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Factors Influencing the Repurchase Intention of Mental Well-being Services among Consumers in Bangkok

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Abstract

This study investigated the factors influencing the repurchase intention of mental well-being services among consumers in Bangkok. The objectives were to: (1) examine the overall level of repurchase intention; (2) compare repurchase intention across demographic groups; and (3) assess the influence of service experience evaluation (SEE)—comprising service quality, satisfaction, trust, and emotional well-being outcomes—on repurchase intention. A structured questionnaire was administered to 200 consumers in the Bangkok Metropolitan Area who had used at least one mental well-being service within the previous year. The sample size was determined based on multiple regression requirements, with a minimum ratio of 20 observations per predictor variable (Hair et al., 2020), yielding a minimum requirement of 80, substantially exceeded in this study to enhance statistical power and generalisability. Data were analyzed using descriptive statistics, one-way ANOVA with LSD post-hoc test, and multiple regression analysis. The findings revealed that overall repurchase intention was at a strongly agree level (mean = 4.24). All four SEE dimensions significantly predicted repurchase intention ($R^2 = 0.576$), with satisfaction emerging as the strongest predictor (Beta = 0.275), followed by trust (Beta = 0.272), emotional well-being outcomes (Beta = 0.179), and service quality (Beta = 0.156). Significant demographic differences were found for age, education, occupation, and income. The predominantly female sample (81.50%) reflects the actual composition of mental wellness service consumers in urban Thailand and may limit the generalisability of

findings to male consumers. The study concludes that mental well-being service providers should prioritize trust-building, emotional engagement, and consistent service quality to sustain consumer loyalty in Bangkok's competitive wellness market.

Keywords: Repurchase Intention, Mental Well-being, Service Experience Evaluation, Consumer Behavior

Introduction

Mental well-being has emerged as one of the fastest-growing priorities in contemporary health and wellness discourse. The Global Wellness Institute (GWI) identifies mental wellness as the fastest-growing segment in the global wellness industry, integrating psychological, physical, and social dimensions of health (GWI, 2024). Worldwide, consumers are shifting from conventional mental health care toward preventive and experiential approaches that support brain wellness, emotional resilience, and self-awareness (GWI, 2025). At the macroeconomic level, brain health disorders are estimated to cost the global economy USD 5 trillion annually, underscoring the urgent social and economic value of mental wellness investment (GWI, 2025).

In Thailand, mental wellness has become a strategic national priority embedded within the Thailand 4.0 framework. Thailand ranked 24th globally in wellness economy size in 2023, valued at USD 40.5 billion or 7.87% of GDP (GWI, 2025). Within this ecosystem, the mental wellness segment reached approximately USD 0.67 billion in 2023 with 13.7% annual growth (GWI, 2025). In Bangkok, the rapid expansion of mindfulness centers, sound-healing studios, yoga therapy programs, and integrative therapy platforms reflects rising public awareness. Despite this growth, service providers continue to face significant challenges in retaining consumers, who often disengage after initial experiences due to perceived inconsistency in service quality, unclear value propositions, and weak emotional bonds (Sangkakorn & Krajangchom, 2024).

Consumer repurchase intention—defined as the likelihood of returning to use a service following a prior positive experience—is a critical indicator of service value and long-term business sustainability (Hellier et al., 2003; Schiffman & Wisenblit, 2015). Research consistently demonstrates that service quality, satisfaction, trust, and

emotional experience are pivotal drivers of behavioral loyalty in healthcare and service sectors (Kemalasari et al., 2025; Ramli et al., 2025). Nevertheless, the existing literature lacks sufficient investigation into how these constructs jointly influence repurchase intention specifically within mental wellness services, which combine therapeutic value, emotional depth, and identity development in ways that distinguish them from conventional service contexts (Valente-Mosqueda et al., 2025).

This study draws on the Theory of Planned Behaviour (Ajzen, 1991) and Expectation-Confirmation Theory (Oliver, 1999) to explain how perceived service performance shapes future behavioral intentions. Service experience evaluation (SEE) is conceptualized through four dimensions—service quality, satisfaction, trust, and emotional well-being outcomes—adapted from Parasuraman et al. (1988) and Oliver (1999). The study aims to: (1) determine the overall level of repurchase intention for mental well-being services among Bangkok consumers; (2) examine whether repurchase intention varies significantly across demographic groups; and (3) assess the influence of SEE on repurchase intention, contributing empirical evidence to inform service design and customer retention strategy in Thailand's growing mental wellness sector.

Conceptual Framework

The conceptual framework of this study integrates the Theory of Planned Behaviour (Ajzen, 1991) and Expectation-Confirmation Theory (Oliver, 1999) to explain how consumers' evaluations of mental well-being service experiences shape their intention to repurchase. As illustrated in Figure 1, service experience evaluation (SEE) is positioned as a multidimensional independent construct comprising four dimensions: (1) service quality (Parasuraman et al., 1988), reflecting the functional and relational attributes of the service encounter; (2) satisfaction (Oliver, 1999; Hellier et al., 2003), representing the degree to which the service meets or exceeds consumer expectations; (3) trust (Morgan & Hunt, 1994), capturing consumers' confidence in the provider's competence and integrity; and (4) emotional well-being outcomes (GWI, 2024; Valente-Mosqueda et al., 2025), reflecting the experiential and affective gains derived from service participation.

Repurchase intention (Hellier et al., 2003) serves as the dependent variable, defined as the consumer's self-reported likelihood of returning to the same provider. Demographic characteristics, specifically age, education level, occupation, and monthly income are hypothesised to moderate the relationship between service experience and repurchase intention, reflecting differences in health literacy, financial capacity, and wellness orientation across consumer segments. This framework guided the operationalisation of all constructs, the selection of measurement instruments, and the analytical strategy employed in the study.

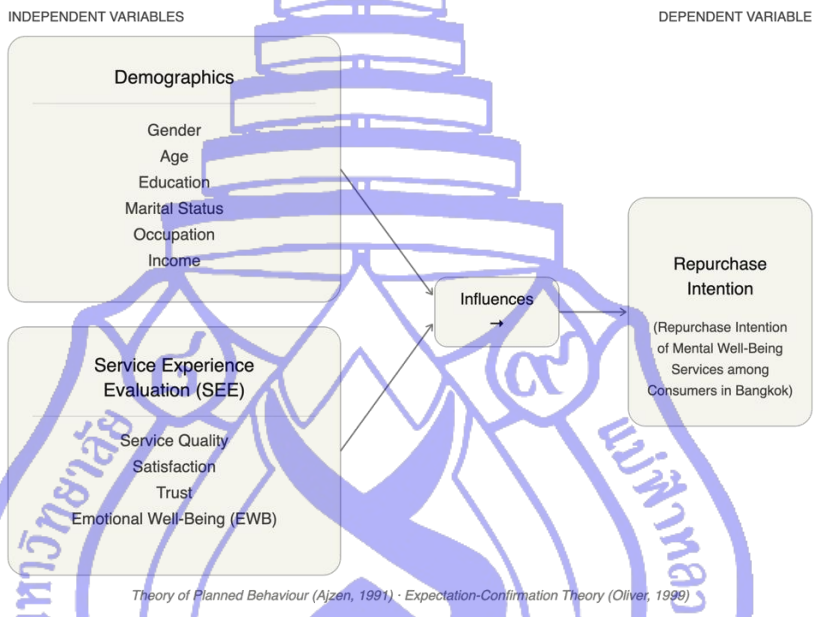

Figure 1 Conceptual framework of factors influencing repurchase intention of mental well-being services

Research Methodology

This study employed a quantitative cross-sectional survey design, appropriate for examining relationships among measurable psychological constructs and for testing theoretical propositions (Creswell & Creswell, 2018; Hair et al., 2020). The research population consisted of all residents of the Bangkok Metropolitan Area (BMA).

The sample comprised 200 consumers who had participated in at least one mental well-being service within the previous year. The sample size was determined on two complementary grounds. First, following Sudman's (1976) guideline recommending a minimum of 200 participants for local survey studies. Second, and critically for the regression analysis constituting Hypothesis 2, Hair et al. (2020)

recommend a minimum ratio of 20 observations per predictor variable in multiple regression; with four predictors, this yields a minimum requirement of 80 cases. The adopted sample of 200 comfortably exceeds this threshold (ratio of 50:1), ensuring adequate statistical power ($1 - \beta > 0.80$) at $\alpha = 0.05$ for detecting medium effect sizes (Cohen, 1988) and enhancing the reliability and generalisability of the regression estimates. Participants were selected through purposive sampling and recruited via online platforms (LINE, Facebook, and wellness-related communities).

The research instrument was a structured, self-administered questionnaire in four sections: (1) screening questions; (2) demographic data; (3) service experience evaluation (SEE) measured across four dimensions—service quality (5 items; Parasuraman et al., 1988), satisfaction (5 items; Oliver, 1999; Hellier et al., 2003), trust (5 items; Morgan & Hunt, 1994), and emotional well-being outcomes (5 items; GWI, 2024; Valente-Mosqueda et al., 2025); and (4) repurchase intention (5 items; Hellier et al., 2003; Utama et al., 2025). All items used a five-point Likert scale. Table 1 presents the full structure.

Table 1 Questionnaire Structure and Sources

Variables / Dimensions	Items	Measurement	Sources
Demographic Factors	6	Nominal/ Ordinal	Kotler and Keller (2016), Schiffman and Wisenblit (2015)
SEE – Service Quality	5	5-pt Likert	Parasuraman et al. (1988), Prabowo et al. (2020)
SEE – Satisfaction	5	5-pt Likert	Oliver (1999), Hellier et al. (2003)
SEE – Trust	5	5-pt Likert	Morgan and Hunt (1994), Prabowo et al. (2020)
SEE – Emotional Well-being Outcomes	5	5-pt Likert	GWI (2020, 2024), Valente-Mosqueda et al. (2025)
Repurchase Intention (DV)	5	5-pt Likert	Hellier et al. (2003), Ramli et al. (2025); Utama et al. (2025)

Source Compiled by the researcher

Content validity was confirmed by expert review, and a pilot test (n = 30) established reliability. As shown in Table 2, all Cronbach's alpha coefficients exceeded 0.870 for individual constructs, with a total instrument alpha of 0.987, well above the 0.700 threshold (Kanjanawasee & Kanjanawasee, 2016). Data were analyzed using SPSS version 30. Descriptive statistics profiled respondents and assessed variable levels using five mean-score intervals (width = 0.80). For Hypothesis 1, one-way ANOVA with Fisher's LSD post-hoc test examined demographic differences at $\alpha = 0.05$. For Hypothesis 2, Pearson correlation screened for multicollinearity ($r < 0.800$; Vanichbancha, 2017), followed by multiple regression analysis (Enter method) to assess the predictive influence of SEE dimensions on repurchase intention.

Table 2 Reliability of the Research Instrument (Pilot Test, n = 30)

Construct	Cronbach's Alpha
Service Quality	0.872
Satisfaction	0.908
Trust	0.922
Emotional Well-being Outcomes	0.957
Repurchase Intention	0.955
Total	0.987

Source Pilot test results

Results

Table 3 presents the demographic profile of the 200 respondents. The majority were female (81.50%), aged 40–49 years (31.00%), in a relationship but not married (42.50%), holding a Bachelor's degree (45.00%), employed in the private sector (50.50%), and earning 50,001–70,000 THB per month (46.00%).

Table 3 Demographic characteristics of respondents (n = 200)

Demographic Variable	Frequency	Percentage (%)
Gender		
Male	30	15.00
Female	163	81.50
Prefer not to say	7	3.50
Age		
Under 20 years	7	3.50
20–29 years	39	19.50
30–39 years	47	23.50
40–49 years	62	31.00
50–59 years	16	8.00
60 years and above	29	14.50
Marital Status		
Single (no partner)	22	11.00
In a relationship, not married	85	42.50
Married, no children	53	26.50
Married with children	32	16.00
Widowed/Divorced/Separated	8	4.00
Education Level		
Lower than Bachelor's degree	66	33.00
Bachelor's degree or equivalent	90	45.00
Higher than Bachelor's degree	44	22.00

Table 3 (continued)

Demographic Variable	Frequency	Percentage (%)
Occupation		
Government/State enterprise employee	25	12.50
Company/Private sector employee	101	50.50
Business owner/Entrepreneur	37	18.50
Farmer	5	2.50
Freelancer/Contract worker	32	16.00
Monthly Income (THB)		
30,000 or below	19	9.50
30,001–50,000	32	16.00
50,001–70,000	92	46.00
70,001–100,000	46	23.00
More than 100,000	11	5.50
Total	200	100.0

Source Survey data

As shown in Table 4, consumers reported an overall SEE at a strongly agree level (mean = 4.22, S.D. = 0.40). Satisfaction ranked highest (mean = 4.25, S.D. = 0.42), followed by service quality (mean = 4.23, S.D. = 0.40) and trust (mean = 4.23, S.D. = 0.50), all at a strongly agree level. Emotional well-being outcomes were rated at an agree level (mean = 4.18, S.D. = 0.54).

Table 4 Mean and Standard Deviation of Service Experience Evaluation (n = 200)

SEE Dimension	Mean	S.D.	Interpretation	Rank
Service Quality	4.23	0.40	Strongly agree	2
Satisfaction	4.25	0.42	Strongly agree	1

Table 4 (continued)

SEE Dimension	Mean	S.D.	Interpretation	Rank
Trust	4.23	0.50	Strongly agree	3
Emotional Well-being Outcomes	4.18	0.54	Agree	4
Overall SEE	**4.22**	**0.40**	**Strongly agree**	—

Source Survey data

Table 5 presents repurchase intention results. The overall level was at a strongly agree level (mean = 4.24, S.D. = 0.45). The highest-rated item was provider preference over competitors (mean = 4.57, S.D. = 0.63), while the remaining four items were at an agree level, ranging from 4.15 to 4.18.

Table 5 Mean and Standard Deviation of Repurchase Intention (n = 200)

Item	Mean	S.D.	Interpretation	Rank
I would choose this provider over others.	4.57	0.63	Strongly agree	1
I would recommend this provider to others.	4.18	0.78	Agree	2
I am likely to return to this provider.	4.16	0.68	Agree	3
I expect to continue using these services regularly.	4.15	0.79	Agree	4
I intend to repurchase from this provider in the future.	4.15	0.80	Agree	5
Overall Repurchase Intention	**4.24**	**0.45**	**Strongly agree**	—

Source Survey data

Hypothesis 1 testing results are presented in Table 6. One-way ANOVA revealed statistically significant differences in repurchase intention across age ($F = 11.512$, $p = 0.019$), education ($F = 10.735$, $p < 0.001$), occupation ($p < 0.001$), and income ($F = 4.958$, $p = 0.001$). No significant differences were found for gender ($p = 0.858$) or marital status ($p = 0.210$). Therefore, H1 is partially supported. Significant differences were found for age, education, occupation, and income ($p < 0.05$). Bachelor's degree holders showed the highest repurchase intention (mean = 4.38), significantly higher than both sub-Bachelor's and postgraduate groups. Government and state enterprise employees showed the lowest repurchase intention (mean = 3.92), significantly lower than company employees, business owners, and farmers. For income, consumers earning 30,001–50,000 THB and those earning over 100,000 THB showed significantly higher repurchase intention than mid-income groups.

Table 6 One-way ANOVA: differences in repurchase intention by demographic characteristics

Demographic Variable	n	Mean	SS	F	p-value
Gender			0.064	0.154	0.858
Male	30	4.28			
Female	163	4.23			
Prefer not to say	7	4.25			
Age			1.544	11.512	0.019*
Under 20 years	7	4.32			
20–29 years	39	4.09			
30–39 years	47	4.29			
40–49 years	62	4.24			
50–59 years	16	4.22			
60 years and above	29	4.45			

Table 6 (continued)

Demographic Variable	n	Mean	SS	F	p-value
Education Level			4.044	10.735	<0.001**
Lower than Bachelor's	66	4.19			
Bachelor's or equivalent	90	4.38			
Higher than Bachelor's	44	4.02			
Marital Status			1.213	1.480	0.210
Occupation			4.862	—	<0.001**
Government/State employee	25	3.92			
Company/Private employee	101	4.33			
Business owner/Entrepreneur	37	4.30			
Farmer	5	4.56			
Freelancer/Contract worker	32	4.08			
Monthly Income (THB)			3.799	4.958	0.001**
30,000 or below	19	4.13			
30,001–50,000	32	4.50			
50,001–70,000	92	4.20			
70,001–100,000	46	4.13			
More than 100,000	11	4.49			

Note SS = Sum of Squares; df = Degrees of Freedom; F = F-Statistic from one-way ANOVA; p-value = level of significance. * $p < 0.05$; ** $p < 0.01$. LSD post-hoc test applied for significant comparisons.

Source Survey data

Prior to regression analysis, Pearson correlations (Table 7) confirmed that all SEE dimensions were significantly correlated with repurchase intention ($r = 0.619$–0.688, $p < 0.001$). All inter-predictor correlations remained below the 0.800

multicollinearity threshold (highest r = 0.732 between trust and emotional well-being outcomes), confirming suitability for multiple regression.

Table 7 Pearson correlation coefficients among research variables (n = 200)

Variable	RI	SQ	ST	TR	EW
RI – Repurchase Intention	1				
SQ – Service Quality	0.619**	1			
ST – Satisfaction	0.649**	0.577**	1		
TR – Trust	0.688**	0.677**	0.661**	1	
EW – Emotional Well-being	0.647**	0.678**	0.601**	0.732**	1

Note ** $p < 0.01$ (2-tailed). RI = Repurchase Intention; SQ = Service Quality; ST = Satisfaction; TR = Trust; EW = Emotional Well-being Outcomes.

Source Survey data

Table 8 presents the multiple regression results. The model was statistically significant ($F = 66.303$, $p < 0.001$) and explained 57.6% of the variance in repurchase intention ($R^2 = 0.576$, Adjusted $R^2 = 0.568$). All VIF values were below 10.00 and tolerance values exceeded 0.20, confirming no multicollinearity. All four SEE dimensions significantly predicted repurchase intention. Satisfaction was the strongest predictor (Beta = 0.275, $p < 0.001$), followed by trust (Beta = 0.272, $p = 0.001$), emotional well-being outcomes (Beta = 0.179, $p = 0.017$), and service quality (Beta = 0.156, $p = 0.025$). The regression equation is: RI = 0.615 + 0.291(ST) + 0.243(TR) + 0.174(EW) + 0.150(SQ). Hypothesis 2 is fully supported.

Table 8 Multiple regression analysis: influence of SEE on repurchase intention (n = 200)

Variable	B	S.E.	Beta	t	p-value	Tolerance	VIF
Constant	0.615	0.245	—	2.515	0.013*	—	—
Service Quality (SQ)	0.150	0.077	0.156	2.262	0.025*	0.457	2.190

Table 8 (continued)

Variable	B	S.E.	Beta	t	p-value	Tolerance	VIF
Satisfaction (ST)	0.291	0.069	0.275	4.209	<0.001**	0.519	1.926
Trust (TR)	0.243	0.070	0.272	3.490	0.001**	0.357	2.797
Emotional Well-being (EW)	0.174	0.062	0.179	2.400	0.017*	0.392	2.549

Note B = Unstandardised regression coefficient; S.E. = Standard Error of B; Beta = Standardised regression coefficient (β); t = t-statistic; VIF = Variance Inflation Factor. $R = 0.759$; $R^2 = 0.576$; Adjusted $R^2 = 0.568$; $F = 66.303$; $p < 0.001$. * $p < 0.05$; ** $p < 0.01$.

Source Survey data

Summary of Hypothesis Testing

Hypothesis 1 proposed that consumers with different demographic characteristics would exhibit different levels of repurchase intention toward mental well-being services. The results of the one-way ANOVA analysis revealed statistically significant differences across age, education level, occupation, and monthly income ($p < 0.05$). Education and occupation demonstrated the strongest levels of statistical significance ($p < 0.001$). In contrast, gender and marital status did not show statistically significant differences, as their significance values exceeded the 0.05 threshold. Therefore, Hypothesis 1 was partially supported.

Hypothesis 2 proposed that Service Experience Evaluation (SEE), comprising service quality, satisfaction, trust, and emotional well-being outcomes, would significantly influence repurchase intention. Multiple regression analysis confirmed that all four dimensions exerted statistically significant positive effects ($p < 0.05$). The model explained 57.6% of variance in repurchase intention ($R^2 = 0.576$). Accordingly, Hypothesis 2 was fully supported.

Overall, the findings indicate that consumers' evaluations of their service experiences play a substantial role in determining their intention to return for future

mental well-being services. Positive service experiences contribute to higher levels of satisfaction and trust, which subsequently strengthen long-term behavioural loyalty

Discussion and Suggestion

The finding that Bangkok consumers reported a strongly agree level of repurchase intention (mean = 4.24) reflects a meaningful shift in societal attitudes toward mental well-being. As mental wellness becomes a more openly discussed and destigmatized topic in urban Thailand, consumers who engage with services and perceive positive outcomes are likely to sustain their usage. This is consistent with GWI's (2025) observation that preventive, experience-based wellness is increasingly adopted as a lifestyle practice rather than a crisis response. The high repurchase intention observed here suggests that Bangkok's mental wellness market has moved beyond early adoption and is building genuine consumer loyalty.

The central finding of this study—that all four SEE dimensions significantly predicted repurchase intention, together explaining 57.6% of variance—provides strong empirical support for integrating service quality, satisfaction, trust, and emotional well-being into a unified framework for understanding loyalty in wellness contexts. Satisfaction emerged as the strongest predictor (Beta = 0.275), consistent with Expectancy-Disconfirmation Theory (Oliver, 1999) and prior research confirming satisfaction as the core bridge between service quality and behavioral loyalty (Cronin et al., 2000; Hellier et al., 2003).

Trust ranked as the second strongest predictor (Beta = 0.272), a finding of particular significance in the mental wellness context where clients disclose sensitive personal information and depend on provider competence and confidentiality. This aligns with Morgan and Hunt's (1994) Relationship Marketing Theory and reinforces earlier evidence that trust functions as a mediator between service quality and behavioral loyalty (Ramli et al., 2025). In Bangkok's wellness market, where offerings range from certified therapists to informal wellness studios, provider credibility and ethical practice are central to sustaining consumer relationships.

Emotional well-being outcomes ranked third (Beta = 0.179), extending traditional service evaluation models into the experiential domain. This supports Service-Dominant Logic (Vargo & Lusch, 2004), wherein value is co-created through

outcomes rather than transactions. Service quality, though ranked fourth (Beta = 0.156), remained a significant predictor, consistent with SERVQUAL-based research (Parasuraman et al., 1988; Zeithaml et al., 1996), indicating that operational excellence—professionalism, responsiveness, and environment—forms the foundational layer upon which emotional and relational experiences are built.

Gender Composition and Its Implications for the Findings

The absence of statistically significant gender difference in repurchase intention ($p = 0.858$) is noteworthy, particularly given that the sample was predominantly female (81.50%). While this finding may partially reflect the compositional imbalance of the sample rather than a true absence of gender effects in the broader population, it also aligns with a growing body of research suggesting that mental wellness consumption is becoming increasingly gender-neutral in the urban Southeast Asian context (GWI, 2025). The skewed gender distribution warrants interpretive caution: the male subsample ($n = 30$) was substantially smaller than the female subsample ($n = 163$), limiting the statistical power to detect meaningful between-group differences even if they exist.

Importantly, the female-dominant sample likely reflects a genuine market reality. Evidence from both the global wellness literature and Thai consumer research consistently documents that women are disproportionate consumers of preventive and experiential mental health services (Solomon, 2018; Kotler & Keller, 2016). The predominantly female composition of this study's sample, therefore, mirrors the actual consumer base of Bangkok's mental wellness sector, and the findings regarding satisfaction, trust, and emotional well-being outcomes as drivers of repurchase intention are most directly applicable to female consumer segments.

At the same time, male consumers may differ in the specific pathways through which they develop repurchase intention. Research in health service contexts suggests that men are more likely to be motivated by functional service quality and outcome efficacy than by relational trust and emotional responsiveness (Dagger et al., 2007). In the Thai context, persistent cultural norms around masculinity and emotional disclosure may further moderate how male consumers evaluate and respond to mental wellness experiences. Future research employing gender-balanced sampling designs would

allow more robust examination of these dynamics, and subgroup analyses targeting male consumers specifically would help providers design targeted communication and retention strategies.

Demographic Differences

The non-significance of gender and marital status suggests that mental well-being service consumption in Bangkok is becoming increasingly universal across these groups reflecting broader societal normalisation of wellness-seeking behaviour. In contrast, the significant differences for age, education, occupation, and income highlight the role of socioeconomic positioning in shaping wellness engagement. Bachelor's degree holders showed the highest repurchase intention, consistent with the view that education enhances health literacy and perceived value of preventive care (Kotler & Keller, 2016). The notably low repurchase intention among government employees (mean = 3.92) versus farmers (mean = 4.56) may reflect structural differences in stress exposure, work flexibility, and wellness culture across sectors.

Practical Recommendations for Mental Well-Being Service Providers

The findings of this study yield a set of concrete, evidence-based recommendations that mental well-being service providers in Bangkok can implement to strengthen consumer retention and build sustainable competitive advantage.

1. Prioritise Satisfaction through Value-Aligned Service Design

Given that satisfaction emerged as the strongest predictor of repurchase intention (Beta = 0.275), providers should systematically assess and close the gap between what consumers expect and what they experience. This can be operationalised through structured pre-service consultations to clarify goals and set realistic expectations, post-service feedback mechanisms (e.g., digital surveys sent within 24 hours), and regular service audits benchmarking outcomes against consumer expectations. Pricing should be transparently communicated and aligned with perceived value.

2. Build Trust through Credentials, Ethics, and Transparency

As the second strongest predictor (Beta = 0.272), trust must be actively cultivated, especially given the sensitive nature of mental wellness disclosures. Providers should prominently display practitioner credentials and professional

affiliations, establish and communicate clear confidentiality and data protection policies, create structured onboarding processes that orient new clients to practitioner qualifications and service protocols, and invest in consistent staff training to ensure ethical, professional conduct at every touchpoint.

3. Design a Customer Journey that Sustains Emotional Engagement

Emotional well-being outcomes (Beta = 0.179) represent a distinctive driver in mental wellness, differentiating these services from conventional health services. Providers should design an intentional customer journey that reinforces emotional value at each stage. At the pre-service stage, use empathetic onboarding communications and intake interviews to establish emotional connection. During the service, apply evidence-based practices (mindfulness, somatic work, narrative therapy) that produce tangible emotional shifts within sessions. Post-service, schedule structured follow-up check-ins—ideally within two to four weeks—to enquire about sustained well-being outcomes, reinforce progress, and invite return visits. Digital touchpoints such as wellness tracking apps, journalling prompts, or curated content between sessions can further deepen emotional engagement and perceived continuity of care.

4. Maintain Operational Excellence as the Service Foundation

Service quality (Beta = 0.156) provides the foundational layer upon which trust and emotional engagement are built. Providers should ensure consistent standards of professionalism, responsiveness, and physical or digital environment quality. Service quality standards should be documented, trained, and audited regularly. For digital or telehealth services, platform usability, session stability, and privacy assurance are the functional equivalents of physical environment quality and must be given equivalent attention.

5. Tailor Retention Strategies to Demographic Segments

The significant demographic differences identified in this study provide a basis for targeted retention strategies. For younger consumers (20–29 years, mean = 4.09, the lowest age group), providers should address perceived barriers to continued engagement through flexible pricing, shorter programme formats, and digital-first delivery. For mid-income earners (50,001–100,000 THB/month), who showed lower repurchase intention relative to lower and higher income brackets, value-for-money communication and outcome documentation may be particularly persuasive. For

consumers with postgraduate education (mean = 4.02), providers can differentiate through evidence-based practice standards, published outcome data, and access to specialist knowledge this segment may respond more to intellectual credibility than to experiential marketing.

6. Implement Structured Follow-Up Care as a Retention Mechanism

Follow-up care is the single most direct operational mechanism for sustaining both emotional well-being outcomes and repurchase intention. Providers should establish a formalised follow-up protocol: a brief check-in contact (by message or call) at two weeks post-service to acknowledge progress; a personal invitation to return at four weeks, personalised to the individual's stated goals; and a longer-term engagement offer at eight to twelve weeks, such as a maintenance programme, group session, or self-help resource bundle. This transforms a transactional service encounter into an ongoing care relationship, directly reinforcing the trust and emotional continuity that this study identifies as the primary drivers of repurchase.

Suggestions for Future Research

Future research should consider expanding the geographical scope beyond Bangkok to include provincial cities and rural areas in Thailand, as well as cross-cultural comparisons with other Southeast Asian wellness markets. Gender-balanced sampling designs would allow more robust examination of whether men and women differ in the specific service attributes such as trust formation, emotional disclosure, and provider communication style that drive repurchase intention in mental wellness settings.

Additionally, qualitative or mixed-method approaches including in-depth interviews or focus groups would provide richer insight into the personal meanings consumers attach to mental wellness experiences, particularly regarding trust formation and emotional outcome evaluation. Future studies should also examine the growing role of digital and telehealth delivery on service experience evaluation and repurchase intention, as platform usability, perceived privacy in online settings, and technology acceptance are likely to be distinct drivers from those identified in face-to-face service contexts. Finally, subgroup analyses targeting younger professionals, high-income

earners, and specific occupational groups would allow service providers to develop more precisely tailored retention strategies.

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