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General

Emotional Competence of Healthcare Workers and Its Impact on Patient Loyalty in Vietnamese Hospitals

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Objective

To evaluate the effect of healthcare employees' emotional competence (EC) on patient loyalty in public and private hospitals in Ho Chi Minh City, with a focus on the mediating roles of respect, trust, and rapport.

Method

A survey of 244 patients measured respect, trust, rapport, EC, and patient loyalty using a 5-point Likert scale. Structural equation modeling (SEM) was applied to assess the relationships between EC and patient loyalty, comparing results between public and private hospitals.

Results

EC significantly enhanced patient loyalty, with respect and rapport serving as key mediators. Private hospitals showed higher EC levels among staff, leading to greater patient loyalty, while public hospitals, impacted by staff fatigue and high patient loads, demonstrated lower EC and reduced loyalty. EC accounted for 58% of service quality variance and 65% of loyalty variance.

Conclusions

Emotional competence is essential for improving patient loyalty in healthcare settings. Training programs targeting EC, especially in public hospitals, could enhance patient satisfaction and long-term loyalty.

INTRODUCTION

In recent years, healthcare services have shifted from focusing solely on clinical outcomes to emphasizing the overall patient experience. This evolution highlights the need for compassionate, emotionally competent care, especially in high-contact environments like hospitals where patient-provider interactions are frequent and impactful,.[1] Emotional competence (EC) — the ability of healthcare workers to perceive, understand, and regulate emotions during patient interactions — is increasingly recognized as a vital factor in service quality and patient satisfaction,.[2] Studies in service-oriented industries show that emotionally competent employees create more positive service experiences, which often translate into customer loyalty. However, limited research exists regarding the impact of EC within healthcare settings, particularly in Vietnam, where both public and private healthcare facilities face unique challenges.

In the Vietnamese healthcare system, public hospitals often experience high patient volumes and limited resources, leading to staff fatigue and burnout. These factors can negatively impact healthcare workers' emotional responses and hinder their ability to engage meaningfully with patients,.[3] Conversely, private hospitals in Vietnam, generally catering to wealthier clientele, may have more resources to invest in staff training and maintain lower patient-to-staff ratios, creating an environment more conducive to developing and demonstrating EC. Such differences raise questions about the influence of EC on patient loyalty across public and private healthcare settings.

This study aims to fill this gap by exploring how EC affects patient loyalty in Ho Chi Minh City's healthcare sector. Specifically, it investigates the mediating roles of

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Table 1. Demographic Characteristics of the Sample

Characteristics	Frequency	Percentage (%)
Gender		
Male	108	44.3
Female	136	55.7
Age Group		
18-30	58	23.8
31-50	102	41.8
51 and above	84	34.4
Type of Hospital		
Public Hospital	146	60.0
Private Hospital	98	40.0

respect, trust, and rapport—three critical components of the patient experience—in the relationship between EC and loyalty. By understanding these dynamics, healthcare providers can better develop training programs that prioritize emotional competence, ultimately enhancing patient satisfaction and loyalty across diverse healthcare environments.

MATERIALS AND METHODS

STUDY DESIGN AND SETTING

This cross-sectional study was conducted in public and private hospitals across Ho Chi Minh City, Vietnam, to examine the impact of healthcare employees' emotional competence (EC) on patient loyalty. The study employed a quantitative survey approach to gather data from patients regarding their perceptions of EC, service quality, and loyalty.

PARTICIPANTS

A total of 244 patients who had recently received care in either public or private hospitals in Ho Chi Minh City were recruited. Participants were selected through convenience sampling. Inclusion criteria were: age 18 years or older, having received treatment at the hospital within the last three months, and being able to provide informed consent. Ethical approval for the study was obtained from the relevant institutional review board, and all participants provided written informed consent.

MEASURES

The survey instrument comprised five constructs: emotional competence, respect, trust, rapport, and patient loyalty. Each construct was measured using previously validated scales:

Emotional Competence: Measured using a scale adapted from Mayer and Salovey's Emotional Intelligence framework (1997),[4] capturing the ability to perceive, understand, and regulate emotions.

Respect, Trust, and Rapport: Assessed using validated instruments, including Dillon's respect scale (1992),[5] and Gremler & Gwinner's rapport scale (2000).[6]

Patient Loyalty: Measured by items assessing likelihood of recommending the hospital and intention to return, using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) across all items.

DATA COLLECTION

Data were collected via face-to-face surveys distributed to patients at the hospitals. Participants were briefed on the study's purpose and assured of confidentiality. The survey required approximately 10 minutes to complete, and response data were reviewed for completeness before analysis. Out of 350 surveys distributed, 244 valid responses were obtained, yielding a response rate of 69.7%.

DATA ANALYSIS

Data were analyzed using SPSS for preliminary descriptive analysis and AMOS for confirmatory factor analysis (CFA) and structural equation modeling (SEM). The CFA was conducted to assess the reliability and validity of each construct. The structural model was then tested using SEM to evaluate the hypothesized relationships between emotional competence, mediators (respect, trust, rapport), and patient loyalty. Model fit was assessed using standard indices, including the comparative fit index (CFI), goodness-of-fit index (GFI), and root mean square error of approximation (RMSEA), with acceptable thresholds of CFI > 0.90, GFI > 0.90, and RMSEA < 0.08.

RESULTS

A total of 244 patients participated in the study, with 44.3% identifying as male and 55.7% as female. The age distribution included 23.8% aged 18-30, 41.8% aged 31-50, and 34.4% aged 51 or older. Of the participants, 60% were treated in public hospitals and 40% in private hospitals. A summary of demographic characteristics is provided in Table 1.

Table 2. presents the factor loadings

Factor	Cronbach's Alpha	Items	Factor Loading
Respect	0.84	5	0.72-0.85
Trust	0.79	3	0.69-0.81
Rapport	0.82	6	0.74-0.89
Emotional Competence	0.86	4	0.75-0.87

An exploratory factor analysis (EFA) followed by a confirmatory factor analysis (CFA) was conducted to assess the reliability and validity of the measurement scales. After initial evaluation, 36 variables were retained for CFA. Bartlett's test of sphericity confirmed data suitability ($p < 0.001$, KMO = 0.973). Table 2 provides the factor loadings for the constructs of respect, trust, rapport, and emotional competence. The CFA results indicated that all measurement scales were both reliable and valid, with model fit indices showing satisfactory values (GFI = 0.917, CFI = 0.987, TLI = 0.984, RMSEA = 0.04) (Figure 1).

The EFA and CFA analyses verified the reliability of the measurement model, as all factor loadings surpassed 0.70, indicating a strong fit. SEM analysis was then applied to test the proposed hypotheses, with the path coefficient results displayed in Figure 2 and Table 3.

As detailed in Table 3, SEM analysis results indicate that respect, rapport, and emotional competence play crucial roles in enhancing service quality and building patient loyalty. Emotional competence emerges as a primary factor that directly improves patient experiences and loyalty, emphasizing the need for emotional intelligence training in healthcare. However, while trust is valuable, it does not significantly impact emotional competence within this healthcare setting.

The multigroup analysis reveals a notable difference in service quality between public and private hospitals, primarily attributed to patient wait times and emotional pressures in public facilities. Overcrowding in public hospitals frequently leads to extended wait times, causing patient fatigue and emotional stress for healthcare staff. The results in Table 4 highlight a critical distinction in Hypothesis H6: service quality has a positive impact on loyalty in public hospitals (Beta = 0.583, P = 0.000), whereas this effect is not significant in private hospitals (Beta = -0.287, P = 0.302). This suggests that in public hospitals, patients' loyalty is more likely driven by their perceptions of service quality, potentially due to the greater emotional engagement required in the often overburdened public healthcare system.

The multigroup analysis uncovers significant differences between public and private hospitals regarding how emotional competence and service quality influence patient loyalty. In public hospitals, service quality plays a more prominent role in building loyalty, whereas this relationship is less pronounced in private hospitals. However, emotional competence remains essential in both settings, positively affecting both service quality and loyalty. These findings indicate that enhancing healthcare staff's emotional competence can meaningfully improve patient experiences across both sectors, even though the underlying mechanisms vary by hospital type.

DISCUSSION

This study highlights emotional competence (EC) as a key factor in healthcare, influencing service quality and patient loyalty in public and private hospitals. By analyzing EC alongside mediators—respect, trust, and rapport—the research clarifies EC's role in shaping patient experiences and differences across healthcare sectors. Findings affirm that EC, through skills in recognizing, managing, and responding to emotions, improves patient satisfaction and loyalty, suggesting that EC training is essential. Respect, rapport, and trust emerge as crucial in leveraging EC for loyalty, though trust's impact was less evident, possibly due to complexities in establishing trust in medical settings.[7,8]

The role of emotional competence in specialized medical disciplines further underscores its importance in enhancing patient outcomes and loyalty. For example, Nguyen et al. (2024) highlight the challenges and advancements in hand surgery across Vietnam, emphasizing the significance of communication and emotional skills in managing complex patient cases, particularly those involving trauma and rehabilitation. The development of specialized care in Vietnam's major hospitals has relied heavily on fostering rapport and understanding between medical professionals and patients, much like the findings in this study. The parallels between emotional competence in hand surgery and broader healthcare settings support the argument that targeted training in EC is vital for improving service quality and patient satisfaction across all medical disciplines.[9]

To support the study's findings on emotional competence (EC) in healthcare workers, the work of Takagi et al. (2024) in pediatric hand surgery missions highlights the importance of effective communication and emotional skills in managing complex patient cases, particularly in low-resource settings like Vietnam. Their mission to provide hand surgeries for congenital anomalies and post-traumatic deformities in Ho Chi Minh City exemplifies how fostering rapport and understanding between healthcare professionals and patients can enhance patient outcomes, paralleling the results of the present study. By emphasizing the emotional and educational competencies of medical professionals, both studies underline the critical role of emotional competence in improving service quality, patient satisfaction, and loyalty, especially in environments with limited resources and high patient volumes. These findings further reinforce the need for targeted EC training pro-

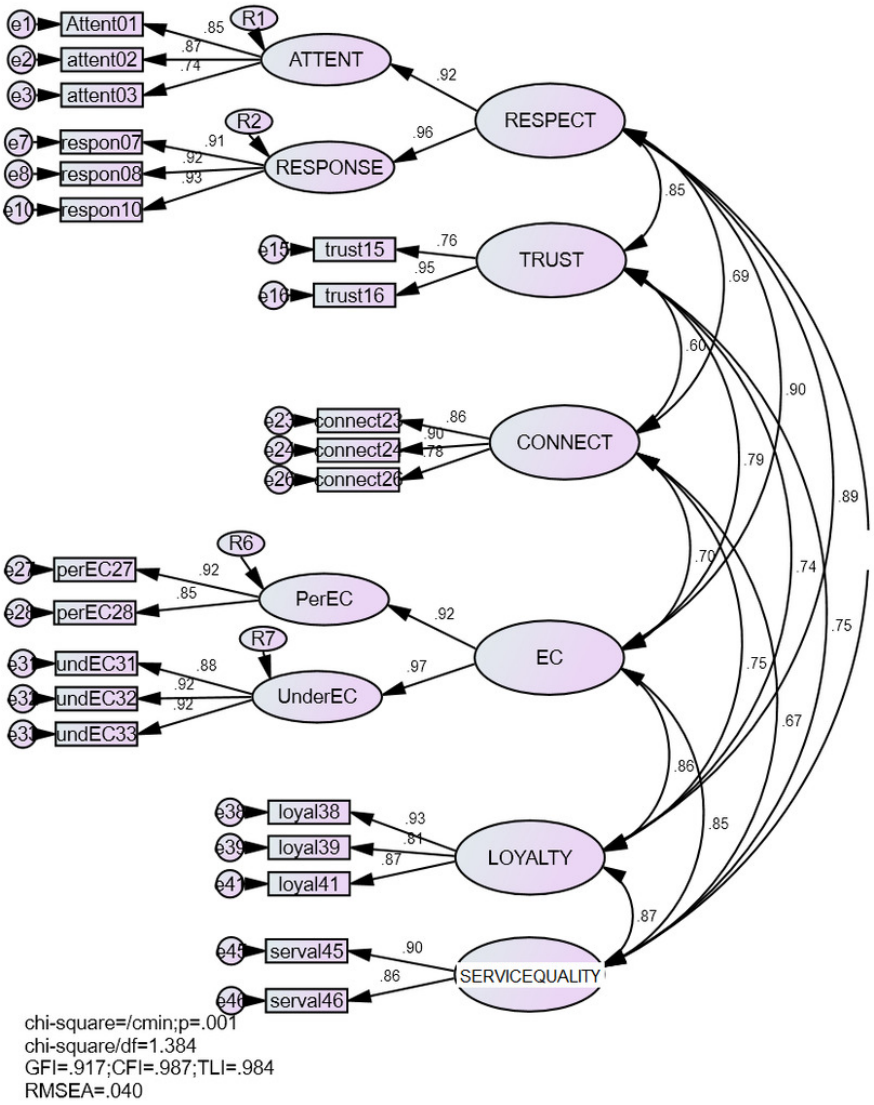

Figure 1. Testing the CFA level 2 scale

grams in healthcare settings to ensure better patient care and sustained loyalty.[10]

In public hospitals, patient loyalty strongly correlates with service quality, reflecting the priority patients place on efficient, high-quality care in resource-limited environments. Improvements like reducing wait times could thus enhance loyalty. In private hospitals, loyalty was less tied to service quality, with EC having a stronger effect due to expectations of personalized care; hence, prioritizing EC training may further differentiate their services.

Implications for administrators include:

Investing in EC training: Emphasizing skills in managing emotions, rapport-building, and respectful communication.

Tailoring EC approaches by hospital type: Public hospitals may focus on EC under high-pressure settings, while private hospitals emphasize relationship building.

Enhancing service quality in public hospitals: Structural changes like reducing wait times can improve loyalty.

Strengthening respect and rapport: Training that emphasizes respectful, empathetic communication to support loyalty.

This study advances the understanding of EC's role in healthcare, with future research potentially examining additional mediators or long-term impacts of EC training on patient satisfaction and loyalty.

CONCLUSION

This study demonstrates that emotional competence (EC) in healthcare employees is essential for enhancing service quality and patient loyalty in Ho Chi Minh City's hospitals, with distinct effects in public versus private settings. In public hospitals, where patient loyalty depends largely on perceived service quality due to higher emotional demands and resource constraints, EC serves as a critical factor in managing patient interactions effectively. In private hospitals, EC's role is more pronounced in fostering personalized, supportive patient experiences, setting them apart in

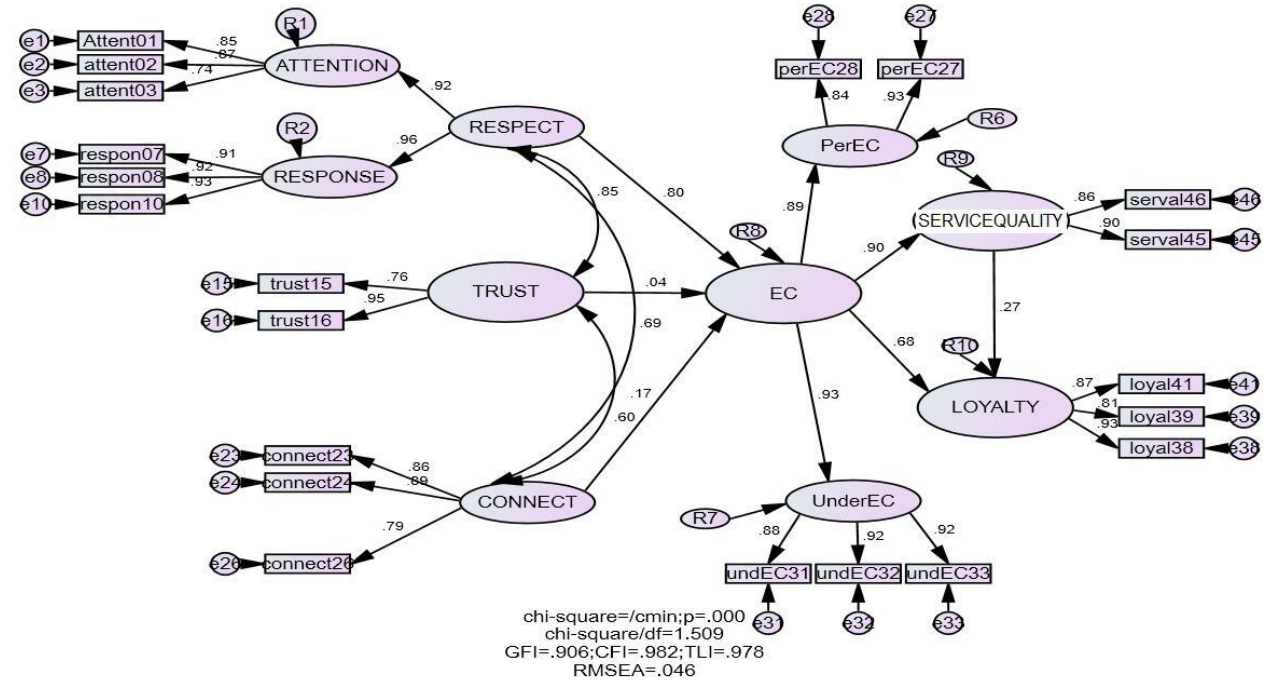

Figure 2. Structural Model with Path Coefficients

Table 3. Path Coefficients and Hypothesis Testing

Hypothesis	Standardized regression weight	p-value	Result
H1: Respect → Emotional Competence	0.795	< 0.001	Supported
H2: Trust → Emotional Competence	0.042	0.607	*Not Supported*
H3: Rapport → Emotional Competence	0.172	< 0.001	Supported
H4: Emotional Competence → Service Quality	0.896	< 0.001	Supported
H5: Emotional Competence → Patient Loyalty	0.677	< 0.001	Supported
H6: Service Quality → Patient Loyalty	0.269	0.017	Supported

Table 4. Differences Between Public and Private Hospitals for Each Hypothesis

Hypothesis	Public Hospitals Beta	P-value	Private Hospitals Beta	P-value
H1: Respect → Emotional Competence	1.116	0.000	1.015	0.000
H2: Trust → Emotional Competence	0.099	0.446	0.125	0.519
H3: Rapport → Emotional Competence	0.187	0.053	0.152	0.057
H4: Emotional Competence → Service Quality	0.833	0.000	0.985	0.000
H5: Emotional Competence → Loyalty	0.646	0.000	1.249	0.000
H6: Service Quality → Loyalty	0.583	0.000	-0.287	0.302

a competitive market. These findings suggest that tailored EC training for healthcare staff can enhance patient satisfaction and loyalty, contributing to more effective, patient-centered care.

CONFLICT OF INTEREST

None

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