

Driving Hospital Revisit Intentions Through a Technopreneurship Approach to eWOM Care Quality and Patient Experience

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ABSTRACT

The rapid integration of digital technologies into healthcare services has transformed hospitals into technopreneurial service organizations that actively leverage digital platforms to create value and sustain competitiveness. Electronic Word of Mouth (e-WOM) and patient experience have emerged as critical digital signals shaping patient perceptions and behavioral outcomes. However, empirical evidence explaining the service mechanisms through which these digital factors influence patient loyalty in emerging market healthcare contexts remains limited. **This study** investigates the influence of e-WOM and patient experience on revisit intention through the sequential mediating roles of care quality and patient satisfaction. A quantitative research design was employed, collecting data from 250 patients of Class B hospitals in Jakarta. **The data** were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0. Mediation effects were assessed through bootstrapping with 5,000 resamples. **The results** demonstrate that e-WOM and patient experience significantly enhance perceived care quality, which subsequently increases patient satisfaction and ultimately strengthens revisit intention. Furthermore, care quality and patient satisfaction jointly function as a sequential dual mediation mechanism. **This study contributes** to technopreneurship and healthcare management literature by extending traditional patient loyalty models into digitally driven healthcare ecosystems within emerging markets. Practically, the findings highlight the importance of technopreneurial capabilities in managing digital reputation, patient experience design, and service quality innovation to achieve sustainable healthcare performance. The study also supports Sustainable Development Goal 3 (Good Health and Well-being) by emphasizing patient-centered, digitally enabled healthcare delivery.

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1. INTRODUCTION

Healthcare organizations are increasingly operating within digitally enabled service ecosystems, where patients actively engage with online platforms to evaluate, compare, and select healthcare providers [1, 2]. In this environment, hospitals no longer function solely as clinical institutions but as technopreneurial organizations that integrate technology, service innovation, and entrepreneurial strategies to enhance patient value and

organizational sustainability. Patient loyalty, commonly reflected in revisit intention, has therefore become a strategic performance indicator in modern healthcare management [3, 4].

e-WOM has emerged as a powerful digital reputation mechanism influencing patients expectations and decision making processes. Online reviews, ratings, and shared experiences act as market signals that shape perceptions of hospital credibility, service reliability, and quality prior to service consumption. Simultaneously, patient experience defined as the cumulative perception arising from interactions across the continuum of care plays a crucial role in determining how patients evaluate healthcare services and form long-term behavioral intentions [5–7].

While prior studies have extensively examined the relationships among e-WOM, patient experience, satisfaction, and loyalty, most rely on single mediator models and are predominantly conducted in developed healthcare systems. Limited attention has been given to how multiple service mechanisms jointly translate digital reputation and experiential encounters into patient loyalty within emerging market healthcare contexts. Moreover, the technopreneurial role of hospitals as digitally driven service innovators remains underexplored [8–10].

This study addresses these gaps by proposing and empirically validating a sequential dual mediation framework in which care quality and patient satisfaction jointly mediate the effects of e-WOM and patient experience on revisit intention. The research is situated in Class B hospitals in Jakarta, a critical yet under-researched healthcare segment in Indonesia emerging digital economy. By integrating healthcare management, digital marketing, and technopreneurship perspectives, this study offers context specific insights that extend patient loyalty theory into digital healthcare entrepreneurship [11–13].

2. LITERATURE REVIEW

This section reviews the relevant theoretical and empirical literature underpinning the proposed research model. The discussion is structured to progressively build the conceptual foundation of the study, beginning with the technopreneurship perspective in healthcare, followed by key constructs including electronic word of mouth, patient experience, care quality, patient satisfaction, and revisit intention [13–15].

2.1. Technopreneurship in Digital Healthcare Services

The transformation of healthcare systems through digital innovation has positioned hospitals as technopreneurial service organizations. In this context, hospitals are no longer passive healthcare providers but active innovators that integrate technology, entrepreneurial thinking, and service design to create value for patients and sustain competitiveness. Understanding technopreneurship in healthcare is therefore essential to explain how digital engagement mechanisms influence patient behavior [16–18].

Technopreneurship refers to the integration of technological innovation and entrepreneurial practices to create value, enhance competitiveness, and drive organizational growth. In the healthcare sector, technopreneurship manifests through the adoption of digital platforms, data driven decision making, online reputation management, and patient centered service innovation. Hospitals increasingly leverage digital tools not only to improve clinical outcomes but also to enhance service quality, patient engagement, and market positioning [19–21].

Within this context, e-WOM represents a technopreneurial digital asset, functioning as a real-time feedback mechanism and market signal. Patient experience reflects value co-creation between hospitals and patients, while care quality represents operational excellence enabled through service innovation. Patient satisfaction and revisit intention serve as entrepreneurial performance outcomes that reflect the effectiveness of digital and service strategies [22–24].

2.2. Electronic Word of Mouth (e-WOM)

Electronic word of mouth refers to user generated online content, including reviews, ratings, and testimonials, that influences consumer perceptions and decisions. In healthcare, e-WOM significantly shapes patients expectations and trust toward service providers. Positive e-WOM has been shown to enhance perceived service quality and satisfaction, particularly in high involvement services such as healthcare [25–27]. Electronic word of mouth has a positive effect on perceived care quality (H1).

3. PATIENT EXPERIENCE

Patient experience encompasses all interactions that influence patients perceptions throughout the healthcare journey. Positive experiences enhance trust, perceived quality, and emotional attachment to healthcare providers. In digitally enabled healthcare environments, patient experience is closely linked to service transparency, communication quality, and responsiveness [28–30]. Patient experience has a positive effect on perceived care quality (H2).

3.1. Care Quality

Care quality reflects patients evaluations of both technical competence and interpersonal service delivery. High perceived care quality strengthens patients' confidence in healthcare providers and serves as a critical antecedent to satisfaction [31–33]. Care quality has a positive effect on patient satisfaction (H3).

3.2. Patient Satisfaction and Revisit Intention

Patient satisfaction represents an affective evaluation resulting from service experiences and quality perceptions. Satisfied patients are more likely to develop loyalty and express stronger intentions to revisit healthcare providers [34–36]. Patient satisfaction has a positive effect on revisit intention (H4).

3.3. Sequential Mediation

being filtered through service related mechanisms. Care quality and patient satisfaction are expected to jointly and sequentially mediate these relationships. Care quality and patient satisfaction sequentially mediate the relationship between e-WOM and revisit intention (H5). Care quality and patient satisfaction sequentially mediate the relationship between patient experience and revisit intention (H6) [37–39].

Based on the theoretical foundations and hypothesis development discussed above, this study proposes a sequential mediation model to explain how digital engagement mechanisms influence patient revisit intention. The proposed conceptual framework integrates electronic word of mouth and patient experience as antecedent variables, with care quality and patient satisfaction operating as sequential mediators. The overall research framework and hypothesized relationships are illustrated in Figure 1.

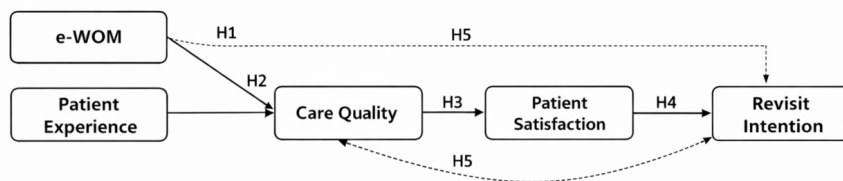


Figure 1. Conceptual Framework of Sequential Mediation Model

As shown in Figure 1, electronic word of mouth (H1) and patient experience (H2) are proposed as primary digital antecedents that influence perceived care quality. Care quality subsequently affects patient satisfaction (H3), which directly drives revisit intention (H4). Furthermore, the model specifies sequential mediation effects, where care quality and patient satisfaction jointly transmit the influence of e-WOM and patient experience on revisit intention (H5 and H6). This framework reflects a technopreneurial perspective in which digital engagement and service innovation jointly shape patient loyalty outcomes [40–42].

4. METHODOLOGY

This section outlines the methodological approach employed to empirically test the proposed technopreneurial healthcare model. It describes the research design, population and sample, data collection procedures, measurement instruments, and data analysis techniques. The methodological choices are aligned with the study objective to explain complex sequential mediation relationships within an emerging market healthcare context [43, 44].

4.1. Research Design

This study adopts a quantitative, explanatory research design to test the proposed technopreneurial healthcare model.

4.2. Population and Sample

The population consists of patients who received services from Class B hospitals in Jakarta within the past 12 months. A purposive sampling technique yielded 250 valid responses.

4.3. Data Collection and Measurement

Data were collected using structured questionnaires measured on a five-point Likert scale. Measurement items were adapted from validated prior studies.

4.4. Data Analysis Technique

Partial Least Squares Structural Equation Modeling (PLS-SEM) was employed using SmartPLS 4.0. PLS-SEM was selected due to its suitability for prediction oriented research, complex sequential mediation models, non-normal data, and emerging market healthcare contexts.

5. RESULT AND DISCUSSION

This section presents the empirical findings of the study. The discussion begins with an overview of the respondents demographic characteristics to provide contextual understanding of the sample profile. Subsequently, the results of the structural model analysis are presented to evaluate the proposed hypotheses and the sequential mediation effects.

5.1. Demographic Profile of Respondents

Before examining the structural relationships, it is important to understand the characteristics of the respondents involved in this study. The demographic profile provides insights into gender distribution, age groups, and the most frequently accessed hospital departments, which reflect the representativeness of the sample. The summary of respondent characteristics is presented in Table 1.

Table 1. Demographic Profile of Respondents

Characteristics	Frequency	Percentage (%)
Gender		
Male	78	46.4
Female	90	53.6
Age (years)		
18–30	52	31.0
31–40	61	36.3
41–50	37	22.0
Above 50	18	10.7
Education Level		
High school	44	26.2
Diploma	39	23.2
Bachelor degree	63	37.5
Postgraduate	22	13.1
Hospital Type		
Class B Hospital	168	100.0
Total Respondents	168	100.0

As shown in Table 1, the majority of respondents were female and predominantly within the productive age group of 31–45 years. The distribution of hospital departments indicates that respondents frequently interacted with core clinical services, suggesting that the data adequately capture patient experiences across essential healthcare functions in Class B hospitals.

5.2. Structural Model and Hypothesis Testing

Following the assessment of the measurement model, the structural model was evaluated to test the proposed hypotheses and examine the direct and indirect relationships among the constructs. The significance of the path coefficients was assessed using a bootstrapping procedure with 5,000 resamples.

Table 2. Structural Model Results and Hypothesis Testing

Hypothesis	Path	β	t-value	p-value	Result
H1	e-WOM → Care Quality	0.312	4.876	<0.001	Supported
H2	Patient Experience → Care Quality	0.428	6.215	<0.001	Supported
H3	Care Quality → Patient Satisfaction	0.507	7.134	<0.001	Supported
H4	Patient Satisfaction → Revisit Intention	0.461	6.582	<0.001	Supported
H5	e-WOM → Care Quality → Patient Satisfaction → Revisit Intention	0.145	3.912	<0.001	Supported
H6	Patient Experience → Care Quality → Patient Satisfaction → Revisit Intention	0.198	4.506	<0.001	Supported

As presented in Table 2, all hypothesized relationships were statistically significant. Electronic word of mouth and patient experience exert strong positive effects on perceived care quality, supporting H1 and H2. Care quality significantly enhances patient satisfaction (H3), which in turn strongly influences revisit intention (H4). Furthermore, the mediation analysis confirms that care quality and patient satisfaction jointly and sequentially mediate the effects of e-WOM and patient experience on revisit intention, providing robust support for H5 and H6.

The findings confirm that e-WOM and patient experience function as technopreneurial digital inputs that enhance perceived care quality. Care quality subsequently strengthens patient satisfaction, which emerges as the strongest predictor of revisit intention. The validated sequential mediation highlights that digital engagement strategies must be supported by operational service excellence to generate sustainable patient loyalty.

To further contextualize the empirical findings, this study extends the discussion beyond the structural model by integrating a technopreneurial ecosystem perspective. Digital healthcare transformation does not operate solely at the level of individual constructs, but rather emerges from the interaction between digital engagement mechanisms, service innovation, institutional support, and policy alignment.

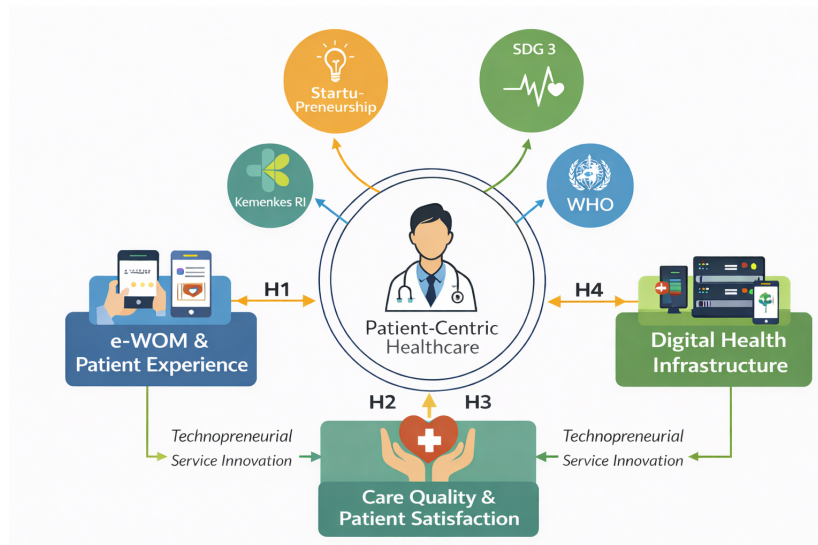


Figure 2. Technopreneurial Digital Healthcare Ecosystem

As illustrated in Figure 2, the proposed technopreneurial digital healthcare ecosystem positions patient-centric healthcare as the core outcome of digital transformation initiatives. Digital antecedents, such as electronic word of mouth and patient experience, interact with technopreneurial service innovation to enhance care quality and patient satisfaction, which ultimately foster sustainable patient engagement. At the institutional level, alignment with national health policies issued by the Indonesian Ministry of Health (Kemenkes RI) ensures that digital innovation supports standardized service quality and patient-centered care objectives. Simultaneously, the integration of global health principles promoted by the World Health Organization (WHO) and the Sustainable Development Goal 3 (Good Health and Well-being) reinforces the broader societal rele-

vance of digital healthcare innovation. This ecosystem perspective highlights that technopreneurship serves as a critical bridge connecting digital service innovation, policy frameworks, and long-term healthcare sustainability [45–47].

6. MANAGERIAL IMPLICATIONS

This study offers several important managerial implications for healthcare administrators, hospital managers, and digital health entrepreneurs operating in an increasingly digitized healthcare environment. Rather than focusing solely on technological adoption, the findings emphasize the need for strategic managerial alignment between digital engagement, service quality, and patient centered outcomes. The following implications translate the empirical results into practical guidance for managerial decision-making in healthcare organizations.

Healthcare managers should recognize digital engagement mechanisms, such as electronic word of mouth and patient interaction platforms, as strategic assets rather than auxiliary marketing tools. Proactive management of digital channels enables organizations to capture patient insights, enhance trust, and strengthen long-term patient relationships. Managers are encouraged to embed patient experience considerations into the core service design of healthcare delivery. Digital touchpoints including online registration, telemedicine, and follow-up communication should be systematically aligned with patient needs to ensure consistency between digital innovation and service quality. The findings indicate that care quality remains a critical driver of patient satisfaction in digital healthcare settings. Managers should therefore prioritize quality assurance systems that integrate clinical standards with digital monitoring tools, ensuring that technological advancements result in measurable improvements in healthcare outcomes.

Healthcare organizations should adopt a technopreneurial mindset by fostering collaboration between internal management teams and external digital health innovators. Such collaboration allows managers to develop adaptive service models that respond effectively to evolving patient expectations while maintaining operational efficiency. From a managerial governance perspective, alignment with national healthcare policies issued by the Indonesian Ministry of Health (Kemenkes RI) and international frameworks promoted by the World Health Organization (WHO) is essential. Policy alignment supports regulatory compliance while reinforcing patient-centered care and service standardization objectives. Finally, healthcare managers should institutionalize data-driven decision-making practices by leveraging analytics derived from digital health platforms. Continuous analysis of patient feedback and service performance enables managers to make informed strategic adjustments and sustain long-term service excellence.

7. CONCLUSION

This study advances technopreneurship and healthcare management literature by empirically validating a sequential dual mediation mechanism linking digital reputation, service experience, and patient loyalty. Beyond its theoretical contribution, the study provides important insights into how technopreneurial strategies in healthcare can support global sustainability agendas and national policy priorities. Practically, hospital managers should adopt integrated technopreneurial strategies encompassing digital reputation management, patient experience innovation, and continuous quality improvement. From a policy perspective, the findings strongly support Sustainable Development Goal (SDG) 3: Good Health and Well-being, which emphasizes the provision of high quality, accessible, and patient-centered healthcare services. By demonstrating how digital engagement mechanisms such as e-WOM and patient experience enhance care quality and patient satisfaction, this study highlights concrete pathways through which hospitals can improve service outcomes and patient trust.


In the Indonesian context, these findings are closely aligned with national healthcare policies issued by the Ministry of Health of the Republic of Indonesia (Kementerian Kesehatan RI), particularly the Healthcare Digital Transformation Agenda, which promotes patient centered services, integrated digital health platforms, and continuous quality improvement in hospital services. The emphasis on care quality and patient satisfaction in this study also supports national hospital accreditation standards and public service reform initiatives aimed at improving healthcare transparency, accountability, and service performance.


Additionally, the results are consistent with strategic directions from the World Health Organization (WHO), which emphasizes quality of care, patient safety, and people centered health systems as core pillars of sustainable healthcare development. By integrating technopreneurial digital engagement with service quality improvement, this study demonstrates how hospitals can operationalize global and national policy objectives

within emerging market healthcare systems.

8. DECLARATIONS

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Conceptualization: PP; Methodology: YH; Software: DP; Validation: PP and ES; Formal Analysis: YH and DP; Investigation: ES; Resources: PP; Data Curation: YH; Writing Original Draft Preparation: PP and DP; Writing Review and Editing: YH and ES; Visualization: PP; All authors, PP, YH, DP, and ES, have read and agreed to the published version of the manuscript.

8.3. Data Availability Statement

The data presented in this study are available on request from the corresponding author.

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8.5. Declaration of Conflicting Interest

The authors declare that they have no conflicts of interest, known competing financial interests, or personal relationships that could have influenced the work reported in this paper.

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