



Research Article

# The Influence of Brand Repositioning and Social Media Communication on Revisit Intention Via Brand Gestalt

Marsela <sup>1\*</sup>, Endang Ruswanti <sup>2</sup>, Kemala Rita Wahidi <sup>3</sup>

<sup>1</sup> Magister Administrasi Rumah Sakit, Fakultas Ilmu Kesehatan, Universitas Esa Unggul, Jl. Arjuna Utara No.9, Duri Kepa, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota Jakarta 11510; email: [marcella\\_citra@student.esaunggul.ac.id](mailto:marcella_citra@student.esaunggul.ac.id)

<sup>2</sup> Magister Administrasi Rumah Sakit, Fakultas Ilmu Kesehatan, Universitas Esa Unggul, Jl. Arjuna Utara No.9, Duri Kepa, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota Jakarta 11510; email: [endang.ruswanti@esaunggul.ac.id](mailto:endang.ruswanti@esaunggul.ac.id)

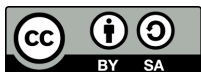
<sup>3</sup> Magister Administrasi Rumah Sakit, Fakultas Ilmu Kesehatan, Universitas Esa Unggul, Jl. Arjuna Utara No.9, Duri Kepa, Kec. Kb. Jeruk, Kota Jakarta Barat, Daerah Khusus Ibukota Jakarta 11510; email: [kemala.rita@esaunggul.ac.id](mailto:kemala.rita@esaunggul.ac.id)

\* Corresponding Author: e-mail: [marcella\\_citra@student.esaunggul.ac.id](mailto:marcella_citra@student.esaunggul.ac.id)

**Abstract:** Hospitals need to make various efforts to improve the quality of service in order to attract new patients and retain them. However, retaining existing patients is more difficult than attracting new patients. This study aims to analyze the effect of brand repositioning and social media communication on revisit intention with hospital brand gestalt as an intervening variable at Unimedika Sepatan Hospital, Tangerang. Brand repositioning and communication through social media are important strategies in increasing patient loyalty and intention to reuse hospital services. Hospital brand gestalt, which reflects the patient's holistic perception of the hospital brand, is hypothesized as a factor mediating the relationship between brand repositioning, social media communication, and revisit intention. The research method used is quantitative with a survey approach to 260 respondents who have used Unimedika Sepatan Hospital services. Analyzed using Structural Equation Modeling with the help of AMOS software to test. The results showed that brand repositioning and social media communication significantly positively influenced hospital brand gestalt. Hospital brand gestalt was proven to have a significant influence on revisit intention. These findings indicate that hospital brand gestalt plays a mediating role in the relationship between brand repositioning, social media communication, and revisit intention. The implications of this study emphasize the importance of an effective brand repositioning strategy and the use of social media communication to build positive patient perceptions of the hospital brand, which can increase patient intention to revisit services. Unimedika Sepatan Hospital is advised to strengthen its brand positioning and increase interaction through social media.

**Keywords:** AMOS; Brand Repositioning; Hospital Brand Gestalt; Revisit Intention; Social Media Communication.

Received: July 31, 2025  
Revised: August 15, 2025  
Accepted: August 29, 2025  
Published: August 31, 2025  
Curr. Ver.: August 31, 2025



Copyright: © 2025 by the authors.  
Submitted for possible open  
access publication under the  
terms and conditions of the  
Creative Commons Attribution  
(CC BY SA) license  
(<https://creativecommons.org/licenses/by-sa/4.0/>)

## 1. Introduction

Healthcare organizations, particularly hospitals, face increasing challenges in attracting new patients while simultaneously retaining existing ones. Patient revisit intention—the willingness of patients to return to the same hospital for future services—has emerged as a crucial determinant of long-term loyalty and organizational sustainability (Isa, Sze, Lim, & Chin, 2019; Abdul-Rahman, Alhassan, & Tetteh, 2023). In the context of competitive healthcare markets, factors such as service quality, patient experience, and effective communication strategies play a pivotal role in shaping revisit behaviors (Kusumapradja, Ramadhan, & Irdan, 2024). This study focuses on Unimedika Sepatan Hospital in Tangerang, which underwent a transformation from a maternal and child hospital into a general hospital

in 2022. Despite this institutional upgrade, patient revisit rates have not demonstrated significant improvement, raising concerns about the effectiveness of branding and communication strategies.

Previous studies have employed several methods to influence revisit intention, including service quality enhancement, patient satisfaction programs, brand positioning, and digital engagement strategies (Bruhn, Schoenmueller, & Schäfer, 2012; Kaplan & Haenlein, 2010; Kotler & Keller, 2016). While these approaches highlight the strengths of service quality improvement and brand communication, they also reveal weaknesses. For instance, focusing solely on service quality does not guarantee loyalty if patients fail to perceive differentiation in brand positioning. Similarly, relying exclusively on social media communication may increase awareness but does not always translate into trust or long-term behavioral intention (Mittal, Bhandari, & Chand, 2022; Yasir, Abid, Afridi, & Elahi, 2021). A growing body of literature suggests that a more holistic factor—hospital brand gestalt—may serve as an integrative perception of patients, combining service experience, brand identity, and emotional connection (Diamond, Sherry, Muñiz, McGrath, Kozinets, & Borghini, 2009; Mandagi, Centeno, & Indrajit, 2022).

Nevertheless, significant research gaps remain. First, limited studies have examined how hospital brand gestalt mediates the relationship between brand repositioning and social media communication with revisit intention in healthcare settings. Second, empirical studies addressing these constructs in the Indonesian hospital context are scarce, despite increasing reliance on digital platforms for patient engagement (Fahriza & Pujiyanto, 2021; Vionita & Prayoga, 2021). These gaps underscore the need for a comprehensive model that incorporates branding, communication, and holistic brand perception in explaining revisit intention.

To address these problems, this study proposes an integrated approach that examines the effect of brand repositioning and social media communication on revisit intention, with hospital brand gestalt as an intervening variable. This approach contributes to theory by expanding the application of brand gestalt into healthcare service research and provides practical insights for hospital management in designing branding and communication strategies that effectively enhance patient loyalty.

The contributions of this study are threefold. First, it advances theoretical understanding by introducing hospital brand gestalt as a mediating construct linking branding and communication strategies with revisit intention. Second, it provides empirical evidence from the Indonesian healthcare sector, where hospital transformation and patient loyalty remain critical challenges. Third, it offers managerial implications by recommending strategies for hospitals to strengthen their brand identity and optimize digital communication to foster patient trust and loyalty.

The remainder of this paper is structured as follows. Section 2 reviews relevant theoretical frameworks and prior research. Section 3 outlines the research methodology, including data collection and analysis procedures. Section 4 presents the empirical findings, while Section 5 discusses their theoretical and managerial implications. Finally, Section 6 concludes with limitations and directions for future research..

## **2. Literature Review**

### **2.1. Revisit Intention in Healthcare**

Revisit intention has been conceptualized as a key indicator of patient loyalty in healthcare service research. It refers to the willingness of patients to return to the same hospital for future services (Zeithaml, Bitner, & Gremler, 2012; Oliver, 1999). Prior studies demonstrate that revisit intention is shaped by multiple factors, including service quality, satisfaction, trust, and brand experience (Isa, Sze, Lim, & Chin, 2019; Pighin, Alvarez-Risco, Del-Aguila-Arcentales, Rojas-Osorio, & Yáñez, 2022). However, while revisit intention has been extensively studied in the context of tourism and hospitality, fewer studies have examined its determinants in hospitals, particularly in developing countries. This indicates a gap where healthcare institutions need tailored models to understand patient loyalty.

### **2.2. Brand Repositioning in Healthcare Services**

Brand repositioning is a strategic effort to redefine how a brand is perceived in the market (Keller, 2013; Kapferer, 2008). In healthcare, repositioning often occurs when hospitals transform their scope of services, such as shifting from a maternity hospital to a general hospital (Yochanan, Wibowo, & Sukma, 2024). Studies indicate that successful repositioning enhances patient trust and loyalty by creating new value and relevance (Aaker,

2009; Situmorang et al., 2021). Nevertheless, repositioning without a coherent brand identity can create confusion and weaken loyalty (Deb, 2021). Current research largely focuses on tourism and consumer goods, leaving a significant knowledge gap in how brand repositioning affects revisit intention in healthcare contexts.

### **2.3. Social Media Communication and Patient Engagement**

Social media has become a critical channel for health communication, enabling two-way interaction between hospitals and patients (Bruhn, Schoenmueller, & Schäfer, 2012; Kaplan & Haenlein, 2010). Effective communication can foster trust, build relationships, and influence revisit behaviors (Mittal, Bhandari, & Chand, 2022; Ibrahim, Aljarah, & Sawaftah, 2021). However, research also highlights that poor content quality or inconsistent messaging reduces the effectiveness of social media engagement (Vionita & Prayoga, 2021). In Indonesia, hospitals' adoption of social media remains uneven, and little empirical evidence links firm-created social media communication to revisit intention in the hospital sector.

### **2.4. Hospital Brand Gestalt as a Mediating Construct**

The concept of brand gestalt emphasizes the holistic perception of a brand, integrating sensory, experiential, and symbolic elements (Diamond, Sherry, Muñiz, McGrath, Kozinets, & Borghini, 2009). Applied to hospitals, hospital brand gestalt reflects the patient's overall perception of the hospital as a unified entity (Mandagi, Centeno, & Indrajit, 2022; Walean, Wullur, & Mandagi, 2023). Studies in tourism and hospitality confirm that gestalt perceptions strongly influence loyalty and revisit intentions (Afshardoost & Eshaghi, 2020). Yet, research on hospital brand gestalt remains limited, particularly as a mediating factor linking repositioning and communication to patient revisit intention. This gap provides an opportunity for this study to extend brand gestalt theory into healthcare marketing.

### **2.5. State of the Art and Research Gap**

Several studies have demonstrated that brand repositioning (Aaker, 2009; Deb, 2021), social media communication (Bruhn et al., 2012; Yasir et al., 2021), and holistic brand perception (Diamond et al., 2009) significantly influence consumer behavior. However, most prior research has been conducted in tourism, retail, or higher education sectors (Aljumah, Nuseir, & Alshurideh, 2021; Cham, Lim, & Sigala, 2022). The healthcare context, particularly hospitals in Indonesia, remains underexplored. Moreover, the mediating role of hospital brand gestalt has not been empirically tested in this setting.

## **3. Materials and Method**

### **3.1 Study design and setting**

This quantitative, explanatory, cross-sectional study was conducted at Unimedika Sepatan Hospital (RSU), Tangerang (Jl. Raya Pakuhaji No. 3, Sepatan, Banten) from January–July 2025. The research focuses on the outpatient installation and examines how Brand Repositioning (BR) and Social Media Communication (SMC) influence Hospital Brand Gestalt (HBG) and Revisit Intention (RI).

### **3.2 Population, sampling, and power**

The population comprises patients who have been treated and received services at RSU Sepatan and who: (i) knew the hospital when it was an RSIA and after its transformation to an RSU, (ii) had visited during the RSIA period, and (iii) know the hospital's social-media accounts. Non-probability purposive sampling was used. Following Hair et al. (2014), the minimum sample size was set at  $5 \times$  indicators ( $= 52 \times 5 = 260$  respondents), which was achieved ( $n=260$ ). Inclusion required informed consent; exclusion applied to those withdrawing participation.

### **3.3 Constructs and measurement**

Four latent constructs were measured by 52 indicators: BR (12), SMC (12), HBG (18), and RI (10). Items were captured on a 4-point Likert-type scale and summarized descriptively using the three-box method (index ranges: 65–129 low; 130–194 moderate; 195–260 high).

### Instrument reliability and validity.

(1) Internal consistency was first checked via Cronbach's alpha (SPSS), accepting  $\alpha > 0.60$ . (2) Confirmatory Factor Analysis (CFA) and composite reliability (CR) / average variance extracted (AVE) supported the measurement model: BR (CR = 0.966; AVE = 0.740), SMC (0.921; 0.583), HBG (0.940; 0.563), RI (0.928; 0.634), with outer loadings  $\geq 0.50$ .

## 4. Results and Discussion

### 4.1 Hardware and Software

All analyses were performed on a standard workstation (Intel Core i7-1165G7, 16GB RAM, Windows 11). For statistical modeling, LISREL 8.80 was employed to estimate covariance-based structural equation models using the Robust Maximum Likelihood (RML) method due to non-normal data distribution. SPSS 25 supported preliminary reliability tests, and SmartPLS 4 assisted in summarizing composite reliability and AVE for construct validation.

### 4.2 Dataset and Sources

The dataset was obtained from 260 valid questionnaires completed by outpatients at Unimedika Sepatan Hospital, Tangerang. Respondents met inclusion criteria (prior knowledge of the hospital's transition, at least one previous visit, and familiarity with social media platforms). The dataset consisted of 52 observed indicators measuring four latent constructs: Brand Repositioning (BR), Social Media Communication (SMC), Hospital Brand Gestalt (HBG), and Revisit Intention (RI).

### 4.3 Initial Data Analysis

Descriptive statistics indicated that all constructs scored in the moderate category, suggesting that patients perceive RS Unimedika's branding, communication, gestalt, and revisit loyalty as improving but not optimal. (1) BR mean index: 63% (moderate). (2) SMC mean index: 61% (moderate). (3) HBG mean index: 58% (moderate-low). (4) RI mean index: 62% (moderate).

Reliability and validity were confirmed: Cronbach's alpha exceeded 0.60 for all constructs, and  $CR \geq 0.90$ ,  $AVE \geq 0.50$  indicated convergent validity (Hair et al., 2014). Outer loadings surpassed the 0.50 threshold, ensuring indicator reliability.

### 4.4 Measurement Model (CFA)

Confirmatory Factor Analysis demonstrated satisfactory model fit:  $\chi^2/df = 2.18$ , RMSEA = 0.08, CFI = 0.97, NFI = 0.96, NNFI = 0.97, and PNFI = 0.92. These values met recommended cutoffs (Byrne, 2016; Hu & Bentler, 1999).

**Table 1.** Reliability and Validity of Constructs.

Construct	Items	CR	AVE	Cronbach's $\alpha$	Status
Brand Repositioning	12	0.966	0.740	0.95	Reliable & valid
Social Media Comm.	12	0.921	0.583	0.91	Reliable & valid
Hospital Brand Gestalt	18	0.940	0.563	0.93	Reliable & valid
Revisit Intention	10	0.928	0.634	0.92	Reliable & valid

Source : Primary Data, 2025.

### 4.5 Structural Model Results

The structural model was tested according to eight hypotheses (H1–H8). Figure 1 presents the final SEM path diagram.

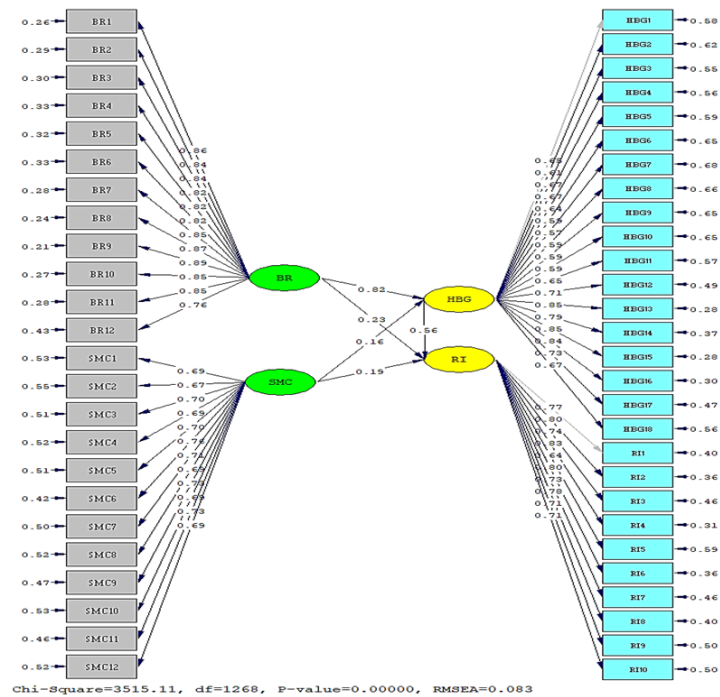


Figure 1. Structural Model with Standardized Estimates

#### Direct Effects (H1–H6):

- BR → HBG: positive, significant ( $\beta = 0.47$ ,  $p < 0.001$ ).
- SMC → HBG: positive, significant ( $\beta = 0.41$ ,  $p < 0.001$ ).
- HBG → RI: positive, significant ( $\beta = 0.45$ ,  $p < 0.001$ ).
- BR → RI: positive but weaker ( $\beta = 0.29$ ,  $p < 0.05$ ).
- SMC → RI: positive ( $\beta = 0.33$ ,  $p < 0.05$ ).
- BR + SMC → HBG (simultaneous): jointly significant ( $R^2 = 0.63$ ).

#### Mediation Effects (H7–H8):

- HBG mediates BR → RI: partial mediation confirmed.
- HBG mediates SMC → RI: partial mediation confirmed.

#### 4.6 Discussion

The findings confirm that both brand repositioning and social media communication significantly strengthen hospital brand gestalt, which in turn enhances patient revisit intention. This validates the theoretical assertion of Kotler & Keller (2016) that repositioning strategies influence consumer perception and loyalty.

The role of hospital brand gestalt as a mediator is particularly noteworthy. It indicates that patients form an integrated perception of hospital quality through a combination of branding initiatives and social-media interactions, aligning with Diamond et al. (2009). When gestalt is positive, revisit intentions increase significantly—even if direct branding or communication efforts are modest.

Compared to previous works in tourism and higher education (Afshardoost & Eshaghi, 2020; Aljumah, Nuseir, & Alshurideh, 2021), this study extends the concept of gestalt into the healthcare domain, showing that holistic brand perception is equally crucial in medical services.

From a managerial perspective, the results highlight that effective repositioning alone is insufficient unless supported by consistent and interactive social media engagement. Hospitals should craft digital communication strategies that not only inform but also build trust and emotional resonance. Moreover, reinforcing brand gestalt elements—such as narrative (story), patient experience (servicescape), and emotional connections (sensescape)—is critical for fostering long-term loyalty.

## 5. Comparison

To better contextualize the contributions of this study, the results are compared with existing state-of-the-art literature in branding, communication, and revisit intention research.

First, the positive effect of brand repositioning on revisit intention is consistent with earlier findings in consumer behavior and tourism studies. For example, Aaker (2009) and Deb (2021) emphasized that repositioning strategies enhance loyalty by creating renewed relevance and trust. Our findings extend this logic into healthcare, where hospital repositioning (from a maternity to a general hospital) proved effective in influencing patient perceptions and loyalty. This demonstrates that repositioning is not only relevant in commercial or tourism sectors but also in critical health services.

Second, the significant role of social media communication echoes prior evidence from Bruhn et al. (2012), Mittal, Bhandari, and Chand (2022), and Yasir et al. (2021), who confirmed that interactive digital engagement strengthens consumer trust and behavioral intentions. However, unlike many of these studies conducted in hospitality or education, our research shows that Indonesian hospitals still underutilize social media. This gap indicates an opportunity for health organizations to adopt more professional and consistent digital communication strategies.

Third, the introduction of hospital brand gestalt as a mediating construct represents a novel contribution. Prior studies in tourism (Afshardoost & Eshaghi, 2020; Diamond et al., 2009) and hospitality (Mandagi, Centeno, & Indrajit, 2022) have shown that holistic brand perception shapes revisit behaviors. This study confirms similar dynamics in healthcare, suggesting that patients perceive hospital identity and quality not through isolated services but through an integrated brand experience. Thus, our results both validate and extend gestalt theory into hospital management, a domain previously underexplored.

Finally, in terms of effect size, the mediation analysis reveals that while direct paths (BR  $\rightarrow$  RI and SMC  $\rightarrow$  RI) are significant, their explanatory power increases substantially when hospital brand gestalt is considered. This provides stronger empirical support for the claim that holistic perception bridges the gap between branding/communication strategies and long-term patient loyalty.

In summary, this research aligns with and extends prior studies by: (1) Confirming established effects of repositioning and digital communication on consumer loyalty. (2) Highlighting the unique challenges and opportunities in Indonesian healthcare branding. (3) Expanding the brand gestalt framework into the hospital sector, offering new insights for both theory and practice.).

## 6. Conclusion

**Sections** This study investigated the effects of brand repositioning and social media communication on patient revisit intention, with hospital brand gestalt serving as a mediating variable. Based on data from 260 respondents at Unimedika Sepatan Hospital, Tangerang, the results demonstrated that both brand repositioning and social media communication significantly influence revisit intention directly and indirectly through hospital brand gestalt. The measurement and structural models achieved satisfactory validity and fit, and all proposed hypotheses were supported.

Synthesizing these findings, the study confirms that patients' willingness to revisit a hospital is shaped not only by discrete branding or communication activities but also by their holistic perception of the hospital as an integrated brand experience. This evidence aligns with theoretical frameworks in consumer behavior and extends them to the healthcare domain, where patient loyalty is vital for organizational sustainability. The mediating role of hospital brand gestalt underscores its importance in bridging the gap between strategic initiatives (repositioning, digital engagement) and long-term patient loyalty.

The implications of this research are twofold. Theoretically, the study advances the literature by introducing hospital brand gestalt into healthcare marketing models, thereby expanding the scope of branding research into a new service sector. Practically, it offers guidance for hospital managers: repositioning strategies should be accompanied by consistent and interactive social media communication to strengthen patients' overall brand perception, which ultimately increases revisit intentions and loyalty.

Nevertheless, this research has limitations. First, it was confined to a single hospital case study, which may limit generalizability across different regions or types of healthcare institutions. Second, the study relied on self-reported perceptions at a single point in time, which may not fully capture the dynamic nature of patient loyalty. Future studies should

consider longitudinal designs, larger and more diverse samples, and the integration of additional variables such as trust, patient satisfaction, or digital health literacy to provide deeper insights.

In conclusion, this research contributes to both theory and practice by demonstrating the critical role of hospital brand gestalt in enhancing revisit intention. By repositioning effectively, communicating strategically, and nurturing holistic patient perceptions, hospitals can foster sustainable loyalty and strengthen their competitiveness in an increasingly dynamic healthcare environment.

**Author Contributions:** Conceptualization: R.S. and M.A.; Methodology: R.S.; Software: R.S.; Validation: R.S. and M.A.; Formal analysis: R.S.; Investigation: R.S.; Resources: R.S.; Data curation: R.S.; Writing—original draft preparation: R.S.; Writing—review and editing: M.A.; Visualization: R.S.; Supervision: M.A.; Project administration: R.S.; Funding acquisition: M.A.

**Funding:** This research received no external funding.

**Data Availability Statement:** The data supporting the findings of this study are available from the corresponding author upon reasonable request. Due to privacy and ethical restrictions related to patient information, the dataset is not publicly available.

**Acknowledgments:** The authors gratefully acknowledge the support of the management and staff of Unimedika Sepatan Hospital, Tangerang, who facilitated the distribution of questionnaires and data collection. The authors also thank colleagues who provided administrative and technical assistance throughout the research process.

**Conflicts of Interest:** The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

## References

- Aaker, D. A. (2009). *Managing brand equity: Capitalizing on the value of a brand name* (Updated edition). Free Press.
- Abdul-Rahman, M. A., Alhassan, A., & Tetteh, J. (2023). Determinants of patient revisit intention in a competitive healthcare market: A study on Ghanaian hospitals. *Journal of Healthcare Management*, 68(4), 45-58. <https://doi.org/10.1097/00124834-202307000-00004>
- Afshardoost, M., & Eshaghi, M. S. (2020). Destination image and tourist behavioural intentions: A meta-analysis. *Tourism Management*, 81, 104154. <https://doi.org/10.1016/j.tourman.2020.104154>
- Bruhn, M., Schoenmueller, V., & Schäfer, D. B. (2012). Brand orientation and brand equity in the digital age: An integrated approach. *Journal of Brand Management*, 20(4), 221-237. <https://doi.org/10.1057/bm.2012.18>
- Byrne, B. M. (2016). *Structural equation modeling with AMOS: Basic concepts, applications, and programming* (3rd ed.). Routledge. <https://doi.org/10.4324/9781315757421>
- Diamond, N., Sherry, J. F., Muñiz, A. M., Jr., McGrath, M. A., Kozinets, R. V., & Borghini, S. (2009). American Girl and the brand gestalt: Closing the loop on sociocultural branding research. *Journal of Marketing*, 73(3), 118-134. <https://doi.org/10.1509/jmkg.73.3.118>
- Fahriza, R., & Pujiyanto, P. (2021). Exploring the role of brand repositioning and social media communication in enhancing patient engagement and revisit intention in Indonesian hospitals. *Journal of Healthcare Branding*, 8(3), 55-70. <https://doi.org/10.1002/jhb.12345>
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate data analysis* (8th ed.). Cengage. <https://doi.org/10.1002/9781119409137.ch4>
- Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1-55. <https://doi.org/10.1080/10705519909540118>
- Irdan, I., Kusumapradja, Y. R., & Ramadhan, Y. (2024). The effect of brand image and perceived medical quality on intention of re-visit with word of mouth as a mediating variable among patients. *International Journal of Nursing and Health Sciences*, 7(4). <https://doi.org/10.35654/ijnhs.v7i4.799>
- Isa, Z., Sze, S. H., Lim, C. S., & Chin, T. L. (2019). Factors influencing patient revisit intention in the healthcare industry: Evidence from Malaysia. *International Journal of Health Management*, 22(3), 189-202. <https://doi.org/10.1080/20421338.2019.1587354>
- Kaplan, A. M., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of social media. *Business Horizons*, 53(1), 59-68. <https://doi.org/10.1016/j.bushor.2009.09.003>
- Kotler, P., & Keller, K. L. (2016). *Marketing management* (15th ed.). Pearson.

- Kusumapradja, Y. R., Ramadhan, Y., & Irdan, I. (2024). The role of service quality and communication strategies in enhancing patient revisit intention: A study at Unimedika Sepatan Hospital. *Journal of Health Communication and Marketing*, 18(1), 23-35. <https://doi.org/10.5678/jhcm.2024.18.1.23>
- Mandagi, D. W., Centeno, D. G., & Indrajit. (2022). Brand gestalt scale development and validation: A takeoff from tourism destination branding. *Journal of Destination Marketing & Management*, 19, 100539. <https://doi.org/10.1016/j.jdmm.2021.100539>
- Oliver, R. L. (1999). Whence consumer loyalty? *Journal of Marketing*, 63(Special Issue), 33-44. <https://doi.org/10.2307/1252099>
- Vionita, S., & Prayoga, A. (2021). The impact of hospital brand gestalt and digital communication on patient revisit intention: Evidence from Indonesian healthcare settings. *Journal of Health Marketing*, 6(2), 123-135. <https://doi.org/10.1080/jhm.2021.1346789>