Enhancing Patient Revisit Intention and Positive Word of Mouth:
An Empirical Study of Medical Tourism

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Abstract
The growth of medical tourism industry in various countries has fostered global competition. Hospitals need to improve healthcare quality, brand image, and perceived value to gain patient satisfaction so that there is an increase in positive word-of-mouth and patient revisit intention. Therefore, it is necessary to study the behavior of patients visiting abroad to get health services and the desire to recommend the goodness of the hospital. This study aims to analyze the impact of hospital brand image, service quality, and perceived value to increase patient satisfaction. It also examines the impact of patient satisfaction on positive word-of-mouth and revisits intention. This study uses a quantitative method with a survey approach to 130 patients overseas for health services. Therefore, the convenience sampling method was applied in this study. Variance-based Structural Equation Modeling technique was used to answer the research hypotheses. The results have proven that to increase patient revisit intention in hospitals and positive WoM, the hospital must pay attention to service quality, hospital brand image, and perceived value need to be considered as they impact patient satisfaction. Meanwhile, patient satisfaction was identified as a factor that drives positive word-of-mouth and patient revisit intention.

Keywords: Medical Tourism, Perceived Value, Revisit Intention, Satisfaction, Service Quality, Word of Mouth

INTRODUCTION

Advances in technology and information in the medical field make it easy for people to obtain information and seek medical care worldwide (Cham et al., 2021b). Medical tourism is a term used for people journeying from their homeland of residence to another nation to receive medical treatment (Connell, 2013). Patients from developing countries often visit developed countries for medical treatment (Mohd Isa et al., 2019). From 2020 to 2021, developed countries were recorded as the destination for patients from developing countries to travel for medical treatment and tourism activities (Cham et al., 2016). Several motives, such as high treatment prices and long waiting lists in the home country, affordable airfares due to low-cost airlines, favorable economic exchange rates, and a growing number of aging and wealthy baby boomers, have driven the demand and supply of medical tourism, especially in Asia (Mohd Isa et al., 2019; Ormond & Sulianti, 2017). Appreciation to

technological support, patients quickly obtain information and testimonials about hospitals (Cham et al., 2021a).

Globally, the Medical Tourism Index™ estimates the value of the medical tourism market to reach approximately 3 trillion USD by 2025, with a projected increase of 25% per year (IHRC, 2018). The development of global medical tourism is driven by the participation of different developing countries such as Thailand, Taiwan, Singapore, Malaysia, Costa Rica, Mexico, Turkey, and India (Cham et al., 2021b). In Indonesia, according to Komisi Akreditasi Rumah Sakit (2020), several hospitals have received international accreditation from Joint Commission International (JCI). However, the problem is that there are still quite some Indonesians who go to neighboring countries for medical services. According to Patients Beyond Borders research, Malaysia and Singapore are the leading destinations for Indonesian patients for treatment (Tim Publikasi Katadata, 2019). Indonesia

still spends US$11.5 million to finance treatment abroad. The number of Indonesian patients seeking treatment abroad is due to the lack of quality services and health supervision. In addition, the accuracy of diagnosis, sophisticated technology, and hospital reputation are considerations for Indonesians to seek treatment abroad (Tim Publikasi Katadata, 2019).

In medical tourism, several researchers have successfully identified the antecedents of hospital revisit intention (RI): brand image (BI), relationship marketing, service quality (SQ), trust, and word-of-mouth (WoM) (Cham et al., 2021a; Cham et al., 2021b; Mohd Isa et al., 2019; Taheri et al., 2021). The results of his research prove that BI, relationship marketing, SQ, trust, and WoM affect behavioral intention and RI. Cham et al. (2021a) measured hospital BI based on social aspects (WoM, generated social media) and marketing aspects (advertising and price perception). Then, social and marketing aspects are essential for building a hospital image that can foster people's behavioral intentions in hospitals. Furthermore, in another study Cham et al. (2021b) also added aspects of the country in shaping the image of medical tourism. Both studies were conducted in Malaysia and led to a person's behavioral intention to visit the hospital and the RI to the hospital. In contrast to Mohd Isa et al. (2019), his research adds marketing relationship and trust factors in shaping hospital RI in Malaysia.

Taheri et al. (2021) completed an analysis that focused on the determinants of WoM in the hospital context in Iran. Specifically, they examined the effect of experience, hospital SQ, and patient-perceived value (PV) on WoM. The findings revealed that experience, which encompasses patient engagement, goal differentiation, and service quality, including medical staff quality and service support, significantly shapes patients' intentions and contributes to positive WoM for the hospital.

Although the result of hospital image on patients' RI has been acknowledged, there needs to be more research on the affinity between hospital BI and RI in medical tourism (Cham et al., 2016; Cham et al., 2021a). As patients become more knowledgeable about BI, PV, and SQ in medical, they are increasingly discerning in their expectations from hospitals when making choices (Cham et al., 2021a). Furthermore, patients' perceptions of hospital BI can impact their assessment of SQ, which subsequently affects patient satisfaction (PS), PV, and intention to revisit (Cham et al., 2016; Cham et al., 2021a). This growing awareness among patients concerning BI, PV, and SQ of medical has made them more critical in selecting a hospital (Cham et al., 2021a).

Given the lack of literature and studies on medical tourism as a hospital strategy to improve BI, SQ, and PV, resulting in PS as well as fostering RI and positive WoM, the purpose of this study is to explain the impact of BI, SQ, and PV on the PS who seeking medical care overseas. In addition, this study explores how BI affects RI in overseas hospitals and how PV affects positive WoM. Finally, this study examines the influence of PS on positive WoM and RI.

LITERATURE REVIEW
Brand Image (BI)

Branding encompasses the production, consumption, and distribution practices of a specific brand between organizations and consumers (Lin et al., 2021). In a broader sense, BI refers to a collection of perceptions about a brand that are manifested through brand associations in the memories of consumers (Keller, 1993). Previously, BI was known as a series of recognitions about an affiliated brand in the minds of consumers (Dobni & Zinkhan, 1990). Over time, BI has evolved into a crucial factor for companies, as it significantly impacts their strategic planning and performance (Cham et al., 2021b). According to Hewer et al. (2013), a powerful brand holds significance as it expresses consumer routines, indicating an organization's profound understanding of its consumers. Ultimately, brands serve as a tool for attracting glory and status through strategic uniqueness management (Lin et al., 2021). An organization's image is shaped by its symbol, name, mission, vision, corporate culture, product or service coverage, advertising, and physical appearance (Lin et al., 2021). A robust brand identity also allows consumers to differentiate it from similar service providers or product manufacturers (Lin et al., 2021).

The impact of BI extends to the assessment of SQ (Rahi et al., 2017). Based on consumer evaluations, BI serves as a protective mechanism against deficiencies in service delivery (Grönroos, 2001). From a healthcare standpoint, hospital BI can influence patients' perception of SQ (Cham et al., 2016). Despite its potential, BI has not been extensively explored in the healthcare industry, and its relevance as a factor for consideration in healthcare services should be acknowledged (Cham et al., 2021b).

BI represents a pivotal element in consumer satisfaction, prompting companies to invest in enhancing product quality to attract consumers (Chen, 2010). BI serves as a crucial factor that inspires the assessment of consumer satisfaction with products or services (Kim & Choi, 2016). Ghobehei et al. (2019) expound on how BI can lead to heightened consumer satisfaction. A positive BI is regarded as a tool for the company's capacity to maintain market position, and this, in turn, can result in consumer satisfaction (Nawi et al., 2019).

For hospitals, BI plays a crucial role in ensuring sustainability and competitiveness (Wu, 2011). Al-Refaie (2013) examined hospital BI in terms of its impact on PS and their RI, with performance and facilities being key factors. Moreover, BI erves as a significant antecedent to RI (Chen et al., 2019). Numerous empirical studies have revealed the influence of BI on consumer loyalty (Loi et al., 2017). As an illustration, Filieri et al. (2017) affirmed the

significant and positive relationship between BI and RI. While the impact of BI on patients' RI has been explored, limited research has examined the relationship between hospital BI and RI in the context of medical tourism (Cham et al., 2016; Cham et al., 2021a).

H_1: BI exerts a positive influence on the satisfaction of patients who seek medical treatment overseas.

H_2: BI has a favorable impact on RI in overseas hospitals.

Service Quality (SQ)

SQ is widely recognized as a crucial aspect of competitiveness (Lin et al., 2021). In contemporary service industries, the provision of exceptional SQ and the achievement of high customer satisfaction (CS) are considered essential challenges (Hung et al., 2003). The significance of SQ lies in its substantial impact on business performance, return on investment, CS, and loyalty, thus establishing it as a critical competitive capability (Baker, 2013). An et al. (2019) have examined the importance of perceived SQ and found that it plays a pivotal role in enhancing CS. Even within the healthcare sector, the perception of SQ holds the potential to foster PS (Cham et al., 2016). It has been argued that patients regard SQ as one of the most influential determinants of PS (Manaf et al., 2015).

The relationship between SQ, PV, and customer continuous use behavior has been a subject of significant interest in the field of marketing (Li & Shang, 2020). However, the exploration of this relationship in the context of medical tourism remains relatively unexplored. Previous research has demonstrated that SQ exerts a direct and positive influence on PV and PS (Wu & Li, 2014). Favorable experiences of SQ perceived by tourists contribute to heightened affective responses and lead to desirable post-purchase outcomes, including CS and PV (Jin et al., 2015). Consequently, medical tourism destinations consistently strive to deliver exceptional experiences to their patients, recognizing that a positive patient experience represents a valuable outcome in the medical domain (Llanwarne et al., 2013).

H_3: The impact of SQ on the PS who seeking medical treatment overseas is affirmative.

Patient Satisfaction (PS)

In general, CS is contingent upon individuals' perceptions or evaluations of performance relative to their expectations. When performance falls below expectations, customers experience dissatisfaction, while surpassing expectations leads to satisfaction or happiness (Cha & Borchgrevink, 2019). PS is an interactive process that reflects the patient's assessment of the quality of their medical service experience (Siripipatthanakul, 2021). The significance of PS for healthcare providers lies in several aspects, including establishing and maintaining relationships with satisfied patients who become returning customers,

identifying organizational strengths and weaknesses, and associations with financial benefits (Cham et al., 2014).

Prior studies have consistently affirmed the status of CS as a precursor to loyalty (Wu et al., 2018). Hapsari et al. (2017) have shown that CS exerts a positive and significant influence on customer loyalty. Han et al. (2017) have investigated antecedents of loyalty such as PV and CS, confirming that CS directly impacts customer loyalty. Furthermore, Thakur (2016) found in his research on customer loyalty that CS with a product leads to customer loyalty. Hence, CS and customer loyalty can be directly linked.

H_4: PS has a positive effect on positive WoM by patients.

H_5: PS has a positive effect on patient RI to overseas hospitals.

Perceived Value (PV)

Zeithaml (1988) posits that customers will only PV from a transaction if the benefits received at the post-purchase stage surpass the sacrifices made prior to the purchase. PV is commonly considered as a prerequisite for attaining competitive advantage among firms (Bettencourt et al., 2014), as it can lead to CS and increased profit margins (Frank & Enkawa, 2007). Consequently, PV plays a significant role in complex and personalized industries, such as healthcare (Pedroso & Nakano, 2009), in achieving differentiation effects. Therefore, it is crucial to recognize the importance of PV, particularly in strategic planning within the healthcare sector (Chahal & Kumari, 2011).

De Matos and Rossi (2008) elucidate that there exists a correlation between PV and WoM. Further research has substantiated that PV can positively contribute to positive WoM (Van Tonder et al., 2018). The marketing literature aligns in agreement that PV serves as an incentive for customers to exhibit loyalty behavior, such as being inclined to share positive experiences (positive word of mouth) (McKee et al., 2006).

H_6: PV exerts a positive influence on positive WoM among patients.

H_7: PV has a positive impact on PS.

Word of Mouth (WoM)

The significance of WoM investigation for service and tourism companies has been widely acknowledged (Liu & Lee, 2016). Yoon (2002) expounds that recommendations from WoM hold considerable importance in tourism marketing. The intention to engage in positive WoM can engender new travelers, stemming from an overall positive evaluation of the destination and reflecting a high level of attitudinal loyalty (Papadimitriou et al., 2015). WoM directly affects the likelihood of return visits (Gholipour Soleimani & Einolahzadeh, 2018). Hence, when customers are content with the service experience, it is expected that they will recommend the

service to their acquaintances and express a desire to revisit the same hotel (Cantallops & Salvi, 2014). A highly satisfied traveler is inclined to endorse the unique attributes of a destination to others and revisit the destination in the future.

Revisit Intention (RI)

RI encompasses repeated actions (Zarei et al., 2012). It signifies consumers' thoughts or motivations to reencounter the same product, brand, place, or region (Lee et al., 2012), including the decision to establish a long-term relationship with a service provider in the future (Lan et al., 2016). RI serves as the foundation upon which hospital management formulates plans, such as delivering high-quality services and providing pleasant experiences, to incentivize desired behaviors in patients in order to cultivate long-term relationships, thereby encouraging them to return to the same provider for medical services (Shin & Park, 2015).

Based on the explanation of the literature review and hypothesis development, Figure 1 show how theoretical framework model can be formed.
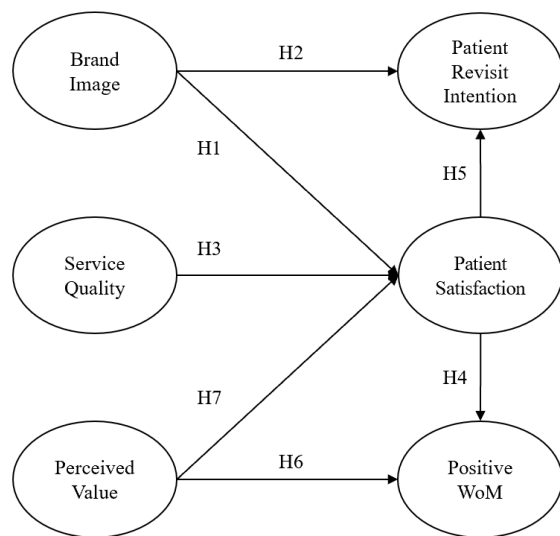

Figure 1. Conceptual Framework

METHOD
Research Design

This research design uses quantitative methods with a survey approach. Survey research is an activity to collect information from or about people to describe, compare, or explain a person's knowledge, attitudes, and behavior (Sekaran & Bougie, 2019). Therefore, the reason for choosing survey research is because researchers want to get responses from respondents on the problems that occur, namely about BI, SQ, PS, PV, WoM, and RI. Study settings are noncontrived because they are carried out generally without any intervention from researchers (Sekaran & Bougie, 2019).

The unit of analysis in this study was patients who had received treatment at hospitals overseas, with a minimum requirement of one visit to the hospital for treatment. The research was included in a cross-

sectional study (Saunders et al., 2016) because the data was collected only once during the study period. The aim is to collect relevant data to get answers to research questions.

Sampling Method and Process

The population in this study are all patients who have been treated abroad, with a target population of only patients who live in Jabodatebek and other major cities in Indonesia such as Makassar, Surabaya, Bali, Medan, Pontianak, and they have visited hospitals overseas to get health services. Because it is difficult to obtain data on patients who have been treated overseas (infinity population) and domiciled in Jabodetabek, the sample size was determined from 10 × indicators = 10 × 23 = 230 (Hair et al., 2019). This study uses a convenience sampling technique because the target sample is only patients who live in Jabodatebek and have been treated overseas once.

Data Collection Technique

This study uses primary data from the responses of respondents who answered the research questionnaire. Primary data collection uses a questionnaire designed with the help of Google form and shares the questionnaire URL through the researcher's social media. To ensure unbiased data, the researcher created a filter question, namely: "Have you ever specifically sought treatment abroad?". If the respondent answered "Yes," then proceed to the second filter question: "Do you live in Jabodetabek and other major cities in Indonesia such as Makassar, Surabaya, Bali, Medan, Pontianak?" If the respondent answers "Yes," then proceed to the respondent characteristics question. If the respondent answers "No," then the respondent cannot proceed to the next question.

Measurement

The measurement of each variable refers to previous researchers. In detail presented in the Table 1.

Table 1. Measurement of Variable

Variable	Item	Reference
BI	3	Cham et al. (2021a)
SQ	5	
PV	4	
Positive WoM	5	
PS	4	
RI	2	Mohd Isa et al. (2019)

Data Analysis

This study consists of exogenous and endogenous variables. Therefore, to answer the research hypothesis, the PLS-SEM analysis technique was used. The goal is because Partial Least Square Structural Equation Modeling (PLS-SEM) does not require normality assumptions, handles complex models with many structural model relationships, has

high statistical power, and can be used as input for further analysis (Hair et al., 2022). In PLS-SEM, it consists of two measurement models, namely the outer model and the inner model. The outer model to measure the validity and reliability), while the inner model for hypothesis testing (Hair et al., 2022). For validity testing, it consists of convergent validity and discriminant validity. Convergent validity is met if the loading factor (LF) value is > 0.70 and the Average Variance Extracted (AVE) is > 0.50. Discriminant validity uses the Fornell Lacker Criterion to decide that the AVE root value is greater than the correlation between constructs. Reliability testing refers to the Composite Reliability (CR) value > 0.70. Inner model testing begins with testing for collinearity with the Common Method Bias (CMB) method. The model is free from collinearity issues if the VIF value is < 3.3. The second stage, hypothesis assessment, refers to the Sig. value <0.05 to accept the hypothesis. The next stage assesses R-Square and F-Square, and finally, the predictive power is assessed using the Cross-Validation Predictive Ability (CVPAT) method.

RESULTS AND DISCUSSION
Respondent Characteristics
This study targets a total of 230 responses, but during the process, because it is challenging to get the target sample, namely patients who have been treated overseas, the data collected is 130. Hence, the return rate is 56.5%. Furthermore, from the results of distributing questionnaires, male respondents were 45% and female 55%. Based on age, most are 41−50 years old (54%) and 51−60 years old (23%). The average income level of respondents was 30.000.000−50.000.000 (IDR) (45%), with an average expenditure for overseas treatment of more than > 50.000.000 (IDR) (64%). Furthermore, the source of financing for overseas treatment comes from insurance (75%). The most common categories of medical treatment overseas are fertility programs (35%) and surgery (40%). Sources of information on overseas hospitals came from doctors (42%) and hospital websites (30).

Common Method Bias
Common Method Bias (CMB) analysis aims to test whether the data distribution from the questionnaire is free from bias. The method of "full collinearity" refers to Kock (2015), who suggest creating new variables with random values. Then, each variable is created a new score: latent variable score (LVS), then the LVS values are connected to random values. CMB assessment criteria: VIF (inner model) value < 3.3 is unbiased data, and vice versa > 3.3 data indicates bias. Based on Table 2, all variables produce VIF values < 3.3, so it can be stated that the data is free from bias.

Table 2. Common Method Bias

	Random
LVS - BI	1.586
LVS - RI	1.845
LVS - PS	2.563
LVS - PV	2.947
LVS - Positive WoM	2.940
LVS - SQ	1.593

Evaluation of Measurement Model
The first step in PLS-SEM analysis is to evaluate the outer model—the outer model evaluation to test the validity and reliability of measuring instruments. The validity test uses convergent validity and discriminant validity. Convergent validity refers to the loading factor (LF) value and Average Variance Extracted (AVE) value while testing discriminant validity using the Fornell Lacker Criterion method. The convergent validity value is met if the LF value is > 0.70 and the AVE value is > 0.50 (Hair et al., 2022). Meanwhile, discriminant validity using the Fornell Lacker Criterion method is fulfilled if the AVE root value exceeds the correlation between other variables (Henseler et al., 2015). Furthermore, the level of reliability or internal consistency refers to Composite Reliability (CR). The reliability test is fulfilled if the CR value is > 0.70. Table 3 show the results of the validity and reliability tests.

Table 3. Validity and Reliability

Construct	Item	OL	AVE	CR
BI	BI1	0.855	0.677	0.785
	BI2	0.752		
	BI3	0.857		
PV	PV1	0.689	0.613	0.823
	PV2	0.827		
	PV3	0.852		
	PV4	0.754		
SQ	SQ1	0.847	0.616	0.86
	SQ2	0.747		
	SQ3	0.803		
	SQ4	0.725		
	SQ5	0.796		
PS	SAT1	0.773	0.619	0.805
	SAT2	0.843		
	SAT3	0.769		
	SAT4	0.760		
Positive WoM	WOM1	0.866	0.628	0.859
	WOM2	0.704		
	WOM3	0.787		
	WOM4	0.773		
	WOM5	0.824		
RI	RI1	0.855	0.784	0.76
	RI2	0.915		

Based on Table 3, it can be seen that all indicators in each variable have a LF value > 0.70, except for the PV1 indicator on the PV, the LF value is 0.689 < 0.70, but the AVE value is > 0.50 so that items that have a LF < 0.70 are still declared valid. Furthermore, each variable has a Composite Reliability (CR) value > 0.70. It explains that all

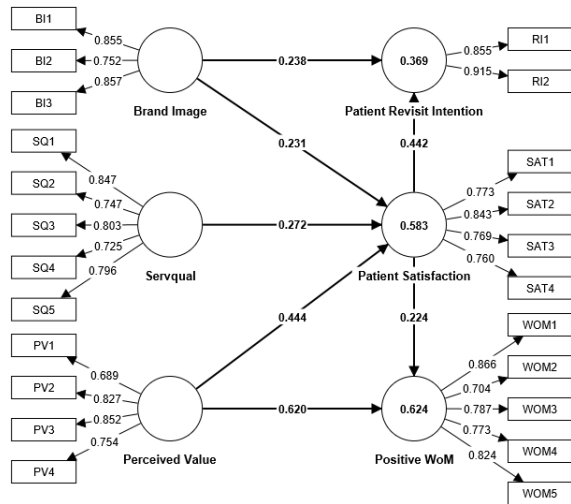indicators consistently measure each of their variables.

Figure 2. Outer Model

Discriminant validity testing in this study uses the Fornell Lacker Criterion method. As a result, the root AVE value (bold value in the table) is greater than the correlation between other variables, so the level of discriminant validity is good (Table 4).

Table 4. Discriminant Validity – Fornell Lacker

	BI	PRI	PS	PV	PW	SQ
BI	**0.823**					
PRI	0.484	**0.885**				
PS	0.556	0.574	**0.787**			
PV	0.494	0.466	0.680	**0.783**		
PW	0.484	0.569	0.646	0.773	**0.793**	
SQ	0.390	0.510	0.561	0.448	0.453	**0.785**

Evaluation of Structural Model

The next step in PLS-SEM analysis is to evaluate the structural model using the 5000-sample bootstrapping method. The inner model evaluation consists of R-Square (R^2), effect size–f^2, Cross-Validation Predictive Ability Test (CVPAT), and hypothesis testing by guiding to the t-value and significance.
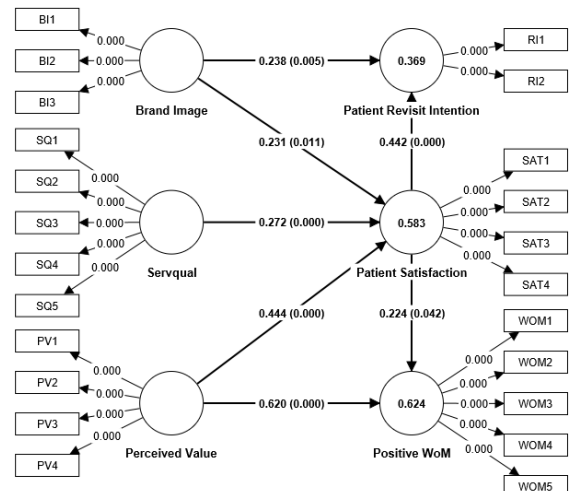

Figure 3. Structural Model

The results of the structural model evaluation are summarized in Table 5 to Table 7.

Tabel 5. Evaluation of Stuctural Model

Path	STD	STDEV	T stats	P values
BI→PRI	0.238	0.084	2.827	0.005
SAT→PRI	0.442	0.085	5.174	<0.001
BI→SAT	0.231	0.090	2.558	0.011
PV→SAT	0.444	0.095	4.674	<0.001
Servqual→SAT	0.272	0.075	3.617	<0.001
SAT→WoM	0.224	0.110	2.035	0.042
PV→WoM	0.620	0.099	6.284	<0.001

Table 5 presents information on the results of statistical hypothesis testing. As a result, all hypotheses tested are accepted because each relationship between variables produces a p-value of less than 0.05. These results have proven that BI and PS have a positive and significant effect on RI. Furthermore, BI, PV, and SQ also have a positive and significant effect on PS. Finally, PS and PV have a positive and significant effect on positive WoM.

Table 6. R-Square and F-Square

	R^2	Note	F^2	Note
BI→PRI	0.369	Weak	0.062	Weak
SAT→PRI			0.213	Moderate
SAT→WoM	0.624	Moderate	0.072	Weak
PV→WoM			0.551	Strong
Servqual→SAT	0.583	Moderate	0.136	Weak
BI→SAT			0.092	Weak
PV→SAT			0.322	Moderate

Furthermore, BI and PS contribute weakly to the structural model in increasing RI with $R^2 = 0.369$. Furthermore, PS and PV explained positive WoM moderately in the structural model ($R^2 = 0.624$). Finally, SQ, BI, and PV explain PS moderately in the structural model ($R^2 = 0.583$).

Based on the results of the effect size-f^2 test, BI has a weak effect on RI ($f^2 = 0.062$). In contrast, PS has a moderate effect on RI ($f^2 = 0.213$) in the structural model. Furthermore, PS weakly influences positive WoM with $f^2 = 0.072$, while PV exerts a strong influence on positive WoM with $f^2 = 0.551$. SQ and BI have a weak influence on PS, with $f^2 = 0.136$ and 0.092, respectively. However, PV provides a moderate influence on PS with a value of $f^2 = 0.322$.

The final step of structural model testing is the predictive power of the research model. The procedure for validating predictive power uses the Cross-Validation Predictive Ability (CVPAT) method by comparing the Indicator Average (IA) with the Linear Model (LM) (Sharma et al., 2023).

Based on Table 7, the average loss difference value of PLS-SEM vs IA on each construct is negative and significant. Likewise, the average loss difference value of PLS-SEM vs LM is positive and significant. Therefore, the PLS path model has predictive validity.

Table 7. Cross-Validation Predictive Ability (CVPAT)

	PLS-SEM vs Indicator Average (IA)		PLS-SEM vs Linier Model (LM)	
	ALD	p value	ALD	p value
PRI	-0.080	0.000	0.083	0.001
SAT	-0.090	0.000	0.048	0.000
WOM	-0.119	0.000	0.056	0.000
Overall	-0.101	0.000	0.058	0.000

Discussion

This investigation has effectively addressed all of the research hypotheses. The influence of BI (H2) and PS (H5) on RI is both positive and significant. This finding contradicts the work of Mohd Isa et al. (2019), which posits that hospital image does not impact RI, while the study conducted by Wu (2011) demonstrates that BI does indeed have a significant effect on RI. Additionally, the discovery that BI significantly affects PS (H1) supports Wu (2011) study. Furthermore, the findings pertaining to PV (H7) affecting PS align with Nguyen et al. (2021) investigation, and the finding that SQ (H3) positively and significantly influences PS corroborates the research conducted by Cham et al. (2021a). Lastly, the theme related to PS (H4) affecting RI corresponds with Nguyen et al. (2021) research, but deviates from the findings of Heydari Fard et al. (2021) study. Moreover, the results reveal that PV (H6) has a positive and significant impact on positive WoM, which supports the findings of Nguyen et al. (2021) study.

The results of this study explain that the hospital's BI affects the PS who seek treatment overseas and the intention to visit again for medical treatment. It proves that the positive image of the hospital that is built can increase PS and patient intention to continue health care in the future. The better patients perceive the image of the hospital, the more patients perceive that the services provided by the hospital are optimal, so the patients intend to visit again. The correspondence between the sacrifices incurred by patients for overseas treatment with the results obtained and the patient's satisfaction with the hospital can create positive word of mouth.

The satisfaction felt by patients during interactions with hospitals and medical staff also encourages patients to tell positive things about hospital services to their closest people. Also, it increases the desire to seek treatment at the same hospital if they need medical services.

Conclusion

This study concluded that BI, SQ, and PV positively and significantly affect PS. BI and PS have a positive and significant effect on PRI. PV and PS have a positive and significant effect on positive WoM. Therefore, to improve RI and positive WoM, hospitals should evaluate SQ policies, improve hospital BI, and provide PV according to patient expectations. BI, SQ, and PV can increase PS.

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