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EXAMINING THE IMPACT OF PEOPLE, PROCESS, AND PHYSICAL EVIDENCE ON OUTPATIENT REVISIT INTENTION IN A PRIVATE HOSPITAL RADIOLOGY DEPARTMENT: THE MEDIATING EFFECT OF WORD-OF-MOUTH MARKETING

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Abstract

Patient visits to the Radiology Unit are one of the revenue streams for private hospitals. A decrease in visit volume can raise serious financial concerns, necessitating a clear understanding of the influencing factors so that hospital management can respond with efficient and well-directed strategies. This study aims to analyze how the 3P marketing mix antecendents including people, process, and physical evidence affect revisit intention, with word of mouth acting as a mediating variable, in the context of outpatient services in the Radiology Unit of a private hospital. People, process, and physical evidence are marketing mix factors that are unique to the healthcare service sector. This study is a quantitative study where the data collection method uses a questionnaire filled out by respondents in the study population. There are seven hypothesis lines analyzed using PLS-SEM with data collected from outpatients of the Radiology Unit in a class B private hospital in the city of Depok from November 2024 to February 2025 as many as 182 respondents. The results showed that the physical evidence factor had a positive effect on word of mouth and revisit intention, the process factor had a positive effect on word of mouth but not on revisit intention, and the people factor had no positive effect on either. This study is expected to contribute to the hospital in improving outpatient services in the Radiology Unit.

Keywords: *People, Process, Physical Evidence, Word of Mouth, Revisit Intention*

INTRODUCTION

One of the key hospital services is the Radiology Installation. Radiology installations are medical facilities that provide examination services using imaging technology (Kamenjasevic & Mesanovic, 2023). Patients in outpatient services were taken as research subjects because outpatient services in a hospital are the main door where patients can directly get to know and experience treatment at the hospital. Outpatient services are the patient's first point of contact with the hospital and provide a showcase for every health service that the hospital offers to the community. Outpatient services also reflect the quality of hospital services (Blasiak et al., 2022). Radiology installation is one of the vital units in the hospital that provides medical examination services through imaging technology, such as X-ray, CT scan, and MRI (Kamenjasevic & Mesanovic, 2023). This service plays an important role in the process of diagnosis and treatment of patients. However, despite its strategic role,

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radiology services often face challenges in terms of equipment utilisation, patient queues, and patient satisfaction.

This phenomenon is seen in outpatient services, which is the first point of contact between patients and the hospital. Outpatient services not only reflect the quality of hospital services, but also influence patients' perception of the hospital as a whole (Blasiak et al., 2022). However, despite its importance, not many studies have specifically examined the factors that influence patient satisfaction and revisit intention in outpatient radiology services.

Based on interviews with hospital management, gaps in radiology services were identified, including: (1) the low utilisation rate of radiology equipment, (2) the high number of patients who failed examinations, and (3) the low rate of patient revisits. The hospital management estimated that not all patients had undergone radiological examinations at the hospital and chose to be examined elsewhere. This had an impact on the hospital's revenue and investment decisions on radiological equipment.

The gap phenomenon can be seen from various aspects, namely high volume, high cost, high impact, high policy. The high volume side relates to the number of patients requiring radiological examinations creating pressure on the capacity of human resources and equipment. Management wants a high number of patients but must be balanced with service capacity to avoid long queues, delays in diagnosis, and patient dissatisfaction. The high cost side refers to modern radiological equipment requiring large initial investment, high maintenance costs, and the need for competent experts. The gap between operational costs and revenue generated can lead to financial imbalance. The high impact side refers to the impact that radiology services have on the patient diagnosis process. Gaps in the quality or accuracy of radiological examination results can impact clinical decisions, such as misdiagnosis or treatment delays. This impact not only affects individual patients, but also the reputation of the hospital as a whole. The high policy side refers to the regulations that govern the operation of the Radiology Installation. For example, regulations regarding radiation protection, accreditation standards, or patient data governance may not be fully implemented due to limited resources or lack of awareness. This can lead to legal risks. Seeing some of these gap phenomena, the author wants to explore the concept of service marketing mix, namely 3P (People, Process, and Physical evidence) which will ultimately affect word of mouth and revisit intention.

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This study aims to explore the influence of the 3P marketing mix (people, processes, and physical evidence) as independent variables on word-of-mouth marketing and its impact on revisit intention in a private hospital. It also aims to provide references to hospital management for improving outpatient services in the Radiology Unit, as well as contribute to the literature on word of mouth and revisit intention in the healthcare sector.

LITERATURE REVIEW

The concept of the marketing mix was first introduced by Kotler in 1997, which included four components (4P) - Product, Price, Place, and Promotion. Boom and Bitner later expanded on this by adding three additional elements to the marketing mix known as 3P: Process, People, and Physical evidence. These elements are particularly important in service marketing strategies, especially in industries such as healthcare (Khumnualthong, 2015; Ravangard et al., 2020).

Word of mouth (WOM) in marketing refers to the process of exchanging information between individuals about a service, which can influence purchasing or usage decisions (Sundaram et al., 1998). WOM is considered an effective marketing tool because it is based on trust and real experiences (Flowerensia et al., 2023), rather than traditional advertising (Trusov et al., 2009). In the context of healthcare, positive WOM from patients can improve hospital reputation and encourage revisit intention (Isa et al., 2019).

Revisit intention is defined as a visitor's judgement about the likelihood of revisiting the same place or the intention to recommend the place to others. This 3P marketing mix strategy in the future will add positive value to word of mouth (Khumnualthong, 2015; Chana et al., 2021). Word of mouth itself is an antecedent of revisit intention, and has a positive relationship (Upadhyay & Powers, 2017; Akbolat et al., 2021).

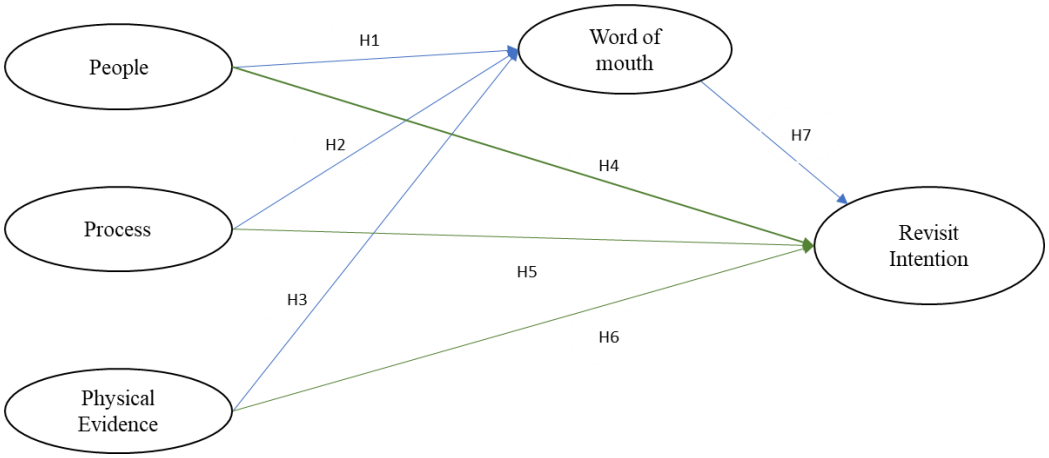

Figure 1. Conceptual Framework

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RESEARCH METHODS

This research method was quantitative research. The target population in this study were outpatients of the Radiology department who visited one of the class B private hospitals in Depok in the period November 2024 - February 2025. Sampling in this study uses the probability sampling method so that it is considered that all individuals in a population have the same opportunity to be taken as a research sample. The sampling method was carried out by distributing questionnaires to outpatients at the Radiology Installation in one of the class B private hospitals in Depok who came in the period November 2024 - February 2025.

Primary data in this study were obtained through a questionnaire filled out by each respondent. The questionnaire contains statements related to the study variables will be equipped with five answer options on a Likert scale of 1 to 5. Validity and reability test of this study is conducted using PLS-SEM analysis. The main objective of this study is to explore and predict the effect of antecendents in the 3P service marketing mix (people, process, physical evidence) on word of mouth as the mediating variable and its impact to revisit intention. PLS-SEM focuses more on prediction and theory development, compared to CB-SEM which focuses more on theory confirmation. Therefore, PLS-SEM is more suitable for the purpose of this study.

In this study, the independent variables are People, Process, Physical evidence. Word of mouth as a mediating variable (Mediator Variable). The dependent variable in this study is Revisit intention. The operational definition of all variable will be describes as follows (Table 1).

Table 1. Definition of Operational Variables

Variables	Operational Definition	Sources
People	In my opinion the Radiology specialist showed enough attention to me In my opinion the Radiology specialist was quick to check my condition I think the Radiology specialist at this hospital can be relied on/trusted to examine me I think there is a good relationship between me and the Radiology specialist I think the Radiology specialist looks polite	Ravangard et al, 2020; Chana et al , 2021
Process	The Radiologist has explained about the action plan / examination that I will get I think the administrative services at the Radiology Installation are good Radiologist has maintained cleanliness while examining me.	Ravangard et al, 2020; Chana et al, 2021

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Variables	Operational Definition	Sources
	Radiology specialist doctor is willing to accept input from me	
	In my opinion, the administrative services at the Radiology Installation are good	
	I feel safe in this Radiology Installation environment.	
	I can still tolerate the waiting time to see a Radiology specialist doctor	
	I feel easy in the process of registering to the Radiology Installation	
Physical evidence	I find the appearance of the hospital building clean	Ravangard et al, 2020; Yessy, 2021; Chana et al, 2021
	I feel that access to this hospital is strategic	
	The arrangement of the Radiology Installation waiting room in my opinion is quite neat	
	I think the air temperature in the Radiology Installation waiting room is comfortable	
	I think the Radiology Installation waiting room lighting is bright enough	
	I feel that the cleanliness of the toilet in the Radiology Installation area is quite clean	
	I feel that the medical equipment used at the Radiology Installation is well maintained	
	I see that the Radiology Installation room signage is clear enough	
Word of mouth	I would recommend this hospital's Radiology services to my friends and family	Hsu, 2018; Ahmadinejad, 2019; Akbolat et al., 2021
	I would recommend this hospital's Radiology services to people who ask for my opinion	
	I would recommend this hospital's Radiology services to people who need a Radiology examination	
	I would tell others about my good experience being examined at this hospital's Radiology Installation	
Review	I would like to give a testimonial about my experience at the Radiology Installation in my social media (instagram/google review/whatsapp)	Hsu, 2018; Ahmadinejad, 2019; Akbolat et al., 2021; Chana et al., 2021
	I would write a positive review about this hospital's Radiology services in social media (instagram/google review/whatsapp)	
Revisit intention	I will consider this hospital as my first choice in this area if I need medical services.	Rahman and Desembrianita (2023); Ongkaruna and Kristaung (2023); Shahabuddin et al. (2024)
	I will visit again and use the services offered by this hospital	
	I will build a good relationship with the hospital staff for future needs	
	I will attend events/programmes organised by this hospital in the future	
	This hospital is the first choice I would recommend to relatives	
	I will only visit this hospital	

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RESULTS AND DISCUSSION

Respondents Demographic

Out of 400 questionnaires, 182 respondents completed and submitted the questionnaire which can be seen as follows:

Table 2. Respondents Demographic Profile

Description	Category	Total	Percentage
Gender	Male	53	29.12%
	Female	129	70.88%
Age group	<20 years	7	3.85%
	21-30 years	10	5.49%
	31-40 years	31	17.03%
	41-50 years	41	22.53%
	51-60 years	64	35.16%
	>60 years	29	15.93%
Marital status	Single	5	2.75%
	Married	167	91.76%
	Divorced	10	5.49%
Educational background	High school	97	53.30%
	Diploma	76	41.76%
	Master	7	3.85%
	Doctoral	2	1.10%
Working status	Public service employee	10	5.49%
	Private employee	33	18.13%
	Enterpreneur	40	21.98%
	Professional	13	7.14%
	Student	5	2.75%
	Housewives	81	44.51%
Monthly income	< 10 million	128	70.33%
	10-20 million	47	25.82%
	20-30 million	7	3.85%
	>30 million	0	0.00%
Residential domicile	Depok town	152	83.52%
	Outside Depok	24	13.19%
	Outside West Java	6	3.30%
Type of outpatient	New patient	39	21.43%
	Old/returning patient	143	78.57%

Of the 182 respondents, 70.9% were female and 29.1% were male. In terms of age, the age group that visited the outpatient clinic the most was the 51-60 year old group at 35.2%, followed by the 41-50 year old group at 22.5%, 31-40 year olds at 17%, and >60 year

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olds at 15.9%. Meanwhile, the age group under 30 years old is only 9.4%. This shows that middle-aged respondents are more likely to seek hospital treatment than younger ones.

In terms of marital status, the majority 91.8% of respondents were married. This shows that patients who are married will pay more attention to their health, and also get financial assistance from their spouses or children. In terms of the latest educational background, 53.3% of respondents completed high school and 41.8% completed university. This is consistent with age, where middle-aged women in their younger years mostly do not continue their education. In terms of occupation, the majority are housewives at 44.5%, followed by entrepreneurs at 21.9% and private employees at 18.1%. In terms of monthly income, 70.3% of respondents have an income below ten million per month and 25.8% of respondents have an income between ten and twenty million per month. This shows that respondents have unstable incomes and depend on their spouses or families, as well as relying on JKN financing.

From the distribution of residential domicile, the majority of respondents came from Depok city (83.5%), followed by cities around Depok (13.2%) and even from outside West Java province (3.3%). This is in accordance with the strategic location of the hospital in Depok city and very close to the train station. In terms of the type of outpatients, it is dominated by old or repeat patients as much as 78.6%, indicating that outpatients are quite satisfied with hospital services and this hospital has quite a lot of old patients.

In terms of payer, although not listed in the questionnaire, researchers have seen the distribution of data on the type of patient payment guarantee in the Radiology Unit, which is around 80% BPJS financing, 15% insurance financing (65% of which are company insurance, and 35% commercial insurance), and 5% private financing.

Outer Model Analysis

The results of the analysis of the outer model at the final stage obtained the following data:

Tabel 3. Outer Model data analysis results

Variables	Indicator	Outer Loading	CR	Cronbach's alpha	AVE
People	PE1	0.774	0.873	0.858	0.638
	PE4	0.812			
	PE6	0.807			
	PE7	0.722			
	PE8	0.872			

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Variables	Indicator	Outer Loading	CR	Cronbach's alpha	AVE
Process	PR1	0.831	0.909	0.901	0.67
	PR2	0.75			
	PR3	0.823			
	PR4	0.786			
	PR6	0.877			
	PR7	0.837			
Physical Evidence	PH3	0.904	0.914	0.911	0.79
	PH5	0.837			
	PH7	0.885			
	PH8	0.926			
Word of mouth	WOM1	0.823	0.942	0.933	0.748
	WOM2	0.818			
	WOM3	0.864			
	WOM4	0.888			
	WOM5	0.888			
	WOM6	0.906			
Revisit Intention	RI1	0.927	0.975	0.972	0.748
	RI2	0.867			
	RI3	0.942			
	RI4	0.952			
	RI5	0.962			
	RI6	0.972			

The outer loading value shows the relationship between each indicator and the variable being explained. Limits on the outer loading value above 0.5 are still acceptable if the validity and reliability of the construct meet the requirements. For construct reliability, it is assessed from the Cronbach's alpha and composite reliability values with criteria for values above 0.7 (Hair et al., 2014). From the table above, it is obtained that the outer loading value is above 0.5 and the Cronbach's alpha and composite reliability values are above 0.7 on all indicators. This shows that all indicators used are reliable for measuring latent variables. For the validity test, the AVE (Average variance extracted) will be assessed with a limit above 0.5 to be considered as valid criteria (Hair et al, 2014). From the table above, it appears that all variables, namely the variables of people, process, physical evidence, word of mouth, and revisit intention, show a value above 0.5, which indicates that all of the variables above are valid.

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E-ISSN: 2961-8428

Inner Model Analysis

The R-square (R^2) value or the coefficient of determination will explain how much the dependent variable can be influenced by the independent variable. The R^2 value is between 0 and 1, where the higher the R^2 value, the greater the influence of the independent variable on the dependent variable (Table 4).

Table 4. Inner model analysis results

Variable	R-square (R^2)
Word of Mouth	0.848
Revisit Intention	0.917

From the table above, it states that the word of mouth variable can be explained by the people, process, and physical evidence variables of 0.848 or equivalent to 84.8%, while the remaining 15.2% is explained by other variables not proposed in this study model. Likewise, the revisit intention variable explained by the word of mouth variable is 0.917 or equivalent to 91.7% and the remaining 8.3% is explained by other variables outside this study model. Thus, it can be said that this research model can still be developed again by testing a larger sample to compare the R^2 value with the same model, or it can still be done again in further study with a different target population. The framework of inner model calculations were shown in Figure 2.

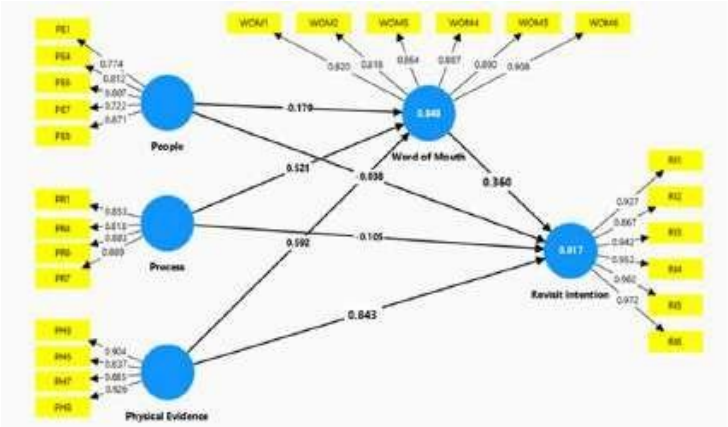

Figure 2. Inner Model Framework

Discussion

Based on the table and figure of the hypothesis test results above, it appears that the seven hypothesis paths in the study model affect with positive and negative variations. There are three variables with negative coefficient values and four variables with positive coefficient

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E-ISSN: 2961-8428

values and in accordance with the direction of the proposed hypothesis. The description of each hypothesis will be explained below.

Table 5. Hypotheses results

Hyphotheses	Standardized path coefficient	p-values
H1: The people variable has a positive effect on word of mouth in outpatients of the Radiology Unit in a class B private hospital in the city of Depok.	-0.179	0.000
H2: The process variable has a positive effect on word of mouth in outpatients of the Radiology Unit in a class B private hospital in the city of Depok.	0.521	0.001
H3: The physical evidence variable has a positive effect on word of mouth in outpatients of the Radiology Unit in a class B private hospital in the city of Depok.	0.592	0.001
H4: The people variable has a positive effect on revisit intention in outpatients of the Radiology Unit in a class B private hospital in the city of Depok.	-0.038	0.001
H5: The process variable has a positive effect on revisit intention in outpatients of the Radiology Unit in a class B private hospital in the city of Depok.	-0.105	0.001
H6: The physical evidence variable has a positive effect on revisit intention in outpatients of the Radiology Unit in a class B private hospital in the city of Depok.	0.843	0.002
H7: Word of mouth variable have a positive effect on revisit intention in outpatients of the Radiology Unit in a class B private hospital in Depok city.	0.036	0.000

Hypothesis H1 shows a weak negative path coefficient of -0.179, indicating that the people variable does not have a positive effect on word of mouth. The p-value of 0.000 demonstrates a significant influence, thus H1 is rejected. This means that an increase in the people variable is not followed by an increase in word of mouth for outpatient services at the Radiology Unit. These findings are inconsistent with previous studies by Nasution et al. (2019), Chana et al. (2021), and Lubis et al. (2022), which found a positive and significant relationship. This difference is understandable, as most outpatient radiology patients do not interact directly with radiology specialists; such interactions occur only during ultrasound examinations, which account for just 10–20% of all outpatient radiology procedures. Furthermore, radiology primarily serves a supporting diagnostic role rather than a therapeutic one, so the people variable in the Radiology Unit may not be as influential as it is in the specialist clinic.

Hypothesis H2 shows a moderate positive path coefficient of 0.521 for word of mouth, with a p-value of 0.001, indicating that the process variable has a positive and significant

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E-ISSN: 2961-8428

effect on word of mouth. Therefore, H2 is supported. This means that improvements in the process variable are accompanied by increases in word of mouth for outpatient services at the Radiology Unit. These results are consistent with previous studies by Chana et al. (2021) and Ellen & Bernarto (2023), which also found a positive influence of the process variable on word of mouth. This aligns with frequent patient complaints about registration, outpatient administration, and waiting times; improvements in these processes are likely to have a positive impact on word of mouth.

Hypothesis H3 shows a moderate positive path coefficient of 0.592 for word of mouth, with a p-value of 0.001, indicating that the physical evidence variable has a significant effect on word of mouth. Thus, H3 is supported. An increase in physical evidence is followed by an increase in word of mouth for outpatient services at the Radiology Unit. This finding aligns with previous studies by Chana et al. (2021) and Lalitanantpong et al. (2022), which also found a positive influence of physical evidence on word of mouth. This is understandable in the context of Radiology, as patients pay close attention to medical facilities and equipment related to technology. A clean and well-organized hospital building and rooms create a professional impression, and patients tend to choose hospitals with professional Radiology facilities.

Hypothesis H4 shows a weak negative path coefficient of -0.038 with a p-value of 0.001, indicating that the people variable has a negative effect on revisit intention. Therefore, H4 is rejected. An increase in the people variable is not followed by an increase in revisit intention for outpatient services at the Radiology Unit. This finding aligns with the results on word of mouth, where the people variable does not positively influence revisit intention, either directly or indirectly. The presence of radiology specialists does not automatically enhance word of mouth or revisit intention because they have limited direct contact with patients, spending most of their time reviewing images on a computer. Hence, management strategies should focus more on improving process and physical evidence and achieving efficiency without increasing the number of doctors.

Hypothesis H5 shows a weak negative path coefficient of -0.105 with a p-value of 0.001, indicating that the process variable negatively affects revisit intention. Therefore, H5 is rejected. An increase in the process variable does not lead to an increase in revisit intention for outpatient services at the Radiology Unit. This contrasts with the positive effect of process on word of mouth. Upon closer examination, components of the process such as waiting time and administrative procedures significantly influence patient complaints and

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feedback. However, with a high proportion of repeat outpatients at 78.6%, patients continue to return despite negative comments. This may also be influenced by financing factors and access to Radiology facilities available in Depok.

Hypothesis H6 shows a strong positive path coefficient of 0.843 with a p-value of 0.001, indicating that the physical evidence variable has a positive and significant effect on revisit intention. Therefore, H6 is supported. An increase in physical evidence is followed by an increase in revisit intention for outpatient services at the Radiology Unit. This aligns with the positive effect of physical evidence on word of mouth found in this study and previous study (Zhang & Lee, 2016; Rahman & Desembrianita, 2022), demonstrating that physical evidence influences revisit intention both directly and indirectly, reinforcing why patients tend to choose hospitals with professional Radiology facilities and equipment.

Hypothesis H7 shows a weak positive path coefficient of 0.360 with a p-value of 0.000, indicating that the word of mouth variable has a positive and significant effect on revisit intention. Therefore, H7 is supported. This can be explained by two factors. First, Radiology is a supportive and specialized service, so patients' decisions to revisit are likely influenced more by therapeutic medical services than by word-of-mouth recommendations. Second, Radiology services are often one-time or non-routine, which limits the impact of word of mouth on revisit intention. Patients tend to return only for specific medical needs, reducing word of mouth's influence. In private hospitals, patients usually have high expectations of service quality, so recommendations from others have little additional effect on their decisions

CONCLUSION

Based on the results of this study, revisit intention is influenced by word of mouth. The word of mouth factor is important to be considered by the management to be able to improve the image of the hospital amidst hospital business competition in the future. This variable has a promotional effect to increase outpatient visits if word of mouth is positive, and has an unfavourable effect if the word of mouth obtained is negative. Therefore, it is necessary to pay attention to variables that will have an impact on positive word of mouth, the 3Ps, namely the people, process, and physical evidence variables. The physical evidence variable is the variable that has the strongest positive influence compared to other variables both indirectly and directly on revisit intention, so it can be concluded that in the context of Radiology Unit outpatients, the variable that most influences them is the physical form of facilities and medical equipment available.

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This study shows that the demographic profile of Radiology Unit outpatients is mostly middle-aged women, moderately educated, earning under ten million rupiah, and domiciled in Depok, so management needs to adjust services and promotions according to these characteristics. The word of mouth variable is proven to influence revisit intention, so it needs to be managed well through improving people, process, and physical evidence. Among the three, physical evidence (physical facilities and medical equipment) has the strongest influence on revisit intention, so hospitals need to prioritise improvements to waiting rooms, lighting, signage, and medical equipment. Meanwhile, process only contributes to positive word of mouth, not directly affecting revisit intention, because Radiology services are not services that patients routinely access. As for people (especially Radiologist), it does not have a significant effect due to low direct interaction with patients. Theoretically, these findings enrich the literature on the influence of health services on revisit intention, and practically, management needs to follow up with physical improvements to the unit and strengthening internal coordination between medical personnel. Hospitals should specifically improve the physical evidence aspect by improving waiting room facilities, medical devices, and the comfort of the Radiology Room environment in order to increase patient satisfaction and revisit intention.

This study is expected to open the eyes of hospital management to focus on improving aspects of physical evidence such as comfortable waiting room, cleanliness, and updated radiology equipment because these factors have the most influence on patient repeat visit intentions. Feedback systems, additional admin staff, and optimisation of electronic medical records are also important to support service efficiency and build positive word of mouth. Teamwork between doctors and radiographers needs to be strengthened without increasing the number of doctors, given the limited direct contact with patients. Service and promotion strategies should be tailored to the dominant patient profile, which is middle-aged women from the lower middle class in Depok.

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