International Journal of Economics and Management Sciences

E-ISSN: 3046-9279
P-ISSN: 3048-0965

Research Article

The Influence of Digital Marketing and E-WOM on Patient Visit Intention with Brand Awareness as an Intervening

Vicky [1] *, Erry Yudha[2], Wahyuni Dian Purwati[3]

[1] Master of Hospital Administration, Universitas Esa Unggul; Jakarta, Indonesia: vickykarmanta@student.esaunggul.ac.id
[2] Master of Hospital Administration, Universitas Esa Unggul; Jakarta, Indonesia: erry.yudha@esaunggul.ac.id
[3] Master of Hospital Administration, Universitas Esa Unggul; Jakarta, Indonesia: wahyuni.dian@esaunggul.ac.id
* Corresponding Author: vickykarmanta@student.esaunggul.ac.id

Abstract: The development of Digital Marketing and Electronic Word of Mouth (eWOM) has encouraged hospitals to adopt digital communication strategies to attract patients' visit intentions. However, in public hospitals, the effectiveness of these strategies in influencing patient behavior still requires empirical validation. This study aims to analyze the influence of Digital Marketing and eWOM on patient visit intention, with Brand Awareness as an intervening variable at RSUD Cengkareng.This research employed a quantitative approach with an explanatory design. Data were collected from November to December 2025 from 100 general outpatient respondents selected using the Slovin formula and a simple random sampling technique. The data were gathered through structured questionnaires and analyzed using Structural Equation Modeling (SEM) with AMOS software.The results show that Digital Marketing and eWOM have a positive and significant effect on Brand Awareness. Both variables also significantly influence patient visit intention, with eWOM demonstrating the strongest effect. These findings indicate that information shared through digital platforms and patient recommendations plays an important role in shaping potential patients' decisions to visit the hospital. However, Brand Awareness does not have a significant effect on patient visit intention and does not mediate the relationship between Digital Marketing, eWOM, and visit intention. This suggests that, in the context of RSUD Cengkareng as a public hospital, patients' visit decisions are more directly influenced by digital information exposure and the credibility of online recommendations rather than by brand recognition alone.

Keywords: Brand Awareness; Digital Marketing; Electronic WOM; Outpatient Services; Visit Intention.

Received: January 19, 2026
Revised: January 31, 2026
Accepted: February 25, 2026
Published: February 28, 2026
Curr. Ver.: February 28, 2026

1. Introduction

In the digital era, healthcare systems are expected to provide accessible, efficient, and transparent services to the public. Indonesian health policies, such as Law No. 36 of 2009 on Health and Minister of Health Regulation No. 24 of 2022 on Electronic Medical Records, emphasize the importance of digital transformation in improving healthcare service efficiency. In addition, Minister of Health Regulation No. 20 of 2019 on Telemedicine supports the integration of digital technology to expand healthcare access. From a theoretical perspective, the AIDA Model (Attention, Interest, Desire, Action) explains that individuals pass through several cognitive stages before deciding to utilize a service. In this context, digital exposure through online platforms is assumed to influence patient awareness, interest, desire, and ultimately their intention to visit healthcare facilities.

In Jakarta, digital technology increasingly shapes public behavior in selecting healthcare services. Data from APJII (2023) indicate that 82.8% of Jakarta residents actively use the internet, with 76% accessing social media platforms daily. Furthermore, reports from the

Indonesian Ministry of Health (2022) reveal that approximately 65% of residents search for hospital information online before deciding to seek treatment. This trend highlights the growing importance of digital presence for healthcare institutions. Hospitals that effectively utilize digital marketing strategies and manage their online reputation are more likely to influence public perception and attract patient visits.

Despite the increasing digitalization, patient visits at RSUD Cengkareng have experienced fluctuations in recent years, particularly during the COVID-19 pandemic. For instance, emergency department visits increased to 34,741 patients in 2019, but decreased to 30,281 visits in 2020 due to mobility restrictions under the Large-Scale Social Restrictions (PSBB) policy. Preliminary observations and interviews with hospital staff also reveal that digital marketing activities at RSUD Cengkareng remain limited and primarily administrative. Social media content is largely informational, such as announcements and service schedules, with minimal interactive engagement. Additionally, the hospital lacks a structured system to manage Electronic Word of Mouth (eWoM), leaving many online reviews unmonitored and unanswered.

These conditions indicate a gap between the potential of digital healthcare communication and the hospital's ability to utilize it strategically. Previous studies suggest that Digital Marketing and eWoM play a significant role in shaping Brand Awareness and influencing patient decisions to choose healthcare providers. Therefore, this study aims to examine the effect of Digital Marketing and Electronic Word of Mouth (eWoM) on Patient Visit Intention, with Brand Awareness as an intervening variable, at RSUD Cengkareng. The findings are expected to provide insights into how digital strategies can strengthen hospital branding and increase patient visit intention in the digital healthcare environment. Internal audits in several hospitals show physician discipline levels remain low, with compliance indicators such as punctuality and documentation accuracy ranging only between 40–48%, potentially affecting adherence to clinical standards.

2. Preliminaries or Related Work or Literature Review

Patient visit intention is an important concept in healthcare service marketing that describes an individual's tendency to use or revisit healthcare services in the future. In service marketing literature, revisit intention is often viewed as an indicator of service success because it reflects patients' long-term evaluation of the quality of services they have received. According to Oliver (2021) in the Expectation–Confirmation Theory, revisit intention emerges when the service experience perceived by patients meets or exceeds their initial expectations prior to receiving the service. When patients perceive that the healthcare service provider delivers satisfactory outcomes, they are more likely to develop a positive behavioral intention toward future visits.

Furthermore, patient visit intention can also be explained through the Theory of Planned Behavior proposed by Icek Ajzen (1991), which states that intention is the primary predictor of actual behavior. This theory explains that behavioral intention is influenced by three main factors: attitudes toward the behavior, subjective norms, and perceived behavioral control. In the context of healthcare services, positive attitudes toward the quality of hospital services, social support from family members or healthcare professionals, and the ease of accessing healthcare facilities can strengthen a patient's intention to visit a healthcare provider.

Patients' decisions to utilize healthcare services can also be understood through the Health Belief Model, developed by Irwin M. Rosenstock and colleagues. This model explains that health behavior is influenced by individuals' perceptions of disease risk, the severity of health conditions, the perceived benefits of medical actions, and potential barriers to obtaining care. In the hospital context, patients are more likely to visit healthcare facilities when they believe that the benefits of receiving treatment outweigh the obstacles they might encounter.

From a healthcare marketing perspective, patient visit intention is also closely related to service quality and institutional image. The healthcare marketing framework proposed by Philip Kotler and colleagues explains that perceptions of service quality, hospital reputation, and patient experience are crucial factors influencing individuals' decisions when selecting healthcare providers. Hospitals that successfully build a positive reputation and deliver consistent service quality are more likely to encourage patients to return for future healthcare needs.

The rapid development of digital technology has further expanded the factors influencing patient visit intention. The Technology Acceptance Model, introduced by Fred

D. Davis and further developed by Viswanath Venkatesh, explains that individuals' acceptance of technology is determined by two main perceptions: perceived usefulness and perceived ease of use. In healthcare settings, digital services such as online appointment systems, hospital websites, and digital communication with patients can increase convenience and accessibility, thereby encouraging stronger patient visit intentions.

Digital marketing is a marketing strategy that utilizes digital technologies and online platforms to reach and interact with audiences more effectively. According to Dave Chaffey and Fiona Ellis-Chadwick (2022), digital marketing involves the planning, implementation, and evaluation of digital communication strategies aimed at increasing customer engagement and encouraging actions toward a product or service. In the healthcare sector, digital marketing enables hospitals to disseminate information about services, facilities, and health education through websites, social media platforms, and other digital channels.

In digital marketing communication, consumer behavior can be explained through the AIDA Model developed by Robert J. Lavidge and Gary A. Steiner. This model describes the stages of consumer responses to marketing messages: attention, interest, desire, and action. Exposure to digital information can capture potential patients' attention, stimulate their interest in hospital services, create a desire to experience those services, and ultimately encourage action in the form of visiting a healthcare facility.

Consumer decision-making in the digital environment can also be explained through the Consumer Decision Journey Model proposed by David Court and colleagues. This model suggests that consumers pass through several stages before making a decision, including brand awareness, evaluation of alternatives, service usage, and post-experience evaluation, which may ultimately shape customer loyalty. In healthcare services, patients often search for information online, compare hospitals, evaluate available services, and then decide which healthcare provider to visit.

The effectiveness of digital marketing messages in shaping consumer attitudes can further be explained through the Elaboration Likelihood Model developed by Richard E. Petty and John T. Cacioppo. This model suggests that marketing messages are processed through two routes: the central route, which involves rational evaluation of information, and the peripheral route, which involves emotional cues. In hospital marketing, accurate and credible health information may influence patient decisions through rational consideration, while visual content and emotional storytelling may influence attitudes through emotional engagement.

Electronic Word of Mouth (eWoM) refers to consumer-to-consumer communication that occurs in digital environments and contains experiences, opinions, and recommendations regarding products or services. According to Thorson and colleagues, eWoM emerges as a form of consumers' expression of their experiences as well as their desire to help other consumers make informed decisions. In the healthcare sector, online reviews and patient testimonials have become important sources of information that influence potential patients when selecting healthcare providers (Heinrich-Thurau et al., 2004).

The influence of eWoM on consumer behavior can be explained through Social Proof Theory proposed by Robert B. Cialdini. This theory states that individuals tend to follow the behavior or decisions of others when faced with uncertainty. In healthcare services, prospective patients often rely on online reviews and testimonials from previous patients as references before deciding to visit a particular hospital.

The effectiveness of eWoM is also related to the credibility of the information source. The Source Credibility Theory, developed by Carl I. Hovland and colleagues, explains that messages originating from sources perceived as competent and trustworthy are more likely to be accepted by audiences. In healthcare contexts, reviews written by experienced patients or medical professionals tend to have a stronger influence on the decisions of potential patients.

Additionally, the dissemination of information in eWoM is influenced by the media used for communication. The Media Richness Theory introduced by Richard L. Daft and Robert H. Lengel explains that communication effectiveness depends on the ability of a medium to deliver rich and interactive information. The use of various digital platforms such as social media, health forums, and online review platforms enables hospitals to disseminate information widely and influence patient perceptions about healthcare services.

Brand awareness refers to the level of an individual's ability to recognize and recall a brand within a particular service category. According to Kevin Lane Keller (1993) in the Customer-Based Brand Equity Theory, brand awareness serves as the fundamental basis for building brand equity because consumers cannot evaluate or choose a brand without first being aware of its existence.

The concept of brand awareness is further reinforced by the Aaker Brand Equity Model developed by David A. Aaker (1991), which states that brand awareness is the initial element in building strong brand value. The higher the level of public awareness toward a hospital, the greater the likelihood that the hospital will be considered during healthcare decision-making processes. Therefore, brand awareness plays an important role as an intervening variable that connects digital marketing and electronic word of mouth with patient visit intention.

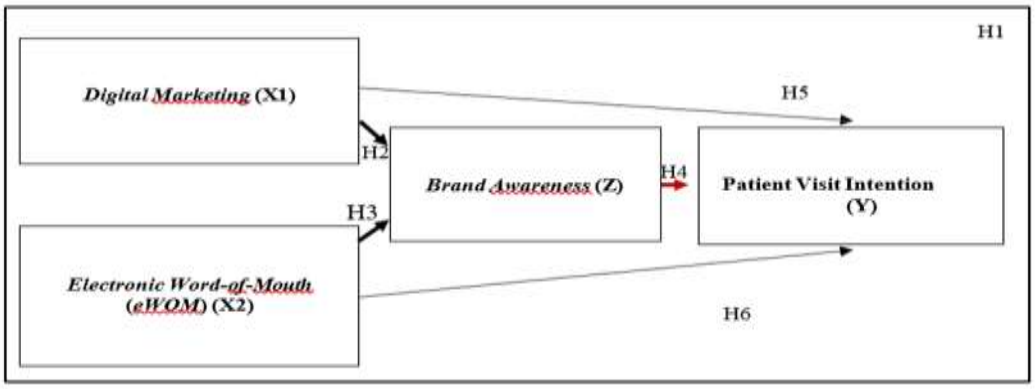

Figure 1. Conceptual Framework.

3. Proposed Method

This study employs a quantitative research approach with an explanatory research design, which aims to explain the causal relationships between independent variables, the intervening (mediating) variable, and the dependent variable. A quantitative approach is chosen because the study tests previously formulated hypotheses through objective measurement of variables and statistical analysis. The research design used is an analytic survey with a cross-sectional approach, where data are collected at a single point in time. This design allows the researcher to capture respondents' perceptions regarding Digital Marketing and Electronic Word of Mouth (eWoM), as well as their influence on Brand Awareness and patient visit intention.

The sampling technique used in this study is non-probability sampling with a purposive sampling method, where respondents are selected based on specific criteria relevant to the research objectives. The inclusion criteria consist of outpatient general patients who have previously visited RSUD Cengkareng, are at least 17 years old, have obtained information about the hospital through digital media or online reviews, and are willing to complete the questionnaire. Meanwhile, exclusion criteria include inpatients or emergency patients, patients using BPJS Health services due to the referral system affecting hospital choice, individuals unable to complete the questionnaire independently, and respondents who provide incomplete or inconsistent answers. These criteria are applied to ensure that the selected sample is appropriate and capable of providing reliable data for the study.

4. Results and Discussion

Respondent Characteristics

Most respondents were aged 20–45 years (75%), indicating that the sample was dominated by individuals in the productive age group. Respondents aged 46–59 years accounted for 15%, while those aged ≥60 years represented 7%, and respondents aged <20 years constituted the smallest proportion at 3%. Based on gender, 59% were male and 41% were female, showing slightly higher participation from male respondents. In terms of occupation, the largest group consisted of private employees (30%), followed by entrepreneurs (15%), teachers (11%), and students (10%). Other occupations were represented in smaller proportions, including PJLP (8%), housewives (7%), contract employees and nurses (5% each), retirees (4%), civil servants (2%), and drivers, doctors, and tailors (1% each). This diversity of occupational backgrounds indicates that the respondents came from various social and economic groups, providing a broader representation of patient perceptions toward RSUD Cengkareng services.

Validity Test

Based on the results of the validity test for all research variables, namely Digital Marketing (D1–D12), Electronic Word of Mouth (Ei1–Ei12), Brand Awareness (B1–B12),

and Patient Visit Intention (K1–K12), it was found that all statement items have r-count values greater than the r-table value (0.196) and significance values below 0.05. Therefore, all items for each variable are empirically valid and appropriate to be used as measurement instruments in this study.

Reliability Test

Reliability testing is conducted to ensure that the research instrument used has a good level of internal consistency in measuring each construct. Reliability indicates the extent to which the items within a variable are able to produce stable and consistent results when measurements are repeated. In this study, reliability is assessed by examining the values of Cronbach's Alpha, rho_A, and Composite Reliability (CR). A construct is considered reliable if the values of Cronbach's Alpha and Composite Reliability are greater than 0.70 (Hair et al., 2019).

Table 1. Reliability Test.

Variabei	Cronbacch's Alpha	Description
DM	0,832	Reiliabel
eiWOM	0,826	Reiliabei
BA	0,824	Reiliabel
PVI	0,832	Reiliabel

Source: Results of Primary Data Analysis, 2025

Based on the table above, the results of the reliability test for all research variables—Digital Marketing (X_1), Electronic Word of Mouth (X_2), Brand Awareness (Z), and Patient Visit Intention (Y)—show Cronbach's Alpha values of 0.832 for Digital Marketing, 0.826 for Electronic Word of Mouth, 0.824 for Brand Awareness, and 0.832 for Patient Visit Intention. All Cronbach's Alpha values exceed the minimum threshold of 0.70, indicating that the research instruments have a high level of reliability. Therefore, the statement items for each variable are considered consistent and reliable for use in further measurement and analysis in this study.

Hypothesis Test

Hypothesis Results

Hypothesis testing in this study was conducted using the Structural Equation Modeling (SEM) method with the assistance of the AMOS program. The testing was performed by examining the Estimate, Critical Ratio (C.R.), and p-value. A relationship is considered significant when the C.R. value is ≥ 1.96 and the p-value is < 0.05.

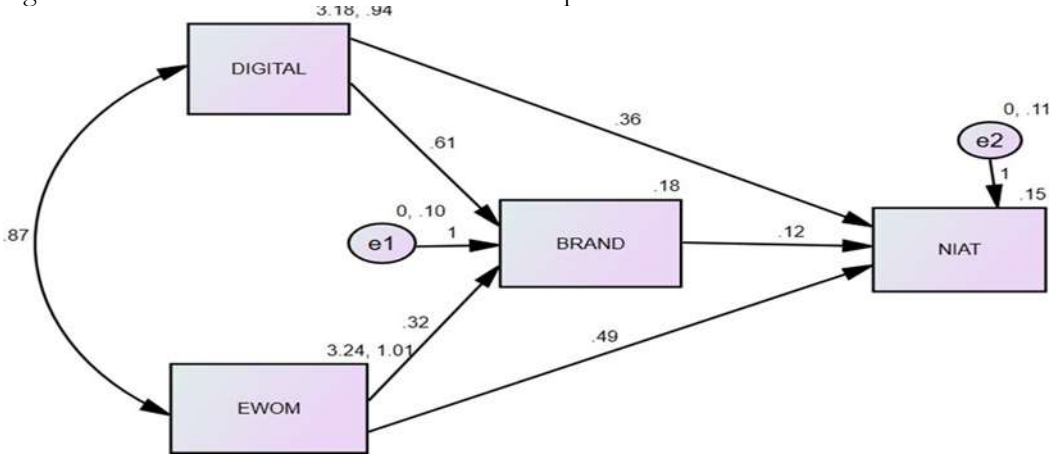

Figure 2. Bootstrapping Analysis Results.

Simultaneous Hypothesis

Based on the results of the structural model analysis using Structural Equation Modeling (SEM), the coefficient of determination (R^2) for the Patient Visit Intention variable is 0.880.

This value indicates that Digital Marketing, Electronic Word of Mouth (eWoM), and Brand Awareness simultaneously explain 88.0% of the variation in Patient Visit Intention, while the remaining 12.0% is influenced by other variables outside the research model. Statistically, Digital Marketing and eWoM have a significant effect on Patient Visit Intention, whereas Brand Awareness does not show a significant effect.

Results of Structural Model Analysis

Table 2. Results of the Direct Effects.

	Estimate	C.R.	P-value	Description
DM -> BA	0,606	7,915	< 0,001	Hypothesis Accepted
eWOM -> BA	0,322	4,369	< 0,001	Hypothesis Accepted
BA -> PVI	0,115	1,098	0,272	Hypothesis Accepted
DM -> PVI	0,356	3,486	< 0,001	Hypothesis Accepted
eWOM -> PVI	0,486	5,778	< 0,001	Hypothesis Accepted

Based on the table above, the results of the direct effect test between variables show that Digital Marketing has a positive and significant effect on Brand Awareness, with an estimate value of 0.606, a C.R. value of 7.915, and a p-value < 0.001. This indicates that the more optimal the digital marketing strategy implemented, the higher the level of brand awareness. Furthermore, Electronic Word of Mouth (eWoM) also has a positive and significant effect on Brand Awareness, with an estimate value of 0.322, a C.R. value of 4.369, and a p-value < 0.001. This finding suggests that online communication and reviews contribute to increasing brand awareness.

However, Brand Awareness is not proven to have a significant effect on Patient Visit Intention. This is indicated by an estimate value of 0.115, a C.R. value of 1.098, and a p-value of 0.272, which is greater than 0.05. Therefore, the hypothesis stating that Brand Awareness influences Patient Visit Intention cannot be accepted. On the other hand, Digital Marketing has a positive and significant effect on Patient Visit Intention, with an estimate value of 0.356, a C.R. value of 3.486, and a p-value < 0.001. This result indicates that the more effective the digital marketing strategy, the higher the tendency for patients to visit. In addition, eWoM also has a positive and significant effect on Patient Visit Intention, with an estimate value of 0.486, a C.R. value of 5.778, and a p-value < 0.001, indicating that online information and recommendations play an important role in shaping patient visit intentions.

Indirect Effect

Table 3. Indirect Effect Test Result.

	Standardzed Indrect Effect	Description
eWOM -> BA -> PVI	0,038	Hypotesis Rejected
DM -> BA -> PVI	0,069	Hypotesis Rejected

Based on the table above, the indirect effect of Electronic Word of Mouth (eWoM) on Patient Visit Intention through Brand Awareness is 0.038, while the indirect effect of Digital Marketing on Patient Visit Intention through Brand Awareness is 0.069. These values indicate that the indirect contributions are relatively small.

Furthermore, previous analysis shows that the path from Brand Awareness to Patient Visit Intention is not significant (p = 0.272). The insignificance of this mediating path means that the mediation mechanism is not statistically supported. Therefore, Brand Awareness does

not function as a mediating variable in the relationship between Digital Marketing and eWoM on Patient Visit Intention.

Discussion

The Simultaneous Influence of Digital Marketing, eWoM, and Brand Awareness on Patient Visit Intention

Based on the results of the structural model analysis using Structural Equation Modeling (SEM), the coefficient of determination (R^2) for the Patient Visit Intention variable is 0.880. This value indicates that Digital Marketing, Electronic Word of Mouth (eWoM), and Brand Awareness simultaneously explain 88.0% of the variation in Patient Visit Intention, while the remaining 12.0% is influenced by other variables outside the research model. Statistically, Digital Marketing and eWoM have a significant effect on Patient Visit Intention, whereas Brand Awareness does not show a significant direct influence. Descriptive analysis using the Three Box Method also indicates that Digital Marketing, eWoM, and Brand Awareness are all in the moderate category, suggesting that digital communication strategies and brand perception have not yet reached an optimal level in influencing patient visit behavior.

From a theoretical perspective, the Integrated Marketing Communication (IMC) framework explains that the integration of digital messages, consumer experience, and brand reinforcement can shape consumer behavioral intentions (Kotler & Keller, 2016). Similarly, the AIDA Model states that effective communication influences attention, interest, desire, and action (Lavidge & Steiner, 1961), while the Customer-Based Brand Equity Model emphasizes that brand awareness forms the foundation of brand equity, influencing consumer decisions (Keller, 2003). However, in healthcare services, visit decisions are often influenced more strongly by medical needs, referral systems, service costs, and accessibility, as explained in Andersen's Behavioral Model of Health Services Use (1995). Therefore, although the model has a high explanatory power, the findings indicate that Digital Marketing and eWoM play a more dominant role in shaping patient visit intention, while Brand Awareness does not significantly influence visit decisions in the context of public hospital services.

The Influence of Digital Marketing on Brand Awareness

Based on the results of the structural model analysis using Structural Equation Modeling (SEM), Digital Marketing has a positive and significant effect on Brand Awareness, indicated by an estimate value of 0.606, a Critical Ratio (C.R.) of 7.915, and a p-value < 0.001. This finding suggests that improvements in the quality and intensity of digital marketing activities significantly increase public awareness of the hospital's brand. Descriptive analysis using the Three Box Method shows that Digital Marketing is still in the moderate category, where the dimensions of Reach, Engagement, Content Quality, and Conversion have not yet reached a high level. However, despite not being optimal, the presence and consistency of digital marketing activities are sufficient to stimulate cognitive recognition and recall of the hospital brand among the community.

From a theoretical perspective, this finding supports the concept of Integrated Marketing Communication (IMC), which emphasizes that consistent communication across multiple channels, including digital media, plays an important role in building brand awareness (Kotler & Keller, 2016). In the Customer-Based Brand Equity (CBBE) Model, Brand Awareness represents the foundation of brand equity, reflecting the ability of consumers to recognize and recall a brand (Keller, 2003). Previous studies such as Tsioitsoiu and Diehl (2013) and Dwivedi et al. (2021) also confirm that digital marketing exposure contributes to the development of brand awareness. Nevertheless, the moderate category results indicate that the hospital's digital communication still functions mainly as an informational tool rather than a strategic branding instrument. In the context of public sector marketing, government hospitals often prioritize service information and accountability rather than strong brand differentiation (Kotler & Lelei, 2007), which explains why Brand Awareness has improved but has not yet reached an optimal level.

The Influence of eWoM on Brand Awareness

Based on the results of the structural model analysis using Structural Equation Modeling (SEM), Electronic Word of Mouth (eWoM) has a positive and significant effect on Brand Awareness, with an estimate value of 0.322, a Critical Ratio (C.R.) of 4.369, and a p-value < 0.001. This indicates that digital communication among users significantly contributes to increasing public awareness of the hospital's brand. Descriptive analysis using the Three Box Method shows that the eWoM variable is still in the moderate category, where the dimensions

of Information Quality, Source Credibility, Information Intensity, and Valence of Opinion have not yet reached a high level. Nevertheless, although the quality and intensity of eWoM are not yet optimal, the existing digital discussions and information sharing among users are sufficient to create exposure that supports the development of brand awareness.

From a theoretical perspective, eWoM plays an important role in shaping brand perception and awareness. According to Heinrich-Thurau et al. (2004), online consumer communication increases information exposure and strengthens brand image formation, while Cheung and Thadani (2012) emphasize that information shared by fellow users is often perceived as more credible than formal marketing communication. The Information Adoption Model also explains that the effectiveness of eWoM depends on the quality of arguments and the credibility of its source (Sussman & Siegal, 2003), which influences how information is accepted and remembered by consumers. Previous studies by Jalilvand and Samiei (2012), Kudeishia and Kumar (2017), and Zhang et al. (2017) also confirm that online reviews and digital discussions significantly influence consumer intentions, particularly in service sectors such as healthcare, where patient experiences shared digitally can reduce uncertainty and increase trust in healthcare providers. Therefore, the hypothesis stating that eWoM influences patient visit intention is accepted, indicating that digital patient experiences and online reviews have become important considerations for the public when choosing healthcare services.

The Mediating Role of Brand Awareness in the Influence of Digital Marketing on Patient Visit Intention

Based on the Structural Equation Modeling (SEM) analysis, the direct effect of Digital Marketing on Patient Visit Intention is significant (estimate = 0.356; $p < 0.001$). Digital Marketing also has a significant effect on Brand Awareness (estimate = 0.606; $p < 0.001$); however, the relationship between Brand Awareness and Patient Visit Intention is not significant (estimate = 0.115; $p = 0.272$). The standardized indirect effect value of 0.069 indicates that the indirect influence of Digital Marketing on visit intention through Brand Awareness is relatively small and statistically insignificant. Therefore, Brand Awareness does not function as a mediating variable in the relationship between Digital Marketing and Patient Visit Intention. Descriptive analysis using the Three Box Method also shows that both Digital Marketing and Brand Awareness remain in the moderate category, indicating that while digital marketing activities can increase brand recognition, the level of awareness formed is not yet strong enough to translate into a stronger intention to visit the hospital.

From a theoretical perspective, the Customer-Based Brand Equity (CBBE) Model explains that Brand Awareness represents the initial cognitive stage in building brand equity, allowing a brand to enter the consumer's consideration set (Keller, 2003). However, according to the Hierarchy of Effects Model, awareness alone does not necessarily lead to behavioral intention unless it progresses to stronger stages such as preference and conviction (Lavidge & Steiner, 1961). In the healthcare context, Andersen's Behavioral Model of Health Services Use also emphasizes that healthcare utilization decisions are more strongly influenced by medical needs, accessibility, and referral systems rather than brand perception (Andersen, 1995). This explains why Brand Awareness did not mediate the relationship between Digital Marketing and visit intention in this study. The findings are consistent with studies by Fioriudi et al. (2018) and Nugraha and Indriyani (2020), which indicate that marketing communication will not produce a mediating effect if brand awareness is not accompanied by strong brand image, trust, and differentiation. In this context, Digital Marketing at RSUD Cengkareng appears to influence visit intention more directly by improving access to service information rather than through a structured brand-building mechanism.

The Mediating Role of Brand Awareness in the Influence of eWoM on Patient Visit Intentions

Based on the Structural Equation Modeling (SEM) analysis, the direct effect of Electronic Word of Mouth (eWoM) on Patient Visit Intention is significant (estimate = 0.486; $p < 0.001$). In addition, eWoM also has a significant effect on Brand Awareness (estimate = 0.322; $p < 0.001$). However, the relationship between Brand Awareness and Patient Visit Intention is not significant (estimate = 0.115; $p = 0.272$). The standardized indirect effect value of 0.038 indicates that the indirect effect of eWoM on visit intention through Brand Awareness is relatively small and statistically insignificant. Therefore, Brand Awareness does not function as a mediating variable in the relationship between eWoM and Patient Visit Intention. Descriptive analysis using the Three Box Method also shows that both eWoM and

Brand Awareness are in the moderate category, where the dimensions of eWoM—Information Quality, Source Credibility, Information Intensity, and Valence of Opinion—have not yet reached a high level, while Brand Awareness is still dominated by Brand Recognition rather than Brand Dominance. This condition indicates that although eWoM can increase brand recognition, the awareness formed is not yet strong enough to translate into a stronger intention to visit the hospital.

Theoretically, eWoM plays an important role in expanding information exposure and shaping public perceptions of services (Heinrich-Thurau et al., 2004). The Information Adoption Model explains that the effectiveness of eWoM depends on the quality of information and the credibility of its source (Sussman & Siegal, 2003). Conceptually, strong eWoM should increase Brand Awareness, which then influences behavioral intention. However, according to the Hierarchy of Effects Model, awareness represents only the initial cognitive stage and does not automatically lead to action without stronger preference and conviction (Lavidge & Steiner, 1961). In the context of public healthcare services, Andersen's Behavioral Model also emphasizes that healthcare utilization is more strongly influenced by medical needs, referral systems, and accessibility rather than brand perception (Andersen, 1995). Therefore, in this study, eWoM appears to influence visit intention more directly by shaping perceptions of patient experience and service credibility rather than through a brand awareness mechanism.

5. Comparison

The findings of this study indicate a difference in the magnitude of influence between Digital Marketing and Electronic Word of Mouth (eWoM) on patients' visit intention. Both variables have a positive and significant direct effect on visit intention; however, eWoM demonstrates a stronger influence compared to Digital Marketing. The structural model results show that the coefficient value for eWoM on visit intention (0.486) is higher than that of Digital Marketing (0.356), indicating that online reviews, patient experiences, and recommendations shared through digital platforms play a more dominant role in shaping patients' intention to visit the hospital. This suggests that in healthcare services, information derived from other patients' experiences is perceived as more credible and persuasive than promotional communication delivered directly by the hospital.

In addition, although both Digital Marketing and eWoM significantly influence Brand Awareness, Brand Awareness itself does not significantly affect visit intention and therefore does not function as a mediating variable in the model. The indirect effects of Digital Marketing and eWoM through Brand Awareness are relatively small, with standardized indirect effects of 0.069 and 0.038, respectively. These findings indicate that the formation of visit intention among patients at RSUD Cengkareng occurs primarily through direct exposure to digital marketing information and the credibility of eWoM, rather than through the development of brand awareness. This pattern reflects the characteristics of public healthcare services, where patient decisions are more strongly influenced by practical considerations such as service needs, accessibility, and trust in patient experiences, rather than brand recognition alone.

6. Conclusion

Based on the results of the data analysis and hypothesis testing, this study shows that Digital Marketing, Electronic Word of Mouth (eWoM), and Brand Awareness simultaneously influence patients' visit intention at RSUD Cengkareng. The research model demonstrates strong explanatory power with an R^2 value of 0.880, indicating that 88.0% of the variation in patients' visit intention can be explained by these three variables. Partially, Digital Marketing and eWoM have a positive and significant effect on Brand Awareness, indicating that the hospital's digital communication activities, as well as patient reviews and experiences shared through digital platforms, are able to increase public recognition and recall of the hospital's brand.

However, Brand Awareness does not have a significant effect on patients' visit intention, and therefore does not function as a mediating variable in the relationship between Digital Marketing and eWoM with visit intention. The findings also indicate that Digital Marketing and eWoM directly have a positive and significant influence on patients' visit intention, with eWoM being the most influential variable in the research model. This suggests that patient experiences and recommendations shared digitally play a more important role in encouraging visit intention than merely increasing public awareness of the hospital brand.

References

Aaker, D. A. (1991). *Managing brand equity: Capitalizing on the value of a brand name*. Free Press.

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior, 36*(1), 1–10. https://doi.org/10.2307/2137284

Asosiasi Penyelenggara Jasa Internet Indonesia. (2023). *Survei penetrasi dan perilaku pengguna internet Indonesia 2023*. APJII. https://apjii.or.id

Chaffey, D., & Ellis-Chadwick, F. (2022). *Digital marketing: Strategy, implementation and practice* (8th ed.). Pearson.

Cheung, C. M. K., & Thadani, D. R. (2012). The impact of electronic word-of-mouth communication: A literature analysis and integrative model. *Decision Support Systems, 54*(1), 461–470. https://doi.org/10.1016/j.dss.2012.06.008

Cialdini, R. B. (2009). *Influence: Science and practice* (5th ed.). Pearson Education.

Court, D., Elzinga, D., Mulder, S., & Vetvik, O. J. (2009). The consumer decision journey. *McKinsey Quarterly*, 3, 96–107.

Daft, R. L., & Lengel, R. H. (1986). Organizational information requirements, media richness, and structural design. *Management Science, 32*(5), 554–571. https://doi.org/10.1287/mnsc.32.5.554

Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. *MIS Quarterly, 13*(3), 319–340. https://doi.org/10.2307/249008

Dwivedi, Y. K., Ismagilova, E., Hughes, D. L., Carlson, J., Filieri, R., Jacobson, J., Jain, V., Karjaluoto, H., Kefi, H., Krishen, A. S., Kumar, V., Rahman, M. M., Raman, R., Rauschnabel, P. A., Rowley, J., Salo, J., Tran, G. A., & Wang, Y. (2021). Setting the future of digital and social media marketing research: Perspectives and research propositions. *International Journal of Information Management, 59*, 102168. https://doi.org/10.1016/j.ijinfomgt.2020.102168

Foroudi, P., Gupta, S., Nazarian, A., & Duda, M. (2018). Digital technology and marketing management capability: Achieving growth in SMEs. *Qualitative Market Research, 21*(4), 505–528. https://doi.org/10.1108/QMR-01-2017-0014

Hennig-Thurau, T., Gwinner, K. P., Walsh, G., & Gremler, D. D. (2004). Electronic word-of-mouth via consumer-opinion platforms: What motivates consumers to articulate themselves on the internet? *Journal of Interactive Marketing, 18*(1), 38–52. https://doi.org/10.1002/dir.10073

Hovland, C. I., Janis, I. L., & Kelley, H. H. (1953). *Communication and persuasion: Psychological studies of opinion change*. Yale University Press.

Jalilvand, M. R., & Samiei, N. (2012). The effect of electronic word-of-mouth on brand image and purchase intention. *Marketing Intelligence & Planning, 30*(4), 460–476. https://doi.org/10.1108/02634501211231946

Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *Journal of Marketing, 57*(1), 1–22. https://doi.org/10.1177/002224299305700101

Keller, K. L. (2003). *Strategic brand management: Building, measuring, and managing brand equity* (2nd ed.). Prentice Hall.

Keller, K. L. (2013). *Strategic brand management: Building, measuring, and managing brand equity* (4th ed.). Pearson.

Kotler, P., & Keller, K. L. (2016). *Marketing management* (15th ed.). Pearson Education.

Kotler, P., & Lee, N. (2007). *Marketing in the public sector: A roadmap for improved performance*. Pearson Education.

Kotler, P., Shalowitz, J., & Stevens, R. (2008). *Strategic marketing for health care organizations: Building a customer-driven health system*. Jossey-Bass.

Kudeshia, C., & Kumar, A. (2017). Social eWOM: Does it affect brand attitude and purchase intention? *Management Research Review, 40*(3), 310–330. https://doi.org/10.1108/MRR-07-2015-0161

Lavidge, R. J., & Steiner, G. A. (1961). A model for predictive measurements of advertising effectiveness. *Journal of Marketing, 25*(6), 59–62. https://doi.org/10.1177/002224296102500611

Mangold, W. G., & Faulds, D. J. (2009). Social media: The new hybrid element of the promotion mix. *Business Horizons, 52*(4), 357–365. https://doi.org/10.1016/j.bushor.2009.03.002

Oliver, R. L. (2021). *Satisfaction: A behavioral perspective on the consumer* (3rd ed.). Routledge.

Petty, R. E., & Cacioppo, J. T. (1986). *Communication and persuasion: Central and peripheral routes to attitude change*. Springer. https://doi.org/10.1007/978-1-4612-4964-1

Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. *Health Education Quarterly, 15*(2), 175–183. https://doi.org/10.1177/109019818801500203

Sahu, A. K., Deng, H., & Mollah, A. (2020). Investigating the critical success factors of digital marketing adoption in healthcare. *Journal of Medical Systems, 44*(9), 1–13. https://doi.org/10.1007/s10916-020-01626-9

Sussman, S. W., & Siegal, W. S. (2003). Informational influence in organizations: An integrated approach to knowledge adoption. *Information Systems Research, 14*(1), 47–65. https://doi.org/10.1287/isre.14.1.47.14767

Tiago, M. T. P. M. B., & Veríssimo, J. M. C. (2014). Digital marketing and social media: Why bother? *Business Horizons, 57*(6), 703–708. https://doi.org/10.1016/j.bushor.2014.07.002

Tsiotsou, R., & Diehl, S. (2013). *Advances in advertising research (Vol. IV): The changing roles of advertising*. Springer.

Venkatesh, V., Morris, M. G., Davis, G. B., & Davis, F. D. (2003). User acceptance of information technology: Toward a unified view. *MIS Quarterly, 27*(3), 425–478. https://doi.org/10.2307/30036540

Zhang, K. Z. K., Zhao, S. J., Cheung, C. M. K., & Lee, M. K. O. (2017). Examining the influence of online reviews on consumers' decision-making: A heuristic-systematic model. *Decision Support Systems, 67*, 78–89. https://doi.org/10.1016/j.dss.2014.08.005