



## Analysis of Healthcare Services Based on Local Wisdom and Holistic Care in Relation to Patient Loyalty

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### Abstract

Health services that focus solely on medical aspects often fail to address patients' comprehensive needs. Integrating local wisdom and holistic care offers a strategic approach to enhance service quality. Local wisdom reflects community cultural values, while holistic care addresses physical, psychological, social, and spiritual dimensions. Together, they can strengthen hospital image, increase satisfaction, and build loyalty. PKU Muhammadiyah Karanganyar Hospital, grounded in religious and cultural values, is well-positioned to apply this model. This study analyzes the influence of services based on local wisdom and holistic care on patient loyalty, with hospital image and satisfaction as mediators. A quantitative cross-sectional design was used, involving 205 patients surveyed with closed-ended questionnaires. Data were analyzed using SEM-PLS with SmartPLS software. Findings show that services rooted in local wisdom positively influence hospital image, though modestly. Holistic care has a stronger impact on both image and satisfaction. Mediation analysis indicates that hospital image and satisfaction significantly link service provision to loyalty. Hospital image has a moderate effect on loyalty, while satisfaction plays a more direct role. The results suggest that cultivating a strong image and delivering comprehensive care are essential to fostering loyalty. Holistic care emerges as the dominant factor shaping positive perceptions and satisfaction. The study concludes that integrating cultural values with holistic care effectively strengthens patient relationships. Such a strategy should be a cornerstone of hospital service improvement.

## Introduction

Patient loyalty has become a key issue of concern to both practitioners and policymakers in modern healthcare systems. Loyalty is not just an indicator of whether patients will revisit the same hospital to get subsequent treatments (Chen et al., 2024; Nuhu et al., 2025; Rauf et al., 2024). It is a more serious and long lasting partnership where the patients believe in the institution and refer others to the services of the institution and even identify the institution with dependability and kindness as time goes by. It is this multidimensionality of loyalty that makes it one of the main indicators of long-term institutional sustainability (Le et al., 2024; Nurdin et al., 2025; Ahmad et al., 2025). Studies are developing the idea that loyalty is not merely a by-product of technical competence or cost-effectiveness but rather a manifestation of how well the hospital interacts with the patient, culturally, relationally, and emotionally (Hussain et al., 2025). Those hospitals that manage to foster loyalty are usually those that

balance medical excellence with practices that enable patients to feel appreciated and remembered (Ray et al., 2025; Gulzar et al., 2024).

An increasing number of studies indicate that patients report their healthcare experiences by using the cultural belonging concept more than clinical outcomes. Without considering cultural values and local traditions, services will be perceived as remot (Schomerus et al., 2022; Otte, 2022). and impersonal, which will harm trust and satisfaction. On the other hand, patients tend to feel more recognized and part of the hospital when local wisdom is infused in the process of care delivery. This was recorded in Egypt fishing communities by Anwar et al. (2021) who applied interventions based on cultural traditions which increased acceptance and trust. Similarly, Supriyanti et al. (2024) opined that the integration of local knowledge into Indonesian health transformation ensured that the systems were more adaptive and resilient and strengthened trust among the communities. These illustrations emphasize the fact that local wisdom is not ornamental. It is one of the constituents of the healthcare experience itself, having a direct bearing on whether patients consider hospitals to be culturally sensitive and deserve their life-long devotion.

Simultaneously, the concept of holistic care has become one of the most prominent characteristics of patient-centered services. The biomedical model is important, but it is not enough to understand the human health, it involves the psychological, social, and spiritual aspects. Patients are putting increased demands on hospitals to see them not as isolated medical conditions but as individuals who are part of families and communities. It has been established through research that holistic practices lead to satisfaction and perceived service quality. Indicatively, Syarifah and Asda (2023) identified patients in inpatient wards responded more favorably when care was designed to address emotional and spiritual issues in addition to physical care. Equally, Girma et al. (2025) demonstrated that the holistic competencies of nurses applied in Ethiopia were directly related to improved patient ratings of healthcare quality. In recent scholarship, special attention has been given to spiritual care. Dewi et al. (2025) found that spiritual care competence is the key to equip nursing students to provide person-centered services in culturally diverse environments, and Hu et al. (2025) found that nursing interns with higher spiritual skills could do a better job at creating a sense of trust. The overall findings lead to the conclusion that holistic care cultivates loyalty by supporting the dignity and humanity of patients in a manner that is not possible with purely technical treatment.

Hospital image serves as a medium that brings together these experiences with those of the wider community (Miller et al., 2021; Holmes et al., 2022). Technical quality is seldom considered directly by patients, and there are many cases when patients use collective reputations in order to decide whether to be loyal. Image thus determines an interpretive framework in which care is evaluated. Satisfaction and cultural recognition effects are heightened by a positive image and reduced even by excellent services by a negative image. According to Asmaryadi et al. (2020), hospital image in East Kutai was more influential in determining loyalty than clinical services, and reputation tends to be stronger than direct experience. Similarly, Gde and Sukawati (2021) established that patient satisfaction in hospitals remained consistent despite the disturbances the COVID-19 pandemic caused; this indicates that brand image is a stabilizing factor in a turbulent environment. These lessons help to understand that reputation is not a shallow issue. It is a decisive mediator which is able to translate cultural and holistic practices into long-term loyalty (Mushtaq et al., 2025; Reitsamer et al., 2025; Muralidhar et al., 2024).

Even with these advances, there are a number of gaps. A significant portion of the available literature has examined the direct impact of satisfaction, hospital image or quality of service on loyalty yet there is a lack of literature to examine the interaction between local wisdom and holistic care and these mediators. The gap constrains our knowledge of how hospitals can develop sustainable relationships with patients in culturally diverse settings like Indonesia where practices and traditions are still relevant to everyday life. Demographic segment makes this even more difficult. When they are satisfied, women, who are often primary decision-makers on family health, are found to affect eyes among the outcomes of loyalty (Wartiningsih and Setyawan, 2023). Younger patients, in their turn, are more sensitive to the relational and meaning-related issues of care. As Menhas et al. (2023) pointed out younger adults in China preferred community-based models of care with cultural sensitivity, El Arab et al. (2025) also found that even seemingly minor comfort factors, including sleep quality in hospitals, could have a significant impact on satisfaction. According to these studies, demographic diversities need to be incorporated into the models of loyalty to gain a complete understanding of the reactions of various groups to cultural and holistic aspects of care (Wang et al., 2023; Rukadikar et al., 2022; Iqbal et al., 2023).

Based on these observations, this paper explores the impact of local wisdom and holistic care on patient loyalty, and patient satisfaction and hospital image are used as mediating variables (Liu et al., 2021; Almodawer et al., 2025; Sukma, 2024). Filling this gap, the study provides a more detailed explanation of the process of development of loyalty in hospitals. It highlights the fact that loyalty is not a mechanical result of service repetition but a cumulative process conditioned by cultural resonance, holistic practice, and reputational trust (Pirro, 2024; Yusli et al., 2024; Hao et al., 2025; Smith et al., 2024). By so doing, the study will not only add value to the body of knowledge by broadening the scope of models of patient loyalty to incorporate cultural and holistic aspects, but it will also provide hospitals with a window into how a strategy based on local wisdom and holistic patient care can establish enduring relationships with the patients (Singh et al., Behrens et al., 2022; Atta et al., 2024).

## Method

A quantitative cross sectional design was used in this study as it allowed the researchers to capture the perception of patients at a single point in time whilst considering the complexity among the variables. It was not only a goal to test direct effects between services and loyalty but also an attempt to investigate how the relationships were indirectly mediated by image of hospital and patient satisfaction. To accomplish this objective, a structured questionnaire was created, where each question was related to the theoretical dimensions of local wisdom based healthcare, holistic care, image of hospital, satisfaction and loyalty. A five point Likert scale was used to obtain responses which included strongly disagree, strongly agree. This format provided the respondents an intuitive method of stating their views and also provided the researchers with a means of capturing subtle differences on a fairly large scale.

Population of interest was inpatients and outpatients in PKU Muhammadiyah Karanganyar Hospital. A probability based sampling frame was not possible given that the overall number of patients was not fixed and could not be computed accurately. The researchers thus employed purposive sampling so as to ensure that the participants had a suitable experience and the ability to respond with credible responses. The inclusion criteria were that the patients had to be at least 18 years old, have received hospital services at least once, and be willing and able to follow through with the questionnaire on their own. Others who failed to satisfy these qualifications were removed, so as to protect the quality and validity of the data. There were 205 respondents in total, which corresponded to the requirements reported elsewhere that SEM

PLS needs a sample significant in terms of size compared with the number of indicators in the model. That is why the final sample was regarded as adequate and methodologically sound.

Direct data collection was carried out at the hospital after the patients were finished with their care. This time was chosen very carefully as impressions would be recorded when they were still fresh and the distortions that tend to occur when individuals are reminded of certain past experiences would be reduced. There had to be sensitivity also in administering the questionnaire in a clinical setting. The research group was keen to ensure that efficiency was not compromised at the expense of patient comfort and that the research process did not affect recovery or daily routine. The accuracy and completeness of the completed questionnaires were verified on-site and then transferred into the dataset. This extra measure was done to minimize the lack of data and to increase the reliability of the analysis.

In the analytical phase, the analysis utilized Partial Least Squares Structural Equation Modeling in SmartPLS program. The reason why this method was chosen was due to the objectives and the nature of the data. PLS SEM is more adaptable than covariance based SEM in that it does not demand normally distributed data and may use quite small samples without loss of statistical rigor. It is particularly appropriate with exploratory models that require latent constructs and the fact that both measurement and structural models can be tested simultaneously suited the objective of this study.

The evaluation started with the measurement model, or the outer model. This was to ensure that the indicators employed actually reflected the constructs of interest. Factor loading was used to test convergent validity with results of above 0.70 being satisfactory. Cross loadings and Fornell Larcker criterion were used to test discriminant validity and both indicated that each construct was independent. Cronbach alpha, composite reliability and Average Variance Extracted were used to determine the reliability. The reliability index thresholds of 0.70 and the AVE index thresholds of 0.50 were good indicators that the constructs were able to capture a significant percentage of the variance of their indicators.

After the validity and reliability had been determined, the attention moved to the structural model or inner model. This step not only tested the hypothesized construct associations but also tested the explanatory strength of the model. The level of variation in the dependent variables that could be attributed to the independent variables was determined by the values of R square, and the strengths of individual effects were assessed by the values of F square. To achieve a sound inference, the authors performed bootstrapping to produce t statistics and p values of each structural path. This enabled both separate relationships including the impact of holistic care on patient satisfaction and the overall model strength to be assessed holistically.

## Result and Discussion

### Characteristics of Respondents by Age

The following Table 1. below presents information regarding data on respondent characteristics based on patient age.

Table 1. Characteristics Based on Patient Age

Age of Respondent	Frequency	(%)
18-35 years old	110	53,7
>35 years old	95	46,3
Total	205	100

Source: Primary Data 2025

Based on Table 1, it is known that most of the respondents were in the age group 18-35 years, as many as 110 people (53.7%), while respondents aged more than 35 years totaled 95 people (46.3%). These results indicate that the majority of patients who use services at PKU Muhammadiyah Karanganyar Hospital are productive age groups or young adults, who generally have high mobility and good awareness of the importance of maintaining health.

### Characteristics of Respondents Based on Gender

Table 2. Characteristics Based on Patient Gender

Gender	Frequency	(%)
Male	62	30
Female	143	70
Total	205	100

Source: Primary Data 2025

Based on Table 2, it can be seen that the majority of respondents in this study were women as many as 143 people (70%), while male respondents were 62 people (30%). These results indicate that health service users at PKU Muhammadiyah Karanganyar Hospital are dominated by female patients.

Table 3. Characteristics Based on Patient Education

Mother's Education	Frequency	(%)
Elementary School	10	5
Junior High	14	7
High School	99	48
Diploma (D3)	20	10
Bachelor (S1)	47	23
Master (S2)	15	7
Total	205	100

Source: Primary Data 2025

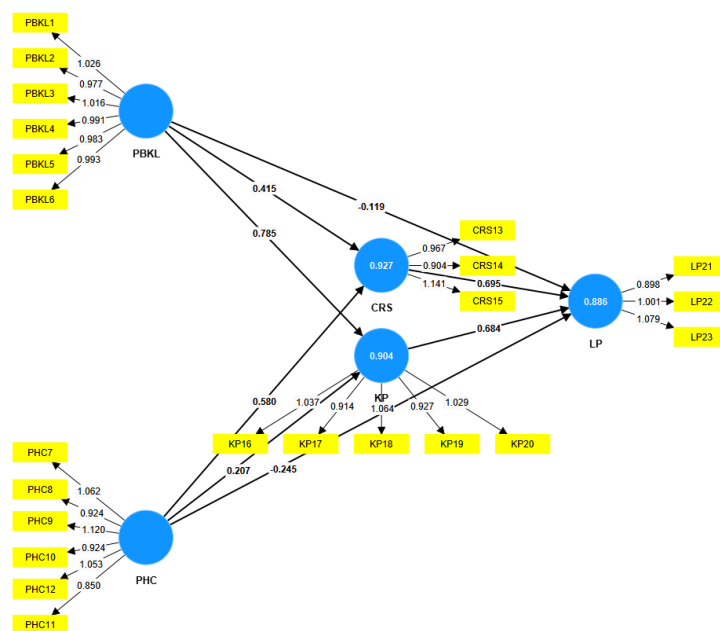


Figure 1. Model that has been designed

Data processing techniques using Partial Least Square (PLS) based SEM methods require 2 stages to assess the Fit Model of a research model (Ghozali, 2006). These stages are as follows:

### Assessing the Outer Model or Measurement Model

There are three criteria in using data analysis techniques with SmartPLS to assess the outer model, namely Convergent Validity, Discriminant Validity and Composite Reliability.

#### Convergent Validity

Convergent validity of the measurement model with reflexive indicators is assessed based on the correlation between item score / component score estimated with PLS software. An individual reflexive measure is said to be high if it correlates more than 0.70 with the measured construct.

Table 4. Outer Loadings (Measurement Model) Initial Model

Variable	Indicator	Local Wisdom-Based Services	Holistic Care Service	Hospital Image	Local Wisdom-Based Health Services	Patient Loyalty
Local Wisdom-Based Services	PBKL1	1.026				
	PBKL2	0.977				
	PBKL3	1.016				
	PBKL4	0.991				
	PBKL5	0.983				
	PBKL6	0.993				
Holistic Care Service	PHC7		1.062			
	PHC8		0.924			
	PHC9		1.120			
	PHC10		0.924			
	PHC11		0.850			
	PHC12		1.053			
Hospital Image	CRS13			0.967		
	CRS14			0.904		
	CRS15			1.141		
Patient Satisfaction	KP16				1.037	
	KP17				0.914	
	KP18				1.064	
	KP19				0.927	
	KP20				1.029	
Patient Loyalty	LP21					0.898
	LP22					1.001
	LP23					1.079

Source: Data processing by the author with Smart PLS4, 2025

Based on the results of data analysis with the PLS method displayed in Table 4, it is known that all indicators in this study have an outer loading value above 0.70. The outer loading value > 0.70 indicates that each indicator on the related variables has met the convergent validity criteria with adequate to good categories. Thus, the model is declared valid at this stage and can proceed to the next validity testing process.

#### Discriminant Validity

Discriminant validity is carried out to ensure that each concept of each latent variable is different from other variables. The model has good discriminant validity if each loading value of each indicator of a latent variable has the largest loading value with other loading values on other latent variables. The results of discriminant validity testing are obtained as follows:

Table 5. Discriminant Validity (Cross Loading)

	<b>Local Wisdom-Based Health Services</b>	<b>Holistic Care Service</b>	<b>Hospital Image</b>	<b>Patient Satisfaction</b>	<b>Patient Loyalty</b>
PBKL1	0.847	0.858	0.869	0.871	0.666
PBKL2	0.582	0.713	0.621	0.809	0.584
PBKL3	0.837	0.835	0.827	0.862	0.690
PBKL4	0.822	0.740	0.691	0.702	0.844
PBKL5	0.608	0.713	0.608	0.830	0.593
PBKL6	0.605	0.713	0.597	0.814	0.592
PHC7	0.846	0.758	0.737	0.716	0.875
PHC8	0.730	0.642	0.628	0.648	0.779
PHC9	0.841	0.693	0.687	0.638	0.870
PHC10	0.697	0.602	0.583	0.622	0.769
PHC11	0.513	0.606	0.525	0.609	0.645
PHC12	0.852	0.769	0.759	0.726	0.879
CRS13	0.863	0.876	0.898	0.860	0.681
CRS14	0.738	0.653	0.623	0.671	0.774
CRS15	0.854	0.696	0.691	0.658	0.864
KP16	0.833	0.872	0.863	0.814	0.667
KP17	0.581	0.746	0.621	0.776	0.601
KP18	0.826	0.878	0.873	0.793	0.700
KP19	0.536	0.724	0.601	0.672	0.555
KP20	0.809	0.745	0.673	0.688	0.837
LP21	0.629	0.687	0.721	0.712	0.664
LP22	0.848	0.858	0.910	0.814	0.699
LP23	0.791	0.772	0.877	0.687	0.703

Source: Data processed by the author with Smart PLS 4, 2025

Based on the results of discriminant validity testing with the cross loading method presented in Table 5, it can be seen that most of the indicators on each variable have a higher loading value on their own constructs compared to the loading value on other constructs. This shows that each indicator better represents the latent variable it measures, so it can be concluded that discriminant validity has been generally met.

### Fornel-Lacker Criterion Value

The Fornell-Larcker Criterion assesses discriminant validity by comparing the square root of the Average Variance Extracted (AVE) value of each construct with the correlation between other constructs in the model. A construct is said to have good discriminant validity if the square root value of the AVE is greater than the latent correlation value with other constructs.

Table 6. Fornel-Lacker Criterion Value

<b>Constructs</b>	<b>Hospital Image</b>	<b>Patient Satisfaction</b>	<b>Patient Loyalty</b>	<b>Local Wisdom-Based HS</b>	<b>Holistic Care Service</b>
Hospital Image	0.820				
Patient Satisfaction	0.911	0.796			

Patient Loyalty	0.908	0.923	0.840		
Local Wisdom-Based HS	0.895	0.942	0.877	0.817	
Holistic Care Service	0.936	0.844	0.816	0.817	0.807

Source: Data processed by the author with Smart PLS 4, 2025

Discriminant validity testing using the Fornell-Larcker approach shown in Table 6 shows that the square root value of AVE (Average Variance Extracted) on each variable, namely Hospital Image, Patient Satisfaction, Patient Loyalty, Local Wisdom-Based Health Services, and Holistic Care Services, is higher than the correlation value between other variables. This shows that each construct explains more of the variance of its own indicators compared to the variance of indicators of other constructs, so discriminant validity has been met.

### Construct Reliability

A good reliability value is indicated by  $CR \geq 0.70$ , which indicates that the construct has sufficient internal consistency. Meanwhile,  $AVE \geq 0.50$  indicates that more than half of the indicator variance can be explained by the latent construct being measured.

Table 7. Composite Reliability

Construct	Composite Reliability ( $\rho_a$ )	Composite Reliability ( $\rho_c$ )
Hospital Image	0.765	0.860
Patient Satisfaction	0.865	0.896
Patient Loyalty	0.816	0.877
Local Wisdom-Based Health Services	0.907	0.923
Holistic Care Service	0.904	0.917

Source: Data processed by the author with Smart PLS 4, 2025

A variable is said to be reliable if the Cronbach's alpha value exceeds 0.7. Based on the data displayed in Table 7, it can be concluded that all constructs in this study have met the reliability criteria. This is indicated by the composite reliability value between the ranges of 0.765 to 0.923. Thus, all indicators are considered consistent in measuring the five variables studied.

### Cronbach' Alpha

To ensure that the research instrument has a good level of internal consistency, reliability testing is carried out. One of the most commonly used reliability measures is Cronbach's Alpha. This index is used to measure the extent to which the indicators in one construct are related or consistent in measuring the same concept.

Table 8. Cronbach' Alpha

Construct	Cronbach's Alpha
Hospital Image	0.755
Patient Satisfaction	0.854
Patient Loyalty	0.788
Local Wisdom-Based Health Services	0.900
Holistic Care Service	0.891

Source: Data processed by the author with Smart PLS 4, 2025

A variable is declared reliable if it has a composite reliability value above 0.7. Based on the data displayed in Table 8, it can be concluded that all constructs have met the reliability standards. This is indicated by the Cronbach's Alpha value which exceeds 0.7 for each variable. Thus, all indicators show high consistency in measuring the four variables used in this study.

### Average Variance Extracted (AVE)

The AVE value reflects the proportion of the total variance of the indicators that are successfully explained by the construct. The higher the AVE value, the greater the construct's ability to represent its indicators. A good and statistically acceptable AVE value is  $\geq 0.50$ , which means that the latent construct is able to explain at least 50% of the variance of its indicators. Values below this threshold indicate that most of the indicator variance is explained by measurement error, not by the latent construct.

Table 9. Average Variance Extracted (AVE)

Construct	AVE
Hospital Image	0.673
Patient Satisfaction	0.634
Patient Loyalty	0.706
Local Wisdom-Based Health Services	0.667
Holistic Care Service	0.652

Source: Data processed by the author with Smart PLS 4, 2025

Based on the results displayed in Table 9, it is known that all variables have an AVE value above 0.5 so it can be concluded that all variables meet the reliability criteria. Thus, all indicators are able to represent the four variables studied. If all indicators have gone through the standardization process, the AVE value will be equivalent to the average block communalities.

### Structural Model Analysis (Inner Model)

#### R-Square (R<sup>2</sup>)

The R-Square value is presented to determine the extent of the influence of the independent latent variable on the dependent latent variable in the research model.

Table 10. Table of R-Square Test Results

Construct	R Square	Adjusted R Square
Hospital Image	0.927	0.927
Patient Satisfaction	0.904	0.903
Patient Loyalty	0.886	0.884

Source: Data processed by the author with Smart PLS 4, 2025

Based on Table 10, it shows the value of R Square and Adjusted R Square as follows: 1) Hospital Image has R Square = 0.927, meaning that 92.7% of hospital image variability is explained by Local Wisdom-Based Health Services (X1) and Holistic Care (X2). Adjusted R Square of 0.927 indicates the model remains stable; 2) Patient Satisfaction has R Square = 0.904, which means 90.4% of its variation is explained by Hospital Image (Z1), X1, and X2. Adjusted R Square = 0.903 indicates good model consistency; 3) Patient Loyalty has R Square = 0.886, meaning 88.6% of the variation in loyalty is explained by Hospital Image (Z1) and

Patient Satisfaction (Z2). Adjusted R Square = 0.884 indicates a strong level of model predictivity.

### Effect Size (F-Square)

The F-Square ( $F^2$ ) value is used to see the extent of the influence of the predictor variable (X) on the dependent variable (Y). The range of  $F^2$  values between 0.02 to less than 0.15 indicates that the influence of the variable is relatively weak. If the  $F^2$  value is between 0.15 to less than 0.35, then the influence is categorized as moderate. Meanwhile, an  $F^2$  value of 0.35 or more indicates that the influence of the variable is strong on the dependent variable.

Table 11. F-Square Test Results

	F-Square
Hospital Image → Patient Loyalty	0.257
Patient Satisfaction → Patient Loyalty	0.316
Local Wisdom-Based Health Services → Hospital Image	0.704
Local Wisdom-Based Health Services → Patient Satisfaction	1.981
Local Wisdom-Based Health Services → Patient Loyalty	0.010
Holistic Care Service → Hospital Image	1.724
Holistic Care Service → Patient Satisfaction	0.173
Holistic Care Service → Patient Loyalty	0.065

Source: Data processed by the author with Smart PLS 4, 2025

Based on the F-Square test, Health Services Based on Local Wisdom makes a major contribution to Patient Satisfaction ( $f^2 = 1.981$ ) and Hospital Image ( $f^2 = 0.704$ ). Holistic Care also contributed greatly to Hospital Image ( $f^2 = 1.724$ ) and moderately to Patient Satisfaction ( $f^2 = 0.173$ ).

Hospital Image and Patient Satisfaction both had a moderate effect on Patient Loyalty, with  $f^2 = 0.257$  and  $f^2 = 0.316$  respectively, while the direct effect of Holistic Care ( $f^2 = 0.065$ ) and Local Wisdom ( $f^2 = 0.010$ ) on loyalty was weak.

These results indicate that the dominant influence on patient loyalty occurs through the mediation of image and satisfaction, not directly, so that the service model based on local wisdom and holistic care is proven effective in shaping a positive image and satisfaction, which in turn encourages patient loyalty.

### Hypothesis Testing

Table 12. Result For Inner Wights Hypothesis Research

Variable Relationship	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistic (O/STDEV)	P Values
Hospital Image → Patient Loyalty	0.695	0.683	0.203	3.429	0.000
Patient Satisfaction → Patient Loyalty	0.684	0.726	0.215	3.176	0.001
Local Wisdom-Based Health Services → Hospital Image	0.415	0.411	0.055	7.605	0.000

Local Wisdom-Based Health Services → Patient Satisfaction	0.785	0.786	0.081	9.736	0.000
Local Wisdom-Based Health Services → Patient Loyalty	0.707	0.706	0.103	6.854	0.000
Holistic Care Service → Hospital Image	0.580	0.585	0.055	10.457	0.000
Holistic Care → Patient Satisfaction	0.207	0.207	0.082	2.510	0.006
Holistic Care → Patient Loyalty	0.299	0.301	0.105	2.848	0.002

Source: Data processing by researchers with Smart PLS 4, 2025

The test results using SmartPLS with the bootstrapping method are presented as follows:

***Hypothesis 1 (The Effect of Hospital Image on Patient Loyalty)***

The analysis results show that Hospital Image has a positive and significant effect on Patient Loyalty, with a coefficient value of 0.695, a T-statistic of 3.429, and a p-value of 0.000. This shows that the better the image of the hospital that is formed in the eyes of the patient, the higher the patient's loyalty to return to use the service and recommend it to others.

***Hypothesis 2 (Effect of Patient Satisfaction on Patient Loyalty)***

Patient Satisfaction has a positive and significant effect on Patient Loyalty, with a coefficient value of 0.684, T-statistic 3.176, and p-value 0.001. This means that patients who are satisfied with the services received tend to have a higher commitment to continue using the same hospital services in the future.

***Hypothesis 3 (The Effect of Local Wisdom-Based Health Services on Hospital Image)***

Local Wisdom-Based Health Services are proven to have a positive and significant effect on Hospital Image, with a coefficient of 0.415, a T-statistic of 7.605, and a p-value of 0.000. This indicates that the application of local culture and respect for local traditional values in health services is able to form a positive perception of the hospital in the eyes of patients and the community.

***Hypothesis 4 (Effect of Local Wisdom-Based Health Services on Patient Satisfaction)***

The coefficient of 0.785, with a T-statistic of 9.736 and a p-value of 0.000, indicates that Local Wisdom-Based Health Services have a very strong and significant effect on Patient Satisfaction. This means that services that are in accordance with the values and habits of the local community are able to increase patient comfort and acceptance of the services provided.

***Hypothesis 5 (The Effect of Local Wisdom-Based Health Services on Patient Loyalty)***

It is known that this variable also has a positive and significant effect on Patient Loyalty, with a coefficient of 0.707, a T-statistic of 6.854, and a p-value of 0.000. This indicates that services that are relevant to local culture also increase patients' commitment to continue using hospital services on a recurring basis.

***Hypothesis 5 (Effect of Holistic Care Services on Hospital Image)***

Holistic Care services show a very strong and significant influence on Hospital Image, with a coefficient value of 0.580, a T-statistic of 10.457, and a p-value of 0.000. This shows that a

comprehensive service approach that includes the physical, psychological, social, and spiritual aspects of patients plays an important role in shaping a positive and trusted hospital image.

#### ***Hypothesis 6 (Effect of Holistic Care Services on Patient Satisfaction)***

The test results show that Holistic Care has a positive and significant effect on Patient Satisfaction, with a coefficient of 0.207, a T-statistic of 2.510, and a p-value of 0.006. Although the effect is not as great as other variables, a humanist and personalized service approach is still able to increase the satisfaction felt by patients.

#### ***Hypothesis 7 (Effect of Holistic Care Services on Patient Loyalty)***

The test results show that Holistic Care has a positive and significant effect on Patient Satisfaction, with a coefficient of 0.207, a T-statistic of 2.510, and a p-value of 0.006. Although the effect is not as great as other variables, a humanist and personalized service approach is still able to increase the satisfaction felt by patients.

#### ***Hypothesis 8 (Effect of Holistic Care Services on Patient Loyalty)***

It was found that Holistic Care Services also had a positive and significant effect on Patient Loyalty, with a coefficient of 0.299, a T-statistic of 2.848, and a p-value of 0.002. This indicates that although the effect is moderate, the holistic approach still has a role in building patient loyalty directly, in addition to the indirect effect through satisfaction and image.

#### **Relationship between image and patient satisfaction**

The results of this research indicate that both local wisdom and holistic care relate to patient loyalty, but their relationship is the most significant when mediated by hospital image and patient satisfaction. This shows that loyalty is not an effect of frequent visits to the hospital, but the result of years of experiences that provide support, acknowledgement and a feeling of being a loved one. These outcomes imply that loyalty increases not just based on the biomedical competence but also the more relational and cultural aspects of service offered in a healthcare setting that has become more competitive. Of particular interest is the contribution of local wisdom to the enhancement of satisfaction. Patients tend to feel comfortable and respected when they see their own cultural values reflected in the care they are getting. Anwar et al. (2021) have also proved this in Egyptian fishing communities, where healthcare intervention based on local traditions had a significant positive effect on trust and acceptance. This is consistent with our observation that cultural familiarity in hospital services produces a sense of comfort and satisfaction. Additional support was provided by a study presented by Supriyanti et al. (2024) in Indonesia where the system tailored to the local wisdom helped make it more responsive to the needs of the community and resistant to pressure. In both scenarios culture was not an accessory but a resource in developing services that patients view as meaningful. What we discover then is the common acknowledgement that alignment of cultures provides fertile space towards satisfaction, which can subsequently be converted to loyalty.

Very closely related to cultural resonance is the significance of hospital image. Image was a key moderator of service delivery and loyalty in our study, in which patients tend to judge a hospital based not only on clinical results but on shared beliefs about reputation and reliability. This explanation goes in line with the results of Asmaryadi et al. (2020), who discovered that patient loyalty in East Kutai was more influenced by hospital image than immediate treatment outcomes. Demonstrated that hospitals with better brand images were able to maintain patient satisfaction even in perturbed conditions during the pandemic. Collectively, these views explain why hospital image is such a key factor in the formation of loyalty. The reputational

mode of patient experience mediates between cultural and holistic practices and amplifies or reduces the effect of cultural and holistic practices by the reputational scope of the hospital.

In comparison to the symbolic resonance of local wisdom, holistic care is more likely to intervene in what patients have experienced. We demonstrated that holistic practices increased the levels of both satisfaction and hospital image, which is also the conclusion of other researchers. Syarifah and Asda (2023) showed that in the case of emotional and spiritual inclusion in the inpatient care, in addition to medical treatment, the level of satisfaction increased significantly. Similar results were found when Girma et al. (2025) determined that nurses who possessed a high level of holistic competencies enhanced the ratings of patients on the quality of the hospital in Ethiopia. Such studies prove that care that approaches the patient as a whole person is perceived and appreciated by the patient. Involvement of family in choices, focus on psychological welfare, and spiritual needs consideration are all specific interventions that patients view as indicators of care and trustworthiness. These practices are not only likely to make people feel more satisfied in the moment, but they also enhance the image of the hospital as an institution that provides humane care.

Holistic care includes a spiritual aspect that should be given more thought. According to Dewi et al. (2025), spiritual care competency in both the Middle East and Asia among nursing students played a fundamental role in the delivery of patient-centered care. Hu et al. (2025) also discovered that nursing interns with more powerful spiritual skills achieved better success in obtaining patient trust as they were able to address issues that transcended beyond the physical symptoms. In our case, this is one of the reasons why holistic care was particularly effective in enhancing satisfaction and image. When hospitals address spiritual and emotional needs, they no longer serve as a medical provider, but as a venue where dignity and humanity is upheld. These experiences in turn create positive perceptions which patients bring to judgments of loyalty.

The correlation between satisfaction and loyalty observed in this study is also justified in literature. The authors of Hussain et al. (2025) found that satisfaction was the most powerful predictor of loyalty at public hospitals, although only when it aligned with the cultural and relational expectations of patients. Satisfaction, that is, is not simply a response to efficient service but a conclusion about whether care is consistent with personal and social values. According to Wartiningsih and Setyawan (2023), satisfaction had a special significance in women, who tend to be health decision-makers in the family. This observation is pertinent to our research in particular as women constituted the largest group of respondents. They are probably not only satisfied but persuaded to affect health decisions of families and other extended social networks to increase loyalty via social channel.

These findings are further contextualised by the demographic structure of the respondents. Our sample was mainly represented by younger adults, and this fact is highly important since younger patients are relatively more health-conscious and more aware of what meaning they attach to their care experiences. According to Menhas et al. (2023), younger Chinese patients preferred community-based and culturally-sensitive healthcare which they perceived to be more reliable and more in line with their expectations. In the same way, El Arab et al. (2025) have found that comparatively minor comfort-related aspects, including the quality of sleep during hospitalization, were significantly influential on the patient satisfaction. These observations support our conclusion that younger patients and female patients in particular are more responsive to services that should focus on cultural familiarity, comfort, and holistic care.

Combined, these findings lead to an increasing acceptance that a biomedical competence alone cannot be used to foster patient loyalty. Local wisdom provides cultural identification that enhances contentment, such as in the study of Anwar et al. (2021) and Supriyanti et al. (2024). The experience is converted into enduring reputational trust through hospital image, which Asmaryadi et al. (2020) depict. The work of Holistic care enhances the services in the personal and spiritual sense as confirmed by Syarifah and Asda (2023), Girma et al. (2025), Dewi et al. (2025), and Hu et al. (2025). Last but not the least, satisfaction serves as the entry point to loyalty, particularly in women and younger patients, which is consistent with the results of Hussain et al. (2025), Wartiningsih and Setyawan (2023), Menhas et al. (2023), and El Arab et al. (2025). Collectively, these observations highlight that loyalty does not exist as a mechanical by-product but rather as the sum of cultural acceptance, holistic nursing, and reputation, which culminate to foster long term trust in the hospital.

## Conclusion

This research shows that patient loyalty in healthcare is not built only through frequent use of the service or through clinical effectiveness. Rather, it arises as a complex process whose key components are cultural recognition, holistic care and hospital image, which are mediated by patient contentment. The results indicate that loyalty could be best characterized as a relationship of trust and recognition and not a transactional pattern of visiting the hospital. Patients come back, not only because they find their medical needs addressed, but also because they believe that their values and identities are recognized in the institution that attends to them.

Local wisdom was also found to be highly important in laying the foundation of patient satisfaction. Patients feel a sense of belonging and more comfortable when the healthcare services are based on cultural traditions and values of the local people. This cultural familiarity minimizes the psychological distance between the hospital and its community, which provides the context in which trust may develop. Meanwhile, holistic care provides another dimension, yet equally significant one, in that it causes the lived experience of a patient to take a particular shape. Services that emphasize emotional well-being, include families in decision making, and consider spiritual needs help patients feel perceived as whole persons but not as disease cases. In this manner, local wisdom provides symbolic and cultural anchoring, and holistic care offers concrete and direct confirmation of dignity. They create a sense of fulfilment collectively as a more intense experience of being nurtured physically and spiritually.

The mediation effects of hospital image and patient satisfaction also help us understand how loyalty is created. When the institution is seen as trustworthy and reliable, hospital image serves as a reputational prism through which patients understand their interactions and enhances the meaning of cultural and holistic practices. The role of satisfaction is as the immediate mediator between these perceptions and the expression of loyalty, primarily among women and younger adults who are more concerned with relational and value-based aspects of care. The demographic profile of this research illuminates the role of women who are often at the center of family health choices and younger patients, who require care that appeals to identity and meaning, in the formation of loyalty patterns. Such groups do not react to efficiency alone or convenience but rather the greater sense of being respected and valued.

Considering these revelations, the research confirms the idea that patient loyalty cannot be achieved by biomedical competence. It demands the incorporation of cultural sensitivity, local wisdom, enrichment of care encounters, and reinforcement of institutional reputation with a powerful hospital image. Patient satisfaction is what ties them all together and turns disparate service experiences into long term trust and loyalty. Through this integrated approach, hospitals that adopt the strategy will not only create loyalty, but also reinforce their status as institutions

that uphold the highest technical excellence and human compassion. This kind of care model is critical to a healthcare system that aims to be relevant and strong in an increasingly competitive and diverse world.

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