



The Role of Communication and Empathy in Building Emergency Patient Loyalty: A Mediation Study of Doctor-Patient Relationships

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Abstract: The Emergency Department (ER) plays a central role as the first point of contact for critically ill patients, shaping their initial perceptions of hospital service quality. This study investigated the impact of communication and empathy demonstrated by ER doctors at Cideres Regional Hospital, Majalengka, on patient loyalty, with the doctor-patient relationship as a mediating variable. Using an exploratory quantitative approach, this study aimed to identify the relationship between variables. The number of samples obtained in this study meets the minimum required number of samples, and the validity test of the instrument data uses the Pearson correlation method and the reliability test uses the Cronbach's Alpha test. The Sobel test was used in the mediation approach and the t-test for the influence approach. The results showed that all data instruments passed the validity and reliability tests, and all research hypotheses were accepted. It was found that doctor communication and empathy, both directly and mediated by the doctor-patient relationship, positively and significantly increased ER patient loyalty. Empathy was identified as the dominant variable. Increased positive patient perceptions of empathetic behavior of health workers or doctors significantly correlated with increased ER patient loyalty at Cideres Regional Hospital. These findings underscore the importance of healthcare workers, particularly doctors, demonstrating a high level of empathy and effective communication when providing services in the ER.

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INTRODUCTION

Cideres Regional General Hospital (RSUD Cideres) has made various efforts to improve the quality of services, including by creating various programs such as adding services, facilities, internal welfare, and community health center partnerships, but these have not shown significant results in achieving patient service satisfaction. Based on the data, there was a decrease in the Community Satisfaction Index (IKM) from 90% in 2016 to only 72% in 2024 (Cideres Regional Hospital, 2022); (Cideres Regional Hospital, 2023). This indicates public dissatisfaction with several aspects of the service, especially in the Emergency Room (ER), which is the service unit at Cideres Hospital with the lowest satisfaction compared to other units. Patient criticism and complaints include waiting times, minimal communication, alleged discrimination against JKN participants, and limited information about conditions and certainty from doctors (Cideres Regional Hospital, 2022);



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(Cideres Regional Hospital, 2023). are indicative of problems in the aspects of communication and empathy of medical staff that cause a weakening of ER patient satisfaction with Cideres Hospital. This situation contradicts the hospital's strategic plan to prioritize service satisfaction, which strongly signals the need for improved service management, particularly regarding the technical aspects of emergency room physicians. Therefore, this study is crucial to examine how communication and empathy impact patient loyalty through the doctor-patient relationship as a mediating variable.

Emergency Department (ER) services play a crucial role as the first point of contact for critically ill patients. Two key aspects, communication and physician empathy, significantly determine the quality of these services. Effective communication builds a sense of security and trust, while empathy strengthens emotional bonds with patients, both of which form the basis of patient loyalty to the hospital (Giovaningrum & Fristasya, 2020). Patient loyalty is strongly influenced by their perception of service, including aspects of communication, empathy, and interpersonal relationships between doctors and patients (Wang et al., 2022); (Nurmaliyati et al., 2022); (Perez Benegas & Zanfardini, 2025). Poor communication or low empathy can disrupt patient satisfaction and ultimately decrease their loyalty to a particular agency/institution (Rambe et al., 2022).

In the context of service providers, service quality is a key pillar shaping consumer perceptions and behavior, including patients in hospital settings. Based on various studies such as Rahmadiani (2020); Wang et al. (2022); Titin Hargyatni et al. (2022); Nurmaliyati et al. (2022); Nurmaliyati et al. (2022); Taufik, F(2022); Arshad et al. (2024); Keelson et al. (2024); Zakaria et al. (2024), it is argued that communication and empathy are two crucial concepts in healthcare that are essential for establishing deep connections between medical personnel, especially doctors and patients.

Communication is not limited to the exchange of verbal information but also encompasses vital nonverbal aspects of doctor-patient interactions. Clear, transparent, and responsive communication forms the foundation of patient trust in the diagnosis, treatment plan, and every medical decision made (Wang et al., 2022). This aligns with Kotler et al. (2023), perspective on the service quality framework, which states that effective communication is a key element in providing high-quality services. Communication in the context of medical services, particularly in the emergency department (ED), is a crucial element in shaping perceptions of service quality. The communication theory underlying this research draws on the views of Kotler, Armstrong, et al. (2023). which emphasizes the importance of communication in building long-term relationships between service providers and service recipients (Indah Wahyu Putri & Surianto, 2022). Furthermore, the theory regarding transactional communication highlighted that communication is a dynamic, two-way process influenced by the context and perceptions of each party (Permatasari, 2020). In medical care, effective communication is the foundation for a positive and trusting doctor-patient relationship and contributes significantly to patient loyalty (Sunaryo et al., 2021).

The above explanation leads to the division of communication dimensions: clarity, which refers to how well a doctor is able to convey medical information in language that is easily understood by the patient. This clarity is important to ensure that the patient fully understands their health condition and the planned medical treatment (Kotler, Armstrong, et al., 2023). Transparency, or openness of communication, is the extent to which the doctor is honest and open in explaining the patient's condition. This openness reflects respect for the patient's right to complete information about their condition and builds trust in the doctor-patient relationship. The third dimension is the regularity of interactions, which describes the doctor's consistency in providing information or updates throughout the treatment period. Regular and consistent communication can create a sense of security and patient involvement in the healing process. The fourth dimension is responsiveness, which is the doctor's ability to respond to patient questions, complaints, or needs in a timely manner. This responsiveness is considered an indicator of the doctor's attentiveness and alertness in

dealing with the dynamics of the patient's condition in the emergency room. Finally, the fifth dimension is communicative style, which includes nonverbal aspects such as tone of voice, facial expressions, and body language used by the doctor when communicating. An empathetic and friendly communication style can create a more comfortable interaction atmosphere for patients and their families (Pertwi et al., 2022); (Wang et al., 2022).

Empathy in hospital care is positioned as a crucial interpersonal competency, reflecting the extent to which a medical professional is able to understand and sense a patient's emotional and physical state, then respond adaptively and supportively (Wang et al., 2022). In this study, empathy refers to the integration of emotional responses and cognitive understanding of patients. Davis's 1983 Empathy Model describes empathy as a multidimensional ability encompassing perspective-taking, affective concern, and emotional responses to another person's condition (Bahadur et al., 2020). Nasiri et al. (2021) expanded this concept to the medical field through the Jefferson Scale of Physician Empathy (JSPE), emphasizing that physician empathy influences interpersonal relationships with patients and impacts the effectiveness of clinical care. High levels of physician empathy not only strengthen patients' emotional attachments but also foster positive perceptions of service quality and the credibility of medical professionals.

The dimensions that shape the concept of empathy include emotional concern, which refers to a doctor's ability to understand and show concern for a patient's feelings through verbal and nonverbal expressions. This concern is reflected in the ability to read expressions of discomfort and respond with a calming attitude. Next, there is understanding the patient's perspective, namely the doctor's ability to put themselves in the patient's shoes to create a more personalized and relevant communication approach. This includes not only active listening skills but also decision-making that takes into account the patient's psychological and social conditions. The third dimension is called interaction sincerity, which describes the quality of interpersonal relationships based on the patient's perception that the doctor's care is authentic, not simply a matter of professional responsibility. This sincerity is evident in the doctor's manner of speaking, intentional listening, and genuine empathy. The fourth dimension, empathic response, indicates the extent to which the doctor is able to respond to a patient's questions, complaints, or concerns with a warm, supportive, and solution-oriented attitude. An empathic response not only helps the patient feel valued but also strengthens the bond of trust between doctor and patient (Segura et al., 2020).

The doctor-patient relationship is a professional and personal social interaction process, where open communication, empathy, and mutual trust are its main foundations (Titin Hargyatni et al. (2022). In this study, this relationship is interpreted as an element that bridges the influence of communication and empathy on patient loyalty. Some underlying concepts, among others, are stated by Ettinger et al., (2021), who state that the ideal relationship between medical personnel and patients is created through constructive two-way communication, active patient involvement, and an empathetic attitude from the doctor. Kwame & Petrucka (2021) emphasize the importance of patient-centered care that encourages collaboration in decision-making. The relationship marketing approach of Jain et al. (2024) is also adapted to explain the role of relationship quality as a driver of long-term loyalty in services, including healthcare. In emergency situations such as the emergency room, the formation of quality relationships depends on effective communication and genuine empathy quickly demonstrated by doctors towards patients and their families.

The doctor-patient relationship consists of four main dimensions (Wang et al., 2022), which describe the quality of interactions between healthcare professionals and patients during the care process. The first is patient trust, which reflects the patient's level of confidence in the doctor's competence and integrity in providing care. This trust is formed from consistent interactions, clarity in information delivery, and the perception that the doctor is acting in the patient's best interests. Then there is emotional engagement, which is the feeling of closeness experienced by patients during interactions with the doctor. This engagement includes a sense of comfort, perceived empathy, and the impression that the

doctor is not only focused on the medical aspects but also cares about the patient's emotional well-being. The next dimension is patient participation in decision-making, which describes the extent to which the doctor involves the patient in determining the medical treatment to be performed. In practice, this reflects a patient-centered care approach, where the doctor facilitates open dialogue and provides space for patients to express their preferences and opinions. The final dimension is satisfaction with the interaction, which is the patient's general perception of the quality of the relationship established during the care process. This satisfaction can be influenced by the doctor's communication style, the attention provided, and the doctor's attitude in responding to patient questions or concerns (Lu et al., 2023).

Loyalty in the context of hospital services is defined as a patient's tendency to continue using a service and recommend it to others, especially after a positive experience (Kotler, Keller, et al., 2023). In this study, loyalty is understood as a psychological and behavioral outcome that arises as a result of the quality of relationships, communication, and empathy in healthcare services, particularly in the emergency room. According to Levy (2022), loyalty is a form of psychological attachment manifested in consumer behavior to consistently use a service. Prathama & Soelaiman (2023) differentiate loyalty into two main aspects: behavioral loyalty (revisit intention) and attitudinal loyalty (willingness to recommend). In healthcare, loyalty is also influenced by strong relational interactions between patients and medical personnel—characterized by trust, comfort, and empathy.

The loyalty dimension is formed from four dimensions (Sari et al., 2023), the first is the intention to revisit, which describes the patient's willingness to return to the emergency room (ED) in the future. This is influenced by previous experiences that are considered satisfactory in terms of communication, empathy, and interaction with medical personnel. Next, there is the willingness to recommend, which reflects the patient's desire to recommend the hospital to relatives, friends, or the wider community. Loyalty in this dimension is external because it impacts the hospital's image in the eyes of other potential service users. Third is emotional commitment to the hospital, a form of psychological attachment that indicates that the patient feels personally connected to the service institution. This commitment includes not only trust in the quality of service but also the perception that the hospital has values that align with the patient's expectations. Finally, the evaluation of previous experiences is a dimension that assesses patient satisfaction based on the interactions and services received. When patients feel valued and treated well, positive perceptions are formed that strengthen long-term loyalty (Nyan et al., 2020) (Kotler et al., 2022; 2023); (Saputri et al., 2024).

The entire concept of variable dimensions in this study is described by the following theoretical model.

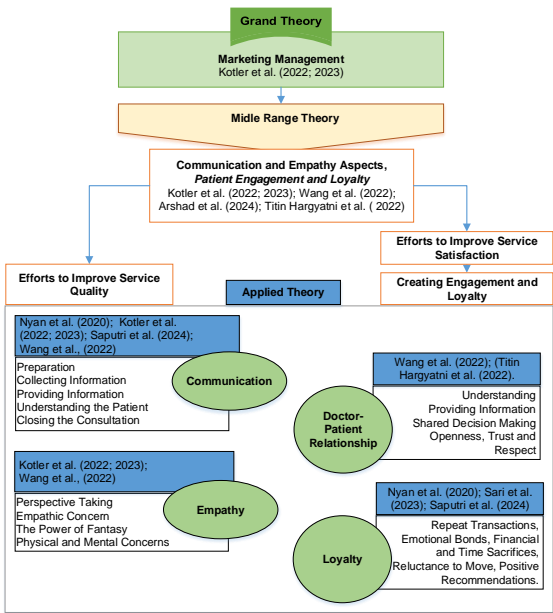


Figure 1. Theoretical Framework Social Theory (Crothers et al., 2020)

Then formed in a frame of mind as shown in the following picture.

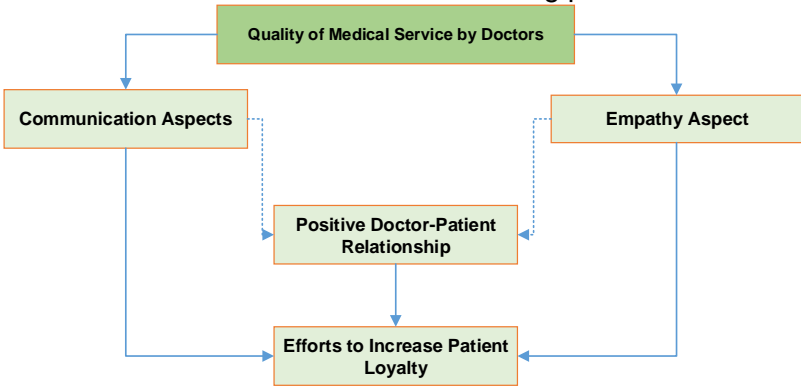


Figure 2. Framework Model of Thinking – Synthesis Theory (Lu et al., 2023)

The preliminary presentation, theoretical basis and framework of thought lead to the formation of research hypotheses, where the hypothesis model in this research can be identified based on the following model of the relationship between variables.

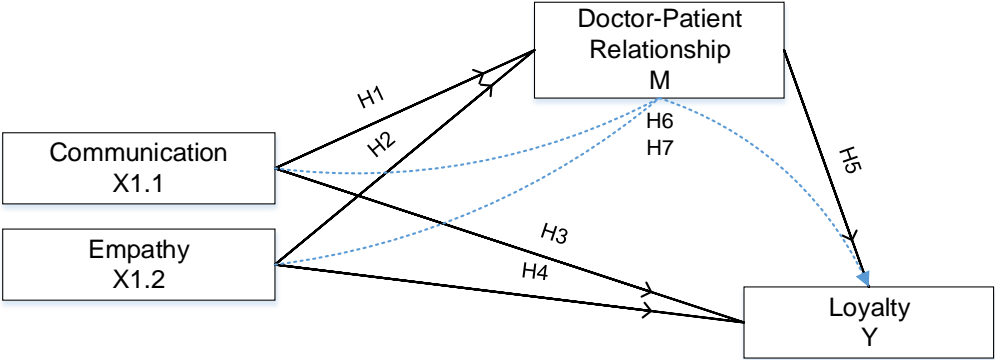


Figure 3. Hypothesis Model Communication, Emphati, Relationship Doctor-Patient on Loyalty

Source: (Lu et al., 2023; Nyan et al., 2020)

METHODS

This study uses a quantitative explanatory approach that aims to statistically test the relationships between variables and explain the patterns of direct and indirect influences among the research constructs (Suhayat et al., 2023). This research framework is based on the theories of service quality, interpersonal communication, and relationship marketing relevant to the context of hospital healthcare.

The population in this study included 351 patients from the Emergency Department (IGD) of Cideres Majalengka Regional Hospital who were observed for 1 week. Therefore, the minimum sample size was determined using the approach stated by Abubakar (2021), which is 5% - 15% if the population is 300-500, so the minimum sample size was decided at 88 respondents (351 x 5%). Then, the sampling technique used a non-probability sampling approach, namely the accidental sampling method, where the sample was taken based on the ease of access to obtain research respondents (Hariputra et al., 2022).

Data were collected through a closed-ended questionnaire instrument using a five-point Likert scale, structured based on the theoretical dimensions of each main variable: communication, empathy, doctor-patient relationship, and patient loyalty. Then all the data will be processed using the statistical analysis tools, SPSS Version 22. Each variable has several indicators that will be validated and statistically tested for reliability. Validity tests using Pearson correlation analysis with a minimum limit of $r > 0.30$, and reliability tests using Cronbach's Alpha with a minimum value of ≥ 0.60 to ensure the internal consistency of the instrument (Abubakar, 2021).

The collected data was then analyzed using multivariate regression analysis to determine the effect of each independent variable on the dependent variable. Furthermore, the Sobel test was used to examine the mediating role of the doctor-patient relationship in mediating the influence of communication and empathy on loyalty (Hidayat, 2024).

RESULTS AND DISCUSSION

Based on the test results and data processing using SPSS version 22, it is known that the demographic characteristics of respondents show a diverse distribution in terms of age, gender, and education level based on data from 154 patient respondents who have used emergency room services. The age range of respondents is dominated by the productive adult group, reflecting that most emergency room patients are in a socially and economically active age. The proportion of men and women is quite balanced, so that perceptions of medical services can be considered representative of cross-gender experiences. In terms of educational background, respondents generally have a secondary to tertiary education level, indicating that the majority of them have the ability to understand medical information rationally. This diversity indicates that respondents have a fairly representative social background, so their views on the quality of communication, empathy, and doctor-patient relationships are considered relevant in describing the level of patient loyalty to services at the emergency room of Cideres Majalengka Regional Hospital. The following table shows data regarding respondent demographics.

Table 1. Respondent Profile

Demographics	Criteria	Frequency	Percentage
Age	17 - 30 Years	41	26,6%
	31 - 40 Years	53	34,4%
	40 - 50 Years	26	16,9%
	> 50 Years	34	22,1%
	Total	154	100%
Gender	Man	74	48,1%
	Woman	80	51,9%

Demographics	Criteria	Frequency	Percentage
Education Background	Total	154	100%
	Junior High School	23	14,9%
	Senior High School	51	33,1%
	D1-D3	31	20,1%
	D4/ S1	24	15,6%
	S2	25	16,2%
	Total	154	100%
Occupation	Private Sector	31	20%
	Self-Employed/ Entrepreneur	37	24%
	Civil Servants	29	19%
	Students	26	17%
	Others	31	20%
	Total	154	100%

Source: Processing Data Demographic With SPSS and Excell (2025)

The next step was testing the data instrument, which showed that all 32 items in the communication, empathy, doctor-patient relationship, and loyalty variables were deemed suitable for use because they met validity and reliability requirements. Validity testing was conducted using the Pearson correlation method, and each statement in the questionnaire showed a correlation value above the threshold of 0.3, indicating that these indicators were able to accurately measure the theoretical constructs. Meanwhile, reliability was measured using Cronbach's Alpha values, where all variables obtained α values above 0.7, indicating an excellent level of internal consistency between items. Thus, it can be concluded that all items in the data collection instrument have measurement accuracy and stability, and can be relied upon to explain the relationships between variables in this research model (Ubab, 2022). The following is an illustration of the results of the instrument feasibility test.

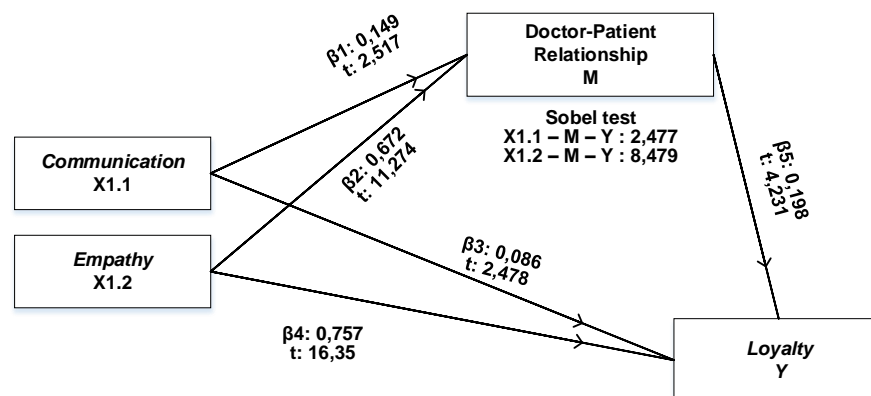
Table 2. Test Results of Validity and Reliability Test

Instrument	r	Conclusion	Croanbach's Alpha	Conclusion
X1_1	0,603**	Valid	0,738	Reliable
X1_2	0,465**	Valid		
X1_3	0,514**	Valid		
X1_4	0,596**	Valid		
X1_5	0,501**	Valid		
X1_6	0,529**	Valid		
X1_7	0,582**	Valid		
X1_8	0,661**	Valid		
X1_9	0,500**	Valid		
X1_10	0,514**	Valid		
X2_11	0,734**	Valid	0,895	Reliable
X2_12	0,809**	Valid		
X2_13	0,824**	Valid		
X2_14	0,773**	Valid		
X2_15	0,770**	Valid		
X2_16	0,642**	Valid		
X2_17	0,808**	Valid		
X2_18	0,719**	Valid		
Xm_19	0,697**	Valid	0,822	Reliable
Xm_20	0,661**	Valid		
Xm_21	0,632**	Valid		
Xm_22	0,804**	Valid		
Xm_23	0,460**	Valid		
Xm_24	0,687**	Valid		
Xm_25	0,677**	Valid		

Instrument	r	Conclusion	Croanbach's Alpha	Conclusion
Xm_26	0,711**	Valid		
y27	0,811**	Valid		
y28	0,605**	Valid		
y29	0,839**	Valid		
y30	0,753**	Valid	0,854	Reliable
y31	0,759**	Valid		
y32	0,780**	Valid		

Source: SPSS Data Processing (2025)

Next, we present the results of hypothesis testing using the t-test approach for each influence model discussed in this study. The following are the test results.

**Figure 4. Result of Hypothesis Testing**

Source: Re-create Output Data SPSS, Amos, and Sobel (2025)

Table 3. Respondent Profile

Model	Standardized Coefficients Beta	t	P. Value	Result
Communication→Doctor-Patient Relationship	0,149	2,517	0,013	H1 Accepted
Empathy→Doctor-Patient Relationship	0,672	11,374	0,000	H2 Accepted
Communication→ Loyalty	0,086	2,478	0,014	H3 Accepted
Empathy→ Loyalty	0,757	16,353	0,000	H4 Accepted
Doctor-Patient Relationship→ Loyalty	0,198	4,231	0,000	H5 Accepted
Communication→Doctor-Patient Relationship→ Loyalty (Sobel Test)	--	4,231	0,013	H6 Accepted
Empathy → Doctor-Patient Relationship→ Loyalty (Sobel Test)	--	8,479	0,000	H7 Accepted

Source: Data Processing With SPSS and Sobel Test (2025)

The t-test conducted, including the Sobel test for mediation testing, showed that the entire hypothesis network formed was accepted, because the t-value > 1.96 (t-table alpha 5%), and/or p.value < 0.05 (5% error rate), thus, each construct of influence shows a significant positive contribution (Dubey & Kothari, 2022). The results of the study, as shown in the previous figure and table, indicate that physician communication and empathy significantly influence patient loyalty, both directly and indirectly, mediated by the quality of the doctor-patient relationship. This finding is consistent with research by Addo et al. (2020); Wang et al. (2022); and reaffirms that the essential role of interpersonal interaction between service providers in the context of medical services, particularly in the emergency department (ER),

which is often the initial point of patient evaluation of the quality of hospital services, needs to be prioritized.

Specifically, empathy was identified as the most dominant predictor in driving increased patient loyalty, this is consistent with the results of Wardiati et al. (2020); Fauziyah et al. (2022); Addo et al. (2020). Genuine emotional care from medical personnel has been shown not only to contribute to patients' psychological comfort but also facilitates the formation of long-term, strategically valuable bonds. Doctors who are able to demonstrate a gentle side in their behavior and strive to show deep concern for patients receiving medical treatment will encourage the formation of bonds between doctors and their patients, thereby making them feel safe, which has implications for the formation of patient trust and fostering bonds of loyalty with patients. Prioritizing and strengthening empathy in hospital services will not only build and increase patient loyalty but also indirectly transform them into the most effective agents of positive promotion. Loyalty based on empathy creates a positive cycle: patients who feel cared for will return to use the service, recommend it to others, and ultimately contribute to the improvement of the hospital's reputation and growth.

Furthermore, effective communication, while having a slightly lower impact than empathy, still makes a substantial contribution to providing clear medical information, building trust, and reducing patient anxiety, particularly in emergency situations. These results support research by Wang et al. (2022), which stated that medical personnel who demonstrate good communication skills can foster bonds with their patients, thus creating a strong desire for patients to engage with the hospital they serve. Patient perceptions of healthcare quality are strongly influenced by the communication skills of medical personnel and doctors. These skills, which can be enhanced through various forms of simulation, encompass a range of vital competencies in clinical performance. These competencies include effective data collection, clear diagnosis delivery, comprehensive treatment information, and empathetic counseling. Mastery of these communication aspects plays a crucial role in building patient trust. This trust, in turn, facilitates the formation of a strong emotional connection between patient and healthcare provider. This strong, trust-based relationship not only increases patient satisfaction but also has the potential to positively impact adherence to treatment plans and clinical outcomes. Therefore, developing and strengthening the communication skills of medical personnel is a strategic investment in improving the quality of health services in an effort to build patient loyalty as a whole (Addo et al., 2020).

The doctor-patient relationship has been shown to function not only as an intermediary channel, but also as a catalyst that strengthens the synergy between emotional competence (empathy) and the doctor's communication skills. The results support research conducted by Titin Hargyatni et al. (2022); Perez Benegas & Zanfardini (2025), which stated that a harmonious emotional doctor-patient relationship will make patients feel attached and involved in their medical healing process, thus encouraging the creation of a strong relationship with the hospital, and if empathetic behavior and communication effectiveness are improved, patients will significantly feel a stronger attachment to the doctor, then forming a very high loyalty to the doctor and the hospital. The consequence of this finding is to provide an overview of how important it is for health facility management to not only focus on improving the technical capacity of paramedics, but also emphasize the development of non-technical skills (soft skills) for doctors such as empathy and communication effectiveness. Patient trust is essentially not the result of a single interaction, but rather the accumulation of emotional experiences and meaningful communication, all of which are rooted in the quality of the human relationship between the doctor and his/her patient amidst the busy and hectic environment of emergency agencies (Bahadur et al., 2020). Effective communication supported by empathetic behavior from doctors towards patients is a predictor that forms the strength of the relationship between doctors and their patients, where the impact of the creation of this relationship scheme is patients who are

loyal to the doctor who provides services and the hospital as a place that provides service facilities (Perez Benegas & Zanfardini, 2025).

Conceptually, this study enhances understanding of the importance of a holistic approach to healthcare, in which technical and emotional competencies are inseparable. Strengthening communication and empathy not only improves the quality of the doctor-patient relationship but also serves as a fundamental foundation for building sustainable trust. Furthermore, the existence of the doctor-patient relationship as a mediating variable is functional, acting as a dynamic link that bridges the doctor's interpersonal competence with the patient's perception of overall service quality. This perspective is consistent with the principle of relational marketing, which emphasizes that consumer loyalty, including patient loyalty, is formed through the accumulation of meaningful and consistent relational experiences.

Implications suggest that hospitals need to internalize an organizational culture that places communication and empathy as core values in service delivery. To achieve this, hospital management needs to design and implement a training system that balances clinical and interpersonal aspects, including the development of training modules. soft skills based on clinical case simulations and empathy training based on real-life scenarios. This simultaneous evaluation strategy is projected to not only increase patient satisfaction and loyalty but also potentially enhance the attachment and comfort of medical personnel to their workplace, given that a work environment oriented toward empowerment and recognition of those who contribute to the hospital tends to create higher job satisfaction. Thus, the findings of this study provide a strong empirical foundation for formulating more inclusive policies focused on strengthening the quality of relationships and interactions that are more humane and respectful within the healthcare system.

CONCLUSION

These results support the theory and research that states that communication and empathy, mediated by the doctor-patient relationship, act as predictors that influence and increase patient loyalty in hospital institutions. Communication in the model has a positive effect on improving the doctor-patient relationship, as does empathy, which shows a very significant positive effect on improving the doctor-patient relationship. Then, these two variables also have a direct, positive and significant effect on loyalty. The doctor-patient relationship statistically proves a significant positive effect in increasing patient loyalty, where the presence of this variable can also significantly mediate the model of the influence of communication and empathy on patient loyalty to be stronger, especially on the empathy variable, which contributes the strongest influence when compared to the communication variable. Specifically, doctor empathy is a major determinant in building a positive image of the service, while effective communication strengthens patient understanding and trust in the medical process being carried out. The synergy of these two variables shows that the approach taken with the aim of strengthening relations in health services plays a crucial role in forming long-term loyalty to hospital institutions, so that the role of medical personnel and doctors in practicing empathetic behavior with the support of effective communication is very important to be implemented in forming patient attachment to doctors and hospitals.

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