

## **THE ANALYSIS OF SOCIAL MEDIA MARKETING'S OUTCOME WITH HOSPITAL SIZE AS MODERATOR**

**Luthfi Faishal Fauzi**

Program Studi Manajemen, Fakultas Ekonomi dan Bisnis, Universitas Terbuka  
E-mail: luthfi.faishal@ecampus.ut.ac.id

### **ABSTRACT**

*Many small hospital emerge after Covid-19 and face similar problem (e.g. competition). RSE one of new and small hospital in Bandung City that establish in 2020 and already face a tough competitor within area which RSAI (bigger hospital). Social media marketing become a tool to compete in this digital era. This study examines the activity of social media marketing particularly from content marketing aspect, and its effect on hospital brand loyalty. Methodology that being used in this study was quantitative which gives empirical and relevant results for marketer. Respondents profile will be shown from descriptive analysis results and the interconnected results between variables will be shown using SEM-PLS technique with WarpPLS software. This study found that bigger RSE will have better content marketing outcome toward hospital's brand loyalty but smaller RSE will still have a chance. They could compete through emphasizing brand trust in their content marketing activities. Limited hospitals object in this study will be limitation for this research, as well as timebound and place. Next research could examine on more hospital or compared it with another city in Indonesia.. After all, this research will contribute to healthcare marketing and social media marketing science field.*

**Keywords:** Brand Loyalty; Content Marketing; Healthcare Marketing.

### **INTRODUCTION**

The hospital industry expanded rapidly during the COVID-19 pandemic, creating an urgent need for digital adaptation RSE in Bandung is one of example that been established after pandemic and actively using social media marketing. On Instagram, it already post 1,167 content with 24,800 followers as of July 21, 2023 (RSE official Instagram, 2023). This large follower does not appear to converse into hospital inpatient. Dinas Kesehatan Provinsi Jawa Barat (2022) show that RSE's Bed Occupancy Rate (BOR) was only 33.8% in 2021, placing it among the three lowest-ranked hospitals in East Bandung. One of closest competitor of RSE is RSAI that only 5 km distance and also has active social media accounts.

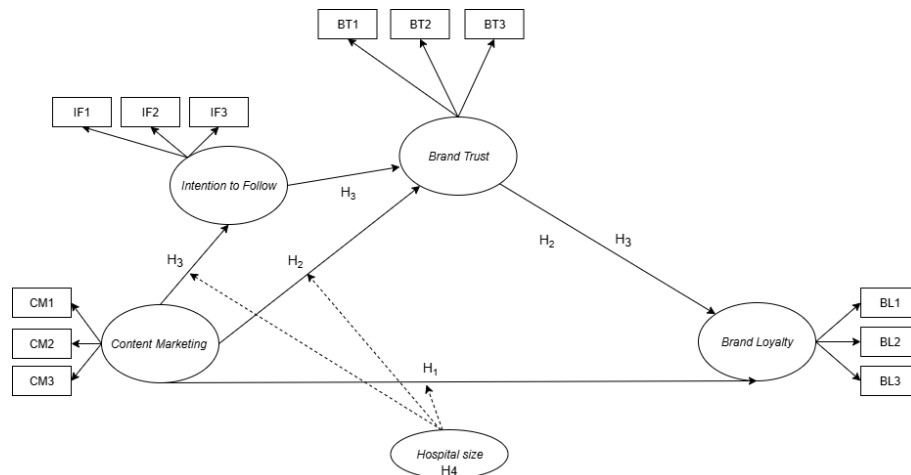
Previous research recommend that such discrepancies may result from weaknesses in several components of social media marketing, namely low-quality content marketing. This can lead to low patients' trust (brand trust) and loyalty (brand loyalty) (Ajina, 2019; Janssen, Schoeten and Croes, 2022).

Today, the followers number often seen as a sign for social media effectiveness. It also can be seen as potential patients who intend to interact with or visit the hospital (Hariyanti et al., 2023). The following intention is closely linked to the quality and attractiveness of posted content. Two top social media platform in Indonesia that has many user is Instagram and Tiktok (Kemp, 2024). Thus, this study will see followers activity in Instagram and TikTok for

each hospital's account. (Voorveld et al., 2018). Key aspects for evaluating content include quality (e.g., image, video, and text) (Ajina, 2019), relevance to actual conditions, and content variety (Zhu and Hsiao, 2021).

Previous studies that highlight the links between social media marketing, brand trust, and brand loyalty in healthcare namely Ajina (2019) which investigated private hospitals in Saudi Arabia. This study found patient loyalty was strongly influenced by trust (46.1%) and content marketing (37.8%). Trust

itself was shaped by content marketing (24.7%) and engagement (16.9%). Then Kalhor et al. (2021) studied public hospitals in Iran and found that brand trust shown biggest effect on loyalty (45%). Lastly, Zhu and Hsiao (2021) found that biggest factor that affect users to follow a brand accounts on Twitter/X was due to its content quality (68%). These findings show to us that content marketing is directly tied to a brand's activity which could directly to loyalty or through following an account first.



**Figure 1. Research Model**

In Figure 1, we can see several variables which content marketing, brand trust, and brand loyalty. It was modified dominantly from Ajina (2019), with several adjustments to made it more relevant with research objects. Those modification taken from Zhu and Hsiao (2021) for the relationship between content marketing and intention to follow, and Janssen, Schouten and Croes (2022) for the relationship between intention to follow and brand trust. The moderating variable, hospital which hospital size derived from Yoon, Lee and Schniederjans (2016) that analyzed the moderating effect of hospital size on the relationship between innovative

leadership and supply chain efficiency in South Korean hospitals.

Adjustments were also made to the indicators of several variables which for Content Marketing (CM) variables, those are digital advertising and digital marketing (Khalayleh and Al-Hawary (2022). Each of these contributes 40% and 37% respectively to the construct of content marketing.

The study hypotheses are formulated as follows:

- H<sub>1</sub> : Content Marketing (CM) positive and significantly affects Brand Loyalty (BL) of RSE (H<sub>3</sub>) (Ajina, 2019; Bu, Parkinson and Thaichon, 2021).

- H<sub>2</sub>: Content Marketing (CM) positive significantly affects Brand Loyalty (BL) of RSE (H<sub>3</sub>) through Brand Trust (BT) of RSE (Ajina, 2019; Ebrahim, 2020).
- H<sub>3</sub>: Content Marketing (CM) positive and significantly affects Brand Loyalty (BL) of RSE (H<sub>3</sub>) through Intention to Follow (IF) Instagram/Tiktok account RSE and Brand Trust (BT) of RSE (Atiq *et al.*, 2022).
- H<sub>4</sub> : Hospital Size (HS) (bigger bed capacity hospital) (H<sub>6</sub>) (Lee, In, and Lee, 2020) influences positive significantly moderates effect on the direct relationship between Content Marketing (CM) and Brand Loyalty (BL) and moderates the mediating role of Brand Trust (BT) and the sequential mediation of Intention to Follow (IF) and Brand Trust (BT) in linking the relationship between Content Marketing (CM) and Brand Loyalty (BL) hospitals.

## METHOD

This study adopts a quantitative approach to gives empirical insights. The descriptive aspect is intended to shown the respondents characteristic from two hospital. (Selçuk *et al.*, 2014). The multivariate analysis utilizes to explain the relationships among variables (Hatani *et al.*, 2016).

Primary data were collected using offline and online surveys to make data collection more flexible. But it still prioritize offline questionnaire to make data more reliable (Mutepfa and Tapera, 2019; Sutter and Ritter, 2019). Sample determination using non-probability purposive sampling technique (Beltran-Aroca *et al.*, 2016). Secondary data were obtained to see Bed Occupation Ratio (BOR) in Bandung City from Dinas Kesehatan Provinsi Jawa Barat (2022) to

see hospital performance from probably most loyal patient.

Data collection was conducted between October 2023 and March 2024 with minimum sample size was 50 respondents each hospital. It was determined by the sample-size principle by Hair Jr *et al.* (2021) for SEM-PLS research, which requires multiplying the predictor arrows number that pointing to an endogenous variable by ten.

The questionnaire items were based on its the research model (Figure 1) and measured using a five-point Likert scale. The study population consisted of patients or patient companions at RSE and RSAI who own Instagram or Tiktok accounts. Respondents should engaged first with its content and willing to evaluate its content.

SPSS version 27.0 was utilized to analyze its descriptive aspect. Hypothesis testing being analyzed with Partial Least Squares–Structural Equation Modeling (PLS-SEM) approach by using WarpPLS version 8.0.

Moderation analysis based on categorically analysis through multigroup analysis Hair Jr *et al.* (2021). Technically, researcher wil comparing answer from two hospital's patient such as patient of RSE (represents smaller hospital) then compared it with patient of RSAI (represents bigger hospital) (Henseler and Fassott (2010).

The pilot testing was conducted by distributing the offline questionnaire to 30 respondents and the results was valid and reliable (valid shown by  $r\text{-count} > r\text{-table}$ , and reliable shown by Cronbach's Alpha values greater than 0.6).

The final dataset was obtained from 125 respondents RSE, and 71 respondents from RSAI. In total, there are 196 respondents from two hospitals in Bandung City, Indonesia.

## RESULT AND DISCUSSION

Respondents can be characterized as predominantly female, aged 25–34 years, holding a bachelor's degree, and earning an income between IDR 5–10 million. The average frequency of visits was 4–6 times, with the last visit most commonly occurring 3–12 months prior.

Top five most-frequently visited departments were the Emergency Department (18.3%), Inpatient Services (12.5%), Obstetrics and Gynecology (12.5%), General/Specialist Dentistry (9.2%), and Internal Medicine (5.8%).

Most respondents sought treatment for curative purposes (41.6%) and for health promotion (21.8%). With regard to service quality, the most favored dimension was Tangibility (63.2%) among respondents at RSE.

Top preferred social media platforms were Instagram (70.5%), and TikTok (5.6%). Respondents reported spending 1–3 hours daily on social media (48%) on average. Short videos or reels were most favored (45%), followed by images (15%) and long-form videos for content format.

**Table 1.** Reliability Test

No	Variable	CR	CA	Ket.
1	<i>Content Marketing</i> (CM)	0,92*	0,87*	Reliable
2	<i>Intention to Follow</i> (IF)	0,944*	0,911*	Reliable
3	<i>Brand Trust</i> (BT)	0,905*	0,843*	Reliable
4	<i>Brand Loyalty</i> (BL)	0,933*	0,892*	Reliable

Note: CR is Composite Reliability; CA is Cronbach's Alpha. \*Reliable if CR and CA above 0,7.

For multivariate analysis, the first test conducted was reliability testing (see Table 1). The results indicated that all constructs achieved CA values above

0,7, as well as CR values above 0,7, confirming construct reliability (Sholihin and Ratmono, 2020).

**Table 2.** Convergent Validity Test

No	Variable	AVE	Ket.
1	CM	0,794*	Valid
2	IF	0,849*	Valid
3	BT	0,762*	Valid
4	BL	0,823*	Valid

Note: AVE is Average Variance Extracted. \*Valid if AVE above 0,5.

The second step was to test convergent validity (see Table 2). The analysis shows that all factor loadings exceeded 0.5, while the Average

Variance Extracted (AVE) values were all above 0.5. It confirmed that convergent validity was met for all variables.

**Table 3.** Fornell-Larcker Value

	<b>CM</b>	<b>IF</b>	<b>BT</b>	<b>BL</b>
<b>CM</b>	0,891*	0,505	0,568	0,48
<b>IF</b>	0,505	0,921*	0,393	0,475
<b>BT</b>	0,568	0,393	0,873*	0,469
<b>BL</b>	0,48	0,475	0,469	0,907*

Note: Variable classified as discriminant valid if square root of AVE bigger than its comparison (cross loadings value).

**Table 4.** HTMT Ratio

	<b>CM</b>	<b>IF</b>	<b>BT</b>
<b>IF</b>	0,568*		
<b>BT</b>	0,665*	0,449*	
<b>BL</b>	0,548*	0,528*	0,542*

Note: Variable classified as discriminant valid if HTMT ratio below 0,8.

Discriminant validity was also assessed to determine the extent to which each latent construct was truly different or distinct. (Yusup, 2018). Researcher using the Fornell–Larcker criterion, and the Heterotrait–Monotrait ratio (HTMT) to test discriminant validity (Hair Jr et al., 2021).

The Fornell–Larcker criterion shows the square root of AVE values exceeded the correlations with other constructs, The HTMT ratio showed all constructs below the threshold of 0.8. All indicators show that discriminant validity was fulfilled.

**Table 5.** Path coefficient results for direct effects testing

<b>Path Coefficient</b>	<b><math>\beta</math></b>	<b>p-value</b>	<b>R<sup>2</sup></b>	<b>Results</b>
CM → IF	0.479	<0.01**	0.26	Supported
CM → BT	0.477	<0.01**	0.31	Supported
<b>H<sub>1</sub> :</b>				
<b>CM → BL</b>	<b>0.251</b>	<b>&lt;0.01**</b>	<b>0.16</b>	<b>Supported</b>
IF → BT	0.173	0.001**	0.06	Supported
BT → BL	0.324	<0.01**	0.14	Supported

Note: \*\*A path coefficient is considered statistically significant if the p-value < 0.05 (5% significance level).

Figure 2 shows that all relationships among latent variables were positive and statistically significant ( $p < 0.05$ ). Content marketing (CM) had a positive and significant effect on intention to follow (IF) (path coefficient = 0.54,  $p < 0.01$ ), on brand trust (BT) (path coefficient = 0.45,  $p < 0.01$ ), and

on brand loyalty (BL) (path coefficient = 0.18,  $p = 0.02$ ). IF also had a positive and significant effect on BT (path coefficient = 0.23,  $p < 0.01$ ). Furthermore, BT positively and significantly influenced BL (path coefficient = 0.49,  $p < 0.01$ ) (see Table 5).

**Table 6.** Path coefficient results for indirect effects testing

<b>Path Coefficient</b>	<b><math>\beta_1 \times \beta_{...}</math></b>	<b><math>\beta_i</math></b>	<b>p-value</b>	<b>Results</b>
<b>H<sub>2</sub> : CM → BT → BL</b>	0.477 0.324 0.479 0.173	x x x	0.154	<0.01**
<b>H<sub>3</sub> : CM → IF → BT → BL</b>	0.324	0.027	<0.01**	Supported

Note: \*\*Mediator variable is considered statistically significant if the p-value < 0.05 (5% significance level) and the t-statistic exceeds the critical t-value (1.96; sig. 5%; two-tailed); letter that be bold in “Path Coefficient” column is mediator variable.

Path coefficient analysis highlighted only direct effects from CM to BL and classified as H1. The result is CM significantly influences BL about 25% with p-value <0,01 (below 5%) and t-statistics about 4,5 (>1,96). This result align with Ajina (2019) that said CM could influence BL about 61,5% for private hospital in Saudi Arabia through Facebook platform. Besides that Lou and Xie (2021) also said the same result with influences value about 25% for high-involvement product such as education and healthcare industry.

The hypothesis results testing presented in Table 6 indicate that H2 is supported. The findings reveal the mediating role BT in the relationship between CM and BL, with a path coefficient of 0.154 and p-value < 0.01 (below 5%). This suggests that BT serves as a complementary or partial mediator, as there also remains a direct positive and significant effect of CM on BL.

The mediating role of BT in linking CM and BL in this study is consistent with the findings of Ajina (2019), who reported partial (complementary) mediation in the context of hospitals in Saudi Arabia, with a path coefficient of 0.205. Additional support comes from Ebrahim (2020), who examined the telecommunications industry in Egypt and identified the mediating role of BT

in the relationship between social media marketing (with CM as a component of it) and BL, with a path coefficient of 0.055 and significance at < 0.05, indicating partial mediation.

Table 6 also shows H3 testing which is supported, with a coefficient value of 0.027 and a p-value of 0.02 (below the 5% threshold). This finding suggests that IF and BT jointly mediate the relationship between CM and BL in a positive and significant manner. The mediating effect of IF and BT on the relationship between CM and BL is classified as complementary/partial mediation, as there were already significant positive relationships observed between CM and IF, IF and BT, as well as BT and BL.

A related study that examined two IF and BT mediator effect is Ibrahim et al. (2022), which demonstrated a partial mediating role of BT in the relationship between social media marketing activities of Facebook account followers and brand loyalty in the context of coffee shops. In the present study, the path coefficient was found to be 0.128 with a p-value of <0.01 (below 5%).

The moderation test employed in this study is categorized as a categorical moderation type. Those moderator variable are describe as follows: RSAI, established 33 years ago (since 1990)

with 250 bed and RSE, founded 5 years ago (since 2020) with 133 bed.

**Table 7.** Path coefficient results for moderation effects testing

Hypothesis	Path Coefficient	$\beta$	p-value	Results
H4: Hospital Size (HS)	HS*CM $\rightarrow$ BL	0,168	0,001**	Supported
	HS*CM $\rightarrow$ BT $\rightarrow$ BL	-0,095	0,05*	Supported
	HS*CM $\rightarrow$ IF $\rightarrow$ BT $\rightarrow$ BL	-0,003	0,353	Rejected

Note: \*\*The relationship between moderator variables is considered significant if the p-value is <0.05 (5% significance level). \*The relationship between moderator variables is considered significant if the p-value is <0.1 (10% significance level) (Kock 2014).

The moderation analysis was conducted using a two-stage approach. In the first stage, the path coefficients were tested without the inclusion of moderating variables. In the second stage, the moderating variables—hospital size—were incorporated to examine their influence on three aspects: (1) the direct effect of content marketing on brand loyalty, (2) the mediating effect of brand trust on the relationship between content marketing and brand loyalty, and (3) the sequential mediating effect of intention to follow and brand trust on the relationship between content marketing and brand loyalty.

Table 7 shows that hospital size positively and significantly moderates the direct relationship between content marketing and brand loyalty, with bigger hospitals outperforming smaller ones by 16.8% ( $p = 0.001$ ). Conversely, size negatively moderates the mediated pathway through brand trust ( $\beta = -0.095$ ,  $p = 0.05$ ,  $t = 1.67$ ). Thus, H6 is partially supported. These findings align with Lee et al. (2020), who observed that bigger hospitals in the United States are perceived as stronger in implementing social media marketing, thereby enhancing patient experiences and loyalty.

## CONCLUSION

The study findings indicate several important conclusions. First, the

respondents between two hospitals has similar profiles which shown it really competes to attract patient one another. Second, there is a potential for implementing content marketing in the healthcare sector because all of variables shown positive effect towards brand loyalty. Third, brand trust was found to partially and significantly mediate the relationship between content marketing and brand loyalty. Fourth, intention to follow and brand trust if combined also play an effect on brand loyalty partially significant, although this mediation effect was weakest among other direct effects. Lastly, hospital hospital size (those with bigger bed capacities) significantly moderated the relationship between content marketing and brand loyalty which means bigger hospital bed capacity has influence in patient loyalty. But interestingly, if smaller hospital emphasize its content with brand trust aspect, it could exceed bigger hospital in terms of loyalty.

This study contributes to the literature on social media marketing in hospitals by exploring the relationship between the number of followers and content marketing, brand trust, and brand loyalty—an area that has not been previously investigated. Moreover, hospital characteristics being explored to enhance marketing science academically.

Future research could further investigate on larger sample size in terms

of hospital research object. Also it could expand on different cities in Indonesia for better healthcare marketing and social media marketing understanding in Indonesia.

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