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THE EFFECTS OF BRAND IMAGE AND EXPERIENTIAL MARKETING ON WORD OF MOUTH THROUGH REPEAT VISITS, WITH GOVERNMENT POLICY AS A MODERATING VARIABLE: A STUDY OF GENERAL OUTPATIENTS AT DR. RUBINI REGIONAL HOSPITAL, MEMPAWAH

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Abstract

This study examines the effects of brand image and experiential marketing on word of mouth among general outpatients, both directly and indirectly through repeat visits, with government policy tested as a potential moderating variable. A quantitative, explanatory research design was employed using a sample of 250 general outpatients at Dr. Rubini Regional Hospital, Mempawah, selected through purposive sampling. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The results show that experiential marketing exerts the strongest influence on repeat visits ($\beta = 0.734$; $t = 25.413$; $p < 0.001$), followed by brand image ($\beta = 0.183$; $t = 4.786$; $p < 0.001$). Repeat visits, in turn, positively affect word of mouth ($\beta = 0.235$; $t = 2.814$; $p = 0.005$). Brand image ($\beta = 0.245$; $t = 4.870$; $p < 0.001$) and experiential marketing ($\beta = 0.296$; $t = 3.910$; $p < 0.001$) also exert significant direct effects on word of mouth. Repeat visits partially mediate the relationship between brand image and word of mouth (VAF = 14.9%) and between experiential marketing and word of mouth (VAF = 36.9%). Government policy, however, was not found to moderate any of the hypothesized relationships ($p > 0.05$ for all interaction effects). These findings suggest that strengthening patient experience and hospital image is more effective in stimulating repeat visits and positive recommendations than regulatory factors alone, offering practical direction for public hospital marketing strategy.

Keywords: Brand Image; Experiential Marketing; Word of Mouth; Repeat Visit; Government Policy

INTRODUCTION

Hospitals are health service institutions that play a critical role in improving public health through promotive, preventive, curative, rehabilitative, and palliative care. Indonesia's health sector has expanded considerably in recent years, with the number of hospitals both public and private increasing from 2,984 units in 2020 to 3,278 units in 2025 (Sjukri et al., 2025). This growth has intensified competition, requiring hospitals not only to deliver high-quality medical care but also to cultivate positive patient experiences and sustain patient loyalty. Within this context, service marketing has become a core component of modern hospital management, as institutional success is no longer measured solely by clinical quality but increasingly by patient perception and experience (Ministry of Health, 2025; CISDI, 2024).

Competition among hospitals is further complicated by the dominance of private providers in Indonesia's healthcare landscape. As of 2025, private hospitals numbered approximately 2,025 units, or around 62% of the national total, compared with 1,226 government-owned hospitals. In addition, roughly 60% of general (non-insured) outpatients prefer private over public facilities for outpatient care. This pattern signals a substantial challenge for government hospitals in attracting and retaining general patients, who are free to choose among providers and who tend to weigh institutional reputation, facility comfort, service speed, and the overall quality of their care experience when making that choice. Government hospitals therefore need to develop sustainable strategies for strengthening their competitive position (Ministry of Health, 2025; Mulyanto et al., 2019).

One factor that has received considerable attention in health-service marketing is brand image patients' perceptions of a hospital's reputation, credibility, service quality, and staff professionalism, shaped by both direct experience and external information. A favorable brand image increases patient trust and, in turn, encourages repeat use of services as well as positive recommendations to others (Rahman et al., 2023). Conversely, an unfavorable image can suppress patients' intention to return even when clinical quality is otherwise adequate. Brand image thus constitutes a strategic asset for hospitals seeking to build long-term relationships with patients and strengthen their position amid intensifying competition (Keller, 1993; Wu, 2011).

Beyond institutional image, experiential marketing has also emerged as an important determinant of patient behavior. Experiential marketing is a marketing approach that emphasizes the creation of positive experiences across sensory, emotional, cognitive, behavioral, and social dimensions throughout the service encounter (Rahman et al., 2022). In a hospital setting, this experience encompasses the ease of registration, the comfort of waiting areas, the quality of health communication, staff friendliness, service speed, and patients' sense of safety throughout treatment. A pleasant experience fosters satisfaction and emotional attachment, increasing the likelihood that patients will return for future care, whereas a negative experience may drive patients toward alternative providers even when the clinical service received meets accepted standards (Schmitt, 2010).

Patient behavior following a service encounter is reflected not only in the decision to revisit but also in the tendency to engage in word of mouth (WOM) communication. WOM refers to informal communication among patients about their experiences with a health service (Sarstedt et al., 2020). In the health sector, recommendations from family, friends,

and acquaintances tend to be trusted more than formal promotional messages because they are grounded in lived experience. Prior research indicates that 72% of patients choose a physician based on a personal recommendation, while 88% of consumers trust referrals from people close to them more than other forms of promotion (Medscape, 2017; Greif et al., 2022). This underscores the strategic role of WOM in building hospital reputation while simultaneously shaping the decisions of prospective patients (Medscape, 2017; Greif et al., 2022).

Repeat-visit intention is an important indicator of patient loyalty toward a hospital. A patient's decision to return for further care reflects confidence in the quality of service previously received. Numerous studies have shown that repeat visits are shaped by service quality, satisfaction, patient experience, and institutional image (Barello et al., 2012). In practice, however, this decision is influenced not only by clinical factors but also by non-medical aspects such as facility comfort, the quality of health communication, administrative convenience, and emotional experience during service delivery. Understanding the determinants of repeat visits is therefore essential for hospitals seeking to sustain service continuity and strengthen patient loyalty (Syah & Suyitno, 2025).

This phenomenon is also evident at Dr. Rubini Regional Hospital, Mempawah, the principal referral hospital in Mempawah Regency. Hospital records show that total patient visits increased from 82,034 in 2023 to 95,419 in 2025. This growth, however, was not evenly distributed across patient segments: visits by BPJS (national health insurance) patients rose from 70,299 to 84,441, whereas visits by general (non-insured) outpatients actually declined, from 11,649 to 10,922, over the same period. Furthermore, the hospital's minimum service standard for outpatient waiting time set at 60 minutes was exceeded in several months of 2025, reaching 65, 70, 61, and 64 minutes in different periods. These figures point to a persistent gap between patient expectations and the service experience actually delivered, one that warrants close attention from hospital management (Dr. Rubini Regional Hospital Profile, 2025).

Although brand image, experiential marketing, repeat visits, and word of mouth have each been studied extensively, most prior research has examined only the direct relationships between pairs of these constructs for instance, the effect of brand image on loyalty, or the effect of experiential marketing on satisfaction and revisit intention. Such studies have also concentrated disproportionately on private hospitals or hospitals in urban settings, and have rarely incorporated government policy as a factor that may condition the relationships among these variables. In addition, repeat visit has typically been treated as a dependent variable rather than as a mediating mechanism that helps explain how word-of-mouth behavior is formed. These gaps point to the need for further empirical evidence, particularly in the context of government-owned regional hospitals in Indonesia (Ajzen, 1991; DiMaggio & Powell, 1983).

Building on this gap, the present study offers a novel contribution by developing an integrated model in which brand image and experiential marketing function as independent variables, repeat visit serves as a mediating variable, word of mouth serves as the dependent variable, and government policy is introduced as a moderating variable, within the context of general outpatients at Dr. Rubini Regional Hospital, Mempawah. This model is expected to provide a more comprehensive account of how recommendation behavior is formed among patients, while offering empirical evidence on the influence of government regulation on

patient behavior in government-owned hospitals specifically. The findings are intended to contribute to the theoretical development of health-service marketing and to inform strategies for improving service quality in government hospitals (Wandebori & Pidada, 2017).

Based on this background, the research problem may be formulated as follows: how do brand image and experiential marketing influence word of mouth among general outpatients, both directly and indirectly through repeat visits, and does government policy moderate the relationships among these variables at Dr. Rubini Regional Hospital, Mempawah? This study aims to examine the direct and indirect effects among these variables, to test the mediating role of repeat visits and the moderating role of government policy, and to offer strategic recommendations for strengthening the competitiveness of government hospitals.

REVIEW OF LITERATURE

2.1 Theoretical Basis

2.1.1 Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) was developed by Ice Ajzen as development from the Theory of Reasoned Action. This theory explains that behavior somebody influenced by behavioral intention, whereas intention formed by three main components, namely attitude to behavior (attitude), norms subjective (subjective norm), and perception control behavior (perceived behavioral control). Individuals who have a positive attitude, receive social support, and feel capable of carrying out an action will own trend more big For carry out behavior (Bai et al., 2024).

In the context of healthcare, TPB explains that a patient's decision to return to a hospital is not spontaneous, but rather the result of evaluating previous experiences. A good service experience will shape a positive attitude toward the hospital, increase patient confidence, and ultimately encourage revisits. After patients make revisits and experience a consistent experience, they are more likely to recommend others through word of mouth. Therefore, this theory forms the basis For explain connection between Brand Image, Experiential Marketing, Revisit, and Word of Mouth (Islam et al., 2025).

2.1.2 Public Service Theory

Public service theory explains that public sector organizations have a responsibility to provide effective, efficient, fair, and community-oriented services. Public service is measured not only by compliance with regulations but also by user satisfaction. The New Public Service concept places public as the party that must served through responsive, transparent and service quality. Quality service public become factor The primary factor determining public trust in government hospitals. Hospitals are required to provide fast, friendly, safe, and easily accessible medical and administrative services. Successful public service will shape a positive public perception of the institution, thereby increasing patient loyalty. And push communication positive to society (Lucki et al., 2025).

2.1.3 Regional General Hospital (RSUD)

A Regional General Hospital is a health care facility owned by the regional government that provides comprehensive health care services, including promotive, preventive, curative, rehabilitative, and palliative care. The Regional General Hospital functions as a referral health care provider and a center for education power health, as well

as health program supporters government. As organization public, RSUD faces challenge in Maintaining service quality amidst increasing competition from private hospitals. In addition to meeting national service standards, regional hospitals must also be able to build public trust through quality service, service innovation, effective communication, and positive patient experiences. Therefore, hospital management today is not only oriented towards clinical aspects, but also... on strategy marketing capable services increase loyalty patients (Mirawati et al., 2024).

2.1.4 Theory Marketing Relational

Theory marketing relational (Relationship Marketing) emphasizes importance build long-term relationships between organizations and customers rather than just focusing on short-term transactions. Good relationships are built through trust, commitment, communication, and giving consistent values to customer. Relationship between patient And Hospital nature Long -term relationships are important because patients can return to services at different times. These relationships will be strengthened if the hospital can provide a satisfying service experience, encouraging patients to return and recommend services to their families and the community. Thus, marketing relational become runway theoretical in explain formation revisit and Word of Mouth (Chandra & Nadjib 2023).

2.2 Theory Development Variables

2.2.1 Brand Image

Brand Image is perceptions, beliefs, and associations that consumers have towards a brand or organization. In sector health, Brand Image describes reputation Hospital that is formed through quality of service, professionalism of staff health, facilities, security, and experience patient during accept service. Positive brand image capable increase patient trust, reduce perceived risk in choosing healthcare services, and strengthen loyalty. Hospitals with a good image will more easily gain public trust than those with a less favorable image. that, Brand Image too become Wrong one factor that influences a patient's decision to return use service as well as give recommendation to others. Research previously show that Brand Image has an influence positive to satisfaction, loyalty, revisit intention, and word of mouth. By Because that, Brand Image is positioned as variables independent in study this (Basabih & Widhakuswara, 2024).

2.2.2 Experiential Marketing

Experiential Marketing is approach marketing that emphasizes creating positive experiences while customers interact with a product or service. This concept covers five dimensions main, namely sense, feel, think, act, and relate. In service In health, Experiential Marketing is realized through comfortable facilities, friendly health workers, speed of service, ease of administration, patient safety, effective communication, and attention to patient needs. These positive experiences will form satisfaction, increase attachment emotional, as well as strengthen loyalty patient. A pleasant experience also increases the likelihood of patients returning to hospital services and telling others about their experiences. Because that, Experiential Marketing becomes Wrong One strategy important in marketing Hospital modern pain (Rahman et al., 2023).

2.2.3 Word of Mouth

Word of Mouth (WOM) is informal communication between consumers about experience use a product or service. In the health sector, WOM has a high level of high confidence Because originate from experience real patients. WOM can in the form of

recommendation Positive feedback, sharing service experiences, and providing recommendations to family and friends about a particular hospital. Satisfied patients are generally more willing to share positive experiences than patients who only received service once. Therefore, WOM is one indicator of the success of hospital services. as well as the most effective promotional media (Putra et al., 2024).

2.2.4 Revisit

Revisit Intention is desire patient to return to using hospital services in the future. This variable describes loyalty patient after do evaluation to experience services received. Decision do revisit visits are influenced by perceptions of service quality, patient experience, trust in the hospital, and institutional image. Patients who have a positive experience are more likely to return to the service. In this study, revisits are positioned as a mediating variable because they are mechanisms that explain how Brand Image and Experiential Marketing shape Word of Mouth (Octaviani et al., 2025).

2.2.5 Integration of Macro Environment Theory and Institutional Theory

Macro Environment Theory explains that organization influenced by the external environment, including economic, social, technological, political, and government regulatory conditions. In the health sector, government policy is an external factor that influences operational Hospital and perception public to service health. Institutional Theory explains that organization will adapt to regulatory, normative, and cultural pressures in order to gain legitimacy from the environment. Government hospitals operate in an environment that is heavily influenced by various regulations regarding quality. service, safety patients, promotion health, and order manage service. Integration second theory This explains that government policies not only affect hospital operations, but can also strengthen or weaken connection between Brand Image, Experiential Marketing, Revisit, and Word of Mouth. Therefore, the Policy Government positioned as variables moderation in study this (Sari et al., 2023).

2.2.6 Regional General Hospital

RSUD is a public health service organization that provides comprehensive health services to the community. As a government institution, RSUD must meet service quality standards while maintaining patient satisfaction through professional, safe, fast, and efficient service. oriented on need society. In the era of competition service health, RSUD does not enough to just rely on the medical service function, but Also must building a strong brand image, creating experience positive patients, maintaining loyalty patients, and push the formation of positive Word of Mouth to be able to increase Power competition with Hospital private sector (Soleha et al., 2025).

2.3 Framework of Thought

Study This placing Brand Image (X1) and Experiential Marketing (X2) as variables independent factors that influence Word of Mouth (Y) in a direct and indirectly through Revisits (Z) as a mediating variable. In addition, the Policy The government (M) plays a role as variables strengthening moderation or weaken connection between Brand Image, Experiential Marketing, and Revisit towards Word of Mouth. This framework explains that perceptions of hospitals and service experiences shape patient loyalty first before generating positive recommendations to the public, with consider influence regulations government to connection intervariable the.

RESEARCH METHOD

This study uses a quantitative approach with an explanatory design to examine causal relationships between variables through hypothesis testing. This approach was chosen because the study aims to analyze direct influences, indirect influences through mediating variables, and moderating influences on the research model. Data collection was conducted using a survey using a structured questionnaire distributed to general outpatients at Dr. Rubini Mempawah Regional General Hospital. Data analysis used Partial Least Squares-Structural Equation Modeling (PLS-SEM) with the help of SmartPLS 3.0 software because it is able to test complex models, does not require normal data distribution, and is suitable for research oriented towards developing predictive models (Taufik et et al., 2022).

The study was conducted at Dr. Rubini Regional General Hospital, Mempawah, from February to May 2026. The study population was all general outpatients (non-JKN) who received services in the last three months. The sampling technique used purposive sampling with the criteria of respondents being at least 18 years old, having received services at Dr. Rubini Regional General Hospital, being willing to be respondents, and being able to complete the questionnaire. The sample size of 250 respondents has met the minimum recommendations for PLS-SEM analysis. The research data consisted of primary data obtained through a five-point Likert scale questionnaire and secondary data in the form of hospital profiles, policy documents, and scientific literature. The research variables include Brand Image (X1), Experiential Marketing (X2), Revisits (Z), Word of Mouth (Y), and Government Policy (M) as moderator variables.

Data analysis began with descriptive analysis to describe the characteristics of respondents and research variables. Next, an outer model evaluation was conducted through convergent validity, discriminant validity, and construct reliability tests. An inner model evaluation was conducted using R^2 and Q^2 values to assess the model's predictive ability. Hypothesis testing was conducted through a bootstrapping procedure of 10,000 resamplings to test the direct effect, mediation effect, and moderation effect. The hypothesis was declared accepted if the t- statistic value > 1.96 and p- value < 0.05 at a significance level of 5%.

RESULTS AND DISCUSSION

4.1 Respondent Characteristics

4.1.1 Characteristics Based on Gender

Table 4.1
Distribution of Respondents by Gender

Gender	n	%
Man	113	45.2
Woman	137	54.8
Total	**250**	**100.0**

Source: Processed primary data (2026).

Most of the respondents were women (54.8%), while men were 45.2%.

4.1.2 Characteristics Based on Age

Table 4.2
Distribution of Respondents by Age Group

Age Group	n	%

<20 years	15	6.0
21-30 years old	76	30.4
31-40 years	85	34.0
>40 years	74	29.6
Total	**250**	**100.0**

Source: Processed primary data (2026).

The 31-40 age group is the largest group (34.0%), followed by the 21-30 age group (30.4%).

4.1.3 Characteristics Based on Education

Table 4.3
Distribution of Respondents Based on Education

Education	n	%
Elementary School	7	2.8
JUNIOR HIGH SCHOOL	12	4.8
SENIOR HIGH SCHOOL	83	33.2
D3	61	24.4
S1	75	30.0
S2	10	4.0
Other	2	0.8
Total	**250**	**100.0**

Source: Processed primary data (2026).

The majority of respondents had a high school education (33.2%) and a bachelor's degree (30.0%).

4.1.4 Characteristics Based on Visit Frequency

Table 4.4
Frequency of Visits

Frequency	n	%
1 time	74	29.6
2-3 times	91	36.4
>3 times	85	34.0
Total	**250**	**100.0**

Source: Processed primary data (2026).

As many as 70.4% of respondents had visited more than once and therefore had experience using hospital services.

4.2 Descriptive Analysis of Variables

Table 4.5
Descriptive Statistics of Variables

Variables	Mean	Category
Brand Image	4,152	Tall
Experiential Marketing	4,089	Tall
Government policy	3,382	Currently
Revisit	4,074	Tall

Word of Mouth	4,265	Very high

Source: Processed primary data (2026).

Word of Mouth had the highest average score (4.265), while Government Policy had the lowest score (3.382).

Table 4.6
Highest Indicators of Each Variable

Variables	Highest Indicator	Mean
Brand Image	BI2	4,180
Experiential Marketing	EM2 & EM5	4,108
Government policy	KP1	3,412
Revisit	KU3	4,208
Word of Mouth	WOM2	4,288

Source: Processed primary data (2026).

The WOM2 indicator obtained the highest score of all research indicators.

4.3 Evaluation of the Measurement Model (Outer Model)

Table 4.7
Summary of Model Purification

Iteration	Indicator	Loading	Decision
1	BI5	0.006	Deleted
2	WOM4	0.514	Deleted
3	KP3	0.301	Deleted
4	KP2	0.526	Deleted
Final	17 indicators	-	Maintained

A total of four indicators were eliminated so that the final model consisted of 17 indicators.

Table 4.8
Summary of Convergent Validity

Construct	Lowest Loading	Highest Loading	Information
Brand Image	0.762	0.891	Valid
Experiential Marketing	0.803	0.892	Valid
Government policy	0.938	0.948	Valid
Revisit	0.798	0.856	Valid
Word of Mouth	0.836	0.891	Valid

All indicators have outer loading above 0.70 so that it meets convergent validity.

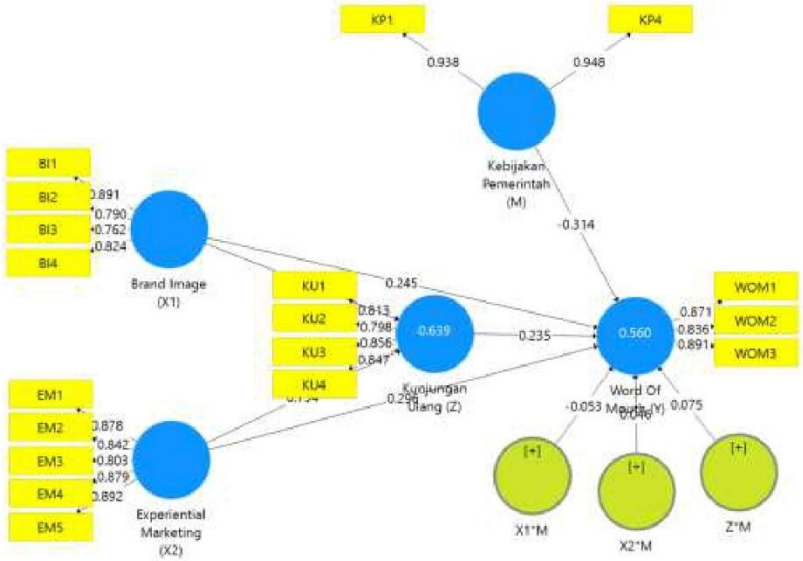


Figure 4.1
Measurement Model (Outer Model) of the Research After the Purification Process Using SmartPLS 3.0

Table 4.9
Discriminant Validity

Testing	Results
Fornell-Larcker	Fulfil
HTML	All values <0.90

All constructs meet discriminant validity.

Table 4.10
Construct Reliability

Variables	Alpha	CR	AVE	Information
Brand Image	0.835	0.890	0.669	Reliable
Experiential Marketing	0.911	0.934	0.739	Reliable
Government policy	0.876	0.941	0.889	Reliable
Revisit	0.849	0.898	0.687	Reliable
Word of Mouth	0.834	0.900	0.750	Reliable

All constructs meet the reliability requirements.

Table 4.11
Multicollinearity Test

VIF value	Information
1,635-3,248	There is no multicollinearity

All VIF values are below 5.00.

4.4 Structural Model Evaluation (Inner Model)

Table 4.12
Coefficient of Determination

Variables	R^2	Category
Revisit	0.639	Moderate
Word of Mouth	0.560	Moderate

The model is able to explain 63.9% of the variation in Revisits and 56.0% of the variation in Word of Mouth. Mouth.

Table 4.13
Effect Size

Track	f^2	Category
X2→Z	1,401	Very large
X1→Z	0.087	Small
X1→Y	0.117	Small
X2→Y	0.076	Small
M→Y	0.210	Intermediate

Experiential Marketing has the biggest influence on Revisits.

Table 4.14
Predictive Relevance

Variables	Q^2
Revisit	0.431
Word of Mouth	0.406
Overall Model	0.841

The Q^2 value indicates that the model has excellent predictive ability.

Table 4.15
Fit Model

Index	Mark	Information
SRMR	0.059	Good
NFI	0.843	Good

The research model has met the goodness criteria of fit.

4.5 Hypothesis Testing

4.5.1 Direct Influence

Table 4.16
Results of the Direct Influence Test

Hypothesis	β	t	p	Decision
H1 X1→Z	0.183	4,786	0,000	Accepted
H2 X2→Z	0.734	25,413	0,000	Accepted
H3 Z→Y	0.235	2,814	0.005	Accepted
H4 X1→Y	0.245	4,870	0,000	Accepted
H5 X2→Y	0.296	3,910	0,000	Accepted
M→Y	-0.314	8,072	0,000	Significant

All direct effect hypotheses are accepted. Experiential Marketing has the biggest influence on Revisits.

4.5.2 Indirect Influence

Table 4.17
Mediation Test Results

Track	β	t	p	Decision
X1→Z→Y	0.043	2,467	0.014	Accepted
X2→Z→Y	0.173	2,769	0.006	Accepted

Revisits are proven to mediate the influence of Brand Image and Experiential Marketing towards Word of Mouth.

Table 4.18
VAF Values

Track	VAF	Types of Mediation
X1→Z→Y	14.9%	Partial
X2→Z→Y	36.9%	Partial

Experiential mediation Marketing is bigger than Brand Image.

4.5.3 Moderation Influence

Table 4.19
Moderation Test Results

Hypothesis	β	t	p	Decision
H8 X1×M→Y	-0.053	1,070	0.285	Rejected
H9 X2×M→Y	0.046	0.667	0.505	Rejected
H10 Z×M→Y	0.075	0.931	0.352	Rejected

All moderation hypotheses were rejected. Government policy does not moderate the relationship between variables, but has a direct negative and significant effect on Word of Mouth.

4.2 Discussion

1. The Influence of Brand Image on Revisits

The results of the H1 test show that brand image has a positive and significant effect on revisits (β = 0.183; t = 4.786; p = 0.000). This finding indicates that a positive hospital image can increase patients' intention to return to the service. According to the Theory of Hospitalization (Theory of Hospitalization), of Planned Behavior (Ajzen, 1991), a positive attitude towards an organization encourages the formation of behavioral intentions. This result is in line with Putra et et al. (2024) and Cham et et al. (2021).

2. Brand Image Is Still a Supporting Factor

Although significant, the effect value The Brand Image size is relatively small (f^2 = 0.087). The average Brand Image is in the high category (mean = 4.152), with the indicators of hospital facilities (4.180) and professionalism of healthcare workers (4.168) obtaining the highest scores. This indicates that hospital image contributes to patient loyalty, although its influence is still lower than service experience (Sjukri et et al., 2025).

3. Experiential Influence Marketing towards Revisits

The results of H2 show that Experiential Marketing has the greatest influence on Revisits (β = 0.734; t = 25.413; p = 0.000) with an effect The size is very large (f^2 = 1.401). This finding proves that the patient's experience during service is a major factor in encouraging revisits. These results support the concept of Strategic Experiential Modules from Schmitt (2010) and research by Lucki et et al. (2025).

4. Patient Experience is a Determinant of Loyalty

Average Experiential Value Marketing is in the high category (mean = 4.089), especially in the dimension of safety and comfort (4.108). Positive experiences during service create patient satisfaction and loyalty, thereby increasing the likelihood of patients returning for treatment. This finding is consistent with Oliver (1999) and Priyanto et al. et al. (2025).

5. The Effect of Revisits on Word of Mouth Mouth

Testing H3 shows that Revisits have a positive effect on Word of Mouth ($\beta = 0.235$; $t = 2.814$; $p = 0.005$). 70.4% of respondents had visited more than once, thus having sufficient experience to recommend the restaurant to others. This finding is consistent with Hennig-Thurau's findings. et al. (2004) and Putra et et al. (2024).

6. Brand Image Encourages Word of Mouth

The results of H4 show that Brand Image has a significant effect on WOM ($\beta = 0.245$; $t = 4.870$; $p = 0.000$) with an effect size of 0.117. The WOM value is in the very high category (mean = 4.265), while the Positive Talking Behavior obtained the highest score (4.288). This result supports Brand Equity Theory (Aaker, 1997) as well as research by Irdan et al. et al. (2024).

7. Experiential Marketing Strengthens Word of Mouth

Direct Experiential Influence Marketing on WOM was also significant ($\beta = 0.296$; $t = 3.910$; $p = 0.000$; $f^2 = 0.076$). A pleasant service experience makes it easier for patients to share positive experiences with family and friends. These results support the research of Saadi et al. al. (2025) and Rahman et et al. (2023).

8. Mediation of Revisits on the Relationship between Brand Image and WOM

Testing H6 showed that revisits partially mediated the relationship between brand image and WOM ($\beta = 0.043$; $t = 2.467$; $p = 0.014$; VAF = 14.9%). This finding suggests that hospital image not only directly influences recommendations but also influences the patient's experience of returning to the service. These results are in line with Irdan et al. et al. (2024).

9. Revisit Mediation in Experiential Relationships Marketing and WOM

The results of H7 indicate partial mediation with an indirect effect of $\beta = 0.173$, $t = 2.769$, $p = 0.006$, and VAF = 36.9%. This means that positive experiences encourage patients to return for treatment, and these repeated experiences then strengthen WOM. This finding supports Theory of Planned Behavior (Ajzen, 1991) and Hennig-Thurau et et al. (2004).

10. Government Policy Does Not Moderate the Relationship Between Variables

Testing H8, H9, and H10 shows that Government Policy does not moderate the relationship between Brand Image and Experiential Marketing, and Revisits to WOM (H8: $\beta = -0.053$; $p = 0.285$; H9: $\beta = 0.046$; $p = 0.505$; H10: $\beta = 0.075$; $p = 0.352$). The effect value The size of all interactions $f^2 < 0.01$, so the moderating effect was not proven. These results indicate that patient recommendations are more influenced by actual experiences than perceptions of government policies, as explained by Greenwood et al. et al. (2022) and Schmitt (2010).

CONCLUSION

Based on results research, Experiential Marketing becomes the most dominant factor in increase Revisit patient with β value = 0.734, $t = 25.413$, $p = 0.000$, and $f^2 = 1.401$. Brand Image also influential positive to Revisit ($\beta = 0.183$; $t = 4.786$; $p = 0.000$), although has a small effect size ($f^2 = 0.087$). Furthermore, Revisit influential on Word of Mouth ($\beta = 0.235$;

t = 2.814; p = 0.005). The influence direct towards Word of Mouth too found on Brand Image (β = 0.245; t = 4.870; p = 0.000) and Experiential Marketing (β = 0.296; t = 3.910; p = 0.000). Revisit proven mediate in a way partial The relationship between Brand Image (VAF = 14.9%) and Experiential Marketing (VAF = 36.9%) and Word of Mouth. On the other hand, the Policy Government No proven as variables moderation Because all over connection produces $p > 0.05$ and $f^2 < 0.01$, so Hypotheses H8, H9, and H10 are rejected.

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