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## THE INFLUENCE OF SOCIAL MEDIA MARKETING ON BRAND EQUITY MEDIATED BY E-WOM (ELECTRONIC WORD OF MOUTH) ON HEALTHCARE PROVIDERS

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### ABSTRACT

*Social media* is a media that frequently used to share picture, text, and video information. In 2019, *social media* users in the entire world population has reached 50% and it keep increasing. This rapid development of *social media* has affected the marketing strategy of healthcare providers, especially in implementing digital-based marketing strategies. A healthcare provider's *social media* activity is thought to be helpful to prospective consumers in assessing the quality of a healthcare provider. The aim of this study is to evaluate the impact of social media marketing on brand equity through electronic word of mouth (E-WOM) as a mediating variable in healthcare providers. To achieve this goal, a questionnaire has been made based on previous literature with a sample of 107 respondents distributed online. The results of structural equation modeling using SEM-PLS analysis show that Social media marketing has a favorable and significant direct and indirect influence on brand equity, mediated by E-WOM. Therefore, this study can be a foundation for healthcare providers to be able to apply marketing behavior through *social media* to develop health services.

**Keywords:** Social media marketing, Electronic word of mouth, E-WOM, Healthcare provider, Structural equation modeling

## Introduction

In the current digital era, social media has an important role as a communication tool where every user can share information, knowledge and connect with each other. Social media is a platform that frequently used to share picture, text, and video information both with other people and companies and vice versa (Philip Kotler and Kevin Lane Keller, 2016). Meanwhile, according to Howard and Park (2012), social media has a more complex definition where social media must have three components, they are (a) Social media are (a) a tool or information infrastructure for creating and sharing content (b) The content shared can take the shape of a personal message, news, ideas, or cultural objects, and (c) There are people, organizations, and industries that create and consume digital content. According to (Thomas, 2020), in 2019, social media users in the world reached 3.48 billion people, this number is close to half of the population in the world and will continue to increase from time to time.

Moreover, social media users have been rapidly growing due to the COVID-19 pandemic (Samet, 2020). Social media gives easy access to exchange information and have conversations about numerous health care subjects, services, and medical items. The boundaries of time and location have been removed, and anyone may acquire the needed knowledge anytime and anywhere through the internet. The rapid development of social media networks used to acquire information about health has also altered the healthcare system and the marketing of health service providers (Koumpouros et

al., 2015). This indirect marketing can be an alternative marketing media choices that can be used by business actors, including health service providers. This online marketing can also enable customers and the general public to obtain the latest information regarding information or service updates clearly and easily (Praswati et al., 2017) Based on many literature the main component of social marketing consists of entertainment, in-teraction, trendiness, customization, and perceived risk.

Entertainment encourages the emergence of individual behavior and follow-up continuity, which elicits positive feelings/emotions about the brand in the minds of social media followers. Even if the reasons for using social media are different, a social media content that is funny and hilarious has a tendency to arouse the attention of social media users (Bilgin et al., 2018). Interaction is the ability of social media to add or invite friends or colleagues so that social media users can connect, share and communicate with each other in real-time. Communication carried out on social media is an important aspect because interaction between users can improve the user experience of products or services (Murdana, 2019). Trendiness on social media means that social media provides the latest news and hot topics of discussion and also provides important information. Consumers are frequently using various types of social media to search many information, as they perceive it as a more trustworthy source of information than company-sponsored communications through traditional promotional activities (Godey et al., 2016). Customization as a main component of social media marketing is

the act of creating customer satisfaction based on business interaction with individual users on social media. Through this, it is expected that social media can transfer the uniqueness of products, services and brands to customers by means of peer to peer communication. This can influence the preferences of products, services, or brands that are perceived to be suitable for individuals by improving the feeling of connectedness that will make them feel connected to the brand (Bilgin et al., 2018). The last main aspects of social media is perceived risk, as the consumers find the informations about the brand in the social media, it can makes consumer feel safer to use or buy the products produces by some brands. It can reduce the uncertainty feeling by allowing consumers to make contact with companies and check the latest information of those companies (Sano, 2014)

The evolution of Information and Communication Technology (ICT) and the development of social media have a direct effect on the health professional sector, where patients as the consumers of health service providers and products are increasingly using the internet to find the desired information (Koumpouros et al., 2015). The decision by consumers in choosing a health service center will be based on many considerations. Consumers will have a tendency to find out first about a product or service based on reviews from other people on social media. The dissemination of information through other consumer reviews carried out on online platforms can be referred to as E-WOM (Electronic Word of Mouth). This e-WOM can contain positive or negative

comments on an online platform and one of them is on social media. E-WOM can spread quickly via the internet and can take various forms such as notifications, reviews, opinions, and recommendations. Feedback such as the number of likes, comments, ratings, tweets, video testimonials, or blog posts, can also be considered E-WOM. So that potential consumers' views of a product or service are greatly influenced by the evaluation of E-WOM (Zhang & Huang, 2018).

Brand is the identity of a product, whether a brand is strong or not can be measured by measuring the brand equity of the health service provider. The components that influence the formation of brand equity are quite diverse. Based on the concept put forward by Keller 1993, the components of brand equity consist of brand knowledge, brand image and brand awareness. Meanwhile, research conducted by Seo & Park (2018) stated that the most important components are brand image and brand awareness. A unique, strong and profitable brand image allows a brand to be differentiated and positioned strategically in consumers' minds and has the potential to contribute in increasing brand equity. Brand image is a significant component of brand equity. So a good brand image must be successfully formed through a marketing strategy, one of which is through marketing activities on social media (Khan & Fatma, 2023). Apart from brand image, based on (Kerin & Hartley, 2023), brand awareness is the main foundation that forms brand equity. One way that has been proven effective for increasing brand awareness of a product is by using marketing on social media.

With an increase in brand awareness, which is the main component of brand equity, it is hoped that it can also influence consumers to choose a particular health service provider (Haryanti et al., 2022).

Both positive and negative feedback on E-WOM is thought to greatly influence the brand equity of health service providers. Because the value of a brand is generally strongly influenced by consumer perceptions, so all kinds of feedback on social media can provide good or bad responses to health service providers (Zen et al., 2012). So this leads to the need to implement new marketing strategies that can be carried out by health service providers, because companies and health service professionals must strive hard to continue to attract their potential consumers (Koumpouros et al., 2015). So the aim of this re-search is to determine the

influence of social media marketing on brand equity mediated by E-WOM (electronic word of mouth) in health service providers.

**Material and Methods**

The research method is a quantitative research. The research sample was taken using a purposive sampling technique with the criteria for respondents being (1) Active users of social media (Facebook, Instagram, TikTok, or hospital health services either directly or indirectly, and (5) Following the hospital's social media accounts (Facebook, Instagram, TikTok, or X).

This research analysis uses structural equation modeling to assess the influence of social media marketing on brand equity which is mediated by E-WOM (electronic word of mouth). Figure 1 depicts the proposed research model based on previous research.

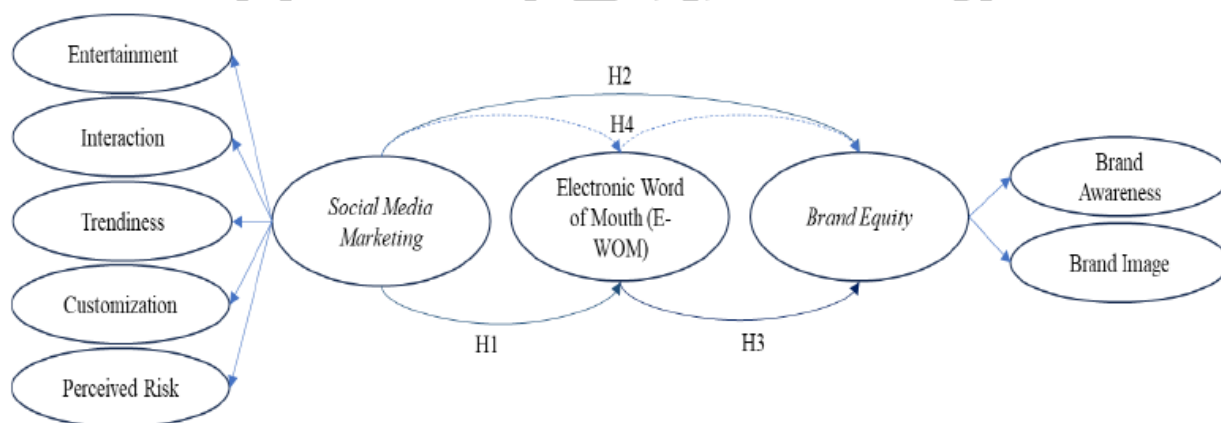


Figure 1. Research Model

Based on Figure 1, there are several hypotheses proposed in this research,

H1. Social media marketing is thought to have a positive and significant influence on E-WOM of health service providers

H2. Social media marketing is thought to have a positive and significant influence on the brand equity of health service providers.

H3. E-WOM is thought to have a positive and significant influence on the brand equity of health service providers

H4. E-WOM is thought to be able to mediate the influence of social media marketing on brand equity of health service providers

The sample size required for analytical descriptive research with an unknown population according to Dahlan (2010) is using this following formula:

$$n = Z\alpha^2 \times P \times Q$$

Based on the formula above, the  $Z\alpha$  and  $d$  values are the values determined by the researcher. The level of accuracy ( $\alpha$ ) used in this research is 5% with a confidence level of 95% so that the  $Z$  value is 1.96. Accuracy in this study was determined at 10% from sampling. Because the population is not yet known, the largest population from the sample and non-sample is displayed, namely 0.5 each. Based on this formula, we get:

$$n = 1,96^2 \times 0,5 \times 0,5$$

$$n = 96,04$$

So the minimum sample size for this research is 96 samples.

This research uses a questionnaire as a research instrument. The questionnaire was prepared based on previous research. Based on (Seo & Park, 2018) social media marketing consists of entertainment, in-teraction, trendiness, customization, and perceived risk. The

assessment of these characteristics consists of at least 2 indicator questions each adapted from previous research (Seo & Park, 2018)(Bilgin, 2018)(Zarei et al., 2022). For the electronic word of mouth variable, we adapting the 5 question indicators conducted by Duarte et al., (2018). Brand equity uses the 2 most important characteristics, namely brand awareness and brand image. Brand awareness characteristics consist of 4 question indicators adapted from (Das & Mukherjee, 2016) while brand image characteristics adapt 4 question indicators from research conducted by (Zarei et al., 2022). Each question indicator is calculated using a Likert scale of 1 – 5, which means a value of 1 is strongly disagree to a value of 5 is strongly agree.

Next, all the question indicators were tested for validity and reliability using SmartPLS3.0 software. According to (Hair et al., 2022) convergent validity is assessed by paying attention to the results of the outer loading and Average Variance Extracted (AVE) values. If an  $AVE > 0.5$  is obtained, it can be concluded that the question indicator is valid. Discriminant validity is assessed using cross loading values, where a valid loading factor value according to Chin (1998) is if the value is  $>0.60$ . Meanwhile, the reliability test refers to the Cronbach's Alpha value and composite reliability. Composite reliability values between 0.6 – 0.7 are acceptable in exploratory research and the Cronbach's Alpha value that is considered reliable is  $>0.60$ . Table 1 displays the results of the validity and reliability tests.

Table 1. Validity and Reliability Test Results of the questionnaire

Variable	Characteristics		Loading Factor	AVE	Composite reliability	Cronbach's Alpha			
<i>Social media marketing</i>	<i>Entertainment</i>	Ent1.1	0.773	0.539	0.927	0.914			
		Ent1.2	0.801						
	<i>Interaction</i>	Int1.1	0.736						
	<i>Trendiness</i>	Int1.2	0.658	0.611	0.886	0.839			
		<i>Customization</i>	Int1.3				0.622		
			Trend1.1				0.690		
	<i>Perceived Risk</i>	Trend1.2	0.761						
		Cust1.1	0.696						
	<i>Electronic Word of Mouth (E-WOM)</i>	<i>Brand image</i>	Cust1.2				0.779		
			PR1.1				0.828		
		<i>Brand equity</i>	PR1.2				0.702		
	<i>Brand awareness</i>		EWOM2.1				0.738	0.643	0.935
		EWOM2.2	0.682						
		EWOM2.3	0.880						
		EWOM2.4	0.700						
	<i>Brand image</i>	EWOM2.5	0.883						
		BI3.1	0.702						
	<i>Brand equity</i>	BI3.2	0.841						
		BA3.1	0.730						
	<i>Brand awareness</i>	BI3.3	0.855						
		BA3.2	0.826						
	<i>Brand awareness</i>	BA3.3	0.829						
		BA3.4	0.821						

Based on table 1, it was found that the loading factor value for all research instruments was  $> 0.6$ , which means it had good discriminant validity. Apart from that, the AVE value of all research variables is  $> 0.5$ . So it can be said that all research instrument items have good convergent validity in explaining the variable points. Furthermore, all research items have a composite reliability value of  $> 0.7$  and Cronbach's alpha  $> 0.7$ . So it can be said that all research instruments used in this research are considered valid and reliable.

### Results and Discussion

The results of this research were analyzed using the SmartPLS 3.0 program using structural equation modeling. This research obtained 107 respondents according to the inclusion and exclusion

criteria. The characteristics of the respondents obtained were quite diverse when viewed from their backgrounds. The following are the characteristics of respondents obtained by dividing respondents based on age, gender, type of social media used, type of hospital, and hospital area:

### 3.1 Characteristics of Research Respondents

#### 3.1.1 Characteristics of Respondents Based on Age

The first characteristics of data in this study is based on age, so that the distribution of respondent's in this study is obtained as described in the table 2:

Table 2. Characteristics by Age

No	Age	Amount	Percentage
1	11-20	1	0.9 %
2	21-30	65	60.7 %
3	31-40	37	34.7 %
4	41-50	3	2.8 %
5	51-60	1	0.9%
	Total	107	100%

Based on table 2. respondents in this study were divided by age, there was 1 respondent aged between 11-20 years, 65 respondents aged between 21-30 years, 37 respondents aged 31-40 years, 3 respondents aged 41-50 , as well as 1 respondent aged 51-60 years. It was found that the youngest age recorded as a respondent in this study was 20 years and the oldest age was 53 years. The characteristics of the age distribution of

social media users in this research respondent data are in accordance with survey data conducted by Asosiasi Penyelenggara Jasa Internet Indonesia (APJII) in 2017 where social media users in Indonesia were dominated by people with an age range of 19-34 years, 49.52%.

#### 3.1.2 Characteristics of Respondents Based on Gender

The following is a grouping of respondent characteristics based on the respondent's gender.

Table 3. Characteristics by Gender

No	Gender	Amount	Percentage
1	Men	35	32.7 %
2	Women	72	67.3 %
	Total	107	100%

Table 3 displays the characteristics of respondents according to their gender. There were 72 female respondents, or 67.3% of the total respondents in this survey, and 35 male respondents, or around 32.7% of the total respondents. The study's analysis of respondents' genders yields no meaningful results, as there are no discernible distinctions between male and female social media users. However, this is consistent with the

media which is 67.3% of all users in this study.

### 3.1.3 Characteristics of Respondents Based on the Type of Hospital Followed

The results of the questionnaire also obtained characteristics of the type of hospital followed on social media, whether it was a government hospital or a private hospital. The following are the characteristics of respondents based on the type of hospital followed

Table 4. Characteristics by Hospital Type

No	Hospital Type	Amount	Percentage
1	Government hospital	68	63.5 %
2	Private Hospital	39	36.5 %
	Total	107	100%

findings of Asiati et al. (2019), which found that women is the key users of social



The features of the respondent data in this study displayed in Table 4 reveals that up to 68 respondents, or 63.5% of the total, followed state hospital social media accounts, whose medical services they had

also utilized, and up to 39 respondents, or 36.5% of the total, followed a private hospital.

### 3.1.4 Characteristics of Respondents Based on the Type of Social Media

The following characteristics are the types of social media used by research

respondents to follow the social media accounts of healthcare providers where the respondents have used health services. Table 5 is showing the types of social media mostly used by the respondents participated in this research:

Table 5. Characteristics Based on Type of Social Media

No	Type of Social Media	Amount	Percentage
1	X	5	4.68 %
2	Facebook	28	26.17 %
3	Instagram	59	55.14 %
4	TikTok	15	14.01 %
Total		107	100%

In this study, the characteristics of the largest number of respondents were found that around 59 people (55.14%) are following the hospital's social media account via social media instagram. Followed by social media Facebook which is 28 respondents (26.17%), TikTok with 15 respondents (14.01%) and social media X with 5 respondents (4.68%).

### 3.1.5 Characteristics of Respondents Based on Hospital Region

Respondents in this study also came from several regions in Indonesia. So the characteristics of respondents were recorded based on the hospital area whose social media accounts were followed by the respondent. The following is data from the hospital areas attended by research respondents:

Table 6. Characteristics by Hospital Region

No	Hospital Regions	Amount	Percentage
1	Java Island (Banten, DKI Jakarta, West Java, Central Java & East Java)	83	77.57 %
2	Outside Java (Sumatra, Kalimantan, Sulawesi)	24	22.43 %
	Total	107	100%

Based on table 4.5, it shows that the distribution of hospital areas whose social media accounts are followed by respondents in this study is on the island of Java with a total of 83 respondents with a percentage of 77.57% and a total of 24 respondents who follow hospital social media accounts from outside Java or amounting to 22.43% of the total respondents.

#### Inner Model Evaluation

The inner model evaluation is the result of statistical calculations from this research. This evaluation model consists of several assessments, namely coefficient determination ( $R^2$ ), goodness of fit test, and hypothesis test (direct effect and indirect effect). Figure 1 is the result of the model scheme obtained from the PLS program based on the results of the questionnaire distributed to research subjects:

### 3.2.1 Coefficient Determination(R<sup>2</sup>)

Coefficient determination (R<sup>2</sup>) is a measurement used to evaluate the explanatory power of the model structure. So that it can explain all the relationships caused by exogenous constructs to endogenous constructs in a model. The value of R<sup>2</sup> ranges from 0 to 1, where the higher the R<sup>2</sup> value, the higher the ability of a variable to explain

the relationship between constructs (Hair, 2021). According to Chin, 1998, an R<sup>2</sup> value of > 0.67 has strong strength, a value > 0.33 has moderate strength, and a value > 0.19 means weak strength. Table 7. Shows the coefficient of determination value through the results of data analysis

Table 7. Determination Coefficient Values

	R Square (R <sup>2</sup> )	R Square Adjusted Brand
equity	0.716	0.711
E-WOM	0.601	0.597

Based on the results of data processing, it was found that the ability of the social media marketing variable to explain the E-WOM variable had an R<sup>2</sup> value of 0.601 so it had a moderate relationship value. And the ability of the social media marketing variable in explaining the

strong picture between these two variables.

### 3.2.2 Model Goodness Test (Goodness of Fit)

Goodness of fit is a measurement of a model to assess how well a model structure produces a covariance matrix between the indicators being assessed

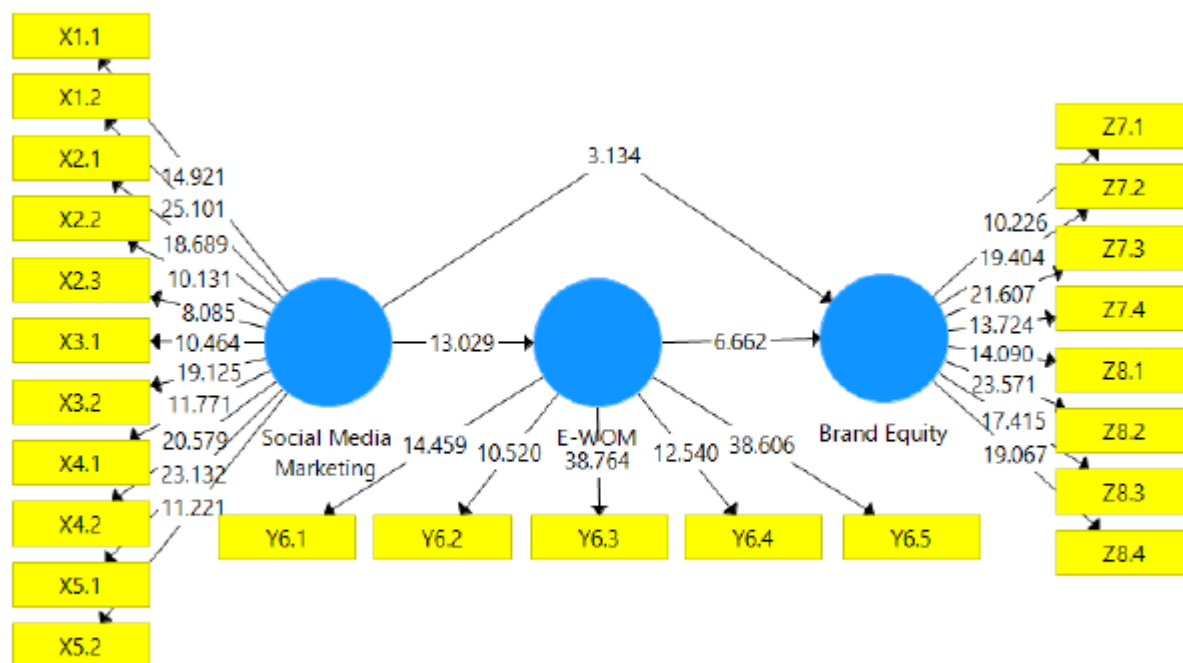


Figure 1 Evaluation of Inner Model

brand equity variable has an R<sup>2</sup> value of 0.716, so it has the ability to provide a

and assesses the accuracy of the proposed theory. The assessment of goodness of fit is known to be based on

the  $Q^2$  value, where the higher the  $Q^2$  better a model is said to be and more precise with the data (Hair, 2021). This researched obtained a  $Q^2$  value of 0.88 or 88%, it means that the research data which can be submitted has a diversity of 88% and only 12% can be explained by other factors outside this research. Therefore, based on the goodness of fit results, this research is considered having a good model goodness of fit test value.

### 3.2.3 Hypothesis Testing

To answer the hypothesis proposed in this research, data processing has been carried out using SmartPLS by looking at t statistics and P Values. Calculations using the SmartPLS program can show both the direct and indirect effects of a

value, the

variable because it consists of independent variables, dependent variables and mediating variables. Table 8 shows the results of hypothesis testing in the SmartPLS program.

By calculating the path coefficient bootstrap method, we obtained the following results.:

Table 8. Hypothesis Test Results via Path Coefficient Bootstrapping Technique

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
E-WOM -> Brand Equity	0,581	0,574	0,087	6,662	0,000
Social Media Market-ing -> Brand Equity	0,312	0,318	0,100	3,134	0,002
Social Media Market-ing -> E-WOM	0,775	0,778	0,060	13,029	0,000

There are 4 hypothesis that were proposed in this research, consisting of 3 hypotheses in the form of direct influence and 1 hypothesis in the form of indirect influence where E-WOM as mediating variable. To determine direct and indirect effects, you can see the bootstrapping results in the total effects and specific indirect effects table in the SmartPLS program. The level of significance between the independent variable and the dependent variable can be seen

through the t-statistic value obtained. If the t-statistic value is  $> 1.967$ , it can be concluded that the influence of this variable is significant. Apart from that, the p Value results also affecting whether a hypothesis is accepted or rejected. If the p value is less than 0.05 then  $H_0$  is rejected.

The direction and magnitude of the influence can be seen in the original sample. The following are the results of calculating total effects and specific indirect effects in this research:

Table 9 Total Effects Test

	<i>Original Sample(O)</i>	<i>Sample Mean(M)</i>	<i>Standard Deviation(STDEV)</i>	<i>T</i>	<i>Statistics( O/STDEV )</i>	<i>P Values</i>
E-WOM -> Brand equity	0.581	0.574	0.087	6,662		0,000
Social media marketing-> Brand equity	0.763	0.765	0.059	12,891		0,000
Social media marketing-> E-WOM	0.775	0.778	0.060	13,029		0,000

	<i>Original Sample(O)</i>	<i>Sample Mean(M)</i>	<i>Standard Deviation(STDEV)</i>	<i>T</i>	<i>Statistics( O/STDEV )</i>	<i>P Values</i>
Social media marketing-> E-WOM -> Brand equity	0.450	0.446	0.074	6,090		0,000



The calculated results of the overall influence are shown in Table 9. The t-statistic value of the impact of social media marketing on E-WOM is 13.029, the influence is 0.775 with p-value 0.000. Based on this, it can be concluded that the overall influence of social media marketing on E-WOM is positive and significant. Thus, social media marketing has a positive and significant impact on healthcare providers' electronic word-of-mouth (E-WOM), and H1 is approved.

The t-statistical value of the influence of social media marketing on brand equity in table 8 is 3,134 with a direct effect of 0.312 and a p value of 0.002, so it can be concluded that the direct effect obtained from social media marketing on brand equity is positive and significant. This is consistent with the hypothesis that was put forth, which holds that social media marketing enhances the brand equity of health care providers in a way that is both favorable and significant enough to support H2.

The t-statistical value of the influence of E-WOM on Brand equity is 6.662 with total effect of 0.581 and a p Value of 0.000, so it can be concluded that the direct influence of E-WOM on Brand equity is positive and significant. This supports the hypothesis that E-WOM positively and significantly affects health service providers' brand equity, leading to the acceptance of H3.

The results of the specific indirect effect test can be seen in table 10, where based on this table, the t-statistical value of the influence of social media marketing on brand equity mediated by the E-WOM variable is 5.121 with an indirect effect of 0.450 and a p value of 0.000. In table 9 shows that the total effect test results of E-WOM as a

mediating variable in influencing social media marketing on brand equity is 12.891 with an total effect of 0.763 with a p value of 0.000. This means that the influence of social media marketing mediated by E-WOM on brand equity has a positive and significant effect. Thus, this data supports the final hypothesis, which is that social media marketing's effect on health service providers' brand equity is believed to be mediated by electronic word-of-mouth (E-WOM). So H4 is also accepted.

### 3.3 Discussion

#### 3.3.1. The Influence of Social Media Marketing on E-WOM in Health Service Providers

Based on the calculation results previously explained, it was found that the influence of social media marketing on E-WOM among health service providers was 0.312, which can be interpreted as having a large influence. In accordance with research conducted by (Farzin, et al 2021) in the leather industry, it was found that social media marketing had a significant influence on E-WOM. Apart from that, research that assesses social media marketing on E-WOM in the aviation industry also shows similar results, namely showing a positive and significant influence (Seo & Park, 2018).

#### 3.3.2 The influence of social media marketing on brand equity in health service providers

The results of this research show that marketing activities carried out on social media show a large and significant influence on the formation of brand equity in health service providers. These results show something similar to research conducted by Carranza (2015), where social media marketing had a positive

and significant effect on several industries studied, such as the entertainment, housing, marketing, retail, education, restaurant and fashion industries. Apart from that, these results are also in line with

research (Prasetio et al., 2022) that innovative and attractive social media marketing can have a positive and significant influence on the formation of brand awareness and brand image of aviation services, both of which are the most important components of a brand equity. Even though there are still no researched that shown its influence on the health industry before, social media marketing has indeed shown its better ability to form brand equity when compared to traditional marketing methods.

### **3.3.3 The influence of electronic word of mouth (E-WOM) on brand equity in health service providers**

The next result is the influence of electronic word of mouth (E-WOM) on brand equity in health service providers showing a large influence of 0.581 with a significant p value. This is in accordance with previous research where the research states that (E-WOM) has a positive effect on brand equity in the restaurant business. Research conducted by (Mahrinasari, et al., 2017) also shows that good E-WOM will increase the profits of a business by improving the image of the business. Improving the image through E-WOM will ultimately increase income from interested consumers because brand equity has been well formed. Meanwhile, research by (Sun et al., 2020) divides E-WOM into positive E-WOM and negative E-WOM, both of which show a significant influence on the formation of brand equity of a

service. Positive E-WOM will directly generate positive value from brand equity, but negative E-WOM will also form consumers' bad perceptions of a brand so that it will negatively influence the brand equity.

### **3.3.4 The influence of E-WOM in mediating social media marketing on brand equity in health service providers**

This research shows that E-WOM has a good and significant ability in mediating social media marketing influence on brand equity in healthcare providers. It was found that the indirect effect resulting from E-WOM was 0.450 with a p-value of 0.000. This findings is in accordance with previous research conducted by (Lesmana et al., 2023) that concluded if electronic word of mouth has a good and significant role in mediating the influence of social media marketing on brand equity. This research found that e-WOM can provide consumers with the opportunity to share with other consumers on digital platforms to achieve the desired goals. Likewise, research conducted by (Lin et al., 2023) shows that E-WOM is able to mediate social media marketing in influencing the brand equity of healthcare provider.

### **Conclusion**

The objective of this study is to investigate the influence of social media marketing on brand equity which is mediated by electronic word of mouth. Based on the results of the research analysis presented previously, it was concluded that social media marketing has a large and significant influence in a positive direction on the brand equity of health service providers. Social media marketing also shows a positive and significant direct influence on E-WOM of

health service providers. Apart from that, it was also found that E-WOM has a positive and significant direct influence on the brand equity of health service providers. Apart from that, E-WOM has also been proven to be able to mediate the influence of social media marketing on brand equity. Considering that the model scheme in this research has a good-ness of fit value of 0.88, it is clear that the results shown from this research model are good and valid

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