

Evaluating the Brand Gestalt of Emerging Health Tourism Destinations

Yunita Peggy Tappy¹ & Deske W. Mandagi²

Universitas Klabat^{1,2}

yunita@unklab.ac.id¹, deskemandagi@unklab.ac.id²



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Abstract

Purpose: The aim of this study is to assess the brand gestalt of health tourism destinations (HTD) using the 4S brand gestalt dimension framework: storyscape, sensescape, servicescape, and stakeholderscape. D

Method: Data were collected via a survey from 160 visitors to Manado, an emerging health tourism destination in North Sulawesi, Indonesia, specifically those visiting for health or medical treatment. Structural equation modeling (SEM) with SmartPLS software was employed for analysis.

Result: The results indicate that all four dimensions significantly contribute to shaping the brand gestalt of HTD, with stakeholderscape emerging as the strongest predictor, followed by sensescape. These findings offer valuable insights for policymakers and Destination Management Organizations (DMOs), underscoring the need to enhance sensescape and servicescape elements to bolster the overall brand gestalt and attractiveness of health tourism destinations.

Keywords: *Tourism destination, Health tourism, Brand gestalt, Sensescape, Servicescape.*

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1. Introduction

Health tourism has experienced significant growth due to various contributing factors. Firstly, socio-cultural factors play a crucial role in creating a competitive advantage in health tourism by enhancing the attractiveness of destinations through cultural and social elements (Kiakojuri et al., 2020). The availability of the internet has facilitated the dissemination of information, creating a global market for health tourism by making it easier for potential tourists to access information about various destinations and medical services (Eades, 2015). The quality of medical services remains the most important factor affecting the development of health tourism, as high standards of care and advanced medical technologies draw international patients seeking reliable and effective treatments (Wang et al., 2020; Tontus & Nebioglu, 2018). Efficient institutional quality and the health systems of host countries play a significant role in boosting tourism (Yue et al., 2023; Ghalia et al., 2019), especially in the post-COVID-19 period, by ensuring that destinations can offer safe and high-quality medical care (Orzel & Wolniak, 2021). Tourists' expectations, culture, and sustainable tourism attractions are associated with perceived health destination attractions, shaping the behavioral intentions of health tourists who seek meaningful and enriching experiences (Majeed & Kim, 2022; Majeed et al., 2018; Zeng et al., 2021). These factors collectively underscore the multifaceted nature of health tourism and highlight the importance of a comprehensive approach to developing and promoting health tourism destinations.

While previous research has explored various aspects of marketing and branding for health tourism destinations, several distinctive features set the present study apart from others in the field. Firstly, the use of the 4S brand gestalt dimension framework—encompassing storyscape, sensescape, servicescape,

and stakeholderscape—provides a structured and comprehensive approach to measuring the brand gestalt of health tourism destinations (Mandagi et al., 2021). This framework allows for a holistic assessment that captures the multifaceted nature of brand perception in a way that previous studies have not fully addressed (Rantung et al., 2023; Walean et al., 2023). Secondly, this study focuses specifically on new and emerging health tourism destinations, with a particular emphasis on Manado. By concentrating on this specific location, the research offers unique insights into a growing market that has received limited attention in academic literature. This focus on Manado not only sheds light on the distinctive attributes and challenges of emerging health tourism destinations but also provides valuable data that can inform targeted marketing and branding strategies.

The study emphasizes the significance of each variable within the 4S framework. The narrative and history of the destination (storyscape) contribute to its unique identity and attractiveness by creating tourist-destination social bonds and consolidating memories (Iaffaldano & Ferrari, 2020; Mandagi & Sondakh, 2022; Abdillah et al., 2022). The sensory experiences offered by the destination, such as visual appeal and ambiance (sensescape), play a crucial role in shaping how tourists perceive a destination as unique and attractive (Agapito et al., 2017; Buzova et al., 2020; Wulyatiningsih & Mandagi, 2023). The physical environment and quality of services provided (servicescape) impact the overall visitor experience and satisfaction (Sweeney et al., 2023; Wong et al., 2018; Oviedo-García et al., 2019). The collective network and cooperation of various stakeholders, including healthcare providers and local communities, enhance the destination's credibility and appeal (Damayanti et al., 2019; Kamassi et al., 2020). Each factor is relevant in understanding how health tourism destinations can develop and brand gestalt, which represents the overall brand strength.

Despite the growing interest in health tourism destinations (HTD), there is a notable gap in the empirical examination of the brand gestalt of tourism destinations, particularly in the context of new and emerging health destinations. While previous studies have explored various aspects of health tourism, such as socio-cultural factors, internet availability, and the impact of COVID-19 (Kiakojuri et al., 2020; Eades, 2015; Wang et al., 2020; Tontus & Nebioglu, 2018; Yue et al., 2023; Ghalia et al., 2019; Orzeł & Wolniak, 2021; Majeed & Kim, 2022; Majeed et al., 2018; Zeng et al., 2021), none have systematically investigated how the brand gestalt of these destinations is perceived and formed. This empirical exploration is significant as understanding the brand gestalt—comprising elements like storyscape, sensescape, servicescape, and stakeholderscape—is crucial for developing effective branding strategies and enhancing the competitive advantage of emerging health tourism destinations. This study aims to fill this gap by providing an empirical analysis of the brand gestalt of a new health tourism destination, thereby contributing valuable insights to the field and guiding future research and policy development. Specifically, this research aims to evaluate the impact of the four dimensions (storyscape, sensescape, servicescape, and stakeholderscape) on the brand gestalt of health tourism destinations, determine which of these dimensions most strongly predicts the overall brand gestalt, and provide actionable insights for policymakers and Destination Management Organizations (DMOs) to enhance their health tourism offerings.

2. Literature Review and Hypothesis Development

2.1 Gestalt theory and brand gestalt

Gestalt theory, which applied in various fields such as psychology, philosophy, aesthetics, and science emphasizes that humans naturally perceive objects as organized patterns and wholes rather than separate, disjointed components (Forbes, 2020; Mungan, 2023; Smith, 2024). The theory is encapsulated in the principle that "the whole is greater than the sum of its parts." This concept highlights the human tendency to group similar elements, recognize patterns, and simplify complex images into more manageable forms (Forbes, 2020; Üstün; Mandagi et al., 2021). Gestalt principles such as proximity, similarity, continuity, closure, and figure-ground articulation explain how people visually interpret the world around them (Mungan, 2023; Smith, 2024). These principles have profound implications in various fields, including psychology, design, art, and user experience, by helping to create visually coherent and engaging compositions.

Brand gestalt extends gestalt principles into the realm of branding and marketing. It refers to the comprehensive, holistic perception that consumers form about a brand, encompassing its visual identity, messaging, customer experience, and emotional resonance (Diamond et al., 2009; Mandagi et al., 2021). Rather than viewing individual brand elements in isolation, brand gestalt considers how these elements work together to create a unified and holistic brand perception (Mandagi et al., 2022; Walean et al., 2024). This approach helps in fostering strong brand associations and loyalty and various behaviour such as satisfaction, brand attitude, purchase intention, word of mouth by ensuring that every touchpoint consistently conveys the brand's core values and personality (Mandagi, 2023; Walean et al., 2023; Toding & Mandagi, 2022; Rantung et al., 2023; Wulyatiningsih et al., 2023; Rondonuwu et al., 2023; Wantah et al., 2024; Langitan, et al., 2024; Walewangko, et al., 2024; Tumber et al., 2024). Effective Brand Gestalt involves careful integration of design, communication, and customer interactions, resulting in a memorable and distinctive brand presence that resonates deeply with the audience (Tumber et al., 2024).

In the context of tourism destinations, brand gestalt plays a critical role in shaping visitors' perceptions and experiences (Mandagi et al., 2021; Walean et al., 2023; Rondonuwu et al., 2023; Mandagi et al., 2024; Tumber et al., 2024). A tourism destination's brand gestalt is formed through its natural landscapes, cultural heritage, hospitality, promotional activities, and the overall ambiance it offers (Rondonuwu et al., 2023; Mandagi, 2023). For instance, a destination known for its vibrant arts scene, historical landmarks, and culinary diversity will project a cohesive brand image that attracts tourists looking for rich, multifaceted experiences (Zhou et al., 2021; Bairrada et al., 2019). The integration of these diverse elements into a singular, recognizable brand gestalt helps differentiate the destination in a competitive market (Walean et al., 2023). Successful tourism branding ensures that all aspects of the destination, from marketing campaigns to on-the-ground experiences, consistently reinforce the unique identity and value proposition of the place, thereby enhancing its appeal and fostering positive word-of-mouth and repeat visits (Lin et al., 2024; Walean et al., 2023; Wulyatiningsih et al., 2023).

2.2 Health Tourism

Health tourism, also known as medical tourism, is the practice of traveling to another country to obtain medical care (Vitthal et al., 2015; Sandberg, 2017). This can include a wide range of health-related services such as elective surgeries, dental care, fertility treatments, and wellness therapies. Health tourism is driven by several factors, including cost, quality of care, and availability of specialized treatments (Singh et al., 2013; Thilakavathy, Aydin & Karamahmet, 2017). Health tourism destinations have become integral to the global healthcare industry, attracting millions of patients each year seeking cost-effective, high-quality medical care. Each destination offers unique advantages based on its healthcare infrastructure, medical expertise, cost, and the overall experience for patients.

Many people travel to countries where medical procedures are significantly cheaper than in their home countries. For example, surgeries and dental treatments can be a fraction of the cost in countries like India, Thailand, and Mexico compared to the United States or Western Europe (Lwin et al., 2021; Gupta et al., 2015). Many countries have internationally accredited hospitals and clinics with highly trained medical professionals (Sandberg, 2017).

Patients often seek high-quality medical care that may not be available or as advanced in their home country (Durham & Blondell, 2017). This includes certain types of surgeries, alternative treatments, and experimental therapies. Many health tourists combine medical treatments with a vacation, taking advantage of the opportunity to recuperate in a pleasant environment (Vitthal et al., 2015). This can help reduce stress and promote faster recovery (Singh, 2013; Sandberg, 2017). Certain destinations have become known for specific types of medical care. For instance, India is renowned for cardiac surgery, while Thailand and South Korea are popular for cosmetic surgery (Lwin et al., 2021; Gupta et al., 2015).

Regulations and standards can vary significantly between countries. While some destinations offer world-class medical care, others may have less stringent regulations, which can pose risks (Hohm & Snyder, 2015). It's essential for patients to thoroughly research and choose reputable facilities. Insurance

coverage for medical tourism can vary. Some insurance companies offer policies that cover treatment abroad, while others may not (Felkai, 2015). Patients need to check with their insurance providers to understand what is covered. Medical tourism raises several ethical and legal issues, such as the potential for exploitation, the quality and continuity of care, and the legal recourse available in case of malpractice (Hohm & Snyder, 2015).

2.3 Hypothesis development

The concept of *storyscape* refers to the integration of narrative and storytelling elements that collectively shape a compelling and immersive experience for individuals (Mandagi & Sondakh, 2022). In the realm of health tourism, *storyscape* involves the utilization of unique stories and cultural narratives by destinations to differentiate themselves and attract visitors (Majeed & Kim, 2022). These narratives encompass various aspects such as the history of medical breakthroughs, testimonials from past patients, and the cultural and natural heritage of the locale. By skillfully weaving these elements into a cohesive and captivating narrative, health tourism destinations can enhance their overall brand gestalt—a holistic perception and image that prospective visitors form about the destination. A robust *storyscape* not only fosters emotional connections and builds trust but also effectively communicates the distinctiveness and quality of the healthcare services provided (Zhang et al., 2019). This conceptualization sets the stage for the following hypothesis formulation:

H1: *Storyscape* has a positive effect on health tourism destination brand gestalt.

The concept of *sensescape*, which refers to the multi-sensory environment crafted by a health tourism destination, plays a pivotal role in shaping the destination's overall brand gestalt (Agapito et al., 2017; Buzova et al., 2020; Wulyatiningsih & Mandagi, 2023). *Sensescape* involves strategically integrating sensory elements such as sight, sound, smell, touch, and taste to create a comprehensive and immersive experience for visitors (Buzova et al., 2020). Research suggests that engaging multiple senses can heighten the perceived quality of the environment and positively influence visitors' emotions, satisfaction levels, and loyalty (Buzova et al., 2020; Rantung et al., 2023; Rondonuwu et al., 2023). In the context of health tourism, a well-designed *sensescape* can foster a serene and rejuvenating atmosphere, thereby reinforcing the destination's brand as a hub for healing and wellness (Qiu et al., 2021). Therefore, it is hypothesized that:

H2: *Sensescape* has a positive effect on health tourism destination brand gestalt.

The concept of *servicescape*, encompassing the physical environment and ambiance of service settings, significantly influences the perceptions and experiences of health tourists. In health tourism destinations, *servicescape* includes factors such as the design and cleanliness of medical facilities, the comfort and aesthetics of patient rooms, the presence of modern medical equipment, and the overall atmosphere of the healthcare environment (Sweeney et al., 2023; Oviedo-García et al., 2019). A well-designed *servicescape* can enhance patient satisfaction, reduce anxiety, and contribute to an overall positive experience (Oviedo-García et al., 2019). This positive experience, in turn, shapes the brand gestalt of the health tourism destination—a holistic perception and emotional connection that visitors form with the destination brand (Walean et al., 2023; Toding et al., 2022). Favorable *servicescape* experiences can lead to positive word-of-mouth, repeat visits, and a strengthened brand reputation, underscoring the integral role of the physical healthcare environment in the destination's brand gestalt (Langitan et al., 2024; Walean et al., 2023; Wulyatiningsih et al., 2023). Therefore, it is hypothesized that:

H3: *Servicescape* has a positive effect on health tourism destination brand gestalt.

The network of stakeholders involved in a health tourism destination—comprising healthcare providers, policy makers, government agencies, tourism operators, and local communities—plays a pivotal role in shaping the destination's brand gestalt (Kamassi et al., 2020; Guise et al., 2024). This interconnected network not only influences the quality and consistency of medical services offered but also enhances

the overall experience for health tourists through coordinated efforts and shared objectives (Lin, 2014; Hanefeld et al., 2015). A robust stakeholderscape fosters trust, ensures high standards of care, and creates a cohesive and compelling brand image that attracts and retains health tourists (Franco-Trigo et al., 2020; Guise et al., 2024). Therefore, it is hypothesized that:

H4: Stakeholderscape has a positive effect on health tourism destination brand gestalt.

Figure 1 illustrates the interrelationships among variables and their associated hypotheses in this study. The study investigates how the 4S dimensions—namely storyscape, sensescape, servicescape, and stakeholderscape—predict the overall brand gestalt of health tourism destinations.

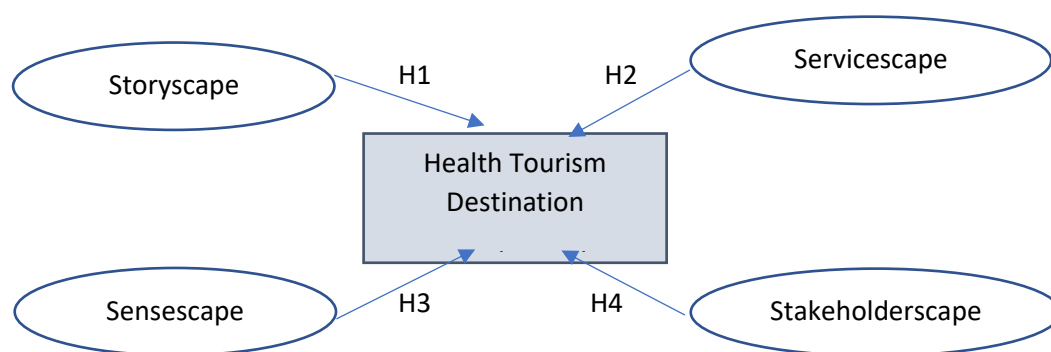


Figure 1. Proposed Conceptual Framework
(Source: Authors' elaboration)

3. Methodology

3.1 Study context

Recently, the local government launched Manado as a health tourism destination in eastern Indonesia, marking a significant milestone for the region's healthcare and tourism sectors. In support of this initiative, the government is actively developing and enhancing infrastructure to facilitate the expansion of healthcare investments, including both international and national hospital chains. This strategic emphasis on health tourism has already spurred a notable increase in the number of hospitals in Manado, encompassing both public and private institutions, along with expanded bed capacity. This growth in healthcare facilities has fostered a competitive environment, prompting enhancements in service quality among healthcare providers. Consequently, Manado is increasingly appealing to health tourists seeking top-tier medical care within a well-supported and dynamically evolving healthcare environment.

3.2 Data collection

The primary data was collected using a self-administered online questionnaire, with all items developed and adapted from existing literature. The measurement for brand gestalt, consisting of 19 items, was adopted from Mandagi et al. (2021). To ensure validity, the questionnaire underwent piloting with 50 respondents, followed by revisions by a panel of experts to assess the face and content validity of the items. The questionnaire comprised two main sections: the first gathered demographic information and background details from respondents, while the second, divided into four subsections, measured constructs to test the hypotheses. Data collection occurred over five months, from January to May 2024. Initially, the survey link yielded a low response rate, prompting a second distribution to another group of users. The sample size of 160 respondents was determined based on requirements for statistical analysis, particularly SEM, which suggests a minimum sample size of 100 (Hair et al., 2019). The demographic profile of the respondents is summarized in Table 1.

Table 1. Demographic Profile of the Respondent

| Variable | Level | n | % |
|------------------|-------------------|----|------|
| Gender | Male | 89 | 56% |
| | Female | 71 | 44% |
| Age | <21 | 14 | 9% |
| | 21-30 | 90 | 56% |
| | 31-40 | 36 | 22% |
| | 41-50 | 6 | 4% |
| | >50 | 14 | 8% |
| City of Domicile | Bitung | 7 | 4% |
| | Tomohon | 77 | 48% |
| | Minahasa | 26 | 16% |
| | Minahasa Selatan | 8 | 5% |
| | Minahasa Utara | 23 | 14.3 |
| | Minahasa Tenggara | 18 | 11.2 |
| | Other | 2 | 1% |
| | | | |
| Profession | Entrepreneur | 48 | 30% |
| | Student | 41 | 25% |
| | Civil servant | 24 | 15% |
| | Privat employee | 37 | 23% |

The demographic profile of respondents visiting Manado for medical tourism purposes, as outlined in Table 1, paints a clear picture of the typical visitor. Among the respondents, there was a slight majority of males, comprising 56% of the sample, compared to 44% females. Age-wise, the majority fell within the 21-30 age bracket, representing 56% of the respondents, followed by those aged 31-40 (22%) and younger individuals under 21 years (9%). Geographically, a significant portion of respondents hailed from Tomohon, making up 48% of the sample, with notable contributions from Minahasa, Minahasa Utara, and Minahasa Tenggara regions. Professionally, the respondents represented a diverse range of occupations, with entrepreneurs constituting 30%, students 25%, private employees 23%, and civil servants 15%. This demographic profile underscores a youthful demographic primarily from nearby regions, suggesting a growing interest in medical tourism services offered in Manado, Indonesia.

3.3 Data analysis

This study utilized SPSS version 26.0 and SmartPLS version 3.2 for data analysis and hypothesis testing. SPSS was employed for descriptive and demographic analysis, while SmartPLS was chosen for Structural Equation Modeling (SEM) to test the hypotheses. SEM was preferred over traditional multivariate techniques due to its ability to estimate relationships among multiple latent variables in both the measurement and structural models (Sarstedt et al., 2021), making it particularly suitable for examining the multidimensional relationships among constructs in this study.

The data analysis proceeded through several stages of SEM procedures. Initially, convergent validity was assessed by examining the loading factors of each indicator on its corresponding variable, with a criterion that loading factors should exceed 0.7 for satisfactory convergent validity (Hair et al., 2019). Subsequently, construct discriminant validity was evaluated using the Fornell-Larcker Criterion, ensuring that the square root of Average Variance Extracted (AVE) for each variable exceeded the correlation coefficients between different variables.

Construct reliability was verified through Cronbach's alpha (CA), composite reliability (CR), and AVE values. The thresholds for reliability were met if Cronbach's alpha exceeded 0.7, composite reliability was above 0.70, and AVE was greater than 0.50. The goodness-of-fit of the model was evaluated by comparing the theoretical model with the empirical data, ensuring robustness and accuracy in the interpretation of results. Upon confirming the validity and reliability criteria, the study proceeded to test the structural model through hypothesis testing, assessing the significance of path coefficients.

4. Result and Discussions

4.1 Descriptive statistic

Table 2 presents descriptive statistics for the variables included in the study, based on 160 observations. The Story variable shows an average score of 6.12, ranging from 1 to 7, with a standard deviation of 1.12, indicating moderate variability in responses. Similarly, Sensescape averages at 5.87 with a standard deviation of 1.19, and Servicescape at 5.38 with a standard deviation of 1.13, reflecting consistent but slightly varied perceptions across respondents. Stakeholder perceptions score highest among the variables, averaging 6.41 with a standard deviation of 1.15, suggesting strong and consistent views on stakeholder involvement. In contrast, Brand gestalt averages 5.84 with a higher standard deviation of 1.32, indicating greater variability in how respondents perceive the overall brand image. These statistics provide insights into the central tendencies and spread of responses across the variables, crucial for understanding their distribution and impact within the study's context.

Table 2. Descriptive Statistic

| | N | Min | Max | Mean | Std. Dev |
|---------------|-----|-----|-----|------|----------|
| Story | 160 | 1 | 7 | 6.12 | 1.12 |
| Sensescape | 160 | 1 | 7 | 5.87 | 1.19 |
| Servicescape | 160 | 1 | 7 | 5.38 | 1.13 |
| Stakeholder | 160 | 1 | 7 | 6.41 | 1.15 |
| Brand gestalt | 160 | 1 | 7 | 5.84 | 1.32 |

4.2 Measurement model

To assess the reliability and validity of the measurement scale comprehensively, the SmartPLS algorithm feature was employed to conduct a detailed examination of the measurement model. The evaluation of convergent validity focused on the factor loading values. Figure 2 visually presents the outcomes of the measurement model test, while Table 3 provides a detailed breakdown. Notably, all factor loading values fell within the range of 0.74 to 0.89, surpassing the recommended threshold value. This confirms a strong degree of convergent validity, indicating that the scale effectively measures the intended constructs.

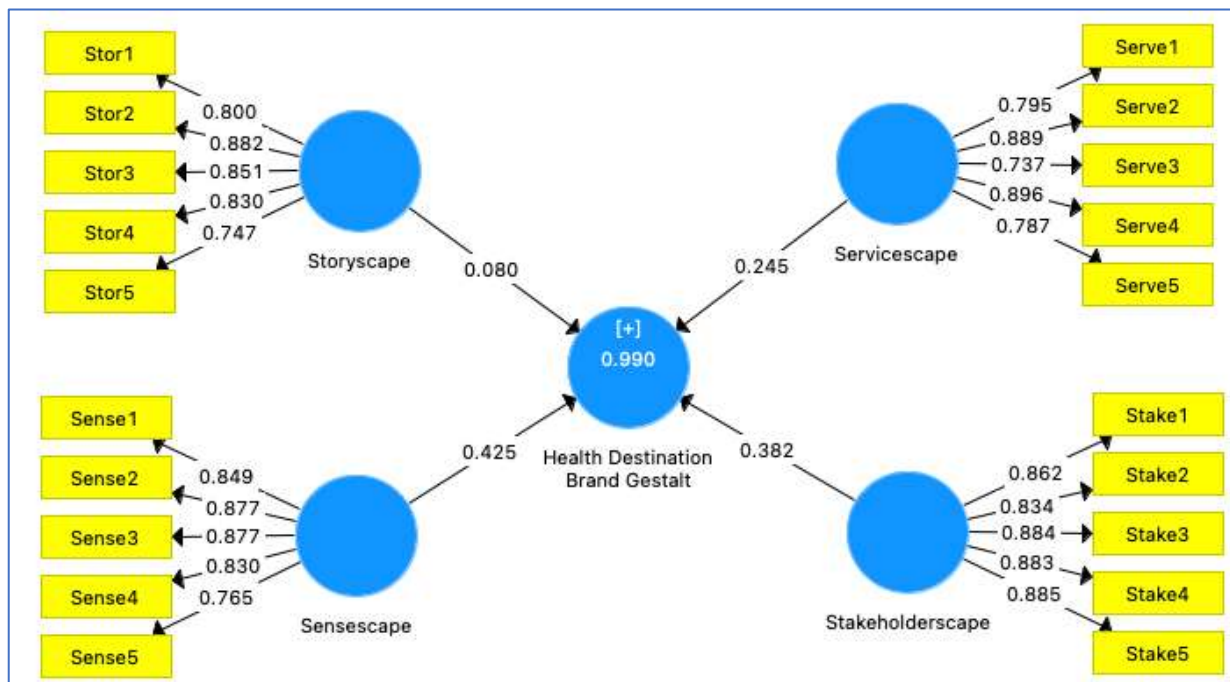


Figure 2. Measurement Model
Source: SmartPLS output

Table 3. Measurement Model Test Result (Factor Loading)

| Variables | Indicators | Factor Loading |
|------------------|------------|----------------|
| Storyscape | Stor1 | 0.80 |
| | Stor2 | 0.88 |
| | Stor3 | 0.85 |
| | Stor4 | 0.83 |
| | Stor5 | 0.75 |
| Sensescape | Sense1 | 0.85 |
| | Sense2 | 0.88 |
| | Sense3 | 0.88 |
| | Sense4 | 0.83 |
| | Sense5 | 0.77 |
| Servicescape | Serve1 | 0.80 |
| | Serve2 | 0.89 |
| | Serve3 | 0.74 |
| | Serve4 | 0.90 |
| | Serve5 | 0.79 |
| Stakeholderscape | Stake1 | 0.86 |
| | Stake2 | 0.83 |
| | Stake3 | 0.88 |
| | Stake4 | 0.88 |
| | Stake5 | 0.89 |

Discriminant validity, a critical aspect of validating the measurement model, was assessed using the Fornell-Larcker Criterion (Hair et al., 2019). The results, detailed in Table 4, demonstrate that the AVE values along the diagonal exceed the correlations between the respective variables. For instance, the AVE for Brand Gestalt is 0.78, which is higher than its correlations with Sensescape (0.92), Servicescape (0.88), Stakeholderscape (0.85), and Storyscape (0.74). Similarly, each variable's AVE—such as Sensescape (0.84), Servicescape (0.82), Stakeholderscape (0.87), and Storyscape (0.82)—is greater than its correlations with other variables. This unequivocally confirms the achievement of discriminant validity, indicating that each construct is distinct from the others within the measurement model. These findings underscore the robustness of the measurement instrument and provide assurance that the variables effectively measure distinct dimensions without overlap, thus strengthening the reliability of the study's findings.

Table 4. Fornell-Larcker Criterion

| Variable | Brand Gestalt | Sensescape | Servicescape | Stakeholderscape | Storyscape |
|------------------|---------------|------------|--------------|------------------|------------|
| Brand Gestalt | 0.78 | | | | |
| Sensescape | 0.92 | 0.84 | | | |
| Servicescape | 0.88 | 0.79 | 0.82 | | |
| Stakeholderscape | 0.85 | 0.63 | 0.64 | 0.87 | |
| Storyscape | 0.74 | 0.71 | 0.60 | 0.56 | 0.82 |

Table 5 presents the results of these reliability tests for each variable in the model. All variables demonstrate strong internal consistency, as evidenced by CA values, which range from 0.88 to 0.94. These values exceed the recommended threshold of 0.7, indicating robust reliability across the constructs. C) values, which also measure the internal consistency but account for the shared variance among indicators, are similarly high, ranging from 0.91 to 0.95. These values surpass the acceptable threshold of 0.7, further reinforcing the reliability of the measurement model. Additionally, the AVE values for each variable exceed the threshold of 0.5, ranging from 0.60 to 0.76. AVE measures the amount of variance captured by the construct's indicators relative to the amount due to measurement error. The values obtained in Table 5 indicate that each construct explains a substantial proportion of its indicators' variance, confirming strong convergent validity. These results collectively underscore the robustness of the measurement model used in this study. The high CA and CR values indicate that the constructs are reliably measured, while the adequate AVE values suggest strong convergent validity, affirming that the measurement model accurately captures and represents the intended constructs. This ensures that the study's findings are dependable and provide a solid foundation for further analysis and interpretation of the research outcomes.

Table 5. Result of the Reliability Testing

| Variable | CA | rho_A | CR | AVE |
|------------------|------|-------|------|------|
| Brand Gestalt | 0.94 | 0.94 | 0.95 | 0.60 |
| Sensescape | 0.90 | 0.90 | 0.92 | 0.71 |
| Servicescape | 0.88 | 0.90 | 0.91 | 0.68 |
| Stakeholderscape | 0.92 | 0.92 | 0.94 | 0.76 |
| Storyscape | 0.88 | 0.89 | 0.91 | 0.68 |

The assessment of the measurement model's goodness of fit revealed that most indicators achieved satisfactory levels (SRMR = 0.11, d_ULS = 0.78, d_G = 1.93, Chi-Square = 722.17, NFI = 0.83). These findings collectively validate the adequacy of the measurement model's fitness in relation to the available data.

4.3 Structural model

During the second phase of data analysis, the structural model was estimated using PLS Bootstrapping to test the research, which summarizes in figure 3. Table 6 provides a comprehensive analysis of how each dimension of brand gestalt—Sensescape, Servicescape, Stakeholderscape, and Storyscape—contributes significantly to shaping the overall construct. Each dimension's impact is quantified by the sample mean, standard deviation, T statistics and corresponding p-values. Sensescape emerges as a particularly influential factor, with a sample mean of 0.43 and a high T statistic of 14.929, indicating a robust positive effect on Brand Gestalt. Similarly, Servicescape and Stakeholderscape show substantial contributions, with T statistics of 10.198 and 15.293, respectively, reinforcing their significant influence. Storyscape, while less pronounced with a T statistic of 6.133, still demonstrates a meaningful impact on Brand Gestalt. Overall, the findings underscore the pivotal role of these dimensions in shaping perceptions of brand identity within the study's framework, supported by their strong statistical significance and consistent positive effects on the overall construct of Brand Gestalt.

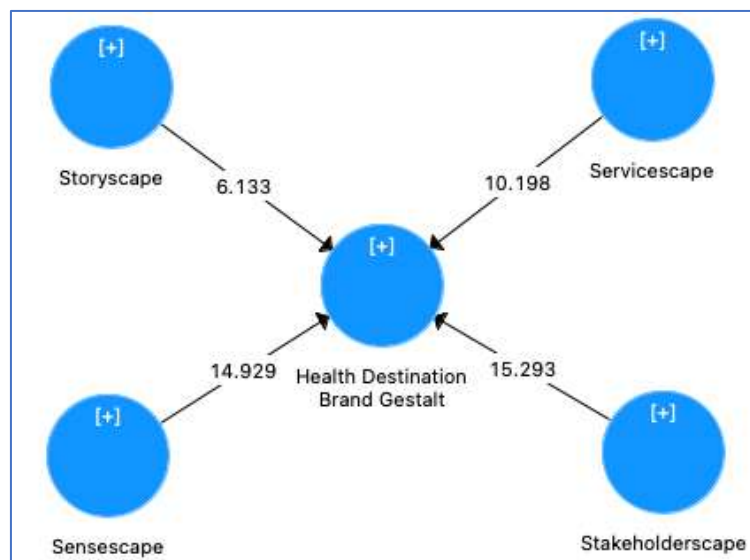


Figure 3. Result of the Structural Models
Source: SmartPLS output

Table 6. Formative effect of Brand Gestalt Dimensions

| Path Relationship | Sample Mean | Standard Deviation | T Statistics (O/STDEV) | P Values |
|-----------------------------------|-------------|--------------------|-----------------------------|----------|
| Sensescape -> Brand Gestalt | 0.43 | 0.028 | 14.929 | 0.000 |
| Servicescape -> Brand Gestalt | 0.25 | 0.024 | 10.198 | 0.000 |
| Stakeholderscape -> Brand Gestalt | 0.38 | 0.025 | 15.293 | 0.000 |
| Storyscape -> Brand Gestalt | 0.08 | 0.013 | 6.133 | 0.000 |

5. Discussions and Conclusion

This study focused on comprehending the pivotal role of the 4S dimensions (storyscape, sensescape, servicescape and stakeholder), in shaping the overall brand gestalt of an emerging health tourism destination. The findings underscore the significant contributions of sensescape, servicescape,

stakeholderscape, and storyscape in shaping the overall brand gestalt of health tourism destinations. Sensescape, as highlighted in the literature, plays a crucial role by creating a multi-sensory environment that enhances visitor experiences through sensory elements like sight, sound, smell, touch, and taste (Agapito et al., 2017; Buzova et al., 2020; Wulyatiningsih & Mandagi, 2023). This immersive approach not only elevates perceived quality but also influences emotions, satisfaction levels, and visitor loyalty (Buzova et al., 2020; Rantung et al., 2023; Rondonuwu et al., 2023). The hypothesis (H2) suggesting a positive effect of sensescape on health tourism destination brand gestalt aligns with these insights, emphasizing its role in promoting the destination as a hub for wellness and rejuvenation.

Similarly, servicescape—the physical environment and ambiance of healthcare settings—significantly influences visitor perceptions and experiences in health tourism (Sweeney et al., 2023; Oviedo-García et al., 2019). A well-designed servicescape enhances patient satisfaction, reduces anxiety, and contributes to overall positive experiences, thereby shaping the destination's brand gestalt (Oviedo-García et al., 2019; Walean et al., 2023; Toding et al., 2022). Hypothesis (H3) proposes a positive effect of servicescape on brand gestalt, reflecting its pivotal role in fostering positive word-of-mouth and repeat visits.

Furthermore, stakeholderscape—the network of stakeholders including healthcare providers, policymakers, and local communities—plays a critical role in ensuring the quality and consistency of services offered in health tourism destinations (Kamassi et al., 2020; Guise et al., 2024). This interconnected network enhances trust, maintains high standards of care, and contributes to a cohesive brand image that attracts and retains health tourists (Franco-Trigo et al., 2020; Guise et al., 2024). Hypothesis (H4) posits a positive effect of stakeholderscape on brand gestalt, emphasizing its role in shaping the destination's overall appeal and reputation.

In conclusion, the integrated findings emphasize the holistic approach required to manage health tourism destination brand gestalt effectively. By strategically leveraging sensescape, servicescape, and stakeholderscape, destination managers can enhance visitor experiences, build a strong brand identity, and position themselves competitively in the global health tourism market. These elements collectively contribute to creating memorable and impactful experiences that resonate with health tourists, fostering long-term loyalty and advocacy for the destination.

Limitations and Implications

This study contributes to advancing theoretical understanding and practical insights into how Sensescape, Servicescape, Stakeholderscape, and Storyscape collectively shape Brand Gestalt in health tourism destinations. By integrating these dimensions effectively, stakeholders can enhance brand identity, improve service quality, and foster sustainable growth in the competitive health tourism industry. These findings have several implications for theory and practice in health tourism destination management. By understanding the critical dimensions influencing Brand Gestalt, destination managers can strategically enhance their branding efforts. This includes investing in physical infrastructure to improve Sensescape, fostering collaborative relationships to strengthen Stakeholderscape, and crafting compelling narratives to enhance Storyscape. Additionally, integrating these dimensions into destination marketing strategies can effectively differentiate health tourism destinations and attract discerning health tourists seeking holistic and high-quality healthcare experiences.

Future research should explore longitudinal studies to capture the dynamic nature of brand perceptions over time and across diverse cultural contexts. Qualitative methodologies can also enrich understanding by exploring patient narratives and stakeholder perspectives in greater depth. Moreover, investigating the role of digital and social media platforms in amplifying brand narratives and engaging potential health tourists represents a promising avenue for future inquiry.

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