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Beyond Patient Satisfaction: Positioning Responsiveness as a Strategic Lever in Hospital Marketing and Business Growth

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Abstract. *While responsiveness is widely recognized as a component of service quality in healthcare, prior studies have largely treated it as a supporting operational variable rather than a core strategic asset. Existing literature often situates responsiveness within frontline interactions, neglecting its broader role in driving institutional differentiation, marketing effectiveness, and business growth particularly in emerging market contexts. This research addresses that gap by repositioning responsiveness as a strategic organizational capability that can be cultivated, measured, and leveraged. Drawing on the Resource-Based View and Dynamic Capabilities Theory, this study proposes a novel framework that situates responsiveness as both an intangible resource and a dynamic competency with high marketing value. Using empirical data from 160 inpatients at a newly accredited Islamic hospital in Indonesia, the study utilizes a SERVQUAL-based instrument and structural equation modeling to assess the influence of responsiveness on inpatient satisfaction. Findings reveal that responsiveness, defined through dimensions such as speed, staff presence, and clarity of communication, has the strongest positive effect on patient satisfaction and intention to return. This study contributes new insights by linking responsiveness to business strategy, branding, and market performance offering a theoretical and practical advancement over existing models. It further contextualizes responsiveness within Islamic healthcare settings, where moral and cultural expectations intensify its strategic relevance. The findings have implications for hospital leaders aiming to embed responsiveness into institutional systems to achieve sustained competitive advantage in resource-constrained, highly competitive environments.*

Keywords: *Responsiveness, strategic capability, patient satisfaction, hospital marketing, emerging markets*

1. Introduction

In the evolving landscape of global healthcare, the role of service quality has become increasingly strategic rather than merely operational. The shift from volume-based to value-based care, combined with greater patient awareness and digital transparency, has created a new reality where patients actively evaluate, compare, and select healthcare providers not only based on clinical outcomes, but also on the quality of service experiences. Among the core dimensions of perceived service quality, responsiveness defined as the speed, attentiveness, and willingness of hospital staff to provide prompt and effective care has emerged as a critical yet underleveraged differentiator in healthcare competitiveness.

While the importance of responsiveness has been recognized in classic service quality frameworks, such as the SERVQUAL model by Parasuraman, Zeithaml, and Berry (1988), its treatment in the literature has largely remained at the tactical level. Responsiveness is typically conceptualized as a frontline behavior or a customer service measure, with little attention paid to its strategic potential. In many hospitals, especially in emerging markets, responsiveness is managed as part of staff etiquette training or standard operating procedures (SOPs), rather than embedded into institutional strategy or aligned with long-term business

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objectives. This limited perspective represents a significant theoretical and managerial gap one that this study aims to address. In parallel, contemporary theories of competitive advantage, including the Resource-Based View (RBV) (Barney, 1991) and the Dynamic Capabilities Framework (Teece et al., 1997), offer a compelling lens to reinterpret responsiveness as a strategic organizational capability. Under RBV, firms achieve sustained advantage when they possess valuable, rare, inimitable, and non-substitutable (VRIN) resources. Responsiveness, when institutionalized through organizational culture, workflow design, and leadership commitment, can fulfill these criteria. Similarly, under dynamic capabilities theory, responsiveness can be seen as a firm's ability to sense, seize, and reconfigure service interactions in real time enabling agility, adaptability, and innovation in the face of evolving patient expectations.

This strategic reconceptualization becomes particularly salient in the context of emerging healthcare markets, such as Indonesia. With increased government emphasis on accreditation, the proliferation of private healthcare facilities, and growing middle-class demand for quality care, hospitals are under pressure to differentiate beyond medical competence. In this environment, responsiveness is not just a service quality metric it is a form of competitive signaling that communicates commitment, trustworthiness, and care. Moreover, in the case of Islamic private hospitals, responsiveness carries additional ethical and cultural dimensions. Patients in such institutions expect not only clinical excellence, but also moral integrity, empathy, and timeliness values that align with religious obligations and social expectations.

The case of Rumah Sakit Islam Sultan Agung Banjarbaru exemplifies this evolving landscape. As a newly accredited Islamic private hospital in Indonesia, it operates within a highly competitive and culturally nuanced market. Using a modified SERVQUAL framework, this study surveyed 160 inpatients to measure their perceptions of service quality and its impact on satisfaction. The findings revealed that responsiveness consistently outperformed all other dimensions including tangibles, reliability, assurance, and empathy as the most influential factor in driving patient satisfaction and intention to return. This result underscores the urgency to reframe responsiveness not only as a performance standard but as a strategic lever for marketing and growth.

Moreover, responsiveness has a growing influence on digital health behavior. In an age where online reviews, social media feedback, and patient ratings shape institutional reputation, responsiveness becomes a key driver of electronic word-of-mouth (e-WOM), patient trust, and public perception (Jiang et al., 2021; Torres et al., 2019). Hospitals that fail to manage responsiveness strategically risk reputational damage and reduced patient retention even when they perform well clinically.

Despite this, few empirical studies have examined responsiveness as a strategic asset. Most healthcare quality research continues to emphasize measurable clinical indicators, neglecting the softer, experiential elements that patients prioritize. Additionally, while some marketing research addresses service quality holistically, very few isolate responsiveness as a strategic capability and test its direct relationship to business outcomes such as loyalty, advocacy, or brand equity especially in the context of developing countries. This research gap highlights the need for a more focused, theory-driven, and contextually grounded analysis.

This study responds to that need by offering three main contributions:

1. Theoretical: It reframes responsiveness using the Resource-Based View and Dynamic Capabilities frameworks, establishing its strategic relevance beyond traditional service quality models.
2. Empirical: It provides robust, data-driven evidence from an underrepresented context an Islamic private hospital in Indonesia—demonstrating that responsiveness significantly influences patient satisfaction and behavioral intention.
3. Managerial: It introduces a responsiveness-centered marketing framework that can guide hospital leaders in embedding responsiveness into training, operations, and institutional branding.

The remainder of this paper is structured as follows: Section 2 reviews relevant literature on responsiveness, strategic service quality, and hospital marketing. Section 3 presents the research methodology, including instrument design, sampling procedures, and data analysis methods. Section 4 reports the empirical results, while Section 5 discusses the findings in relation to theory and practical implications. Section 6 concludes the study and offers directions for future research.

Through this integrated approach, the study aims to advance the discourse on healthcare strategy by demonstrating how responsiveness when properly understood and managed can generate lasting value for patients and institutions alike.

2. Methods

2.1 Research Design

This study employed a quantitative, explanatory research design to investigate the strategic role of responsiveness in influencing inpatient satisfaction within a hospital setting. The explanatory approach was selected to establish causal relationships between key service quality dimensions particularly responsiveness and patient satisfaction. The research design is appropriate given the objective of validating responsiveness as a strategic variable with direct implications for hospital marketing and business performance.

2.2 Population and Sampling

The population of this study consisted of inpatients at Rumah Sakit Islam Sultan Agung Banjarbaru (RSI-SAB), a newly accredited Islamic private hospital in South Kalimantan, Indonesia. The hospital was selected due to its unique positioning within the local healthcare market, combining modern medical services with Islamic ethical values. The study employed a purposive sampling method to select 160 respondents who met the inclusion criteria: (1) adult inpatients who had stayed at least two nights in the hospital, (2) were mentally and physically able to respond to survey questions, and (3) consented to participate in the study.

Purposive sampling was deemed appropriate for ensuring that respondents had sufficient exposure to the hospital's service delivery processes, particularly in relation to responsiveness. This method also aligns with similar studies conducted in hospital settings where controlled and context-specific data collection is critical (Chaniotakis & Lymperopoulos, 2009; Osei-Frimpong & Wilson, 2021).

2.3 Data Collection Instrument

Data were collected using a structured questionnaire adapted from the SERVQUAL instrument developed by Parasuraman et al. (1988), which measures five dimensions of service quality: tangibility, reliability, responsiveness, assurance, and empathy. For the purposes of this study, the focus was placed on the responsiveness dimension, which was operationalized using four validated indicators: (1) promptness of service, (2) staff willingness to assist, (3) speed of problem resolution, and (4) clarity of communication.

Each indicator was measured using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire also included items to measure overall patient satisfaction and demographic information such as age, gender, and type of care received. The instrument was translated into Bahasa Indonesia and pilot-tested with 20 patients to ensure linguistic and contextual appropriateness. Reliability testing yielded Cronbach's alpha values above 0.80 for all key constructs, indicating high internal consistency.

2.4 Data Analysis Techniques

Descriptive statistics were used to summarize demographic characteristics and overall trends in responsiveness and satisfaction scores. Inferential statistics, including Spearman rank correlation and simple linear regression, were applied to assess the strength and direction of the relationship between responsiveness and patient satisfaction. These methods were chosen due to the ordinal nature of Likert scale data and the study's emphasis on relational patterns rather than prediction. To further validate the causal relationship, Structural Equation Modeling (SEM) was conducted using AMOS software. SEM allows for simultaneous assessment of multiple variables and provides a robust framework for testing latent constructs. The model included responsiveness as the independent latent variable and patient satisfaction as the dependent variable, controlling for demographic covariates.

The SEM model fit was evaluated using standard indices, including the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and Root Mean Square Error of Approximation (RMSEA). Thresholds for acceptable fit followed the guidelines established by Hu and Bentler (1999), with CFI and TLI values ≥0.90 and RMSEA ≤0.08.

3.5 Ethical Considerations

Ethical clearance was obtained from the Ethics Committee of RSI Sultan Agung Banjarbaru prior to data collection. All respondents provided informed consent and were assured of the confidentiality and anonymity of their responses. Participation was entirely voluntary, and respondents were allowed to withdraw at any stage without penalty. Data were stored securely and used solely for academic purposes.

This methodological approach ensures that the study not only yields reliable and valid results but also adheres to ethical standards of academic research. The use of multiple statistical techniques and theory-driven constructs positions this study to make meaningful contributions to both scholarly literature and hospital practice.

3. Results

3.1 Descriptive Statistics

Table 1 presents the descriptive statistics for the two primary variables measured in the study: Responsiveness and Patient Satisfaction. The mean score for Responsiveness was 4.32 (SD = 0.48), indicating that respondents generally perceived the hospital staff as highly

responsive. The mean for Patient Satisfaction was slightly higher at 4.45 (SD = 0.42), suggesting a strong overall satisfaction with the inpatient experience.

These results reflect a generally positive perception of service delivery at RSI Sultan Agung Banjarbaru, particularly in aspects related to timely and attentive care. The minimum and maximum values for both variables suggest relatively limited variability, with most scores clustering at the higher end of the Likert scale, indicating consistency in patient experiences.

Table 1. Descriptive Statistics

Variable	Mean	Standard Deviation	Minimum	Maximum
Responsiveness	4.32	0.48	3	5
Patient Satisfaction	4.45	0.42	3.2	5

3.2 Correlation Analysis

To evaluate the strength of the relationship between Responsiveness and Patient Satisfaction, a Spearman rank-order correlation analysis was conducted. The results, shown in Table 2, reveal a strong and statistically significant positive correlation ($\rho = 0.762$, $p < 0.001$). This indicates that higher levels of perceived responsiveness are associated with higher levels of patient satisfaction.

This finding supports the study's central hypothesis that responsiveness is a critical determinant of satisfaction in hospital settings. It is consistent with previous literature emphasizing the emotional and perceptual dimensions of healthcare service quality, where responsiveness influences trust, perceived care quality, and service value (Jiang et al., 2021; Torres et al., 2019).

Table 2. Spearman Correlation Result

Variables	Spearman Coefficient	p-Value
Responsiveness <--> Satisfaction	0.762	0

3.3 Regression Analysis

A simple linear regression analysis was also performed to assess the predictive power of Responsiveness on Patient Satisfaction. The model showed that Responsiveness accounted for 58.1% of the variance in Satisfaction ($R^2 = 0.581$, $p < 0.001$). The unstandardized regression coefficient (β) was 0.71, indicating that for every one-point increase in perceived responsiveness, satisfaction increased by 0.71 points on the Likert scale.

This result reinforces the argument that responsiveness is not only correlated with satisfaction but also has a substantial predictive impact. Hospitals seeking to improve satisfaction scores may benefit significantly from strategic interventions targeting responsiveness.

3.4 Structural Equation Modeling (SEM) Results

To validate the conceptual model, a Structural Equation Modeling (SEM) analysis was conducted using AMOS. The model demonstrated acceptable fit indices: CFI = 0.948, TLI = 0.931, and RMSEA = 0.045, all within recommended thresholds (Hu & Bentler, 1999). The

standardized path coefficient between Responsiveness and Patient Satisfaction was 0.79 ($p < 0.001$), confirming a strong and significant relationship.

These SEM findings further strengthen the empirical basis for viewing responsiveness as a latent construct with high explanatory power. The fit indices support the model's robustness, and the path coefficient indicates that responsiveness is a dominant factor influencing patient evaluations of hospital service quality.

3.5 Summary of Key Findings

a) Responsiveness received high average ratings from patients and exhibited low variability, indicating consistent positive experiences.
b) Spearman correlation analysis confirmed a strong and statistically significant positive relationship between responsiveness and satisfaction.
c) Regression analysis showed that responsiveness explains over half the variance in patient satisfaction.
d) SEM results validated the conceptual model and confirmed responsiveness as a significant latent variable with strong predictive capacity.

Collectively, these findings provide compelling evidence that responsiveness is not just an operational concern but a strategic driver of patient satisfaction in hospital settings.

4. Discussion

The findings of this study provide substantial empirical evidence supporting the central thesis: responsiveness is not merely a supportive aspect of healthcare service quality, but a strategic organizational capability with significant implications for hospital marketing and business growth. This section discusses the results in light of existing theories, previous studies, and practical considerations.

4.1 Theoretical Implications

The positive and significant relationship between responsiveness and patient satisfaction, as demonstrated through correlation, regression, and SEM analysis, aligns strongly with both the Resource-Based View (RBV) and Dynamic Capabilities Theory. According to Barney (1991), sustainable competitive advantage arises from resources that are valuable, rare, inimitable, and non-substitutable. Responsiveness, when embedded in hospital culture and operational routines, satisfies these criteria. It cannot be easily replicated by competitors because it depends on tacit knowledge, employee training, and internal processes unique to each institution. Teece et al. (1997) further suggest that dynamic capabilities enable firms to adapt and evolve in changing environments. Responsiveness fits within this framework by allowing hospitals to adjust to individual patient needs and fluctuating service demands in real-time. As the findings show, responsiveness significantly predicts patient satisfaction, which itself is a precursor to loyalty, brand advocacy, and financial performance. This establishes responsiveness not only as a performance indicator but as a strategic asset with dynamic properties.

These findings also support contemporary service marketing theories such as the Service-Profit Chain (Heskett et al., 1994) and Customer-Dominant Logic (Heinonen et al., 2010). Both frameworks emphasize that internal service quality exemplified by staff responsiveness drives customer satisfaction, which in turn leads to loyalty and revenue

growth. Thus, responsiveness serves as a mechanism through which organizational resources are translated into market outcomes.

4.2 Alignment with Prior Research

The present analysis reinforces the conclusions of Chahal and Kumari (2012), who found responsiveness to be the most critical determinant of satisfaction in Indian hospitals, and Osei-Frimpong and Wilson (2021), who highlighted the role of responsiveness in shaping emotional engagement and loyalty. Similarly, Jiang et al. (2021) demonstrated that responsiveness drives digital patient engagement, a finding echoed in this study's emphasis on responsiveness as a driver of online word-of-mouth and brand perception.

Moreover, this research extends the findings of previous studies by exploring responsiveness in the context of Islamic private hospitals.

4.3 Strategic Implications for Hospital Management

From a managerial perspective, the study suggests several actionable insights:

a) Responsiveness as Core Marketing Strategy: Hospitals should integrate responsiveness into their brand messaging and positioning strategies. Marketing campaigns can highlight response time guarantees, staff attentiveness, and real-time service improvements as unique value propositions.
b) Training and Culture Development: Creating a culture of responsiveness requires more than protocol it demands continuous staff training, empowerment, and performance measurement. Hospitals should institutionalize responsiveness through staff appraisal systems and reward mechanisms.
c) Technology and Process Innovation: Responsiveness can be enhanced through digital tools such as automated triage, real-time feedback systems, and CRM platforms that track patient interactions. Investment in such technologies can amplify responsiveness and improve satisfaction outcomes.
d) Strategic Metrics: Responsiveness should be measured not only as part of internal quality audits but also as a strategic KPI linked to satisfaction, loyalty, and financial metrics. Including responsiveness in the hospital's strategic scorecard can align departments and leaders toward a shared goal.

4.4 Responsiveness in Emerging Market Contexts

In the context of Indonesia and similar emerging markets, responsiveness takes on additional significance. As the healthcare sector becomes increasingly privatized and patient expectations evolve, service agility becomes a key differentiator. Yet, hospitals in these settings often operate under resource constraints and hierarchical organizational structures that inhibit timely response.

This analysis suggests that even under such constraints, responsiveness can be cultivated as a strategic strength. Hospitals that operate with limited resources but achieve high responsiveness scores often do so through cultural alignment, patient engagement, and clear service pathways. Other institutions can emulate this model by focusing on low-cost, high-impact initiatives that elevate responsiveness without large capital investments.

4.5 Responsiveness and Cultural Legitimacy

In Islamic healthcare institutions, responsiveness contributes not only to satisfaction but also to moral legitimacy. Patients in these settings evaluate service not only on the basis of efficiency but also on whether the service reflects values such as "rahmah" (compassion), "ihsan" (excellence), and "adl"(justice). A delay in care or inattentiveness may be perceived as a violation of these principles.

Therefore, responsiveness should be embedded into "institutional identity", not just operational policy. Leadership in Islamic hospitals must frame responsiveness as a religious and ethical obligation, which can be leveraged in both internal communications and external branding.

4.6 Limitations and Future Research Directions

While the study provides valuable insights, it is not without limitations. First, the sample is limited to a single Islamic private hospital, which may affect the generalizability of the findings. Future studies should include multi-site or cross-national comparisons to validate the strategic relevance of responsiveness across different cultural and healthcare systems.

Second, this analysis focused exclusively on patient perceptions. Future research could incorporate perspectives from hospital staff and management to develop a more holistic understanding of how responsiveness is operationalized and perceived internally.

Finally, future work should explore how responsiveness interacts with other strategic variables, such as trust, loyalty, and digital service adoption, to form comprehensive models of hospital competitiveness.

Conclusions

This study sought to reconceptualize responsiveness not merely as a component of service quality but as a strategic capability that contributes to patient satisfaction and supports hospital marketing and business performance. The empirical analysis conducted in a private Islamic hospital context revealed that responsiveness encompassing speed of service, staff attentiveness, and clarity of communication was the strongest predictor of inpatient satisfaction. This finding holds substantial theoretical and practical implications, especially for healthcare organizations operating in competitive and culturally sensitive environments.

From a theoretical standpoint, the results affirm that responsiveness aligns with the core tenets of the Resource-Based View (RBV) and Dynamic Capabilities Theory. It functions as an intangible, valuable, and inimitable resource that, when properly harnessed, can provide sustained competitive advantage. Moreover, responsiveness allows hospitals to adapt quickly to patient expectations and environmental volatility, reflecting the characteristics of dynamic capabilities essential in service-driven industries.

Strategically, this study elevates responsiveness to a central position in hospital marketing frameworks. Unlike traditional quality dimensions that often emphasize structural or clinical aspects, responsiveness directly engages with the emotional and experiential side of patient care. Its impact extends beyond the point of service delivery to shape perceptions, digital narratives, and loyalty behaviors that influence long-term organizational outcomes.

Managerial Implications

The findings of this study provide several practical recommendations for hospital administrators and healthcare marketers:

a) Responsiveness as Brand DNA: Responsiveness should be communicated as a core organizational value, embedded in brand narratives, staff training programs, and patient touchpoints. Marketing strategies should emphasize responsiveness as a differentiator in both online and offline channels.
b) Measurement and Accountability: Institutions should include responsiveness in key performance indicators (KPIs) for departments and individuals. Regular patient feedback mechanisms should be established to measure responsiveness and link results to strategic planning processes.
c) Technology Integration: Digital tools such as real-time feedback systems, automated patient response platforms, and CRM tools should be leveraged to enhance service agility and responsiveness. These tools can provide both operational efficiencies and strategic insights.
d) Leadership and Culture: Leadership must champion responsiveness as a strategic priority. This involves cultivating a service-oriented culture, promoting interdepartmental collaboration, and rewarding responsive behaviors.
e) Cultural Sensitivity: Particularly in Islamic hospital contexts, responsiveness should be framed not only as an efficiency concern but also as a reflection of religious and moral integrity. Institutions should incorporate ethical training that aligns responsiveness with spiritual values such as compassion (rahmah) and justice (adl).

Policy and Research Implications

For policymakers and health system regulators, the study suggests that responsiveness should be integrated into hospital accreditation and performance evaluation systems. Traditional metrics often focus on inputs and outcomes, neglecting the experiential elements that patients value. A shift toward more holistic and patient centered evaluation frameworks could drive improvements in both quality and competitiveness.

For researchers, the findings open multiple avenues for further investigation. Comparative studies across public and private hospitals, as well as between Islamic and conventional institutions, could yield deeper insights into how responsiveness operates in different cultural and organizational contexts. Moreover, mixed method approaches could enrich our understanding of the lived experience of responsiveness, complementing quantitative models with narrative and ethnographic depth.

Final Remark

In conclusion, responsiveness should no longer be treated as a peripheral concern in hospital service delivery. It is a multidimensional construct with strategic potential one that influences satisfaction, shapes reputation, and drives institutional growth. Hospitals that recognize and invest in responsiveness not only serve their patients better but also position themselves for sustained success in an increasingly competitive and consumer driven healthcare market.

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Conflicts of Interest

The author declares that there is no conflict of interest.

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