

Determinants of Experiential Marketing on the Intention to Use Outpatient Services in Class C Hospital

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Abstract: Introduction: Experiential marketing has become a growing trend in promotional activities by emphasizing personalization and active customer involvement. Preliminary observations indicate a decline in outpatient visits among patients with general insurance and non-JKN coverage in 2023, which may be influenced by a decrease in their intention to use outpatient services. This condition highlights the need for hospitals to implement experiential marketing strategies to enhance patient interest and experience. Objective: This study aims to empirically examine the influence of patient experience and service perception on the intention to use outpatient services, with Strategic Experiential Modules (SEMs) as an intervening variable. Methods: This quantitative research employs a causal design involving outpatient service users as the population. A non-probability sampling technique was used, yielding 249 respondents. Data were collected using a questionnaire and analyzed using Structural Equation Modeling (SEM) with AMOS software. Results: The findings reveal that patient experience and service perception simultaneously have a significant positive influence on the intention to use outpatient services through SEMs. Service perception directly shows a significant positive effect on both SEMs and intention to use outpatient services, while SEMs also significantly enhance usage intention. Service perception emerges as the dominant variable in increasing SEMs and usage intention, whereas patient experience has the weakest effect. Conclusion: Patient experience and service perception collectively influence the intention to use outpatient services with SEMs as an intervening variable. Strengthening Customer Relationship Management is essential by improving human resources and optimizing service asset.

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1. Introduction

The low intention to use outpatient services among non-BPJS patients has become a major issue in Class C Hospitals, as reflected in the significant decline in non-BPJS outpatient visits. This decrease directly affects hospital revenue, which in turn impacts operational costs in 2024. Therefore, efforts to increase outpatient visits are crucial and must be addressed immediately. A consistent downward trend in non-BPJS outpatient visits has been observed over the past three years, with an average fluctuation decline of -51.9%. The decline in outpatient visits may be influenced by the low intention of non-BPJS and non-JKN patients to use outpatient services. This low intention is potentially shaped by unsatisfactory patient experiences, the absence of appropriate experiential marketing strategies, and negative perceptions of the outpatient services provided by Class C Hospitals.

Patient experience serves as an essential foundation for marketers when implementing experiential marketing strategies. In the context of outpatient service utilization, a patient's journey begins from the moment they enter the hospital environment. Every area of the



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hospital from the parking lot, garden area, interactions with parking attendants or security, registration waiting area, consultation rooms, to receiving medication at the pharmacy creates various stimuli that shape the patient's overall experience and perception. Within the framework of experiential marketing, the patient's marketing experience throughout their outpatient visit involves five key experiential aspects: sense, feel, think, act, and relate. These five experiential components influence how marketers design and implement experiential marketing strategies in Class C Hospitals (Schmitt, 2000).

2. Preliminaries or Related Work or Literature Review

Attitude toward behavior refers to the degree to which an individual has a favorable or unfavorable evaluative judgment of a particular behavior (Ajzen, 1991). Three determinants form the basis for the emergence of interest and the development of intention, which subsequently shape individual behavior. Attitude, subjective norms, and perceived behavioral control are key considerations for an individual in forming an intention that leads to behavior. Attitude originates from behavioral beliefs, which are the beliefs an individual holds about a particular behavior. These beliefs generate positive or negative outcomes, and their aggregation forms an overall attitude. Subjective norms arise from an individual's social environment. Normative components come from significant others such as family, friends, and peers who exert social pressure on the individual. The third factor, perceived behavioral control, stems from factors that facilitate or hinder behavior, and the combination of these factors forms what Ajzen (2005) defines as perceived behavioral control.

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Experiential marketing is defined as an approach that provides more than just information about a product or service. It is a marketing strategy that engages customers' emotions and feelings by creating positive and memorable experiences, fostering consumption and loyalty toward certain products (Schmitt, 2010). Experiential marketing is measured using the indicators of act, think, feel, sense, and relate (Schmitt & Zarantonello, 2013). The experiential marketing framework consists of two aspects: the five types of marketing experiences known as the Strategic Experiential Modules (SEMs), which form the strategic foundation of experiential marketing, and the experience providers (ExPros), which serve as tactical tools (Schmitt, 2000). Experiential marketing is primarily associated with emotions, senses, and feelings, and to a lesser extent with cognition and human intention (Same & Larimo, 2012).

Experiential marketing is a marketing approach that engages customers' emotions and feelings by creating positive and memorable experiences, leading to product consumption and loyalty (Schmitt, 2010). Purchase or usage intention is a form of consumer behavior—including patients—who express willingness to choose or use a service based on their experience (Kotler & Armstrong, 2021). In the context of outpatient care, usage intention is influenced by various factors, including patient experience and service perception. This relationship can be strengthened or mediated by the Strategic Experiential Modules (SEMs), which consist of five experiential dimensions: sense, feel, think, act, and relate (Schmitt, 2000).

Customer experience forms the foundation for marketers in developing marketing strategies (Same & Larimo, 2012). Positive service perception—such as responsiveness, friendly staff, and service quality—can enhance sense marketing through sensory stimulation and feel marketing through positive emotions (Pralhad & Ramaswamy, 2004). Service perception that meets customer expectations contributes to think marketing (cognitive

engagement) and act marketing (behavioral response) (Lemon & Verhoef, 2016). Experiences shaped by communication and reliability from physicians significantly influence repeat visit intention (Park et al., 2021). Patient experience has a positive and significant effect on usage intention (Nawawi, 2024).

Customer perception strongly correlates with usage intention (Suprpto et al., 2020). Higher perception results in higher intention to use a service (Hoe et al., 2018). A positive relationship between perception and usage intention has been documented (Benhardy et al., 2020), and consumer value perception significantly affects usage intention (Wang et al., 2023). Experiential marketing significantly influences purchase interest (Muharam et al., 2018) and has a positive and significant effect on usage intention (Simamora & Saputra, 2023). Simultaneously and partially, relationship/relate marketing one of the SEM dimensions—positively and significantly influences revisit attitudes (Nawawi, 2024).

Hypothesis Development

H1: Patient experience and service perception, with Strategic Experiential Modules (SEMs) as an intervening variable, influence the intention to use outpatient services.

H2: Patient experience influences the Strategic Experiential Modules (SEMs) in outpatient services at the hospital.

H3: Service perception influences the Strategic Experiential Modules (SEMs) in outpatient services at the hospital.

H4: Patient experience influences the intention to use outpatient services at the hospital.

H5: Service perception influences the intention to use outpatient services at the hospital.

H6: Strategic Experiential Modules (SEMs) influence the intention to use outpatient services at the hospital.

H7: Patient experience, with Strategic Experiential Modules (SEMs) as an intervening variable, influences the intention to use outpatient services at the hospital.

H8: Service perception, with Strategic Experiential Modules (SEMs) as an intervening variable, influences the intention to use outpatient services at the hospital.

Research Model

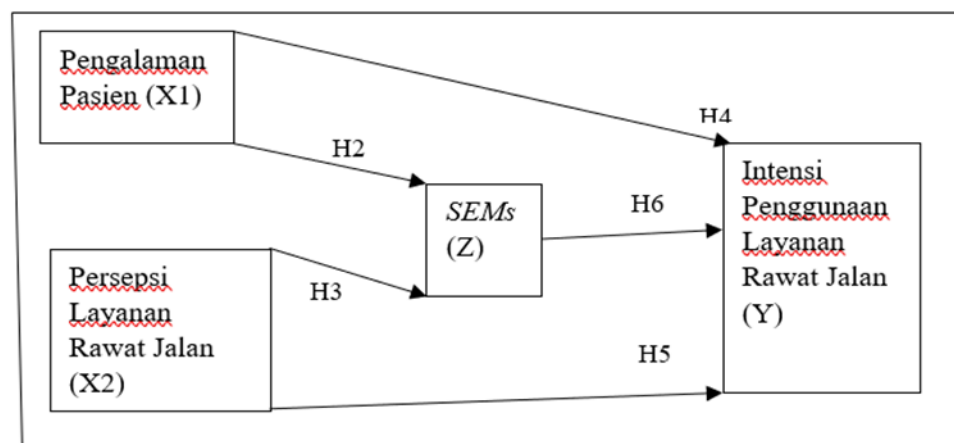


Figure 1. Research Model.

3. Proposed Method

Research Design

This study is a quantitative explanatory causality research that involves two independent variables patient experience (X1) and outpatient service perception (X2) one intervening variable, the Strategic Experiential Modules (SEMs) (Z), and one dependent variable, the intention to use outpatient services. Data were collected through a survey using a questionnaire, with the unit of analysis being individual non-BPJS patients utilizing outpatient polyclinic services, and the study employed a cross-sectional time approach. An index analysis technique was used to describe respondents' answers to the questionnaire items, applying the three-box method to obtain descriptive insights into respondent perceptions. Data analysis was conducted using AMOS software with Structural Equation Modeling (SEM), a statistical

technique that allows for the examination of relationships between latent constructs and their indicators, relationships among latent constructs, and direct measurement errors.

Population, Sample Size, and Sampling Approaches

The population of this study consisted of non-BPJS outpatient users at Class C Hospitals. The sampling technique employed was nonprobability sampling, in which members of the population did not have an equal chance of being selected. A total sample of 249 respondents was obtained, based on specific inclusion and exclusion criteria. The inclusion criteria were: (1) non-BPJS outpatient users with general payment or non-JKN insurance who had visited the outpatient clinic more than once, (2) individuals who were receiving outpatient services at the time of data collection, and (3) respondents who were willing to complete the questionnaire. The exclusion criteria were: (1) individuals who were unwilling to complete the questionnaire and (2) patients under the age of 17.

Data Analysis

Data were collected through a direct survey administered to respondents using a structured questionnaire as the primary instrument, developed based on the dimensions adopted for each variable and measured using a Likert scale. The formulated questionnaire then underwent an instrument quality assessment through validity and reliability testing. The validity test was conducted on 30 respondents outside the main study sample using the product–moment correlation technique, with an r-table value of 0.361 at a 5% significance level; items were considered valid if the calculated r-value exceeded 0.361, and invalid if below this threshold. Reliability testing was performed to assess the consistency of individual questionnaire indicators, and an instrument was deemed reliable if it achieved a Cronbach’s alpha value greater than 0.60.

4. Results and Discussion

Results

Respondent Characteristics

A total of 249 respondents participated in this study. Approximately 76.7% reported visiting 2–3 times. The distribution of gender was relatively balanced, with 54.2% male and 45.8% female respondents. About 51% of respondents were aged 17–31 years. Regarding the highest level of education, 51.8% had completed high school or equivalent, while 37.9% held an undergraduate degree. In addition, 77.5% of outpatient visits were made by patients using general payment methods.

Normality Test

The normality test is used to determine whether the data are normally distributed. A regression model is considered normally distributed if the critical ratio (CR) value for each variable is less than 2.58. Based on the SEM AMOS output, the results of the normality test can be seen in the following table.

Table 1. Normality Test.

Variable	Min	Max	Skew	cr	Kurtosis	cr
Pengalaman Pasien	2,250	4,000	0,499	3,217	-,340	-1,094
Persepsi Layanan	2,500	4,000	0,612	3,942	-,583	-1,878
Strategic Experiential Modules/SEMs	2,190	4,000	0,124	0,802	-1,022	-3,291
Intensi Penggunaan	2,667	4,000	0,097	0,628	-0,812	-2,614
Multivariate					-1,894	-2,157

Source: Processed Data, Amos 25, 2025.

In Table 1, the normality test shows that the significance level is less than 2.58; therefore, each variable examined in this study is considered to have a normal distribution.

Multicollinearity Test

The multicollinearity test is used to examine whether the regression model contains correlations among the independent variables. A good regression model should have no correlation between independent variables. If such correlations exist, multicollinearity problems may arise. The results of the multicollinearity test show a covariance matrix value of

0.000, indicating that there is no correlation among the independent variables in the model. Thus, it can be concluded that the model does not experience multicollinearity issues

Condition number = 7,121 Eigenvalues

0,389 0,162 0,064 0,055

Determinant of sample covariance matrix = 0,000

Source: data output AMOS 25, 2025.

Hypothesis Testing

Simultaneous Test (H1)

Minimum was achieved

Chi-square = 0,000

Degrees of freedom = 0

Sumber: data output AMOS 25, 2025

The results of the partial test using the Structural Equation Model are presented in the table below.

Table 2. Hypotesis Partial Testing.

Variabel	Estimate	SE	CR	P	Description
Z<---x1	-0,030	0,067	-0,449	0,654	H 1 Rejected
Z<---x2	0,611	0,074	8,197	0,000	H 2 Accepted
Y<---z	0,437	0,049	8,924	0,000	H 3 Accepted
Y<---x1	-0,082	0,051	-1,593	0,111	H 4 Rejected
Y<---x2	0,264	0,065	4,072	0,000	H 5 Accepted

Source : Processed Data, Amos 25, 2025.

Hypothesis Intervening

Table 3. Standardized Direct Effect.

	X1	X2	Z
Z	-0,029	0,537	0,000
Y	-0,093	0,268	0,505

Source: Processed Data, Amos, 2025.

Table 4. Standardized Indirect Effect.

	X1	X2	Z
Z	0,000	0,000	0,000
Y	-0,015	0,271	0,000

Source: Processed Data, Amos, 2025.

Discussion

H1: Patient experience and service perception, with Strategic Experiential Modules (SEMs) as an intervening variable, influence the intention to use outpatient services.

Hypothesis 1 is accepted because the calculated Chi-square value is 0.00, which is smaller than the Chi-square table value. This very small Chi-square result indicates that there is no difference between the theoretical model and the empirical data, thus confirming that Hypothesis 1 is accepted. This means that patient experience, service perception, and Strategic Experiential Modules (SEMs) have a significant influence on the intention to use outpatient services, as the calculated Chi-square value is substantially smaller than the Chi-square table value.

H2: There is an effect of Patient Experience on the Strategic Experiential Modules (SEMs).

The findings of this study indicate that the patient experience variable has a non-significant negative effect on the Strategic Experiential Modules (SEMs) in outpatient services, with a p-value greater than 0.05 ($p = 0.654$) and a negative standardized path coefficient ($\beta = -0.03$). This means that even when patient experience is positive, it does not necessarily lead to more effective utilization of SEMs in hospital outpatient service marketing strategies. In the concept of experiential marketing, the strategies implemented may not be specifically designed to leverage patient experience (Schmitt, 2000). Marketing efforts in hospitals also tend to be less differentiated due to the serious and outcome-oriented nature of medical services (Berry & Bendapudi, 2007). Additionally, respondents may provide normative answers (e.g., prioritizing health over marketing perception), which reduces the observed influence of experience on marketing evaluations (Podsakoff et al., 2003). Conceptually, experience is a personal phenomenon occurring within an individual's emotional, physical, intellectual, and even spiritual dimensions. For meaningful impressions to form, organizations must provide cues that reinforce pure experiential elements. Sensory stimuli that align with customer experience strengthen and shape perception, and engaging more senses enhances memorability (Pine & Gilmore, 1998). Although customer experience forms the theoretical foundation of SEMs (Schmitt, 2000), the study results indicate that patient experience does not directly influence SEMs within this hospital context.

Based on observations, the respondent profile shows that 51% were aged 17–30 years and 51.8% had a senior high school educational background. This suggests that the dominant respondent groups may not pay much attention to physical environment elements or marketing strategies implemented by the hospital. The experiential marketing activities applied in the outpatient setting may not have succeeded in creating meaningful or memorable experiences for patients. Instead, patient experience remains focused primarily on essential expectations, such as recovery from illness and the speed of services provided. As a result, patient experience—although relevant to overall satisfaction—does not significantly contribute to shaping perceptions of SEMs in this study.

H3: The Influence of Service Perception on Strategic Experiential Modules (SEMs)

The findings of this study indicate that the service perception variable has a significant positive influence on the Strategic Experiential Modules (SEMs) in outpatient services, as evidenced by a significance level below 0.05. This means that when patients' perceptions of outpatient service quality improve, the application of SEMs also becomes more effective and can encourage higher utilization of outpatient services. The descriptive indicator scores using the three-box method for both service perception and SEMs fall within the high or normal category. This is supported by positive patient evaluations of performance, service delivery, durability, reliability, characteristics, conformance to specifications, and outcomes of outpatient care. Consequently, these favorable perceptions contribute to the effective application of SEMs among outpatient users. The results also show that patients view the use of SEMs as relevant and beneficial for future service experiences.

One of the key features of experiential marketing is that customers or in this context, patients—integrate rational and emotional elements, driven by perceptions shaped through emotions, imagination, and creativity (Artaya, 2019). These perceptions not only influence patient satisfaction directly but also positively affect the adoption of SEMs within outpatient services. Strategic Experiential Modules themselves are an experience-based marketing framework consisting of five dimensions: sense, feel, think, act, and relate (Schmitt, 2000).

H4: The Influence of Strategic Experiential Modules (SEMs) on the Intention to Use Outpatient Services

The findings of this study indicate that the Strategic Experiential Modules (SEMs) variable has a positive and significant effect on the intention to use outpatient services, as evidenced by a significance level below 0.05. This result implies that increasing the application of SEMs enhances patients' intention to utilize outpatient services in the hospital. Descriptive indicators analyzed using the three-box method also support this outcome, showing that both SEMs and intention to use outpatient services fall within the high or normal category. SEMs dimensions with high-scale index values include Feel Marketing, Think Marketing, and Act Marketing, while Sense Marketing and Relate Marketing fall within the moderate scale. These results collectively demonstrate that SEMs positively influence the intention to use outpatient services across all experiential dimensions.

These findings align with existing theories stating that all components of experiential marketing influence intention to use, with feel, think, and sense experiences having particularly strong effects (Khan & Rahman, 2014). Experiential marketing serves as a key exogenous driver of purchase intention, as patients or customers form emotional bonds, familiarity, and connectedness after experiencing the services provided, leading to an increase in usage intention (Syarif & Fathor, 2023). Furthermore, experiential marketing creates memorable and meaningful customer experiences that strengthen their desire to repurchase and enhance the value of a service (Hsiao et al., 2021). Prior studies also confirm that experiential marketing significantly influences purchase interest (Muharam et al., 2018) and has a strong positive relationship with usage intention (Simamora & Saputra, 2023).

H5: The Influence of Patient Experience on the Intention to Use Outpatient Services

The results of this study indicate that the patient experience variable has no significant effect on the intention to use outpatient services, showing a negative direction ($p > 0.05$; $\beta = -0.08$). This means that even when patients report positive experiences, it does not necessarily lead to a higher intention to revisit or continue using outpatient services. The descriptive index results using the three-box method show that most dimensions of patient experience fall within the moderate to high categories, while the dimensions of intention to use outpatient services fall within the high category. This demonstrates that patient experience does not translate into behavioral intention. Several dimensions of patient experience—such as emotional comfort, patient preference, family and friend involvement, continuity and transition, and service flexibility remain within the moderate scale, even though all indicators of intention to use services are rated high. This pattern may occur because intention is influenced by external factors such as limited healthcare facility options, travel distance, or physician recommendations. Patients may still choose to return despite an unsatisfactory experience when alternatives are limited (Andaleeb, 2001). Additionally, in the Theory of Planned Behavior (TPB), experience is categorized as a background factor that does not directly form intention (Ajzen, 2005). Prior studies also suggest that return intention is often driven by medical necessity rather than experiential evaluation (Berry & Bendapudi, 2007), and may be moderated by loyalty, trust, or price (Oliver, 2010). Thus, patient experience may not significantly influence outpatient service intention.

Based on field observations, the respondent profile shows that 51% are aged 17–30 years and 51.8% have a high-school education, suggesting potential links to economic factors and limited healthcare awareness. In this demographic, positive experiences may not directly increase the intention to use outpatient services. The findings also indicate gaps in patients' understanding of prohibited behaviors or instructions, which may be linked to ineffective communication between outpatient service providers and patients. At certain times, the waiting area becomes less comfortable, and essential reassurances or information from physicians—such as reducing patient anxiety about their condition are not optimally conveyed. As a result, patients prioritize recovery and immediate medical needs rather than forming an intention to return for further specialist services. This helps explain why patient experience does not significantly contribute to the intention to use outpatient services in this study context.

H6: The Influence of Service Perception on the Intention to Use Outpatient Service

The results of this study indicate that service perception has a significant positive effect on the intention to use outpatient services, with a significance level below 0.05. This finding means that as patients' perceptions of service quality improve, their intention to utilize outpatient services also increases. This aligns with the Theory of Planned Behavior, which posits that perceived behavioral control has motivational implications for intention formation.

Individuals who believe they possess the necessary resources and opportunities to engage in a behavior are more likely to form strong intentions to perform that behavior, even when attitudes and subjective norms are already favorable (Ajzen, 2005). Previous studies also support this relationship, showing that customer perception significantly influences usage intention and may act as an intervening variable that strengthens this relationship (Suprpto et al., 2020). Additionally, positive service perception including perceived value and benefits consistently leads to higher usage intention, as supported by various empirical (Benhardy et al., 2020; Hoe et al., 2018; Wang et al., 2023).

Based on these theoretical foundations and empirical findings, the positive and significant relationship between service perception and the intention to use outpatient services is logical and well-supported. The demographic characteristics of respondents in this study further reinforce this outcome, as the majority were within the productive age range (20–35 years). Individuals in this age group generally possess broader exposure, higher digital literacy, and more adaptive attitudes toward service experiences, making them more likely to form perceptions that influence behavioral intentions. Consistent with the Theory of Planned Behavior, these perceptions alongside attitudes and subjective norms shape the intention to use healthcare services. Therefore, improved service perception naturally contributes to a stronger intention among patients to continue utilizing outpatient services.

Intervening Testing

Hypothesis 7 is supported because the findings show that patient experience has a significant positive indirect effect on the intention to use outpatient services when mediated by Strategic Experiential Modules (SEMs). The mediation test revealed that the indirect effect (−0.015) is larger in magnitude than the direct effect (−0.093), indicating that SEMs effectively mediate the relationship between patient experience and intention to use outpatient services. Descriptive results using the three-box method also showed that patient experience, SEMs, and intention to use are all at moderate to high levels. These findings align with experiential marketing theory, which states that marketing strategies rooted in sensory, emotional, cognitive, behavioral, and relational experiences can shape patient engagement and behavioral intentions. Although no previous studies have examined patient experience, SEMs, and intention to use outpatient services simultaneously, this research provides a novel contribution by demonstrating SEMs' mediating role in healthcare service settings.

Hypothesis 8 is also supported, as service perception and Strategic Experiential Modules (SEMs) significantly and positively influence the intention to use outpatient services. The indirect effect (0.271) is slightly larger than the direct effect (0.268), indicating that SEMs mediate the relationship between service perception and intention to use outpatient services. Descriptive three-box method results confirmed that service perception, SEMs, and intention to use are all at moderate to high levels. High scores in service perception dimensions—such as performance, reliability, service quality, feature suitability, and outcomes—directly strengthen patients' intention to use outpatient services. While no theory explicitly states that experiential marketing mediates the relationship between service perception and usage intention, existing consumer behavior theories suggest that intention arises from interactions among needs, attitudes, and perceptions. Since no previous studies have simultaneously examined service perception, SEMs, and intention to use outpatient services, this research offers a new and valuable perspective.

Research Findings

Based on the overall research findings, Strategic Experiential Modules (SEMs) are proven to significantly and positively mediate the influence of patient experience and service perception on the intention to use outpatient services simultaneously. Service perception has a direct and significant positive effect on both SEMs and the intention to use outpatient services, while SEMs themselves also directly and significantly influence usage intention. However, patient experience does not have a significant direct effect on the intention to use outpatient services, nor does it significantly influence SEMs directly.

5. Conclusions

Patient experience, outpatient service perception, and the use of Strategic Experiential Modules (SEMs) in outpatient services have a significant simultaneous effect on the intention to use outpatient services under non-BPJS insurance. Patient experience has no significant effect on the use of SEMs and on the intention to use outpatient services with non-BPJS insurance. However, the significant influence of outpatient service perception on the intention to use outpatient services and on the use of SEMs is confirmed. The significant

influence of SEM use on the intention to use outpatient services with non-BPJS insurance is also supported. SEMs are able to mediate the effects of patient experience and service perception on the intention to use outpatient services. With positive patient experience and favorable service perception, mediated by SEMs, the intention to use outpatient services increases.

Implications

Patient experience, together with service perception, simultaneously influences the intention to use outpatient services, with Strategic Experiential Modules (SEMs) functioning as an intervening variable. Patient experience alone is not sufficient to significantly affect outpatient service usage intention. Hospitals must therefore develop policies related to customer relations strategies. System development can be implemented by strengthening resources or asset systems, including improving facilities and infrastructure through proper maintenance and monitoring. Experiential marketing activities can also be carried out by optimizing the five dimensions of SEMs. All of these efforts aim to enhance patients' intention to use outpatient services.

Recommendation

Several recommendations can be proposed to support organizational improvement. The hospital should provide regular training on effective communication, especially related to patient education and restrictions based on their medical conditions. Physical comfort in waiting areas should be upgraded, and management should offer emotional comfort by involving patients and families in examinations, treatment decisions, monitoring health progress, and medication adherence. Clear follow-up scheduling and continuous care are also essential, supported by health workers reminding patients to follow treatment procedures. Service flow should be simplified to ensure efficient, friendly, and attentive interactions, creating pleasant and memorable experiences for patients and families.

Management should enhance sense marketing by improving the attractiveness and comfort of doctor waiting rooms, examination rooms, pharmacy waiting areas, restrooms, and overall cleanliness, while increasing service promotions in outpatient areas. Improvements in think marketing include simplifying registration procedures, while relate marketing can be strengthened by empowering public relations staff to actively engage with patients and families in outpatient service areas. Nurses should also maintain good communication in responding to patient questions and complaints.

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