
2. I invite my friends and relatives to do the treatment at this RSGMP
3. I am helping other patients in this RSGMP who need help
4. I teach other patients about the registration and treatment system carried out at this RSGMP
5. I accept the distractions and difficulties that may be encountered while doing treatment at this RSGMP
6. I show tolerance for changes in this RSGMP system that I do not agree with
7. I share ideas that can improve services at RSGMP
8. I recommend this service at RSGMP to other consumers

Data Collection Methods

In data collection, data search techniques can be used, namely primary and secondary. In this study, primary data were used. Primary data are data obtained directly from the source through measurement, or self-calculation through questionnaires or the like. Primary data from this study was obtained from the results of the distribution of questionnaires to patients of the Educational Dental and Oral Hospital in Jakarta. The sampling method of this study is Hardani et al (2020), non-probability sampling with a purposive sampling technique.

A population is a research object that can be humans, animals, objects, plants, or events that are used as a source of data with certain characteristics in a study. Samples are a portion of the population obtained through sampling techniques. (Hardani et al., 2020) The population of this study was patients who had received dental and oral care at the Educational Dental and Oral Hospital (RSGMP) in Jakarta, including Trisakti University Hospital, the University of Indonesia RSGMP, Prof. Dr. Moestopo University RSGMP (religious), or Yarsi University RSGMP. The patient must have received treatment at least twice at the relevant RSGMP, and the treatment is carried out a maximum of the last 2 years.

The results of the frequency of the total respondents who participated in the study showed a fairly even distribution. Most respondents were patients who received treatment at the Trisakti University Dental and Oral Education Hospital (RSGMP) with a percentage of 26.8% or as many as 83 people. Furthermore, the second most respondents came from patients at Yarsi University RSGMP, which was 26.5% or as many as 82 people. Respondents who received treatment at RSGMP Universitas Prof. Dr. Moestopo (religious) were 23.5% or as many as 73

people. Finally, the fewest respondents were patients who received treatment at rsgmp Universitas Indonesia 23.2% or as many as 72 people.

The frequency results of respondents' profiles by gender showed a fairly balanced comparison of 51% and 49%. Respondents with female sex were 51% or as many as 158 people. Respondents with the male gender were 49% or as many as 152 people.

In the profile of respondents based on age, divided by the range of 10 years each category is <17 years, 17-25 years, 26-35 years, 36-45 years, 46-55 years, 56-65 years, and >65 years. It was found that the majority of respondents in this study were in the age range of 17-25 years with a percentage of 32.6% or as many as 101 people. The second highest age range of respondents is at the age of 36-45 years with a percentage of 21% or as many as 65 people. The age range between 26-35 years is 18.7% or as many as 58 people. Furthermore, in patients with an age range of 46-55 years was 11.9% or as many as 37 people. In patients aged <17 years, 33 people were obtained or 10.6%. Respondents with the least age range were over 65 years old and the age range of 56-65 years, 2.3% (7 people) and 2.9% (9 people), respectively.

Frequency results based on the number of treatments respondents have received in the past two years, divided into patients who received treatment at least 2 times and more than twice. Respondents who received treatment 2 times in 2 years were found to be 46.8% or as many as 145 patients. Respondents who received treatment more than twice in two years were 53.2% or as many as 165 patients.

Test Instruments

The development of instruments in this study consists of validity tests and reliability tests. Instrument tests are carried out so that the data obtained provide results in accordance with the purpose of conducting research.

Validity Test

Validity tests are carried out to see the degree of accuracy between the data that occurs on the object of study and the data reported by the researcher. Data that is declared valid is data that has no difference between the results of the data provided by the researcher and the actual data results of the study respondents. A statistical tool for validity testing, namely Hardani et al (2020), using *factor loading*, means that the determination of indicators that are declared valid or not will be determined by the size of the research sample. The basis for making validity test decisions based on the number of samples includes:

Data Analysis Methods

The descriptive statistical method is a data analysis method used in this study. The method of descriptive statistical analysis is a method that uses a set of activities and improvements in various areas. Testing data and hypotheses directly (*direct effect*) in this study using SEM (*Structural Equation Model*) with statistical software AMOS (*Analysis of Moment Structures*). AMOS according to Suhartanto (2020) can visualize structural equation modeling using simple drawing tools. Researchers used the Sobel Test to test the influence of mediations between variables (indirect effect). Researchers also use SPSS (Statistical Package for Social Science) to analyze statistical data (Hardani et al., 2020).

Hypothesis Test

This test is carried out with the aim of seeing whether each of the independent variables has a significant influence on the dependent variable assuming that the other variables are constant or fixed. Here is the basis of the decision-making of the hypothesis test:

- If a $p\text{-value} > \alpha 0.05$ H_0 is accepted, it means that there is no significant influence between the two variables
- If the $p\text{-value} \leq \alpha 0.05$ H_0 is rejected, it means that there is a significant influence between the two variables

RESULTS AND DISCUSSION

Descriptive Statistics

Descriptive statistical tests are performed to describe and describe the data in detail. Descriptive statistical tests are reviewed based on *mean* values and standard deviations. The *mean* value is the average value of the respondent's answer, while the standard deviation value indicates the variation of the respondent's answer. A standard deviation value that is closer to zero means that respondents' answers are increasingly less varied. However, if the standard deviation value is further away from the zero value, it can be interpreted that the respondent's answer is increasingly varied.

In this study, descriptive statistical testing was carried out to explain in detail the picture and conclusions based on the results of respondents' answers related to relationship marketing variables, patient participation behavior, *patient citizenship behavior*, and *patient loyalty*. The following is a table showing the results of descriptive statistical processing, where the mean is the average of the data obtained from each statement.

The *relationship marketing* variable is divided into four dimensions, each of which has four statement items. Based on the results of descriptive statistics in table 4.1, it was found that the mean value of the *relationship marketing* variable statement item was 4.07. The results mean that the average respondent thinks the RSGMP where they receive treatment has been able to apply good relationships with consumers. The standard deviation value obtained in the *relationship marketing* variable is 1.00527. The value indicates that respondents' responses are quite varied.

Table 4.1 Descriptive Statistics of Relationship Marketing Variables

No.	Questionnaire	Mean	Standard Deviation
Empathy			
1.	Doctors and employees at RSGMP are willing and ready to help with patient requests	4.0129	0.90655
2.	Doctors and employees at RSGMP are sympathetic and can reassure patients	4.1677	1.08428
3.	Doctors and employees at RSGMP are consistently polite, pleasant, and friendly to patients	4.0548	0.99199

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4.	Doctors and employees at RSGMP are caring and give individual attention	4.0290	1.06540
Trust			
5.	These doctors and employees at the RSGMP show respect to patients	4.0387	0.88777
6.	Doctors and employees at RSGMP are honest	3.9548	0.85402
7.	Doctors and employees at RSGMP can account for the appointments given	3.9226	1.06145
8.	Doctors and staff of RSGMP are responsible for and fulfill obligations	4.2000	0.97808
Communication			
9.	Doctors and staff of RSGMP give clear explanations and useful advice	4.2323	1.07227
10.	Doctors and staff of RSGMP have knowledge and competence in answering questions	4.1613	1.11468
11.	Communication with doctors and staff of RSGMP is easy to understand	4.1742	1.03122
12.	RSGMP dentists and staff build and maintain long-term relationships	4.1581	1.11369
Commitment			
13.	RSGMP dentists and staff are committed to providing the best service	3.9613	0.90938
14.	RSGMP dentists and staff provide good products and services at appropriate prices	3.9968	1.08087
15.	RSGMP is consistent in providing quality service	4.1258	1.01461
16.	RSGMP dentists and staff build and maintain long-term relationships	3.9290	0.91807
		4.0700	1.00527

The first dimension of *the relationship marketing* variable is *empathy* which has four statement items. The first statement item gets a *mean* value of 4.0129 which means the patient agrees that RSGMP staff are willing and ready to help with the patient's request. The second statement item received a *mean* value of 4.1677 which means the patient agreed that the RSGMP staff had shown sympathy and could reassure the patient. The third statement item earned a *mean* value of 4.0548 which means patients agree that RSGMP staff consistently show

a polite, pleasant, and friendly attitude. The last statement item for *the empathy* dimension getting a mean value of 4,029 can be interpreted to mean that the patient agrees that the RSGMP staff has been caring and giving individual attention to the patient.

The second dimension of *the relationship marketing* variable is *trust*. The first statement item of the trust dimension getting a mean value of 4.0387 can mean the patient agrees that the RSGMP staff shows respect for the patient. The second item of the statement getting a mean value of 3.9548 can be interpreted to mean that the patient quite agrees that the RSGMP staff has been honest. The third statement item getting a mean value of 3.9226 can mean patients reasonably agree that RSGMP staff can account for the promises they make. The fourth statement item of the *trust* dimension getting a mean value of 4.2 can mean the patient agrees that RSGMP staff are responsible and can fulfill their obligations.

The third dimension of *the relationship marketing* variable is *communication* which has four statement items. The first statement item got a mean value of 4.2323 so it was concluded the patient agreed that the RSGMP staff could provide a clear explanation and useful advice. The second statement item earned a mean value of 4.1613 so it was concluded that the patient agreed to agree that RSGMP staff had knowledge and competence in answering questions. The third statement item got a mean value of 4.1581 so it was concluded that the patient agreed to agree that RSGMP staff can communicate well and are easy to understand. The fourth statement item earned a mean value of 4.1742 so it was concluded the patient agreed to agree that RSGMP staff could build and maintain a long-term relationship with the patient.

The fourth dimension of the *relationship marketing* variable is a *commitment* which has four statement items. The first statement item received a mean value of 3.9613 which means that patients quite agree that RSGMP staff are committed to providing the best service. The second statement item gets a mean value of 3.9968 which means patients quite agree that RSGMP staff provide good products and services at appropriate prices. The third statement item received a mean value of 4.1258 which means patients agree that RSGMP staff are consistent in providing quality services. The fourth statement item gets a mean value of 3.9290 which means patients simply agree that RSGMP staff can build and maintain long-term relationships.

Table 4.2 Descriptive Statistics of Patient Participation Behavior Variables

No.	Questionnaire	Mean	Standard Deviation
Information Seeking			
1.	I am looking for the latest information regarding this RSGMP	4.1806	1.09704
2.	I am sharing this information about RSGMP with others	4.1742	1.00580
Personal Interaction			
3.	I am friendly to other patients who are treated at this RSGMP	4.0419	1.00235

4.	I avoid abusive actions and language to other patients seeking treatment at this RSGMP	4.1387	0.94001
		4.1339	1.0113

The *patient participation behavior* variable is divided into two dimensions, each of which has two statement items. Based on the results of descriptive statistics in table 4.2, it was found that the mean value of the *patient participation behavior* variable statement item was 4.1339. The results mean that the average respondent has had the behavior to participate in activities and treatments at the RSGMP where they receive treatment. The standard deviation value obtained in the *patient participation behavior* variable is 1.0113. The value indicates that respondents' responses are quite varied.

The *patient participation* behavior variable is divided into two dimensions, namely *information seeking* and *personal interaction* with two statement items in each dimension. The first statement item on the information-seeking dimension gets a mean value of 4.1806 which can mean that the patient agrees to have participated in seeking the latest information from the RSGMP where the patient receives treatment. The statement item of both dimensions of *information seeking* to get a mean value of 4.1742 can be interpreted to mean that the patient agrees to have participated in terms of sharing information about RSGMP with others. In the second dimension of *personal interaction*, the first statement item getting a mean value of 4.0419 can be interpreted to mean that the patient agrees to have been friendly to other patients who are treated at RSGMP. The statement item of both dimensions of *personal interaction* getting a *mean* value of 4.1387 can be interpreted to mean that the patient agrees to have avoided actions and abusive language to other patients seeking treatment at RSGMP.

The *patient citizenship behavior* variable is divided into four dimensions, each of which has two statement items. Based on the results of descriptive statistics in table 4.3, it was found that the mean value of the *patient citizenship behavior* variable statement item was 3.9718. The results mean that the average respondent has had more involvement in activities and treatments at the RSGMP where they receive treatment. The standard deviation value obtained in the *patient citizenship behavior* variable is 1.02151. The value indicates that respondents' responses are quite varied.

Table 4.3 Descriptive Statistics of Patient Citizenship Behavior Variables

No.	Questionnaire	Mean	Standard Deviation
Advocacy			
1.	I recommend this RSGMP to others	4.1645	1.06824
2.	I invite my friends and relatives to do treatment at this RSGMP	3.9613	1.01372
Help			

3.	I am helping other patients in this RSGMP who need help	3.9581	1.01837
4.	I teach other patients about the registration and treatment system carried out at this RSGMP	3.9452	1.02093
Tolerance			
5.	I accept the distractions and difficulties that may be encountered while doing treatment at this RSGMP	3.8645	1.03077
6.	I show tolerance for changes in this RSGMP system that I do not agree with	3.9935	1.03027
Feedback			
7.	I share ideas that can improve services at RSGMP	3.9419	1.04115
8.	I recommend this service at RSGMP to other consumers	3.9452	0.94863
		3.9718	1.02151

The four dimensions of *the patient citizenship behavior* variable include *advocacy*, *help*, *tolerance*, and *feedback*. In the first dimension, namely *advocacy*, there are two items of statements. The first statement item getting a mean value of 4.1645 could mean that patients agree to recommend RSGMP where they receive treatment from others. The second statement item getting a mean value of 3.9613 can be interpreted to mean that patients are quite amenable to inviting their friends and relatives to carry out treatment at the relevant RSGMP.

Furthermore, in the second dimension, namely, *help*, there are two statement items. The first statement item getting a mean value of 3.9581 can be interpreted to mean that the patient quite agrees to have helped other patients in this RSGMP who need help. The second statement item getting a mean value of 3.9452 can be interpreted to mean that the patient agrees enough to have participated to teach other patients about the registration and treatment system carried out at the RSGMP.

In the next dimension, the first statement item gets a mean value of 3.8645 which means the patient is quite amenable to accepting the distractions and difficulties that may be encountered while carrying out the treatment. The second statement item of the third dimension gets a mean value of 3.9935 which means the patient is sufficiently amenable to demonstrate tolerance if there is a change in the associated RSGMP system that is less approved.

The fourth dimension of *the patient citizenship behavior* variable is *feedback* which is also divided into two statement items. The first statement item gets a *mean* value of 3.9419 which means that the patient is quite willing to share ideas that can improve services at the relevant RSGMP. The statement item of both dimensions of *feedback* received a *mean* value of 3.9452 which means that the patient is willing to recommend services at the relevant RSGMP to other consumers.

Table 4.4 Descriptive Statistics of Patient Loyalty Variables

No.	Questionnaire	Mean	Standard Deviation
1.	I will again come to this RSGMP in the future	4.2903	0.88473
2.	I am committed to be on good terms with this RSGMP	4.0806	1.03808
3.	Most likely I will still seek treatment to this RSGMP	3.9548	0.75763
		4.1086	0.89348

The *patient loyalty* variable has three statement items. Based on the results of descriptive statistics in table 4.4, it was found that the mean value of the patient loyalty variable statement item was 4.1086. The results mean that the average respondent has had loyalty to the RSGMP where they receive treatment. The standard deviation value obtained in the *patient loyalty* variable is 0.89348. The value indicates that respondents' responses are quite varied.

The first statement item gets a *mean* value of 4.2903 which means that the patient agrees to come back to the relevant RSGMP in the future. The second statement item gets a mean value of 4.0806 which means that the patient agrees to commit to good relations with the relevant RSGMP. The third statement item received a *mean* value of 3.9548 which means the patient reasonably agrees that there is a high probability of returning to seek treatment at the relevant RSGMP.

Hypothesis Testing Results

Hypothesis testing in this study was carried out using statistical methods using *Structural Equation Model* (SEM) analysis. This method is used to predict changes in independent variables associated with changes in dependent variables. The fault tolerance limit used is 5%. The basis for making the decision is that if the $p\text{-value} \leq 0.05$ then H_0 is rejected, meaning that there is a significant relationship with the conclusion of the hypothesis supported. If the $p\text{-value} > 0.05$ then H_0 is accepted meaning that there is no significant relationship with the conclusion that the hypothesis is not supported. The following in table contains the results of hypothesis testing.

Table 4.5 Hypothesis Test Results 1-5

Hypothesis	Estimate	$\rho\text{-value}$	Decision
H1 : There is a positive influence of <i>Relationship Marketing</i> on <i>Patient Participation Behavior</i>	0,974	0,000	H1 supported
H2 : There is a positive influence of <i>Patient Participation Behavior</i> on <i>Patient Loyalty</i>	0,191	0,180	H2 is not supported

H3 : There is a positive influence of <i>Relationship Marketing</i> on <i>Patient Citizenship Behavior</i>	0,970	0,000	H3 supported
H4 : There is a positive influence of <i>Patient Citizenship Behavior</i> on <i>Patient Loyalty</i>	0,336	0,017	H4 supported
H5 : There is a positive influence of <i>Relationship Marketing</i> on <i>Patient Loyalty</i>	0,929	0,000	H5 supported

The first hypothesis tests the effect of *relationship marketing* on *patient participation behavior* with the sound of hypothesis zero (H0) and alternative hypothesis (Ha) as follows:

H0 : There is no positive influence of *relationship marketing* on *patient participation behavior*

Ha : There is a positive influence of *relationship marketing* on *patient participation behavior*

Based on the hypothesis test results in the table above, the first hypothesis has an *estimated* value of 0.947 with a *p-value* of 0.000 (≤ 0.05) then it is stated that Ha is supported (H0 is rejected). Therefore, it is concluded that *relationship marketing* positively affects *patient participation behavior*.

The second hypothesis tests the effect of *patient participation behavior* on *patient loyalty* with the sounds H0 and Ha as follows:

H0 : There is no positive influence of *patient participation behavior* on *patient loyalty*

Ha : There is a positive influence of *patient participation behavior* on *patient loyalty*

Based on the hypothesis test results in the table above, the second hypothesis has an *estimated* value of 0.191 with a *p-value* of 0.180 (> 0.05) then it is stated that Ha is rejected (H0 is supported). Therefore, it is concluded that there is no positive influence between *patient participation behavior* and *patient loyalty*.

The third hypothesis tests the influence of *relationship marketing* on *patient citizenship behavior* with the sound of the null hypothesis (H0) and the alternative hypothesis (Ha) as follows:

H0 : There is no positive influence of *relationship marketing* on *patient citizenship behavior*

Ha : There is a positive influence of *relationship marketing* on *patient citizenship behavior*

Based on the hypothesis test results in the table above, the third hypothesis has an *estimated* value of 0.970 with a *p-value* of 0.000 (≤ 0.05) then it is stated that Ha is supported (H0 is rejected). Therefore, it is concluded that *relationship marketing* positively affects *patient citizenship behavior*.

The fourth hypothesis tests the influence of *patient citizenship behavior* on *patient loyalty* with the sound of the null hypothesis (H0) and the alternative hypothesis (Ha) as follows:

H0 : There is no positive influence of *patient citizenship behavior* on *patient loyalty*

Ha : There is a positive influence of *patient citizenship behavior* on *patient loyalty*

Based on the results of the hypothesis test in the table above, the fourth hypothesis has an *estimated* value of 0.336 with a *p-value* of 0.017 (≤ 0.05) then it is stated that H_a is supported (H_0 is rejected). Therefore, it is concluded that patient *citizenship behavior* positively affects *patient loyalty*.

The fifth hypothesis tests the effect of *relationship marketing* on *patient loyalty* with the sound of the null hypothesis (H_0) and the alternative hypothesis (H_a) as follows:

H_0 : There is no positive influence of *relationship marketing* on *patient loyalty*

H_a : There is a positive influence of *relationship marketing* on *patient loyalty*

Based on the hypothesis test results in the table above, the fifth hypothesis has an *estimated* value of 0.929 with a *p-value* of 0.000 (≤ 0.05) then it is stated that H_a is supported (H_0 is rejected). Therefore, it is concluded that *relationship marketing* positively affects *patient loyalty*.

To test hypothesis six, namely the role of *Patient Participation Behavior* in mediating the relationship between *Relationship Marketing* and *Patient Loyalty*, the model will be divided in half to compare. The first model is a model that only shows the direct influence of *Relationship Marketing* on *Patient Loyalty*. While the second model has included the *variable Patient Participation Behavior* which mediates the influence of *Relationship Marketing* with *Patient Loyalty*.

According to Baron and Kenny (1986), the *Patient Participation Behavior* variable becomes a mediating variable if it meets several conditions. The conditions are: (a) there must be a significant influence between *Relationship Marketing* and *Patient Participation Behavior*, (b) there must be a significant influence of *Patient Participation Behavior* on *Patient Loyalty*, (c) if the direct influence of *Relationship Marketing* on *Patient Loyalty* In model one it is significant, compared to model two it becomes insignificant or remains significant but the significance value decreases. The results of testing hypothesis six can be seen in the following table:



Figure 4. 1 Model 1: The direct influence of *Relationship Marketing* On *Patient Loyalty*.

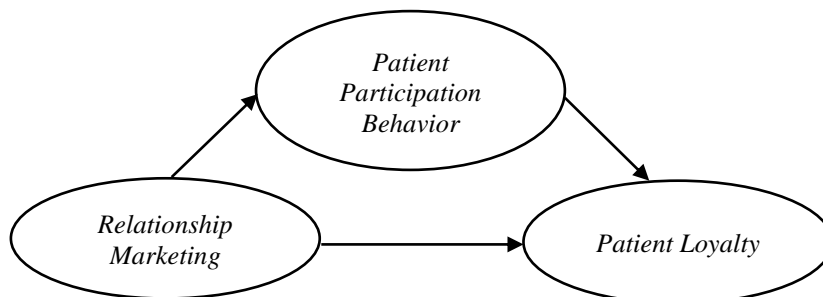


Figure 4.2 Model 2: The role of *Patient Participation Behavior* in mediating the influence of *Relationship Marketing* on *Patient Loyalty*.

According to Baron and Kenny (1986), the *Patient Participation Behavior* variable becomes a mediating variable if it meets several conditions. The conditions are: (a) there must be a significant influence between Relationship Marketing and Patient Participation Behavior, (b) there must be a significant influence of Patient *Participation Behavior* on Patient *Loyalty*, (c) if the direct influence of *Relationship Marketing* on *Patient Loyalty* In model one it is significant, compared to model two it becomes insignificant or remains significant but the significance value decreases. The results of testing hypothesis six can be seen in the following table:

Table 4.6 Hypothesis Testing Results 6

Type	Estimate	p-value	Conclusion
Model 1			
The influence of <i>Relationship Marketing</i> on <i>Patient Loyalty</i>	0,929	0,000	There are positive and significant influences
Model 2			
The influence of <i>Relationship Marketing</i> on <i>Patient Participation Behavior</i>	0,974	0,000	Condition a fulfilled (Sig)
There is an influence of <i>Patient Participation Behavior</i> on <i>Patient Loyalty</i>	0,191	0,180	Condition b not met (No Sig)
The influence of <i>Relationship Marketing</i> on <i>Patient Loyalty</i>	0,816	0,000	Condition c met (Sig)

Source: Data processed using AMOS 21 (Attached)

From the table, it can be seen that in model two with the condition that there is an influence of *Relationship Marketing* on *Patient Participation Behavior* ($p\text{-value} = 0.000$; condition a). However, the condition of the influence of *Patient Participation Behavior* on *Patient Loyalty* is not significant ($p\text{-value} = 0.180$; condition b) even though the condition of the influence of *Relationship Marketing* on *Patient Loyalty* is significant ($p\text{-value} = 0.000$; qualified c). Thus hypothesis six stating that *Patient Participation Behavior* has a mediating role in influencing *Relationship Marketing* against *Patient Loyalty* is not supported.

To test hypothesis seven, namely the role of *Patient Citizenship Behavior* in mediating the relationship between *Relationship Marketing* and *Patient Loyalty*, the model will be divided in half to compare. The first model is a model that only shows the direct influence of *Relationship Marketing* on *Patient Loyalty*. Meanwhile, the second model has included the variable *Patient Citizenship Behavior* which mediates the influence of *Relationship Marketing* with *Patient Loyalty*.

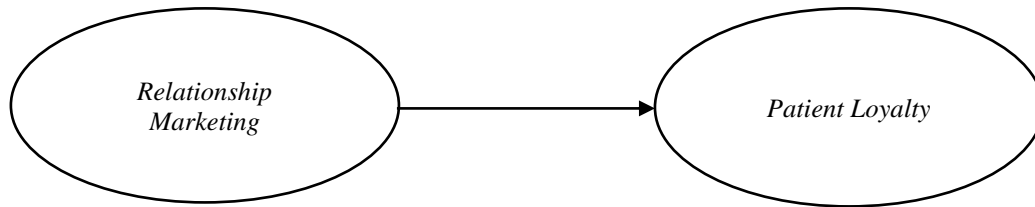


Figure 4.3 Model 1: The direct influence of Relationship Marketing on Patient Loyalty

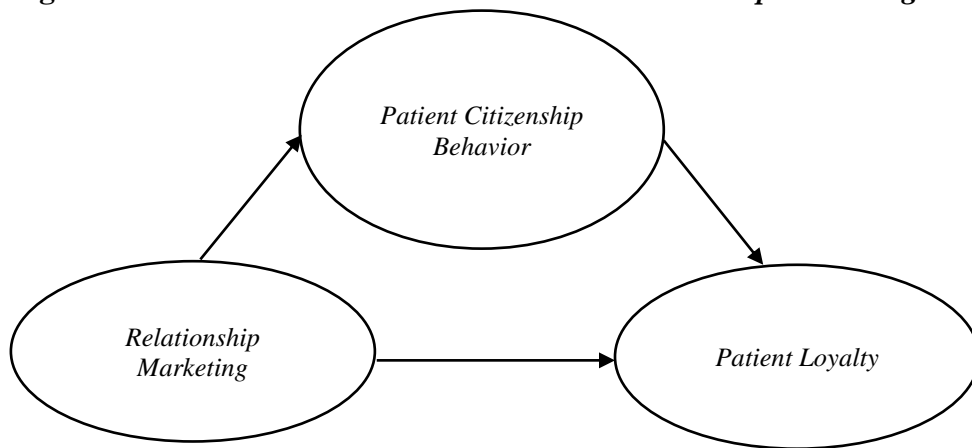


Figure 4.4 Model 2: The Role of Patient Citizenship Behavior in Mediating the Effect of Relationship Marketing on Patient Loyalty

According to Baron and Kenny (1986), the variable *Patient Citizenship Behavior* becomes a mediating variable if it meets several conditions. The conditions are: (a) there must be a significant influence between Relationship Marketing on Patient Citizenship Behavior, (b) there must be a significant influence of *Patient Citizenship Behavior* on *Patient Loyalty*, (c) if the direct influence of *Relationship Marketing* on *Patient Loyalty* is significant, compared to model two it becomes insignificant or remains significant but the significance value decreases. The results of testing hypothesis seven can be seen in the following table:

Table 4.7 Hypothesis Test Results 7

Type	Estimate	p-value	Conclusion
Model 1			
The influence of <i>Relationship Marketing</i> on <i>Patient Loyalty</i>	0,929	0,000	There are positive and significant influences
Model 2			
The influence of <i>Relationship Marketing</i> on <i>Patient Citizenship Behavior</i>	0,970	0,000	Condition a fulfilled (Sig)
There is an influence of <i>Patient Citizenship Behavior</i> on <i>Patient Loyalty</i>	0,336	0,017	Condition b fulfilled (Sig)

The influence of <i>Relationship Marketing</i> on <i>Patient Loyalty</i>	0,677	0,000	Condition c met (Sig)
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Source: Data processed using AMOS 21 (Attached)

From the table, it can be seen that in model two with the condition that there is an influence of *Relationship Marketing* on *Patient Citizenship Behavior* (p -value = 0.000; condition a). The condition of the effect of patient *Citizenship Behavior* on *Patient Loyalty* is significant (p -value = 0.017; condition b). The condition of the influence of *Relationship Marketing* on *Patient Loyalty* is significant (p -value = 0.000; qualified c). The estimated value in model 1 > when compared to the *estimated* value of model 2c, which is $0.929 > 0.677$. Thus hypothesis seven stating that *Patient Citizenship Behavior* has a partial mediating role in influencing *Relationship Marketing* against *Patient Loyalty* is supported.

DISCUSSION

Hypothesis 1

The first hypothesis tests the positive influence of *relationship marketing* on *patient participation behavior*. The results of this study show that *relationship marketing* positively affects *patient participation behavior*. Research by Mubushar et al., 2020 places relationship marketing as a mediating variable between *corporate social responsibility* and *value co-creation* mediated by *relationship marketing*. In this study, *relationship marketing* was proven to have a positive effect as a mediator on *customer participation behavior*. (Mubushar et al., 2020) In line with the results of this study, research by Murae et al., 2019 found that there is a good relationship between consumers and companies which can be seen from participation behavior and this is formed from the *relationship marketing* built by the company. (Murae et al., 2019)

Hypothesis 2

The second hypothesis tests the positive influence of patient *participation behavior* on *patient loyalty*. The results of this study show that patient *participation behavior* positively does not affect *patient loyalty*. The results of Xu et al (2021), study are in line with the statement that *customer participation* does not directly affect consumer loyalty, but the value formed by consumers in the participation process is a source of comfort and good experience for consumers so they can later form loyalty. There are different research results, they concluded that there are several factors that affect brand loyalty, namely *perceived experience value*, *brand trust*, *brand image*, and *customer participation behavior*. In line with the results of the research of (Chen et al., 2022), Kim and Hyun see the relationship between *customer participation behavior* and *repurchase intention* mediated by *relationship commitment*. Several studies state that *relationship commitment* is a parameter that is closely related to the formation of *customer loyalty*. In the study, it was found that *customer participation behavior* has a positive effect on *relationship commitment* (Kim & Hyun, 2022).

Hypothesis 3

The third hypothesis tests the positive influence of *relationship marketing* on *patient citizenship behavior*. The results of this study show that *relationship marketing* positively affects *patient citizenship behavior*. Research conducted by Cheng et al (2022), looks at the relationship between a *relationship marketing* and customer *citizenship behavior* and mediated

by customer perceived value. Relationship marketing in the study was divided into financial relationship marketing activities, social relationship marketing activities, and structural relationship marketing activities. According to the results of the study, it was found that financial relationship marketing activities have no effect on customer citizenship behavior. As for social and structural relationship marketing activities, it is known to have a positive effect on customer citizenship behavior. Research by Mubushar et al (2020) places relationship marketing orientation as a mediating variable for customer citizenship behavior. Through this research, it was found that relationship marketing orientation has an indirect influence on customer citizenship behavior so it is still in line with this research.

Hypothesis 4

The fourth hypothesis tests the positive influence of patient citizenship behavior on patient loyalty. The results of this study show that patient citizenship behavior positively affects patient loyalty. The research divides the dimensions of Albuquerque & Ferreira (2022), value co-creation behavior into participation and citizenship behavior. Based on this research, it was found that there is a close relationship between these two dimensions to the loyalty of consumers in the food and beverage industry. Studies state that in the service industry, especially health, customer value positively affects consumer loyalty. In the research conducted by Priantoro & Yudiana (2021) looking at the influence of tourist value co-creation behavior on destination loyalty mediated by perceived value. It was found that the variable tourist citizenship behavior, which is a dimension of value co-creation behavior, has an influence on destination loyalty as an extra role behavior. This is also in line with research conducted Xu et al (2021) on corporate consumers in China. It was found that customer citizenship behavior has a positive and significant influence on consumer loyalty (Hu et al., 2020).

Hypothesis 5

The fifth hypothesis tests the positive influence of relationship marketing on patient loyalty. The results of this study show that relationship marketing positively affects patient loyalty. The results of the study by Yıldırım et al (2022), are in line with research that looks at the influence of relationship marketing on hospital loyalty, it was found that relationship marketing has a positive influence on patient loyalty mediated by patient satisfaction. Furthermore, in line with research that looks at the influence of relationship marketing on consumer loyalty in hospital service businesses. They stated that relationship marketing has a positive effect on consumer trust and consumer loyalty. Another study was conducted to Afifi & Amini (2018), to examine the role of relationship marketing in medical tourism services. It is stated that in this context an increase in trust, cooperation, and commitment which is a dimension of relationship marketing facilitates the formation of satisfaction and loyalty from consumers. The research was conducted by Sousa & Alves (2019), using the division of Borishade et al (2022) relationship marketing dimensions into trust, communication, commitment, and conflict handling. Based on this research, all dimensions have tested positive for consumer loyalty. (Borishade et al., 2022)

Hypothesis 6

The sixth hypothesis examines the role of patient participation behavior in mediating the influence of relationship marketing on patient loyalty. The results of this study show that patient participation behavior does not mediate the influence of relationship marketing with

patient loyalty. Research conducted by placing Torkzadeh et al (2021) *participation behavior* as a mediating variable of customer *engagement* to customer satisfaction. It was found that *participation behavior* only partially affects the relationship between the two variables. In contrast to research that places Torkzadeh et al (2021), *customer participation behavior* as a mediating variable that connects *relationship benefits* to *repurchase intention*. It was found that *customer participation behavior* has a positive effect on linking the two variables. Other studies place customer Kim & Hyun (2022), *participation behavior* as a variable that moderates *brand image* and *customer engagement*. It was found that *customer participation* has a moderate influence on both variables (Chen et al., 2022).

Hypothesis 7

The seventh hypothesis tests the role of patient *citizenship behavior* in mediating the influence of *relationship marketing* on *patient loyalty*. The results of this study show that patient *citizenship behavior* partially mediates *relationship marketing* and *patient loyalty*. Research by Hu et al (2020), places *customer citizenship behavior* as a mediating variable that connects *business model design* and consumer loyalty. The results of the study found that *customer citizenship behavior* mediated the two variables partially, in line with the results obtained in this study. The results of a fairly different study were obtained by those who placed *customer citizenship* as a mediating variable that connects *corporate citizenship* and *consumption behavior*. It was found that *customer citizenship* significantly mediated these two variables (Yoon & Park, 2021).

CONCLUSION

Based on the results of the research and discussion processed in the previous chapter, it can be concluded that out of the seven hypotheses in this study, there are 5 hypotheses that are supported, and 2 hypotheses that are not supported. *Relationship marketing* positively affects patient *participation behavior*, *patient citizenship behavior*, and *patient loyalty*. *Relationship marketing* is useful as an instrument for forming long-term relationships between consumers and service providers, this is in line with the *value co-creation* that can occur if there is a collaboration between the two parties. The long-term relationships that are trying to be built from this collaboration are expected to generate consumer loyalty.

Patient citizenship behavior has a positive effect on patient loyalty, but patient *participation behavior* does not affect *patient loyalty*. In *participation behavior*, a patient provides behavior to help the organization, while in *citizenship behavior* a patient will give a more voluntary role to be involved in an organization. This can be related to its effect on loyalty because when a consumer or patient gives his or her involvement voluntarily, the consumer is indirectly loyal to the organization. Helpful or participating behaviors in the context of *participation behavior* have not had a major influence on the patient's loyal attitude towards the associated RSGMP.

Suggestion

Further research can be carried out on different research objects, for example in private dental clinics and dental clinics together with a wider scope than RSGMP. Further research can be done by adding or changing other variables that can affect patient loyalty such as *positive Word of Mouth*, consumer satisfaction, and *repurchase intention*.

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