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Analysis of the Influence of Service Quality and Hospital Image Through Patient Satisfaction on Word of Mouth at the Universitas Sumatera Utara Dental Hospital

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Abstrak

Word Of Mouth merupakan komponen penting dalam pemasaran layanan kesehatan, yang secara signifikan memengaruhi proses pengambilan keputusan pasien. Penelitian ini menyelidiki pengaruh *Service Quality* dan *Hospital Image* terhadap *Word Of Mouth*, yang dimediasi oleh *Patient Satisfaction*, di Rumah Sakit Gigi Universitas Sumatera Utara. Berbeda dengan penelitian sebelumnya yang menganalisis faktor-faktor ini secara terpisah, penelitian ini mengintegrasikannya ke dalam satu model, yang menawarkan pemahaman yang lebih komprehensif tentang hubungan timbal baliknya. Metode kuantitatif digunakan, yang melibatkan 100 pasien yang menanggapi kuesioner terstruktur. Pemodelan Persamaan Struktural (SEM) menggunakan SmartPLS digunakan untuk memeriksa hubungan yang diusulkan. Hasilnya mengungkapkan bahwa *Service Quality* dan *Hospital Image* memiliki pengaruh yang signifikan terhadap *Patient Satisfaction*. Lebih jauh, *Patient Satisfaction* sebagian memediasi hubungan antara variabel-variabel ini dan *Word of Mouth*. Temuan ini menunjukkan bahwa peningkatan kualitas layanan dan mempertahankan citra rumah sakit yang kuat tidak hanya meningkatkan kepuasan pasien tetapi juga meningkatkan potensi rekomendasi dari mulut ke mulut yang positif. Hasilnya menawarkan wawasan strategis bagi manajemen layanan kesehatan yang bertujuan untuk membangun loyalitas dan memperkuat reputasi institusi.

Kata Kunci: Word of Mouth; Service Quality; Hospital Image; Patient Satisfaction

Abstract

Word Of Mouth is a crucial component in healthcare marketing, significantly influencing patients' decision-making processes. This study investigates the influence of *Service Quality* and *Hospital Image* on *Word Of Mouth*, mediated by *Patient Satisfaction*, at the Universitas Sumatera Utara Dental Hospital. In contrast to previous studies that analyzed these factors separately, this research integrates them into a single model, offering a more comprehensive understanding of their interrelationships. A quantitative method was employed, involving 100 patients who responded to structured questionnaires. Structural Equation Modeling (SEM) using SmartPLS was utilized to examine the proposed relationships. The results reveal that both *Service Quality* and *Hospital Image* have a significant effect on *Patient Satisfaction*. Furthermore, *Patient Satisfaction* partially mediates the relationship between these variables and *Word of Mouth*. These findings suggest that enhancing *Service Quality* and maintaining a strong *Hospital Image* not only improves *Patient Satisfaction* but also increases the potential for positive word-of-mouth recommendations. The results offer strategic insights for healthcare management aiming to build loyalty and strengthen institutional reputation.

Keywords: Word Of Mouth; Hospital Image; Patient Satisfaction; Service Quality

1. Introduction

A Dental and Oral Hospital (RSGM) is a healthcare facility that provides care and recovery for individuals with dental and oral conditions, while still paying attention to promotive and preventive aspects through outpatient services, emergency care, and various other medical procedures (Minister of Health of the Republic of Indonesia, 2004). In general, RSGM is a healthcare institution equipped with a dedicated dental emergency unit and specializes in comprehensive and integrated dental health services.

Services available at RSGM include general medical services in accordance with basic service standards, basic dental medical services that include preventive measures, health promotion, and curative actions by dental health workers, and specialist dental medical services carried out by dentists with special competence in certain fields.

Word Of Mouth (WOM) merupakan salah satu strategi komunikasi pemasaran yang terbukti memiliki dampak signifikan terhadap preferensi konsumen dalam menentukan pilihan terhadap suatu produk atau jasa. WOM merujuk pada proses komunikasi informal yang terjadi antar individu, tanpa adanya dorongan langsung dari pihak yang berkepentingan secara komersial (Kotler & Keller, 2016). Dalam konteks layanan jasa, terutama di sektor kesehatan, WOM memiliki peran strategis dalam membentuk persepsi masyarakat terhadap citra institusi kesehatan, sekaligus berkontribusi dalam meningkatkan minat dan jumlah kunjungan pasien ke fasilitas pelayanan tersebut.

2. Literature Review

2.1. Service Marketing

In an increasingly competitive business world, service marketing plays a crucial role. Unlike marketing physical products, service marketing requires a unique approach because services are intangible, variable, non-storable, and inherent to the service provider. According to Kotler, services are a form of activity provided by one party to another party and are intangible in nature, and do not result in a transfer of ownership or change in physical form.

2.2. Service Quality

Brown and Swartz (1989) conducted a gap analysis and stated that doctor interaction is the most significant variable affecting customer satisfaction. Tucker and Adams (2001), based on research conducted in a hospital in the United States, found that the main elements that affect service quality include attention, reliability, responsiveness, and empathy. Meanwhile, Curry and Sinclair (2002) found that although the gap score in the application of the SERVQUAL model shows a slightly negative value, it still provides a relevant picture of patient perceptions of the quality of service received. It indicates the appreciation of the service by patients and the negative score is caused by their higher expectations and not because of their lower perceptions.

2.3. Brand Image

In the context of healthcare, Kotler and Clarke (1987) stated that "Hospital brand image can be defined as the accumulation of perceptions, beliefs, and views formed in the minds of patients regarding a hospital. It should be noted that this image is subjective and not absolute, as it can change depending on individual experiences and interactions with the services provided; the brand image is dependent on the brand images of competing hospitals. Patients generally build hospital brand perceptions based on their experiences during medical examinations and the care received (Serra-Cantallops, Ramon-Cardona and Salvi, 2018; Da Silva and Alwi, 2008).

2.4. Patient Satisfaction

Patient satisfaction is not simply a subjective reaction to healthcare services; rather, it is recognized as a key indicator of service quality in the healthcare context. The relationship between patient satisfaction and various aspects of patient behavior and choices regarding healthcare treatment is significant. Patients who are satisfied with healthcare services typically develop better relationships with their providers. Harmonious interactions between patients and healthcare providers play a crucial role in establishing a positive environment and fostering trust between the two. Positive and communicative interactions can enhance patient comfort during care, which in turn impacts perceptions of service quality and overall patient satisfaction. The trust established through these relationships also serves as an important foundation for patient loyalty and the potential for positive word of mouth.

2.5. Word Of Mouth

Word of Mouth (WOM) plays a strategic role in shaping a hospital's image and increasing public trust in the quality of services provided. Loyal customers tend to voluntarily spread positive information and choose to continue using services from the same provider, even when other alternatives are available (Chang et al., 2013; Mittal & Lassar, 1998; Zeithaml et al., 2008). In fact, loyal customers often act as brand ambassadors who actively recommend services to others (Aggarwal, 2004). Therefore, hospitals that are able to maintain patient loyalty will gain various strategic benefits, such as increased revenue, profitability, and cost efficiency (Chang et al., 2013; Kiran & Diljit, 2011; Mittal & Lassar, 1998; Zeithaml et al., 2008).

Furthermore, patients who value these relationships tend to be more loyal to their hospital (Kessler and Mylod, 2011). Customer satisfaction can trigger or not trigger positive WOM related to services, while dissatisfied customers tend to express their disappointment to others and can even exacerbate their bad experiences (Wang, 2011). The greater the patient's satisfaction, the

higher the likelihood of the patient to share positive information about the hospital they use (Purbandari, 2011). A pleasant experience felt by patients with hospital services will encourage the formation of a positive response in the form of word of mouth communication. When patients are satisfied with the service received, especially in the context of dental and oral hospitals, they tend to share their experiences with others in their social environment. Conversely, unpleasant experiences can also trigger the spread of negative information to others. Therefore, the quality of service experienced by patients plays a crucial role in shaping their perceptions and decisions to share information informally with others (Setyawati, 2009).

3. Research Method

3.1. Method Of Collecting Data

1. Questionnaire

According to Sugiyono (2020), a questionnaire is a data collection technique that involves presenting a list of written questions to respondents, in this case patients at the Universitas Sumatera Utara Dental and Oral Hospital.

2. Literature Review

The author conducted a literature review in this research by reviewing and analyzing various literature sources, such as books, journals, theses, articles, and other relevant information, including online sources and news portals related to the research topic.

3.2. Type Of Research

This research uses a quantitative approach with an associative approach. Associative research is chosen to examine the relationship between two or more variables, whether causal or correlational.

This study focuses on analyzing the influence of Service Quality and Hospital Image on Word of Mouth at the Universitas Sumatera Utara Dental and Oral Hospital, with Patient Satisfaction as a mediating variable. The purpose of this study is to determine the extent to which the independent variables contribute to the dependent variable, taking into account the role of patient satisfaction as a connecting factor. Through this approach, it is hoped that the research will provide more comprehensive insights into the factors influencing patient loyalty.

3.3. Research Time

This research was conducted over a period of 4 months starting from February 2025 to June 2025.

3.4. Place Study

This research was conducted at the Dental and Oral Hospital of the Universitas Sumatera Utara.

3.5. Object Study

In research This object chosen by the researcher is patients at Dental and Oral Hospital of the Universitas Sumatera Utara, Medan, Indonesia.

3.6. Variable Study

According to Sugiyono (2020), a variable is an attribute, characteristic, or value inherent in an individual, object, or activity that exhibits certain variations and is used by researchers for analysis and as a basis for drawing conclusions.

1. Independent Variable

Sugiyono (2020) states that an independent variable is a variable that acts as a causal factor or influences changes in the dependent variable. In this study, the independent variables used are as follows:

- a. Service Quality (X1) is patient feedback regarding each service provided by the Universitas Sumatera Utara Dental and Oral Hospital.
- b. Hospital Image (X2) is patient perception of the Universitas Sumatera Utara Dental and Oral Hospital brand and the service facilities provided to patients.

2. Dependent Variable

A dependent variable is a variable that can be influenced or is affected by the independent variable (Sugiyono, 2020). The dependent variables used by the researcher are:

- a. Word of Mouth (Y) is loyalty to the services provided by the Universitas Sumatera Utara Dental and Oral Hospital to meet every patient's needs.

3. Mediating Variable

According to Sugiyono (2017), a mediating variable is a variable that theoretically influences the relationship between the independent and dependent variables, leading to an indirect relationship (Sugiyono, 2017).

- a. Patient Satisfaction (z) is the extent to which patient satisfaction is achieved when the services provided by the Universitas Sumatera Utara Dental and Oral Hospital meet patient expectations.

3.7. Data Source

1. Primary Data

Primary data is data obtained directly from the source. In this study, primary data was collected by distributing questionnaires to patients visiting the Universitas Sumatera Utara Dental and Oral Hospital (RSGM USU).

2. Secondary Data

Secondary data is information obtained indirectly, either from literature or research-related information, which serves to complement and strengthen primary data. In this study, patient visit reports from the Universitas Sumatera Utara Dental and Oral Hospital (RSGM USU) were used as secondary data.

3.8. Data Analysis Method

This study uses a quantitative approach to examine the influence of Service Quality and Hospital Image on Patient Satisfaction and Word of Mouth (WOM). Data analysis was performed using the Structural Equation Modeling (SEM) method based on Partial Least Square (PLS) with the help of SmartPLS 4 software. SEM-PLS itself is a multivariate statistical technique that allows the analysis of relationships between latent constructs simultaneously, especially when the model is complex and involves many variables.

4. Result and Discussion

4.1. Research Result

4.1.1. Outer Model

1. Convergent Validity

a. Loading Factor Value

Table 1. Outer Loading Results of Convergent Validity Test

Instrument	<i>Service Quality</i>	<i>Hospital Image</i>	<i>Word Of Mouth</i>	<i>Patient Satisfaction</i>
x111	0.794			
x112	0.791			
x113	0.782			
x121	0.882			
x122	0.866			
x131	0.872			
x132	0.896			
x141	0.894			
x142	0.886			
x151	0.894			
x152	0.896			
x153	0.892			

Instrument	Service Quality	Hospital Image	Word Of Mouth	Patient Satisfaction
x211		0.732		
x212		0.842		
x221		0.894		
x222		0.625		
x231		0.905		
x232		0.85		
y111			0.89	
y112			0.937	
y121			0.933	
y122			0.945	
y131			0.931	
y132			0.941	
z111				0.826
z112				0.846
z121				0.808
z122				0.822
z131				0.89
z132				0.913
z141				0.892
z142				0.92

The output loading factor value for the Service Quality variable in construct X1 (x111 to x153) has an outer loading value ranging from 0.782 to 0.896. This indicates that all indicators in the service quality construct have met the convergent validity criteria, so they are declared valid and can be maintained in the model. Most of the Hospital Image variable indicators in construct X2 have outer loading values above 0.70, except for indicator x222 which has a value of 0.625. This value is below the ideal threshold. However, this value is still below the ideal threshold of 0.70, the indicator is still maintained in the model because it is still in the acceptable category, especially in exploratory research or in contexts that have not been widely studied empirically before. Hair et al. (2021) stated that an outer loading value between 0.40 and 0.70 can still be considered for retention, especially if the removal of the indicator reduces the content validity of the construct in question. Other indicators (x211, x212, x221, x231, and x232) show good values, between 0.732 and 0.905, so they are declared valid. The Word of Mouth variable has an outer loading value above 0.89, precisely in the range of 0.89 – 0.945. This value indicates that the Word of Mouth (WOM) indicator has excellent measurement power, so all indicators can be retained. All indicators in the Patient Satisfaction variable construct Z show excellent outer loading values, namely between 0.808 – 0.920. Thus, all indicators in this construct have met convergent validity and are declared valid for use in further testing.

b. Average Variance Extracted (AVE)

Table 2. AVE Results of Convergent Validity Test

Variabel	Average Variance Extracted
<i>Service Quality</i>	0.745
<i>Hospital Image</i>	0.663
<i>Word Of Mouth</i>	0.865
<i>Patient Satisfaction</i>	0.749

The data processing results show that all constructs in this study have AVE values above 0.50, indicating that each construct adequately meets the convergent validity criteria. High AVE values for these constructs indicate that the indicators used have been able to represent the construct well, and thus, convergent validity has been met. This also strengthens the fact that the measurement model used in this study has been validly constructed and can be used to test the structural relationships between latent variables in the next stage.

2. Discriminant Validity

a. Cross Loading

Table 3. Cross Loading Results of Discriminant Validity Test

Instrumen	<i>Service Quality</i>	<i>Hospital Image</i>	<i>Word Of Mouth</i>	<i>Patient Satisfaction</i>
x111	0.794	0.667	0.687	0.707
x112	0.791	0.672	0.654	0.693
x113	0.782	0.774	0.708	0.746
x121	0.882	0.813	0.755	0.805
x122	0.866	0.805	0.7	0.728
x131	0.872	0.74	0.724	0.753
x132	0.896	0.81	0.706	0.802
x141	0.894	0.803	0.704	0.807
x142	0.886	0.786	0.747	0.82
x151	0.894	0.82	0.78	0.856
x152	0.896	0.812	0.76	0.851
x153	0.892	0.827	0.749	0.866
x211	0.663	0.732	0.597	0.687
x212	0.821	0.842	0.781	0.823
x221	0.793	0.894	0.726	0.781
x222	0.456	0.625	0.437	0.498
x231	0.832	0.905	0.771	0.847
x232	0.766	0.85	0.666	0.77
y111	0.745	0.732	0.89	0.801
y112	0.78	0.768	0.937	0.858
y121	0.759	0.745	0.933	0.82
y122	0.781	0.8	0.945	0.829
y131	0.807	0.783	0.931	0.806
y132	0.808	0.796	0.941	0.83
z111	0.808	0.811	0.718	0.826
z112	0.755	0.78	0.74	0.846
z121	0.781	0.743	0.702	0.808
z122	0.795	0.779	0.745	0.822

Instrumen	<i>Service Quality</i>	<i>Hospital Image</i>	<i>Word Of Mouth</i>	<i>Patient Satisfaction</i>
z131	0.829	0.839	0.773	0.89
z132	0.831	0.84	0.795	0.913
z141	0.743	0.753	0.806	0.892
z142	0.783	0.789	0.85	0.92

b. Fornell-Lacker

Table 4. Fornell-Lacker

Variabel	<i>Service Quality</i>	<i>Hospital Image</i>	<i>Word Of Mouth</i>	<i>Patient Satisfaction</i>
<i>Service Quality</i>	0.863			
<i>Hospital Image</i>	0.902	0.814		
<i>Word Of Mouth</i>	0.839	0.829	0.93	
<i>Patient Satisfaction</i>	0.914	0.915	0.886	0.866

Discriminant validity in this study was tested using the Fornell-Larcker approach, which was conducted by comparing the square root of the Average Variance Extracted (AVE) value of each construct to the correlation between each construct and the correlation between other constructs. Based on the results in Table 4.4, the $\sqrt{\text{AVE}}$ value was obtained for the constructs Service Quality (0.863), Hospital Image (0.814), Word of Mouth (0.930), and Patient Satisfaction (0.866). However, there were several correlations between constructs that exceeded the $\sqrt{\text{AVE}}$ value, such as the correlation between Service Quality and Hospital Image ($0.902 > 0.814$), Service Quality and Patient Satisfaction ($0.914 > 0.866$), and Hospital Image and Patient Satisfaction ($0.915 > 0.866$). These findings indicate that discriminant validity based on the Fornell-Larcker criteria was not fully met in this measurement model, which indicates the potential for overlap between constructs.

c. Heterotrait-Monotrait Ratio (HTMT)

Table 5. Heterotrait-Monotrait Ratio (HTMT)

Variabel	<i>Service Quality</i>	<i>Hospital Image</i>	<i>Word Of Mouth</i>	<i>Patient Satisfaction</i>
<i>Service Quality</i>				
<i>Hospital Image</i>	0.956			
<i>Word Of Mouth</i>	0.866	0.879		
<i>Patient Satisfaction</i>	0.951	0.983	0.923	0.951

The results of the HTMT test in this study indicate that Service Quality (X1) and Word of Mouth (Y) have a value of 0.866, Hospital Image (X2) and Word of Mouth (Y) have a value of 0.879. Several HTMT values exceed the threshold of 0.90, particularly between Service Quality (X1) and Hospital Image (X2) with a value of 0.956, Service Quality (X1) and Patient Satisfaction (Z) with a value of 0.951, Hospital Image (X2) and Patient Satisfaction (Z) with a value of 0.983, and between Word of Mouth (Y) and Patient Satisfaction (Z) with a value of 0.923.

Based on the initial HTMT analysis, it was found that there were correlations between constructs that exceeded the recommended threshold of 0.90. This indicates potential problems with discriminant validity between constructs, particularly between Hospital Image and Word of Mouth. Therefore, to obtain a more accurate and robust assessment of discriminant validity, further analysis was conducted using HTMT Inference (Bootstrapping) as suggested by Henseler et al. (2015). This test allows researchers to assess whether high HTMT values are statistically significant, through a confidence interval. If the upper bound confidence interval value does not exceed 1.00, then discriminant validity is considered still met. Conversely, if it exceeds 1.00, this indicates that the constructs may not be truly different. This analysis is important to sharpen the validity of the measurement model in this study.

Table 5. Heterotrait-Monotrait Ratio (HTMT) – Confidence intervals

	Original sample (O)	Sample mean (M)	2.50%	97.50%
X2 <-> X1	0.956	0.955	0.906	0.995
Y <-> X1	0.866	0.864	0.78	0.928
Y <-> X2	0.879	0.879	0.804	0.944
Z <-> X1	0.951	0.949	0.906	0.982
Z <-> X2	0.983	0.983	0.948	1.012
Z <-> Y	0.923	0.922	0.873	0.963

Based on the results of the HTMT Inference test, most of the relationships between constructs show that the upper bound confidence interval value is below 1.00, which indicates that discriminant validity is met. However, there is one pair of constructs (Z <-> X2) with an upper bound value exceeding 1.00, which is 1.012. Although the results of HTMT Inference show that there is one pair of constructs (Z and X2) with an upper confidence interval value slightly exceeding 1.00 (i.e. 1.012), slightly exceeding the recommended limit (<1.00). This indicates a potential overlap between these constructs. However, in theory, Hospital Image is the perception or image formed by patients towards the hospital, while Word of Mouth is the patient's communicative action to recommend the hospital to others. Although closely related, the two constructs have different conceptual dimensions. Therefore, the constructs of Hospital Image and Word of Mouth are retained in the model by considering the theoretical basis and the validity of the indicators that have met the requirements through cross-loading analysis. HTMT should ideally be below 0.90 (more lenient) or 0.85 (more conservative), but small violations (e.g., slightly above 0.90 or even close to 1) are still tolerable, depending on the theoretical specifics of the construct (Henseler et al (2015)).

3. Construct Reliability

a. Cronbarch's Alpha

Table 6. Cronbarch's Alpha

Variabel	Cronbach's Alpha
<i>Service Quality</i>	0.969
<i>Hospital Image</i>	0.895
<i>Word Of Mouth</i>	0.969
<i>Patient Satisfaction</i>	0.952

Based on the data processing results, the Cronbach's Alpha values for each variable are as follows: Service Quality 0.969, Hospital Image 0.895, Word of Mouth 0.969, and Patient Satisfaction 0.952. All Cronbach's Alpha values are above the minimum threshold of 0.70, with most exceeding 0.90. High Cronbach's Alpha values reflect very strong instrument reliability. This indicates that the items within each construct have strong internal consistency. Therefore, the instrument used in this study is reliable, consistent, and suitable for further analysis within the structural model.

b. Composite Reliability

Table 7. Composite Reliability

Variabel	Composite Reliability
<i>Service Quality</i>	0.972
<i>Hospital Image</i>	0.921
<i>Word Of Mouth</i>	0.975
<i>Patient Satisfaction</i>	0.96

4.1.2. Model Fit Test

Table 7. Model Fit Test

Parameter	Rule Of Thumb	Nilai Parameter
SRMR	Nilai SRMR < 0.10, maka Model Fit	0.058
d-ULS	≥ 0,05	1.8
d-G	≥ 0,05	3.182
Chi Square	χ^2 statistik ≥ χ^2 tabel.	1345.672 ≥ 45.72

Parameter	Rule Of Thumb	Nilai Parameter
NFI	Nilai NFI mendekati nilai 1	0.724
GoF	0.1 (GOF kecil)	0.792351
	0.25 (GOF moderate)	
	0.36 (GOF besar)	
Q2 Predictive Relevance	Q ² > 0: Model memiliki predictive relevance	Q ² <i>Word Of Mouth</i> 0.676 > 0
	Q ² < 0: Model kurang memiliki predictive relevance	Q ² <i>Patient Satisfaction</i> 0.72 > 0
	0.02 (Lemah) 0.15 (Moderate) 0.35 (Kuat)	

Based on the model fit test table that has been carried out in this study, it was found that this model can be used to analyze the relationship between latent variables with the confidence that the model reflects the data accurately and has relevant predictive capabilities:

1. SRMR (Standardized Root Mean Square Residual)
With an SRMR value of 0.058, which is below the 0.10 threshold, this indicates a good fit between the observed data and the hypothesized model. Therefore, this model meets the model fit criteria based on SRMR.
2. d-ULS (Unweighted Least Squares Discrepancy)
The d-ULS value of 1.8, which is greater than the 0.05 threshold, indicates that the model structure has no significant deviations and is acceptable. This indicates that the model closely aligns with the ideal relationship expected from the data.
3. d-G (Geodesic Discrepancy)
The d-G value of 3.182, also greater than the 0.05 threshold, indicates that the model has a good global fit, and the relationships within the model do not show significant differences compared to the actual data.
4. Chi-Square
The Chi-Square statistical value of 1345.672 is greater than the Chi-Square table value of 45.72, indicating a good fit for the model. This indicates that the model significantly fits the sample data, and the model structure adequately explains the relationships between variables.
5. NFI (Normed Fit Index)
The NFI value of 0.724, which is close to the ideal value of 1, indicates that the model has a fairly good level of fit, although not optimal. This indicates that the model is still acceptable for describing the data.
6. GoF (Goodness of Fit)
The GoF value of 0.792351, which is above the 0.36 threshold, indicates that the model has a good level of global fit. This value places the model in the strong goodness of fit category, meaning the model is very suitable for explaining the relationships between the latent variables in the study.
7. Q² Predictive Relevance
The Q² value of 0.676 for the Word of Mouth variable indicates very strong predictive ability, while the Q² value of 0.72 for the Patient Satisfaction variable indicates moderately strong predictive ability. This indicates that the model can relevantly predict latent variables based on their structural relationships.

4.1.3. Inner Model

Table 8. R Square (R2) Test Results

Variabel	R-square	R-square adjusted
<i>Word Of Mouth</i>	0.791	0.785
<i>Patient Satisfaction</i>	0.879	0.877

Based on the analysis results, the R² value that describes the contribution of variables to the Patient Satisfaction model is 0.879. This means that 87.9% of the variation in Patient Satisfaction can be explained by the independent variables in the model, namely Service Quality and Hospital Image, while the remaining 12.1% is influenced by other factors outside the model. This figure shows a very strong relationship between the independent variables and Patient Satisfaction. Meanwhile, the R-Square value of 0.791 for the Word of Mouth (WOM) variable indicates that 79.1% of the variation in WOM can be explained by the variables in the model, namely Service Quality, Hospital Image, and Patient Satisfaction. The remaining 20.9% is influenced by external factors not included in this research model. Figure 4.1 displays the PLS-SEM Algorithm output to see the R² of the research model.

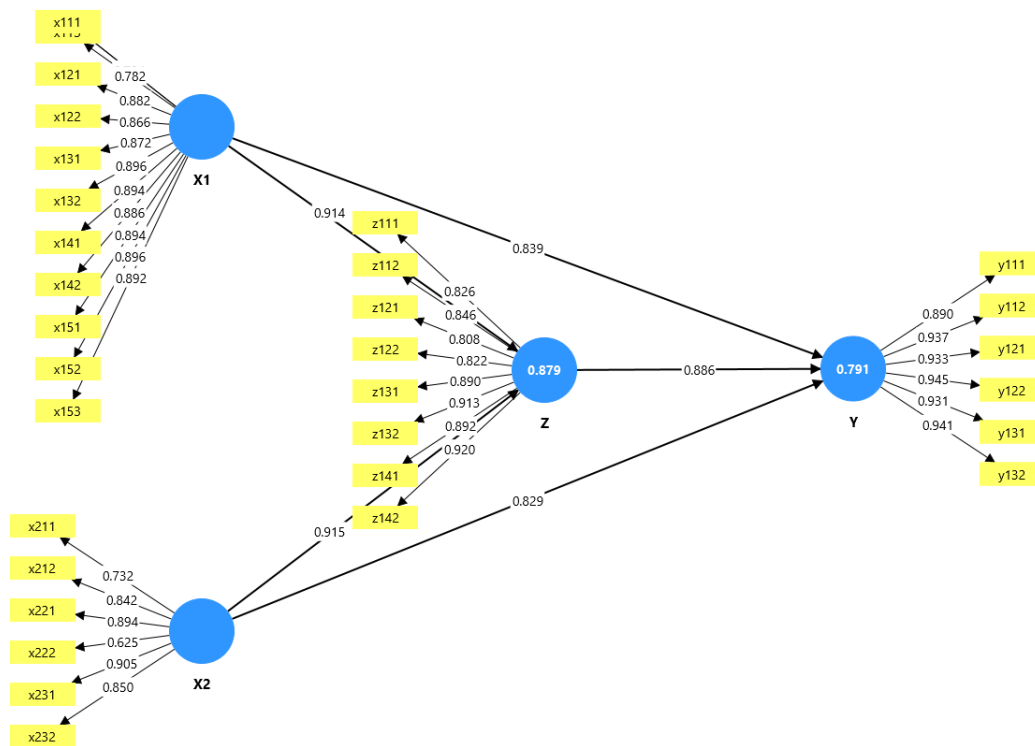


Figure 1. Output model PLS SEM Algorithm

4.1.4. Direct Effect Test

Table 9. Path Coefficient Bootstrapping direct effect results

Path Coefficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Service Quality -> Word Of Mouth	0.158	0.152	0.162	0.973	0.165
Service Quality -> Patient Satisfaction	0.473	0.468	0.096	4.943	0
Hospital Image -> Word Of Mouth	0.044	0.061	0.162	0.271	0.393
Hospital Image -> Patient Satisfaction	0.488	0.493	0.093	5.264	0
Patient Satisfaction -> Word Of Mouth	0.702	0.691	0.169	4.164	0

4.1.5. Indirect Effect Test

Table 10. Results of Path Coefficient Bootstrapping Indirect Effect

Path Coefficient	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics ((O/STDEV))	P values
Service Quality (X1) -> Patient Satisfaction (Z) -> Word Of Mouth (Y)	0.332	0.324	0.106	3.137	0.001
Hospital Image (X2) -> Patient Satisfaction (Z) -> Word Of Mouth (Y)	0.343	0.34	0.106	3.251	0.001

4.1.6. Effect Size (f^2)Table 11. Effect Size Test Results (f^2)

	Service Quality	Hospital Image	Word Of Mouth	Patient Satisfaction
Service Quality			0.016	0.343
Hospital Image			0.001	0.366
Word Of Mouth				
Patient Satisfaction			0.285	

The Service Quality (X1) and Hospital Image (X2) variables have a large influence on Patient Satisfaction (Z), with f^2 values of 0.343 and 0.366, respectively. This indicates that if one of the two variables is removed from the model, the model's ability to explain patient satisfaction will decrease significantly. The direct effect of Service Quality and Hospital Image on Word of Mouth (Y) showed very small f^2 values, at only 0.016 and 0.001, respectively. These values are far below the threshold for a small effect (0.02), so it can be concluded that neither variable has a significant direct contribution in explaining Word of Mouth. This aligns with the previous path coefficient results, which also indicated that neither variable has a significant direct effect on Word of Mouth.

Patient Satisfaction (Z) has an f^2 value of 0.285 on Word of Mouth (Y), which falls into the moderate to large effect category. This means that patient satisfaction makes a substantial contribution to the formation of Word of Mouth, both in terms of its strength of influence and its statistical significance. Anderson (1998) stated that satisfied customers tend to share their positive experiences with others, a form of informal communication that is highly influential in shaping public perception.

Overall, the results of the f^2 test in this study strengthen the conclusion that Service Quality and Hospital Image do not have a significant direct effect on Word of Mouth, but both contribute significantly to Patient Satisfaction. Furthermore, Patient Satisfaction plays a strong and significant mediating role in driving Word of Mouth behavior, making it a crucial element in customer relationship management strategies in hospitals.

5. Conclusion

1. Service Quality has a positive effect on Patient Satisfaction.

The quality of service provided by RSGM USU has been proven to increase patient satisfaction. Aspects such as reliability, empathy, assurance, and responsiveness of medical personnel are important factors in creating a satisfying experience for patients.

2. Hospital Image has a positive effect on Patient Satisfaction.

A hospital image that reflects service excellence, comfortable facilities, and public trust positively impacts patient satisfaction levels.

3. Service Quality and Hospital Image jointly influence Patient Satisfaction.

The combination of service quality and a good hospital image significantly contributes to shaping patient perceptions and satisfaction with the services received.

4. Service Quality does not influence Word of Mouth.

Patients do not necessarily share their experiences with others based on service quality alone. Prior satisfaction is necessary for word of mouth to occur.

5. Hospital Image also does not directly influence Word of Mouth.
A positive perception of a hospital is not enough to encourage patients to directly recommend the service to others without a satisfactory experience.
6. Patient satisfaction significantly influences word of mouth.
Patients who are satisfied with the service they receive are more likely to share their experiences positively with others, both directly and through social media.
7. Service quality and hospital image indirectly influence word of mouth through patient satisfaction.
This indicates that patient satisfaction is a key factor mediating the relationship between service quality and hospital image and patients' decisions to recommend hospital services.

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