

A Loyalty Model for Non-BPJS Patients in Private Hospitals Based on Hospital Brand Awareness, Self-Belief, and Emotional Attachment

Abstract

Introduction: Patient loyalty is reflected in the intention to reuse healthcare services, resistance to competing providers, and willingness to recommend services to others. However, not all non-BPJS patients remain loyal to private hospitals. This study aimed to analyze a loyalty model among non-BPJS private hospital patients based on hospital brand awareness, self-belief, and emotional attachment.

Methods: This analytical observational study employed a cross-sectional design. The independent variables were hospital brand awareness, self-belief, and emotional attachment, while patient loyalty was the dependent variable. The study was conducted among non-BPJS patients attending five private hospitals in Bangkalan Regency, Indonesia. A total of 300 patients aged ≥ 20 years who had previously utilized hospital services were recruited. Self-belief was measured using an adapted version of the General Self-Efficacy Scale (GSE), while emotional attachment was assessed using a modified Attachment Style Questionnaire (ASQ). Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM).

Results: Hospital brand awareness had a significant direct effect on patient loyalty ($\beta = 0.269$). It also exerted an indirect effect through emotional attachment and self-belief ($\beta = 0.181$), resulting in a total effect of 0.450. Emotional attachment positively influenced loyalty both directly and indirectly through self-belief. Self-belief demonstrated the strongest direct effect on patient loyalty.

Conclusion: Loyalty among non-BPJS patients in private hospitals is influenced by hospital brand awareness, emotional attachment, and self-belief. Strengthening patients' emotional connection and confidence in healthcare services may enhance long-term loyalty beyond brand awareness alone.

Keywords: Emotional attachment; hospital brand awareness; non-BPJS patients; patient loyalty; self-belief

Introduction

Healthcare institutions, including both public and private hospitals, no longer function solely as social service providers but have increasingly become part of a competitive healthcare industry that requires professional management and continuous value creation [1]. To remain competitive, hospitals are expected to utilize data and technology to identify patient needs and deliver services that meet diverse expectations [2]. For private hospitals, maintaining competitiveness requires substantial financial resources and is highly dependent on patient volume, including both general patients and users of National Health Insurance or *BPJS Kesehatan*.

According to the Ministry of Health, more than 85% of Indonesia's population is enrolled in *BPJS Kesehatan*, making it the primary mechanism for accessing healthcare services [3]. Although BPJS patients contribute significantly to hospital utilization, private hospitals frequently encounter challenges related to reimbursement systems. Delays in BPJS claim payments and reimbursement values that are often lower than expected can disrupt hospital cash flow and operational revenue, potentially affecting service quality and resource allocation [4–6]. Consequently, many private hospitals seek to strengthen non-BPJS services as an alternative source of revenue and sustainability.

Private hospitals have attempted to attract non-BPJS patients by offering faster services, modern facilities, and easier access to specialist care [7]. However, a common public perception remains that private hospitals are expensive and primarily accessible to higher-income groups [8]. Therefore, private hospitals must develop effective marketing strategies that not only communicate service quality and convenience but also foster long-term patient loyalty.

Patient loyalty is a critical component of healthcare marketing because loyal patients are more likely to revisit healthcare providers and recommend them to others through interpersonal communication [9]. Loyalty is reflected in repeat utilization, resistance to competing alternatives, and positive word-of-mouth recommendations [2]. Loyal patients may also be less sensitive to healthcare costs, experience lower anxiety when seeking treatment, and contribute to improved organizational performance [10].

Despite its importance, loyalty among non-BPJS patients cannot be assumed. Cost remains one of the primary reasons patients discontinue using private hospital services, particularly among lower- and middle-income groups. At the same time, many patients continue to prefer private hospitals because of more personalized care and faster service. These findings suggest that private hospitals still have opportunities to increase non-BPJS patient utilization by strengthening factors that promote loyalty beyond service quality alone. Previous studies have identified organizational reputation, service quality, and hospital image as important determinants of patient loyalty [11,12]. Brand awareness and brand image have also been found to contribute to patient loyalty, although awareness alone may be insufficient when a positive image has not yet been established [13]. However, psychological factors that influence patients' relationships with healthcare providers have received comparatively less attention, particularly in developing-country settings.

One such factor is self-belief, which reflects patients' confidence that a hospital can provide appropriate benefits and meet their healthcare expectations. Strong patient self-belief has been associated with increased trust, commitment, and loyalty toward healthcare providers [14]. Patient beliefs significantly influence healthcare utilization decisions and are important predictors of loyalty, especially when reinforced by positive service experiences [15]. Trust in healthcare services is formed through both cognitive evaluations and emotional and relational experiences, making it an essential element of long-term patient relationships [16]. Another important factor is emotional attachment. Patient satisfaction can foster emotional bonds with healthcare providers, which subsequently strengthen loyalty [17]. Emotional attachment, characterized by feelings of closeness, trust, and appreciation, has been recognized as a key driver of long-term customer loyalty across service industries, including healthcare [18]. Previous studies have shown that improving customer satisfaction through emotional connections can facilitate patient retention and acquisition, particularly in small and medium-sized hospitals [19]. Emotional attachment may develop through personalized services, empathetic communication, service consistency, patient support, and a positive organizational culture.

Recent evidence also suggests that self-belief and emotional attachment are closely interconnected. Wang et al. (2024) reported that self-efficacy, as an indicator of self-belief, enhances emotional satisfaction, while Tang et al. (2025) demonstrated that self-efficacy promotes value co-creation behaviors that contribute to emotional attachment [20,21]. Furthermore, emotional attachment has been shown to strengthen patients' awareness and recognition of healthcare brands.

Emotional attachment developed through marketing and relationship-building activities can positively influence brand attitudes and brand awareness [22].

Although previous studies have examined service quality, hospital image, and patient satisfaction, limited research has simultaneously explored the relationships among self-belief, emotional attachment, brand awareness, and patient loyalty, particularly among non-BPJS patients in Indonesia. Understanding these relationships is important because patient decisions are influenced not only by functional service attributes but also by psychological experiences and social interactions [23]. Therefore, this study aims to develop a loyalty model for non-BPJS patients by examining the roles of self-belief, emotional attachment, and hospital brand awareness in shaping patient loyalty in private hospitals. The findings are expected to provide insights for hospital managers seeking sustainable strategies to strengthen patient retention in an increasingly competitive healthcare environment.

Methods

Study design

This study employed an analytical observational design using a cross-sectional approach. The independent variables were hospital brand awareness, self-belief, and self-attachment, while patient loyalty served as the dependent variable.

Study setting and period

This research was conducted in 5 hospitals in Bangkalan Regency, namely RS ANNA Medika Madura, RSIA Glamour Husada Kebun, RSU Lukas, RS Khusus Bedah Al Ishaqiy, and RSIA Hikmah Sawi. This research was conducted over a period of 1 month, in January 2026.

Sample/Participants

The study population consisted of patients who utilized non-BPJS healthcare services at five private hospitals in Bangkalan Regency, Indonesia. On average, approximately 300 patients visited these hospitals daily during physicians' consultation hours, of whom approximately 50 were non-BPJS patients. A total of 300 participants were recruited over a one-month data collection period. Participants were selected using proportional simple random sampling based on the proportion of non-BPJS patients served by each hospital. The inclusion criteria were patients aged 20 years or older who had previously utilized hospital services, either through BPJS or non-BPJS schemes. The sample size was calculated using Cochran's formula for cross-sectional studies, with a 95% confidence level, a 5% margin of error, and an assumed population proportion (p) of 0.50 due to the absence of previous estimates. The initial calculation yielded a minimum sample size of 384 participants. Because the target population during the study period was finite, a finite population correction was applied, resulting in a minimum required sample size of approximately 278 participants. To account for potential incomplete responses or non-response, the final sample size was increased to 300 participants.

Instrument

Self-belief was measured using an adapted version of the General Self-Efficacy Scale (GSE) developed by Schwarzer and Jerusalem (1995) [24]. The original GSE consists of 10 items designed to assess an individual's confidence in dealing with a variety of challenging situations. Responses were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating greater self-belief or perceived self-efficacy. The GSE has demonstrated excellent psychometric properties across different cultural settings.

Self-attachment was assessed using an adapted version of the Attachment Style Questionnaire (ASQ) developed by Feeney et al. (1994) [25]. The original ASQ contains 40 items measuring five dimensions of adult attachment: Confidence, Discomfort with Closeness, Relationships as Secondary, Need for Approval, and Preoccupation with Relationships. Responses were rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores on each dimension reflect stronger endorsement of the respective attachment style.

Hospital brand awareness was measured using a questionnaire developed based on Aaker's Brand Equity Theory [26]. The instrument assessed respondents' awareness of hospital brands through four dimensions: brand recognition, brand recall, top-of-mind awareness, and brand familiarity. The questionnaire consisted of X items (please insert the actual number of items).

measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicated greater awareness of the hospital brand. All instruments were modified to suit the hospital context and underwent validity and reliability testing before data collection.

Data analysis

Data were analyzed using descriptive statistics, including frequencies, percentages, means, and standard deviations. Inferential analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM), a variance-based structural equation modeling technique used to examine the relationships among the study variables.

Ethical considerations

This study received ethical approval from the Health Research Ethics Committee of Noor Huda Mustofa University under approval number 224/UNHM-KEPK/IX/2025. All participants received detailed information regarding the study objectives and procedures and provided written informed consent prior to participation.

Results

The study included 300 respondents. The mean age of participants was 47.30 ± 10.04 years. Most respondents were male (62.3%), while 37.7% were female. More than half of the participants were classified as chronic patients (55.0%). The majority had completed senior high school (41.3%), and the most common occupations were private-sector employees (21.3%) and self-employed workers (20.7%). The detailed sociodemographic characteristics of the respondents are presented in Table 1.

Table 1. Sociodemographic characteristics of respondents (n=300)

Variable	Frequency (%)
Gender	
Male	187 (62.3)
Female	113 (37.7)
Disease status	
Chronic	165 (55.0)
Acute	135 (45.0)
Age group (year)	
20-30	30 (10.0)
31-40	48 (16.0)
41-50	100 (33.3)
51-60	72 (24.0)
>61	50 (16.7)
Mean age $\pm$ SD	47.30 ± 10.04
Education	
Elementary school	52 (17.3)
Junior high school/middle school	68 (22.7)
Senior high school/high school	124 (41.3)
Diploma/bachelor's/master's/doctoral degree	56 (18.7)
Occupation	
Civil Servant	54 (18.0)
Private Sector	64 (21.3)
Farmer	38 (12.7)
Laborer	22 (7.30)
Self-Employed	62 (20.7)
Others	32 (10.7)
Unemployed	28 (9.30)

Table 2 presents the distribution of hospital brand awareness, emotional attachment, self-belief, and patient loyalty. Among the dimensions of hospital brand awareness, perceived reputation had the highest mean score (2.83 ± 0.38), indicating that respondents generally viewed the hospital positively. Brand recognition also showed a relatively high score (2.57 ± 0.49), whereas familiarity,

brand association, and visibility demonstrated comparatively lower scores, suggesting opportunities to strengthen patients' emotional connection with the hospital brand.

Table 2. Distribution of research variables (n = 300)

Variable	Category	Frequency, n (%)	Mean ± SD
1. Hospital Brand Awareness (X)			
a. Brand Recognition (X1)	Very familiar	170 (56.7)	2.57 ± 0.49
	Quite familiar	130 (43.3)	
b. Brand Recall (X2)	Very well remembered	160 (53.3)	2.40 ± 0.73
	Quite remembered	100 (33.3)	
	Do not remember	40 (13.4)	
c. Familiarity (X3)	Strong proximity	140 (46.7)	2.30 ± 0.76
	Sufficient proximity	110 (36.7)	
	Lack of proximity	50 (16.6)	
d. Perceived Reputation (X4)	Positive	220 (73.3)	2.83 ± 0.38
	Negative	80 (26.7)	
e. Brand Association (X5)	Strong association	135 (45.0)	2.32 ± 0.73
	Sufficient association	125 (41.7)	
	Less association	40 (13.3)	
f. Visibility (X6)	High	155 (51.7)	2.37 ± 0.74
	Medium	100 (33.3)	
	Low	45 (15.0)	
2. Emotional Attachment (Y1)			
a. Affection (Y1.1)	Strong	144 (48.0)	20.0 ± 0.74
	Moderate	111 (37.0)	
	Poor	45 (15.0)	
b. Passion (Y1.2)	Strong	123 (41.0)	20.5 ± 1.75
	Moderate	117 (39.0)	
	Poor	60 (20.0)	
c. Connection (Y1.3)	High	135 (45.0)	18.0 ± 2.71
	Medium	120 (40.0)	
	Low	45 (15.0)	
d. Trust and Security (Y1.4)	Strong	156 (52.0)	± 2.13
	Moderate	105 (35.0)	
	Poor	39 (13.0)	
e. Pride (Y1.6)	Strong	132 (44.0)	± 4.22
	Moderate	114 (38.0)	
	Poor	54 (18.0)	
3. Self-Belief (Y2)			
a. Confidence in Understanding Medical Information (Y2.1)	Strong	93 (31.0)	3.47 ± 0.97
	Moderate	184 (61.3)	
	Poor	23 (7.7)	
b. Belief in Ability to Make Health-Related Decisions (Y2.2)	High	85 (28.3)	3.37 ± 1.05
	Fair	186 (62.0)	
	Low	29 (9.7)	
c. Confidence to Communicate and Ask Questions (Y2.3)	Strong	79 (26.3)	3.27 ± 1.09
	Moderate	183 (61.0)	
	Poor	38 (12.7)	
d. Belief in Capability to Follow Through with Treatment (Y2.4)	Strong	88 (29.3)	3.41 ± 0.99
	Moderate	186 (62.0)	
	Poor	26 (8.7)	
e. Optimism and Emotional Control (Y2.5)	Strong	64 (21.3)	3.13 ± 1.14
	Moderate	191 (63.7)	
	Poor	45 (15.0)	
4. Patient Loyalty (Y3)			
a. Intention to Visit Again (Y3.1)	Strong	190 (63.3)	2.55 ± 0.65
	Moderate	84 (28.0)	

Variable	Category	Frequency, n (%)	Mean $\pm$ SD
b. Willingness to Recommend (Y3.2)	Poor	26 (8.7)	2.48 $\pm$ 0.65
	Strong	160 (53.3)	
	Moderate	115 (38.3)	
c. Emotional Commitment (Y3.3)	Poor	25 (8.3)	2.36 $\pm$ 0.71
	Strong	149 (49.7)	
	Moderate	111 (37.0)	
d. Refusal to Switch (Y3.4)	Poor	40 (13.3)	2.30 $\pm$ 0.65
	Strong	135 (45.0)	
	Moderate	120 (40.0)	
e. Consistent Real Behavior (Y3.5)	Poor	45 (15.0)	2.32 $\pm$ 0.72
	Strong	142 (47.3)	
	Moderate	112 (37.3)	
	Poor	45 (15.0)	

Regarding emotional attachment, trust and security, affection, and pride were the strongest dimensions, indicating that respondents generally felt secure and emotionally connected to the hospital. However, moderate responses were still observed across several dimensions, suggesting variability in the strength of emotional attachment among patients.

Self-belief scores ranged from 3.13 ± 1.14 to 3.47 ± 0.97 . Confidence in understanding medical information demonstrated the highest mean score, while optimism and emotional control showed the lowest. Overall, respondents reported moderate to high levels of confidence in managing healthcare-related decisions and interactions.

Patient loyalty was generally favorable. Intention to revisit the hospital had the highest proportion of strong responses (63.3%), followed by willingness to recommend the hospital to others (53.3%). Emotional commitment, resistance to switching providers, and consistent behavioral loyalty also showed predominantly moderate-to-high levels, indicating that most respondents demonstrated loyalty both in intention and actual behavior.

Convergent validity was assessed using factor loadings and t-statistics. As shown in Table 3, all indicators demonstrated factor loadings greater than 0.50 and t-statistics exceeding the critical value of 1.96, confirming that all indicators were valid and significantly represented their respective latent constructs.

Table 3. Convergent validity assessment of measurement model

Indicators and Constructs			Loading (λ)	T-statistic	Information
Hospital brand awareness (X)	X1		0.895	46.326	Valid and significant
	X2		0.724	17.264	Valid and significant
	X3		0.888	39.041	Valid and significant
	X4		0.606	5.054	Valid and significant
	X5		0.620	7.993	Valid and significant
	X6		0.769	11.568	Valid and significant
Emotional attachment (Y1)	Y1.1		0.874	3.400	Valid and significant
	Y1.2		0.697	3.661	Valid and significant
	Y1.3		0.620	5.684	Valid and significant
	Y1.4		0.643	8.506	Valid and significant
	Y1.5		0.592	6.159	Valid and significant
	Y1.6		0.638	7.806	Valid and significant
Self-belief (Y2)	Y2.1		0.948	105.219	Valid and significant
	Y2.2		0.611	6.767	Valid and significant
	Y2.3		0.814	14.279	Valid and significant
	Y2.4		0.678	8.863	Valid and significant
	Y2.5		0.675	8.662	Valid and significant
Patient loyalty (Y3)	Y3.1		0.715	12.277	Valid and significant
	Y3.2		0.947	138.135	Valid and significant
	Y3.3		0.822	23.194	Valid and significant
	Y3.4		0.794	18.793	Valid and significant
	Y3.5		0.825	3.650	Valid and significant

The structural model was subsequently evaluated to examine the relationships among the study variables. Table 4 shows that all hypothesized paths were statistically significant ($t > 1.96$). Hospital brand awareness significantly influenced emotional attachment ($\beta = 0.371$; $t = 6.202$) and patient loyalty ($\beta = 0.269$; $t = 2.661$). Emotional attachment significantly influenced self-belief ($\beta = 0.246$; $t = 3.629$) and patient loyalty ($\beta = 0.367$; $t = 2.943$). Self-belief had the strongest direct effect on patient loyalty ($\beta = 0.498$; $t = 3.535$).

Table 4. Results of structural model significance testing

No	Causal relationship	Coefficient	T-statistic	Influence
1	(X) Hospital brand awareness $\rightarrow$ (Y1) Emotional attachment	0.371	6.202	Significant
2	(Y1) Emotional attachment $\rightarrow$ (Y2) Self-belief	0.246	3.629	Significant
3	(Y2) Self-belief $\rightarrow$ (Y3) Patient loyalty	0.498	3.535	Significant
4	(X) Hospital brand awareness $\rightarrow$ (Y3) Patient loyalty	0.269	2.661	Significant
5	(Y1) Emotional attachment $\rightarrow$ (Y3) Patient loyalty	0.367	2.943	Significant

Table 5 presents the decomposition of direct and indirect effects. Hospital brand awareness had a direct effect of 0.269 on patient loyalty and an indirect effect of 0.181 through emotional attachment and self-belief, resulting in a total effect of 0.450. Emotional attachment showed a direct effect of 0.367 and an indirect effect of 0.122 through self-belief, producing a total effect of 0.489. Self-belief demonstrated the largest total effect on patient loyalty (0.498), indicating its central role in the proposed loyalty model.

Table 5. Indirect and direct paths

Variable	Immediate effect	Indirect effects	Total effect
Hospital brand awareness $\rightarrow$ Patient loyalty	0.269	HBA $\rightarrow$ EA $\rightarrow$ Patient loyalty = $0.371 \times 0.367 = 0.136$ HBA $\rightarrow$ EA $\rightarrow$ SB $\rightarrow$ Patient loyalty = $0.371 \times 0.246 \times 0.498 = 0.045$ Total indirect = $0.136 + 0.045 = 0.181$	0.450
Emotional attachment $\rightarrow$ Patient loyalty	0.367	EA $\rightarrow$ SB $\rightarrow$ Patient loyalty = $0.246 \times 0.498 = 0.122$	0.489
Self-belief $\rightarrow$ Patient loyalty	0.498	-	0.498

Discussion

This study demonstrates that hospital brand awareness (HBA) significantly influences loyalty among non-BPJS patients in private hospitals, both directly and indirectly through emotional attachment (EA) and self-belief (SB). The direct effect of HBA on loyalty was 0.269, while the indirect effect through EA and SB was 0.181, resulting in a total effect of 0.450. These findings indicate that hospital brand awareness contributes to patient loyalty not only through patients' recognition of the hospital brand but also by fostering stronger emotional connections and confidence in the hospital. The results suggest that building patient loyalty requires more than increasing visibility or recognition of the hospital brand. Patients who perceive a hospital positively are more likely to develop emotional attachment and confidence in the services provided, which subsequently strengthen loyalty. Therefore, private hospitals should complement branding strategies with efforts that enhance patient experiences, trust, and confidence in healthcare delivery. These findings are consistent with previous studies reporting that brand image and brand awareness strengthen loyalty by increasing patients' perceptions of value, trust, and engagement [27,28]. Furthermore, hospital

brand awareness facilitates the development of self-brand connections, whereby patients who are familiar with and recognize a hospital brand are more likely to establish emotional bonds with the institution [29].

Emotional attachment emerged as another important determinant of loyalty. The direct effect of emotional attachment on loyalty was 0.367, and the indirect effect through self-belief was 0.122, producing a total effect of 0.489. This finding highlights the importance of emotional relationships between patients and healthcare providers in shaping long-term loyalty. The descriptive findings showed that trust and security represented the strongest dimension of emotional attachment, with more than half of respondents reporting high levels of confidence in hospital services. Affection and connection were also relatively strong, indicating that patients generally felt emotionally comfortable with the hospitals they attended. However, passion and pride showed comparatively lower levels, suggesting opportunities for hospitals to strengthen patient engagement and enhance institutional image.

The findings support previous evidence indicating that emotional attachment toward healthcare providers contributes significantly to loyalty [17,18]. Emotional bonds characterized by trust, appreciation, comfort, and a sense of closeness encourage patients to maintain long-term relationships with healthcare institutions [18]. Similarly, Lee and Park (2019) emphasized that healthcare providers, particularly small and medium-sized hospitals, can improve patient retention by strengthening emotional connections and satisfaction [19]. In practical terms, high-quality services that emphasize empathy, personalized communication, and patient-centered care can strengthen emotional attachment. When patients feel valued, respected, and emotionally connected to healthcare providers, they are more likely to revisit the hospital and recommend its services to others [30]. Thus, strengthening emotional attachment should be considered a key strategy for enhancing loyalty among non-BPJS patients [31].

Self-belief demonstrated the strongest direct influence on patient loyalty, with a path coefficient of 0.498. Unlike emotional attachment, no indirect pathway from self-belief to loyalty was identified, indicating that patients' confidence directly influences their loyalty decisions. The descriptive analysis revealed moderate-to-high levels of self-belief among respondents, with confidence in understanding medical information showing the highest score. In contrast, optimism and emotional control represented the weakest dimension. These findings suggest that although patients generally feel capable of understanding health information and making healthcare decisions, further efforts may be needed to improve their confidence in managing emotional challenges related to illness and treatment.

The strong direct effect of self-belief supports Social Cognitive Theory, which proposes that personal beliefs influence behavioral outcomes directly. Patients who are confident in their ability to understand medical information, communicate with healthcare providers, and make informed decisions are more likely to maintain consistent healthcare utilization patterns. This finding is consistent with previous studies showing that psychological experiences and social interactions shape patient perceptions and repeat healthcare decisions [23]. Similarly, Wang et al. (2024) reported that the relationship between self-efficacy and loyalty is often direct and may not require additional mediating mechanisms [20]. The results suggest that strengthening patient confidence should be an important component of hospital management strategies. Providing clear information, encouraging active participation in healthcare decisions, and fostering supportive interactions between patients and healthcare professionals may contribute to stronger loyalty among non-BPJS patients [32].

The proposed model demonstrates that patient loyalty is shaped by a combination of cognitive, emotional, and psychological factors. Hospital brand awareness contributes directly to loyalty and indirectly through emotional attachment and self-belief. Emotional attachment enhances loyalty both directly and indirectly by strengthening patient confidence. Self-belief, meanwhile, exerts the strongest direct influence on loyalty. These findings indicate that loyalty among non-BPJS patients cannot be explained solely by brand awareness. Rather, loyalty develops through a process in which brand awareness fosters emotional attachment, emotional attachment strengthens self-belief, and self-belief ultimately drives loyal behavior. Consequently, private hospitals should adopt integrated strategies that combine branding efforts with initiatives aimed at strengthening emotional relationships and patient confidence [33]. Such an approach is likely to be more effective in sustaining long-term patient loyalty than focusing on brand recognition alone.

This study has several limitations. First, the cross-sectional design limits the ability to establish causal relationships among hospital brand awareness, emotional attachment, self-belief, and patient loyalty. Second, the study was conducted in five private hospitals in Bangkalan Regency and focused on non-BPJS patients, which may limit the generalizability of the findings to other healthcare settings and patient groups. Third, the use of self-reported questionnaires may introduce response and social desirability bias. Finally, the proposed model included only hospital brand awareness, emotional attachment, and self-belief, while other factors such as patient satisfaction, service quality, trust, and perceived value were not examined. Future studies should use longitudinal designs to better examine the causal relationships among the variables. Research involving larger and more diverse populations, including patients from public hospitals and BPJS users, is also recommended to improve the generalizability of the findings. Future researchers should also consider using objective indicators of patient loyalty and incorporating additional factors such as patient satisfaction, service quality, trust, and perceived value to further develop and validate the proposed patient loyalty model.

Conclusion

This study found that hospital brand awareness, emotional attachment, and self-belief significantly influence loyalty among non-BPJS patients in private hospitals. Although hospital brand awareness contributes directly to loyalty, its effect is strengthened through emotional attachment and self-belief. Emotional attachment enhances loyalty both directly and indirectly through increased self-belief, while self-belief exerts the strongest direct effect on patient loyalty. These findings suggest that maintaining loyalty among non-BPJS patients requires more than increasing hospital brand awareness. Private hospitals should prioritize strategies that strengthen patients' emotional attachment to the institution and enhance their confidence in healthcare decision-making and interactions. Integrating branding, relationship-building, and patient empowerment initiatives may provide a sustainable approach to improving long-term patient loyalty.