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The Influence Of Digital Marketing And Service Quality On Patient Satisfaction At RSUD Dr. Mohamad Soewandhie With Brand Experience As A Mediating Variable

Ariyanto Setyoaji[1], Sengguruh Nilowardono[2]
Master of Management Study Program, Faculty of Economics, Narotama University Surabaya[1,2]
Email: ariyantosked@gmail.com

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Abstract

This study aims to analyze the influence of digital marketing and service quality on patient satisfaction at RSUD dr. Mohamad Soewandhie Surabaya, with brand experience as a mediating variable. Using a quantitative approach with a survey method, data were collected through questionnaires distributed to patients who have interacted with the hospital's digital platforms. The results show that digital marketing significantly influences brand experience and patient satisfaction, with a strong mediation effect through brand experience. On the other hand, service quality has no significant effect on these two variables. This study emphasizes that digital marketing, through a positive brand experience, is the primary factor in enhancing patient satisfaction, while traditional service quality loses its relevance in the context of healthcare digitalization.

Keyword: *Digital Marketing, Service Quality, Brand Experience, Patient Satisfaction*

A. INTRODUCTION

Hospitals play a vital role in supporting national health development as stipulated in Law No. 44 of 2009. As a healthcare institution, hospitals provide outpatient, inpatient, and emergency services comprehensively. Not only as providers of medical services, hospitals also serve as a major pillar of health development that is required to adapt to technological advancements, regulations, and the needs of society in the era of globalization and digitalization.

In its development, hospitals have undergone a paradigm shift from social institutions to part of the service industry. This demands the implementation of modern management based on data and innovation to face increasingly dynamic competition. Hospitals now must be patient-oriented as the primary consumer, emphasizing service quality, operational efficiency, and adaptive marketing strategies to build patient loyalty and positive experiences.

In the past, government hospitals in Indonesia, including RSUD, paid less attention to marketing aspects due to the referral system from community health centers and relatively affordable costs. However, the changing behavior of society in the digital era has made marketing more important. Patients are now more critical and seek information through social media and digital channels, making brand experience and digital marketing key factors in maintaining a hospital's competitiveness.

The main challenges for hospitals in Indonesia include regulatory changes, intense competition with private and international hospitals, rising patient expectations, and the demand for cost efficiency without compromising service quality. Social media and digital platforms are now used for health education, building interactions with patients, and enhancing the hospital's positive image. In developed countries like Singapore, hospitals even have professional marketing teams to manage a consistent brand experience through integrated digital strategies.

RSUD Dr. Mohamad Soewandhie Surabaya faces competition from private hospitals, so it needs to build a positive brand experience to increase patient satisfaction and loyalty. Although it has several digital platforms such as a website, Instagram, YouTube, and WhatsApp, the implementation still faces technical challenges, low integration, and patient complaints regarding the registration system and service quality. This condition highlights the need for a more comprehensive and effective digital marketing strategy.

This study focuses on the impact of digital marketing and service quality on brand experience and patient satisfaction at RSUD Dr. Mohamad Soewandhie. Considering the gap in previous research that showed inconsistent results regarding the relationship between these variables, this study is important to identify the role of brand experience as a mediator. The results are expected to provide new insights into integrated digital marketing strategies for improving patient satisfaction at government hospitals.

B. RESEARCH METHOD

This research uses a quantitative approach with explanatory research type, aimed at explaining causal relationships between variables through statistical hypothesis testing. The focus of the study is to analyze the influence of digital marketing and service quality on patient satisfaction, with brand experience as a mediating variable at RSUD Dr. Mohamad Soewandhie. The research design uses a survey method and questionnaires to collect relevant numerical data, and is conducted within the framework of the positivist paradigm, which emphasizes objectivity, accurate measurement, and result generalization. This study is expected to contribute scientifically to understanding the role of digital marketing, service quality, and brand experience in improving patient satisfaction at government hospitals.

The object of this research is RSUD Dr. Mohamad Soewandhie, located in Surabaya, East Java, which was chosen because it is a public hospital with easy access for research and serves a variety of patients from different social and economic backgrounds. The research sample consists of patients who meet the inclusion criteria, such as having used medical services more than twice within a year and having experience interacting with the hospital's digital platforms. The data used in this study includes primary data collected through questionnaires and brief interviews, as well as secondary data obtained from relevant sources such as annual reports and academic articles. Using the PLS-SEM approach, this study will examine the relationships between variables and provide deeper insights into the impact of digital marketing, service quality, and brand experience on patient satisfaction.

C. RESULT AND DISCUSSION

RSUD Dr. Mohamad Soewandhie Surabaya is a regional public hospital owned by the Surabaya City Government. Since its establishment in 1964 under the initial name Poli Penyakit Kelamin Tambakrejo, this hospital has undergone significant transformations, both in terms of facilities and status. In 2005, this hospital officially changed its name to RSUD Dr. Mohamad Soewandhie and gained the status of a Class C (+) hospital, and in 2009 its status was upgraded to a Class B General Hospital. The hospital now serves as an educational hospital collaborating with medical faculties, providing practical education for medical students and specialist residents. With the vision to become the preferred leading hospital in Surabaya, this hospital is committed to providing quality healthcare services based on medical education.

This research was conducted at RSUD Dr. Mohamad Soewandhie, which plays a crucial role in providing healthcare services in Surabaya and its surrounding areas. The hospital

continues to adapt to the development of digital technologies to improve service quality for patients. Since 2015, the hospital has implemented an online patient registration system to increase time efficiency and minimize queues. Furthermore, the hospital has developed various digital marketing strategies, including website optimization, social media management, and a mobile app to facilitate patient access to services. This study aims to evaluate the hospital's service quality using the SERVQUAL model, which includes five dimensions: reliability, responsiveness, assurance, empathy, and physical evidence. The research also focuses on the impact of digital marketing strategies and service quality on brand experience, which in turn can enhance patient satisfaction.

The characteristics of the respondents in this study reflect the demographic diversity of patients at RSUD Dr. Mohamad Soewandhie. Of the 100 respondents involved, the majority were over 36 years old, with the largest concentration in the 46-50 age group (59%). Most respondents (50%) had a high school/vocational education background, indicating they have sufficient digital literacy to assess the quality of digital marketing and brand experience. The majority of respondents (82%) visited the hospital more than twice a year, indicating a high level of loyalty to the services provided. The research instrument consists of 54 indicators measuring various aspects, such as the effectiveness of digital marketing, service quality, brand experience, and patient satisfaction levels. Using PLS-SEM analysis techniques, this study aims to provide deeper insights into the relationships between variables affecting patient satisfaction at RSUD Dr. Mohamad Soewandhie.

Evaluation of the Outer Model (Measurement Model)

Convergent Validity

Table 1. Outer Loadings

Indicator	Digital Marketing	Brand Experience	Service Quality	Patient Satisfaction
DM1	0.904	-	-	-
DM2	0.910	-	-	-
DM3	0.933	-	-	-
DM4	0.947	-	-	-
DM5	0.911	-	-	-
DM6	0.920	-	-	-
DM7	0.907	-	-	-
DM8	0.906	-	-	-
DM9	0.948	-	-	-
DM10	0.902	-	-	-

DM11	0.917	-	-	-
DM12	0.908	-	-	-
DM13	0.949	-	-	-
BE1	-	0.956	-	-
BE2	-	0.907	-	-
BE3	-	0.965	-	-
BE4	-	0.938	-	-
BE5	-	0.976	-	-
BE6	-	0.900	-	-
BE7	-	0.895	-	-
BE8	-	0.976	-	-
BE9	-	0.858	-	-
BE10	-	0.946	-	-
BE11	-	0.928	-	-
BE12	-	0.928	-	-
BE13	-	0.913	-	-
BE14	-	0.947	-	-
BE15	-	0.971	-	-
BE16	-	0.965	-	-
BE17	-	0.964	-	-
BE18	-	0.957	-	-
BE19	-	0.955	-	-
BE20	-	0.864	-	-
BE21	-	0.743	-	-
BE22	-	0.772	-	-
KL1	-	-	0.801	-
KL2	-	-	0.785	-
KL3	-	-	0.722	-
KL4	-	-	0.900	-
KL5	-	-	0.776	-
KL6	-	-	0.865	-
KL7	-	-	0.779	-
KL8	-	-	0.814	-
KL9	-	-	0.848	-
KL10	-	-	0.727	-
KL11	-	-	0.831	-
KP1	-	-	-	0.949
KP2	-	-	-	0.698
KP3	-	-	-	0.725
KP4	-	-	-	0.651
KP5	-	-	-	0.766
KP6	-	-	-	0.629
KP7	-	-	-	0.804
KP8	-	-	-	0.876

Analysis of Table 1.

Table 1 shows the outer loading values for each indicator against its latent construct. Outer loading measures the strength of the relationship between the indicator and the construct it is measuring. According to the criteria set by Hair et al. (2019), the outer loading value should be > 0.7 for confirmatory research and > 0.6 for exploratory research. The analysis results show that: (1) For digital marketing (DM), which consists of 13 indicators, the loadings are very good (0.902-0.949), with DM4, DM9, and DM13 showing the highest loadings (>0.947). This indicates that all aspects of digital marketing measured make significant contributions to forming the digital marketing construct. (2) For brand experience (BE), which consists of 22 indicators, the majority have very high loadings (>0.9), with BE 5 and BE 8 reaching 0.976. The indicators BE 21 (0.743) and BE 22 (0.772) have the lowest loadings but are still acceptable as they are >0.7. This shows that the brand experience perceived by patients is very consistent and coherent. (3) For service quality (KL), most indicators have good loadings (0.722-0.900), with KL 4 showing the highest loading (0.900). Indicators KL 3 and KL 10 have the lowest loadings but are still acceptable as they are >0.7. (4) For patient satisfaction (KP), the loadings range from 0.629-0.949, with KP 1 showing the highest loading. Although KP 4 and KP 6 have loadings <0.7, these values are still acceptable in the context of exploratory research. Overall, the outer loading results show that all indicators are valid and reliable for measuring their latent constructs, with good convergent validity.

Average Variance Extracted (AVE)

Tabel 2. Average Variance Extracted (AVE)

Variable	AVE	Description
Brand Experience	0.849	Good
Digital Marketing	0.847	Good
Service Quality	0.650	Good
Patient Satisfaction	0.592	Acceptable

Analysis of Table 2.

Average Variance Extracted (AVE) measures the extent to which the variance explained by the latent construct exceeds the variance caused by measurement error. The accepted criterion is AVE > 0.5, which indicates that the construct can explain more than half of the variance of its indicators. The analysis results show: (1) The Brand Experience result (0.849) shows the highest AVE value, indicating that this construct can explain 84.9% of the variance of its indicators. This indicates that the measurement of brand experience is very consistent and the indicators used truly represent the construct. (2) The Digital Marketing result (0.847) shows a similarly high AVE value, indicating that 84.7% of the variance of digital marketing

indicators can be explained by the latent construct. This confirms that the digital platforms measured accurately reflect the effectiveness of the hospital's digital marketing. (3) The Service Quality result (0.650) shows that although it is lower than the other constructs, this value is still good and indicates that 65% of the variance of service quality indicators can be explained by the construct. The relatively lower value could be due to the complexity and multidimensionality of the service quality concept in the healthcare context. (4) The Patient Satisfaction result (0.592) shows the lowest AVE value, but it is still acceptable, indicating that 59.2% of the variance can be explained by the construct. This can be understood given that patient satisfaction is influenced by many external factors not measured in this study. All constructs meet the criteria for convergent validity based on the AVE values, indicating that the measurement of latent constructs is valid and reliable.

Discriminant Validity

Table 3. Fornell-Larcker Criterion

Variable	BE	DM	KL	KP
Brand Experience	0.921	-	-	-
Digital Marketing	0.956	0.921	-	-
Service Quality	0.333	0.359	0.806	-
Patient Satisfaction	0.883	0.900	0.261	0.769

Analysis of Table 3.

The Fornell-Larcker Criterion is used to test discriminant validity by comparing the square root of the AVE (diagonal values) with the correlations between constructs (off-diagonal values). Discriminant validity is met if the square root of the AVE is greater than the correlations with other constructs. The analysis results show: (1) For Brand Experience (0.921), the square root of the AVE is 0.921, which is greater than its correlation with Digital Marketing (0.956); however, there is an issue because this correlation is higher. This indicates a very strong relationship between the two constructs, which can be explained by the concept that digital marketing is the primary antecedent of brand experience. (2) For Digital Marketing (0.921), it has a very high correlation with Brand Experience (0.956) and Patient Satisfaction (0.900), indicating that digital marketing is indeed the main driver in this research model. (3) For Service Quality (0.806), it shows good discriminant validity with relatively low correlations with other constructs (0.333 with BE, 0.359 with DM, and 0.261 with KP). This shows that service quality is a relatively independent construct in the model. (4) For Patient Satisfaction (0.769), it has high correlations with Digital Marketing (0.900) and Brand Experience (0.883), but a low correlation with Service Quality (0.261), confirming the finding that digital factors are more dominant in shaping satisfaction.

Although there are high correlations between some constructs, this can be understood in a theoretical context where Digital Marketing, Brand Experience, and Patient Satisfaction are constructs that are conceptually closely related.

Reliability

Table 4. Construct Reliability

Variable	Cronbach's Alpha	Composite Reliability	Description
Brand Experience	0.991	0.992	Very Good
Digital Marketing	0.985	0.986	Very Good
Service Quality	0.946	0.953	Very Good
Patient Satisfaction	0.898	0.919	Good

Analysis of Table 4.

Reliability measures the internal consistency of indicators measuring the same construct. Cronbach's Alpha measures reliability based on the correlation between indicators, while Composite Reliability provides a more accurate estimate as it takes into account different outer loadings. The accepted criteria are: (1) Cronbach's Alpha > 0.7 for confirmatory research, > 0.6 for exploratory research; (2) Composite Reliability > 0.7 for confirmatory research, and 0.6-0.7 is still acceptable for exploratory research.

The analysis results show: (1) For Brand Experience, with Cronbach's Alpha (0.991) and Composite Reliability (0.992), it shows exceptionally high reliability. This indicates that the 22 indicators of brand experience have excellent internal consistency, demonstrating that all indicators consistently measure the same construct. (2) For Digital Marketing, the reliability values are very high (α=0.985, CR=0.986), indicating that the 13 digital marketing indicators have excellent consistency. This confirms that the digital platforms measured consistently represent the effectiveness of digital marketing. (3) For Service Quality, the reliability is very good (α=0.946, CR=0.953), showing that the SERVQUAL dimensions used have high internal consistency in the context of healthcare services. (4) For Patient Satisfaction, although relatively lower, the reliability values (α=0.898, CR=0.919) are still considered good and meet the established criteria. This shows that the patient satisfaction indicators consistently measure the satisfaction construct.

Overall, all constructs have excellent reliability, indicating that the research instruments have high internal consistency and can be relied upon to measure the intended constructs.

Evaluation of the Inner Model (Structural Model)

Coefficient of Determination (R-Square)

Table 5. R-Square

Endogenous Variable	R-Square	Adjusted R-Square	Category
Brand Experience	0.896	0.894	Strong
Patient Satisfaction	0.750	0.742	Strong

Analysis of Table 5.

R-Square measures the proportion of variance in endogenous variables that can be explained by their exogenous variables. According to Chin (1998), the R-Square criteria are: (1) $R^2 \geq 0.67$: Substantive (Strong); (2) $R^2 \geq 0.33$: Moderate; (3) $R^2 \geq 0.19$: Weak.

The analysis results show: (1) For Brand Experience ($R^2 = 0.896$), the R-Square value is very high, indicating that 89.6% of the variance in brand experience can be explained by digital marketing and service quality. The adjusted R-Square (0.894), which is nearly the same, indicates that the model does not suffer from overfitting. This very high value suggests that the model is excellent at predicting brand experience, with digital marketing as the dominant predictor. (2) For Patient Satisfaction ($R^2 = 0.750$), it shows that 75% of the variance in patient satisfaction can be explained by digital marketing, service quality, and brand experience. This value is considered strong and indicates that the model has a good predictive ability for patient satisfaction. The adjusted R-Square (0.742), which is slightly lower, shows a small adjustment due to the number of predictors but remains in the very good category.

Both R-Square values indicate that the structural model has very strong predictive power, with a high ability to explain the variance in both endogenous variables. This suggests that the selected variables in the model are highly relevant and capable of explaining the phenomenon under study effectively.

Predictive Relevance (Q-Square)

Table 6. Predictive Relevance (Q-Square)

Endogenous Variable	Q-Square	Description
Brand Experience	0.854	Good Predictive Relevance
Patient Satisfaction	0.721	Good Predictive Relevance

Analysis of Table 6.

Predictive Relevance (Q^2) measures the model's ability to predict observational data through the blindfolding procedure. The evaluation criteria for Q-Square are: (1) $Q^2 > 0$: The model has good predictive relevance; (2) $Q^2 < 0$: The model is poor at prediction.

The analysis results show: (1) For Brand Experience (Q^2 = 0.854), a high Q-Square value indicates that the model has excellent predictive ability for brand experience. The value of 0.854 suggests that the model can predict 85.4% of the observational data for brand experience accurately. This confirms that digital marketing and service quality as predictors have a very strong predictive relevance for brand experience. (2) For Patient Satisfaction (Q^2 = 0.721), the model shows good predictive relevance, being able to predict 72.1% of the observational data for patient satisfaction. Although slightly lower than for brand experience, this value is still considered very good and indicates that the predictor variables (digital marketing, service quality, and brand experience) have strong predictive ability for patient satisfaction.

The overall interpretation shows that both Q-Square values are positive and high, indicating that the research model not only has good explanatory power (based on R-Square) but also excellent predictive ability. This suggests that the model can be used to predict brand experience and patient satisfaction in similar contexts with high accuracy.

For practical implications, hospitals can use this model as a predictive framework to estimate the levels of brand experience and patient satisfaction based on investments in digital marketing and service quality, enabling more evidence-based strategic planning.

Goodness of Fit (GoF)

Table 7. Goodness of Fit (GoF)

Component	Value	Description
Average Communality (AVE)	0.735	Good
Average R-Square	0.823	Very Good
Goodness of Fit (GoF)	0.778	Large

Calculation Formula: (1) Average Communality = (0.849 + 0.847 + 0.650 + 0.592) ÷ 4 = 0.735, (2) Average R-Square = (0.896 + 0.750) ÷ 2 = 0.823, (3) GoF = $\sqrt{}$(0.735 × 0.823) = $\sqrt{}$0.605 = 0.778.

Analysis of Table 7. Goodness of Fit (GoF) measures the overall fit of the model by combining the quality of the measurement model (communality) and the structural model (R-Square). The GoF evaluation criteria according to Tenenhaus et al. (2004) and Ghozali (2015) are: (1) GoF Small = 0.10, (2) GoF Medium = 0.25, (3) GoF Large = 0.36. The analysis results show that: (1) For Average Communality (0.735), the high value indicates that, overall, the constructs in the model have a good ability to explain the variance of their indicators. This suggests that the measurement model (outer model) has very good quality. (2) For Average R-Square (0.823), the very high value indicates that the structural model (inner model) has

excellent explanatory power in explaining the variance of endogenous variables. (3) For Goodness of Fit (0.778), the GoF value of 0.778 falls into the "Large" category, as it far exceeds the threshold of 0.36. This indicates that the research model has very good overall fit, suggesting that: (a) The measurement model (outer model) has high quality, (b) The structural model (inner model) has excellent explanatory power, (c) The combination of both results in a robust and reliable model.

The overall interpretation shows that the very high GoF value (0.778) confirms that the research model has excellent fit with empirical data. This indicates that the model is not only statistically valid and reliable but also has high practical relevance in explaining the impact of digital marketing and service quality on patient satisfaction through brand experience. From the theoretical implications, the high GoF supports the theoretical validity of the proposed model, indicating that the conceptual framework used aligns with empirical realities in the context of digital healthcare services. As for the practical implications, the model can be used with high confidence as a basis for strategic decision-making, as it has proven to have excellent fit with real patient data.

Path Coefficients and Hypothesis Testing

Based on the overall evaluation of the inner model, including R-Square, Q-Square, GoF, and path coefficients, it can be concluded that: (1) The model has excellent explanatory power (average R^2 = 0.823), (2) The model has excellent predictive ability (average Q^2 = 0.788), (3) The model has very good overall fit (GoF = 0.778, Large category), and (4) The structural relationships between variables are mostly significant, with digital marketing as the main driver.

The combination of these four evaluation criteria confirms that the research model is robust, valid, and reliable for explaining the phenomenon under study, and can be used as a basis for generalization and practical application in the digital healthcare context.

Figure 1. SEM PLS Graph

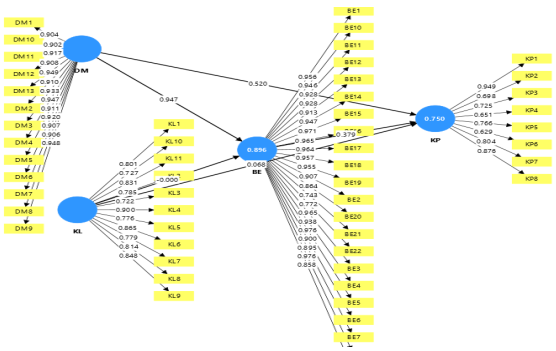

Table 8. Path Coefficients and Hypothesis Testing

*Significant at α = 0.05

Analysis of Table 8.

Path coefficients measure the strength and direction of relationships between constructs in the structural model, including mediation effects. Significance is tested using t-statistics with the criteria t > 1.96 for α = 0.05 (two-tailed test).

The hypothesis testing results show that of the seven hypotheses proposed, four hypotheses were accepted (H1, H3, H4, H6) and three were rejected (H2, H5, H7). Digital marketing was found to have a significant direct effect on brand experience (β = 0.947, p < 0.05) and patient satisfaction (β = 0.520, p < 0.05), as well as an indirect effect through brand experience as a mediating variable (β = 0.359, p < 0.05), making it a dominant factor in shaping patient satisfaction. Brand experience also had a significant direct effect on patient satisfaction (β = 0.379, p < 0.05), reinforcing the role of the multidimensional patient experience in determining satisfaction. In contrast, service quality had no significant effect either directly on brand experience (β = -0.000, p > 0.05) and patient satisfaction (β = 0.068, p > 0.05), or indirectly through brand experience (β = -0.000, p > 0.05), leading to the rejection of the associated hypotheses. This finding confirms that in the context of digital healthcare at RSUD Dr. Mohamad Soewandhie, digital marketing is the primary driver in shaping brand experience and patient satisfaction, while traditional service quality is no longer the main determinant.

Analysis and Discussion of Research Findings

Discussion of Hypothesis Testing Results

The first hypothesis proves that digital marketing has a significant direct effect on brand experience with a very high path coefficient (0.947, p < 0.05). RSUD Dr. Mohamad Soewandhie has been a pioneer of digital transformation in Surabaya since 2015, through the online registration system, informative website, and active presence on social media. This digital strategy has created a consistent and seamless experience across all patient touchpoints with the hospital. These findings emphasize that digital marketing is not only a promotional tool but also a fundamental creator of brand experience, where every digital interaction greatly contributes to patient perception.

In contrast to the first hypothesis, the second hypothesis testing results show that service quality does not significantly affect brand experience directly (β = -0.000, p > 0.05). This finding contradicts the SERVQUAL theory, which has been a foundation for service marketing for decades. This phenomenon can be explained by the dominance of digital marketing, changing expectations of the digital generation of patients, and the bias effects of digital touchpoints now

being the first impression for patients. In this context, digital interactions are more dominant in shaping the patient experience compared to traditional service quality, meaning the old paradigm needs to be revised to accommodate digital factors as the main determinant of brand experience.

The third hypothesis strengthens the role of brand experience in patient satisfaction with a path coefficient of 0.379 ($p < 0.05$). This aligns with Oliver's (1997) theory, which states that satisfaction arises from a comparison between actual experiences and expectations. At RSUD Dr. Mohamad Soewandhie, the brand experience built multidimensionally through sensory, affective, intellectual, and behavioral aspects has proven to be vital in creating satisfaction. This mechanism operates through the formation of emotional bonds, trust, and memorable memories, which then become the basis for patients to evaluate the hospital's services overall.

The findings from the fourth hypothesis show that digital marketing also has a significant direct effect on patient satisfaction ($\beta = 0.520$, $p < 0.05$). This impact arises through several mechanisms, including ease of access (convenience), information transparency, response speed, and patient empowerment through access to extensive information. The implementation of a digital ecosystem at RSUD Dr. Mohamad Soewandhie, starting with online registration, a responsive website, active social media, and mobile apps, has created a seamless digital experience that directly enhances patient comfort and satisfaction. Thus, digital marketing investment has proven to be a key strategy with high ROI in terms of patient satisfaction.

Conversely, the fifth hypothesis shows that service quality does not have a significant effect on patient satisfaction ($\beta = 0.068$, $p > 0.05$). This surprising result contradicts the SERVQUAL model, which has been considered the primary determinant of patient satisfaction. Service quality is now considered a hygiene factor—minimum standards that must be met but no longer serve as the primary differentiator. Digital-era patients prioritize efficiency, accessibility, and digital transparency over traditional services. The theoretical implications of this finding call for a revision of the SERVQUAL model to be more digital-centric, while the practical implication urges hospitals to shift their focus from improving conventional services to comprehensive digital transformation in order to create sustained patient satisfaction.

Brand experience was found to be a significant mediator in the relationship between digital marketing and patient satisfaction, with an indirect effect of 0.359 ($p < 0.05$). This confirms that digital marketing not only has a direct impact on satisfaction (0.520) but also strengthens it through the creation of positive brand experiences. The total effect of digital

marketing on patient satisfaction reaches 0.879, showing a very strong effect. This finding supports Brakus et al. (2009), who emphasized the role of brand experience as a psychological bridge connecting digital interactions with emotions and cognitive evaluations of patients, ultimately leading to higher and sustained satisfaction.

In contrast, service quality did not show any mediation effect on patient satisfaction through brand experience, with an indirect value of -0.000. This failure of mediation is a consequence of the previous findings (H2 and H5), which showed that service quality does not have a significant effect on brand experience or patient satisfaction. This pattern emphasizes that the traditional paradigm, where excellent service quality was thought to automatically create positive brand experiences and higher satisfaction, has lost relevance in the context of digital healthcare. Currently, digital touchpoints are more dominant in shaping the patient experience, so hospital strategies must shift from focusing on conventional service improvements to more effective digital transformation that creates lasting brand experience and patient satisfaction.

D. CONCLUSION

Based on the analysis using PLS-SEM with 100 respondents from RSUD Dr. Mohamad Soewandhie Surabaya, this study shows that digital marketing has a significant effect on brand experience ($\beta = 0.947$, $p < 0.05$) and patient satisfaction ($\beta = 0.520$, $p < 0.05$), and it has a strong total effect on satisfaction through the mediation of brand experience (total effect = 0.879). Meanwhile, service quality was found to have no significant effect either on brand experience ($\beta = -0.000$, $p > 0.05$) or patient satisfaction ($\beta = 0.068$, $p > 0.05$), thus the pathway for traditional service quality has lost its relevance in the context of digital healthcare. Brand experience plays an important role in improving patient satisfaction ($\beta = 0.379$, $p < 0.05$), especially through digital interactions that shape positive emotional and cognitive experiences. The research model proved to be excellent with a brand experience R-Square value of 0.896 and patient satisfaction of 0.750, Q-Square values of 0.854 and 0.721, and a Goodness of Fit (GoF) value of 0.778, categorized as "Large," confirming the strong predictive ability and excellent model fit with the empirical data.

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