

THE EFFECT OF PROMOTION AND WORD OF MOUTH ON PATIENT LOYALTY THROUGH PATIENT SATISFACTION

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Abstract

This study investigates the effects of promotion and word of mouth on patient loyalty, with patient satisfaction as a mediating variable, at RS Tk. III Dr. R. Soeharsono Banjarmasin. Patient loyalty is a critical indicator of healthcare service sustainability; however, existing literature reveals inconsistent findings regarding the direct influence of promotional activities and interpersonal communication channels on loyalty. This research employs a quantitative approach using a survey method. A total of 383 patients were selected as respondents using the Krejcie and Morgan sampling formula. Data were collected through a structured Likert-scale questionnaire and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0. Results confirm that both promotion and word of mouth exert significant positive effects on patient loyalty and patient satisfaction. Patient satisfaction significantly influences patient loyalty. Furthermore, patient satisfaction partially mediates the relationships between promotion and patient loyalty and between word of mouth and patient loyalty. These findings indicate that enhancing promotional effectiveness and nurturing positive word of mouth, combined with delivering satisfying healthcare experiences, are essential strategies for sustaining patient loyalty in government hospitals.

Keywords: loyalty; promotion; patient satisfaction; word of mouth

INTRODUCTION

Patient loyalty constitutes a fundamental performance indicator for hospitals in sustaining operational continuity and competitive positioning. Loyal patients demonstrate willingness to return for future healthcare services, recommend the institution to others, and maintain sustained trust in the provider (Griffin, 2015; Oliver, 2014). In an increasingly competitive healthcare landscape, hospitals must not only deliver high-quality medical services but also implement effective marketing strategies that cultivate long-term patient relationships (Kotler & Keller, 2016).

Patient loyalty in the healthcare sector carries distinct strategic significance. It is directly associated with operational sustainability and institutional reputation. Hospitals must manage their relationships with patients through consistent and credible marketing communications. The proliferation of healthcare facilities, both

public and private, has heightened competition, making patient retention strategies increasingly important (Tjiptono, 2019).

Promotion is one essential element of the marketing mix that functions to inform, persuade, and remind potential patients about available health services. Promotion is particularly significant in healthcare because services are intangible, and patients cannot directly assess quality prior to experiencing them. Well-designed promotional activities help form patient expectations, build institutional image, and ultimately influence patient behavior (Kotler & Keller, 2016; Tjiptono, 2019).

Word of mouth (WOM) represents another powerful marketing force in healthcare. WOM refers to informal interpersonal communication through which individuals share experiences and recommendations regarding a product or service. In high-stakes, high-uncertainty contexts such as medical care, patients tend to rely more heavily on social recommendations than on formal advertising (Hasan, 2013; Sernovitz, 2012). Positive WOM from trusted sources can substantially influence prospective patients' choices and expectations.

Patient satisfaction functions as the critical mediating mechanism linking marketing inputs to loyalty outcomes. Grounded in the expectation-disconfirmation theory (Oliver, 2014), satisfaction arises when perceived service performance meets or exceeds patient expectations. Satisfied patients are more likely to repurchase services, recommend the hospital, and remain loyal over time. Numerous empirical studies confirm that patient satisfaction mediates the relationships between marketing variables and loyalty (Maharani, Dewi, & Martini, 2023; Iswati, 2022).

RS Tk. III Dr. R. Soeharsono Banjarmasin, a government-affiliated hospital in South Kalimantan, provides services to military personnel, their families, and the general public. Hospital records indicate that total patient visits grew substantially from 53,316 in 2021 to 110,440 in 2024, before declining to 106,513 in 2025, a decrease of 3.56%. Notably, the decline was concentrated among returning patients, signaling a challenge in sustaining patient loyalty. This trend underscores the practical relevance of examining the determinants of patient loyalty in this context.

Existing research on the relationships among promotion, WOM, patient satisfaction, and loyalty reveals inconsistent findings. Some studies find direct positive effects of promotion on loyalty (Handayani & Rachmat, 2025; Pambudi & Susanto, 2012), while others report that this relationship is contingent upon patient satisfaction (Afifah, Ifansyah, & Pusparina, 2026). Similarly, evidence for the direct and indirect effects of WOM on loyalty varies across contexts (Sihombing, Ginting, & Syahrian, 2025; Sinta, Widodo, & Dewi, 2025). These inconsistencies create a research gap that warrants investigation, particularly in public hospital settings that differ structurally from private clinics.

This study therefore examines the simultaneous effects of promotion and WOM on patient loyalty at RS Tk. III Dr. R. Soeharsono Banjarmasin, incorporating

patient satisfaction as a mediating variable. The research contributes empirical evidence to the healthcare marketing literature and offers practical guidance for hospital management in developing more effective communication and service strategies.

Based on the theoretical framework and research gap identified, the following seven hypotheses are proposed (see Figure 1):

- H1: Promotion has a significant positive effect on patient loyalty.
- H2: Word of mouth has a significant positive effect on patient loyalty.
- H3: Patient satisfaction has a significant positive effect on patient loyalty.
- H4: Promotion has a significant positive effect on patient satisfaction.
- H5: Word of mouth has a significant positive effect on patient satisfaction.
- H6: Patient satisfaction mediates the effect of promotion on patient loyalty.
- H7: Patient satisfaction mediates the effect of word of mouth on patient loyalty.

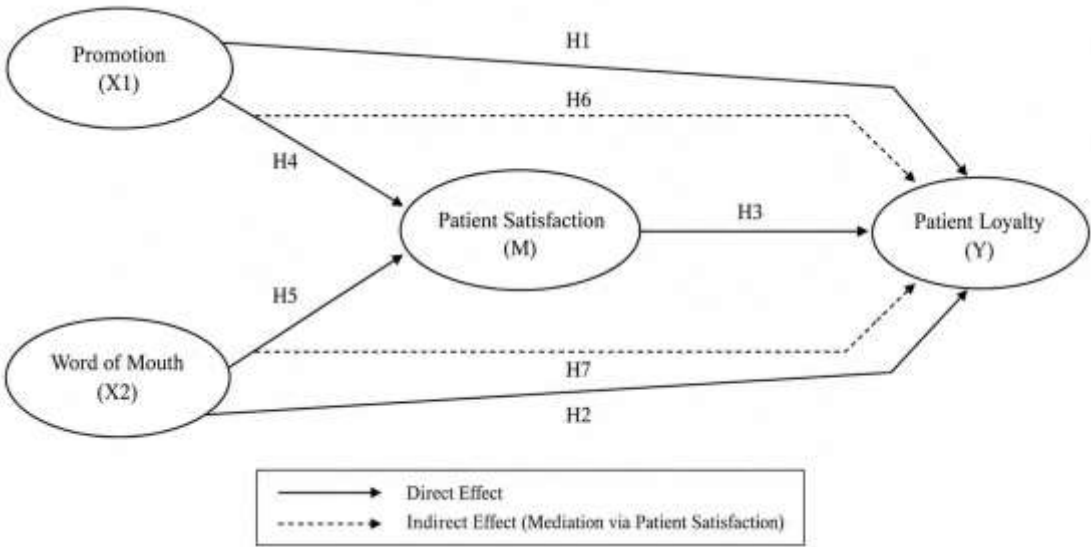


Figure 1. Conceptual Framework

RESEARCH METHOD

Research Design and Approach

This study adopts a quantitative explanatory research design, aimed at testing causal relationships among promotion, word of mouth, patient satisfaction, and patient loyalty. A survey method was employed, with data collected through structured questionnaires distributed to patients of RS Tk. III Dr. R. Soeharsono Banjarmasin (Creswell, 2014; Sekaran & Bougie, 2016).

Population and Sample

The study population comprised all patients who received healthcare services at the hospital during 2025, totaling 106,513 patients. Sample size was determined using the Krejcie and Morgan (1970) formula with a 95% confidence level and a 5% margin of error, yielding a minimum sample of 383 respondents. Sampling was

conducted using accidental sampling, targeting patients available during the data collection period.

Measurement Instrument

All four constructs were measured using a five-point Likert scale (1 = strongly disagree; 5 = strongly agree). Promotion (X₁) was assessed through four items covering healthcare advertising, social media presence, health education activities, and information completeness (Kotler & Keller, 2016; Tjiptono, 2019). Word of mouth (X₂) was measured by four items reflecting peer recommendations, shared positive experiences, information credibility, and referral intensity (Hasan, 2013; Sernovitz, 2012). Patient satisfaction (Z) was operationalized through four items addressing expectation fulfillment, medical staff performance, facility adequacy, and service process quality (Oliver, 2014). Patient loyalty (Y) was captured through four items measuring revisit intention, recommendation willingness, resistance to switching, and long-term trust (Griffin, 2005; Kotler & Keller, 2016).

Data Analysis

Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0 (Hair, Hult, Ringle, & Sarstedt, 2019). PLS-SEM was selected for its capacity to simultaneously evaluate complex models involving multiple latent variables, its independence from distributional assumptions, and its suitability for testing both direct and mediation effects.

The analytical procedure comprised two stages. First, the measurement model (outer model) was evaluated for convergent validity (outer loadings ≥ 0.70 ; AVE ≥ 0.50), discriminant validity (Fornell-Larcker criterion and HTMT ratio < 0.90), and construct reliability (Cronbach's Alpha and Composite Reliability ≥ 0.70) (Fornell & Larcker, 1981; Henseler, Ringle, & Sarstedt, 2015). Second, the structural model (inner model) was assessed for model fit (SRMR < 0.08), explanatory power (R^2), effect size (f^2), and path coefficient significance via bootstrapping with 5,000 subsamples (Hair et al., 2019). Mediation effects were tested by examining indirect paths through patient satisfaction using bootstrapped confidence intervals.

RESULT AND DISCUSSION

Respondent Profile

Of the 383 respondents, 212 (55.4%) were female and 171 (44.6%) were male. The dominant age group was 25–35 years (129 respondents; 33.7%), followed by 36–45 years (117; 30.5%). Outpatient services accounted for the majority (248; 64.8%), while 135 (35.2%) were inpatients. Regarding visit frequency, 176 respondents (46.0%) had visited 2–3 times, 116 (30.3%) had visited more than three times, and 91 (23.8%) were first-time visitors. This profile indicates that respondents had sufficient service experience to provide valid assessments of the variables under study.

Descriptive Statistics

Descriptive analysis indicates that all variables were rated at a moderate-to-good level. The mean scores for Promotion (X1) items ranged from 3.30 to 3.33 (SD $\approx$ 1.25), suggesting that respondents moderately agreed with promotional activities conducted by the hospital. Word of Mouth (X2) items had means ranging from 3.28 to 3.31 (SD $\approx$ 1.26–1.28), indicating a moderate role of interpersonal recommendations in patients' hospital choice. Patient Satisfaction (Z) items ranged from 3.29 to 3.32 (SD $\approx$ 1.25–1.28), and Patient Loyalty (Y) ranged from 3.20 to 3.32 (SD $\approx$ 1.28–1.31). The relatively high standard deviations across all items reflect considerable variation in patient perceptions.

Measurement Model Evaluation

Table 1. Outer Loadings, Reliability, and AVE

Variable / Indicator	Loading	Cronbach Alpha	CR	AVE
Promotion (X1)		0.928	0.949	0.823
X1.1 – Healthcare advertising	0.902			
X1.2 – Social media information	0.907			
X1.3 – Health education activities	0.910			
X1.4 – Information clarity	0.910			
Word of Mouth (X2)		0.907	0.935	0.782
X2.1 – Family/friend recommendation	0.880			
X2.2 – Positive patient experiences	0.897			
X2.3 – Information credibility	0.891			
X2.4 – Hospital referral frequency	0.869			
Patient Satisfaction (Z)		0.899	0.930	0.768
Z1 – Expectation fulfillment	0.865			
Z2 – Medical staff satisfaction	0.879			
Z3 – Facility satisfaction	0.887			
Z4 – Service process satisfaction	0.874			
Patient Loyalty (Y)		0.910	0.937	0.787
Y1 – Revisit intention	0.896			
Y2 – Recommendation willingness	0.901			
Y3 – Resistance to switching	0.892			
Y4 – Long-term trust	0.858			

Source: Processed Data, 2026

All outer loadings exceeded 0.70 (see Figure 2), all AVE values exceeded 0.50, and all Cronbach's Alpha and Composite Reliability values exceeded 0.70, confirming convergent validity and construct reliability (Hair et al., 2019). Discriminant validity was confirmed through the Fornell-Larcker criterion, where the square root of each construct's AVE (ranging from 0.876 for satisfaction to 0.907 for promotion) exceeded inter-construct correlations. The HTMT ratios, with the highest value of 0.670 (satisfaction–loyalty), were all below the 0.90 threshold, further supporting discriminant validity (Henseler et al., 2015). VIF values for all indicators ranged from 2.341 to 3.306, well below the threshold of 5.0, confirming the absence of multicollinearity.

Model fit assessment revealed an SRMR of 0.039, well below the 0.08 threshold, and an NFI of 0.928, indicating excellent model fit. These results confirm that the structural model adequately represents the empirical data.

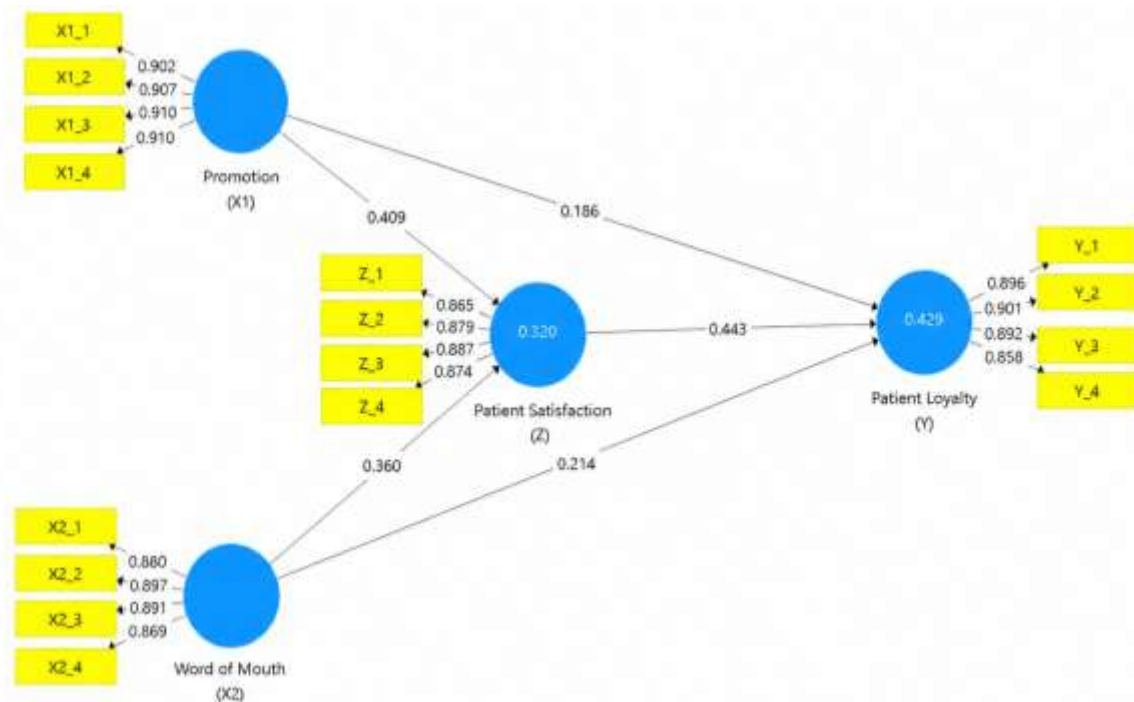


Figure 2. Outer Model

Table 2. Structural Model Results

Hypothesis / Path	Coefficient (β)	T-Statistic	P-Value	Decision
H1: Promotion $\rightarrow$ Patient Loyalty	0.186	4.008	0.000	Supported
H2: Word of Mouth $\rightarrow$ Patient Loyalty	0.214	4.676	0.000	Supported
H3: Patient Satisfaction $\rightarrow$ Patient Loyalty	0.443	8.900	0.000	Supported
H4: Promotion $\rightarrow$ Patient Satisfaction	0.409	9.954	0.000	Supported
H5: Word of Mouth $\rightarrow$ Patient	0.360	8.489	0.000	Supported

Satisfaction				
H6: Promotion → Satisfaction → Loyalty	0.181	6.123	0.000	Supported
H7: WOM → Satisfaction → Loyalty	0.160	6.321	0.000	Supported
R ² Patient Satisfaction	0.320	—	—	Moderate
R ² Patient Loyalty	0.429	—	—	Moderate

Note: Bootstrapping with 5,000 subsamples; threshold $p < 0.05$, $t > 1.96$

H1: Promotion and Patient Loyalty

Promotion exerted a significant positive direct effect on patient loyalty ($\beta = 0.186$, $t = 4.008$, $p < 0.001$). This finding indicates that more effective promotional activities—such as healthcare advertising, social media communications, health education programs, and comprehensive service information—are associated with higher patient loyalty. Patients who receive clearer and more frequent information about hospital services tend to develop stronger commitment to returning for care and recommending the hospital to others. This result is consistent with Kotler and Keller (2016) and Tjiptono (2019), who argue that sustained promotional communication reinforces patient brand attachment. The finding corroborates Handayani and Rachmat (2025) and Afifah, Ifansyah, and Pusparina (2026), who found that hospital promotion significantly enhances patient loyalty.

H2: Word of Mouth and Patient Loyalty

Word of mouth positively and significantly influenced patient loyalty ($\beta = 0.214$, $t = 4.676$, $p < 0.001$). The WOM coefficient was slightly higher than that of promotion, reflecting the credibility advantage of interpersonal recommendations in healthcare. When potential patients receive positive referrals from trusted individuals who have experienced the hospital's services, they develop stronger prior confidence in the institution, which in turn strengthens loyalty. This is consistent with Hasan (2013) and Kotler and Keller (2016), who emphasize that WOM carries greater persuasive weight than formal communication in high-risk service contexts. Sihombing, Ginting, and Syahrian (2025) and Sinta, Widodo, and Dewi (2025) similarly found significant WOM effects on loyalty.

H3: Patient Satisfaction and Patient Loyalty

Patient satisfaction was the strongest direct predictor of patient loyalty ($\beta = 0.443$, $t = 8.900$, $p < 0.001$), confirming that the experiential quality of care is the most critical driver of long-term loyalty. Patients who found that the actual service met or exceeded their expectations were significantly more inclined to revisit the hospital, recommend it to others, resist switching to competitors, and maintain long-term trust. This finding is grounded in Oliver's (2014) expectation-disconfirmation theory and corroborates Maharani, Dewi, and Martini (2023) and Syabana, Fitra, and Maulidiyah (2025), who report that satisfaction is the dominant driver of loyalty in healthcare.

settings. The large effect size ($f^2 = 0.233$) further underscores the centrality of satisfaction.

H4 and H5: Promotion, Word of Mouth, and Patient Satisfaction

Both promotion ($\beta = 0.409$, $t = 9.954$, $p < 0.001$) and word of mouth ($\beta = 0.360$, $t = 8.489$, $p < 0.001$) significantly influenced patient satisfaction. Promotion exerted a slightly stronger effect ($f^2 = 0.244$) compared to WOM ($f^2 = 0.190$), both categorized as medium effects (Cohen, 1988). Informative and credible promotional activities help form realistic patient expectations, reducing the gap between anticipated and experienced service quality (Kotler & Keller, 2016). Similarly, positive WOM shapes pre-service perceptions that, when confirmed by actual experience, generate satisfaction (Oliver, 2014). These findings align with Saman, Rajak, and Muchlis (2024) regarding the promotion-satisfaction link, and Syabana and Prastiwi (2025) regarding the WOM-satisfaction relationship.

H6 and H7: Mediating Role of Patient Satisfaction

Patient satisfaction significantly mediated the effect of promotion on patient loyalty ($\beta = 0.181$, $t = 6.123$, $p < 0.001$) and the effect of WOM on patient loyalty ($\beta = 0.160$, $t = 6.321$, $p < 0.001$). Since both direct effects (H1 and H2) remained significant after introducing the mediator, partial mediation is concluded (Hair et al., 2019). This indicates that while promotion and WOM exert independent direct effects on loyalty, their influence is amplified when they successfully engender patient satisfaction. The mediation findings align with Handayani and Rachmat (2025) and Afifah, Ifansyah, and Pusparina (2026) for the promotion pathway, and with Syabana, Fitra, and Maulidiyah (2025) and Iswati (2022) for the WOM pathway. The theoretical implication is that satisfaction operates as the behavioral bridge through which marketing communications translate into durable loyalty commitments.

CONCLUSION

This study provides empirical evidence that promotion and word of mouth are significant positive determinants of patient loyalty at a government hospital in Banjarmasin, Indonesia, both directly and indirectly through the partial mediation of patient satisfaction. Patient satisfaction emerged as the most powerful direct antecedent of loyalty ($\beta = 0.443$), underscoring that the quality of the care experience is paramount in retaining patients over time.

The structural model explained 32.0% of the variance in patient satisfaction and 42.9% in patient loyalty, reflecting moderate explanatory power that suggests additional drivers of loyalty, such as service quality, hospital image, and pricing, warrant future investigation. The partial mediation pattern implies that both channels—formal promotional communication and informal interpersonal referrals—retain independent direct effects on loyalty beyond their satisfaction-generating capacity.

From a managerial perspective, hospital administrators should invest in transparent, accurate, and consistently delivered promotional content through digital and conventional channels to form realistic patient expectations and stimulate revisit intentions. Simultaneously, sustaining high service standards to generate positive WOM constitutes an organic and cost-effective loyalty strategy. Given that patient satisfaction mediates both pathways, any promotional or WOM initiative must be underpinned by genuine service excellence; overpromising or delivering below expectations will undermine loyalty regardless of communication efforts.

Future research should explore additional mediators or moderators (e.g., trust, hospital image, perceived value), extend the model to other types of healthcare facilities, and consider longitudinal designs to capture loyalty dynamics over time.

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