Journal of Business, Social and Technology
Volume 7, Issue 3, 797-810
e_ISSN: 2807-6362
https://bustechno.polteksci.ac.id/index.php/jbt/index
DOI: doi.org/10.59261/jbt.v7i3.691

Analysis of Service Quality, Word of Mouth, and Hospital Image on Inpatient Satisfaction at X Jayapura Hospital

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Article Info:

***Article history*:**
Received: June 02, 2026
Revised: June 29, 2026
Accepted: July 01, 2026

***Keywords*:**
Image Hospital; Patient Satisfaction; Service Quality; SmartPLS; Word of Mouth

Abstract

Background: Postharvest deterioration of tropical fruits is strongly influenced by respiration activity, which is highly sensitive to storage temperature. However, limited information is available on respiration kinetics of underutilized fruits such as namnam (*Cynometra cauliflora*), hindering proper postharvest management strategies.
Objective: This study aims to evaluate the effect of storage temperature on respiration kinetics and to estimate the preliminary shelf life of namnam fruit using kinetic modeling approaches.
Method: Namnam fruits were stored at 10°C, 20°C, and 30°C and analyzed using a closed-system CO_2 absorption method with triplicate measurements. Respiration rates were calculated and further evaluated using linear regression, Arrhenius modeling, Q10 temperature coefficients, and a zero-order degradation model for shelf-life prediction.
Result: Respiration rate increased with rising temperature, showing a strong linear relationship (R^2 = 0.9984). Arrhenius analysis produced an apparent activation energy of 27.3 kJ mol^{-1} with a moderate model fit (R^2 = 0.6682). Q10 values ranged from 1.45 to 1.68, indicating moderate temperature sensitivity. Estimated shelf life decreased from 13.46 days at 10°C to 9.06 days at 20°C and 6.26 days at 30°C.
Conclusion: Lower storage temperatures effectively reduced respiration activity and extended shelf life, although respiration-based predictions should be validated using direct quality and sensory parameters for practical application.

To cite this article: Siriwa, T. G., & Cokki. (2026). Analysis of service quality, word of mouth, and hospital image on inpatient satisfaction at X Jayapura Hospital. *Journal of Business, Social and Technology, 7*(3), 797–810. https://doi.org/10.59261/jbt.v7i3.691

INTRODUCTION

Hospitals have a crucial role in a country as a major healthcare provider. As an institution that offers health services, hospitals are responsible for carrying out various tasks, including diagnosing diseases, providing medical care and procedures to patients, and ensuring that treatment is completed (Government Regulation of the Republic of Indonesia, 2009). To be able to carry out their duties, services in hospitals are divided into 3 types, inpatient services, outpatient services and emergency services, where each service has a specific role based on patient needs. In inpatient services, patients can come to the hospital to get diagnoses, actions and medications that can relieve the symptoms of the patient which can usually be resolved on the same day. In contrast to inpatient services, where patients are required to stay in the hospital.

This is based on the diagnosis of diseases that require more intensive supervision from nurses and doctors. The next service is emergency service. In this service, patients are treated

based on the triage level of the patient's severity. Patients who have been determined to triage are then monitored intensively and if possible will be referred to another unit that can provide further treatment (Ministry of Health of the Republic of Indonesia, 2020).

In Indonesia, hospitals can be classified based on ownership, type of service, and class. In terms of ownership, hospitals are divided into four categories, namely government hospitals managed by the central and regional governments, private hospitals run by private parties or companies, military/police hospitals under military or police institutions, and university hospitals owned and managed by universities (Ministry of Health of the Republic of Indonesia, 2020). Based on data published by Ministry of Health of the Republic of Indonesia, in 2024 The provincial, city and district governments have 932 hospitals while the private sector and companies have 1412 hospitals, the military and the National Police have 172 hospitals and the university has 43 hospitals. Hospital ownership in Indonesia has a major impact on access to health services, quality and service innovation, and distribution of health facilities.

Government-owned hospitals usually prioritize public services at a more affordable cost and support payments through BPJS health insurance. Meanwhile, private hospitals provide premium services with more complete facilities, but set generally higher costs compared to government hospitals (Ministry of Health of the Republic of Indonesia, 2023). In terms of quality and innovation, both government and private hospitals have good standards in handling patients. However, innovation in private hospitals tends to be superior, as the use of the latest technologies and facilities is more often found in private healthcare facilities. Meanwhile, in terms of distribution, private hospitals are still unable to compete with the spread of government hospitals, which have reached various regions in Indonesia, including the disadvantaged, frontier, and outermost areas (Wulandari et al., 2022).

Hospital services in Indonesia are divided into 3 aspects, general hospitals that provide general medical services for various health conditions, special hospitals such as drug dependence hospitals and orthopedic specialty hospitals that focus on certain specialties such as drug dependence, orthopedics, cancer, eye and others as well as teaching hospitals that not only provide health services but also play a role in the field of research and education of health workers (Government Regulation of the Republic of Indonesia, 2009). In addition to the division of services, hospitals in Indonesia are also divided by class.

The division of this class is based on the Minister of Health Regulation No. 3 of 2020 where as many as 76 hospitals accredited in class A have the most complete facilities with specialist and subspecialist services. Meanwhile, as many as 448 hospitals accredited in class B provide specialist services and several subspecialists. Furthermore, as many as 1737 hospitals that are accredited class C provide general practitioner services and several basic specialists and as many as 873 hospitals are accredited to class D with basic health services with limited facilities (Ministry of Health of the Republic of Indonesia, 2024).

Hospital X, located in Jayapura, is one of the referral health facilities that plays a vital and strategic role in serving the community in Papua Province. As a medical institution that continues to grow, RS X has consistently shown a high commitment to maintaining and improving the quality of health services through modernization of facilities, continuous improvement of the competence of medical personnel, and optimization of efficient administrative systems. Its strong reputation as a trusted hospital is reflected in the high volume of visits and the enthusiasm of the community which makes this institution the first choice for inpatient care.

Hospital accreditation generally has an impact on the quality of services provided. Meeting the various criteria listed in the accreditation standards directly contributes to improving the quality of service, as each standard includes important aspects such as patient safety, efficiency in medical procedures, and the competence of health workers (Khaulla Miandi & Peristiowati, 2022). By meeting the standards that have been set, the hospital not only guarantees more systematic and consistent services, but also improves the quality of service aspects (*SERVQUAL*), including physical aspects (*Tangible*), reliability (*Reliability*), responsiveness (*Responsiveness*), guarantee (*Insurance*), and care (*Empathy*) (Nasyrah et al., 2017).

Dimensions *Tangible* in theory *SERVQUAL* describes the quality of physical facilities of an institution. In the context of hospitals, this aspect includes the neatness of medical personnel uniforms, the feasibility of building facilities, and attractive interior and exterior designs. Next, the

dimensions *Reliability* related to the consistency of services provided to patients. In hospitals, this can be seen from the speed of the administration process, the duration of the patient's waiting time, to the availability of drugs.

Dimensions *Responsiveness* reflects the readiness of health workers in providing fast and responsive services to patients. In addition, the ability of medical personnel to convey information in easy-to-understand language is also part of this aspect. Dimensions *Insurance* focusing on the competence and credibility of health workers. The ability of medical personnel to handle a variety of patient conditions can build trust, which ultimately increases patient satisfaction with the services provided. Finally, the dimensions *Empathy* emphasizing the attention and understanding that medical personnel give to patients. Friendly attitudes such as greeting, giving a smile when interacting, and understanding the patient's needs are important parts of this dimension. Hospitals that successfully implement all aspects *SERVQUAL* It is expected to improve the quality of service and patient satisfaction with the services provided (Berry et al., 1988).

In addition to service quality, *word of mouth* (WOM) also plays a role in building patient satisfaction with a hospital. A positive WOM for a hospital will cause confirmation *bias* where prospective patients will interpret the positive experience that has been felt by the previous patient as fulfilling the patient's expectations for the services provided by the hospital. Although there were *minor inconveniences* in the previous patient experience, the experience was masked by the good experience received by the patient, creating a positive impression on the quality of service from the hospital. WOM also provides information credibility for health services. Information obtained directly from primary sources tends to have a higher level of trust compared to information obtained from advertising. Information obtained from the first party also often has no commercial intention and is honest, in contrast to advertisements or promotions from hospitals which tend to have a persuasive and commercial tone.

Hospital image has an important role in influencing patient satisfaction because it serves as the beginning of the formation of patients' perceptions and expectations of the services to be received (Kupfer & Bond, 2012). A positive image creates patient trust and confidence that the hospital is able to provide quality service, which in turn increases the patient's tolerance level for potential service imperfections (Nguyen & Leblanc, 2001). In addition, a good hospital image acts as a differentiating factor that distinguishes one hospital from its competitors, so patients tend to choose a hospital with a trusted reputation. From a psychological perspective, the strong imagery also amplifies the placebo effect, where patients who believe in the hospital's competence tend to have a more positive treatment experience, even before the patient is given care (Jackson et al., 2001). Therefore, the image of the hospital not only influences the patient's decision in choosing health services, but also plays a role in the level of patient satisfaction and loyalty (Dewi et al., 2023).

Based on the interviews that have been carried out by the researcher, it was found that there is an imbalance between the variables of service quality and *word of mouth* to patient satisfaction. Based on interviews that have been carried out with 30 respondents from inpatient patients, the following answers were obtained. Respondent A gave the opinion that "The waiting room feels cramped and uncomfortable, especially when the hospital is full. Facilities such as toilets are also often dirty and no officers immediately clean them. In addition, some of the equipment used looked outdated, making me feel less confident in the service provided" while respondent B opined "I was promised the medicine would be available in the afternoon, but it turned out that I had to come again the next day. In addition, the doctor also came late and not on schedule, so my time was wasted.

This kind of thing makes me disappointed and feel that the hospital is less reliable" then respondent C stated "when I asked the nurse for help to change the IV, it took a long time until finally someone came. In fact, when I felt the pain getting worse, they didn't pay attention right away. I feel neglected, even though my condition is quite serious" and respondent D stated "the medical staff seems to only work based on procedures without showing any concern for my condition. They didn't interact much or provide emotional support when I was feeling anxious. I feel like I'm being treated like a 'queue number' rather than a patient who needs attention."

Despite the extensive literature on service quality and patient satisfaction, there remains a notable gap in research that simultaneously examines the interrelationships among service

quality, word of mouth, hospital image, and patient satisfaction within a single integrated structural model, particularly in the context of referral hospitals in Eastern Indonesia, where healthcare infrastructure and patient expectations differ markedly from those in Java-based metropolitan hospitals. Furthermore, prior studies have predominantly examined these variables in isolation rather than testing the mediating pathways between them.

The novelty of this study lies in the simultaneous analysis of multiple determinants of patient satisfaction using SEM-PLS in an underexplored geographic context, providing empirical evidence that can inform targeted hospital management strategies for healthcare institutions in Papua Province. Therefore, the researcher proposed a study to determine the correlation between the variables of service quality, *word of mouth* and hospital image on inpatient satisfaction. Later, the results of this study can be used to provide an overview of the interaction between service quality, *word of mouth*, hospital image and inpatient satisfaction.

METHOD

This research was conducted at Hospital X in April 2026. The data of this study was obtained from questionnaires given to inpatients. The questionnaire was prepared with Likert scale criteria with numbers 1-5 which describes the level of approval from respondents to the research questionnaire. The answers from the respondents were then analyzed using the SEM-PLS method to see the influence of independent variables on dependent variables. In this study, the population used consisted of inpatients at Hospital X, with a total of 120 people. This number is obtained based on the average of inpatients who take medication. Sampling is carried out using a probability technique using *the simple random sampling method*, which is a random selection of samples so that every member in the target population has the same opportunity to be selected. The number of samples is determined using the following formula:

$$n = \frac{N}{1 + N.e^2}$$

(Slovin, 1960)

Where:

n = sample size

N= population size

e= percentage of accuracy allowance (e= 0.05)

In this study, the respondents studied were 120 inpatients from Hospital X , so that the research sample could be determined with the following calculations:

$$n = \frac{N}{1 + N.e^2}$$

$$n = \frac{120}{1 + 120x\ 0{,}05^2}$$

n = 92.3 ~ rounded to 92

The number of samples from this study was 92 inpatients from Hospital X out of a population of 120 inpatients. This sample size is considered adequate for SEM-PLS analysis, as Hair (2019) recommend a minimum of ten times the largest number of structural paths directed at a particular construct, yielding a minimum of 30 respondents, well exceeded by the 92 respondents in this study.

In this study, a quantitative method was used using the structural equation modeling (SEM) analysis method based on partial least square (PLS). SEM-PLS is commonly used for research that requires analysis of relationships between variables, particularly when the research model is exploratory and the sample size is relatively small (Hair et al., 2019). In this method, latent variables and indicators of each variable will be given. Later, each latent variable will be tested with each other so that a conclusion can be obtained from the construction of a SEM-PLS. Data analysis was conducted using SmartPLS version 4.0. The measurement model was evaluated using convergent validity (outer loadings > 0.70 and Average Variance Extracted/AVE > 0.50), discriminant validity (Fornell-Larcker criterion), and internal consistency reliability (Cronbach's Alpha > 0.70 and Composite Reliability > 0.70). All indicators met these threshold criteria, confirming that the measurement instruments used in this study are valid and reliable (Magno et

al., 2022).

RESULTS AND DISCUSSION

Results

Outer Model Analysis

Prior to the structural analysis, the demographic profile of respondents was examined. The majority of respondents were female (58.7%), aged between 26 and 45 years (47.8%), had completed senior high school education (42.4%), and were undergoing their first hospitalization at Hospital X (63.0%). These demographic characteristics indicate a diverse respondent profile that supports the generalizability of findings within the target population. External model analysis is carried out to ensure that each indicator in the latent variable truly represents the latent variable and that there is no redundancy between indicators on the same latent variable. The construct of the research model can be seen in figure 1. In the figure, the *outer loadings* value of each indicator is explained to the latent variable and the *R-square* value of the research model can also be observed, where the value shows how good the research model is in explaining the interaction between independent variables and dependent variables.

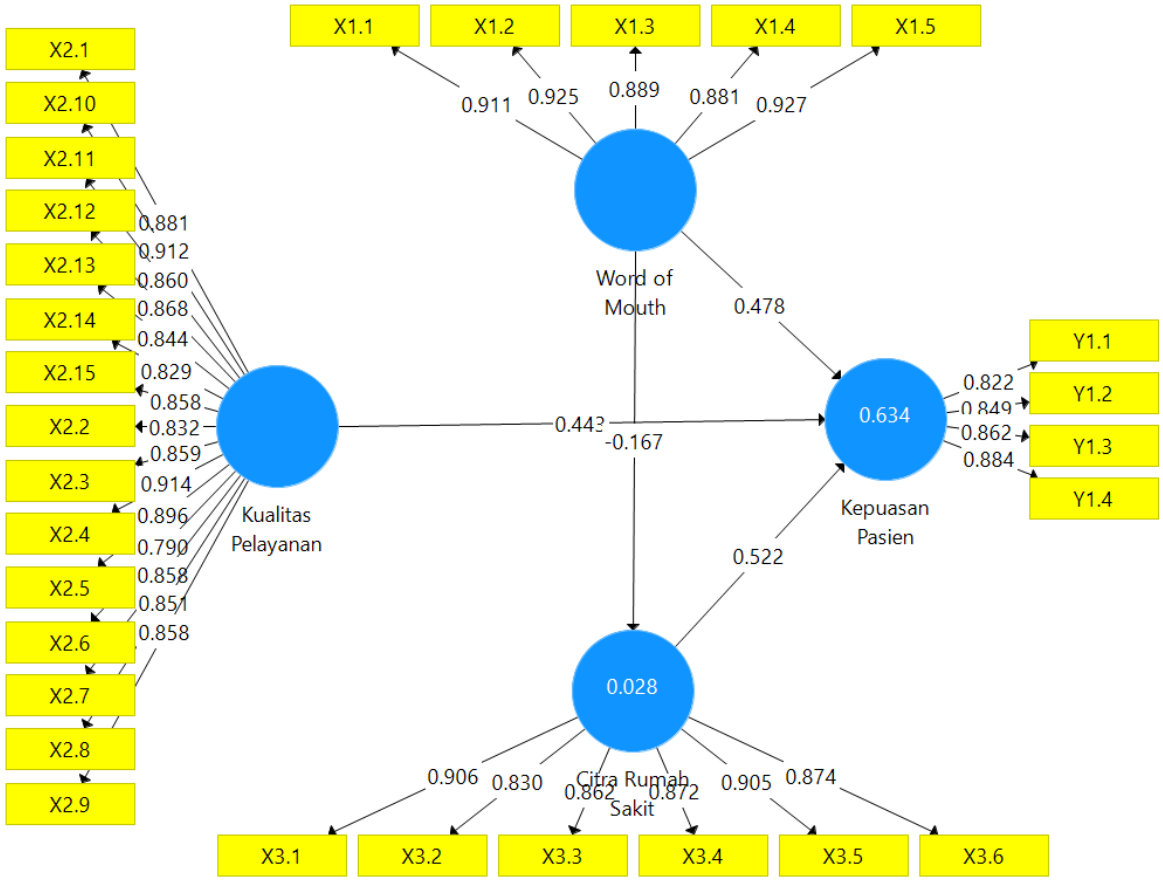

Figure 1. Construct the Research Model along with the Outer Loading value of each latent variable

Analysis of the Inner Model

The internal model analysis in the SEM-PLS method aims to find out how the influence between independent variables and dependent variables on a research model is affected. The independent model in this study was represented by the variables word of mouth, quality of service and hospital image while the dependent variable was represented by patient satisfaction. One of the indicators used in the analysis of the inner model is R-Square (R^2).

The R-square value indicates how well the research model is at explaining the interaction between independent variables versus dependent variables. The value of R^2 ranges from 0 to 1, where higher values indicate a better model in explaining the correlation between independent

variables and dependent variables. From the data that has been obtained, the R-square value from this study can be observed in table 1.

Table 1. R square *value* from the study

Variable	*R Square*	*R Square Adjusted*
Patient Satisfaction	0,634	0,622
Hospital Image	0,028	0,017

R Value-*square* In this study, it is included in the medium category with a value of 0.634. According to Hair (2019) Value *R-square* It has a range of 0-1 with a value of 0.25 categorized as a low value, 0.5 as a medium value and a value of 0.75 categorized as a high value. Value *R-square* Patient satisfaction in this study indicates that the research model is able to explain the interaction between independent variables and dependent variables by 63.4%, while the interaction of 36.6% cannot be explained in this study. Meanwhile, for the value of *R-square* from hospital imagery illustrates that the research model is able to explain 2.8% of the interaction between WOM variables and hospital image. Meanwhile, the interaction that could not be explained in the research model between WOM and hospital image was around 98.2%.

a. Bootsrapping Test Results

The next method is the *bootstrapping method*. *Bootstrapping* is a resampling technique used to assess *path coefficients* in the *analysis of the inner model*. This test provides *t-statistics* and p-values to test whether the relationship between independent and dependent variables has a significant effect or not.

From the research that has been carried out, it can be observed in table 4.8 and figure 4.18 for the *t-statistics* and *p-value* of each independent variable.

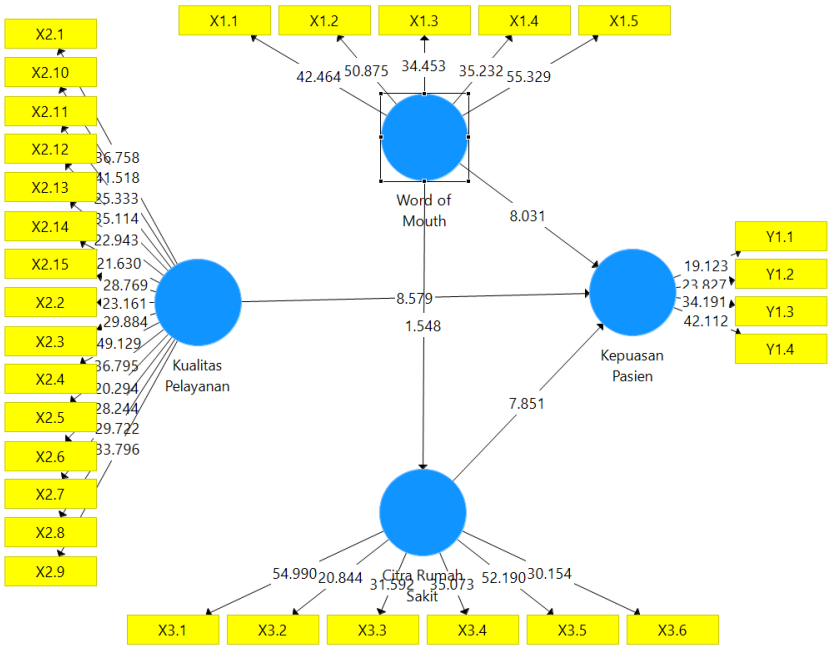

Figure 2. Bootstrapping *construct* of the Research along with *the t-statistical* value of each Indicator

Table 2. Bootstrapping *Results* from Research with *p-value* and *t-statistics*

Variable	*Original Sample*	*T-Statistics*	*p-Values*
Quality of Service - > Patient Satisfaction	0,443	8,579	0,000
Word of Mouth -> Patient Satisfaction	0,478	8,031	0,000
Hospital Image - > Patient Satisfaction	0,522	7,851	0,000
Word of Mouth -> Hospital Image	-0,167	1,548	0,122

Based on table 2, the service quality variables, *WOM* and hospital image have a *p-value* of <0.05 and *a t-statistics value* of >1.96 These conditions affect the results of hypothesis testing where H0 will be accepted if *the p-value* of a variable has a value of <0.05 and an alternative hypothesis will be accepted if the *p-value* of a variable is >0.05.

b. Hypothesis Test Results

1) Hypothesis Test Results 1

H1 = The quality of service affects the satisfaction of inpatients from Hospital X.

Table 3. Hypothesis Test Results 1

Hypothesis	Value	Remarks
Quality of Service → Patient Satisfaction	β: 0.443 *P-Value*: 0.000 f^2: 0.535	Positive Significant Large

Based on the data from the hypothesis test results in table 3, the *original sample* value for the interaction between service quality variables and patient satisfaction showed a figure of 0.443. The value of this positive coefficient indicates the direction of the relationship between the two variables. Furthermore, the *t-statistics* value obtained was 8.579, where the value was greater than the critical limit of T-statistics of 1.96 (8.579 > 1.96). This is reinforced by a *p-value* of 0.000 which is below the significance level of 0.05 (0.000 < 0.05). The *f-square* variable of service quality is also in the range of >0.35 which indicates that this variable has a great influence on patient satisfaction. Thus, it can be concluded that the service quality variable has a positive and statistically significant influence on Patient Satisfaction at Hospital X.

2) Hypothesis Test Results 2

H2 = *Word of Mouth* affects the satisfaction of inpatients from Hospital X

Table 4. Hypothesis Test Results 2

Hypothesis	Value	Remarks
Word of mouth → Patient Satisfaction	β: 0.478 *P-Value*: 0.000 f^2: 0.605	Positive Significant Large

Based on the data from the hypothesis testing in table 4.10, the *original sample* value for the word *of mouth relationship* pathway to Patient Satisfaction showed a path coefficient of 0.478. This positive value coefficient indicates that the contribution of *word of mouth* is directly proportional to the increase in patient satisfaction. In the significance test, a *t-statistics value* of 8.031 was obtained, which means it is greater than the limit value of 1.96 (8.031 > 1.96). The *recorded p-values* also show a number of 0.000, which means that it meets the significance requirements because it is smaller than the value of 0.05 (0.000 < 0.05). The *f-square* value of the WOM variable is also in the range of 0.605 (0.605 > 0.35) which indicates that the WOM variable has a great influence on patient satisfaction. Based on these results, it can be concluded that *word of mouth* has a positive and significant effect on patient satisfaction at Hospital X.

3) Hypothesis Test Results 3

H3 =. *Word of mouth* affects the image of the hospital at Hospital X

Table 5. Hypothesis Test Results 3

Hypothesis	Value	Remarks
Word of Mouth → Hospital Image	β: -0.167 *P-Value*: 0.122 f^2: 0.029	Negatives Insignificant Small

Based on the data from the hypothesis testing in table 5, the *original sample* value for the word of mouth *relationship path* to hospital image showed a coefficient of -0.167. The value of this negative value coefficient indicates a mathematically inverse relationship. The results of the significance test showed that the *t-statistics* value obtained was only 1.548, where the value was smaller than the threshold limit of 1.96 (1.548 < 1.96). This is in line with the *recorded p-values* of 0.122, which means that it is much greater than the tolerance significance level of 0.05 (0.122 > 0.05). The *f-square* value of this variable falls into the medium category (0.02 < 0.029 < 0.15). Thus, it can be concluded that word *of mouth* has no effect on the image of the hospital at Hospital X, so the hypothesis of a relationship in this pathway is rejected.

4) Hypothesis Test Results 4
H4 = Hospital image affects patient satisfaction at Hospital X

Table 6. Hypothesis Test Results 4

Hypothesis	Value	Remarks
Hospital Image → Patient Satisfaction	β: 0.522 *P-Value*: 0.000 f^2: 0.725	Positive Significant Large

Based on the data from the hypothesis testing results in table 6, the hospital image variable has a significant effect with a large effect on the patient satisfaction variable. This result is supported by the *original sample* value for the influence of hospital image on patient satisfaction at 0.522. This positive coefficient value indicates that the image of the hospital has a strong impetus in increasing patient satisfaction. The *t-statistics* value on the interaction between the hospital image variable and patient satisfaction showed a figure of 7.851, which means it is greater than the critical value of 1.96 (7.851 > 1.96), supported by *a p-value* of 0.000 (0.000 < 0.05). The results of these statistics prove that the image of the hospital has a positive and significant influence on patient satisfaction at Hospital X.

Discussion

The Effect of Service Quality on Patient Satisfaction

Based on the data from the results of the first hypothesis test, the service quality variable has a significant positive effect with a large influence on the patient satisfaction variable.

From a theoretical perspective, this finding aligns with the expectancy-disconfirmation theory, which posits that patient satisfaction is determined by the gap between expected and perceived service performance (Oliver, 1980). When service quality dimensions such as tangibility, reliability, responsiveness, assurance, and empathy meet or exceed patient expectations, a positive disconfirmation occurs, leading to higher satisfaction levels. The results of this study are also consistent with the research conducted by Tjahyanto and Saryatmo in 2025 regarding the analysis of patient satisfaction with pharmaceutical services. In the study, most of the variables of service quality were proven to have a positive and significant influence on outpatient satisfaction. For example, the responsiveness dimension has a positive and significant influence. However, there are slightly contradictory findings where the empathy dimension of service quality in the study was found to have no effect on patient satisfaction.

Furthermore, the magnitude of the positive influence of service quality on patient satisfaction in this study is also supported by the findings of the study by (Warjiman et al., 2020). Although the study did not conduct a regression hypothesis test, the survey results showed that the performance of the nursing services provided had a very good impact on the patient's feelings. This is evidenced by the absence of patients who feel dissatisfied, where the majority of patients or as large as are in the category of satisfied and very satisfied with the services provided.

The Effect of Word of Mouth on Patient Satisfaction

Based on the data from the second hypothesis test related to the correlation between *the word of mouth* variable and patient satisfaction, *the word of mouth* variable has a positive and significant effect on the patient satisfaction variable. In this study, the distribution data of questionnaire answers on *the Word of Mouth variable* was obtained as follows; in the WO1 indicator, the majority of inpatients were neutral towards the indicator that would recommend Hospital X after receiving treatment here. In the WO2 indicator, the majority of inpatients are neutral regarding the willingness to recommend services from Hospital X to the general public. Furthermore, in the WO3 indicator, the majority of inpatients assumed neutrality to provide positive comments about the services received at Hospital X. Then in the WO4 indicator, most of the inpatients assumed neutrality to recommend their friends and relatives to get health services at Hospital X. Finally, on the WO5 indicator, most of the inpatients assumed neutrality related to giving positive reviews on their social media related to the services provided.

The completely neutral results on these five *Word of Mouth* (WOM) indicators are actually a logical consequence of the assessment of the quality of hospital services (ranging from *tangible* to *empathy*) which was previously also considered neutral. In the concept of customer loyalty, an experience that is "ordinary" or simply meets minimum standards will only give birth to a group of passive consumers. Because patients feel that the service at Hospital X lacks a memorable privilege in their hearts (*wow factor*), they do not have a strong enough emotional drive to proactively provide positive comments (WO3) or share their hospitalization experience on social media (WO5). Generally, someone just wants to bother writing a review on social media if they experience something very extraordinary either (being *a promoter*) or very disappointing (being *a detractor*).

On the other hand, the neutral attitude in recommending hospitals to friends, family (WO4), and the general public (WO1 and WO2) is closely related to the high "social risk" in the realm of medical services. Recommending health facilities is certainly different from recommending a place to eat or lodging; There is a burden of moral responsibility behind it. Because their own inpatient experience is felt to be awkward, patients are reluctant to take the risk of being blamed if the relative they recommend will not get cured or experience service problems at the hospital. However, the results of hypothesis testing that states that WOM has a positive and significant effect on patient satisfaction is actually a breath of fresh air. This data proves that the two variables move strongly in the same direction; This means that if the management succeeds in boosting the quality of its basic services from the level of "ordinary" to "very satisfactory", then the willingness of patients to spread positive recommendations (*Word of Mouth*) will also be sure to automatically jump dramatically.

The results of this study are in line with the results of research that has been conducted by (Utami et al., 2024). Variable *Electronic Word of Mouth* (e-WOM) has been shown to have a positive and significant influence on the intention to return (*Revisit intention*) patients in hospitals. The findings strengthen this study, where the dissemination of positive word-of-mouth information has a significant impact on patient evaluation in hospitals.

The high patient satisfaction due to the influence of WOM on this study also has relevance to the research conducted by (Eftitah et al., 2023). In their study, patient satisfaction was shown to have a positive and significant effect on patient confidence at Fatimah Islamic Hospital Banyuwangi. Thus, the findings of this study indicate that the WOM variable that succeeds in increasing patient satisfaction has strong potential to continue to increase patient trust and loyalty.

Word-of-mouth information or *Word of mouth* has a significant influence on hospital patient satisfaction because this aspect plays a direct role in shaping the patient's initial expectations and trust before receiving treatment. Positive recommendations sourced from the experience of relatives give the impression that the hospital has a track record of guaranteed quality services. This reassuring initial information creates a positive perception that is very helpful in lowering the patient's psychological anxiety levels when it comes to treatment. The process of examination and medical treatment will feel more comfortable and satisfying for patients who have put trust when compared to patients who come without any reference. In addition, *Word of mouth* which also directly makes patients more cooperative with various directives of medical personnel, which

in the end greatly determines the high level of the patient's final evaluation of the quality of hospital services (Maxham & Netemeyer, 2002).

Word-of-mouth information or *Word of mouth* The positive ones have a great effect on the satisfaction of inpatients at Hospital X because the recommendations have a direct link in shaping the patient's initial expectations. When patients come with confidence built from the experiences of their relatives, it helps build trust and reassures them that the hospital they choose is the right one. This targeted trust and expectations from the beginning will significantly increase the positive perception of the patient, which in turn greatly influences and increases their satisfaction with the services in the hospital. In the research with a descriptive design method through an approach *Cross-sectional* Using PLS-SEM analysis, it is known that the WOM variable has an effect on the dependent variable (intention to return visit).

In addition, *Word of mouth* which can minimize patients' anxiety about medical services whose nature of services does not appear physical, which usually makes patients feel more at risk to their expectations of care. Patients who have received a positive source of information tend to avoid doubt and have a good initial impression before treatment begins. The positive impression that has been built up strongly in the minds of patients will make it easier for them to assess the quality of service appreciatively, so that it is expected to increase patient satisfaction as a whole. The results of this study are in line with the research that has been conducted by (Ryan & Wijaya, (2025). In research with quantitative methods *Cross-sectional* Using the PLS-SEM analysis tool, it is known that the WOM variable has an effect on patient satisfaction. In addition, the WOM variable has also been shown to have a direct effect on the dependent variable (*Revisit intention*).

The Influence of WOM on Hospital Image

Based on the data from the third hypothesis test, the WOM variable had a negative effect that was not significant with a moderate effect on the hospital image variable. The distribution of the average distribution of respondents' answers stated that they were neutral on the indicator they would recommend Hospital X after getting treatment here. Respondents also assumed that they would recommend services from Hospital X to the general public. Furthermore, respondents stated that they were neutral in providing positive comments about the services they received at Hospital X. Respondents also gave a neutral assessment regarding their willingness to recommend friends and relatives to get health services at Hospital X. And respondents stated that they would provide positive reviews on personal social media related to the services provided by the hospital.

Word of Mouth (WOM) has a crucial contribution to the formation of the image of a hospital because of the characteristics of health services which are basically *Intangible* (intangible). Prospective patients cannot judge or try the quality of medical care before actually experiencing it firsthand, so they rely heavily on other people's information and experiences to build initial perceptions. Information sourced from WOM tends to have a much higher level of credibility in the eyes of the public compared to unilateral promotions from hospital management, considering that the testimonials come from third parties that are considered objective and neutral. The selection of health facilities is also always accompanied by a high level of risk (*high perceived risk*), both physically, psychologically, and financially. Therefore, positive reviews that come from word of mouth will be captured as *Social Proof* effective in reducing the anxiety of prospective patients, while automatically building the image of the hospital as a competent, safe, and trusted healthcare provider.

Although theoretically Word *of Mouth* (WOM) is an important instrument in shaping perception, the results of statistical testing in this study prove that WOM does not have a significant influence on the image of Hospital X. The image of Hospital X is likely to have been firmly formed and rooted in the community through its historical track record, for example its capacity as a major referral hospital or a government hospital in Jayapura. The high penetration of the *built-in image* makes public perception very rigid and stable. As a result, the fluctuations of information or reviews from word of mouth that have been circulating recently no longer have a strong enough impetus to disrupt, overhaul, or give a new influence on the basic image of the hospital that has been firmly embedded in the minds of the public.

The results of the study show that *Word of Mouth* (WOM) does not have a significant effect on the image of the Hospital X provides an interesting perspective to discuss, considering that

these findings are contrary to some previous theoretical assumptions. For comparison, research conducted by Syafitri (2026) It is based on the assumption that patients who are satisfied with the services at a healthcare institution are more likely to give positive reviews and create a good image. However, the insignificance of the influence of WOM in this study breaks this assumption, as well as indicating that the transfer of information from word of mouth is not always an absolute causal factor in shaping perceptions. This is very likely to happen in health institutions that have been operating for a long time and have a strong innate image in society. In addition, in terms of structural design Syafitri (2026) do not make WOM an independent variable on image, but rather position WOM and brand image in parallel as predictors that influence patients' decisions in choosing outpatient services.

As a comparative argument to justify the rejection of the third hypothesis, the findings of this study are in line with the inverse logic flow proposed in the study (Nindy et al., 2023). Instead of using WOM as an image former, the research of Nindy (2023) positions hospital image as the initial foundation that has a positive and significant effect on patient loyalty. In the journal, it is also explained that in the hospital business environment, the manifestation of loyalty is the existence of *Good Word of mouth*. If we follow the paradigm of the service marketing cycle, the rejection of the hypothesis of WOM's influence on the image in hospitals X becomes very logical. In the healthcare ecosystem, word-of-mouth reviews (*Word of Mouth*) is basically not a triggering factor that creates the image of the institution, but rather a form of final result (*Outcome*) carried out by loyal patients because the hospital already has an initial image and good quality of service.

The Influence of Hospital Image on Patient Satisfaction

Based on the results of the study, the hospital image variable was proven to have a positive and significant influence with a large effect, and was the variable with the most dominant impetus on the satisfaction of inpatients at Hospital X.

In the concept of health services, patient satisfaction will only be created when the actual experience of the patient succeeds in exceeding his expectations. The highest score on the indicators of trust in medical competence (CR3) and sense of security (CR4) proves that clinically, Hospital X has actually carried out its basic obligations well. However, from a patient's perspective, getting safe care is the most basic right and standard, not an achievement. Because the hospital does not offer special added value, such as extraordinary hospitality, super-fast bureaucracy, or hotel-style *hospitality*, patients feel that the service they receive is normal and appropriate. The absence of *a wow factor* (positive surprise) is what makes their satisfaction held at a neutral level.

In addition, the neutrality of patient satisfaction is also strongly dictated by the lack of emotional ties and prestige of the institution. Indicators related to pride (CR6), good reputation in the community (CR1), and recognition as a quality hospital (CR2) that only achieves a neutral value indicate that Hospital X is seen purely as a functional public facility, not a prestigious superior referral hospital. When a patient does not feel that they are being treated in the best medical institution in their country, psychologically they will not achieve the maximum level of satisfaction. The majority of patients are likely to seek treatment there due to need factors, such as geographical proximity or the need for insurance referrals/BPJS, so the level of satisfaction formed is only limited to transactional satisfaction.

Finally, the lowest score on the positive impression of facilities and physical environment (CR5) indicator is the main drag *factor* for overall patient satisfaction. Although the value is still at the neutral threshold, this figure shows that the comfort and physical aesthetics of the building fall into the sufficient category. For ordinary patients who do not understand medical terms, the physical environment and the beauty of the building are *tangible proof* of the "quality" that they are most likely to judge. When the atmosphere of the hallway, waiting room, or hospital room feels stiff, worn out, or lacks a calming effect, it will directly reduce the mood of the patient and his family during the treatment period. Even if the doctors and nurses are highly competent, the experience of staying at this facility is sufficient to hold patients back from giving a "satisfied" sentiment, so that the neutral choice is the most honest reflection of their experience.

Hospital image variables have a significant influence on hospital patient satisfaction because these variables are closely related to public reputation and perception of healthcare

providers. A good reputation, a well-known big name, and a track record of handling patients give the impression that the hospital is a very prominent health facility and always maintains the quality of its services.

This superior public assessment creates a positive perception of *Prestige* and the level of excellence in operational standards run by hospitals. The experience of receiving treatment at a reputable health facility will feel much more soothing psychologically because of its own sense of pride when compared to receiving treatment in an institution whose track record has not been tested or is not well known to the public. In addition, the institution's image that is firmly embedded in the public mind also directly fosters the belief that patients have made choices in the most appropriate place for service providers, which in turn greatly strengthens confidence and evaluation of patient satisfaction (Prakoeswa et al., 2022).

The high influence of institutional image on patient satisfaction in hospitals X in line with empirical findings in the study (Saint & Squirt, 2025). In his study at the Regional General Hospital, it was proven that the image of the hospital has a positive and significant influence on patient satisfaction. This further emphasizes that aspects that shape the image, such as the reputation of the institution, the completeness of the facilities, and the professionalism of the performance of the medical staff, play a crucial role in fostering patient trust. Thus, when the patient perceives the image of the Hospital X Positively, their psychological comfort is fulfilled so that the level of satisfaction felt with hospital services will increase optimally.

CONCLUSION

Based on the results of the study, it can be concluded that the quality of service and *word of mouth* have a positive and significant effect on the satisfaction of inpatients at Hospital X, Jayapura. In addition, the image of the hospital has also been proven to have a positive and significant influence on patient satisfaction. These results show that the better the quality of service provided, the more positive the information received or disseminated by word of mouth, and the better the image of the hospital formed, the higher the level of patient satisfaction will increase. However, this study found that *word of mouth* did not have a significant effect on the image of Hospital X, so the image of the hospital was not directly shaped by the word-of-mouth communication carried out by the patient.

ACKNOWLEDGEMENT

The author would like to thank the Director and all staff of Hospital X for providing opportunities and support during the implementation of the research. The author also expressed his gratitude to the Rector, Head of the Tarumanagara Postgraduate Study Program, Supervisor who has provided support, guidance and advice in the preparation of the manuscript.

AUTHOR CONTRIBUTION STATEMENT

Thalia Gabriella Siriwa: Research conceptualization, data collection, data analysis, manuscript writing, interpretation of results, literature review. Cokki: Critical revision of the manuscript, supervision of the research, final approval of the manuscript.

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