ORIGINAL ARTICLE

Can communication effectiveness promote patients' revisit intentions through trust and perceived value? A study of private hospitals in Yangon

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ABSTRACT

Due to the competitive Myanmar healthcare industry, this study investigated the impact of communication effectiveness on promoting patients' revisit intentions through the roles of patients' trust and perceived value as a mediator, framed by social capital theory, in private hospitals in Yangon, the previous capital city and one of the largest cities of the country. Given the unknown population of patients in Yangon, survey data were gathered using online questionnaires designed in Burmese through local private healthcare online communities for one month from 414 private hospital patients across 15 townships of Yangon, Myanmar, selected using stratified purposive sampling, representing a response ratio of 69%. The reliability of the data was confirmed, with all constructs achieving Cronbach's alpha values above 0.872, indicating strong internal consistency. According to the PLS-SEM analysis and the Sobel test results, communication effectiveness directly influenced revisit intentions (β= 0.0152, p< 0.014). Moreover, trust (t=2.104, p=0.000) and perceived value (t=2.552, p=0.000) indirectly mediated the relationship between communication effectiveness and revisit intentions as well as the perceived value mediated the relationship between the patient trust and revisit intentions (t= 8.836, p= 0.000). These findings contribute new knowledge and insights into the roles of communication effectiveness in promoting revisit intentions through trust and perceived value of patients in private hospitals in Yangon, Myanmar, and new expansion of social capital theory in healthcare literature, which has not yet been widely explored. Furthermore, the study provides valuable guidelines for healthcare service providers, policymakers, and marketers in promoting healthcare businesses' long-term success.

Keywords:

anemia; nutritional status; protein intake; iron intake; physical activity; adolescent girls

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INTRODUCTION

In today's fast-changing business landscape, organizations across all sectors compete to fulfill customers' needs, providing high-quality products or services to meet their growing demands.^{1, 2} This is especially crucial in the healthcare industry, significantly impacting society's welfare.^{3, 4} providers can Healthcare enhance operational efficiency and affordability by focusing on quality, safety, and patientcentered care. 5, 6 A recent report by GHCSO (2024)⁷ revealed a remarkable increase in healthcare technology investments, reaching an impressive \$44 billion in 2021.7 With the rise in healthcare investments, hospitals are competing for market dominance by offering superior services and providing a variety of choices for consumers.8

In Myanmar, the Ministry of Health and Sports offers a comprehensive healthcare encompassing system preventive, promotive, and curative services.⁹ The healthcare system comprises hospitals, private hospitals, and clinics.¹⁰ According to a yearly report by HSR (2020), ¹⁰ there are 249 private hospitals, 200 private specialist clinics, 5,000 private general clinics, and 800 private dental clinics in the healthcare industry. Currently, clinics are the most preferred healthcare providers, holding 76% of the market share, followed by private hospitals chosen by 17%, while only 3% of people prefer public healthcare facilities.¹¹ In the highly competitive market, private hospitals must gain competitive edges to secure market share and ensure long-term success. Many factors influence their long-term growth and competitive advantages in competing with rival private hospital providers, within and outside their business sector.

One reliable parameter for the healthcare business is revisit intention, which plays a crucial role in ensuring longsustainability and competitive viability. Revisit intention refers to a patient's likelihood of returning to the same healthcare provider for future services and is primarily influenced by positive past experiences. 12 Previous studies have identified various factors affecting revisit communication intention. including effectiveness, customer trust, satisfaction, loyalty, and perceived value. 13-16 Research suggests that fostering high revisit intention enables healthcare providers to develop strong competitive advantages, unique value propositions, and long-term patient retention, all of which contribute to the overall sustainability of healthcare institutions.¹⁷ Among the numerous determinants of revisit intention, communication effectiveness has been extensively studied as a key factor influencing patient behavior in various business contexts, including healthcare. 18, 19 Effective communication ensures clear information exchange, reduces patient uncertainty, enhances trust, and improves the overall healthcare experience, leading patient satisfaction greater loyalty.^{20,21} Studies have shown that when businesses communicate transparently and empathetically, customers are more likely to develop a sense of trust and confidence in the service, which in turn fosters their willingness to return.^{22,23} Additionally, trust is recognized as a crucial mediator in the between communication relationship effectiveness and revisit or repurchase intention, as trust enhances perceived service reliability and strengthens the emotional bond between patients and providers.^{24,25} Furthermore, perceived value, which encompasses both tangible elements, such as quality of medical care facilities, and intangible aspects, such as emotional

service experience, and reassurance. benefits, has been identified as another significant mediator.²⁶ Patients who perceive high value in healthcare services are more reinforcing inclined to return, importance of value perception in shaping revisit intention.^{27,28} These relationships align with social capital theory, which posits that trust and perceived value function as key social resources that facilitate stronger patient-provider relationships and influence consumer decision-making.^{29,30}

Given the importance of communication effectiveness, patient trust, and perceived value, further exploration of their roles in driving revisit intention in private hospitals in Yangon is necessary. By understanding these relationships, healthcare providers can develop strategies to enhance patient satisfaction, build long-term trust, and ultimately improve patient retention and loyalty.

Even though determinants of revisit intention have been explored in various business contexts, while prior studies have explored revisit intention in various sectors, there is a lack of research on how communication effectiveness influences revisit intention through trust and perceived value in private hospitals in Yangon.31, 32 Addressing this gap will provide insights patient retention strategies in Myanmar's private healthcare sector. For example, Soliman et al. (2021)³³ employed an extended model of the theory of planned behavior (TPB) to investigate tourists' revisit intentions to destinations in Egypt. Prior studies also examined the connection between the wellness tourism experience and revisit intention based on the stimulusorganism-response (SOR) model at the Taiwanese spa cluster hotel.³⁴

Research objective

This research aimed to examine how communication effectiveness

influences patients' revisit intentions in private hospitals in Yangon, Myanmar, with a particular focus on the mediating roles of patients' trust and perceived value. Therefore, the following hypotheses were proposed:

Hypothesis 1: Communication effectiveness positively affects patients' revisit intention in private hospitals in Yangon, Myanmar.

Hypothesis 2: Patient trust positively mediates the relationship between communication effectiveness and patients' revisit intention in private hospitals in Yangon, Myanmar.

Hypothesis 3: Perceived value positively mediates the relationship between communication effectiveness and patients' revisit intention in private hospitals in Yangon, Myanmar.

Hypothesis 4: Perceived value positively mediates the relationship between patient trust and patients' revisit intention in private hospitals in Yangon, Myanmar.

METHODS

This study adopts a quantitative research design, utilizing structured survey instruments and advanced statistical techniques to analyze the relationships among key variables. The following provides detailed information on the methodology employed in this research.

Population and samples

The population of interest is patients of private hospitals in Yangon, Myanmar, whose number is unknown. The study targeted patients aged 18 and above. Therefore, the researcher used the formula to calculate the sample size suggested by Cochran (1977)³⁵ with the following parameters: a confidence level of 95%, a margin of error of 5%, and an

estimated proportion of 0.5, which resulted in a required sample size of 384 respondents. Hence, the expected sample was no less than 400, which is considered adequate at a 95% confidence interval. With 15 townships in Yangon, purposive stratified sampling was used to select 40 patients from each township, piling up to 600 patients to be initially approached to affirm a good representation and sufficiency of the final dataset.

Research instrument

Self-administered questionnaires were employed as a data collection instrument consisting of three main demographics, parts: consumer behavior, and all the measurement scale including communication items, effectiveness, perceived value, trust, and revisit intentions. All latent variables were measured using a five-point Likert scale, 1=Strongly Disagree, 5=Strongly Agree, adapted from validated scales in prior Communication research. effectiveness was measured using a 5item scale adapted from Ravangard et al.36 Patient trust was measured using a 5-item scale adapted from Abdullah et al. and Senasu. 37,38 Perceived value was measured using a 4-item scale adapted from Habibi and Rasoolimanesh.26 Revisit intention was measured using a 5-item scale adapted from Ai et al. 40 The questionnaires were made online in Burmese.

Control variables

The study included four control variables: gender, age, education, and income. These control variables were selected because they have been found to impact the repetition of customers'

purchasing activities in prior research. For example, previous research found that age influences the repurchase intentions of an e-commerce website in China.⁴⁰ In addition, prior studies found an impact of income on beer customers repurchase intentions in Wuhan, Hubei Province, China.⁴¹

Collection of data

Data was collected online through social media from local private healthcare communities representing all townships of Yangon. Before distributing the online questionnaires, respondents were screened by screening questions, ensuring their qualification for the study and were informed about the voluntary nature of participation, the confidentiality of their information, and their right to withdraw at any time. It was emphasized that their information would only be used for this study. The survey took about five minutes, and the entire data collection process spanned a month to finish.

Data analysis

Partial least squares structural equation modeling (PLS-SEM) was utilized to analyze the proposed research model, and the Sobel test was used to test the mediation effects. Compared to CB-SEM, PLS-SEM is better suited, as it is effective for the predictions of complex research models with multiple variables and relationship paths.⁴² PLS-SEM can also produce robust results when data are not normally distributed, a common occurrence in many datasets in social science research.^{43, 44} Before conducting the PLS-SEM analysis and Sobel test to test the proposed hypotheses, the data quality was tested, including descriptive statistics, validity and reliability, multicollinearity and common method bias, normality, and the research model quality was tested using the ten model-fit indices, including APC, ARS, AARS, AVIF, AFVIF, GoF, SPR, RSCR, SSR, and NLBCDR, which were chosen because PLS-SEM does not assume a common factor model and prioritizes predictive accuracy over covariance-based model fit.⁴⁵

RESULTS

Background characteristics of the participants

As shown in Table 1, out of 600

respondents, 414 (69%) completed the survey; 229 (55.3%) were male, and 185 (44.7%)were female. About 130 respondents (31.4%) were between 31-40 years old, followed by 106 (25.6%) respondents between 41-50 years old. Regarding monthly income, 126 respondents earned above 1,500,000 kyat per month, representing 30.4%, and 80 respondents earned between 1,000,000-1,500,000 kyat, accounting for 19.3%. Furthermore, 302 (73.3%) respondents have a graduate degree, followed by 57 (13.8%) with a master's degree, representing the total sample.

Table 1. Frequency distribution of sample characteristics and descriptive statistics.

Characteristics	Categories	Descriptive Statistics		
	_	Frequency	Percentage (%)	
Gender	Male	229	55.3%	
	Female	185	44.7%	
Age	$18 \sim 25$	50	12.1%	
	$26 \sim 30$	67	16.2%	
	$31 \sim 40$	130	31.4%	
	$41 \sim 50$	106	25.6%	
	51 ~ 60	54	13%	
	$61 \sim 70$	6	1.4%	
Education	High School	31	7.5%	
	Undergraduate Degree	16	3.9%	
	Graduate Degree	302	73.3%	
	Master's Degree	57	13.8%	
	PhD Degree	6	1.5%	
Income (kyats	0~300,000	38	9.2%	
per month)	300,001~500,000	55	13.3%	
	500,001~800,000	62	15%	
	800,001~1,000,000	53	12.8%	
	1,000,001~1,500,000	80	19.3%	
	Above 1,500,000	126	30.4%	

Several criteria were assessed before the PLS-SEM analysis: convergent validity, discriminant validity, multicollinearity, common method bias (CMB), and model fit indices. Presented in Table 2, to test convergent validity, factor loadings, composite reliability (CR), and average variance extracted (AVE) were assessed according to Cheung et al.⁴⁶ Factor loadings ranged from 0.780 to 0.941, surpassing the

minimum threshold of 0.5. The lowest CR (composite reliability) value was 0.907, which exceeded the acceptable threshold of 0.7, as recommended.⁴⁷ AVE values for all variables were above 0.5, ranging from 0.661 to 0.839, indicating minimal error. The table also shows Cronbach's alpha

values ranging from 0.872 to 0.952, which were more significant than the threshold of 0.7, as suggested.⁴⁸ Therefore, besides the satisfactory convergent validity, reliability was also satisfactory, referring to the CR and Cronbach's alpha values

Table 2. Convergent Validity and Reliability (Factor Loadings, CR, Cronbach's Alpha, and AVE).

Variable	Question Item	Factor loadings	Composite Reliability (CR)	Cronbach's Alpha	Average Variance Extracted (AVE)
Revisit Intentions	RI1: I intend to visit again to this hospital	0.887	0.945	0.928	0.776
	RI2: I have my intention to revisit this hospital in the future.	0.923			
	RI3: I tend to come back to this hospital in the future.	0.872			
	RI4: I see myself visiting this hospital for my future health assessment.	0.884			
	RI5: This hospital will be my first choice for my next health examination.	0.836			
Patient Trust	PT1: I feel safe when I use healthcare services at the hospital.	0.907	0.963	0.952	0.839
	PT2: I trust the doctors and other employees in the hospitals.	0.916			
	PT3: The care quality supported by the hospital is reliable.	0.941			
	PT4: The hospital treats me fairly and squarely.	0.888			
	PT5: I have completed the full list of services provided in the hospital.	0.927			

Variable	Question Item	Factor loadings	Composite Reliability (CR)	Cronbach's Alpha	Average Variance Extracted (AVE)
Perceived Value	PV1: 1. This hospital provides high-quality services.	0.880	0.941	0.916	0.799
	PV2: 2. This hospital offers reasonable prices for its services.	0.894			
	PV3: My effort to get this hospital is well-deserved.	0.898			
	PV4: This hospital service is worth the money I spent.	0.904			
Communication Effectiveness	CE1: The hospital's promotional campaigns are attracting the attention of those in need.	0.802	0.907	0.872	0.661
	CE2: Special campaigns offering lower price rates are receiving a positive response from patients.	0.842			
	CE3: Discounts and promotion packages are informed via social media or fan pages.	0.839			
	CE4: Discounts and promotional packages are available in front of the hospital.	0.800			
	CE5: Discounts and promotional packages are available in front of the hospital.	0.780			

Discriminant validity was tested using the heterotrait-monotrait ratio of correlations (HTMT). As shown in Table 3, all HTMT values were below the recommended threshold of 0.9, ranging from 0.630 to 0.871, meeting the requirements suggested by Hensler et al.⁴⁹ The discriminant validity was confirmed with the greater square root values of all AVEs compared with all their relevant

correlations, as recommended by Fornell and Larcker (1981).⁴⁹ Multicollinearity and CMB were also tested using the full collinearity VIF, as suggested by Petter et al. (2007)⁵⁰ and Knock (2015).⁵² The highest VIF value was 4.119, which met the acceptable threshold of no greater than 5.0, as Knock (2015)⁵³ suggested, indicating the absence of severe multicollinearity issues and CMB in the model.

Table 3. HTMT Ratio, Correlation, Multicollinearity, and Common Method Bias.

	Revisit intention	Patient trust	Perceived value	Communication effectiveness
Revisit intention				
Patient trust	0.717***			
Perceived value	0.802***	0.871***		
Communication effectiveness	0.630***	0.677***	0.758***	
Revisit intention	(0.881)			
Patient trust	0.672***	(0.916)		
Perceived value	0.737***	0.813***	(0.894)	
Communication effectiveness	0.563***	0.616***	0.676***	(0.813)
Full Collin. VIF	2.297	3.124	4.119	1.940

Note. *** ≤ 0.001, ** ≤ p-value ≤ 0.01 and * ≤ p-value ≤ 0.05.

Table 4 shows the ten model fit indices from the PLS-SEM analysis representing the model's overall quality. The results indicated that all indices met their

respective acceptable thresholds suggested by Kock ⁵¹ indicating a satisfactory model fit.

Table 4. Model Fit Indices

Matric	Value	Threshold/Interpretation
Average path coefficient (APC)	0.247***	Significant (p-value < 0.05)
Average R-squared (ARS)	0.558***	Significant (p-value < 0.05)
Average adjusted R-squared (AARS)	0.555***	Significant (p-value < 0.05)
Average block VIF (AVIF)	1.785	Ideally (acceptable if <= 5, ideally <= 3.3)
Average full collinearity VIF (AFVIF)	2.121	Ideally (acceptable if <= 5, ideally <= 3.3)
Tenenhaus GoF (GoF)	0.703	Large (small \geq 0.1, medium \geq 0.25, large \geq
		0.36)
Simpson's paradox ratio (SPR)	0.900	Acceptable (acceptable if ≥ 0.7 , ideally = 1)
R-squared contribution ratio (RSCR)	0.999	Acceptable (acceptable if ≥ 0.9 , ideally = 1)
Statistical suppression ratio (SSR)	1.000	Acceptable (acceptable if ≥ 0.7)
Nonlinear bivariate causality direction ratio (NLBCDR)	1.000	Acceptable (acceptable if ≥ 0.7)

Note. *** ≤ 0.001, ** ≤ p-value ≤ 0.01 and * ≤ p-value ≤ 0.05.

PLS-SEM analysis results

Figure 1 presents the findings of the PLS-SEM analysis testing the proposed hypotheses, which are summarized below.

As suggested by Preacher and Leonardelli (2001),⁵⁴ the Sobel test was performed to test mediation.

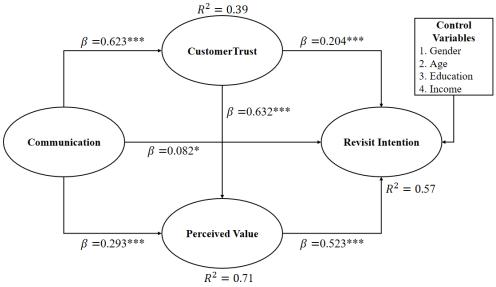


Figure 1. The PLS-SEM Results.

Note. Author's Calculation. *** \le 0.001, ** \le p-value \le 0.01 and * \le p-value \le 0.05.

Hypothesis 1 proposed that communication effectiveness directly and positively impacts the revisit intentions of Yangon private hospitals' patients. The results showed a significant positive relationship between the two variables (β = 0.082; p< 0.046). Therefore, hypothesis 1 is supported.

Hypothesis 2 proposed that patient trust positively mediates the relationship between communication effectiveness and revisit intention. According to the PLS-SEM results, communication effectiveness positively impacts patient trust (β =0.623; p<0.001), and patient trust also positively impacts revisit intentions (β = 0.204; p<0.001). The Soble test results, together with hypothesis 1, revealed a significant partial mediation of patient trust in the relationship between communication effectiveness and revisit intentions (t = 4.062; p< 0.001). Therefore, hypothesis 2 is supported.

Hypothesis proposed that perceived value positively mediates the relationship between communication effectiveness revisit intention. and Referring to the PLS-SEM results, communication effectiveness promotes

perceived value (β = 0.293; p< 0.001), and perceived value also promotes revisit intentions (β = 0.523; p< 0.001). The Sobel test, integrated with hypothesis 1, showed that perceived value partially mediates the relationship between communication effectiveness and revisit intentions (t = 3.503; p< 0.001). Therefore, hypothesis 3 is supported.

Hypothesis 4 proposed that perceived value positively mediates the relationship between patient trust and revisit intention. Given the PLS-SEM results, patient trust positively impacts perceived value (β = 0.632; p< 0.001) and their impacts on revisit intentions. The Sobel test revealed partial mediation of perceived value between patient trust and revisit intentions. (t = 8.836; p< 0.001). Therefore, hypothesis 4 is supported.

However, none of the control variables, including gender, age, education, and income, have a significant relationship with revisit intention.

DISCUSSION

This research examined how communication effectiveness effectively influenced patients' revisit intentions to private hospitals in Yangon by mediating roles of trust and perceived value. According to the results of the PLS-SEM and the Sobel test analysis, all four hypotheses proposed are supported. The significant positive impact of communication effectiveness on patients' revisit intentions confirms that effective communication between healthcare providers and patients can indeed enhance the likelihood of patients returning to the same hospital, aligning with the social capital theory, which posits that effective communication strengthens social ties and fosters a sense of belonging and reciprocity. This finding suggests that trust and perceived value serve as critical relational assets that enhance long-term engagement between patients and healthcare providers, ultimately fostering revisit intentions, and previous research has emphasized the importance of clear, compassionate, and informative communication in building strong patient-provider relationships. 55,56

For instance, Park (2022)⁵⁷ found a significant impact of non-verbal communication of beauty industry employees on customers' revisit intentions in Korea. Park et al. (2021)⁵⁸ also revealed that effective communication promoted revisit intentions for dental medical services in Seoul, Korea. In this context, patients who perceive or experience better, clearer, and more concise communication with their healthcare providers and private hospitals, which are supposed to develop positive perceptions and attitudes toward the hospitals, tend to have more intentions to continue to visit the same hospitals. Handayani et al. (2021)⁵⁶ also found a significant contribution of communication effectiveness on the repurchase intention of patients of the Tangerang District General Hospital in Indonesia. Effective communication is likely to help patients feel more understood, respected, and cared for, thereby strengthening their intention to return.

The results also showed that patient trust emerged as a mediator between communication effectiveness and revisit intentions, consistent with the idea that trust is a form of social capital that can be accumulated and leveraged over time, as found in prior studies. 59-61 For instance, Harrigan et al. (2021)⁶² found that brand trust positively mediates the relationship between communication and purchase intention for fashion-related products in Europe. This finding is consistent with Ali and Young (2022),63 who emphasized that the relationship between the key activities of patient-service provider communication has a positive and significant impact on trust in healthcare in the United States. Also, Ratasuk and Gajesanand (2022)²⁵ found that trust plays a crucial role in promoting the repurchase intentions of street food customers in Bangkok. When patients trust their healthcare providers, they are more likely to feel secure and confident in their care, strengthening their loyalty to the hospital. This trust, built through effective communication, is a crucial facilitator in the patient-provider relationship, encouraging patients to return to the same hospital.

On the other hand, perceived value was also found to mediate the relationship between communication effectiveness and revisit intention, indicating that effective communication enhances perceived value, promoting revisit intentions. This finding also aligns with a social capital perspective, suggesting that perceived value can reflect the benefits derived from social

relationships, as reflected in prior research. For example, a study by Juliana et al. (2022)⁶⁴ found that perceived value significantly and positively affects Muslim millennium tourists' revisit intentions in Bandung cities in Indonesia. It is also supported by Mursid and Anoraga (2022),65 who found that perceived value mediates the relationship between halal destination perceived attributes and revisit intentions of Muslim travelers in Indonesia. This discovery also aligns with Watanabe et al. (2020),66 which states that functional and emotional perceived value positively impacts Brazilian consumers' purchase intentions of organic food in Brazil. It can be interpreted that when patients perceive high value in interactions with their healthcare providers—the quality of care, the clarity of information provided, and the overall experience-they are more likely to invest in and sustain these relationships by returning to the same hospital.

Lastly, perceived value, influenced by trust, further strengthens patients' intentions to revisit. This finding follows the social capital theory, which posits that trust not only directly influences revisit intentions but also enhances the perceived value of the relationship, thereby reinforcing patients' revisit intentions concurrent with previous research. For example, Uzir et al. (2021)67 found a positive relationship between trust and the perceived value of home delivery service personnel in Dhaka, Bangladesh. Baidoun and Salem (2024)⁶⁸ also revealed a positive impact of perceived value on the repurchase intentions of Palestinian millennials during the COVID-19 pandemic. It can be interpreted that the interplay between trust and perceived value highlights how social capital can be built and utilized in healthcare settings to ensure long-term patient retention.

Ultimately, effective communication in private hospitals in Yangon enhances patient revisit intentions by fostering trust, building strong relationships, and ensuring transparent, reliable information exchange. When patients' problems are heard, understood, and responded to effectively or informed clearly and promptly on their cases, they develop trust and perceive excellent value in the hospital's care and services. This trust and perceived value relationship mediate the between communication and revisit intention, as patients are more likely to return to a hospital where they feel confident in the care they receive and see it as valuable. Additionally, positive patient-provider relationships and reduced anxiety create a supportive environment that encourages patients to return to the hospital.⁵⁵

This research highlights the crucial role of communication effectiveness in shaping patients' revisit intentions at private hospitals in Yangon, with trust and perceived value serving as essential mediators. The findings confirm that clear, compassionate, and informative communication enhances the likelihood of patients returning to the same hospital by fostering trust and increasing the perceived value of care. Trust strengthens patient-provider relationships as a form of social capital, while perceived value reflects the benefits patients gain from these interactions. Overall. effective communication healthcare settings builds stronger relationships and ensures long-term patient retention.

research makes notable academic contributions by extending social capital theory into the healthcare domain, illustrating communication how effectiveness can foster trust and perceived value, which are crucial for influencing patients' revisit intentions. By identifying trust and perceived value as mediators, the provides study more nuanced

understanding of the indirect pathways through which communication impacts patient behavior. It also enriches the limited research on healthcare in Myanmar by offering context-specific insights from private hospitals in Yangon, contributing valuable regional perspectives to the global discourse. The study's interdisciplinary integrating communication approach, studies, healthcare management, and social capital theory, also broadens its relevance across fields and offers practical implications for healthcare providers aiming to enhance patient satisfaction and loyalty through effective communication strategies.

This research also provides valuable practical contributions for healthcare providers in private hospitals in Yangon by emphasizing the crucial role of effective communication in enhancing patient retention. The study shows that clear, compassionate, and informative communication fosters trust and perceived value, key drivers of patients' decisions to return for future care. Hospitals can implement structured communication frameworks. for instance, structured communication frameworks, such as the SBAR model, Situation, Background, Assessment, and Recommendation, which can enhance clarity and efficiency in provider-patient interactions and train staff in active listening, empathy and cultural competence to improve patient-provider interactions. Additionally, offering patientcentered educational materials with visual aids and simplified explanations can bridge communication gaps, particularly for patients with limited language proficiency. By prioritizing these strategies, healthcare managers can boost patient satisfaction, strengthen trust, improve care outcomes, and ultimately increase long-term patient loyalty.

Despite its contributions, this research has several limitations. First, the study is geographically confined to private hospitals in Yangon, Myanmar, which may limit the generalizability of the findings to other regions or countries with different healthcare systems. Second, the study relies on self-reported data, which can be subject to biases such as social desirability or recall bias. Third, the study's cross-sectional design does not allow for causal inferences, as it captures a snapshot in time rather than examining changes over time. Lastly, the study focuses on specific variables (communication effectiveness, trust, and perceived value), potentially overlooking other factors that potentially influence patient revisit intentions.

RECOMMENDATION

Future studies could examine the role of digital health communication tools, such as telemedicine and patient portals, in enhancing trust and perceived value. Future research should consider expanding the geographic scope to include different regions or countries to assess the generalizability of the findings across diverse healthcare settings. Longitudinal studies could explore the between communication relationships effectiveness, trust, perceived value, and revisit intentions. Additionally, future research might examine other potential mediators or moderators, such as patient demographics, cultural factors, or the role of digital communication in healthcare settings. Finally, incorporating qualitative methods could provide deeper insights into experiences and perceptions, patients' offering more comprehensive a understanding of the factors influencing their revisit intentions.

AUTHOR CONTRIBUTIONS

Conceptualization, A.R.: Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data curation, Writing - original draft, Writing review & editing, Visualization, Supervision, administration. Project N.L.N.: Conceptualization, Investigation, Resources, Data curation, Writing original draft, Writing - review & Visualization. editing, Funding acquisition.

ETHICAL CONSIDERATION

This research was conducted in accordance with ethical principles and guidelines for human subjects research. The study protocol received approval from the Panyapiwat Institute of Management Research **Ethics** Committee (REC) prior to data collection (approval number: PIM-REC013/2567, approved March 28, 2024).

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CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

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