The Effect of Word of Mouth, Patient Experience, and Cooperation On Patient Trust, With Psychological Commitment As A Mediator and Switching Cost In Hospitals

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Abstract.
This study aims to analyze the influence of Word of Mouth (WOM), patient experience, and cooperation on patient trust, with psychological commitment as a mediator and switching cost as a moderator at Diponegoro National Hospital (DNH), Indonesia. The sample comprised 304 outpatients who had visited at least twice. Partial Least Squares Structural Equation Modeling (PLS-SEM) was applied to examine the relationships among variables. Results reveal that cooperation has the most significant effect on psychological commitment and patient trust. WOM influences trust indirectly through psychological commitment, while patient experience directly influences trust but not psychological commitment. Switching cost positively moderates the relationship between WOM and trust and negatively moderates the relationship between patient experience and trust. These findings underline the importance of interpersonal cooperation and psychological bonding, enhanced by social recommendations and switching cost influences, in building patient trust. The study offers managerial implications for hospital quality improvement and patient loyalty strategies. The novelty of this research lies in the development of a conceptual model that integrates communication, patient experience, interpersonal relationships, and psychological factors to build patient trust in a hospital. This differs from previous studies, most of which only examined the influence of patient trust. Patient trust is a critical foundation for sustainable healthcare services and patient loyalty

Keywords: *patient experience, psychological commitment, patient trust, switching cost and Word of Mouth (WOM).*

I. INTRODUCTION

Healthcare services in Indonesia have seen growth and development in response to increasing public demand for accessible, affordable, and high-quality care (Ministry of Health of the Republic of Indonesia, 2024). This evolution has intensified competition among healthcare providers, who strive to attract new patients while retaining existing ones, a process rooted in the trust that fosters patient loyalty (Hariyanti et al., 2024).

In an increasingly competitive landscape, patient loyalty has become a critical factor for hospitals, as it is intrinsically linked to the sustainability of services, the hospital's reputation, and its overall competitiveness. Without patient loyalty, hospitals struggle to grow and face the risk of declining performance, which could threaten their long-term viability (Darwin et al., 2022). Loyal patients not only remain consistent in their treatment but are also likely to return to the same healthcare provider and recommend it to others (Renaldo & Antonio, 2024).

One highly influential factor is "word-of-mouth" (WOM), the informal sharing of information and recommendations by patients or the public. With the advancement of information technology and social media, WOM spreads more easily and wields significant power in shaping patients' perceptions and their decisions when choosing a hospital.

Positive WOM can build trust among new patients and reinforce the loyalty of existing ones. WOM plays a pivotal role in cultivating patient loyalty; a patient's decision to select a particular healthcare facility is often influenced by recommendations from family, friends, or colleagues, as well as the experiences of other patients (Soare et al., 2022). Patients who have positive service experiences are more likely to provide favorable recommendations to others and return to the same healthcare provider. A study by Lu and Wu (2016) demonstrates that WOM influences both the decision to utilize services and patient loyalty toward healthcare facilities. Furthermore, a patient's experience while receiving care serves as a central element in the evaluation of a hospital's service quality.

Patient experience reflects a patient's encounter with the healthcare services they receive, encompassing interactions with healthcare professionals, communication and the provision of information, responsiveness of services, the comfort of the healthcare facility's environment, and the coordination of care (Doyle et al., 2013; Szewczyk & Hoque, 2026). A positive service experience can enhance patient trust and comfort, thereby encouraging patients to continue using the same healthcare services. Research by Rachmatillah & Munawar (2025) indicates that a positive patient experience fosters patient loyalty and strengthens the relationship between the patient and the hospital.

The factor of cooperation between patients and medical personnel is also considered a crucial variable that improves patient understanding and engagement in the treatment process, thereby strengthening the patient's trust and psychological commitment to the hospital. Effective cooperation can enhance care coordination, patient safety, and the quality of interactions between patients and healthcare professionals. Such conditions promote more holistic care and increase patient involvement in the treatment process, which contributes to the development of patient trust in the hospital (Bendowska & Baum, 2023; Littlechild & Smith, 2013).

Psychological commitment to a patient's attachment to a hospital serves as an internal mechanism that bridges the relationship between external factors (such as word-of-mouth, patient experience, and cooperation) and patient trust. This commitment is formed through experiences and relationships developed during the service process, motivating patients to maintain the relationship based on their belief in the benefits received (Tian et al., 2022;

Pombo & Gomes, 2019). Patients with a high level of psychological commitment tend to exhibit greater loyalty and higher levels of trust. However, another factor that can influence the strength of this relationship is "switching cost." Switching cost refers to a patient's perception of the expenses, time, effort, and psychological burden that would be incurred if they were to switch to a different hospital (Burnham et al., 2003). High switching costs tend to discourage patients from changing their healthcare provider due to procedural, financial, and relational barriers involved in the transition process; this reinforces a patient's inclination to remain with the same hospital, even when other alternatives are available.

The novelty of this research lies in the development of a conceptual model that integrates communication, patient experience, interpersonal relationships, and psychological factors (Tian et al., 2022) to build patient trust in a hospital. This differs from previous studies, most of which only examined the influence of patient trust (Lerch et al., 2024). Rather than focusing solely on the direct impact of service quality, satisfaction, or word-of-mouth on patient trust and loyalty, this study develops a more comprehensive approach by incorporating word-of-mouth, patient experience, and cooperation as factors that shape patient trust, with psychological commitment serving as a mediating variable (Pombo & Gomes, 2019).

This approach offers a new understanding: patient trust is not merely formed through the evaluation of services received, but also through a psychological attachment that emerges from an ongoing relationship between the patient and the hospital (Bendowska & Baum, 2023).

Furthermore, this study makes a novel contribution by introducing "switching costs" as a moderating variable in the relationship between psychological commitment and patient trust. Previous research has tended to view patient trust and commitment as a direct relationship, failing to account for the factors that might hinder a patient from switching to another healthcare provider.

By including switching costs, this study demonstrates that the strength of a patient's psychological bond with a hospital is influenced not only by their experiences and emotional commitment but also by their perception of the costs, risks, time, and effort involved in transitioning to a different healthcare provider. Consequently, this study provides a fresh perspective on patient relationship management by elucidating the mechanisms through which hospitals can build and sustain patient trust leveraging a combination of behavioral, psychological, and relational factors.

Given this context, this study aims to conduct a comprehensive examination of the influence of word-of-mouth, patient experience, and cooperation on patient trust within a hospital setting, with psychological commitment as a mediator and switching costs as a moderator. It is expected that this research will provide empirical insights valuable for both the development of theory and the practice of hospital management.

Patient trust is a critical foundation for sustainable healthcare services and patient loyalty. In the information age, Word of Mouth (WOM) strongly influences patient decision-making (Lerch et al., 2024). Additionally, patient experience and the quality of the relationship between patients and healthcare providers impact trust formation.

Psychological commitment functions as a mediator in linking these antecedents to patient trust. Switching cost, perceived as the cost incurred when switching hospitals, further affects patient loyalty and retention. Diponegoro National Hospital (DNH) in Indonesia faces challenges in maintaining patient trust by managing these factors effectively. This study empirically investigates the impact of WOM, patient experience, and cooperation on patient trust, with psychological commitment as a mediator and switching cost as a moderator at DNH. The findings aim to contribute theoretically and offer practical guidance for healthcare service management.

II. RESEARCH METHOD

This study is a quantitative, observational-analytic study, which aims to analyze the relationships between variables without applying any interventions to the research subjects.

A cross-sectional design is employed, wherein data for both independent and dependent variables are collected at a single point in time. Participants were selected using a purposive sampling technique. The study was conducted at the Diponegoro National Hospital (RSND) Indonesia. It is scheduled to take place from June to July 2026, encompassing data collection, data processing, and the analysis of research findings.

The population for this study consists of outpatients at the Diponegoro National Hospital. A purposive sampling technique is used, based on specific criteria established in alignment with the research objectives. Selected respondents must meet predetermined inclusion and exclusion criteria. A minimum sample size of 300 respondents is required for this study. Data collection for this study was conducted using a questionnaire with a 1–4 Likert scale, which was distributed in person. Before completing the questionnaire, respondents were provided with an explanation regarding the research objectives and asked for their consent to participate. Subsequently, the respondents completed the questionnaire independently, based on their own experiences and perceptions of the services received. The inclusion criteria for this study are patients aged ≥18 years who are outpatients at Diponegoro National Hospital (RSND) Indonesia and are willing to serve as respondents by completing the provided questionnaire during the study period. The exclusion criterion for this study is the failure of a patient to complete the questionnaire in its entirety.

Data collection was conducted using a questionnaire with a 1–4 Likert scale, which was distributed in person. Before completing the questionnaire, respondents were provided with an explanation of the study's objectives and asked for their consent to participate. Subsequently, respondents completed the questionnaire independently, based on their own experiences and perceptions regarding the services they received. The data obtained are primary data, collected directly from the respondents through completed questionnaires.

The instrument employed in this study is a closed-ended questionnaire, developed based on the research variables: word of mouth, patient experience, cooperation, psychological commitment, switching cost, and patient trust. The questionnaire was used to gather primary data on patients' perceptions and experiences while receiving services at the Diponegoro National Hospital in Indonesia, as well as to measure the relationships between the variables under study.

Validity and reliability tests are conducted to ensure that a research instrument measures variables accurately and consistently. Content validity testing is performed to assess the alignment between the questionnaire items and the theoretical concepts and indicators employed in the study. Each item is evaluated to ensure that the instrument comprehensively covers all aspects intended to be measured. Construct validity is assessed using Confirmatory Factor Analysis (CFA) to determine the extent to which the indicators effectively represent the constructs being measured.

Reliability testing is conducted to assess the consistency of an instrument in measuring a construct, utilizing the Cronbach's Alpha coefficient. An instrument is considered to have good reliability if the Cronbach's Alpha value is ≥ 0.70, indicating that the items within the instrument possess sufficient internal consistency for measuring the research variables. Data analysis was conducted using descriptive statistics to

describe the characteristics of the respondents and the research variables. Subsequently, the validity and reliability of the instruments were tested to ensure the quality of the measurement tools employed. Hypothesis testing was performed using Structural Equation Modeling (SEM) with software such as AMOS or SmartPLS to analyze the relationships between variables, including direct effects, the mediating role of psychological commitment, and the moderating effect of switching costs within the research model (Hair et al., 2019).

III. RESULT AND DISCUSSION

The characteristics of the respondents in this study outline the profile of the 304 patients who served as the research sample. These characteristics include gender, level of education, occupation, visit status, and the frequency of hospital visits. Presenting these respondent characteristics serves to provide an overview of the sample composition used to analyze the influence of word-of-mouth, patient experience, and cooperation on patient trust, with psychological commitment acting as a mediator and switching costs as a moderator.

Characteristics by Gender

In terms of gender, there are 153 male respondents (50.3%) and 151 female respondents (49.7%). This composition indicates that the number of male and female respondents is relatively balanced, with a difference of only two individuals. Such a balanced proportion suggests that the research data is not heavily dominated by either gender group. Consequently, the respondents' perceptions regarding word-of-mouth, patient experience, cooperation, trust, psychological commitment, and switching costs are derived from male and female groups in nearly equal proportions.

Characteristics by Highest Level of Education

Regarding the highest level of education, the largest group of respondents, 149 individuals or 49.0%, completed primary, junior secondary, or senior secondary/vocational education. Furthermore, 103 respondents (33.9%) hold a bachelor's degree (S1), 40 respondents (13.2%) hold a diploma (D1–D4), and 12 respondents (3.9%) hold a postgraduate degree (S2/S3). This composition shows that nearly half of the respondents fall into the primary to secondary education category.

Nevertheless, the study also includes respondents with higher education, ranging from diplomas to postgraduate degrees. This diversity in educational attainment provides a variety of respondent characteristics, which influence how they evaluate their experiences and interactions with the hospital.

Characteristics by Occupation

In terms of occupation, the largest group of respondents consists of private-sector employees, totaling 85 individuals (28.0%). Additionally, 47 respondents (15.5%) are students, 44 (14.5%) are self-employed, and 41 (13.5%) are currently unemployed.

Respondents with other occupations account for 39 individuals (12.8%), civil servants for 29 (9.5%), and students for 13 (4.3%). Additionally, 5 respondents (1.6%) are categorized as "others" (homemakers), and 1 respondent (0.3%) is a retired civil servant. This occupational diversity indicates that the respondents come from varied economic and social backgrounds. Consequently, perceptions regarding hospital services and the relationship with the hospital are not limited to any single occupational group.

Characteristics Based on Visit Status

In terms of visit status, most respondents are returning (existing) patients, totaling 197 individuals (64.8%), while 107 respondents (35.2%) are first-time (new) patients. The predominance of returning patients suggests that most respondents have prior experience interacting with the hospital. This is relevant to the study, as constructs such as patient experience, psychological commitment, trust, and switching costs can develop through a patient's ongoing interactions with the hospital over time.

Characteristics Based on Visit Frequency

Regarding the number of visits, the largest group consists of patients who have visited 2–3 times (115 individuals, or 37.8%), followed by those who have visited only once (110 individuals, or 36.2%). Respondents who have visited 4–5 times account for 45 individuals (14.8%), while those who have visited more than 5 times account for 34 individuals (11.2%).

Thus, most respondents have visited the hospital more than once. This reinforces the relevance of this study in examining the relationship between patient experience and the formation of trust and psychological

commitment. Patients who have interacted with a hospital on multiple occasions have a greater opportunity to evaluate the quality of their experiences and form perceptions regarding their relationship with the hospital.

Overall, the characteristics of the 304 respondents show variation in terms of gender, education, occupation, visit status, and frequency of visits. This composition indicates that the research sample possesses a sufficiently diverse background, making it suitable for proceeding with the analysis of the measurement and structural models.

Outer loadings are used to determine the strength of the relationship between each indicator and the latent construct it measures. A higher outer loading value indicates that an indicator is more effective at representing the construct in question. In the evaluation of reflective measurement models, an outer loading value of 0.70 or greater generally suggests that an indicator possesses adequate reliability.

Hair et al. (2020) explain that a loading of approximately 0.708 indicates that the construct can explain at least 50% of the indicator's variance. Based on the test results, all indicators in this study have outer loading values ranging from 0.789 to 0.923. Consequently, every indicator exceeds the 0.70 threshold established as the criterion for this study.

Thus, all 26 research indicators satisfy the outer loading criteria. The lowest value, 0.789, remains above the 0.70 limit; therefore, no indicators need to be eliminated based on the outer loading results. These findings indicate that the indicators employed possess a strong capacity to represent their respective constructs (Hair et al., 2019; Hair et al., 2020). Nevertheless, the decision to retain or remove an indicator with a lower loading should consider the overall reliability and validity of the construct, rather than relying solely on the individual loading value (Hair et al., 2019; Hair et al., 2020).

Table 1. Outer Loading Result

Item	*Cooperation*	Trust	Experience	Psychologi	Switching	WOM
B1			0,818			
B2			0,889			
B3			0,857			
B4			0,789			
B5			0,828			
C1	0,889					
C2	0,897					
C3	0,886					
C4	0,805					
D1				0,908		
D2				0,911		
D3				0,919		
D4				0,841		
E1					0,883	
E2					0,918	
E3					0,923	

Table 2. **Outer Loading Values**

Item	*Cooperation*	Trust	Experience	Psychologi	Switching	WOM
E4					0,923	
F1		0,894				
F2		0,933				
F3		0,916				
F4		0,897				
WOM 1						0,900
WOM 2						0,898
WOM 3						0,916
WOM 4						0,905
WOM 5						0,892

Consistency reliability is used to determine the consistency of indicators in representing the same construct. One commonly used measure is Cronbach's alpha, while in PLS-SEM, composite reliability is also employed to

assess the internal consistency of a construct. A reliability value of approximately 0.70 or higher generally indicates adequate internal consistency (Hair et al., 2019; Hair et al., 2020).

The test results show that the Cronbach's alpha values for all constructs fall within the range of 0.892–0.943. Specifically, Cronbach's alpha values are 0.892 for Cooperation, 0.931 for Trust, 0.893 for Experience, 0.917 for Psychological Commitment, 0.932 for Switching Cost, and 0.943 for WOM.

All these Cronbach's alpha values exceed the 0.70 threshold, indicating that the indicators for each construct possess good internal consistency. The highest value is observed for the WOM construct (0.943), while the lowest is found for Cooperation (0.892). Consequently, no constructs exhibit reliability issues based on Cronbach's alpha. In addition to Cronbach's alpha, construct reliability can also be evaluated through composite reliability.

Table 3. Construct Reliability Result

Variables	*Cronbach's alpha*	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Cooperation	0,892	0,893	0,926	0,757
Trust	0,931	0,932	0,951	0,829
Experience	0,893	0,900	0,921	0,700
Psychologi	0,917	0,917	0,942	0,802
Switching	0,932	0,941	0,952	0,831
WOM	0,943	0,946	0,956	0,814

The research findings indicate that the composite reliability (rho_A) values range from 0.893 to 0.946, while the composite reliability (rho_C) values range from 0.921 to 0.956. These values demonstrate that all constructs possess an adequate to excellent level of internal consistency.

Based on these Cronbach's alpha and composite reliability results, it can be concluded that Cooperation, Trust, Experience, Psychological commitment, switching cost, and WOM are reliable constructs. Thus, the indicators employed exhibit sufficient consistency for use in structural model testing (Hair et al., 2019; Hair et al., 2020).

Convergent validity indicates the extent to which indicators intended to represent a construct share a commonality in measuring that construct. In PLS-SEM, convergent validity is evaluated, in part, using the Average Variance Extracted (AVE) value. An AVE value of 0.50 or greater indicates that a construct can explain at least 50% of the variance in its constituent indicators (Hair et al., 2019; Hair et al., 2020). The test results show that the AVE values for all constructs fall within the range of 0.700–0.831. The 'Cooperation' construct has an AVE of 0.757, 'Trust' 0.829, 'Experience' 0.700, 'Psychological commitment' 0.802, 'Switching cost' 0.831, and 'WOM' 0.814.

All these AVE values exceed the minimum threshold of 0.50. The lowest AVE value is observed for the 'Experience' construct (0.700), while the highest is found for 'Switching cost' (0.831). Consequently, the 'Experience' construct accounts for 70.0% of the variance in its indicators, whereas 'Switching cost' accounts for 83.1% of the variance in the indicators used to measure it.

These results demonstrate that each construct explains more than half of the variance in its constituent indicators. Therefore, all constructs in this study meet the criteria for convergent validity (Hair et al., 2019; Hair et al., 2020). Overall, the results from the assessments of outer loadings, Cronbach's alpha, composite reliability, and AVE indicate that the measurement model satisfies the requirements for both reliability and convergent validity. All indicators can be retained and used in the structural model testing phase.

Discriminant validity

Discriminant validity is used to ensure that a construct possesses empirical characteristics that are distinct from other constructs. When discriminant validity is established, the indicators of a construct demonstrate that the construct measures a concept that is indeed different from other constructs within the model. In this study, discriminant validity is assessed using the Heterotrait-Monotrait Ratio of Correlations (HTMT). Henseler, Ringle, and Sarstedt (2015) introduced HTMT as a criterion for evaluating discriminant validity in variance-based structural equation modeling. The HTMT approach was developed because several earlier methods, such as the Fornell-Larcker criterion and cross-loadings, can have limitations in detecting issues related to discriminant validity.

Henseler et al. (2015) demonstrated that HTMT is more effective at detecting a lack of discriminant validity.

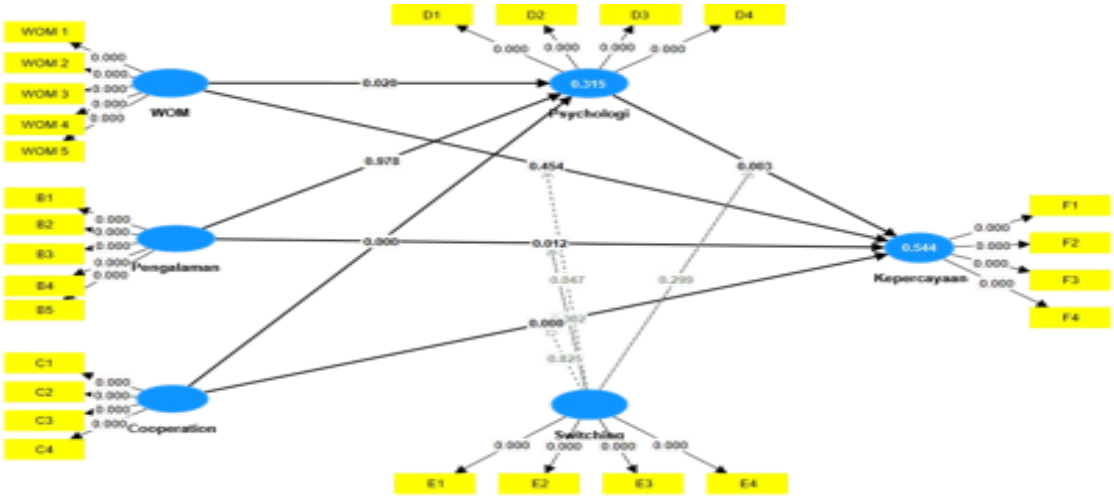


Fig.1. Inner Model

The R-squared (R^2) value is used to assess the ability of a structural model to explain the variation in endogenous constructs. R^2 represents the proportion of variance in an endogenous construct that can be explained by the exogenous constructs included in the model.

A higher R^2 value indicates a greater capacity for the predictor constructs to explain the variation in the endogenous construct. However, the interpretation of R^2 should always take into the complexity of the model and the specific field of research; therefore, the R^2 value should not be used as the sole basis for determining the quality of a model (Hair et al., 2019).

Table 4. R-Square Result

Dependent	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
Trust	0,544	0,563	0,047	11,555	0,000
Psychology	0,315	0,325	0,056	5,621	0,000

The R^2 value for the "Trust" construct is 0.544. This indicates that 54.4% of the variation in patient trust can be explained by the constructs included in the research model, namely Word of Mouth, Patient Experience, Cooperation, Psychological Commitment, and Switching Cost, as well as the structural relationships established within the model. Meanwhile, 45.6% of the variation in patient trust is explained by other factors not included in this research model. Based on the criteria proposed by Hair et al. (2019), an R^2 value of 0.544 being above 0.50 falls into the "moderate" category. Consequently, the research's structural model possesses a moderate explanatory power regarding the "Trust" construct. This suggests that the developed model has a reasonably good ability to explain the variation in patient trust; more than half of the changes or variations in patient trust can be accounted for by the constructs developed in this study. The R^2 value for the "Psychological Commitment" construct is 0.315.

This means that 31.5% of the variation in patients' psychological commitment can be explained by Word of Mouth, Patient Experience, and Cooperation. The remaining 68.5% of the variation in psychological commitment is explained by other factors not included in the research model. Following the guidelines provided by Hair et al. (2019), an R^2 value of 0.315, being above 0.25 but still below 0.50, falls into the moderate category. Thus, the research model possesses a moderate explanatory power regarding psychological commitment, although this explanatory capacity is lower than the model's ability to explain trust. Related to Table 5 below, Model fit evaluation is used to determine the extent to which an estimated model aligns with empirical data. One metric that can be employed in PLS-SEM is the Standardized Root Mean Square Residual (SRMR). The SRMR represents the magnitude of the discrepancy between the observed correlations and the correlations predicted by the model.

Table 5. SRMR Result

	Original sample (O)	Sample mean (M)	95%	99%
Saturated model	0,049	0,033	0,037	0,040

Estimated model	0,068	0,035	0,040	0,044

A smaller SRMR value indicates a smaller difference between the empirical correlation matrix and the correlation matrix generated by the model. Hair et al. (2019) include the SRMR as a suitable metric for reporting PLS-SEM results, suggesting a value of approximately 0.08 or lower as a general guideline for a model with good fit. Based on the test results, the SRMR value for the Saturated Model is 0.049, while for the Estimated Model, it is 0.068. Both values fall below the 0.08 threshold. An SRMR of 0.068 for the Estimated Model indicates that the average discrepancy between the observed correlations and the model-predicted correlations is relatively small.

Similarly, the SRMR of 0.049 for the Saturated Model is well below 0.08. Since the SRMR for the Estimated Model (0.068) remains below the 0.08 criterion, the estimated structural model can be considered to have a good model fit based on the SRMR standard. In addition to the point estimates, the obtained intervals also show consistent results; for the Estimated Model, the 95% value is 0.040, and the 99% value is 0.044 both of which are well below 0.08. This provides further evidence that the model's residual level is relatively low.

Quantitative Analysis Results

This study involved 304 respondents with diverse characteristics, including gender, educational background, occupation, and experience with hospital visits. A balanced gender composition, combined with a varied distribution of education and occupation, provides a robust basis for obtaining a comprehensive overview of patients' perceptions regarding word-of-mouth (WOM), patient experience, cooperation, psychological commitment, switching costs, and trust in the hospital. The majority of respondents were returning patients who had visited the hospital at least twice a profile theoretically well-suited for measuring variables such as patient experience, the formation of trust, and commitment.

An analysis of the measurement indicators revealed that all items in the model exhibited outer loadings above 0.70, indicating that each indicator possesses strong validity in representing its respective latent construct. Internal consistency was also confirmed, with Cronbach’s alpha and composite reliability values ranging from 0.892 to 0.943, demonstrating that the items used to measure each construct are consistent and reliable. Furthermore, Average Variance Extracted (AVE) values ranging from 0.700 to 0.831 reinforce the model's convergent validity, confirming that the constructs effectively account for the majority of the variance in their indicators. Discriminant validity, assessed via the Heterotrait-Monotrait (HTMT) ratio, yielded values below 0.85, indicating that the constructs employed in the model are clearly defined and empirically distinct from one another.

Structural hypothesis testing revealed that cooperation exerts a positive and significant influence on both psychological commitment and patient trust, with the largest effect size among all the variables examined. This suggests that the quality of cooperation between patients and the hospital is a primary factor in fostering psychological attachment and building strong trust.

These findings align with the understanding that productive interpersonal interactions and effective communication can establish a foundation for long-term relationships between patients and healthcare institutions.

Patient experience has a significant positive effect on trust, although the magnitude of this influence is smaller than that of cooperation. However, patient experience does not have a significant effect on psychological commitment. These findings indicate that while a positive perception of the service experience may enhance trust at a cognitive level, it is insufficient to foster a deep psychological commitment. This suggests that transactional patient experiences may need to be complemented by more intensive interpersonal relationships to trigger psychological commitment. Word of mouth (WOM) does not show a significant direct effect on patient trust. Nevertheless, WOM has a significant positive influence on psychological commitment, which, in turn, contributes to an increase in trust.

The Mediating Role of Psychological Commitment in Relation to Visit Frequency and Variation

Psychological commitment has been shown to mediate the relationship between word-of-mouth (WOM) and cooperation with trust, though it does not mediate the relationship involving experience. The variation in patient visit frequency, particularly among those who visit more than once, suggests that psychological commitment develops more effectively through positive interpersonal communication (cooperation) and social influence (WOM).

Many returning patients who exhibit higher levels of psychological commitment demonstrate that emotional bonds and psychological attachments are forged through more frequent interactions a finding closely linked to the characteristics of respondents who engage in frequent interactions and make repeated visits.

The Moderating Role of Switching Costs and Economic Implications

Switching costs moderate the influence of WOM and experience on trust; they strengthen the impact of WOM while weakening the impact of experience. Patients with diverse socioeconomic and occupational backgrounds (including the self-employed, private-sector employees, students, and the unemployed) may exhibit varying degrees of sensitivity toward the costs associated with switching healthcare providers. Patients facing high switching costs are more likely to be influenced by social recommendations (WOM) when forming trust, whereas direct personal experience carries less weight, likely because these patients are bound to the same hospital by economic or practical ties. This indicates that a patient's economic and social context is crucial to understanding how switching costs influence these relationships.

IV. CONCLUSION

Word of mouth does not have a direct effect on patient trust. The results indicate that word of mouth does not significantly influence patient trust. This suggests that information, recommendations, or experiences shared by others are not sufficient to directly shape a patient's trust in a hospital. Patient experience has a positive and significant effect on patient trust. The better the experience a patient has while receiving care, the higher their level of trust in the hospital. The service experience serves as a key source in forming a patient's belief in the hospital's capabilities and quality. Cooperation has a positive and significant effect on patient trust. Effective collaboration between patients and healthcare professionals as well as within the service itself, contributes to increased patient trust.

In this research model, cooperation emerges as one of the strongest factors in shaping patient trust. Word of mouth has a positive and significant effect on psychological commitment. Positive information and recommendations regarding a hospital can foster a patient's psychological commitment to that institution.

Patient experience does not have a significant effect on psychological commitment. A positive service experience does not automatically lead to the development of a patient's psychological commitment to the hospital.

Thus, patient experience and psychological commitment represent distinct relational mechanisms within this study. Cooperation has a positive and significant effect on psychological commitment. Greater cooperation and patient involvement in the service process led to a stronger psychological commitment to the hospital. Psychological commitment has a positive and significant effect on patient trust. A patient's psychological commitment to a hospital contributes to the development of higher levels of trust. Psychological commitment mediates the effect of word of mouth on patient trust. Although word of mouth does not exert a significant direct influence on trust, it can enhance trust by fostering psychological commitment.

This finding suggests that the influence of word of mouth on trust operates through the patient's psychological mechanisms. Psychological commitment does not mediate the effect of patient experience on patient trust. The influence of patient experience on trust occurs directly, rather than through psychological commitment. Psychological commitment mediates the influence of cooperation on patient trust. Cooperation can enhance patient trust both directly and indirectly through the formation of psychological commitment.

Switching costs moderate the influence of patient experience on patient trust. A negative moderation coefficient indicates that higher switching costs weaken the relationship between patient experience and patient trust. Switching costs moderate the influence of word-of-mouth (WOM) on patient trust. A positive moderation coefficient indicates that higher switching costs strengthen the relationship between word-of-mouth and patient trust. Thus, switching costs do not always function as a factor that strengthens positive relationships within the model. Switching costs do not moderate the influence of cooperation on patient trust. The level of switching costs has not been shown to alter the strength of the influence that cooperation has on patient trust. Switching costs do not moderate the influence of psychological commitment on patient trust. The impact of psychological commitment on patient trust does not depend significantly on the level of switching costs.

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