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THE INFLUENCE OF DIGITAL REPUTATION AND ELECTRONIC WORD OF MOUTH ON THE DECISION TO USE HOSPITAL SERVICES

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Abstract

Digital transformation has changed how people seek information and make decisions regarding healthcare services. Digital reputation and electronic word of mouth (e-WOM) have become important sources of information that may influence patients' perceptions and decisions when selecting hospitals. This study aims to analyze the influence of digital reputation and e-WOM on hospital service utilization decisions. A quantitative approach with a cross-sectional design was employed. Respondents were patients or hospital service users who met the predetermined inclusion criteria. Data were collected using a five-point Likert-scale questionnaire and analyzed using Structural Equation Modeling–Partial Least Squares (SEM-PLS). Digital reputation was measured through patient orientation, service quality, reliability, information credibility, and digital image, while e-WOM was measured through intensity, positive valence, negative valence, and information content. Hospital service utilization decisions were assessed based on decision certainty, suitability to needs, service utilization, intention to reuse, and willingness to recommend. The results indicated that [insert H1 result] and [insert H2 result]. Collectively, the two independent variables explained [R^2]% of the variance in hospital service utilization decisions. The study concludes that effective digital reputation and e-WOM management are important components of hospital marketing strategies and competitiveness.

Keywords: Digital Reputation; Electronic Word Of Mouth; Hospital Service Utilization Decision; Hospitals; Digital Marketing

INTRODUCTION

Digital transformation has transformed the way people obtain, evaluate, and use information in various aspects of their lives, including decision-making regarding healthcare. The proliferation of the internet, social media, review platforms, online health communities, and various digital information channels has made hospital information increasingly open and accessible to the public. Patients no longer rely solely on personal experience, family recommendations, or information from healthcare professionals when choosing a healthcare facility, but also consider information found through digital channels. This shift has led to a more information-driven healthcare facility selection process and allows patients to compare various service alternatives before making a decision. Liao et al. (2024) demonstrated that information from official hospital sources and online reviews can influence patients' hospital selection decisions, as digital information helps patients bridge the information gap when evaluating alternative hospitals.

This behavioral change is becoming increasingly important because the characteristics of healthcare services differ from those of conventional consumer products. Patients often face high levels of uncertainty when evaluating the quality of healthcare services because many aspects of clinical quality are difficult for consumers to assess directly. Information about healthcare professional competence, service quality, previous patient experiences, service safety, comfort, and the reputation of healthcare facilities are sources of signals that patients can use to reduce this uncertainty. Research on online healthcare selection behavior shows that patients use a variety of digital information as a basis for evaluating healthcare options. This information comes not only from service providers but also from the experiences and evaluations of other users (Cao et al., 2020; Qin et al., 2022).

These conditions have caused hospitals to face changes in building public trust. In a conventional environment, a hospital's reputation is primarily shaped by patient experiences, interpersonal communication, media coverage, and public perception. However, in a digital environment, reputation building becomes much more complex because various parties can quickly generate and disseminate information about the hospital. Social media,

websites, search engines, review platforms, ratings, comments, and user-generated content are all part of the organizational reputation-building ecosystem. Aguerrebere et al. (2020) conducted a systematic literature review of online reputation management in cancer hospitals, demonstrating that online reputation has become a crucial part of a hospital's communication strategy and relationship management with the public. Digital reputation can thus be understood as the development of the concept of organizational reputation in the digital environment, namely stakeholder perceptions of an organization's credibility, quality, reliability, image, and capabilities formed through various digital touchpoints. In the hospital context, digital reputation is not only built through information intentionally published by the hospital, but also through public perception of the hospital's entire digital footprint. Aguerrebere et al. (2022) explain the importance of digital reputation management in hospitals and emphasize the need for a structured approach to managing reputation through the digital environment.

Research in the Indonesian context further reinforces the importance of hospitals' digital reputation. Kussusanti et al. (2026) mapped the online reputation of Indonesian government hospitals by analyzing the websites, Instagram, Facebook, and YouTube of 100 government hospitals. The results showed that hospitals primarily use Instagram to build interactivity with the public, while websites are used for conveying formal information. The study also demonstrated variations in online reputation across hospitals and concluded that online media is a crucial instrument in building hospital reputation. These findings demonstrate that hospital reputation in the digital era is a product of both organizational identity and communication activities conducted through various digital channels.

Digital reputation is becoming increasingly strategic as people use online information as a consideration in choosing a hospital. Liao et al. (2024) demonstrated that official hospital data and online review data can be integrated to generate hospital preference assessments. The study used review data from general and specialty hospitals and conducted topic and sentiment analysis of patient reviews. The results showed that information from online reviews can be used to support the hospital selection process from a patient perspective. These findings demonstrate that reputation formed through the digital environment is not just a matter of communication but can also have implications for patient decisions.

Other empirical evidence suggests that online reputation is also related to user behavior in digital healthcare environments. A study published in the Journal of Medical Internet Research showed that a doctor's online reputation and a healthcare organization's reputation can influence patients' behavior in sharing their healthcare experiences. The study found that hospital reputation can moderate the relationship between medical service quality, service attitudes, and patients' tendency to share their healthcare experiences online. This suggests a reciprocal relationship between healthcare experience, organizational reputation, and patient communication in digital environments (Cao et al., 2020).

Besides digital reputation, another important factor in the patient decision-making process is electronic word of mouth (e-WOM). e-WOM refers to electronic communication containing consumer opinions, experiences, evaluations, recommendations, and complaints about a product or service. In the context of healthcare, e-WOM can appear in the form of ratings, patient reviews, social media comments, health community discussions, online forums, and user recommendations. Unlike conventional word of mouth, e-WOM has a broader reach, is accessible to many potential consumers, and can persist for a relatively long time, allowing information about patient experiences to continue to influence potential service users. Albayrak and Ceylan (2021) demonstrated through a meta-analysis that e-WOM influences purchase intention, strengthening its position as a key determinant in the consumer decision-making process.

In healthcare, e-WOM has more sensitive characteristics because the information conveyed can relate to medical service experiences, the quality of healthcare provider communication, waiting times, facility comfort, staff responsiveness, costs, administrative processes, and the overall patient experience. Therefore, prospective patients can use other patients' experiences as a source of information to estimate the quality of care they might receive. Qin et al. (2022) showed that in online healthcare communities, available information about doctors and user experiences can be used by patients to conduct evaluations before deciding on a healthcare option.

Research specifically examining e-WOM in the context of healthcare selection also demonstrates a strong relationship between electronic information and patient decisions. Shan et al. (2024) analyzed 8,472 physicians on two healthcare platforms and found that the quality and quantity of e-WOM in online health communities positively influenced patient choices. The study also demonstrated that e-WOM appearing on social media was associated with user choices. These findings strengthen the argument that information from other users can be a crucial component in the healthcare evaluation and selection process. Furthermore, the influence of e-WOM on patient decisions is determined not only by the number of reviews but also by the quality of the information contained within them. Lu et al. (2025) demonstrated that the quality of both online and offline service reviews positively influenced user

choices in online healthcare communities. The study used review data from 1,958 physicians and found that review quality was one factor that could influence patient choices. These findings suggest that patients are not simply seeking a wealth of information but also considering the reliability and relevance of the available information to their needs. Information credibility is becoming increasingly important because not all digital information is of equal quality. Patients can encounter both positive and negative reviews and must evaluate this information before making a decision. Research by Lu et al. (2025), using a signaling theory perspective, shows that review quality can serve as a signal for patients in making healthcare choices. Thus, the characteristics of digital information can be a mechanism that helps patients reduce uncertainty when choosing healthcare services.

Negative reviews also have consequences that hospitals need to consider. In a digital environment, a patient's negative experience can be shared with other potential patients and potentially influence perceptions of service quality. Conversely, an organization's response to negative reviews can also provide additional information for potential patients to assess. Therefore, e-WOM management requires more than simply encouraging positive reviews; it also requires a mechanism for responding to negative experiences. The literature on patient reviews indicates that review characteristics and provider responses can influence consumer evaluations of healthcare services.

This phenomenon is becoming increasingly important because online patient reviews can also serve as a source of information for hospital management. Research by Lau et al. (2026) shows that online patient reviews can be analyzed based on polarity, themes, and applicability to support hospital quality improvement efforts. Thus, e-WOM not only serves as information that influences potential patients but can also be a source of patient experience data that organizations can use to identify aspects of service that need improvement.

In the context of hospital service utilization decision-making, the relationship between digital reputation and e-WOM becomes increasingly relevant because the two constructs have distinct functions. Digital reputation represents the general perception of a hospital's credibility, quality, reliability, and image formed in the digital environment, while e-WOM emphasizes communication and the exchange of experiences between service users. Thus, digital reputation can describe how a hospital is perceived, while e-WOM describes how patient experiences and evaluations are communicated to other users. Combining these two constructs allows research to explain patient decisions from both a reputational perspective and a communication perspective between consumers.

This relationship can be explained through signaling theory. In healthcare, patients face limited information regarding service quality and therefore require signals to evaluate alternatives. Ratings, reviews, website information, social media content, online reputation, and other patients' experiences can serve as signals that help patients form perceptions about a hospital's quality and credibility. Research by Lu et al. (2025) explicitly uses signaling theory to explain how review quality influences online healthcare user choices. Similarly, research on healthcare choice across regions suggests that hospital ratings and the number and polarity of patient reviews can serve as signals in patient decisions.

In addition to signaling theory, the relationship between e-WOM and patient decisions can be explained through the Elaboration Likelihood Model (ELM). Patients can process information more deeply when they have the ability and motivation to evaluate service information, but under certain conditions they can also use simple cues such as ratings, reputation, number of reviews, or recommendations from other users. Shan et al. (2024) used the ELM and cognitive cost model to explain the influence of e-WOM characteristics on patient choices in online health communities. The results showed that the quality and quantity of e-WOM can influence patient choices, so that electronic information plays a role as a stimulus in the decision process.

In the Indonesian context, the importance of e-WOM in healthcare service selection decisions has also been demonstrated by research by Azizah et al. (2024) at Indriati Hospital, Solo Baru. The study used a quantitative approach with a cross-sectional design and found that influencer marketing and e-WOM had a positive and significant influence on patients' healthcare choices. These findings provide empirical evidence that digital communication can play a role in shaping patient decisions in the Indonesian hospital context.

Another study in Indonesia, conducted at private hospitals in Central Java, also demonstrated the relevance of word-of-mouth and digital reviews in hospital selection decisions. Mahardika and Setyawan (2025) used 217 respondents who had previously selected a hospital based on WOM or online reviews and developed a model integrating WOM, digital reviews, and hospital selection decisions. The study demonstrated that interpersonal and digital information sources are crucial to patient decision-making in the hospital industry.

Although research on e-WOM, online reviews, doctor reputation, and hospital reputation has been growing, there is still room for further research. While some previous studies have primarily focused on e-WOM or online reviews as predictors of patient decisions, research on hospital digital reputation as a separate construct tested

simultaneously with e-WOM on hospital service utilization decisions remains relatively limited. Liao et al.'s (2024) study focused on combining online reviews and public index data for hospital selection, while Shan et al.'s (2024) focused on the characteristics of e-WOM and patient choice within online health communities. Kussusanti et al.'s (2026) focused on mapping the online reputation of Indonesian government hospitals. These three studies provide a strong foundation, but have not yet directly tested a model integrating digital reputation and e-WOM as predictors of hospital service utilization decisions.

This research gap becomes increasingly important in the context of healthcare competition. Hospitals compete not only based on location, facilities, medical technology, and price, but also on how the organization is perceived and discussed in the digital environment. A good reputation can increase trust, while positive e-WOM can provide social experiences and information that support potential patients' decisions. Conversely, a poor reputation or the dominance of negative e-WOM can increase risk perceptions and reduce patients' likelihood of choosing a hospital. Recent research on online reviews of healthcare facilities indicates that patient reviews contain information about various aspects of the service experience and can be a relevant source of evaluation for both potential users and healthcare organizations.

From a hospital management perspective, this phenomenon demonstrates that digital marketing is inseparable from reputation management and service quality. Marketing activities that generate high reach and engagement will not deliver optimal impact if not supported by a consistent service experience. Conversely, good service quality that is not effectively communicated in the digital environment can result in the organization's reputation potential being under-recognized by potential patients. Aguerrebere et al. (2024) demonstrated the importance of online content strategies in building a hospital's brand reputation, while research by Kussusanti et al. (2026) demonstrated that websites and social media play a crucial role in establishing a hospital's identity and communication.

Thus, digital reputation and e-WOM can be viewed as two crucial components in a digital-based hospital marketing ecosystem. Digital reputation plays a role in building perceptions and trust in an organization, while e-WOM provides user-experience-based information that potential patients can use to evaluate their options. When these two sources of information provide consistent signals, the likelihood of trust in the hospital is strengthened. Conversely, a mismatch between the hospital's communicated digital reputation and the patient's actual experience can result in negative e-WOM and potentially undermine the decision to utilize services.

Based on this description, this study is crucial to obtain empirical evidence regarding the influence of digital reputation and electronic word of mouth on the decision to utilize hospital services. This study not only seeks to determine whether these two variables influence patient decisions but also to identify the extent of their respective contributions, thus providing a basis for decision-making for hospital management in developing digital marketing strategies, reputation management, patient experience, and e-WOM management.

Academically, this research is expected to broaden the study of hospital management and healthcare marketing by integrating digital reputation and user-to-user electronic communication perspectives to explain service utilization decisions. Practically, the research findings are expected to help hospital management design more integrated strategies involving digital marketing, online reputation management, patient experience, customer relationship management, and quality improvement. Thus, hospital digital activities are not only directed at increasing visibility but also building trust and encouraging public decisions to utilize hospital services.

METHODOLOGY

This study uses a quantitative approach with an explanatory research design that aims to explain the influence of digital reputation and electronic word of mouth (e-WOM) on the decision to utilize hospital services. The study used a cross-sectional design, namely data collection was carried out over a certain period by distributing questionnaires to patients or service users who met the research criteria. The quantitative approach was chosen because the study focuses on measuring the relationship between variables objectively and testing hypotheses based on empirical data. The research model consists of digital reputation as the first exogenous variable (X1), electronic word of mouth as the second exogenous variable (X2), and the decision to utilize hospital services as the endogenous variable (Y).

The study population comprised all patients or service users who had previously used hospital services and had experience obtaining or viewing information about the hospital through digital media. The sample was determined using a purposive sampling technique, selecting respondents based on specific characteristics consistent with the research objectives. Inclusion criteria included patients or service users being at least 18 years old, having previously used hospital services, being able to understand the research instrument, having access to the internet or

digital media, having previously viewed or obtained information about the hospital through websites, social media, Google Reviews, health platforms, or other digital channels, and being willing to participate as research respondents. Respondents who completed the questionnaire incompletely, provided unusual response patterns, or completed the questionnaire more than once were excluded from the analysis. The sample size was determined based on the characteristics of the SEM-PLS model, the number of constructs and indicators, and the need to obtain stable model estimates. The study targeted a minimum of 200 respondents, with an ideal number of 250 respondents if field conditions permit.

The research variables consist of digital reputation, electronic word of mouth, and the decision to utilize hospital services. Digital reputation is defined as a user's perception of the hospital's credibility, quality, reliability, patient orientation, and image formed through various digital channels. The construct of digital reputation is measured through the dimensions of patient orientation, service quality, reliability, information credibility, and digital image. Electronic word of mouth is defined as electronic communication containing user experiences, opinions, evaluations, recommendations, and complaints about the hospital. The construct of e-WOM is measured through information intensity (intensity), positive valence (positive valence), negative valence (negative valence), and content or quality of information (content). Meanwhile, the decision to utilize hospital services is defined as an individual's decision to select and use hospital services after evaluating available information and alternatives. This construct is measured through the steadfastness of choice, suitability to needs, decision to use services, tendency to reuse, and willingness to recommend.

The research instrument used a structured questionnaire with a five-level Likert scale, namely a score of 1 for "strongly disagree", a score of 2 for "disagree", a score of 3 for "neutral", a score of 4 for "agree", and a score of 5 for "strongly agree". The digital reputation instrument items include perceptions of the hospital's reputation in digital media, attention to patient needs, perceptions of the quality and professionalism of services, the level of trust in the hospital, the consistency and credibility of digital information, and the hospital's professional image. The e-WOM instrument includes the frequency of finding and reading information or reviews, perceptions of positive experiences and recommendations from other users, consideration of negative reviews, and the relevance, completeness, and usefulness of information obtained through online reviews. The service utilization decision instrument includes the steadfastness of choosing a hospital, confidence in the decision, the suitability of services to needs, the decision to use services, the desire to reuse, the tendency to make the hospital the first choice, and the willingness to recommend the hospital to others.

The instrument was developed based on a synthesis of theories and previous research on digital reputation, e-WOM, patient behavior, online reviews, and healthcare selection decisions. Prior to use in the main study, the instrument underwent a content validity assessment involving experts with expertise in hospital management, healthcare marketing, healthcare services, and research methodology. Expert assessment was conducted to ensure that each statement aligns with the conceptual definition and indicators of the construct being measured. Following the expert assessment, the questionnaire was piloted on respondents with similar characteristics to the study population but not included in the main study sample. The pilot test was conducted to evaluate the instrument's understandability, response consistency, and the initial quality of the indicators before use in the main data collection.

The research data consisted of primary and secondary data. Primary data were obtained directly from respondents through questionnaires, both in person and electronically. Questionnaires were distributed to service users who met the research criteria and had given their consent to participate. To reduce the potential for selection bias, data collection was conducted not only through the hospital's digital channels but also through direct service points, while still observing hospital permission. Secondary data were obtained from hospital profiles, aggregate patient visit data, information regarding the hospital's digital channels, relevant institutional documents, and scientific literature used to provide context for the research.

Data analysis was conducted using Structural Equation Modeling–Partial Least Squares (SEM-PLS) with the assistance of SmartPLS software. SEM-PLS was chosen because the study involves latent constructs measured through several indicators and aims to test the predictive relationship between digital reputation, e-WOM, and service utilization decisions. The PLS-SEM approach is suitable for use in research oriented towards predicting and explaining variance in endogenous constructs and allows researchers to evaluate measurement models and structural models simultaneously (Hair & Alamer, 2022). Model evaluation is carried out through two main stages: evaluation of the measurement model (outer model) and evaluation of the structural model (inner model).

Measurement model evaluation was conducted to ensure that the indicators used were able to measure the constructs validly and reliably. Testing included outer loading, internal reliability, convergent validity, and discriminant validity. Indicators were deemed to have an adequate contribution if the outer loading value was around

0.70 or higher. However, indicators with loading values between 0.40 and 0.70 were not automatically eliminated, but were evaluated based on the Average Variance Extracted (AVE) value, construct reliability, and theoretical considerations. Construct reliability was evaluated using Cronbach's Alpha and Composite Reliability, while convergent validity was assessed through AVE with a minimum value of 0.50. Discriminant validity was evaluated using the Heterotrait-Monotrait Ratio (HTMT), with a value below 0.90 as a general criterion that the construct has adequate empirical discrimination. The use of HTMT was prioritized because recent methodological research recommends this measure for evaluating discriminant validity in PLS-SEM (Hair et al., 2021; Sarstedt et al., 2020).

After the measurement model meets the validity and reliability criteria, a structural model evaluation is conducted to test the relationships between the research variables. The structural model evaluation includes checking for collinearity, path coefficient, coefficient of determination (R^2), effect size (f^2), and the model's predictive ability. Collinearity checks are performed using the Variance Inflation Factor (VIF) value to ensure there are no multicollinearity problems between exogenous variables. The R^2 value is used to determine the ability of digital reputation and e-WOM to explain variations in hospital service utilization decisions . Meanwhile, the f^2 value is used to determine the contribution of each exogenous variable to the endogenous construct. The evaluation of predictive ability can be complemented with the PLSpredict procedure to determine the model's ability to generate predictions for out-of-sample observations.

Hypothesis testing was conducted using a bootstrapping procedure with 5,000 subsamples. This procedure is used to obtain estimates of the empirical distribution of parameters and determine the significance of the relationship between variables. The hypothesis is accepted if the path coefficient has a direction consistent with the hypothesis and the p-value is less than 0.05. In addition to the p-value, the study also considers the t-statistic and confidence interval to provide a more comprehensive interpretation of the estimation uncertainty. Thus, the first hypothesis examines the influence of digital reputation on the decision to utilize hospital services, while the second hypothesis examines the influence of e-WOM on the decision to utilize hospital services.

Descriptive analysis was conducted prior to the SEM-PLS evaluation to describe respondent characteristics and response tendencies for each research variable. Respondent characteristics included gender, age, education level, occupation, type of service used, frequency of visits, digital information sources, and digital platforms used to obtain information about hospitals. Descriptive statistics included frequency, percentage, minimum, maximum, mean, and standard deviation values. This analysis was used to provide an empirical overview of the sample characteristics and to assist in interpreting the results of the structural model testing.

The study also addressed ethical aspects of research. Respondents were provided with information regarding the study's objectives, questionnaire procedures, data use, and the right to participate voluntarily. Respondent consent was obtained before completing the questionnaire. Respondent identities were not included in the analysis or publication of the research results, and all data were used solely for academic purposes. The study was conducted after obtaining permission from the relevant institutions and, where required, approval from a health research ethics committee. These procedures were implemented to maintain the principles of respect for persons, confidentiality, anonymity, and security of research data.

Overall, the research model is formulated in the equation $Y = \beta_1 X_1 + \beta_2 X_2 + \zeta$, with Y as the decision to utilize hospital services, X_1 as digital reputation, X_2 as electronic word of mouth, β_1 and β_2 as the path coefficients of each exogenous variable, and ζ as the residual. The model is used to estimate the magnitude of the influence of digital reputation and e-WOM on the decision to utilize hospital services and to evaluate the ability of these two variables to explain variations in service user decisions.

RESULTS AND DISCUSSION

Respondent Characteristics

This study involved 250 respondents who were hospital service users and met the inclusion criteria. Respondent characteristics were analyzed based on gender, age, education level, frequency of visits, and digital information sources used to obtain information about the hospital.

Based on gender, there were 145 female respondents (58.0%), while there were 105 male respondents (42.0%). Based on age group, the largest number of respondents were in the 26–35 age group, namely 82 people (32.8%), followed by the 36–45 age group with 68 people (27.2%), the 18–25 age group with 57 people (22.8%), and respondents aged over 45 with 43 people (17.2%).

In terms of education, the majority of respondents had a bachelor's degree, namely 112 people (44.8%), followed by high school or equivalent education of 86 people (34.4%), diplomas of 32 people (12.8%), and postgraduate education of 20 people (8.0%). In terms of frequency of visits, 97 respondents (38.8%) had used

hospital services once, 103 respondents (41.2%) two to three times, and 50 respondents (20.0%) more than three times.

The most frequently used digital information source by respondents was Google/Google Reviews (178 respondents (71.2%), followed by Instagram (161 respondents (64.4%), TikTok (118 respondents (47.2%), hospital websites (104 respondents (41.6%), and Facebook (77 respondents (30.8%). Respondents could select more than one digital information source, so the percentages do not add up to 100%.

The dominant use of Google Reviews and social media indicates that the process of searching for information about hospitals has evolved from interpersonal communication to a digital information ecosystem. This condition aligns with research showing that ratings, reviews, and digital information can be a source of signals for patients when evaluating alternative healthcare services. Digital information allows patients to gain insight into other users' experiences before making a decision about using a service. Research by Shan et al. (2024) also shows that the characteristics of e-WOM can influence patient choices in the digital healthcare environment.

Descriptive Analysis of Research Variables

The descriptive analysis results show that the three research variables have relatively high average values. The digital reputation variable obtained an average value of 4.02. This value indicates that respondents generally have a positive perception of the hospital's reputation in the digital environment. This positive perception is primarily reflected in the credibility of information, hospital professionalism, perceived service quality, and hospital image.

The e-WOM variable obtained an average value of 3.94. This value indicates that respondents relatively often find and consider information derived from the experiences of other users. This indicates that e-WOM has become part of the patient evaluation process before determining service choices. Meanwhile, the decision to utilize services obtained the highest average value, namely 4.08. These findings indicate that most respondents have relatively high confidence in their decision to use hospital services. This condition supports the research of Lu et al. (2025) which found that the quality of healthcare reviews can influence user choices. Patients consider not only the existence of reviews, but also the quality and relevance of the information contained therein.

Evaluation of Measurement Model

Measurement model evaluation was conducted to ensure that the indicators used had adequate validity and reliability. The evaluation included *outer loading* , Cronbach's Alpha, rho_A, Composite Reliability, Average Variance Extracted (AVE), and *Heterotrait-Monotrait Ratio* (HTMT). The test results show that all indicators have *outer loading values* above 0.70. This value indicates that each indicator has an adequate contribution in reflecting the measured construct. In the digital reputation construct, the indicator with the highest loading is the perception that the hospital has a professional digital image, which is 0.887. This indicates that professionalism displayed through the digital environment is one of the strongest representations of the hospital's reputation. In the e-WOM construct, the indicator with the highest loading is the perception that information from other patients' experiences helps respondents evaluate the hospital, with a loading value of 0.901. These findings indicate that the usefulness of information is a very important aspect in e-WOM. Meanwhile, the utilization decision indicator with the highest loading is the belief that the hospital is the right choice, with a value of 0.913. These findings indicate that confidence in the decision is a strong representation of the service utilization decision construct.

Reliability and Convergent Validity

The test results show that the Cronbach's Alpha value for all constructs is above 0.70. Digital reputation has a Cronbach's Alpha value of 0.951, e-WOM of 0.944, and utilization decision of 0.938. Composite Reliability also shows a value above 0.70 for all constructs. The AVE value for digital reputation is 0.669, e-WOM of 0.635, and utilization decision of 0.655. Thus, all constructs meet the criteria for convergent validity because the AVE value is above 0.50. These results indicate that the indicators used have good internal consistency and are able to explain the proportion of variance of each construct adequately.

Discriminant Validity

The HTMT value between digital reputation and e-WOM is 0.781, digital reputation and utilization decision is 0.744, and e-WOM and utilization decision is 0.823. All values are below the 0.90 limit, indicating that each construct has adequate discriminant validity. This finding is important because digital reputation and e-WOM are conceptually close but not identical concepts. Digital reputation describes the evaluation of an organization, while e-WOM describes the communication of experiences and information between users.

Structural Model Evaluation

After the measurement model met the validity and reliability criteria, the structural model was evaluated. The evaluation included VIF, R^2, f^2, path coefficients, and significance testing through *bootstrapping* . The R^2 value of 0.637 indicates that digital reputation and e-WOM together were able to explain 63.7% of the variation in hospital service utilization decisions. Meanwhile, 36.3% of the variation in service utilization decisions was explained by other factors not included in the research model.

This value indicates the model's relatively strong explanatory power in the context of patient behavior research. This means that the two digital variables used in the study have a substantial contribution in explaining patients' decisions to utilize hospital services. However, the R^2 value of 63.7% also indicates that the decision to utilize services is not entirely determined by digital factors. Other factors such as service quality, cost, accessibility, location, facilities, previous experience, trust, healthcare provider recommendations, and clinical need likely play a role.

Hypothesis Testing

bootstrapping results show that digital reputation has a positive and significant effect on service utilization decisions with a path coefficient of 0.318, a *t-statistic* of 5.214, and *a p-value* <0.001. The 95% confidence interval is in the range of 0.197–0.438 and does not cross zero. Thus, H1 is accepted. Meanwhile, e-WOM has a positive and significant effect on service utilization decisions with a path coefficient of 0.521, *a t-statistic* of 8.763, and *a p-value* <0.001. The 95% confidence interval of 0.405–0.637 also does not cross zero so H2 is accepted. These results show that both digital variables have a significant influence on the decision to utilize hospital services, but e-WOM has a larger path coefficient than digital reputation.

The Influence of Digital Reputation on Decisions to Utilize Hospital Services

The results of the study indicate that digital reputation has a positive and significant effect on the decision to utilize hospital services. The path coefficient value of 0.318 indicates that an increase in positive perceptions of digital reputation is followed by an increase in patients' tendency to utilize hospital services. This finding suggests that digital reputation not only functions as a communication tool but also has consequences for user behavior.

Theoretically, these findings can be explained through *signaling theory* . Healthcare is a service with a relatively high level of uncertainty because patients are not always able to assess the technical quality of services before using them. Therefore, patients use various available signals to evaluate hospitals. Digital information regarding professionalism, service quality, credibility, facilities, patient experience, and organizational image can serve as signals that help patients form expectations.

These findings align with research showing that digital information about healthcare facilities can influence patient decisions. Research on healthcare choices based on online information suggests that ratings and reviews can be signals that users use to evaluate alternative services. The study's findings also support research on hospitals' online reputation, which shows that digital channels are crucial in shaping the identity and communication of healthcare organizations. Social media allows hospitals to interact with the public, while websites can be used to convey formal information about the organization and its services.

These findings have important implications for hospital management. Digital reputation cannot be built solely through the publication of promotional content. Hospitals need to ensure that all digital information is consistent with actual patient experiences. If a hospital projects an image of excellent service but patients experience poor outcomes, there is a risk of a mismatch between *the brand promise* and *the patient experience* .
Therefore, digital reputation management requires the involvement of various organizational units, not just marketing or public relations. The service, customer service, quality, nursing, medical, and management units all need to contribute to building the patient experience that forms the foundation for reputation. Therefore, the research findings provide evidence that digital reputation strategies need to be redirected from mere digital promotion to digital reputation management **.** The focus should not only be on increasing hospital visibility but also on ensuring that the positive perceptions formed in the digital environment are supported by tangible service quality.

The Influence of Electronic Word of Mouth on Decisions to Utilize Hospital Services

The results showed that e-WOM had a positive and significant effect on the decision to utilize hospital services, with a path coefficient of 0.521. This value was greater than the digital reputation coefficient of 0.318. This finding indicates that e-WOM is a more dominant factor in the research model.

The significant influence of e-WOM indicates that other users' experiences play a significant role in shaping patient beliefs. When potential patients lack direct experience with a hospital, other patients' experiences can serve as a source of information that helps reduce uncertainty. This finding aligns with research by Shan et al. (2024), which found that e-WOM influences patient choices in online health communities. This research demonstrates that the quality and characteristics of information conveyed by users can influence the decisions of other users. This finding is also consistent with research by Azizah et al. (2024), which demonstrated the influence of e-WOM on patient decisions in selecting healthcare services at Indriati Hospital, Solo Baru. These results provide evidence that user-to-user communication via digital media is relevant to patient decisions in the context of hospitals in Indonesia.

Research by Lu et al. (2025) further strengthens these findings. The study showed that the quality of healthcare reviews influences user choices. These findings suggest that patients consider not only the number of reviews but also the quality, relevance, and information contained within the reviews. In this study, the indicator with the highest loading on the e-WOM construct was the statement that other patients' experiences helped respondents evaluate the hospital. This finding suggests that the primary value of e-WOM is not simply the frequency of information, but its ability to aid the evaluation process. Therefore, hospitals need to view patient reviews as part of *their patient experience data* . Positive reviews can provide information about aspects of service that are already working well, while negative reviews can identify service areas that need improvement.

Recent research on online reviews of healthcare facilities also shows that patient reviews contain information about various aspects of the service experience and can be used to understand both positive and negative experiences of service users. The practical implication is that hospitals need to have *online review management mechanisms* . These mechanisms include monitoring, classification, response, escalation of complaints, problem resolution, and periodic evaluation. Hospitals also need to avoid an approach solely focused on acquiring positive reviews. Inauthentic reviews can diminish credibility and potentially damage reputations. A more sustainable strategy is to improve the quality of the patient experience so that positive e-WOM emerges organically.

Comparison of the Influence of Digital Reputation and e-WOM

The results of the study indicate a difference in the strength of influence between digital reputation and e-WOM. The coefficient of digital reputation is 0.318, while the coefficient of e-WOM is 0.521. Thus, e-WOM has a relatively greater influence on service utilization decisions than digital reputation. These findings indicate that patients are more responsive to information derived from other users' experiences than to general perceptions about the hospital. One possible explanation is the characteristic of e-WOM information which is considered more authentic because it comes from the direct experience of users. From a consumer behavior perspective, information from other users can have a high degree of credibility because it's not directly controlled by the organization. Patients may perceive other users' experiences as more closely reflecting actual service conditions.

This becomes increasingly important in healthcare because of the information gap between providers and patients. Hospitals possess far greater technical knowledge about services than patients, so patients utilize a variety of external information to reduce uncertainty. Research by Shan et al. (2024) shows that the quality of e-WOM can influence patient choice, while research by Lu et al. (2025) demonstrates the importance of review quality in healthcare user choice. However, this doesn't mean digital reputation is unimportant. Digital reputation still provides initial context that helps patients assess a hospital's credibility. In other words, digital reputation can function as an institutional signal **,** while e-WOM functions as an experiential signal **.** The two can reinforce each other. A good digital reputation will be more convincing when supported by positive patient experiences. Conversely, a good digital reputation can be less credible if potential patients encounter numerous negative experiences from other users.

CONCLUSION

This study shows that digital reputation and electronic word of mouth (e-WOM) have a positive and significant influence on the decision to utilize hospital services. Digital reputation has an influence with a coefficient of 0.318 ($p < 0.001$), while e-WOM has a stronger influence with a coefficient of 0.521 ($p < 0.001$). Simultaneously, both variables are able to explain 63.7% of the variation in service utilization decisions.

The findings suggest that the more positive a hospital's reputation in the digital environment and the better the information or experiences shared by other users, the greater the public's likelihood of utilizing hospital services. e-

WOM is becoming a more dominant factor, so hospitals need to manage patient experiences, digital reviews, and online reputation in an integrated manner to increase trust and improve service utilization decisions.

REFERENCES

Azizah, D. A. N. D., Susanto, A., & Noor, H. L. (2024). The influence of influencer marketing and electronic word of mouth on patient decisions in choosing health services at Indriati Hospital Solo Baru. *Jurnal Kesehatan, 17*(3), 280–290.

Hair, J. F., Alamer, A. (2022). Partial Least Squares Structural Equation Modeling (PLS-SEM) in second language and education research: Guidelines using an applied example. *Research Methods in Applied Linguistics, 1*(3), 100027. https://doi.org/10.1016/j.rmal.2022.100027

Hair, J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., & Ray, S. (2021). *Partial Least Squares Structural Equation Modeling (PLS-SEM) Using R: A Workbook*. Cham: Springer.

Hair, J. F., Howard, M. C., & Nitzl, C. (2020). Assessing measurement model quality in PLS-SEM using confirmatory composite analysis. *Journal of Business Research, 109*, 101–110. https://doi.org/10.1016/j.jbusres.2019.11.069

Kussusanti, K., Arindita, R., & Hasna, S. (2025). Indonesian public hospitals' online reputation: Mapping identity and communication dimensions. *PRofesi Humas*.

Lu, X., Lin, M., Zhang, Y., & Wang, H. (2025). "What can I trust": Exploring impact of dual-channel service review quality on patients' online healthcare choices. *Patient Education and Counseling, 134*, 108699. https://doi.org/10.1016/j.pec.2025.108699

Madanay, F., Bundorf, M. K., & Ubel, P. A. (2025). Physician gender and patient perceptions of interpersonal and technical skills in online reviews. *JAMA Network Open, 8*(2), e2460018. https://doi.org/10.1001/jamanetworkopen.2024.60018

Mahardika, R., & Setyawan, A. A. (2025). The role of word of mouth and digital reviews on selection decision: Study on the private hospital in Central Java. *Jurnal Bisnis dan Kewirausahaan*.

Richter, N. F., Schubring, S., Hauff, S., Ringle, C. M., & Sarstedt, M. (2020). When predictors of outcomes are necessary: Guidelines for the combined use of PLS-SEM and NCA. *Industrial Management & Data Systems, 120*(12), 2243–2267.

Riswidiantoro, R., Gunarto, M., & Widokarti, J. R. (2024). Dampak kualitas layanan dan electronic word of mouth terhadap keputusan memilih berobat di rumah sakit. *Journal of Economic, Business and Accounting (COSTING), 7*(6).

Sarstedt, M., Ringle, C. M., Cheah, J. H., Ting, H., Moisescu, O. I., & Radomir, L. (2020). Structural model robustness checks in PLS-SEM. *Tourism Economics, 26*(4), 531–554.

Sehgal, N. K. R., Agarwal, A. K., Southwick, L., Pelullo, A. P., Ungar, L., Merchant, R. M., & Guntuku, S. C. (2024). Disparities by race and urbanicity in online health care facility reviews. *JAMA Network Open, 7*(11), e2446890. https://doi.org/10.1001/jamanetworkopen.2024.46890

Sehgal, N. K. R., Guntuku, S. C., Southwick, L., Merchant, R. M., & Agarwal, A. K. (2025). Online reviews of health care facilities. *JAMA Network Open, 8*(8), e2524505. https://doi.org/10.1001/jamanetworkopen.2025.24505

Shan, W., Wang, J., Shi, X., & Evans, R. D. (2024). The impact of electronic word-of-mouth on patients' choices in online health communities: A cross-media perspective. *Journal of Business Research, 173*, 114404