



(Research) Article

Customer Relationship Management and Patient Loyalty: The Mediating Role of Brand Salience and Customer Engagement Behavior

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Abstract: The increasing competition in the healthcare industry requires hospitals to establish effective relationship strategies to enhance patient loyalty. This study aims to examine the effect of Customer Relationship Management (CRM) on patient loyalty, with brand salience and customer engagement behavior (CEB) as mediating variables. The research adopts a quantitative approach using Partial Least Squares Structural Equation Modeling (PLS-SEM). Data were collected from 155 outpatients at Cengkareng General Hospital (RSAR) who had experienced CRM-related services, using a structured questionnaire measured on a four-point Likert scale. The findings reveal that CRM has a significant positive effect on brand salience, customer engagement behavior, and patient loyalty. Among these relationships, CRM demonstrates the strongest influence on customer engagement behavior, indicating that relationship-based strategies effectively encourage active patient involvement. Furthermore, customer engagement behavior significantly affects patient loyalty, suggesting that patients who are more engaged—through feedback, recommendations, and participation—are more likely to develop stronger loyalty toward healthcare providers. In contrast, brand salience does not have a significant effect on patient loyalty, indicating that brand awareness alone is insufficient to drive loyalty in the healthcare context. Mediation analysis shows that customer engagement behavior partially mediates the relationship between CRM and patient loyalty, whereas brand salience does not act as a mediator. These results suggest that CRM enhances patient loyalty not only directly but also indirectly through strengthening engagement behavior. This study contributes to healthcare marketing literature by integrating relationship marketing and customer engagement perspectives, highlighting engagement as a more critical mechanism than brand salience in fostering sustainable patient loyalty.

Keywords: Brand Salience; Customer Engagement Behavior; Customer Relationship Management; Healthcare Marketing; Patient Loyalty.

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1. Introduction

The hospital industry in Indonesia has become increasingly competitive, particularly in urban areas, requiring healthcare providers to go beyond clinical excellence and adopt effective marketing strategies and sustainable patient relationship management practices. In this context, patient loyalty has emerged as a key indicator of organizational success, as it significantly influences repeat visits, word-of-mouth recommendations, and the long-term sustainability of healthcare institutions.

Customer Relationship Management (CRM) is widely recognized as a strategic approach to managing patient relationships through personalized interactions, data utilization, and service integration. However, empirical findings regarding the relationship between CRM and patient loyalty remain inconsistent. Some studies report that CRM does not always have a direct and significant effect on patient loyalty, with certain CRM dimensions showing

insignificant relationships with loyalty outcomes. These findings suggest that the effectiveness of CRM may depend on underlying mechanisms that mediate or strengthen its impact.

Previous research has predominantly focused on mediating variables such as satisfaction and trust, which limits the exploration of more dynamic cognitive and behavioral factors. In particular, the role of Customer Engagement Behavior (CEB) as a behavioral mediator remains underexplored, especially in the healthcare context. This indicates a research gap in understanding how CRM translates into patient loyalty through both cognitive and behavioral pathways.

In addition, prior studies have reported contradictory results, with some confirming a significant positive relationship between CRM and patient loyalty. These inconsistencies highlight the need for a more comprehensive model that incorporates additional mediating variables to better explain the relationship. Therefore, this study proposes the inclusion of brand salience and Customer Engagement Behavior (CEB) as mediators in the relationship between CRM and patient loyalty.

This study aims to analyze the effect of CRM on patient loyalty by examining the mediating roles of brand salience and customer engagement behavior among outpatient patients at Cengkareng General Hospital. By integrating these variables, this research seeks to provide a more comprehensive understanding of how CRM contributes to the development of patient loyalty in the healthcare sector.

This study is expected to contribute theoretically to the development of marketing literature, particularly in healthcare services, by extending the role of CRM through cognitive and behavioral mechanisms. Practically, the findings are expected to provide strategic insights for hospital management in designing effective relationship-based marketing strategies to enhance sustainable patient loyalty.

2. Literature Review

This section discusses the theoretical foundations and prior empirical studies related to Customer Relationship Management (CRM), brand salience, customer engagement behavior (CEB), and patient loyalty. It also highlights the research gap and develops a conceptual framework to explain the relationships among variables.

2.1. Patient Loyalty

Patient loyalty is a key indicator of success in healthcare services, reflecting patients' commitment to continue using a particular healthcare provider over time. According to Oliver (1999), loyalty is defined as a strong commitment to repurchase or reuse a preferred product or service consistently in the future.

In the healthcare context, patient loyalty is not only reflected in repeat visits but also in patients' willingness to recommend services to others and their resistance to switching to alternative providers. Loyal patients tend to develop positive perceptions, emotional attachment, and strong behavioral intentions toward the hospital.

Oliver (1999) further conceptualizes loyalty into four dimensions: cognitive, affective, conative, and action loyalty. Cognitive loyalty refers to patients' belief that a hospital provides the best service, while affective loyalty reflects emotional attachment. Conative loyalty represents the intention to continue using the service, and action loyalty refers to actual repeat behavior despite the presence of alternatives.

Therefore, patient loyalty is a multidimensional construct that evolves from perception to behavior and plays a crucial role in ensuring the sustainability of healthcare organizations.

2.2 Customer Relationship Management (CRM)

Customer Relationship Management (CRM) is a strategic approach that integrates processes, people, and technology to manage and enhance customer relationships effectively. According to Buttle (2009), CRM is a comprehensive approach aimed at creating and delivering value to customers through the use of customer data and information technology.

CRM is not merely a technological system but also a managerial strategy that focuses on understanding customer needs, improving interactions, and fostering long-term relationships. Kotler and Keller (2021) emphasize that CRM enables organizations to develop personalized marketing strategies that enhance customer experience and satisfaction, ultimately leading to increased loyalty.

In healthcare services, CRM plays an important role in improving patient experience through personalized communication, responsiveness, and continuous interaction. The implementation of CRM allows hospitals to better understand patient expectations and tailor services accordingly.

The dimensions of CRM include identifying customer expectations, differentiating customer needs, managing customer interactions, and customizing services to meet expectations.

Thus, effective CRM implementation is expected to strengthen relationships with patients and contribute to increased patient loyalty.

2.3. Brand Salience

Brand salience refers to the extent to which a brand is easily recognized and recalled by consumers in various situations. According to Romaniuk and Sharp (2004), brand salience represents the tendency of a brand to come to mind in buying situations.

In the context of healthcare, brand salience reflects how easily patients remember a hospital when they need medical services. A strong brand salience increases the likelihood that patients will choose the same hospital when a healthcare need arises.

Kotler and Keller (2021) also describe brand salience as a key dimension of brand equity, emphasizing its role in ensuring that a brand is frequently noticed and easily recalled by consumers.

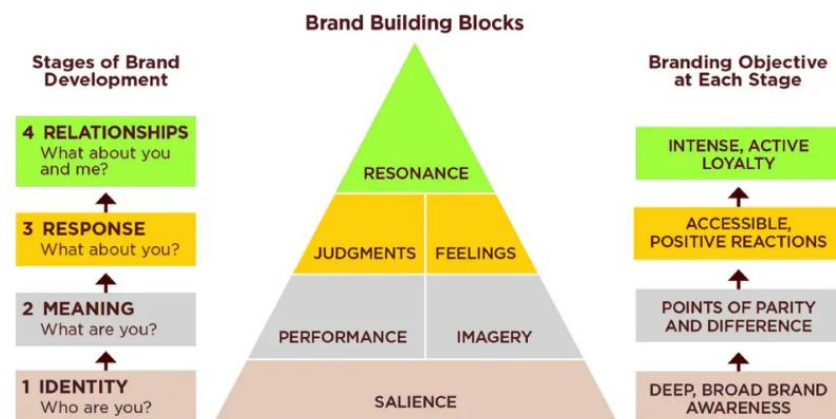


Figure 1. Customer-Based Brand Equity Pyramid (CBBE)

Brand salience is commonly measured through two main dimensions: depth (the ease of brand recall) and breadth (the range of situations in which the brand comes to mind).

Therefore, higher brand salience enhances the probability of brand selection and contributes to stronger customer loyalty.

2.4. Customer Engagement Behavior (CEB)

Customer Engagement Behavior (CEB) refers to customers' voluntary behaviors toward a brand that go beyond transactional activities. According to van Doorn et al. (2010), CEB is defined as a manifestation of customer behavior toward a firm that results from motivational drivers and extends beyond purchase.

Customer engagement encompasses cognitive, emotional, and behavioral dimensions that emerge from interactive and co-creative experiences between customers and service providers (Brodie et al., 2011).

In healthcare, engaged patients actively participate in value creation by providing feedback, sharing experiences, and recommending services to others. These behaviors contribute to strengthening the relationship between patients and healthcare providers.

The main dimensions of CEB include word-of-mouth communication, helping other customers, customer complaints, and co-creation activities.

Thus, customer engagement behavior plays a crucial role in enhancing relational bonds and fostering long-term patient loyalty.

3. Materials and Method

This study employs a quantitative research design to analyze the relationships between Customer Relationship Management (CRM), brand salience, customer engagement behavior (CEB), and patient loyalty. A causal approach is used to examine both direct and indirect effects among variables.

The research was conducted at Abdul Radjak Hospital (RSAR) Cengkareng, focusing on outpatients who have interacted with CRM services. Data were collected through structured questionnaires using a five-point Likert scale.

The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM), which is suitable for analyzing complex models with mediating variables and does not require strict normality assumptions.

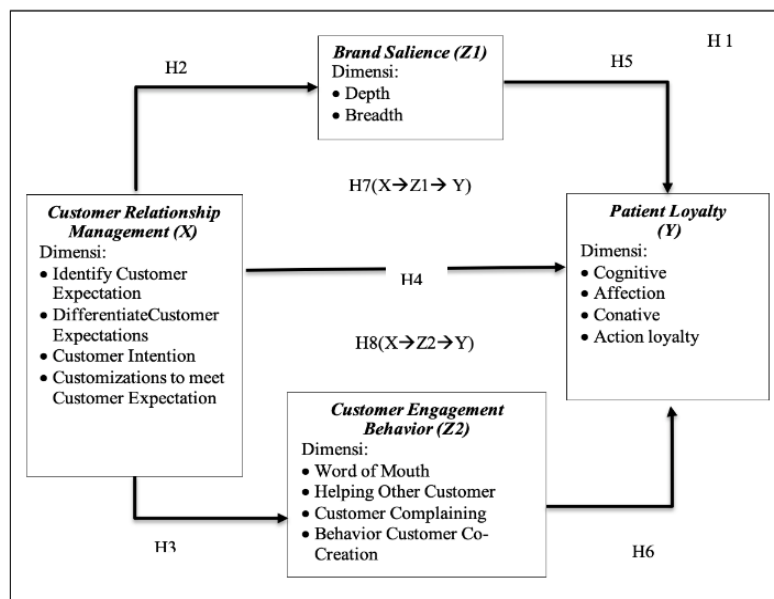


Figure 2. Conceptual Framework

3.1. Data and Measurement

The population of this study consists of outpatients who have utilized healthcare services at RSAR Cengkareng and have experienced CRM-related interactions. A purposive sampling technique was applied, resulting in a total of 155 respondents.

All constructs were measured using a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree), which eliminates the neutral response option and encourages respondents to provide more definitive evaluations. Measurement items were adapted from established studies to ensure validity and reliability.

Customer Relationship Management (CRM) was measured using indicators related to customer identification, interaction, and service personalization. Brand salience was assessed based on brand recall and recognition in the context of healthcare services. Customer engagement behavior (CEB) was measured through behavioral indicators such as word-of-mouth, feedback, and participation in service-related activities. Patient loyalty was measured through indicators including repeat visits and willingness to recommend the hospital to others.

3.2. Analytical Tools

Data analysis in this study consists of two main stages, namely descriptive statistical analysis and inferential analysis using Partial Least Squares Structural Equation Modeling (PLS-SEM).

Descriptive statistical analysis is used to describe the characteristics of the data without making generalizations (Sugiyono, 2018). In this study, the three-box method was applied to categorize respondents' perceptions into low, moderate, and high levels (Ferdinand, 2014).

Furthermore, inferential analysis was conducted using PLS-SEM with SmartPLS software (version 3.4.0) (Hair et al., 2021). This method is suitable for analyzing complex models, does not require strict normality assumptions, and can handle ordinal data. The

analysis includes evaluation of the measurement model (outer model) and the structural model (inner model).

4. Results and Discussion

4.1. Descriptive Statistics

Descriptive statistical analysis was conducted to provide an overview of respondents' perceptions toward each research variable using the three-box method. The results indicate that the majority of respondents show a high level of perception toward Customer Relationship Management (CRM), brand salience, customer engagement behavior (CEB), and patient loyalty.

This finding suggests that respondents generally have positive evaluations of the hospital's relationship management practices and demonstrate strong engagement and loyalty tendencies.

Table 1. Average Matrix of the Three-Box Method Analysis

No	Variable	Category			Behaviour
		Low	Middle	High	
1	Customer Relationship Management			✓	Responsive
2	Patient Loyalty			✓	Loyal
3	Brand Salience			✓	Attached
4	Customer Engagement Behavior			✓	Participative

The Three-Box Method results show that all variables are at a high level, indicating strong CRM performance, brand recall, patient engagement, and loyalty. However, enhancing CRM interactions and leveraging customer engagement behavior are crucial to strengthening long-term behavioral loyalty.

4.2. Measurement Model Evaluation (Outer Model)

The measurement model was evaluated to ensure the validity and reliability of the constructs. Convergent validity was assessed using outer loadings and Average Variance Extracted (AVE). All indicator loadings exceeded the recommended threshold of 0.70, and AVE values were above 0.50, indicating adequate convergent validity.

Reliability was confirmed through Cronbach's alpha, rho_A, and composite reliability values, all of which exceeded the minimum threshold of 0.70.

Discriminant validity was assessed using the HTMT criterion, where all values were below the threshold of 0.90, confirming that each construct is empirically distinct.

Based on these results, all constructs were considered valid and reliable, and the analysis proceeded to the structural model.

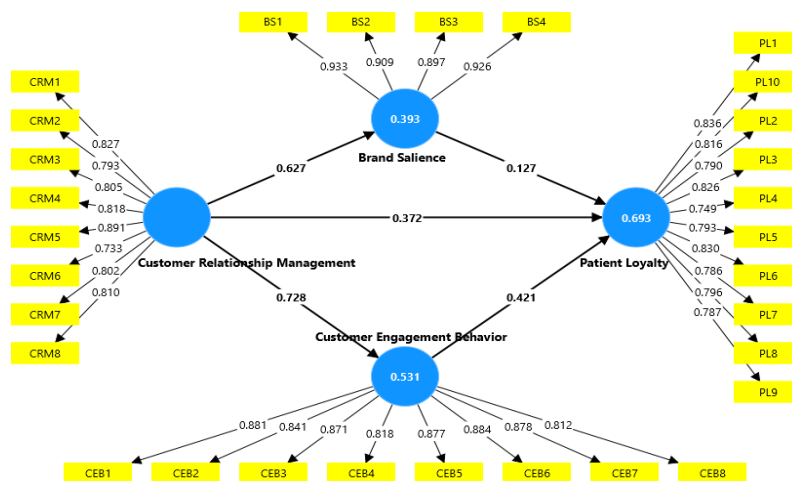


Figure 3. Outer Model Result

4.3. Structural Model Evaluation (Inner Model)

The structural model evaluation began with collinearity assessment using the Variance Inflation Factor (VIF). All VIF values were below the threshold of 5, indicating no multicollinearity issues.

The coefficient of determination (R^2) shows that:

- Patient Loyalty is explained by CRM, brand salience, and CEB at **0.693**
- Brand Salience is explained by CRM at **0.393**
- Customer Engagement Behavior is explained by CRM at **0.531**

These values indicate that the model has **moderate to substantial explanatory power**.

Furthermore, effect size (f^2) analysis indicates that CRM has **large** effect on brand salience and CEB, while both mediators contribute meaningfully to patient loyalty.

Predictive relevance (Q^2) values were above zero, confirming that the model has adequate predictive capability.

4.4. Hypothesis Testing

In SEM-PLS analysis, simultaneous hypothesis testing is not explicitly reported, and such results are not directly available in SmartPLS outputs. Therefore, the simultaneous effect of the independent variables on the dependent variable was assessed through manual calculation by considering the combined explanatory power reflected in the structural model. Based on the calculation results, the F-value (544.90) is greater than the F-table value (3.00), indicating that Customer Relationship Management, brand salience, and customer engagement behavior simultaneously have a significant effect on patient loyalty. Therefore, Hypothesis 1 is supported.

Hypothesis testing was conducted using the bootstrapping procedure. The results show the decision to support or reject each hypothesis, based on the significance level (p-value) and the magnitude of the path coefficients.

Table 2. Direct Effect Result

Variable	Coefficient	p-value	t-statistics	Result
H2: Customer Relationship Management → Brand Salience	0,627	0,000	7,782	Significant (positive direction)
H3: Customer Relationship Management → Customer Engagement Behaviour	0,728	0,000	12,312	Significant (positive direction)
H4: Customer Relationship Management → Patient Loyalty	0,372	0,000	4,150	Significant (positive direction)
H5: Brand Salience → Patient Loyalty	0,127	0,096	1,663	Not significant (positive direction)
H6: Customer Engagement Behaviour → Patient Loyalty	0,421	0,000	3,865	Significant (positive direction)

The structural model results indicate that Customer Relationship Management (CRM) has a significant positive effect on brand salience, customer engagement behavior (CEB), and patient loyalty. CRM shows the strongest influence on CEB, followed by brand salience, and a moderate direct effect on patient loyalty.

Among the mediating variables, CEB has a significant positive effect on patient loyalty, while brand salience does not show a significant influence.

Overall, these findings suggest that although CRM directly enhances patient loyalty, its stronger impact occurs indirectly through customer engagement behavior rather than through brand salience.

Table 3. Indirect Effect Result

Variable	Coefficient	p-value	t-statistics	Result
H7: Customer Relationship Management → Brand Salience → Patient Loyalty	0,079	0,114	1,579	Not significant (positive direction)
H8: Customer Relationship Management → Customer Engagement Behaviour → Patient Loyalty	0,307	0,000	3,559	Significant (positive direction)

The mediation analysis shows that the indirect effect of CRM on patient loyalty through brand salience is not significant, indicating that brand salience does not mediate this relationship.

In contrast, the indirect effect of CRM on patient loyalty through customer engagement behavior (CEB) is positive and significant, demonstrating that CEB serves as a partial mediator.

Overall, these findings suggest that CRM enhances patient loyalty not only directly but also indirectly through strengthening customer engagement behavior, highlighting engagement as a key mechanism in the relationship.

4.5. Discussion

Simultaneous Effect of CRM, Brand Salience, and Customer Engagement Behavior on Patient Loyalty

The results of the simultaneous test indicate that Customer Relationship Management (CRM), Brand Salience, and Customer Engagement Behavior (CEB) jointly have a significant effect on Patient Loyalty at Cengkareng General Hospital. This finding suggests that these three constructs collectively play an important role in strengthening patient loyalty. In other words, improvements in one or more of these variables may contribute to enhancing overall loyalty.

Descriptive analysis using the Three-Box Method shows that CRM is categorized as high, indicating that its implementation has been relatively well established. This supports Buttler (2009), who emphasized that CRM is not merely a technological system but a strategic approach to building long-term relationships through consistent and positive customer experiences. Similarly, Brand Salience is also categorized as high, aligning with Romaniuk and Sharp (2004), who define it as the extent to which a brand is easily recalled in buying or usage situations. In the healthcare context, strong brand salience ensures that a hospital is included in patients' consideration sets.

The Effect of CRM on Brand Salience

The findings reveal that CRM has a positive and significant effect on Brand Salience. This indicates that effective CRM practices enhance patients' ability to recall and recognize the hospital. CRM acts as a key driver of brand salience through continuous interaction, structured communication, and managed service experiences (Romaniuk & Sharp, 2004; Keller & Swaminathan, 2019).

However, the Three-Box analysis highlights that the "differentiating customer expectations" dimension received the lowest score. This suggests that service personalization is not yet fully optimized. Although CRM implementation is strong, it tends to remain generalized rather than tailored to individual patient preferences. This gap implies an opportunity for hospitals to move toward more personalized and data-driven service strategies.

The Effect of CRM on Customer Engagement Behavior

CRM is also found to have a strong and significant effect on Customer Engagement Behavior, representing one of the most dominant relationships in the model. This confirms that CRM is not only a communication tool but also a key driver of patient engagement.

The highest scoring dimension within CRM is customer interaction, indicating that meaningful and consistent interactions foster emotional connection and trust. This finding is consistent with Brodie et al. (2011) and Pansari and Kumar (2017), who argue that

engagement is driven by perceived value and interactive experiences. The more patients feel valued and involved, the more likely they are to actively engage with healthcare providers.

The Effect of CRM on Patient Loyalty

CRM has a positive and significant direct effect on Patient Loyalty. However, the magnitude of this effect is smaller compared to its influence on Brand Salience and Customer Engagement Behavior. This suggests that while CRM directly contributes to loyalty, its impact becomes stronger when mediated by cognitive and behavioral mechanisms.

This finding reinforces the idea that loyalty is not formed solely through direct interactions, but also through intermediate processes such as awareness and engagement (Adly et al., 2020; Algamdi et al., 2021).

The Effect of Brand Salience on Patient Loyalty

The results show that Brand Salience does not have a significant effect on Patient Loyalty. Although the relationship is positive, it is not statistically supported. This indicates that brand recall alone is insufficient to drive repeat visits in the healthcare context.

Healthcare services are characterized as high-involvement and high-risk decisions. Patients tend to be more rational and selective, placing greater emphasis on functional aspects such as service quality, medical competence, and treatment outcomes. Therefore, brand salience plays a less dominant role compared to other industries.

This finding contrasts with sectors such as retail, banking, and FMCG, where brand salience significantly influences loyalty due to routine and low-risk purchasing behavior. In healthcare, brand salience may function indirectly through engagement rather than directly influencing loyalty. Thus, hospitals need to go beyond brand awareness by strengthening patient experience and engagement.

The Effect of Customer Engagement Behavior on Patient Loyalty

Customer Engagement Behavior has a positive and significant effect on Patient Loyalty, with a relatively strong coefficient. This confirms that engaged patients are more likely to develop long-term commitment to healthcare providers.

However, the lowest scoring dimension is customer co-creation, particularly in patient participation in surveys or service evaluations. This indicates that patient engagement is still relatively passive. Hospitals should therefore create a more participatory environment by ensuring that feedback mechanisms are safe (e.g., anonymous), accessible, and meaningful, with visible follow-up actions.

The Mediating Role of Brand Salience

The mediation analysis shows that Brand Salience does not mediate the relationship between CRM and Patient Loyalty. Although CRM improves brand salience, this improvement does not translate into increased loyalty.

This finding is consistent with Keller's Customer-Based Brand Equity theory, which positions brand salience as an initial stage (awareness) that is insufficient on its own to generate loyalty without deeper emotional or behavioral attachment.

The Mediating Role of Customer Engagement Behavior

In contrast, Customer Engagement Behavior significantly mediates the relationship between CRM and Patient Loyalty. This indicates that CRM is more effective in enhancing loyalty when it first increases patient engagement.

Engagement acts as a behavioral bridge between service experience and loyalty outcomes. Effective CRM practices, such as personalized communication, responsiveness, and consistent follow-up encourage patients to actively participate through feedback, program involvement, and positive word-of-mouth.

5. Comparison

This study contributes to the existing literature by providing a more comprehensive understanding of the mechanism through which Customer Relationship Management (CRM) influences patient loyalty in the healthcare sector. Previous studies have reported inconsistent findings regarding the direct effect of CRM on loyalty, with some studies finding significant relationships while others report weak or insignificant effects.

Unlike prior research that primarily focuses on traditional mediators such as satisfaction and trust, this study incorporates brand salience and customer engagement behavior (CEB) as mediating variables. The findings reveal that CRM significantly influences both brand

salience and CEB, supporting the role of relationship marketing in shaping both cognitive and behavioral responses.

However, in contrast to several studies in the branding literature, this study finds that brand salience does not significantly affect patient loyalty. This suggests that in the healthcare context, brand awareness alone is insufficient to drive loyalty, as patients tend to prioritize experiential and relational aspects over mere brand recall.

On the other hand, the significant mediating role of customer engagement behavior highlights that active patient involvement, such as recommendations, feedback, and participation plays a more critical role in fostering loyalty. This finding extends prior research by demonstrating that engagement serves as a stronger mechanism than cognitive brand-related factors in explaining patient loyalty.

Therefore, this study offers a novel contribution by integrating relationship marketing and engagement perspectives, showing that CRM-driven engagement is more effective in generating sustained patient loyalty than brand salience alone.

6. Conclusion

This study demonstrates that Customer Relationship Management (CRM), Brand Salience, and Customer Engagement Behavior (CEB) play distinct roles in shaping patient loyalty. The findings reveal that CRM and CEB significantly contribute to patient loyalty, both directly and indirectly through more complex relational mechanisms. In contrast, Brand Salience does not have a significant effect on patient loyalty.

These results indicate that in the healthcare context, building brand awareness alone is insufficient to foster patient loyalty. Instead, loyalty is more strongly influenced by service experience, quality of interactions, and the level of patient engagement. Therefore, patient loyalty in hospitals should be understood as a multidimensional outcome that is not only driven by cognitive aspects (such as brand recall), but also by behavioral and experiential factors.

From a theoretical perspective, this study contributes to the healthcare marketing literature by highlighting the dominant role of engagement as a key mechanism linking CRM and loyalty. It also extends prior studies by demonstrating that the effectiveness of CRM lies not only in direct relationship building but also in its ability to stimulate active patient engagement.

From a managerial perspective, several implications can be drawn. First, hospitals need to strengthen CRM strategies by focusing on active and continuous interactions, such as post-service follow-ups, appointment reminders, and personalized communication based on patient needs. Second, the development of customer engagement platforms, such as mobile applications or integrated messaging systems (e.g., WhatsApp Business) is essential to facilitate feedback, interaction, and responsive communication between patients and healthcare providers. Third, hospitals should prioritize improving patient experience by enhancing service quality, responsiveness, facility comfort, and effective communication with healthcare professionals. Finally, patient segmentation and service personalization should be implemented to better address individual patient characteristics and needs, thereby increasing engagement and loyalty.

Despite its contributions, this study has several limitations. The data were collected from a single hospital, which may limit the generalizability of the findings. In addition, the variables examined are relatively limited. Future research is therefore recommended to include multiple hospitals with diverse characteristics and to incorporate additional variables such as service quality, trust, and patient satisfaction, potentially as moderating or mediating factors, to provide a more comprehensive understanding of patient loyalty in healthcare settings.

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Data Availability Statement: The data supporting the findings of this study are not publicly available due to privacy and ethical restrictions but are available from the corresponding author upon reasonable request.

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Conflicts of Interest: The authors declare no conflict of interest.

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