

CUSTOMER EXPERIENCE AND E-WOM EFFECTS ON BRAND IMAGE AND PATIENT REVISIT INTENTION AT DENTAL CLINICS IN BOGOR

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Abstract

This study aims to analyze the influence of customer experience and electronic word of mouth (e-WOM) on brand image and their impact on patient revisit intention at dental clinics in Bogor City. The study was motivated by the increasingly competitive dental service industry, the growing role of digital reviews, and the need to strengthen patient retention in dental healthcare services. A quantitative explanatory approach was employed using an online survey of 200 patients who had visited dental clinics in Bogor City at least once. The data were analyzed using descriptive statistics and Structural Equation Modelling with LISREL 8.80. The results show that customer experience has a positive and significant effect on brand image and patient revisit intention. e-WOM also has a positive and significant effect on brand image and revisit intention. Furthermore, brand image positively affects revisit intention and partially mediates the relationship between customer experience and e-WOM on revisit intention. These findings indicate that dental clinics should integrate service experience management, credible digital reputation, and consistent brand image development to increase patient retention.

Keywords: Brand Image; Customer Experience; Dental Clinic; Electronic Word of Mouth; Revisit Intention

1. INTRODUCTION

The dental and oral healthcare service industry in Indonesia has experienced a significant transformation. Dental clinics are no longer perceived merely as curative service providers for toothache or emergency treatment, but increasingly as professional healthcare and lifestyle service providers offering preventive, aesthetic, orthodontic, prosthodontic, and long-term oral health maintenance services. This transformation has intensified competition among dental clinics, particularly in urban areas where patients have greater access to information, more service alternatives, and higher expectations regarding service convenience, emotional comfort, clinical credibility, and digital reputation.

Oral health remains a critical public health issue in Indonesia. The Indonesian Health Survey reported that 56.9% of the Indonesian population aged three years and above experienced dental and oral health problems, while only 11.2% received treatment from

dental health professionals (Ministry of Health of the Republic of Indonesia, 2024). This gap indicates that the decision to visit a dental clinic is not determined solely by medical need. Instead, it is shaped by a combination of psychological, informational, experiential, and relational factors, including dental anxiety, service accessibility, perceived credibility, patient trust, and prior service experience. The global relevance of this issue is also emphasized by the World Health Organization, which highlights oral health as an integral component of general health, quality of life, and universal health coverage (World Health Organization, 2022).

The growth of the Indonesian dental service market further strengthens the urgency of this study. The dental services market in Indonesia is projected to grow steadily, supported by increasing oral health awareness, rising demand for aesthetic dentistry, and the development of modern dental clinics in urban areas (TechSci Research, 2025). In this context, the sustainability of dental clinic businesses depends not only on attracting new patients but also on retaining existing patients and encouraging revisit intention. Patient revisit intention is particularly important in dental services because many treatments require repeated visits, such as orthodontic treatment, scaling, root canal treatment, veneers, implants, prosthodontic procedures, and post-treatment control.

Bogor City represents a relevant empirical setting for this study because of its dense and competitive dental service environment. Based on author-processed secondary data, Bogor City has numerous primary clinics, specialist clinics, public health centers with dental units, and a growing number of national and local dental clinic brands. This competitive environment gives patients more alternatives and makes switching behavior easier when service experience does not meet expectations. Data processed by the author from selected major dental clinics in Bogor City in 2025 show that patient retention rates ranged only from 18.35% to 22.38%. This low retention level indicates a serious managerial problem: dental clinics may be successful in acquiring new patients, but they face difficulty converting first-time visits into repeat visits.

Customer experience is a central variable in explaining this phenomenon. In service marketing, customer experience refers to a customer's cognitive, emotional, behavioral, sensory, and social responses across multiple touchpoints during the customer journey (Lemon & Verhoef, 2016). In dental clinics, patient experience includes the ease of making appointments, responsiveness of administrative staff, waiting time, physical comfort of the clinic, clarity of treatment information, empathy of dentists and staff, cost transparency, and post-treatment follow-up. Although clinical competence remains essential, non-clinical service encounters can strongly influence patient satisfaction and revisit intention. Previous research in dental service settings found that communication, expertise, reliability, responsiveness, tangibility, accessibility, satisfaction, and perceived service value are important factors influencing revisit intention (Park et al., 2021). Therefore, poor service

processes, long waiting times, and weak emotional interaction may reduce the likelihood of patients returning to the same clinic.

In addition to direct service experience, electronic word of mouth (e-WOM) has become a powerful factor in shaping patient perceptions before visiting a clinic. e-WOM refers to digital information, reviews, ratings, recommendations, and testimonials shared by consumers through online platforms. In the healthcare context, e-WOM functions as social proof that helps prospective patients reduce uncertainty and perceived risk before selecting a healthcare provider. Meta-analytic evidence shows that e-WOM influences consumer intention through information usefulness, message trust, argument quality, and review valence (Ismagilova et al., 2020). For dental clinics, Google Reviews, social media testimonials, TikTok content, Instagram posts, and online ratings can influence how patients form expectations about clinic credibility, dentist competence, comfort, and service quality.

However, e-WOM may also create an expectation-reality gap. Positive online reviews can attract potential patients, but when the actual service experience does not match the digital image, disappointment may occur. This situation is highly relevant in Bogor City. Based on the author's preliminary survey of 30 respondents who had visited dental clinics in Bogor City at least once, 93% of respondents stated that they read online reviews before visiting a dental clinic, but only 30% perceived that the actual service experience was highly consistent with the online reviews. This finding indicates that digital reputation alone is insufficient if it is not supported by consistent service delivery at the clinic.

Brand image is therefore positioned as a mediating variable in this study. Brand image reflects the overall perception, association, reputation, and credibility attached to a brand in the mind of consumers. In healthcare services, brand image helps patients simplify decision-making, reduce perceived risk, and build confidence in the service provider. Prior studies have emphasized that hospital or clinic brand image is closely related to patient satisfaction, trust, loyalty, and revisit intention (Górska-Warsewicz, 2022; Irdan et al., 2024; Rosyida et al., 2025). A strong brand image can support patient confidence, but it cannot automatically guarantee repeat visits if the actual customer experience is weak or if e-WOM creates expectations that are not fulfilled.

The preliminary survey also supports this paradox. Although 90% of respondents perceived well-known dental clinics in Bogor as trustworthy and reputable, 52% stated that they were unsure or unwilling to revisit the same clinic. Furthermore, 33% of respondents complained about long waiting times, indicating weaknesses in service efficiency and emotional experience. These findings suggest that a strong visual or reputational brand image does not necessarily translate into behavioral loyalty. In other words, brand image may mediate the relationship between customer experience and e-WOM on revisit intention, but its effectiveness depends on the consistency between digital claims, service encounters, and patient expectations.

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Table 1. Summary of Research Problem Identification

Empirical Indication	Research Implication	Related Variable
High prevalence of dental and oral health problems, but low professional treatment utilization	Medical need does not automatically lead to clinic visits	Patient behavior and revisit intention
Retention rates of selected Bogor dental clinics ranged only from 18.35% to 22.38%	Clinics face difficulty converting patient acquisition into repeat visits	Revisit intention
33% of preliminary survey respondents complained about long waiting time	Operational and emotional aspects of service experience remain weak	Customer experience
93% of respondents read online reviews before visiting, but only 30% perceived consistency between online reviews and actual service	e-WOM creates expectations that may not be fulfilled in real service encounters	e-WOM and brand image
90% perceived clinics as reputable, yet 52% were unsure or unwilling to revisit	Strong brand image is not sufficient without consistent experience	Brand image and revisit intention

Source: Author-processed secondary data and preliminary survey, 2026.

Based on these phenomena, there is a clear research gap. Previous studies have examined service quality, patient satisfaction, brand image, word of mouth, and revisit intention in healthcare and dental service contexts (Al Ghanem et al., 2023; Park et al., 2021; Rosyida et al., 2025). However, limited studies have simultaneously examined customer experience and e-WOM as antecedents of brand image and revisit intention in the context of private dental clinics in a competitive urban market. Moreover, studies that specifically address the expectation-reality gap between online reviews and actual patient experience remain limited, especially in the Indonesian dental clinic context.

Therefore, this study aims to analyze the influence of customer experience and electronic word of mouth on brand image and their impact on patient revisit intention at dental clinics in Bogor City. The problem-solving plan proposed in this study is to develop an empirical model that explains how patient retention can be strengthened through consistent service experience, credible digital reputation management, and a strong brand image. The findings are expected to provide theoretical contributions to healthcare marketing literature and practical implications for dental clinic managers in designing patient retention strategies, improving waiting-time management, enhancing service empathy, ensuring cost transparency, and aligning digital reputation with real patient experience.

2. RESEARCH METHOD

This study employed a quantitative explanatory research design using a field survey approach. The design was selected because the study aimed to examine causal relationships

among latent variables, namely customer experience, electronic word of mouth (e-WOM), brand image, and patient revisit intention. A quantitative survey is appropriate when researchers intend to test theoretically derived hypotheses using standardized measurement instruments and statistical modelling (Taherdoost, 2017). The empirical context of this study was dental clinics located in Bogor City, Indonesia.

The target respondents were patients who had experience using dental clinic services in Bogor City. The population was categorized as an infinite population because the exact number of patients visiting all dental clinics in Bogor City could not be determined precisely and continuously changes over time. The unit of analysis was individual patients. The respondents were selected using non-probability sampling with a purposive sampling technique. This technique was considered suitable because respondents had to meet specific criteria related to the research variables, especially actual dental service experience and exposure to digital information.

The inclusion criteria were as follows: (1) respondents had visited a dental clinic in Bogor City at least once; (2) respondents were at least 17 years old and considered able to make independent service decisions; and (3) respondents actively used the internet or social media, enabling them to access or interact with e-WOM related to dental clinic services. Data were collected using an online questionnaire distributed through Google Forms. This method was used to reach respondents across the six administrative districts of Bogor City and to obtain responses efficiently.

The minimum sample size was calculated using the formula for an unknown or infinite population:

$$n = \frac{Z^2 \times P(1 - P)}{d^2}$$

where n represents the minimum sample size, Z is the Z -score at a 95% confidence level, P is the estimated population proportion, and d is the tolerated margin of error. By using $Z = 1.96$, $P = 0.85$, and $d = 0.05$, the minimum sample size was calculated as follows:

$$n = \frac{1,96^2 \times 0,85(1 - 0,85)}{0,05^2}$$

$$n = [3,8416 \times 0,85 \times 0,15] / 0,0025$$

$$n = 0,489804 / 0,0025$$

$$n = 195,92$$

The result was rounded to 196 respondents. To strengthen data adequacy and support multivariate analysis, this study used 200 respondents. This sample size also met the general

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adequacy requirement for covariance-based structural equation modelling, which commonly requires large samples to obtain stable parameter estimates (Hair et al., 2019; Kline, 2023).

Table 2. Research design summary

Component	Description
Research approach	Quantitative explanatory research
Research method	Field survey using an online questionnaire
Research location	Dental clinics in Bogor City, Indonesia
Unit of analysis	Individual dental clinic patients
Population	Patients who had visited dental clinics in Bogor City
Sampling technique	Non-probability sampling with purposive sampling
Sample size	200 respondents
Data collection tool	Closed-ended questionnaire using Google Forms
Measurement scale	Five-point Likert scale
Data analysis technique	Structural Equation Modelling using LISREL 8.80
Mediating variable	Brand image

Source: Data Generated, 2026

The research instrument was a structured closed-ended questionnaire. Each item was arranged as a positive statement related to the four research variables: customer experience, e-WOM, brand image, and patient revisit intention. Respondents were asked to choose one answer from five available options, ranging from “strongly disagree” to “strongly agree.” A five-point Likert scale was used because it can capture different levels of attitude, perception, and evaluation toward service-related phenomena in a simple and measurable format.

Table 3. Five-point Likert scale

Response category	Code	Score
Strongly disagree	SD	1
Disagree	D	2
Neutral	N	3
Agree	A	4
Strongly agree	SA	5

Source: Data Generated, 2026

The questionnaire consisted of indicators derived from the conceptual and operational definitions of each construct. Customer experience was measured through sensory and facilities, personnel interaction, functional and efficiency, engagement and education, safety and trust, and post-purchase interaction. e-WOM was measured through intensity, content quality, source credibility, valence, and platform trust. Brand image was

measured through strength of association, favorability, uniqueness, brand personality, promise alignment, and corporate image. Patient revisit intention was measured through revisit intention, preference, advocacy, actual behavior, and case completion.

Table 4. Operationalization of research variables

Variable	Notation	Main indicators	Number of valid items
Customer Experience	ξ_1	Sensory and facilities; personnel interaction; functional and efficiency; engagement and education; safety and trust; post-purchase interaction	24
Electronic Word of Mouth	ξ_2	Intensity; content quality; source credibility; valence; platform trust	23
Brand Image	η_1	Strength of association; favorability; uniqueness; brand personality; promise alignment; corporate image	24
Patient Revisit Intention	η_2	Revisit intention; preference; advocacy; actual behavior; case completion	17

Source: Data Generated, 2026

The results of the pilot test indicated that all constructs had strong internal consistency. Invalid items were removed from the final questionnaire, while valid and reliable items were retained for the main data collection. Screening questions were also included at the beginning of the questionnaire to ensure that only eligible respondents participated in the study.

The data analysis was conducted in several stages. First, descriptive analysis was used to describe respondent characteristics and response tendencies for each variable. Second, data screening was conducted to evaluate missing data, outliers, normality, linearity, and multicollinearity. Normality was examined using skewness and kurtosis values, while multicollinearity was assessed by examining inter-construct correlations. A correlation value approaching 0.90 or above indicates a potential multicollinearity problem (Kline, 2023). Third, confirmatory factor analysis was conducted to assess the measurement model. Finally, the structural model was tested using covariance-based Structural Equation Modelling with LISREL 8.80.

Covariance-based SEM was selected because this study aimed to confirm a theory-based causal model involving multiple latent variables, observed indicators, direct effects, and mediating effects. SEM allows researchers to evaluate the measurement model and the structural model simultaneously (Collier, 2020). Compared with regression analysis, SEM provides a more comprehensive approach because it can estimate relationships among latent

constructs while considering measurement error. In addition, covariance-based SEM is appropriate when the research objective is theory testing and model fit evaluation (Dash & Paul, 2021; Kline, 2023).

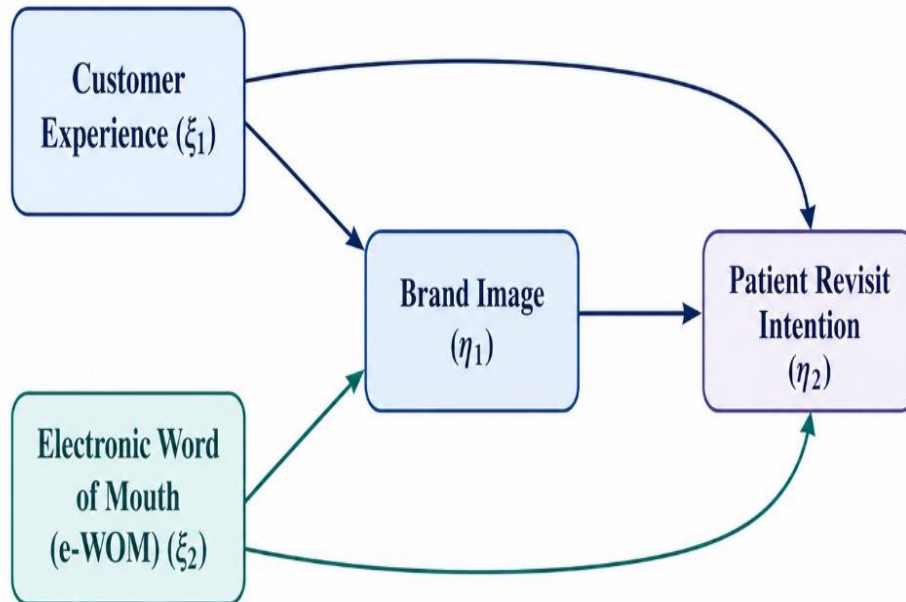


Figure 1. Proposed Structural Model

The structural equations of the research model are formulated as follows:

$$\eta_1 = \gamma_{11}\xi_1 + \gamma_{12}\xi_2 + \zeta_1 \quad (1)$$

$$\eta_2 = \gamma_{21}\xi_1 + \gamma_{22}\xi_2 + \beta_{21}\eta_1 + \zeta_2 \quad (2)$$

where η_1 represents brand image, η_2 represents patient revisit intention, ξ_1 represents customer experience, ξ_2 represents electronic word of mouth, γ represents the effect of exogenous latent variables on endogenous latent variables, β represents the effect of one endogenous latent variable on another endogenous latent variable, and ζ represents the structural error term.

The measurement model was evaluated using factor loading values, construct reliability, and model fit indices. The structural model was then assessed by examining the significance and direction of the path coefficients. A hypothesis was accepted when the t-value exceeded 1.96 at the 5% significance level. Model fit was evaluated using several goodness-of-fit indices, including Chi-square, RMSEA, GFI, AGFI, CFI, NFI, and SRMR. The use of multiple fit indices is recommended because no single index is sufficient to determine model adequacy in SEM (Hair et al., 2019; Kline, 2023).

Table 5. Criteria for SEM model evaluation

Model evaluation criterion	Recommended threshold
Standardized factor loading	≥ 0.50
Construct reliability	≥ 0.70
RMSEA	≤ 0.08
GFI	≥ 0.90
AGFI	≥ 0.90
CFI	≥ 0.90
NFI	≥ 0.90
SRMR	≤ 0.08
Path coefficient significance	t-value > 1.96

Source: Data Generated, 2026

Mediation testing was conducted to determine whether brand image mediated the effects of customer experience and e-WOM on patient revisit intention. The indirect effects were calculated from SEM results by multiplying the path coefficient from each independent variable to brand image and the path coefficient from brand image to revisit intention. To strengthen the assessment, the Sobel z-value was used as an additional test of indirect-effect significance. A mediation effect was considered statistically significant when the calculated z-value was greater than 1.96 at the 5% significance level. This procedure enabled the study to identify the mediating role of brand image in the proposed structural research framework.

The hypotheses tested in this study were formulated as follows:

- H1: Customer experience has a positive effect on brand image.
- H2: Electronic word of mouth has a positive effect on brand image.
- H3: Customer experience has a positive effect on patient revisit intention.
- H4: Electronic word of mouth has a positive effect on patient revisit intention.
- H5: Brand image has a positive effect on patient revisit intention.
- H6: Brand image mediates the effect of customer experience on patient revisit intention.
- H7: Brand image mediates the effect of electronic word of mouth on patient revisit intention.

Through this analytical procedure, the study provides empirical evidence on how patient experience and digital reputation shape brand image and, in turn, influence revisit intention among dental clinic patients in Bogor City. The findings are expected to clarify the

role of brand image as a strategic link between service encounters, online reputation, and patient retention in a competitive dental healthcare market within urban service contexts.

3. RESULTS AND DISCUSSION

Respondent Characteristics

The respondents in this study were dominated by female patients, representing 73.5% of the sample, while male respondents accounted for 26.5%. In terms of age, most respondents were between 23 and 28 years old, representing 58.5% of the total sample. This indicates that the dental clinic market in Bogor City is dominated by young productive-age patients who are familiar with digital platforms and are likely to use online information before selecting healthcare services. Based on the last visit, 53% of respondents had visited a dental clinic within the last six months, while 47% had visited within the last six to twelve months. Therefore, the respondents’ service experiences were relatively recent and relevant for evaluating customer experience and revisit intention.

In terms of visit purpose, aesthetic treatments such as veneers, whitening, and orthodontic treatment represented the largest category, accounting for 45% of respondents. Routine treatments such as scaling and dental fillings accounted for 39.5%, while emergency dental consultation accounted for 15.5%. This finding supports the argument that dental clinics are no longer perceived only as curative healthcare providers, but also as aesthetic and lifestyle service providers. Regarding digital media usage, Instagram and TikTok were the most dominant platforms used by respondents. This confirms that visual and short-video-based platforms are important digital spaces for shaping e-WOM and patient expectations.

Table 6. Respondent characteristics

Category	Description	Frequency	Percentage
Gender	Male	53	26.5%
	Female	147	73.5%
Age	17-22 years	62	31.0%
	23-28 years	117	58.5%
	29-34 years	14	7.0%
	>34 years	7	3.5%
Last visit	<6 months	106	53.0%
	>6-12 months	94	47.0%
Visit purpose	Aesthetic treatment	90	45.0%
	Routine treatment	79	39.5%
	Emergency dental consultation	31	15.5%

Source: Data Generated, 2026

Descriptive Analysis of Research Variables

The descriptive analysis indicates that respondents generally perceived all research variables in a positive manner, although each variable showed different levels of strength and managerial implications. Customer experience obtained an overall mean score of 4.28, placing it in the very good category. This result suggests that patients generally evaluated their interactions with dental clinics in Bogor City favorably across several service touchpoints, including facilities, staff interaction, service efficiency, safety, trust, education, and post-treatment communication. The strongest indicator was post-purchase interaction, with a mean of 4.36. This reflects that patients appreciated reminders, post-treatment instructions, and communication after the clinical procedure had been completed. Such interaction is important because dental treatment often requires control visits, behavioral discipline, and continuity of care. Conversely, the lowest indicator was engagement and educational experience, with a mean of 4.15. Although this score remains high, it indicates that clinics still need to improve patient education, especially in providing clearer preventive oral health information, home-care guidance, and accessible consultation after treatment. In this context, customer experience should not be limited to physical comfort or administrative efficiency, but should also include continuous knowledge transfer that helps patients feel involved in their own treatment process.

The e-WOM variable obtained an overall mean of 4.25, also categorized as very good. This finding confirms that digital information plays a significant role in the patient decision-making process. The highest indicator was platform trust, with a mean of 4.57, indicating that patients strongly trusted digital platforms such as Google Maps, Instagram, TikTok, and other online review channels when evaluating dental clinics. Patients considered digital ratings, visual testimonials, and review histories as useful sources of reassurance before deciding to visit a clinic. However, the lowest indicator was intensity, with a mean of 3.97. This shows that although patients trust online information, the frequency, visibility, and spread of organic digital discussions about dental clinics still need to be strengthened. Clinics should therefore encourage authentic reviews, interactive social media engagement, and transparent responses to patient feedback.

Brand image obtained an overall mean of 4.23 and was categorized as good. The highest indicator was corporate image, with a mean of 4.37. This indicates that dental clinics in Bogor City have built a strong institutional reputation and are perceived as professional, credible, and socially trusted service providers. However, the lowest indicator was favorability, with a mean of 4.14. This suggests that patients still assess whether the benefits they receive are proportional to the costs, waiting time, treatment expectations, and emotional effort involved in dental care.

Patient revisit intention obtained an overall mean of 3.93, categorized as good. The highest indicator was case completion, with a mean of 4.02, showing that patients tend to complete planned treatments. However, the lowest indicator was revisit intention, with a

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mean of 3.79. This finding is critical because completing treatment does not automatically mean that patients will return regularly to the same clinic. Therefore, clinics must strengthen long-term patient relationships through consistent experience, credible digital reputation, and a trustworthy brand image over time sustainably.

Table 7. Summary of descriptive variable results

Variable	Main indicators	Overall mean	Category	Lowest indicator
Customer Experience	Sensory and facilities; personnel interaction; functional and efficiency; engagement and educational; safety and trust; post-purchase interaction	4.28	Very good	Engagement and educational
Electronic Word of Mouth	Intensity; content quality; source credibility; valence; platform trust	4.25	Very good	Intensity
Brand Image	Strength of association; favorability; uniqueness; brand personality; promise alignment; corporate image	4.23	Good	Favorability
Patient Revisit Intention	Revisit intention; preference; advocacy; actual behavior; case completion	3.93	Good	Revisit intention

Source: Data Generated, 2026

These results show an interesting managerial pattern. Patients generally evaluate the clinics positively, but the lowest score appears in the most behaviorally critical variable, namely revisit intention. This implies that positive experience, favorable digital reviews, and strong brand image do not automatically guarantee regular patient return behavior. In dental services, patients may complete a treatment plan but still switch to another provider if waiting time, cost transparency, post-treatment communication, or emotional comfort is not consistently maintained.

Structural Model Evaluation

Before hypothesis testing, the proposed structural model was assessed through several goodness-of-fit indices to ensure its compatibility with the empirical data. The results indicated that the model achieved an acceptable and strong level of fit. The Chi-square probability value was 0.41, which exceeded the minimum requirement of 0.05, suggesting that the difference between the estimated model and the observed data was not statistically problematic. In addition, the RMSEA value was 0.010, far below the recommended maximum threshold and indicating excellent approximation fit. Other model fit indicators, including NFI, NNFI/TLI, CFI, IFI, RFI, GFI, AGFI, RMR, SRMR, and Critical N, also fulfilled the recommended criteria. These results demonstrate that the structural model was

statistically adequate, theoretically consistent, and empirically supported. Therefore, the model was considered appropriate for further hypothesis testing using Structural Equation Modelling. This indicates that the proposed relationships among variables could be interpreted with sufficient statistical confidence and precision.

Table 8. Goodness-of-fit results

Fit index	Result	Cut-off value	Decision
Chi-square	207.17	-	-
df	203	Positive	Good fit
p-value Chi-square	0.41	>0.05	Good fit
RMSEA	0.010	<0.06	Good fit
P-value for close fit	1.00	>0.50	Good fit
NFI	0.94	>0.90	Good fit
NNFI/TLI	0.99	>0.90	Good fit
CFI	0.99	>0.90	Good fit
IFI	0.99	>0.90	Good fit
RFI	0.93	>0.90	Good fit
PNFI	0.83	>0.60	Good fit
GFI	0.91	>0.90	Good fit
AGFI	0.89	>0.85	Good fit
RMR	0.019	<0.05	Good fit
SRMR	0.050	<0.08	Good fit
Critical N	240.06	>200	Good fit

Source: Data Generated, 2026

Hypothesis Testing Results

The structural equation analysis indicates that all direct relationships among the variables were positive and significant. First, customer experience had a positive effect on brand image, with a path coefficient of 0.40 and a t-value of 4.30. This means that better patient experience at each service touchpoint strengthens clinic brand image. In this study, customer experience covers physical comfort, facility aesthetics, staff friendliness, service efficiency, medical communication, safety, trust, and post-treatment interaction. These elements form an integrated patient journey, from reservation, arrival, waiting, treatment, payment, to post-visit communication. When these touchpoints are managed consistently, patients associate the clinic with professionalism, reliability, and patient orientation. This result is consistent with healthcare service studies showing that experience, service quality, satisfaction, and perceived care are crucial determinants of loyalty and revisit intention (Woo & Choi, 2021; Siripipatthanakul, 2021).

Second, e-WOM had a positive effect on brand image, with a path coefficient of 0.44 and a t-value of 4.53. This effect was slightly stronger than customer experience, indicating that digital reputation plays an influential role in shaping patient perceptions. Online reviews, Google ratings, visual testimonials, patient stories, and user-generated content become references before patients visit a clinic. In healthcare services, prospective patients face uncertainty because they cannot fully assess clinical quality before treatment. Therefore, e-WOM works as social proof that reduces perceived risk and builds initial trust. Reviews describing dentists' competence, staff responsiveness, treatment results, price transparency, and clinic comfort can strengthen credibility. This is in line with studies showing that narrative reviews influence patient choice because they contain information about clinical skills, service attitudes, trust, and treatment outcomes (Zhang et al., 2023). Research on negative reviews and physician responses emphasizes that online review characteristics and provider responses influence consumer choice (Han et al., 2024).

Third, customer experience had a positive effect on patient revisit intention, with a path coefficient of 0.41 and a t-value of 4.03. This was the strongest effect on revisit intention, suggesting that actual service experience remains the decisive factor in encouraging patients to return. Although digital reputation can attract patients, revisit decisions are primarily determined by service encounters. Patients are more likely to return when the clinic provides efficient administration, reasonable waiting time, empathetic communication, transparent treatment costs, safe procedures, pain control, and reliable follow-up. This finding is relevant because many dental treatments require repeated visits, such as orthodontics, scaling, root canal treatment, veneers, implants, prosthodontics, and treatment control. Thus, continuity of dental care depends on whether patients feel comfortable, informed, respected, and safe.

Fourth, e-WOM had a positive effect on patient revisit intention, with a path coefficient of 0.31 and a t-value of 3.00. This result shows that digital reviews and online recommendations not only influence initial brand perception, but also strengthen patients' willingness to continue treatment at the same clinic. Positive e-WOM validates previous choices, reinforces confidence, and reduces psychological risk. In contrast, negative or inconsistent reviews may weaken revisit intention, even when patients have visited before. Therefore, dental clinics need to manage e-WOM as relationship management, not merely promotion. Authentic reviews, transparent responses, and consistent online communication can sustain loyalty. Previous dental clinic research confirms that word of mouth and revisit intention are important indicators of loyalty when service quality meets expectations (Siripipathanakul, 2021).

Finally, brand image had a positive effect on patient revisit intention, with a path coefficient of 0.33 and a t-value of 2.77. This finding confirms that a strong clinic brand image can increase patient confidence and encourage return behavior. In healthcare services, brand image functions as a risk-reduction mechanism because patients tend to revisit

providers perceived as reputable, professional, safe, trustworthy, and consistent. A strong brand image also helps patients justify their decision to continue treatment, particularly where many clinics offer similar services. This result is consistent with research showing that brand image and service quality are related to revisit intention in clinic and outpatient contexts (Candiago & Pramono, 2024). Overall, revisit intention is shaped by direct patient experience, digital reputation, and brand image.

Table 9. Summary of hypothesis testing

Hypothesis	Relationship	Coefficient	t-value	Decision
H1	Customer Experience → Brand Image	0.40	4.30	Accepted
H2	e-WOM → Brand Image	0.44	4.53	Accepted
H3	Customer Experience → Patient Revisit Intention	0.41	4.03	Accepted
H4	e-WOM → Patient Revisit Intention	0.31	3.00	Accepted
H5	Brand Image → Patient Revisit Intention	0.33	2.77	Accepted
H6	Customer Experience → Brand Image → Patient Revisit Intention	0.132	2.317	Accepted
H7	e-WOM → Brand Image → Patient Revisit Intention	0.145	2.358	Accepted

Source: Data Generated, 2026

The Mediating Role of Brand Image

The mediation test showed that brand image significantly mediated the relationship between customer experience and patient revisit intention. The indirect effect was 0.132, with a Sobel z-value of 2.317 and a p-value of 0.021. Since the direct effect of customer experience on revisit intention was also significant, brand image acted as a partial mediator. This indicates that customer experience influences revisit intention both directly and indirectly through brand image. In practical terms, a positive patient experience strengthens the clinic's brand image, and this stronger brand image increases the likelihood that patients will return.

Brand image also significantly mediated the relationship between e-WOM and patient revisit intention. The indirect effect was 0.145, with a Sobel z-value of 2.358 and a p-value of 0.018. Since the direct effect of e-WOM on revisit intention was also significant, the mediation was partial. This means that e-WOM can directly encourage revisit intention while simultaneously shaping brand image, which then strengthens the patient's intention to revisit.

These results indicate that the model specification is empirically acceptable. Therefore, the structural model can be used to test the proposed hypotheses concerning the

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influence of price perception and online promotion on brand awareness and purchase decision. The structural equations generated from LISREL are as follows:

Table 10. Mediation test results

Hypothesis	Indirect path	Coefficient a	SE(a)	Coefficient b	SE(b)	Indirect effect	z-value	p-value	Decision
H6	Customer Experience → Brand Image → Patient Revisit Intention	0.40	0.093	0.33	0.12	0.132	2.317	0.021	Significant
H7	e-WOM → Brand Image → Patient Revisit Intention	0.44	0.096	0.33	0.12	0.145	2.358	0.018	Significan

Source: Data Generated, 2026

These mediation findings provide an important theoretical implication. Brand image does not replace the direct role of patient experience and e-WOM; rather, it strengthens the mechanism through which both variables influence revisit intention. This means that dental clinic managers should not treat brand image merely as visual identity, logo, or promotional appearance. Brand image must be understood as a cumulative psychological evaluation formed through consistent patient experience and credible digital validation.

Discussion and Managerial Implications

The findings of this study confirm that patient revisit intention in dental clinics is shaped by both offline and online experiences. Customer experience represents the patient’s direct evaluation of the clinic, while e-WOM represents the digital social evaluation received through online platforms. Both variables significantly influence brand image and revisit intention. This confirms that dental clinic competition in Bogor City is no longer determined only by clinical competence, but also by the clinic’s ability to manage service touchpoints, digital reputation, and patient trust simultaneously.

The strongest direct predictor of revisit intention was customer experience. This implies that although digital visibility and positive reviews are important, the actual experience during and after treatment remains the most decisive factor in patient retention. The descriptive results showed that patient experience was generally very good, but several aspects still need managerial attention, including waiting time, pain management, preventive education, and post-treatment follow-up. These elements are highly relevant in dental

services because patients often experience anxiety, uncertainty, and discomfort during treatment. Therefore, clinics should improve appointment scheduling accuracy, provide clearer waiting-time communication, strengthen pain-control protocols, and offer structured post-treatment education.

The significant effect of e-WOM on brand image and revisit intention shows that patients increasingly rely on digital information before and after visiting dental clinics. However, the lowest e-WOM indicator was intensity, which suggests that although patients trust online platforms, the volume and spread of organic discussion about clinics still need to be strengthened. Dental clinics should encourage authentic patient reviews, maintain transparency in Google Reviews and social media, respond professionally to complaints, and ensure consistency between online claims and real service delivery. The expectation–reality gap must be minimized because exaggerated digital promotion can damage trust if the actual service experience does not match online narratives.

Brand image was proven to be a significant mediator. This means that patient revisit intention will be stronger when customer experience and e-WOM successfully form a credible, professional, and trustworthy clinic image. A strong brand image can reduce perceived risk and make patients more confident in continuing treatment at the same clinic. However, the descriptive results indicate that favorability was the weakest brand image indicator. Therefore, clinics need to ensure that the value received by patients is clearly proportional to treatment cost, waiting time, emotional effort, and expected treatment outcomes.

Overall, the study demonstrates that patient retention in dental clinics should be managed through an integrated strategy. First, clinics must improve operational experience, particularly waiting-time management and post-treatment communication. Second, clinics must strengthen digital reputation through credible, transparent, and patient-generated e-WOM. Third, clinics must align brand promises with actual service delivery. Fourth, clinics should build long-term relationship marketing through recall systems, personalized reminders, online consultation, and educational content. These strategies are expected to strengthen brand image and increase patient revisit intention in the competitive dental clinic market of Bogor City.

4. CONCLUSION

This study aimed to analyze the influence of customer experience and electronic word of mouth (e-WOM) on brand image and their impact on patient revisit intention at dental clinics in Bogor City. The findings indicate that customer experience and e-WOM are important antecedents of brand image and patient revisit intention. Customer experience has a positive and significant effect on brand image and revisit intention, confirming that patients' direct interaction with clinic facilities, staff, dentists, service efficiency, safety, and

post-treatment communication plays a crucial role in encouraging repeat visits. e-WOM also has a positive and significant effect on brand image and revisit intention, showing that online reviews, digital ratings, visual testimonials, and social media information are influential in shaping patient trust and behavioral intention.

The results further demonstrate that brand image has a positive and significant effect on patient revisit intention. A strong brand image strengthens patient confidence, reduces perceived risk, and supports the decision to continue treatment at the same dental clinic. In addition, brand image significantly mediates the effect of customer experience and e-WOM on revisit intention. This means that patient revisit intention is not only directly influenced by service experience and digital reputation, but also indirectly strengthened through the formation of a credible, professional, and trustworthy clinic image.

Overall, the study concludes that patient retention in dental clinics cannot be built only through clinical competence or promotional activities. Dental clinic managers need to integrate high-quality patient experience, credible e-WOM management, and consistent brand image development. Future service development should focus on improving waiting-time management, strengthening pain management, providing clearer treatment and cost information, enhancing post-treatment follow-up, and encouraging authentic patient reviews on digital platforms. Future research may expand the study to other cities, compare independent and franchise dental clinics, and include additional variables such as patient trust, satisfaction, dental anxiety, and perceived value to obtain a more comprehensive understanding of patient revisit behavior in dental healthcare services.

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