



THE EFFECT OF MARKETING COMMUNICATION ON BRAND EQUITY AND PATIENT DECISIONS CHOOSING OBSTETRIC AND GYNECOLOGY SERVICES AT RSI HASANAH MOJOKERTO

PENGARUH KOMUNIKASI PEMASARAN TERHADAP EKUITAS MEREK DAN KEPUTUSAN PASIEN MEMILIH LAYANAN KANDUNGAN DAN KEBIDANAN RSI HASANAH MOJOKERTO

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Abstract

The purpose of this study is to analyze the effect of marketing communication on brand equity and patient decision choosing obstetric and gynecological services at RSI Hasanah Mojokerto. The independent variable in this study is marketing communication, while the dependent variable is the patient decision, and brand equity is a variable mediator between marketing communication and patient decision. The sample of this research were BPJS patients at RSI Hasanah Mojokerto from March to May 2025 who have finished the services of obstetric and gynecological, both outpatient and inpatient. A total of 52 respondents were obtained as samples in this research. This study uses an explanatory survey research design, which involves searching and collecting primary data by directly asking questions to respondents and analyzing the effects among variables to prove the hypothesis. Data analysis using path analysis with SEM-PLS. The results of the study show that the original sample value of the direct relationship between marketing communication and patient decision is +0.101 with a P-value of 0.226. Meanwhile, the original sample values when mediated by brand equity as the mediator variable between marketing communication and patient decision are +0.680 and +0.762 with a P-value of 0.000 at a significance level of 0.05. Thus, it can be concluded that brand equity can act as a mediator between marketing communication and patient decision. With good marketing communication, the brand equity of the Hospital will



increase, thereby improving patients' decision choosing obstetric and gynecological services at RSI Hasanah Mojokerto.

Keywords: Marketing Communication, Brand Equity, Patient Decision, Hospital

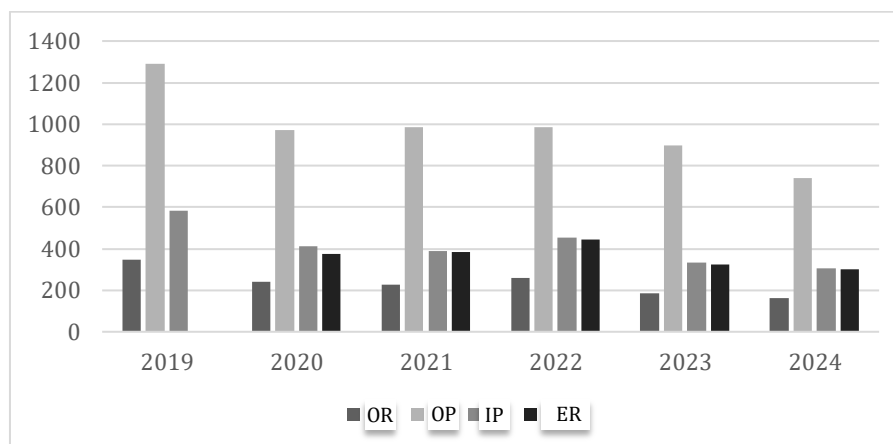
Abstrak

Tujuan dari penelitian ini adalah untuk menganalisa pengaruh komunikasi pemasaran terhadap ekuitas merek dan keputusan pasien memilih layanan kandungan dan kebidanan RSI Hasanah Mojokerto. Variabel bebas pada penelitian ini adalah komunikasi pemasaran sedangkan variabel terikat pada penelitian ini adalah keputusan pasien, ekuitas merek menjadi variabel mediator di antara komunikasi pemasaran terhadap keputusan pasien. Sampel penelitian ini adalah pasien BPJS RSI Hasanah Mojokerto pada bulan Maret – Mei 2025 dan telah melakukan pemeriksaan layanan kandungan dan kebidanan baik rawat jalan maupun rawat inap. Jumlah sampel yang didapatkan sebanyak 52 responden. Penelitian ini menggunakan desain penelitian *survei eksplanatori* yaitu penelitian yang dilakukan dengan mencari dan mengumpulkan data primer dengan memberikan pertanyaan-pertanyaan kepada responden secara langsung dan melakukan analisa pengaruh antar variabel untuk membuktikan hipotesis. Analisa data menggunakan analisa jalur menggunakan SEM-PLS. Hasil penelitian menunjukkan bahwa nilai *original* sampel hubungan langsung antara komunikasi pemasaran terhadap keputusan pasien sebesar +0,101 dengan nilai *Pvalues* sebesar 0,226. Sedangkan nilai *original* sampel jika melalui ekuitas merek sebagai variabel mediator antara komunikasi pemasaran terhadap keputusan pasien adalah +0,680 dan +0,762 dengan nilai *Pvalues* sebesar 0,000 dengan taraf signifikansi 0,05. Sehingga dapat disimpulkan bahwa ekuitas merek mampu menjadi mediator antara komunikasi pemasaran terhadap keputusan pasien. Dengan adanya komunikasi pemasaran yang baik akan meningkatkan ekuitas merek Rumah Sakit sehingga dapat meningkatkan keputusan pasien memilih layanan kandungan dan kebidanan RSI Hasanah Mojokerto.

Kata Kunci: Komunikasi Pemasaran, Ekuitas Merek, Keputusan Pasien, Rumah Sakit

1. INTRODUCTION

The amount of patient visits in hospital is closely related to patients' decision. The increasing of competition among healthcare service providers have become patients' decision more important. The amount of patient visits has also decreased at RSI Hasanah Mojokerto. From 2022 to 2024, the amount of patient visits to obstetric and gynecological services at RSI Hasanah Mojokerto has decline. The graphical trend of patient visits can be seen as follows:



Maulana & Ayuningtyas (2023) explain in healthcare services, a sign that the services provided do not meet patient expectations is a decrease in visits. Based on the research conducted by Mukaram et al. (2018), patients' decisions choosing healthcare services are influenced by excellent brand equity. Hospital with excellent brand equity will receive positive responses, which then will serve as a basis in the patient decision-making process. It happened because patients will be more confident and believe that the products offered have higher quality.

According to Kotler & Keller (2012), to influence consumer judgments about a company, it is necessary to design a brand that is close and connected to consumers. Hermawan (2012) explained having brand that close and connected to consumers will increase consumer trust, it also referred to a brand equity.

Research conducted by Abdullah et al. (2024) regarding the effect of brand equity on the utilization of services in the outpatient installation of Faisal Islamic Hospital and Stella Maris Hospital, explains that brand equity is formed from the acceptance of information by patients, which is then processed into an accumulation of thoughts, feelings, opinions, and behaviors. Brand equity can also create added value for both the company and consumers, so good brand equity can increase the chances of consumers choosing that company.

According to Górska-Warsewicz (2022), the perception and added value of a product can be created by marketing communication. It can also be happened by building relationships between hospitals as service providers and patients as consumers. Based on the explanation above, the researcher aims to analyze the effect of marketing communication on brand equity and patients' decision in choosing obstetric and gynecology services. The results of the research are expected to provide managerial strategic recommendation for RSI Hasanah Mojokerto in increasing patients' visits.

2. RESEARCH METHOD

This type of research is explanatory quantitative research. According to Sugiyono (2014) explanatory quantitative research is a scientific method used to study a certain population or sample using research instruments and quantitative data analysis, with the aim to explaining the position and the relationship between the variables. The method used in this research is a survey by distributing questionnaires to respondents. The research was conducted at a specific point in time (cross-sectional). Data collection was carried out once for each respondent.



The population of this research was all of BPJS patients at RSI Hasanah Mojokerto from March to May 2025 who have finished the services of obstetric and gynecological, both outpatient and inpatient. In this research, the researcher used a cluster random sampling technique in taking the sample of this research. Cluster random sampling where the researcher will put every name of a class into the box and shake it up until one of them falls down. A total of 52 respondents were obtained as samples in this research.

The data get from collecting primary data by directly asking questions to respondents by questionnaire. To determine the individual score of the respondent, each of questions has pointed by *likert* scale. Then data analyses through several stages. The first stage is to conduct validity and reliability tests and the next stage is the structural test. Sugiyono (2014) explained the validity test is conducted to measure the validity of a statement. A statement is considered valid if it can express the indicators to be measured. Meanwhile, the reliability test is conducted to measure the reliability of a questionnaire. A reliable questionnaire will be consistent and stable over time. Structural model testing can assess the relationships and impacts of research variables simultaneously using P value and R-square through statistical tests in the form of structural partial least squares (SEM-PLS).

3. RESULTS AND DISCUSSION

Sample Description

The number of samples in this research is 47 respondents with different respondent characteristics. Below is an explanation of each characteristic categorized by gender, age, last education, occupation, income, and frequency of visits.

a. Age

The results of the data recapitulation indicate that there are 25 respondents aged 20-30 years, 25 respondents aged 30-40 years, 3 respondents aged >40 years. Therefore, the percentage of respondents aged 20-30 years is 48%, respondents aged 30-40 years is 46%, and respondents aged >40 years is 6%.

b. Last Education

The results of the data recapitulation indicate that there are 11 respondents with a junior high school education, 30 respondents with a senior high school education, 1 respondent with a diploma education, and 10 respondents with a bachelor's degree. Thus, the percentage of respondents with a junior high school education is 21%, respondents with a senior high school education is 58%, respondents with a diploma education is 2%, and respondents with a bachelor's degree is 19%.

c. Occupation

The results of the data recapitulation indicate that there are 2 respondents working as civil servants, 18 respondents working as private employees, 6 respondents working as entrepreneurs, 3 respondents working as laborers, and 23 respondents stated that they are not working in the listed options. Therefore, the percentage of respondents working as civil servants is 4%, those working as private employees is 35%, those working as entrepreneurs is 11%, those working as laborers is 6%, and respondents stating that they are not working in the listed options is 44%.

d. Frequency of Visits

The recapitulatory data results show that there were 22 respondents making their first visit and 30 respondents making more than 3 visits. Thus, the percentage of respondents



making their first visit is 42%, while the percentage of respondents making more than 3 visits is 49%.

Validity and Reliability Test

There are three validity and reliability tests, namely Convergent Validity Test, Discriminant Validity Test, and Composite Reliability Test. Here are the results and analysis related to these tests:

a. Convergent Validity Test

This test is conducted to determine the validity of each relationship between variables and their indicators. According to Abma et al. (2016) an indicator can be said to be valid if the loading factor value is greater than 0.7. The results of the convergent validity test can be seen in table 1. Based on table 1, the results of the convergent validity test indicate that the loading factor values for all variables have exceeded the standard threshold of 0.7. Therefore, the research model can be considered valid and can be tested.

Table 1. The Result of Convergent Validity Test using SmartPLS 4.1
 Marketing Communication (X) Brand Equity (Y) Patient Decision (Z)

X1	0,775	
X2	0,858	
X3	0,858	
X4	0,735	
X5	0,888	
X6	0,888	
Y1		0,994
Y2		0,906
Y3		0,936
Y4		0,919
Z1		0,836
Z2		0,915
Z3		0,953
Z4		0,922

b. Discriminant Validity Test

This test is conducted to classify the quantitative relationship between one latent variable and all indicator variables. According to Henseler et al. (2015) the relationship between the quantitative latent variable and the indicator variables can be considered good if the HTMT value less than 0.90 and the Cross Loading value on the related construct must be



greater than the loading value on other constructs. The results of the convergent validity test can be seen in table 2 and table 3. Based on table 2 and table 3 the results of the discriminant validity test show that the values of each cross loading for each construct have the highest values in their respective variable blocks and meet the standard thresholds. Therefore, it can be concluded that the discriminant validity test is stated to be good and valid.

Table 2. The Result of Discriminant Validity Test (HTMT) using SmartPLS 4.1

	Marketing Communication (X)	Brand Equity (Y)	Patient Decision (Z)
X			
Y	0,696		
Z	0,636	0,884	

Table 3. The Result of Discriminant Validity Test (Cross Loading) using SmartPLS 4.1

	Marketing Communication (X)	Brand Equity (Y)	Patient Decision (Z)
X1	0,775	0,478	0,392
X2	0,858	0,654	0,581
X3	0,858	0,734	0,730
X4	0,735	0,393	0,320
X5	0,888	0,505	0,457
X6	0,888	0,505	0,457
Y1	0,629	0,944	0,808
Y2	0,676	0,906	0,704
Y3	0,648	0,936	0,800
Y4	0,564	0,919	0,766
Z1	0,595	0,671	0,836
Z2	0,512	0,722	0,915
Z3	0,554	0,779	0,953
Z4	0,588	0,831	0,922

c. Composite Reliability

This test is conducted to measure the level of accuracy of the measuring instrument when performed repeatedly. According to Cheung et al. (2024) variables can be said to be reliable if the Composite Reliability value is greater than 0.7, the Cronbach Alpha value



is greater than 0.6, and the AVE value is greater than 0.5. The results of the component reliability test can be seen in Table 4.

Table 4. The Result of Composite Reliability Test using SmartPLS 4.1

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
X	0,915	0,945	0,932	0,698
Y	0,945	0,946	0,960	0,859
Z	0,928	0,934	0,949	0,823

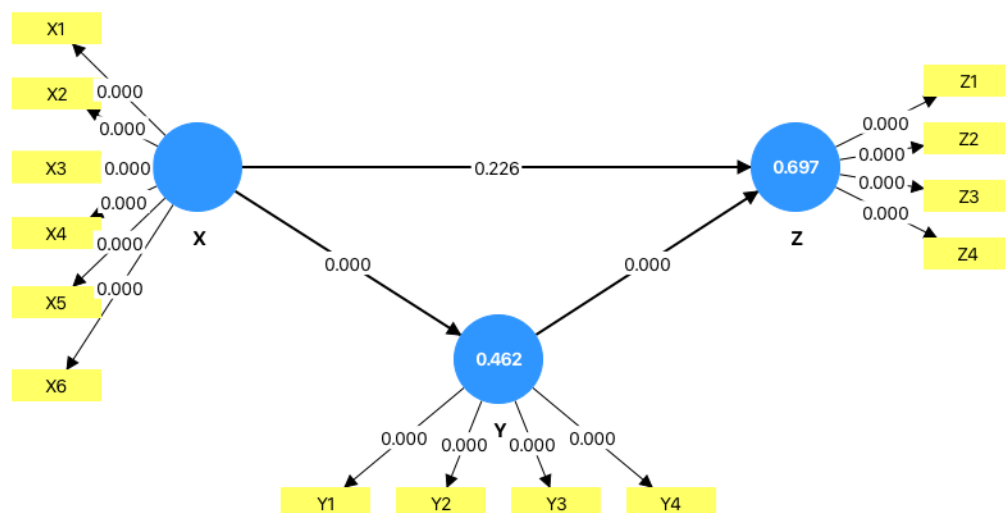
Based on Table 4, the results of the reliability test of the components show that all variables have a Cronbach Alpha value greater than 0.6, a Composite Reliability value greater than 0.7, and an AVE value greater than 0.5. Therefore, it can be concluded that the results of the reliability test of the model instrument components in the study are declared good and reliable.

Structural Test

a. R-square

The R-square value is used to determine the extent of the influence of independent variables on dependent variables. According to Chin (1988) in Handriyani & Astawa (2022) explained that the R-square value is divided into three categories, having strong explanatory variables if the R-square above 0.67, moderate explanatory variables if the R-square is about 0.67-0.33, and weak explanatory variables if the R-square is about 0.19-0.33. The results of the R-square value can be seen in Figure 1.

Figure 1. The Result of F-Square test using SmartPLS 4.1





Based on Figure 1, the R-square value for the brand equity variable is 0.462 and for the dependent variable of patient decision is 0.697. This means that the independent variable of marketing communication has an influence of 46.2% on brand equity and is categorized as moderate effect, while both the independent variable of marketing communication and the mediator variable of brand equity have an influence of 69.7% on patient decisions and are categorized as strong effect.

b. Path Coefficient Analysis

This test is conducted to determine and classify the relationships between variables. Inside journal from Mohamed et al. (2018) explained that the path coefficient analysis is used to test the hypothesis, whether the hypothesis is rejected or accepted, and to view the significance of the relationship. There are two aspects examined in this test, namely the Original Sample value and the P value (P-values). A variable is considered significant if the P-value is less than 0.05. The results of the model test can be seen in table 5.

Table 5. The Result of Path Coefficient Analysis using SmartPLS 4.1

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	statistics (O/STDEV)	P values
X→Y	0,680	0,690	0,072	9,445	0,000
Y→Z	0,762	0,761	0,094	1,166	0,000
X→Z	0,101	0,106	0,087	8,089	0,226

Based on Table 5, the results of path coefficient analysis show that direct relationships between marketing communication and patient decision is positive (O: +0.101) but not significant (P-value: 0.226). Meanwhile, when brand equity as a mediator, the relationship between marketing communication and brand equity is positive (O: +0.680) significant (P-value: 0.000) and brand equity towards patient decisions is positive (O: +0.762) significant (P-value: 0.000).

Discussion

The researchers would like to discuss the research findings which aim to answer the problem statement. This study focuses on efforts to increase the number of patient visits through the effect of marketing communication and brand equity on patients' decisions choosing a hospital. There is a positive effect of marketing communication on patients' decisions, but without an increasing of brand equity, the effect does not significant. According to Sumarwan (2011), consumer decisions are influenced by three main factors: marketing strategy, environmental factors, and individual differences (consumer characteristics).

With the increasing competition among hospitals, the Health Quality Committee in America 2001, as explained by Iqbal et al. (2019) states that health services must also be oriented towards meeting patient needs (patient-oriented), which means that the marketing strategies employed must consider the desires, needs, values of patients and ensure that the value provided to patient guides all care decisions. The research conducted by Novriwanda & Herman (2024) on consumer preferences choosing Islamic Hospitals explains that besides



patients' understanding of the advantages of the product, religious values of hospital may influence shaping patients' perceptions. This occurs due to a sense of close and connected to the values of the religious embraced.

According to Wiyono & Antonio (2024), the need for more transparent information is crucial in making decisions; however, patients often difficult to access complete and comprehensive data regarding hospital performance. As a result, many patients rely on the reputation of hospitals. The research conducted by Ernawaty et al. (2020) shows that brand equity can significantly influence patient visits. This is associated with the presence of product value that involves positive beliefs and interpretations in using the services offered.

Based on the discussion above, we know that brand equity has a crucial effect in increasing patient visits, where marketing communication has been carried out well. Without brand equity, the effect between marketing communication would be insignificant to the patients' decision choosing a hospital. From these results, the researcher concludes that brand equity can act as a mediator between marketing communication and the patients' decision choosing obstetrics and gynecology services at RSI Hasanah Mojokerto.

4. CONCLUSION

Based on the result of data analysis and the discussion of the result in the previous chapter, the researcher concludes that marketing communication has an effect to patients' decision, but without brand equity the effect is not a significant. This can be seen from the original sample value of the direct relationship between marketing communication and patient decision is +0.101 with a P-value of 0.226. Meanwhile, the original sample values when mediated by brand equity as the mediator variable between marketing communication and patient decision are +0.680 and +0.762 with a P-value of 0.000 at a significance level of 0.05. It can be inferred that brand equity can act as a mediator between marketing communication and patient decision.

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