



**INTERPERSONAL CARE ACTIVITIES AND BRAND EQUITY INCREASE
PATIENT RESPONSE AT TYPE B HOSPITALS IN BEKASI****Irma Nurfauzia¹****Universitas Esa Unggul, Jakarta, Indonesia**
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Abstract

This research is based on the results of initial observations, which found that 67% had problems related to Patient Response, of which 80% had problems regarding Customer Loyalty, where patients were reluctant to recommend Type B Hospitals in Bekasi to others on social media. The purpose of this study was to analyze the simultaneous influence of social media marketing activities, interpersonal care activities, and hospital brand equity on the responses of non-insured patients at Type B Hospitals in Bekasi. This research method was quantitative with a cross-sectional design. The population in this study was all non-insured outpatients and inpatients who visited or received treatment at Type B Hospitals in Bekasi. The minimum sample size in this study was 101 respondents. The data collection technique used a questionnaire, and the analysis method used the three-box method and SEM-PLS. The results showed there is an influence of simultaneous social media marketing activities, interpersonal care activities, and hospital brand equity on patient responses. Social media marketing activities and interpersonal care activities have an impact on responding to patients with hospital brand equity as intervening variables.

Keywords: Social Media Marketing Activities, Interpersonal Care Activities, Hospital Brand Equity, Patient Response



INTRODUCTION

The development of modern healthcare requires hospitals to focus not only on clinical outcomes but also on the overall patient experience. Patients, as consumers, increasingly assess service quality based on a hospital's ability to respond to their needs and expectations, making patient responsiveness a crucial factor in maintaining hospital competitiveness (Dagger et al., 2007; Górska-Warsewicz, 2022). Patient response can be reflected in preferences, loyalty, and willingness to pay a premium for services received (Keller, 1993).

In healthcare marketing, *Social Media Marketing Activities* (SMMAs) play a strategic role in building patient interaction, trust, and engagement. Social media marketing activities have been shown to increase customer response and strengthen relationships between organizations and consumers (Godey et al., 2016; Bushara et al., 2023; Rusfian & Alessandro, 2021; Upadhyay et al., 2022; Zarei et al., 2022). Furthermore, **interpersonal care activities** such as communication quality, empathy, and the relationship between healthcare workers and patients significantly influence patient satisfaction and positive perceptions of hospital services (Dagger et al., 2007; Molina-Mula & Gallo-Estrada, 2020; Riviere et al., 2019).

Furthermore, *brand equity* plays a crucial role in the healthcare sector because it can enhance credibility, trust, and patient loyalty toward a hospital. Strong brand equity helps hospitals build a professional image and better understand patient needs, thus encouraging positive patient responses (Górska-Warsewicz, 2022; Ebrahimi et al., 2021; Khan et al., 2019). However, previous studies have generally examined the influence of SMMAs, interpersonal care, and brand equity partially, and few have considered brand equity as a mediating variable in an integrative model of patient response (Bushara et al., 2023; Dzakiyya & Hati, 2024).

Empirically, Type B Hospitals in Bekasi face challenges in the form of low visits from non-insured patients and persistent dissatisfaction among inpatients and outpatients. Preliminary studies indicate issues with patient response, social media marketing activities, the quality of interpersonal interactions, and perceptions of the hospital brand. These conditions indicate that patient response is suboptimal and requires further in-depth empirical research.

Based on the research gaps and empirical issues, this study aims to analyze the influence of *Social Media Marketing Activities and Interpersonal Care Activities* on patient responses, with *brand equity* as an intervening variable, among non-insured patients at a Type B Hospital in Bekasi. This study is expected to provide

theoretical and practical contributions to the development of marketing strategies and the improvement of hospital service quality.

LITERATURE REVIEW

Theory of Stimulus-Organism-Response (SOR)

The *Stimulus-Organism-Response* (SOR) model was first introduced by Mehrabian and Russell (1974) to explain how external stimuli influence an individual's internal state and subsequently produce behavioral responses. In this model, the stimulus (S) represents external environmental factors, *the organism* (O) reflects the individual's internal processes, which include cognitive and affective aspects, and *the response* (R) is the behavior that emerges as a result of these processes.

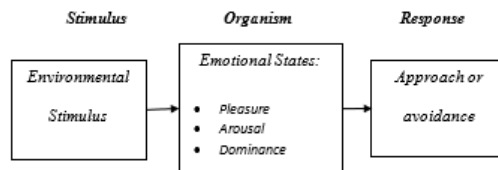


Figure 1

Modified SOR Model of Mehrabian & Rusell (1974) and Jacoby (2002)

Based on this framework, the relevant SOR theory is used in this study to explain the influence of *Social Media Marketing Activities* and *Interpersonal Care Activities* as external environmental stimuli on *brand equity* as an organism, which subsequently influences patient responses. Therefore, the SOR model provides a systematic theoretical basis in predicting patient responses through the mediation mechanism of *brand equity*.

Customer Response

Customer responses according to social identity theory *explain* how individuals identify themselves with certain social groups and how this identification influences their behavior and responses to brands or products. Individuals have non-insurance identities and social identities, where social identity stems from membership in certain groups, such as communities or organizations. Individuals tend to categorize themselves and others into groups, such as users of certain brands, which can influence consumer behavior. Customers who feel connected to a brand or community of users of that brand tend to be more loyal, recommend the product, and have a positive attitude towards that brand.



Social Media Marketing Activities

Csikszentmihalyi's Flow Theory describes the psychological state in which individuals are fully engaged, motivated, and enjoying an activity. In the context of digital marketing, this theory explains how social media marketing activities can create enjoyable experiences and pique customer curiosity, thereby increasing engagement and strengthening customer responses, including interest and purchasing decisions (Csikszentmihalyi, 2014).

Interpersonal Care Activities

Interpersonal care activities refer to the quality of interactions between healthcare providers and patients, which play a significant role in shaping patients' perceptions of the quality of care received (Dagger et al., 2007). The main dimensions of interpersonal care activities include interaction activities, namely the quality of communication and empathy between healthcare providers and patients; relationship activities, which relate to efforts to build trusting relationships; and physicians' and nurses' care, namely the level of attention and concern of physicians and nurses in meeting patient needs (Dagger et al., 2007).

Brand Equity

Brand equity refers to the value attached to a brand and is derived from a set of associations, perceptions, and consumer behaviors that provide a competitive advantage and sustainability for the company (Aaker, 2009). The main components of brand equity include brand awareness, namely the ability of consumers to recognize and remember the brand; **customer** loyalty, which reflects the tendency of consumers to continue using the same brand; perceived quality, namely consumer assessment of the quality of the product or service; and brand associations, in the form of images and meanings connected to the brand based on experience and marketing communications (Aaker, 2009).

Hypothesis

To examine the relationship between *Social Media Marketing Activities*, *Interpersonal Care Activities*, *Hospital Brand Equity*, and Patient Response, this study formulated a number of research hypotheses. hypothesis based on integration of *Stimulus–Organism–Response (SOR) Model*, *Flow Theory*, and *Brand Equity* theory, as well as supported by findings of an empirical study. This framework is used to explain the direct and indirect effects of social media marketing activities and interpersonal care on non-insured patient responses through the mediating role of hospital brand equity.

H₁: There is an influence of simultaneous *Social media marketing activities*, *interpersonal care activities*, and *hospital brand equity* on the response of non-insured



patients at Type B Hospitals in Bekasi

H₂: There is an influence *Social media marketing activities* on *hospital brand equity* at Type B Hospital in Bekasi

H₃: There is an influence *Interpersonal care activities* on *hospital brand equity* at Type B Hospital in Bekasi

H₄: There is an influence of *social media marketing activities* on patient responses at Type B Hospitals in Bekasi.

H₅: There is an influence of *interpersonal care activities* on patient responses at Type B Hospitals in Bekasi.

H₆: There is an influence of *hospital brand equity* on patient response at Type B Hospitals in Bekasi

H₇: There is an influence of *social media marketing activities* on the response of non-insurance patients with *brand equity* as an *intervening variable* at Type B Hospitals in Bekasi.

H₈: There is an influence of *interpersonal care activities* on the response of non-insured patients with *brand equity* as an *intervening variable* at Type B Hospitals in Bekasi.

RESEARCH METHOD

This study used a quantitative approach with a cross-sectional design, conducted at a Type B Hospital in Bekasi during the period October–December 2025. The study population was all non-insured outpatients and inpatients based on the last six months' data with an average of 1,176 patients. The sampling technique used random sampling, with the determination of the number of samples through the Slovin formula at a 10% error rate, resulting in 92 respondents and an anticipated dropout of 10% to 101 respondents. Primary data was collected using a four-point Likert scale questionnaire, which measured the variables of Social Media Marketing Activities, Interpersonal Care Activities, Hospital Brand Equity, and Patient Response.

Data analysis was performed in a descriptive way using the three-box method, as well as an analysis using Structural Equation Modeling – Partial Least Squares (SEM-PLS) with the help of SmartPLS 4. Model evaluation includes outer model (convergent validity, discriminant validity, and composite reliability) and inner model (model fit, R-square, and path coefficients).

RESULTS AND DISCUSSION

Measurement Model Test Results (Outer Model)

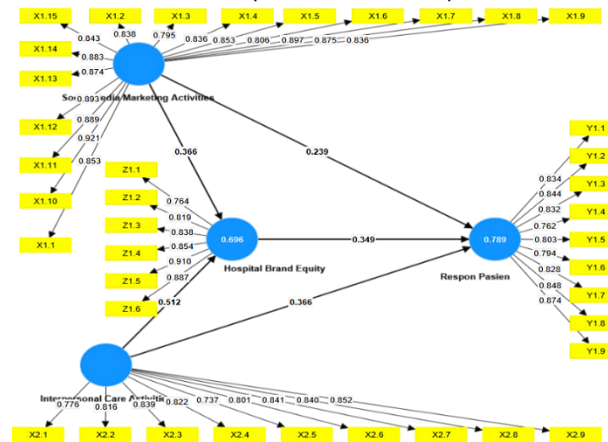


Figure 1

Outer Model Results

Source: Processed Results of SMARTPLS 4.0 (2025)

Structural Model Test Results (Inner Model)

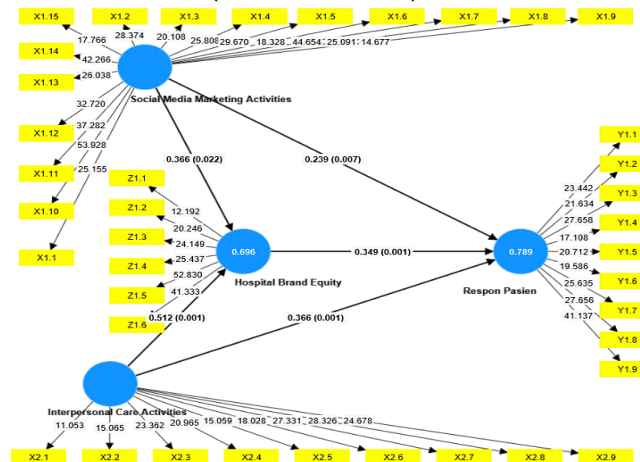


Figure 3

Structural Model Results (Inner Model)

Influence in a way simultaneous social media marketing activities, interpersonal care activities, and brand equity to response patient

Research result show that *Social Media Marketing Activities (SMMAs)*, *Interpersonal Care Activities*, and *Hospital Brand Equity* in a way simultaneous influential significant to response non- insured patients at Type B Hospital in Bekasi, which confirms that external stimulus in the form of activity digital marketing and quality interaction service capable influence patient's internal

Interpersonal Care Activities and Brand Equity....



condition as well as produce response behavior (Jacoby, 2002). Three-box method analysis shows that *e-Word of Mouth* is most dominant dimension in SMMAAs, reflecting role experience positive patients shared on social media in form image and recommendations House sick, even though dimensions **interaction** Still need improved (Godey et al., 2016).

In *Interpersonal Care Activities*, the dimensions *interaction activity* being the most prominent, shows height care and attention power health to patient, while *relationship activity* Still own potential For strengthening connection term long (Dagger et al., 2007). Furthermore, in *Hospital Brand Equity*, the dimensions *brand image* appear as the strongest compared to brand awareness, indicating perception positive patient to reputation House sick, in line with the concept of brand equity as asset strategic that influences decision customers (Aaker, 2009; Kapferer, 2008). Findings This consistent with study previously stated that SMMAAs and interpersonal care activities function as an environmental stimulus external influences response customers (Kumar et al., 2018; Malarvizhi et al., 2022; Sohaib et al., 2022), as well as strengthen view that the brand equity of the house Sick play a role important in increase loyalty and behavior patients (Kim et al., 2008).

Influence social media marketing activities towards brand equity

Research result show that *Social Media Marketing Activities* (SMMAAs) have an impact significant to *Hospital Brand Equity* at Type B Hospital in Bekasi, which confirms that effectiveness marketing through social media capable increase perception patient to values and image House This finding is in line with the view that marketing communications must be aligned with the digital environment so that consumers can build relationships with brands (Keller, 2009), and that SMMAAs serve as effective branding and interaction tools (Godey et al., 2016; Tuten & Solomon, 2017).

three-box method analysis shows that *e-Word of Mouth* is the most dominant dimension in SMMAAs, reflecting the role of positive patient experiences shared on social media in strengthening the hospital's image, although the *interaction aspect* still needs to be improved. This result is consistent with previous studies that found that various dimensions of SMMAAs, such as interaction, trends, customization, and e-WOM, have a positive effect on brand equity (Zarei et al., 2022; Lin et al., 2024), and is supported by the findings of Dzakiyya & Hijrah Hati (2024), Ebrahimi et al. (2021), Farzin et al. (2022), Hafez (2023), Rusfian & Alessandro (2021), and Upadhyay et al. (2022).



Influence *interpersonal care activities* on *brand equity*

The results of the study show that *interpersonal care activities* significantly influence *Hospital Brand Equity* in Type B Hospitals in Bekasi, indicating that the quality of attention, empathy, and interaction of hospital staff can improve patient perceptions of the hospital's value and image. Three-box method analysis shows that *Interaction Activity* is the most dominant dimension, reflecting the staff's professional care and attention that is strongly perceived by patients, while *Relationship Activity* has the lowest index, although still in the medium category, thus indicating an opportunity to strengthen long-term personal relationships between staff and patients.

These findings reinforce the theory of Dagger et al. (2007), which asserts that interpersonal care plays a crucial role in improving patient satisfaction, trust, and outcomes, and supports the view that interpersonal relationships in healthcare go beyond medical expertise and focus on patient emotional connectedness (Riviere et al., 2019; Kreuzer et al., 2020). The results of this study are also consistent with the findings of Kumar et al. (2018), which state that the quality of interactions, relationships, and attention from medical personnel positively contribute to patient experience and ultimately strengthen hospital *brand equity*.

Influence *social media marketing activities* on *patient responses*

The results of the study indicate that *Social Media Marketing Activities* (SMMAs) have a significant effect on patient responses at Type B Hospitals in Bekasi, which confirms that the effectiveness of marketing through social media can increase patient satisfaction, trust, and loyalty. Three-box method analysis shows that *e-Word of Mouth* is the most dominant dimension, indicating that positive patient experiences shared on social media play an important role in encouraging recommendations and strengthening patient responses, although the interaction dimension is still in the moderate category and needs to be improved so that patient engagement is more optimal.

These findings align with flow theory, which states that emotional engagement and enjoyment during interactions on social media can enhance customer response (Csikszentmihalyi, 2014), and are supported by the view that social media is an effective promotional tool for building relationships with consumers (Keller, 2009; Kaplan & Haenlein, 2010; Tuten & Solomon, 2017). These findings are also consistent with previous studies that found that SMMAs positively influence customer responses, including purchase intention, e-WoM, and loyalty (Bushara et al., 2023; Rusfian & Alessandro, 2021; Upadhyay et al., 2022; Zarei et al., 2022).



Influence *interpersonal care activities* to response patient

The results of the study show that *interpersonal care activities* influential significant to response Type B Hospital patients in Bekasi, which means the more Good attention , empathy , and interaction staff House sick , getting worse positive response patients admitted . Analysis *Three-box Method* show that dimensions *interaction activity* own index highest , indicating that care and communication staff to condition health patient play a role big in create experience positive care , while dimensions *relationship activity* although is in the category tall Still need strengthening , especially in personal interactions outside context medical . These findings align with the theories of Dagger et al. (2007) and Peplau (1989), which emphasize that good interpersonal relationships between healthcare professionals and patients are fundamental to improving satisfaction, trust, and the quality of healthcare services. These findings are also supported by studies by Molina-Mula & Gallo-Estrada (2020), Riviere et al. (2019), and Waweru et al. (2020), which show that empathetic interpersonal relationships, respect for patient dignity, and patient involvement in care contribute significantly to patient response and satisfaction.

Influence *hospital brand equity* on patient response

The results of the study indicate that *hospital brand equity* has a significant effect on patient responses at Type B Hospitals in Bekasi. This means that the more positive the hospital's brand image and value, the better the patient response in terms of satisfaction, trust, and loyalty. The *Three-Box Method analysis* revealed that the *brand image* dimension is the strongest aspect in shaping brand equity, especially the perception of hospitals that are oriented towards patient satisfaction. While *brand awareness*, although in the high category, still needs to be strengthened so that the brand identity is more embedded in the minds of patients. This finding is in line with the theories of Aaker (2009), Kapferer (2008), and Kotler & Armstrong (2021), which emphasize that brand equity is a strategic asset that influences perceptions, service usage decisions, and customer loyalty. The results of this study are also supported by studies by Ebrahimi et al. (2021), Khan et al. (2019), Rusfian & Alessandro (2021), Upadhyay et al. (2022), Zarei et al. (2022), and Anjani et al. (2022), which prove that brand equity, especially brand image, plays an important role in forming positive responses and intentions to reuse hospital services.



The Influence of *Social Media Marketing Activities* on Patient Response through *Hospital Brand Equity*

The results of the study indicate that *Social Media Marketing Activities* have a significant influence on patient responses through *Hospital Brand Equity*, meaning that the effectiveness of social media marketing can build hospital brand value and subsequently increase positive patient responses, such as loyalty, recommendations, and willingness to reuse services. *Three-box Method analysis* shows that *the e-Word of Mouth dimension* is the strongest aspect of Social Media Marketing Activities, while *Interaction* still needs to be improved, while in *Hospital Brand Equity*, *Brand Image* is the dominant component that shapes positive patient perceptions. These findings are in line with the SOR model (Jacoby, 2002), which explains that social media marketing activities act as a stimulus, *hospital brand equity* as a mediator (organism), and patient response as a behavioral outcome. The results of this study also support the brand equity theory of Aaker (2009), Kapferer (2008), and Kotler and Armstrong (2021), which emphasizes that brand strength influences consumer perceptions and decisions. In addition, these findings are consistent with research by Kumar et al. (2018), Ebrahimi et al. (2021), Khan et al. (2019), Lin et al. (2024), Rusfian and Alessandro (2021), Upadhyay et al. (2022), and Zarei et al. (2022), which prove that *hospital brand equity* mediates the influence of Social Media Marketing Activities on customer response.

The Influence of *Interpersonal Care Activities* on Patient Response through *Hospital Brand Equity*

The results of the hypothesis test indicate that *interpersonal care activities* influence patient responses through *hospital brand equity*, meaning that the interaction and attention of hospital staff can shape the hospital's brand value and encourage positive patient responses, such as trust, satisfaction, and loyalty. The *Three-Box Method analysis* shows that *Interaction Activity* is the strongest dimension in interpersonal care, while *Relationship Activity* still needs to be improved to build long-term closeness. In *the hospital brand equity variable*, *Brand Image* is the dominant component reflecting patient trust in the quality and commitment of hospital services, while *Brand Awareness* is relatively lower. This finding is in line with the theory of Dagger et al. (2007), which emphasizes the importance of interpersonal care in increasing patient satisfaction and trust, as well as the concept of brand equity as an added value that influences consumer decisions (Kapferer, 2008; Kotler & Armstrong, 2021). Furthermore, the results of this study are consistent with the findings of Kumar et al. (2018), Malarvizhi et al. (2022), and Górska-Warsewicz (2022), which state that *hospital brand equity* acts as a



mediator that strengthens the influence of service interactions on patient responses.

CONCLUSION

Based on the analysis results, it can be concluded that *social media marketing activities*, *interpersonal care activities*, and *hospital brand equity* simultaneously have a significant effect on the response of non-insured patients at Type B Hospitals in Bekasi. Partially, interactive *social media marketing activities* and *interpersonal care activities* carried out with care have been proven to be able to increase *hospital brand equity*, which is reflected in increased brand awareness, positive image, and patient trust. In addition, *social media marketing activities*, *interpersonal care activities*, and *hospital brand equity* each have a significant effect on patient response, marked by increased patient satisfaction, trust, and loyalty. These findings also indicate that *hospital brand equity* acts as a mediating variable that strengthens the influence of *social media marketing activities* and *interpersonal care activities* on patient response. Thus, strengthening interactive digital marketing strategies and improving the quality of interpersonal care are important factors in building a hospital's image and increasing patient response in a sustainable manner.

In line with these findings, there are several key managerial implications that hospitals can implement. First, because the interaction dimension of social media marketing activities still needs to be improved, hospitals need to strengthen their digital marketing strategies by appointing a dedicated PIC responsible for responding to patients quickly and consistently, and optimizing interactive features on various platforms (Instagram, Facebook, TikTok) such as polls, Q&A, quizzes, reels, comments, and shares to build engagement and two-way communication. Second, because the *relationship activity dimension of interpersonal care activities* requires improvement, hospitals need to improve the quality of services based on therapeutic communication and *patient-centered care*, through a *personalized care approach* (getting to know the patient personally, addressing their name correctly, understanding their preferences) and emotional support (active listening, showing empathy, reassuring the patient), thereby creating long-term relationships that impact satisfaction and trust.

Third, because *brand awareness* in *hospital brand equity* still needs strengthening, hospitals need to build a more consistent promotion and information system by increasing brand visibility and visual identity at all service points (touchpoints), for example through the use of digital information screens



in the lobby/ER/outpatient, modern queuing systems, and uniform information communication templates (colors, fonts, visual styles). Fourth, because the patient response dimension, namely price premium willingness, still needs to be improved, hospitals need to strengthen value-based service strategies, by highlighting the real benefits felt by patients such as increased comfort and privacy, the provision of more comfortable waiting rooms, superior inpatient facilities, and faster queuing systems such as *fast lanes/priority queues*, so that patients are willing to pay more because they feel comparable service quality.

By implementing this strategy, hospitals are not only able to improve the quality of digital interactions and interpersonal care, but also strengthen hospital brand equity, which will ultimately increase patient response consistently through satisfaction, trust, and loyalty.

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