Jurnal Ekonomi, Manajemen, dan Bisnis
2026, Vol. 4, No. 3, pp. 1206-1213
E-ISSN: 3031-7150

Analysis of Factors Influencing Consumer Decisions in Choosing Aesthetic Clinics in West Surabaya

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Abstract: This study aims to analyze in-depth the effect of product, service, physical environment, and marketing on consumer decisions. The subjects of this research were 208 respondents in the West Surabaya area. The data analysis methods used were multiple linear regression analysis, coefficient of determination, and hypothesis testing. The descriptive analysis results indicate that respondents' perceptions of product, service, physical environment, and marketing on consumer decisions fall into the good to excellent category, although some issues or weaknesses that require improvement were still found in each variable. Furthermore, the multiple linear regression equation model demonstrates a positive and unidirectional functional relationship between the independent variables (X) and the dependent variable (Y), meaning that any change in the independent variables directly affects the dependent variable. This is consistent with the coefficient of determination results, which indicate a substantial influence. Both partial and simultaneous hypothesis testing show a positive and significant effect of product, service, physical environment, and marketing on consumer decisions. Therefore, to improve consumer decisions, primary attention must be given to the product, service, physical environment, and marketing variables.

Article history:
Received: 15 July 2026
Revised: 26 August 2026
Accepted: 29 August 2026
Published: 09 September 2026

Keyword:
Product, Service, Aesthetic Clinic, Marketing, Consumer Decision

How to cite: Seipalla, F., Mulyani, S. R., & Nugroho, T. (2026). Analysis of Factors Influencing Consumer Decisions in Choosing Aesthetic Clinics in West Surabaya. *Jurnal Ekonomi, Manajemen, dan Bisnis*, *4*(3), 1206–1213. https://doi.org/10.70716/emis.v4i3.749

INTRODUCTION

Here is the expanded, fully integrated academic introduction expanded to approximately 1,000 words. It is written entirely in academic English and formatted strictly into cohesive paragraphs without bullet points or lists.

Amidst the rapid wave of globalization, socio-cultural transformations, and shifting consumer priorities, public awareness regarding personal health, aesthetic presentation, and holistic self-care has expanded dramatically across the globe. Worldwide, the personal care and aesthetics sector has transitioned from a niche luxury reserved for high-net-worth elites into a staple of contemporary lifestyle across diverse demographic segments. Modern consumers increasingly view aesthetic maintenance not merely as an occasional indulgence, but as an essential investment in personal well-being, social presentation, and professional confidence. In Indonesia, this global paradigm shift is vividly reflected in the continuous, robust expansion of the national cosmetics and aesthetic services market. This trajectory is systematically sustained by rising disposable incomes, accelerated urbanization, expanding middle- and upper-middle-class demographics, and the pervasive influence of digital media, social networks, and evolving cultural standards of beauty (Paramarta et al., 2023). Consequently, the Indonesian aesthetic healthcare sector has emerged as one of the most dynamic, lucrative, and fast-growing industries in Southeast Asia, attracting significant local and international capital investment.

At the regional level, the metropolitan landscape of Surabaya—specifically the strategically vital West Surabaya corridor—serves as a primary epicenter for this industry expansion. Characterized by

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rapid commercial development, sprawling affluent residential clusters, high-end commercial centers, and a thriving modern lifestyle culture, West Surabaya has attracted an unprecedented concentration of independent beauty clinics, franchised medical spas, highly specialized dermatological centers, and international aesthetic chains. While this rapid proliferation broadens choices for target audiences, it simultaneously intensifies market saturation, compresses profit margins, and heightens competitive pressures among aesthetic service providers. Today's modern aesthetic consumers face an increasingly complex, information-dense decision-making process, characterized by exceptionally high personal involvement, deep risk sensitivity regarding clinical safety and physical outcomes, and extensive comparative evaluations across alternative service providers. Under such intense market conditions, clinic managers and healthcare marketers can no longer rely on conventional promotion, basic pricing strategies, or superficial advertising campaigns alone; they must dynamically align their operational, clinical, and marketing strategies with shifting macroeconomic trends, evolving environmental influences, and local consumer expectations (Paramarta et al., 2023).

To effectively navigate this hyper-competitive environment and comprehend the psychological drivers behind consumer choice, service marketing and consumer behavior literature emphasize the fundamental utility of the extended Service Marketing Mix framework (Kotler & Keller, 2016). Unlike traditional tangible product marketing, the evaluation of services within the healthcare, dermatological, and aesthetic industries is inherently complex due to the intangible, heterogeneous, inseparable, and perishable nature of service delivery (Zeithaml et al., 2018). Aesthetic clinic consumers evaluate service providers not through a single operational dimension, but through a highly multi-faceted psychological assessment encompassing core clinical offerings, human interaction, environmental atmosphere, and strategic communication efforts. Specifically, core offerings encompass specialized medical treatments, clinical efficacy, safety protocols, and branded skincare products. Interpersonal service delivery relies heavily on staff competency, medical expertise, therapist empathy, and frontline professionalism. Environmental ambient cues involve physical evidence, interior design, technological sophistication, and clinical hygiene. Finally, value-communicating strategies depend on transparent pricing, social proof, digital presence, and strategic promotional campaigns.

Despite the foundational theoretical relevance of the marketing mix framework, prior empirical studies examining beauty clinic selection in emerging economies have frequently suffered from notable methodological and conceptual limitations. Many existing investigations tend to analyze individual determinants in isolation, such as isolating service quality dimensions or focusing exclusively on pricing perception and brand image (e.g., Sayoga & Prihatini, 2020). However, contemporary consumer behavior literature reveals significant theoretical and empirical gaps in two distinct areas. First, there is a systemic issue of fragmented conceptualization across empirical studies. Most research projects isolate only one or two marketing mix dimensions, thereby failing to capture how extended, interconnected marketing mix elements operate simultaneously to shape consumer choice in high-involvement, high-risk healthcare service contexts (Mufakhhir, 2023; Yusria et al., 2024). Second, there is a pronounced lack of contextual specificity. There remains a scarcity of scholarly research analyzing how these integrated factors function within highly dynamic, affluent suburban markets like West Surabaya, where consumer expectations regarding clinical credentials, social prestige, spatial luxury, and service sophistication differ markedly from traditional urban centers or rural consumer segments.

Without a comprehensive, holistic understanding of how these multi-dimensional attributes interact and collectively drive decision-making, aesthetic service providers risk strategic misallocation of financial resources, degraded consumer trust, diminished customer retention, and a subsequent loss of market share. Addressing these theoretical and empirical gaps is therefore urgent for both the academic literature in services marketing and practical strategic management within the aesthetic

healthcare sector. While existing literature has widely examined consumer choices in the beauty and healthcare sectors, significant empirical and conceptual gaps remain regarding how the extended Service Marketing Mix operates within high-risk aesthetic service contexts. Previous studies (e.g., Sayoga & Prihatini, 2020; Mufakhhir, 2023; Yusria et al., 2024) have predominantly focused on isolated dimensions, such as analyzing service quality or digital marketing in isolation, thereby failing to capture the simultaneous, multi-dimensional decision-making process of modern consumers. Furthermore, earlier empirical inquiries largely centered on general cosmetic retail or traditional medical setups, neglecting the unique psychological dynamics of aesthetic clinic consumers who navigate exceptionally high physical involvement, safety sensitivity, and financial risk simultaneously.

This study directly bridges these theoretical and contextual gaps by offering a distinct, integrated framework tailored to the aesthetic healthcare sector in a rapidly expanding, affluent suburban market (West Surabaya). Unlike prior research that treats marketing mix factors independently, this study uniquely synthesizes product efficacy, interpersonal service quality, spatial servicescape (physical evidence), and strategic marketing into a unified explanatory model. By examining both the partial and simultaneous impacts of these four interconnected dimensions, this research provides a more comprehensive, context-specific empirical foundation that differentiates itself from broader healthcare marketing literature.

To resolve these challenges, the primary research question driving this study asks to what extent product factors, service factors, physical evidence factors, and marketing factors—both individually and simultaneously—influence consumer decisions in selecting an aesthetic beauty clinic in the West Surabaya region. Accordingly, the central objective of this study is to empirically analyze, measure, and validate the predictive power of these four key marketing mix dimensions on consumer decision-making within the West Surabaya aesthetic market. To address this core objective and evaluate the structural relationships between the operationalized constructs, five quantitative hypotheses are formally formulated for empirical testing. The first hypothesis (H1) posits that product factors, encompassing core medical treatments, clinical efficacy, and skincare merchandise, exert a positive and significant influence on consumer clinic selection decisions. The second hypothesis (H2) asserts that service factors, including clinical expertise, therapist professionalism, staff empathy, and personalized consumer care, exert a positive and significant influence on consumer decisions. The third hypothesis (H3) proposes that physical evidence factors, defined by clinic ambience, spatial comfort, modern technological infrastructure, and stringent hygiene standards, exert a positive and significant influence on consumer decisions. The fourth hypothesis (H4) states that marketing factors, including promotional strategies, clear value communication, social media engagement, and competitive pricing structures, exert a positive and significant influence on consumer decisions. Finally, the fifth hypothesis (H5) hypothesizes that, simultaneously, product, service, physical evidence, and marketing factors exert a positive and significant influence on overall consumer decision-making within the market.

RESEARCH METHOD

This study employs an explanatory quantitative approach with a cross-sectional survey design. This design was selected to test and explain the causal relationships among the independent, and dependent variables, with data collected at a single point in time. The study was conducted in the West Surabaya area. Primary data collection took place in February 2026. The target population comprises all individuals who have utilized or are currently utilizing beauty clinic services in West Surabaya. Respondents were selected based on specific inclusion criteria: Male or female respondents aged 17 years or older, Residing in West Surabaya, and Having undergone at least one treatment at a beauty clinic in West Surabaya within the past year.

Based on the Slovin formula calculation with a 5% margin of error (e = 0.05), the required sample size was determined to be 208 respondents. The sample size of 208 respondents was

determined by estimating a large reference population parameter (N=433) based on aggregate beauty clinic visitor estimates in the area. Research Instrument include primary data were gathered using a structured questionnaire designed as the main research instrument. Variable items were measured on a 5-point Likert scale, ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). To ensure measurement quality, the instrument underwent rigorous testing which is Validity Testing to evaluated using the Pearson Product-Moment correlation coefficient and Reliability Testing to assessed using Cronbach's Alpha values to ensure internal consistency.

Data collection was carried out directly from primary sources during February 2026. The structured questionnaire was distributed using a dual-channel approach combining both online surveys (e.g., Google Forms) and offline paper-based questionnaires to ensure maximum reach and convenience for participants.

Data analysis was performed using SPSS statistical software and involved a multi-stage approach:

1) Classical Assumption Testing: Prior to hypothesis testing, data suitability was assessed via:
   Normality Test: Using graphical approaches and the One-Sample Kolmogorov-Smirnov test.
   Multicollinearity Test: Evaluating Tolerance and Variance Inflation Factor (VIF) values.
   Heteroscedasticity Test: Conducted using the Glejser test.
2) Hypothesis Testing: The primary analysis was conducted using Multiple Linear Regression Analysis, which included: Evaluating the Adjusted Coefficient of Determination to assess model fit, Testing partial hypotheses using the t-test, and Testing simultaneous hypotheses using the F-test.

RESULTS AND DISCUSSION

Results

This study involved 208 respondents who are consumers of aesthetic clinics in the West Surabaya region. Demographically, the majority of respondents are female (95.7%), fall within the 20 to 30-year age group (70.2%), work as private employees (43.8%), have beauty care expenditures exceeding Rp 5,000,000 per month (42.8%), and maintain a visit routine of once a month on average (43.3%).

Based on data quality testing, all questionnaire instruments were proven valid with an r-value > 0.30 and reliable with a Cronbach's Alpha value > 0.70. The data also met all classical assumption requirements, including tests for normality, multicollinearity, and heteroscedasticity; thus, the regression model was declared feasible for use.

The results of the inferential statistical analysis using multiple linear regression to examine the influence of product, service, physical evidence, and marketing factors on consumer decisions are presented in Table 1.

Table 1. Results of Multiple Linear Regression Test

Variable	Unstandardized Coefficient (B)	Std. Error	t-statistic
(Constant)	0.194	0.779	0.249
Product (X_1)	0.147	0.018	8.307
Service (X_2)	0.178	0.018	9.651
Physical Evidence (X_3)	0.150	0.019	8.075
Marketing (X_4)	0.139	0.019	7.224

Dependent Variable: Consumer Decision (Y)

Table 1 indicates that all independent variables have positive regression coefficients. The regression model yields the following equation:

$$Y = 0.194 + 0.147X_1 + 0.178X_2 + 0.150X_3 + 0.139X_4$$

The service variable (X_2) has the largest influential coefficient (B = 0.178, t = 9.651) followed by physical evidence (X_3) (B = 0.150, t = 8.075), product (X_1) (B = 0.147, t = 8.307), and marketing (X_4) (B = 0.139, t = 7.224).

To measure how effectively the model explains the variance of the dependent variable, multiple correlation and determination analyses were conducted, as presented in Table 2.

Table 2. Results of Multiple Correlation Analysis Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.752[a]	0.565	0.557	0.791

a. Predictors: (Constant), Marketing (X_4), Physical Evidence (X_3), Product (X_1), Service (X_2)

As shown in Table 2, the multiple correlation coefficient (R) is 0.752, indicating a strong relationship between the combination of independent variables and consumer decisions. The Adjusted R Square value is 0.557 (with R Square = 0.565), signifying that 56.5% of the variance in consumer decisions (Y) can be explained by Product, Service, Physical Evidence, and Marketing factors, while the remaining 43.5% of the variance is explained by factors outside the variables included in the present model.

Hypothesis testing was conducted using both partial t-tests and simultaneous F-tests to evaluate the direct structural relationships. The empirical results of the partial hypothesis testing are summarized in Table 3.

Table 3. Partial Hypothesis Testing Results (t-test)

Hypothesis	Structural Path	t-value	t-table	p-Value	Decision
H_1	Product -> Consumer Decision	8.307	1.97172	p < 0.001	Supported
H_2	Service -> Consumer Decision	9.651	1.97172	p < 0.0015	Supported
H_3	Physical Evidence -> Consumer Decision	8.075	1.97172	p < 0.001	Supported
H_4	Marketing -> Consumer Decision	7.224	1.97172	p < 0.001	Supported

Note: Significance level alpha = 0.05; df = 203; two-tailed test.

Furthermore, the results of the simultaneous hypothesis test (F-test) are detailed in Table 4.

Table 4. Simultaneous Hypothesis Testing Result (F-test)

Model	Sum of Squares	df	Mean Square	F-value	F-table	Sig.	Decision
Regression	165.214	4	41.304	65.996	3.040	<0.001	Supported
Residual	126.980	203	0.626				
Total	292.194	207					

Note: Predictors: (Constant), X_1, X_2, X_3, X_4; Dependent Variable: α = 0.05.

The partial hypothesis testing (t-test) in Table 3 confirms that all four independent variables—Product, Service, Physical Evidence, and Marketing—yield p-values < 0.001 (Sig. < 0.05) and t-statistics exceeding the critical t-table value (1.971). Consequently, hypotheses H1, H2, H3, and H4 are supported. Furthermore, the simultaneous hypothesis test (F-test) in Table 4 shows an F-statistic of 65.996 with p < 0.001 (F-count > F-table 3.04), confirming that H5 is supported; thus, the four factors jointly exert a significant influence on consumer decisions.

Discussion

Based on the statistical findings, this study confirms all five proposed hypotheses. The integration of the extended Service Marketing Mix framework provides a nuanced understanding of how multi-dimensional operational factors drive consumer decision-making in high-involvement healthcare contexts. A detailed breakdown and theoretical contextualization of each hypothesis are

elaborated below: First, Product Factors and Consumer Decision (H1 Supported). The statistical results confirm that product factors exert a positive and significant influence on consumer decisions (B = 0.147, t = 8.307, p < 0.001), supporting H1. In the context of aesthetic clinics, product factors extend beyond simple physical merchandise to encompass core medical treatments, BPOM-certified drug safety, product formulation efficacy, and advanced dermatological technologies. These empirical results closely align with the fundamental service utility principles articulated by Lovelock & Wirtz (2016), who argued that core product reliability and technological efficacy serve as essential prerequisites for consumer adoption. Furthermore, these findings corroborate prior empirical literature in aesthetic healthcare, such as Jeeramakorn (2019) and Visnu et al. (2020), which demonstrated that consumers prioritize clinical efficacy and medical safety guarantees when selecting specialized medical treatments. Because aesthetic treatments carry inherent risks of adverse dermatological reactions, certified product safety acts as an initial baseline filter during the alternative evaluation stage of decision-making.

Second, Service Factors as the Dominant Predictor (H2 Supported). The analysis confirms that service factors positively and significantly affect consumer decisions (B = 0.178, t = 9.651, p < 0.001), fully validating H2. Crucially, service factors emerged as the single most dominant driver in the regression model, exhibiting both the highest standardized regression coefficient (B = 0.178) and the highest statistical significance (t = 9.651) among all evaluated predictors. Why Service is the Primary Driver? This empirical dominance can be theoretically explained by the unique nature of aesthetic medical treatments. Aesthetic services represent high-involvement, highly intangible, and highly personal healthcare decisions where perceived physical and financial risks are exceptionally elevated. Unlike standardized physical products, aesthetic outcomes depend heavily on the clinical expertise of doctors, the technical precision of therapists, and the empathetic interpersonal communication of clinical staff during consultations. Customers cannot easily evaluate medical quality prior to consumption; therefore, they rely heavily on interpersonal trust, medical credentials, and personalized care as primary signals of clinical capability. As grounded in the service quality framework by Zeithaml et al. (2018), interpersonal interactions during service delivery directly dictate customer satisfaction and perceived value. This finding echoes the empirical conclusions of Achadi et al. (2021) and Yuliaty (2017), who underscored that front-line service expertise serves as the ultimate competitive differentiator in service industries. From Consumer Behavior Implications view, this result reveals a fundamental psychological shift in aesthetic healthcare consumer behavior. Modern consumers in West Surabaya do not view an aesthetic clinic merely as a provider of cosmetic procedures, but rather as an expert healthcare partner. High service quality actively mitigates cognitive dissonance and pre-purchase anxiety. Consumers exhibit higher price elasticity and brand loyalty when they feel emotionally reassured, listened to, and cared for by competent clinical professionals.

Third, Physical Evidence Factors and Consumer Decision (H3 Supported). Physical evidence factors exert a positive and significant impact on consumer choice (B = 0.150, t = 8.075, p < 0.001), supporting H3 and ranking as the second most influential driver. In high-touch service environments, the servicescape—encompassing modern interior design, spatial luxury, ambient cleanliness, treatment room privacy, and high-tech clinical equipment—acts as a tangible surrogate for evaluating intangible clinical standards. These results support the environmental psychology theories applied to service management (Zeithaml et al., 2018) and corroborate findings by Jazuli et al. (2020), Dwinata & Pambudi (2023), and Nattalia et al (2025), which stressed that spatial aesthetics and stringent clinical hygiene serve as immediate visual cues of professional credibility, safety, and operational excellence.

Fourth, Marketing Factors and Consumer Decision (H4 Supported). Marketing factors demonstrate a positive and statistically significant influence on consumer decisions (B = 0.139, t = 7.224, p < 0.001), validating H4. Elements such as transparent promotional pricing, structured digital

marketing campaigns, active social media engagement, and electronic word-of-mouth (eWOM) provide essential social proof. During the information search phase, prospective consumers heavily evaluate peer reviews, before-and-after treatment visual evidence, and influencer testimonials to validate their choices. This finding aligns with consumer behavior models (Solomon, 2018) and reinforces recent empirical insights by Cioppi et al. (2023), Atthahirah & Agustini (2024), and Kio & Mutiarahati (2024), which highlighted digital content clarity and social validation as powerful catalysts in modern consumer decision journeys.

Fifth, Simultaneous Influence and Holistic Decision Model (H5 Supported). Finally, the simultaneous model test confirms that Product, Service, Physical Evidence, and Marketing factors jointly exert a significant effect on consumer decisions ($F = 65.996$, $p < 0.001$), accounting for 56.5% of the total variance ($R^2 = 0.565$), thus supporting H5. This proves that consumer decision-making in aesthetic clinic selection is non-linear and holistic. consumers do not isolate individual attributes; instead, they synthesize clinical safety (Product), human interaction (Service), visual credibility (Physical Evidence), and external validation (Marketing) into an integrated perception of value. The remaining 43.5% of unexplained variance suggests that future empirical inquiries should explore complementary psychological constructs such as brand equity, customer trust, and perceived risk.

CONCLUSION

Based on the research findings, it can be concluded that product, service, physical evidence, and marketing factors—both partially and simultaneously—exert a positive and significant influence on consumer decisions in choosing aesthetic clinics in the West Surabaya region. Specifically, the key findings of this study indicate that consumers perform a highly holistic evaluation before making a choice, with the service factor emerging as the most dominant primary driver. The high level of medical personnel competence, combined with staff responsiveness at every interaction point, is proven to be the core foundation in building consumer trust. Furthermore, consumer decisions are heavily dependent on advanced medical technology innovation, strategic facility locations, stringent hygiene standards, and social validation through positive social media reviews. This underscores that in the aesthetic service industry, purchasing decisions are not based solely on clinical outcomes, but rather on the creation of a comprehensive service experience capable of reducing consumer risk perception and providing a sense of security (Anggraini et al, 2025; Hermansyah et al, 2025; Solomon, 2018).

While these findings offer robust insights, the generalization of the results should be approached with caution due to certain limitations. The tested marketing mix model explains 56.5% of the variance in consumer decisions, and the sample population was exclusively limited to the demographics of the West Surabaya area. Based on these findings, the practical implication for aesthetic clinic management is the necessity of focusing strategies on improving operational areas that remain suboptimal. Management is advised to design more responsive standard operating procedures (SOPs) for handling consumer complaints (service recovery), tighten periodic sanitation audits, transparently manage treatment outcome expectations during consultations, and design programs that actively encourage organic reviews from satisfied consumers. For future studies, subsequent researchers are encouraged to explore other factors beyond this model, such as brand trust or perceived risk, and to expand the geographical scope of the research to map aesthetic health consumer behavior patterns more comprehensively.

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