

THE INFLUENCE OF RELATIONSHIP MARKETING AND WORD – OF - MOUTH ON SERVICE SELECTION DECISIONS WITH TRUST AS A MEDIATING VARIABLE

(A Case Study at the Osmaro Batam Clinical Laboratory)

^{1*}Fadhila Azzahra

Email: fadhilaazzahra310@gmail.com

²Tibrani

Email: tibrani71@gmail.com

³Rizki Eka Putra

Email: rizkiekaputra@gmail.com

^{1,2,3}Department of Management, Faculty of Economics and Business, Universitas Riau
Kepulauan

*Correspondence email: fadhilaazzahra310@gmail.com

ABSTRACT

Patient behavior in selecting clinical laboratory services is heavily influenced by the quality of interactions and recommendations they receive. However, a research gap exists regarding the psychological mechanisms driving these choices in "credence good" settings like clinical laboratories, where technical quality cannot be easily evaluated by patients. Addressing this gap, this study offers novelty by comparatively examining how Relationship Marketing (RM) and Word-of-Mouth (WOM) shape service selection decisions at Osmaro Clinical Laboratory in Batam, specifically through the mediating lens of trust. Using a causal-quantitative approach, data from 160 purposively sampled respondents were analyzed via SEM-PLS (SmartPLS 4). Findings confirm that both RM and WOM positively influence decisions, with the model demonstrating strong explanatory power (Trust $R^2 = 0.628$; Service Selection $R^2 = 0.715$). Notably, WOM emerges as a stronger driver of trust than RM. Theoretically, this extends healthcare marketing literature by proving that in opaque medical services, peer validation outweighs institutional relational efforts in establishing foundational trust. Managerially, laboratory operators must shift from relying solely on internal service protocols; resource allocation should prioritize safeguarding data ethics and curating exceptional patient experiences that organically stimulate positive WOM, as trust remains the ultimate catalyst for securing patient loyalty. Keywords: Clinical Laboratory Services, Credence Goods, Healthcare Marketing, Patient Behavior, Social Validation.

ABSTRAK

Perilaku pasien dalam memilih layanan laboratorium klinis sangat dipengaruhi oleh kualitas interaksi dan rekomendasi yang mereka terima. Namun, terdapat kesenjangan penelitian mengenai mekanisme psikologis yang mendorong pilihan ini dalam lingkungan "kredibilitas yang baik" seperti laboratorium klinis, di mana kualitas teknis tidak mudah dievaluasi oleh pasien. Untuk mengatasi kesenjangan ini, studi ini menawarkan hal baru dengan secara komparatif meneliti bagaimana Pemasaran Hubungan (Relationship Marketing/RM) dan Word-of-Mouth (WOM) membentuk keputusan pemilihan layanan di Laboratorium Klinis Osmaro di Batam, khususnya melalui lensa mediasi kepercayaan. Menggunakan pendekatan kausal-kuantitatif, data dari 160 responden yang dipilih secara purposif dianalisis melalui SEM-PLS (SmartPLS 4). Temuan mengkonfirmasi bahwa baik RM maupun WOM secara positif memengaruhi keputusan, dengan model menunjukkan daya penjelasan yang kuat (Kepercayaan $R^2 = 0,628$; Pemilihan Layanan $R^2 = 0,715$). Yang perlu diperhatikan, WOM muncul sebagai pendorong

kepercayaan yang lebih kuat daripada RM. Secara teoritis, hal ini memperluas literatur pemasaran layanan kesehatan dengan membuktikan bahwa dalam layanan medis yang kurang transparan, validasi antar rekan sejawat lebih penting daripada upaya relasional institusional dalam membangun kepercayaan dasar. Secara manajerial, operator laboratorium harus beralih dari hanya mengandalkan protokol layanan internal; alokasi sumber daya harus memprioritaskan pengamanan etika data dan menciptakan pengalaman pasien yang luar biasa yang secara organik merangsang promosi dari mulut ke mulut yang positif, karena kepercayaan tetap menjadi katalis utama untuk mengamankan loyalitas pasien.

Kata Kunci: Barang Kepercayaan, Laboratorium Klinik, Pemasaran Layanan Kesehatan, Perilaku Pasien, Validasi Sosial

I. INTRODUCTION

The transformation of the healthcare service architecture in Indonesia, shifting from a curative to a promotive-preventive approach, has redefined the strategic position of clinical laboratories. These facilities no longer function merely as diagnostic back-ends, but have instead become the primary entry point in public health risk management (Maru & Sai Vijay, 2024). This shift in consumer behavior is evident in the surging demand for screening services and routine medical check-ups. Empirically, the Indonesia Health Profile (Ministry of Health of the Republic of Indonesia, 2024–2025) records an expansion of facilities from 9,345 units in 2022 to 9,861 units in 2023, accompanied by an examination volume reaching 1.3 billion in 2025. This expansion is not solely driven by the systemic mechanics of the National Health Insurance (JKN) program, but also reflects the increasing purchasing power of the public, who are beginning to position laboratory examinations as a lifestyle necessity.

In this context, differentiation through technological superiority or aggressive pricing alone is no longer sufficient to secure market positioning. Laboratory services are inherently high-involvement: they are intangible, difficult to evaluate prior to consumption, and carry significant clinical implications (Sabrina & Rialdy, 2024). Consequently, the underlying bond that connects patients to service providers tends to shift toward the psychological domain, where interactive communication and emotional bonds emerge as the most relevant retention mechanisms.

Such competitive pressure is specifically replicated within the ecosystem of Batam City. As an industrial and trade hub with a population of 1.25 million (BPS Batam City, 2025), the city generates recurring demand for occupational health examinations. This economic appeal drives the concentration of service providers; data from the OSS-RBA system and the Riau Islands Provincial Health Office indicates the presence of more than 15 officially licensed clinical laboratories as of 2026 (Stephanie & Hutabarat, 2025). Amidst this proliferation of market players, cultivating consumer preference is no longer merely a matter of geographical reach, but rather hinges on which provider succeeds in establishing the strongest credibility in the minds of patients (Fattahi et al., 2022).

Theoretically, relationship marketing (RM) and word-of-mouth (WOM) have long been recognized as catalysts for preference. However, the mechanisms by which their influence is transmitted in services characterized by high diagnostic risk, such as clinical laboratories, remain ambiguous (Abutar & Wuisan, 2024). The majority of existing literature still contextualizes these three variables within general hospitals or conventional retail sectors, thereby leaving an epistemological gap regarding how this relational architecture operates within standalone clinical laboratories in highly industrialized regions like Batam. To address this void, this study is designed to map and empirically test the influence pathways of RM and WOM on service selection decisions, positioning patient trust as a mediating variable at the Osmaro Batam Clinical Laboratory.

II. LITERATURE REVIEW

Relationship Marketing

Relationship marketing is an approach that shifts the focus from one-off transactions toward efforts to build, maintain, and enhance long-term relationships with customers. The transactional marketing approach often confines company-customer interactions to the context of short-term

exchanges (Dao et al., 2025). In contrast, relationship marketing transforms this paradigm by positioning customer relationships as a strategic asset that must be sustained. Accordingly, the indicators of marketing success have also evolved; evaluation is no longer solely based on sales volume within a single period, but rather on the quality and duration of the bond between the brand and its consumers (Mangus et al., 2022).

The concept of relationship marketing is constituted by several fundamental dimensions that mutually reinforce one another. The first dimension is trust, which serves as the foundation. At this stage, consumers must perceive consistency from the company in delivering on its promises (Wongsansukcharoen, 2022). It is from this foundation that commitment subsequently emerges. This is characterized by a customer's willingness to maintain the relationship, despite the market offering a multitude of alternatives. Beyond these two dimensions, open and continuous communication also plays a crucial role, as it serves as a mechanism for the company to understand customer needs while simultaneously demonstrating that customers are genuinely valued, rather than merely being viewed as revenue sources (Guerola-Navarro et al., 2024; Khan et al., 2022).

To elucidate the position of relationship marketing within this study, its intersection with other theoretical frameworks must be examined. A prominent example is Social Exchange Theory. This theory posits that customers fundamentally engage in a cost-benefit assessment: they will sustain a relationship with a brand as long as the perceived rewards outweigh the costs or sacrifices incurred (Cheng & Jiang, 2022). Furthermore, relationship quality is frequently positioned as a mediating construct that bridges relationship marketing practices with ultimate outcomes, such as customer satisfaction and loyalty. Consequently, relationship marketing indirectly serves as an antecedent that fosters favorable relationship quality, which subsequently translates into positive consumer behavior (Maru & Sai Vijay, 2024).

Based on the theoretical premise that the ability of RM to reduce service uncertainty is capable of catalyzing confidence and driving selection actions, the following research proposition is advanced:

H₁: Relationship marketing has a positive and significant effect on patient trust.

H₃: Relationship marketing has a positive and significant effect on service selection decisions.

Word-of-Mouth

Word-of-mouth (WOM) constitutes a form of informal, interpersonal communication wherein individuals share their experiences or evaluations of a service with others, free from pressure by the service provider (Tessema et al., 2025). Given its voluntary nature and absence of commercial intent, WOM is generally perceived to possess higher credibility than formal promotional messages. In the context of healthcare, the role of WOM becomes increasingly critical, as healthcare services are classified as credence goods the quality of which is inherently difficult for prospective patients to evaluate directly (Mladenović et al., 2024). Consequently, recommendations from individuals with firsthand experience emerge as one of the most heavily relied-upon information sources when selecting a healthcare facility (Abutar & Wuisan, 2024).

With the advancement of technology, WOM is no longer confined to face-to-face interactions but has also manifested in the form of electronic word-of-mouth (e-WOM), proliferating across social media and various digital platforms (Rabah et al., 2024; Rasheed & Rashid, 2024). Despite the shift in medium, the underlying mechanism remains unchanged: the sharing of experiences, which recipients subsequently process as a basis for evaluation. Within the framework of this study, WOM is positioned as a variable postulated to cultivate patient trust while simultaneously driving service selection decisions (Nabi et al., 2022a). This is predicated on the understanding that narratives or recommendations from trusted third parties wield substantial persuasive power in determining an individual's choice of healthcare services (Nabi et al., 2022b).

H₂: Word-of-mouth (WOM) has a positive and significant effect on patient trust.

H₄: Word-of-Mouth berpengaruh positif dan signifikan terhadap keputusan pemilihan layanan.

Patient Trust

In the context of healthcare services, trust can be understood as a patient's belief that the provider will act in accordance with their expectations and best interests. Unlike trust in conventional goods

transactions, trust in healthcare encompasses more complex dimensions due to the element of patient vulnerability (Abutar & Wuisan, 2024). When an individual decides to entrust their healthcare to a specific facility, they implicitly relinquish a degree of control over themselves to another party (Fattahi et al., 2022; Stribbell & Duangekanong, 2022). Consequently, trust in this context extends beyond mere medical technical competence to encompass perceptions of the provider's honesty, benevolence, and behavioral consistency across all interactions (Dandis et al., 2022).

Within this research model, trust is designated as a mediating variable that bridges the impact of relationship marketing and word-of-mouth on patients' service selection decisions. This positioning is logical, given that trust does not manifest spontaneously (Prasetia et al., 2025). For patients, trust is cultivated gradually through the accumulation of information and experiences absorbed during interactions (Tan et al., 2023). This implies that rather than directly yielding a decision, these two variables first construct patient trust, which subsequently drives the decision-making process. This perspective aligns with the logical premise that individuals are unlikely to select a healthcare service unless they are assured of the provider's trustworthiness, regardless of any positive information received or favorable treatment experienced (Ribeiro & Kalro, 2023; Sutriani et al., 2024).

H₅: Patient trust has a positive and significant effect on service selection decisions.

H₆: Patient trust significantly mediates the effect of Relationship Marketing on service selection decisions.

H₇: Patient trust significantly mediates the effect of Word-of-Mouth on service selection decisions.

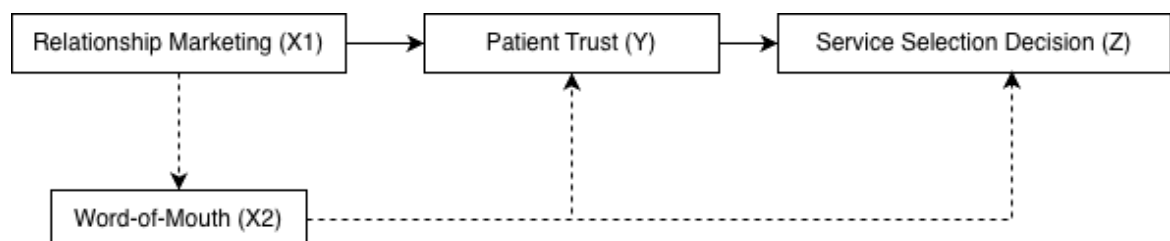
Conceptual Framework

The hypothesized relationship between relationship marketing and trust is anchored in social exchange theory, which posits that relational investments—such as consistent communication and empathy generate reciprocal goodwill and reduce patient vulnerability. Empirical evidence across healthcare settings supports this, demonstrating that such interactions act as signals of benevolence and competence, directly translating into a robust sense of trust.

Conversely, word-of-mouth influences trust through mechanisms rooted in information asymmetry. Because laboratory services are credence goods, patients cannot easily evaluate technical quality. Prior studies confirm that in the face of this uncertainty, patients rely on the vicarious experiences of peers as a powerful heuristic. This organic social validation mitigates perceived risk and establishes conviction more effectively than formal institutional messaging.

Furthermore, both variables are posited to directly affect service selection decisions. Behavioral decision theory suggests that consumers often rely on cognitive shortcuts under uncertainty. Empirical findings corroborate this, indicating that positive relational cues or strong peer recommendations can bypass deep cognitive elaboration, providing a sufficient immediate prompt for choosing a specific provider.

Ultimately, trust is conceptualized as a pivotal mediating variable guided by risk reduction theory. A substantial body of empirical literature establishes that trust lowers psychological barriers, acting as the central mechanism that translates external stimuli into actualized behavior. Thus, while relationship marketing and word-of-mouth initiate the patient's journey, internalized trust is what ultimately solidifies and amplifies the final decision.



Gambar 1. Conceptual Framework

III. RESEARCH METHODOLOGY

Research Approach

To test the cause-and-effect relationships between variables, this study adopts a causal research design with a quantitative approach. Data collection relies on a survey method utilizing structured questionnaires, wherein all gathered data will be analyzed using statistical techniques. The selection of this design aligns with the research objectives, which necessitate testing not only the direct effects between variables but also the indirect effects via mediating variables, thereby requiring numerical data that can be processed through specific analytical techniques.

Study Context

This research was conducted at the Osmaro Batam Clinical Laboratory, Batam City, Riau Islands Province, from January to April 2026. The selection of this site was predicated on the accessibility of patients who have utilized the laboratory's services, as well as the consideration that the clinic has engaged in sufficiently intensive direct interactions with its patients. This, in turn, enables the researcher to examine the phenomena of relationship marketing and word-of-mouth within a tangible and measurable context.

Data Source

The research data were obtained from patients who had utilized the services of the Osmaro Batam Clinical Laboratory within the past few months, with an estimated population size ranging from 1,500 to 1,800 individuals. Sampling was conducted utilizing a non-probability technique, specifically purposive sampling, wherein respondents were selected based on the following criteria: being at least 17 years of age, having utilized the laboratory services at least once, and demonstrating an understanding of and willingness to fully complete the questionnaire. The sample size was determined to be 160 respondents, adhering to the SEM-PLS rule of thumb, which recommends a minimum of 5 to 10 times the number of indicators. Given the total of 15 indicators utilized in this study, this sample size is deemed adequate. Each variable was measured using a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5).

Data Analysis Method

Data processing in this study utilized SmartPLS version 4 software employing the SEM-PLS method. The analysis process consists of the following four stages:

a. Descriptive Analysis

Descriptive analysis was conducted as an initial step to provide a general overview of the respondents' characteristics, encompassing gender, age, highest level of education, and occupation. Additionally, this stage presents the frequency distribution, mean values, and standard deviations for each indicator to assess the tendencies of patient perceptions prior to further data processing.

b. Measurement Model Analysis

- Convergen Validity: loading factor $> 0,7$ and AVE $> 0,5$
- Discriminant Validity: the square root of the AVE for a variable is higher than its correlations with other variables.
- Realibility: Cronbach's Alpha dan Composite Reliability Values $> 0,7$

c. Structural Model Analysis

Path coefficients: indicate the magnitude of the effect between variables

- R^2 : Explains the ability of independent variables to account for the variance in the dependent variable.
- f^2 : Indicates the relative contribution of each variable to the R^2 value.
- Q^2 : Tested through blindfolding to assess the predictive relevance of the model.

d. Hypothesis Testing

Hypothesis testing is the final stage conducted using the bootstrapping method. A relationship is deemed significant if the t-statistic value is greater than 1.96 with a p-value of less than 0.05. This testing encompasses all proposed hypotheses, concerning both the direct effects and the indirect effects through the trust mediating variable.

IV. RESULT AND DISCUSSION

Respondent Characteristics

Based on the data collected from 160 respondents, a general overview of the respondents' characteristics is presented in Table 1 below.

Table 1. Respondent Characteristics

Category	Amount	Percentage (%)
Gender		
Man	92	57,50
Women	68	42,50
Age Group		
17 – 25 Years	28	17,50
26 – 35 Years	76	47,50
36 – 45 Years	42	26,25
> 45 Years	14	8,75
Visit Frequency		
1 Times	74	46,25
2 – 3 Times	65	40,63
More than 3 times	21	13,12

Source: Processed data, 2026

In terms of gender, male respondents dominated with a percentage of 57.50% compared to 42.50% for females. Although the proportion is not significantly different, this finding is quite interesting considering that clinical laboratory services are generally often associated with female visitors. This is most likely related to the types of examinations in high demand or the demographic characteristics around the clinic's location.

Based on age groups, nearly half of the respondents fell within the 26–35 age range, accounting for 47.50%. When combined with the 36 – 45 age group, which accounted for 26.25%, it can be concluded that the majority of visitors to the Osmaro Batam Clinical Laboratory are of productive age. This is quite logical considering that this demographic generally exhibits a higher awareness regarding the importance of health examinations, whether on their own initiative or based on workplace recommendations.

Meanwhile, regarding the frequency of visits over the past six months, the majority of respondents (46.25%) had only visited the laboratory once. Respondents with two to three visits constituted the second largest group at 40.63%, while those visiting more than three times accounted for only 13.12%. These data indicate that although there is a notable number of loyal patients, most visitors are still classified as new users or patients with occasional examination needs. This condition is highly relevant to the research context, wherein relationship marketing efforts and word-of-mouth dissemination become crucial for converting these occasional visitors into more loyal patients.

Measurement Model Analysis Results

The results of the convergent validity and reliability tests of the research instruments are presented in Table 2 below.

Table 2. Convergent Validity and Reliability Results

Variabel	Indicator	Outer Loading	AVE	Cronbach's Alpha	Composite Reliability
Relationship Marketing	X _{1.1}	0,824	0,682	0,847	0,895
	X _{1.2}	0,857			
	X _{1.3}	0,791			
	X _{1.4}	0,836			
Word-of-Mouth	X _{2.1}	0,849	0,714	0,862	0,909
	X _{2.2}	0,863			
	X _{2.3}	0,817			

	X _{2.4}	0,855			
Patient Trust	M.1	0,882	0,746	0,829	0,911
	M.2	0,875			
	M.3	0,839			
Selection Decision	Y.1	0,812	0,695	0,854	0,901
	Y.2	0,845			
	Y.3	0,827			
	Y.4	0,851			

Source: Processed data using SmartPLS 4, 2026

Based on Table 2, all indicators for each variable show outer loading values above 0.70. The lowest value is found in the X_{1.3} indicator (Relationship Marketing) at 0.791, while the highest value is shown by the M.1 indicator (Trust) at 0.882. This condition indicates that each indicator is capable of measuring its latent variable well, and no indicators need to be eliminated.

Regarding the convergent validity aspect measured through the AVE values, all four variables have met the established threshold of above 0.50. The Trust variable shows the highest AVE value of 0.746, meaning that this construct has the largest variance explained by its indicators compared to the other variables. Meanwhile, the Service Selection Decision variable has the lowest AVE value at 0.695; however, this figure remains within the acceptable category.

The reliability test conducted through Cronbach's Alpha and Composite Reliability also yields satisfactory results. The Cronbach's Alpha values for the four variables range from 0.829 to 0.862, while the Composite Reliability values fall within the range of 0.895 to 0.911. All these values have exceeded the minimum threshold of 0.70, meaning that the research instruments are consistent and reliable for measuring what they are intended to measure. Therefore, the measurement model in this study is declared to have fulfilled the requirements of both convergent validity and reliability.

The discriminant validity test in this study was conducted using the Fornell-Larcker criterion, which aims to ensure that each latent variable is conceptually distinct and does not overlap with other variables. The calculation results are presented in Table 3 below.

Table 3. Discriminant Validity Results (Fornell-Larcker Criterion)

Variabel	X ₁	X ₂	M	Y
Relationship Marketing	0,826			
Word-of-Mouth	0,583	0,845		
Patient Trust	0,679	0,721	0,863	
Selection Decision	0,614	0,685	0,752	0,834

Note: Bold values = Square root of AVE

Source: Processed data using SmartPLS 4, 2026

Based on Table 3, it is evident that the square root of the AVE values located on the main diagonal (indicated in bold) is higher than the inter-variable correlation values below and beside them. For instance, the square root of the AVE for the Relationship Marketing variable, at 0.826, is greater than its correlations with Word-of-Mouth (0.583), Trust (0.679), and Selection Decision (0.614). A similar pattern is consistently observed across the other variables, where their respective diagonal values are 0.845, 0.863, and 0.834, all of which surpass the correlation coefficients in their corresponding columns and rows.

This condition indicates that each construct in the model captures a significantly larger amount of variance from its own indicators than the variance shared with other constructs. Therefore, it can be concluded that the discriminant validity requirement based on the Fornell-Larcker criterion has been satisfactorily met.

Structural Model Analysis Results

The evaluation of the structural model in this study was conducted based on three main indicators, namely the coefficient of determination (R^2), predictive relevance (Q^2), and effect size (f^2). The calculation results for these three indicators are presented in Table 4 below.

Table 4. R-Square, Q-Square, and f-Square Value

Indicator	Value	Interpretation
R-Square		
Patient Trust (M)	0,628	Moderate - Strong
Selection Decision (Y)	0,715	Strong
Q-Square	0,542	Has predictive relevance
f-Square		
RM → Trust	0,241	Currently
WOM → Trust	0,315	Currently
RM → Decision	0,128	Small
WOM → Decision	0,187	Currently
Trust → Decision	0,426	Big

Source: SmartPLS 4 Processed Data, 2026

Based on Table 4, the R^2 value for the Trust variable is recorded at 0.628. This figure indicates that 62.8% of the variation in patient trust can be explained by the Relationship Marketing and Word-of-Mouth variables, while the remainder is influenced by other factors outside the model. On the other hand, the R^2 value for the Service Selection Decision variable reaches 0.715, which means that 71.5% of the variation in selection decisions can be explained by all three variables together. Overall, the model constructed in this study has a strong predictive ability, particularly for the main dependent variable. The predictive capability of the model is also supported by the Q^2 test results obtained through the blindfolding procedure. With a Q^2 value of 0.542, well above the threshold of zero, this model is declared to have good predictive relevance. This means that the proposed structural model is not only a good fit with the existing data but is also sufficiently valid for predicting the actual phenomenon.

Furthermore, the assessment of the relative contribution of each variable to the change in the R^2 value is indicated by the f^2 value. In the relationship towards the Trust variable, Word-of-Mouth provides a medium to large contribution (0.315), slightly higher than the contribution of Relationship Marketing, which falls into the medium category (0.241). This finding is interesting as it shows that in the context of this laboratory service, the formation of patient trust is heavily influenced by what others say.

Meanwhile, regarding its effect on the Service Selection Decision, the Trust variable shows the most dominant effect with an f^2 value of 0.426 (categorized as large). The direct effects of Relationship Marketing and Word-of-Mouth on the selection decision appear smaller, at 0.128 (small) and 0.187 (medium), respectively. This condition provides a strong indication that trust indeed plays a highly central role in driving patient decisions, where the presence of this mediating variable actually has a much larger impact than the direct effects of the two exogenous variables.

Hypothesis Testing Results

The results of hypothesis testing using the bootstrapping method are presented in Table 5. The criteria used to determine hypothesis acceptance are a t-statistic value greater than 1.96 and a p-value of less than 0.05 at a 95% confidence level.

Table 5. Summary of Hypothesis Testing Results

Hypothesis	Relationships Between Variables	Path Coefficient	t-Statistics	p-Value	Decision
H ₁	RM → Trust	0,327	3,842	0,000	Accepted
H ₂	WOM → Trust	0,481	5,217	0,000	Accepted
H ₃	RM → Decision	0,164	2,135	0,033	Accepted
H ₄	WOM → Decision	0,229	2,763	0,006	Accepted
H ₅	Trust → Decision	0,496	6,108	0,000	Accepted
H ₆	RM → Trust → Decision	0,162	3,451	0,001	Accepted
H ₇	WOM → Trust → Decision	0,239	4,287	0,000	Accepted

Source: SmartPLS 4 Processed Data, 2026

Based on Table 5, all hypotheses proposed in this study are accepted. The testing of the first (H₁) and second (H₂) hypotheses shows that both Relationship Marketing and Word-of-Mouth have a

positive and significant effect on Trust. Between these two variables, Word-of-Mouth is proven to have a larger path coefficient (0.481) compared to Relationship Marketing (0.327). This indicates that in the context of clinical laboratory services, the formation of patient trust is more dominantly influenced by information circulating from others or fellow patients, compared to direct interactions built by the clinic. Regarding the main dependent variable, the third (H_3), fourth (H_4), and fifth (H_5) hypotheses are also accepted. An interesting finding lies in the magnitude of the resulting path coefficients. The Trust variable has the strongest effect on the Service Selection Decision with a coefficient of 0.496. Meanwhile, the direct effects of Relationship Marketing (0.164) and Word-of-Mouth (0.229) on the selection decision are much smaller, although they remain statistically significant. This condition strengthens the argument that patient decisions are not solely driven by external factors, but heavily depend on an internal process in the form of trust formation.

The most crucial finding in this study is demonstrated by the results of testing the sixth (H_6) and seventh (H_7) hypotheses regarding the mediating role. Both indirect effect paths are proven significant, with coefficients of 0.162 and 0.239, respectively. Given that the direct effects of Relationship Marketing and Word-of-Mouth on the selection decision (H_3 and H_4) are also declared significant, it can be concluded that Trust serves as a partial mediation. This means that Relationship Marketing and Word-of-Mouth are not only capable of driving service selection decisions directly, but the process becomes much more effective when both are able to alter and instill trust within the patients first.

Discussion

The existence of relationship marketing within this research framework is proven to be more than merely a theoretical discourse; rather, it exerts a substantive impact on the formation of trust and the subsequent emergence of service selection decisions. When a healthcare facility consistently manages interactions ranging from communication quality and responsiveness to personalized attention a process of accumulating positive perceptions occurs. This process unfolds gradually but decisively, wherein maintained relationship quality succeeds in mitigating the baseline level of uncertainty typically inherent in healthcare services. However, relationship marketing essentially functions as an institutional signal. While it establishes a necessary psychological foundation that fosters patient comfort, its effectiveness in deeply solidifying conviction faces inherent limitations due to the specific nature of clinical laboratory services.

The empirical finding that word-of-mouth exerts a substantially stronger influence than relationship marketing in cultivating trust can be critically interpreted through three intersecting lenses: service characteristics, patient behavior, and cultural context. First, from a service characteristic perspective, clinical laboratories represent the epitome of credence goods; the average patient possesses no technical capacity to verify the accuracy of a blood test or chemical analysis. Consequently, institutional assurances generated by relationship marketing are often viewed with latent skepticism, as patients recognize the provider's inherent commercial bias. In contrast, word-of-mouth bypasses this institutional filter, providing a vicarious evaluation of the hidden technical quality. Second, regarding patient behavioral factors, healthcare decisions involve high perceived risk. Under such conditions, patients default to heuristic processing relying on cognitive shortcuts to simplify complex choices. A narrative from a peer acts as a much stronger heuristic cue for safety than a facility's self-promoted relational efforts. Finally, the cultural context cannot be ignored. In collectivist societies, such as the Indonesian context of this study, health-related decision-making is rarely an isolated, purely individualistic process. It is deeply embedded within a communal network where seeking and sharing peer experiences is a standard risk-reduction ritual. Therefore, a recommendation from a family member or close associate carries an altruistic weight that institutional relationship marketing simply cannot replicate.

The core aspect of these overall findings lies in positioning trust not merely as a standalone variable, but as the central psychological sieve driving the entire dynamics of service selection. The data affirms that trust is the most influential variable, acting as the necessary translation mechanism for both institutional and social stimuli. It can be asserted that efforts to foster closeness or disseminate positive recommendations will not automatically yield definitive decisions unless they are successfully

internalized into the realm of the patient's personal conviction. The fact that word-of-mouth is the superior driver of this trust underscores a critical reality for clinical services: while relationship marketing builds the structural expectation of quality, it is the organic, culturally resonant social validation that actually delivers the definitive assurance required to trigger the final selection decision.

Discussion

Theoretical Implications

Theoretically, these findings contribute to the enrichment of service marketing literature by demonstrating that psychological mechanisms, specifically trust, remain crucial as a filter for external stimuli, even within services characterized by high credence good attributes, such as clinical laboratories. A particularly interesting aspect of these results is the revealed dominance of word-of-mouth over relationship marketing in cultivating patient conviction. This introduces a fresh perspective to theoretical assumptions that have traditionally positioned institutional efforts as the primary driver of relationship formation. With the confirmation of trust's partial mediating role, this study affirms that consumer behavior models in technical healthcare services cannot be purely mechanistic; an internalization process is required, wherein third-party social validation proves to be a more substantive catalyst for fostering conviction than interactions directly initiated by the service provider.

Translating these theoretical insights into the contemporary digital landscape, the dominance of word-of-mouth necessitates a strategic pivot in digital healthcare marketing. Traditional digital marketing efforts which often merely digitize institutional relationship marketing through targeted advertisements or corporate social media posts are inherently limited if they fail to stimulate organic peer-to-peer dialogue. Healthcare organizations must therefore prioritize digital architectures that facilitate and amplify electronic word-of-mouth (eWOM). This requires a shift from a unidirectional broadcasting paradigm to a platform-enabling approach, where the digital ecosystem is intentionally optimized to capture, highlight, and seamlessly share authentic patient narratives and experiences.

Consequently, online reputation management emerges not merely as a peripheral administrative task, but as a core strategic imperative. Because the formation of patient trust is heavily reliant on third-party validation, a healthcare organization's digital footprint comprising patient ratings on review platforms, social media mentions, and localized search engine results functions as the modern, scalable proxy for traditional word-of-mouth. Any lapse in monitoring this digital reputation, particularly the proliferation of negative eWOM, possesses the capacity to instantly bypass and invalidate institutional relationship efforts, eroding the foundational trust required to drive service selection. Therefore, active surveillance of digital sentiment, transparent engagement with online patient feedback, and the systematic cultivation of digital social proof are indispensable practices for aligning a clinical facility's operational reality with its perceived trustworthiness in the digital sphere.

Managerial Implications

For the management of the Osmaro Batam Clinical Laboratory, these empirical findings necessitate a more holistic approach wherein technical and relational aspects are no longer treated in isolation. Given that relationship marketing serves as the foundational layer, responsive communication quality and staff amiability must be strictly integrated with the consistent accuracy of examination results as a tangible manifestation of institutional commitment. Conversely, the patients' strong inclination towards word-of-mouth signifies that the clinic need not rely solely on one-way promotional efforts, but rather should design a service ecosystem that organically prompts patients to recommend the services. Equally important, all such efforts will remain fragile if not safeguarded by a robust protection system; therefore, ensuring the confidentiality of health data and enforcing professional ethics must be positioned as an absolute priority to maintain patient trust, which is proven to be the most crucial asset in driving the entire marketing machinery toward service selection decisions.

V. CONCLUSION

This study confirms that service selection at Osmaro Batam Clinical Laboratory is driven by interrelated psychological mechanisms. While relationship marketing and word-of-mouth (WOM) significantly influence decisions both directly and indirectly, trust emerges as the central axis

determining the final choice. Notably, WOM proves more potent than institutional efforts in cultivating this trust. Ultimately, marketing strategies and recommendations will hit an impasse unless they are successfully translated into profound personal patient conviction.

However, this study is limited by its cross-sectional design and single-location focus, which restrict generalizability. Future research should integrate variables such as technical and functional service quality, patient satisfaction, and perceived value to capture the rational, evaluative dimensions of healthcare consumption. Additionally, expanding the scope to multiple facilities and explicitly modeling electronic WOM (e-WOM) would provide a more dynamic understanding of patient behavior in the digital age.

REFERENCES

- Abutar, A. U., & Wuisan, D. S. S. (2024). The Influence Of Service Quality, Word Of Mouth, Patient Physician Trust On Revisit Intentions Mediated By Patient Satisfaction In Primaya Hospital Patients. *Kontigensi: Jurnal Ilmiah Manajemen*, 12(2), 746–756.
- Cheng, Y., & Jiang, H. (2022). Customer–Brand Relationship In The Era Of Artificial Intelligence: Understanding The Role Of Chatbot Marketing Efforts. *Journal Of Product & Brand Management*, 31(2), 252–264.
- Dandis, A., Jarrad, A. A., Joudeh, J. M. M., Mukattash, I. L., & Hassouneh, A. G. (2022). The Effect Of Multidimensional Service Quality On Word Of Mouth In University On-Campus Healthcare Centers. *The TQM Journal*, 34(4), 701–727.
- Dao, T. C., Liao, Y.-K., Chen, G., Luu, T.-M.-N., & Le, T. M. (2025). The Influence Of B2B Social Media Marketing And Relationship Marketing On Customer Relationship Management Effectiveness, WOM And Loyalty: A Mediator Analysis. *International Review Of Management And Marketing*, 15(1), 71.
- Fattahi, M., Farzin, M., Sadeghi, M., & Makvandi, R. (2022). Patient Engagement Behaviors In Hospitals: The Role Of Word Of Mouth And Patient Helping Behaviors. *International Journal Of Pharmaceutical And Healthcare Marketing*, 16(4), 606–623.
- Guerola-Navarro, V., Gil-Gomez, H., Oltra-Badenes, R., & Soto-Acosta, P. (2024). Customer Relationship Management And Its Impact On Entrepreneurial Marketing: A Literature Review. *International Entrepreneurship And Management Journal*, 20(2), 507–547.
- Khan, R. U., Salamzadeh, Y., Iqbal, Q., & Yang, S. (2022). The Impact Of Customer Relationship Management And Company Reputation On Customer Loyalty: The Mediating Role Of Customer Satisfaction. *Journal Of Relationship Marketing*, 21(1), 1–26.
- Mangus, S. M., Bock, D. E., Folse, J. A. G., & Jones, E. (2022). The Comparative Effects Of Gratitude And Indebtedness In B2B Relationships. *Industrial Marketing Management*, 103, 73–82.
- Maru, C., & Sai Vijay, T. (2024). The Relationship Between Electronic Word Of Mouth And Brand: A Systematic Review And Future Research Agenda. *International Journal Of Consumer Studies*, 48(2), E13017.
- Mladenović, D., Ismagilova, E., Filieri, R., & Dwivedi, Y. K. (2024). Metawom–Toward A Sensory Word-Of-Mouth (WOM) In The Metaverse. *International Journal Of Contemporary Hospitality Management*, 36(6), 2144–2163.
- Nabi, M. N. U., Zohora, F. T., & Akther, F. (2022a). Influence Of Word Of Mouth (WOM) In Physician Selection By The Patients In Bangladesh. *International Journal Of Pharmaceutical And Healthcare Marketing*, 16(4), 542–560.
- Nabi, M. N. U., Zohora, F. T., & Akther, F. (2022b). Influence Of Word Of Mouth (WOM) In Physician Selection By The Patients In Bangladesh. *International Journal Of Pharmaceutical And Healthcare Marketing*, 16(4), 542–560.
- Prasetya, A. B., Sumijatun, S., & Rumengan, G. (2025). Pengaruh Stigma Rumah Sakit Dan Mutu Pelayanan Terhadap Keputusan Pasien Rawat Inap Dengan Word Of Mouth Sebagai Variabel Intervening Di Rsud Solok Selatan. *Jurnal Manajemen Dan Administrasi Rumah Sakit Indonesia (MARSII)*, 9(4), 736–754.

- Rabah, H. A., Dandis, A., Eid, M. A. H., Tiu Wright, L., Mansour, A., & Mukattash, I. L. (2024). Factors Influencing Electronic Word Of Mouth Behavior In Higher Education Institutions. *Journal Of Marketing Communications*, 30(8), 988–1012.
- Rasheed, R., & Rashid, A. (2024). Role Of Service Quality Factors In Word Of Mouth Through Student Satisfaction. *Kybernetes*, 53(9), 2854–2870.
- Ribeiro, D. A., & Kalro, A. D. (2023). Four Decades Of Negative Word-Of-Mouth And Negative Electronic Word-Of-Mouth: A Morphological Analysis. *International Journal Of Consumer Studies*, 47(6), 2528–2552.
- Sabrina, C. Z. S., & Rialdy, N. (2024). Peran Etika Bisnis Syariah Dalam Membangun Kepercayaan Konsumen. *Journal Of Sharia Economics Scholar (Joses)*, 2(4).
- Stephanie, S. S., & Hutabarat, Z. (2025). The Influence Of Factors In Dental Practice: Price, Facilities, Dentist Services, Staff Services, And Word Of Mouth With Patient Satisfaction And Patient Loyalty As Mediators At YDC Dental Clinic, East Jakarta. *Jurnal Economic Resource*, 8(2), 511–525.
- Stribbell, H., & Duangekanong, S. (2022). Satisfaction As A Key Antecedent For Word Of Mouth And An Essential Mediator For Service Quality And Brand Trust In International Education. *Humanities And Social Sciences Communications*, 9(1), 438.
- Sutriani, S., Muslim, M., & Ramli, A. H. (2024). The Influence Of Experience, Satisfaction And Service Quality On Word Of Mouth Intentions And Customer Loyalty. *Jurnal Ilmiah Manajemen Kesatuan*, 12(4), 1037–1052.
- Tan, G. W.-H., Aw, E. C.-X., Cham, T.-H., Ooi, K.-B., Dwivedi, Y. K., Alalwan, A. A., Balakrishnan, J., Chan, H. K., Hew, J.-J., & Hughes, L. (2023). Metaverse In Marketing And Logistics: The State Of The Art And The Path Forward. *Asia Pacific Journal Of Marketing And Logistics*, 35(12), 2932–2946.
- Tessema, D. H., Yesilada, F., Aghaei, I., & Ahmed, J. N. (2025). Influence Of Perceived Service Quality On Word-Of-Mouth: The Mediating Role Of Brand Trust And Student Satisfaction. *Journal Of Applied Research In Higher Education*, 17(6), 2293–2306.
- Wongsansukcharoen, J. (2022). Effect Of Community Relationship Management, Relationship Marketing Orientation, Customer Engagement, And Brand Trust On Brand Loyalty: The Case Of A Commercial Bank In Thailand. *Journal Of Retailing And Consumer Services*, 64, 102826.