

RESEARCH ON THE IMPACT OF PRIVATE DOMAIN TRAFFIC OPERATION ON REPURCHASE INTENTION: AN EMPIRICAL ANALYSIS BASED ON THE WECHAT COMMUNITY OF H TIBETAN MEDICINE ENTERPRISE*

Yue Li¹ and Renyuan Nong²

¹⁻²International College, Panyapiwat Institute of Management, Thailand

Corresponding Author's Email: yuelipim@outlook.com

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Abstract

This study aims to: 1) examine whether private domain traffic operation in WeChat-based Tibetan medicine communities increases users' repurchase intention; 2) test whether brand identity mediates the relationship between private domain operation and repurchase intention; and 3) identify operational dimensions that should be prioritized for ethnic medical institutions seeking sustainable user retention. The study focuses on active users in Hongde Hospital's Tibetan medicine WeChat communities and uses a quantitative cross-sectional survey design. After a pilot test, 500 questionnaires were distributed, and 452 valid responses were retained. SPSS 26.0 and PROCESS Model 4 were used for descriptive analysis, reliability and validity testing, correlation analysis, hierarchical regression, and bootstrap mediation analysis. Results show that: 1) private domain traffic operation has a significant positive effect on user repurchase intention, with medical service operation showing the strongest

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influence; 2) brand identity partially mediates this relationship, and the indirect effect is larger than the remaining direct effect; 3) medical professional identity is a stronger mediator than Tibetan medicine cultural identity, although both paths are significant; and 4) interactive operation and cultural content adaptation remain the weakest areas in the current operation. The findings extend private domain operation research to a culturally specific healthcare setting and provide practical guidance for Tibetan medicine institutions to strengthen medical service continuity, professional trust, culturally meaningful communication, and compliant community management.

Keywords: Private Domain Traffic Operation, WeChat Community, Tibetan Medicine, Brand Identity, Repurchase Intention, Mediation Effect

Introduction

Digital platform dependence has changed how healthcare and wellness organizations acquire and retain users. In China, enterprises increasingly use private domain traffic, especially WeChat groups, official accounts, enterprise WeChat, and mini-programs, to maintain direct relationships with users rather than relying entirely on paid public-platform traffic. Private domain traffic emphasizes direct reach, repeated communication, user data accumulation, and long-term relationship maintenance (Cao, 2024). For healthcare institutions, this approach is particularly relevant because medical decisions require trust, service continuity, professional information, and repeated follow-up rather than one-time advertising exposure.

Tibetan medicine provides a distinctive context for studying private domain operation. It is not only a medical service system but also a culturally embedded health tradition. Recent global-health literature stresses that traditional medicine should be understood through the dual lenses of evidence-based safety and cultural legitimacy (Carlessi, 2024; World Health Organization,

2025). Recent pharmacological reviews also show that traditional Tibetan medicine includes medicinal resources with specific pharmacological and wellness-related potential, while still requiring responsible, standardized, and evidence-oriented communication to users (Wang & Zhu, 2024). Therefore, users' repurchase decisions in Tibetan medicine communities are likely to depend on both professional trust and cultural recognition.

Although recent studies show that online healthcare communities can improve doctor–patient relationships and that patient trust contributes to loyalty, less is known about how private domain operation works in ethnic medical contexts (Liu et al., 2021; Wang et al., 2023). Research on social-media marketing and repurchase intention also tends to focus on general consumer contexts rather than culturally embedded medical services (Acar et al., 2024; Tarabieh et al., 2024). In Tibetan medicine communities, brand identity should not be treated merely as general emotional attachment; it includes medical professional identity formed through reliable service and Tibetan medicine cultural identity formed through culturally meaningful communication. Therefore, this study examines whether content operation, interactive operation, medical service operation, and welfare operation promote repurchase intention directly and indirectly through these two dimensions of brand identity.

Objectives

1. To examine the direct effect of private domain traffic operation on user repurchase intention in Tibetan medicine WeChat communities.
2. To test whether brand identity mediates the relationship between private domain traffic operation and user repurchase intention.
3. To compare the mediating roles of medical professional identity and Tibetan medicine cultural identity.

4. To identify practical weaknesses in current community operation and propose improvement strategies for ethnic medical institutions.

Literature Review

Private Domain Traffic Operation in Healthcare Communities

Private domain traffic operation refers to the controlled accumulation and repeated activation of user resources by enterprises through self-managed digital channels. In the WeChat ecosystem, private domain operation is typically achieved through channels such as communities, official accounts, enterprise accounts, mini-programs, and membership service systems. Compared to public domain advertising, private domain operation places greater emphasis on relationship orientation, stressing content continuity, interactivity, personalized services, and welfare design (Cao, 2024). This study divides private domain operation into four dimensions: content operation, interaction operation, medical service operation, and welfare operation.

Healthcare communities differ from general retail communities in that users entering healthcare communities have stronger information needs, higher perceived risk, and a greater reliance on professional credibility. Wang et al. (2023) found that the use of online healthcare communities can improve doctor-patient communication, medical processes, and perceived medical quality, thereby contributing to better doctor-patient relationships. This supports the hypothesis that Tibetan medicine WeChat communities, by providing credible health content, positive interaction, comprehensive follow-up services, and trustworthy service benefits, can influence users' repurchase intentions.

Brand Identity in the Context of Tibetan Medicine Services

Brand identity in this study refers to users' perceptions, emotional connections, and sense of belonging to medical institutions and their Tibetan medicine values. In general consumer contexts, brand identity has been shown

to significantly influence brand lifestyle fit, satisfaction, and repurchase intention (Acar et al., 2024). In the healthcare field, the formation of identity is more closely related to perceived professionalism and trust. Research by Liu et al. (2021) indicates that patient trust is a key mechanism connecting satisfaction and patient loyalty, suggesting that loyalty in the healthcare field is not solely derived from satisfaction but is built upon credible trust relationships.

Tibetan medicine requires a more specific identity structure because users need to assess both the medical professionalism of medical institutions and their cultural connotations. Medical professionalism identity involves users' recognition of physician qualifications, diagnostic logic, product quality, and service reliability. Tibetan medicine cultural identity involves recognition of Tibetan medicine philosophy, traditional preparation techniques, ethnic cultural symbols, and culturally significant health preservation knowledge. The latter should not be reduced to superficial cultural promotion; it must be disseminated responsibly and ensure that users from diverse ethnic backgrounds can understand it (Carlessi, 2024; Wang & Zhu, 2024).

Repurchase Intention and Digital Relationship Mechanisms

Repurchase intention refers to a user's willingness to purchase or continue using Tibetan medicine products or services after experiencing them. Recent social media marketing research indicates that online community communication can influence user loyalty and repeat purchase intention through trust, engagement, brand image, and relationship quality (Alrwashdeh, 2025; Banerji & Singh, 2024; Hu et al., 2024). In the social media environment, brand trust and engagement have been repeatedly demonstrated to play a significant mediating role between marketing campaigns and purchase or repeat purchase intentions (Ibrahim et al., 2021; Tarabieh et al., 2024).

For the Tibetan medicine community, this mechanism is expected to be more effective if private domain operations can provide continuous medical

services rather than simply discounts. Content marketing can reduce knowledge asymmetry; interactive marketing can increase user engagement; healthcare service marketing can extend diagnosis and treatment beyond in-person visits; and welfare marketing can reduce perceived costs and encourage trial use. However, repeat purchase intentions in the healthcare sector should not be driven by exaggerated promises. Community marketing must avoid claiming therapeutic effects and protect user privacy to maintain professional legitimacy and trust (World Health Organization, 2025).

Hypotheses and conceptual models Based on the above literature; this study proposes the following hypotheses:

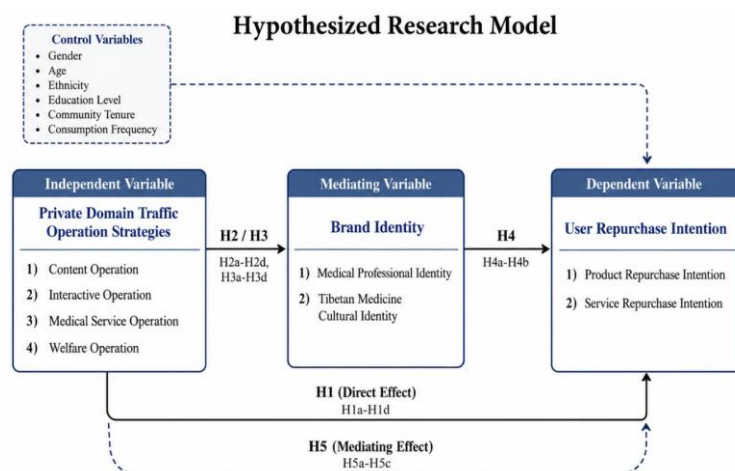


Figure 1. Hypotheses and Conceptual Model

Based on the above literature, this study proposes the following hypotheses:

H1: Private domain traffic operation has a significant positive impact on user repurchase intention.

H1a-H1d: Content operation, interactive operation, medical service operation, and welfare operation all have significant positive impacts on user repurchase intention.

H2: Private domain traffic operation has a significant positive impact on brand identity.

H3: Brand identity has a significant positive impact on user repurchase intention.

H4: Brand identity mediates the relationship between private domain traffic operation and user repurchase intention.

H4a-H4b: Medical professional identity and Tibetan medicine cultural identity both have significant mediating effects.

Methodology

Research design: This study adopts a quantitative, cross-sectional survey design. The design is appropriate because the research aims to measure users' current perceptions of WeChat community operation, brand identity, and repurchase intention, and to test direct and indirect effects statistically. Mediation was tested using PROCESS Model 4 with 5,000 bootstrap samples, which is consistent with contemporary regression-based mediation analysis procedures (Hayes, 2022).

Population and sample: The target population consists of active users in the Tibetan medicine enterprise WeChat communities of Hongde Hospital in Chengdu Shuangliu. Active users were defined as users who had interacted in the community at least three times within the previous 90 days or had consumed Tibetan medicine products or services within the previous three months. Stratified sampling was applied according to age, ethnicity, and consumption frequency to improve sample balance across core user groups. A total of 500

questionnaires were distributed, and 452 valid questionnaires were retained after screening, yielding a valid response rate of 90.4%.

Instrument design and pilot study: The questionnaire was designed using a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. The final instrument contained 34 measurement items and six demographic/control items. Private domain traffic operation contained 16 items across four dimensions. Brand identity contained 10 items across two dimensions. User repurchase intention contained 8 items across product and service repurchase intention. The items were adapted from recent studies on social media marketing, healthcare community use, healthcare loyalty, brand identity, and repurchase intention, and were rewritten to fit Tibetan medicine community scenarios (Acar et al., 2024; Banerji & Singh, 2024; Liu et al., 2021; Wang et al., 2023).

A pilot study was conducted before formal data collection. Forty-five questionnaires were distributed to active community users, and 43 valid responses were recovered. The overall Cronbach's alpha was .892, and dimension-level alpha coefficients ranged from .72 to .86. The KMO value was .783, and Bartlett's test was significant, indicating that the data were suitable for factor analysis. Three items with weak or ambiguous loading patterns were revised by simplifying professional medical terms, adding short explanations for Tibetan medicine concepts, and making welfare-operation items more service-oriented.

Data collection and data cleaning: Questionnaires were distributed through WeChat communities with a brief explanation of the study purpose, voluntary participation, and anonymity. Responses were excluded if they met any of the following criteria: completion time below 60 seconds, identical answers across all core items, missing values above 10%, logical contradictions, duplicate responses, or evidence of malicious answering. Control variables

included gender, age, ethnicity, education level, community tenure, and consumption type.

Data analysis:SPSS 26.0 was used for descriptive statistics, reliability testing, exploratory factor analysis, Pearson correlation analysis, and hierarchical regression. PROCESS Model 4 was used to test mediation effects with 5,000 bootstrap samples and 95% confidence intervals. Statistical significance was evaluated at $p < .05$. Multicollinearity was examined through variance inflation factors (VIF), and no serious multicollinearity was detected.

Results

Sample characteristics

Among the 452 valid respondents, 218 were male (48.2%) and 234 were female (51.8%). The dominant age groups were 30-45 years old (34.5%) and 46-60 years old (41.8%), which together accounted for 76.3% of the sample. Tibetan users accounted for 51.3%, Han users for 45.8%, and other ethnic groups for 2.9%. Regarding consumption type, 19.7% purchased Tibetan medicine products only, 14.4% used medical services only, and 65.9% consumed both products and services. This structure is consistent with the long-cycle and combined product-service nature of Tibetan medicine consumption.

Table 1. Descriptive statistics of variables and dimensions (N = 452)

Variable / Dimension	Items	Mean	SD	Result
Private domain traffic operation	16	3.89	0.62	Positive
Content operation	4	3.92	0.65	Positive
Interactive operation	4	3.78	0.68	Weakest dimension
Medical service operation	4	4.03	0.59	Strongest recognition

Welfare operation	4	3.83	0.64	Positive
Brand identity	10	3.95	0.58	Positive
Medical professional identity	5	4.08	0.56	Strongest identity
Tibetan medicine cultural identity	5	3.81	0.63	Relatively weak
User repurchase intention	8	3.87	0.61	Positive
Product repurchase intention	4	3.82	0.65	Positive
Service repurchase intention	4	3.92	0.58	Slightly higher

Reliability and validity

Cronbach's alpha coefficients for all dimensions exceeded .70, showing acceptable internal consistency. The overall alpha values for private domain traffic operation, brand identity, and user repurchase intention were .912, .897, and .884, respectively. The KMO value was .826, and Bartlett's test was significant ($\chi^2 = 3862.453$, $df = 528$, $p < .001$), confirming the suitability of the data for factor analysis. Factor loadings ranged from .542 to .816, and the cumulative variance explained was 62.37%.

The AVE value of Tibetan medicine cultural identity was (.45), while the other dimensions exceeded .50. Because the cultural identity dimension achieved acceptable reliability, showed theoretical relevance, and represented a necessary characteristic of Tibetan medicine, it was retained. However, this marginal convergent validity is acknowledged as a measurement limitation and should be improved in future scale refinement.

Table 2. Reliability test results

Variable / Dimension	Items	Cronbach's α	Evaluation
Private domain traffic operation	16	.912	Excellent
Content operation	4	.835	Good
Interactive operation	4	.789	Good
Medical service operation	4	.856	Good
Welfare operation	4	.812	Good
Brand identity	10	.897	Excellent
Medical professional identity	5	.863	Good
Tibetan medicine cultural identity	5	.773	Acceptable
User repurchase intention	8	.884	Excellent
Product repurchase intention	4	.827	Good
Service repurchase intention	4	.841	Good

Correlation and main-regression effect

Pearson correlation results showed significant positive relationships among the three core variables. Private domain traffic operation was positively correlated with brand identity ($r = .738$, $p < .01$) and user repurchase intention ($r = .702$, $p < .01$). Brand identity had the strongest correlation with repurchase intention ($r = .789$, $p < .01$). VIF values ranged from 2.18 to 2.56, indicating that multicollinearity was not a serious problem.

Regression analysis showed that overall private domain traffic operation had a significant positive effect on user repurchase intention ($\beta = .689$, $t = 13.250$, $p < .001$), supporting H1. Among the four dimensions, medical service operation had the strongest effect, followed by content operation, welfare operation, and interactive operation.

Table 3. Regression effects of operation dimensions on repurchase intention.

Predictor	β	t	p	Evaluation
Content operation	.526	10.124	< .001	Supported
Interactive operation	.413	8.657	< .001	Supported; weakest
Medical service operation	.615	12.891	< .001	Supported; strongest
Welfare operation	.472	9.336	< .001	Supported

Mediation analysis

Bootstrap mediation analysis showed that private domain traffic operation significantly predicted brand identity ($\beta = .724$, 95% CI [.630, .818]), and brand identity significantly predicted repurchase intention ($\beta = .616$, 95% CI

[.504, .728]). The direct effect remained significant ($\beta = .243$, 95% CI [.123, .363]), while the indirect effect through brand identity was also significant ($\beta = .446$, 95% CI [.362, .530]). Thus, brand identity played a partial mediating role. The indirect effect accounted for 64.73% of the total effect, indicating that identity formation is the primary explanatory mechanism.

Table 4. Overall mediation effect of brand identity

Path / Effect	β	95% CI	Result
Private domain operation -> Brand identity	.724	[.630, .818]	Significant
Brand identity -> Repurchase intention	.616	[.504, .728]	Significant
Direct effect	.243	[.123, .363]	Significant
Indirect effect	.446	[.362, .530]	Significant
Total effect	.689	-	Significant

Parallel mediation analysis further showed that both identity dimensions were significant. Medical professional identity had a larger indirect effect ($\beta = .286$, 95% CI [.215, .366]) than Tibetan medicine cultural identity ($\beta = .160$, 95% CI [.095, .236]). The two indirect effects sum to the total indirect effect (.446), indicating internal consistency across the parallel mediation estimates. H4a and H4b are therefore supported.

Table 5. Parallel mediation by identity dimensions.

Mediator	Indirect effect	95% CI	total indirect effect	Result
Medical professional identity	.286	[.215, .366]	64.1%	Significant
Tibetan medicine cultural identity	.160	[.095, .236]	35.9%	Significant
Total indirect effect	.446	[.362, .530]	100%	Significant

Discussion

The findings confirm that private domain traffic operation can significantly increase user repurchase intention in Tibetan medicine WeChat communities. This result is consistent with recent social-media and community-marketing studies showing that repeated digital interaction can strengthen brand relationship quality, trust, and loyalty (Alrwashdeh, 2025; Banerji & Singh, 2024; Ibrahim et al., 2021). However, the healthcare setting changes the meaning of community operation. Users are not simply seeking entertainment or discounts; they expect credible medical guidance, continuity of care, and risk-reducing professional support.

Medical service operation produced the strongest direct effect. This is theoretically reasonable because Tibetan medicine often involves chronic conditioning, medication guidance, physical therapy, and repeated diagnosis. When WeChat communities provide follow-up reminders, medication instructions, health records, and timely consultation arrangements, they reduce users' practical burden and strengthen perceived service continuity. This finding

is consistent with Wang et al. (2023), who emphasized that online healthcare communities improve doctor-patient communication and service procedures.

The mediating role of brand identity is the most important theoretical result. The indirect effect through brand identity was larger than the remaining direct effect, showing that community operation works mainly by transforming operational contact into professional and cultural recognition. This supports recent brand identity research, which argues that identity-related evaluation can influence repurchase intention (Acar et al., 2024). In the healthcare context, the professional identity path is stronger because users must first believe in the qualification, safety, and reliability of the institution before they repeatedly purchase medical products or services (Liu et al., 2021).

Tibetan medicine cultural identity also had a significant mediating effect, but it was weaker than medical professional identity. This result suggests that cultural communication is valuable but currently underdeveloped. Cultural content in WeChat communities should not be limited to symbolic images or festival greetings. It should translate Tibetan medicine philosophy, health-preservation logic, and traditional preparation knowledge into accurate, understandable, and evidence-conscious content. This is especially important for Han users or non-Tibetan users who may not possess prior cultural familiarity. Responsible cultural interpretation can differentiate the institution while avoiding unverified claims (Carlessi, 2024; World Health Organization, 2025).

Interactive operation had the weakest effect among the four operation dimensions. This indicates that existing interaction forms may be too simple, passive, or promotion oriented. Recent research on online repurchase suggests that trust and engagement are stronger when digital communication is relevant, responsive, and credible (Hu et al., 2024; Tarabieh et al., 2024). For Tibetan medicine communities, interaction should be designed around physician Q&A,

user recovery experience, seasonal health topics, and carefully moderated peer support rather than entertainment-style engagement alone.

Recommendation

Hongde Hospital should prioritize medical service operations as the core of its private domain traffic management. Each community should have a clear service process, including chronic disease follow-up reminders, medication guidance, appointment support, post-treatment feedback collection, and referrals to offline consultations when necessary. Medical advice should only be provided by qualified licensed physicians or under professional supervision.

Content operations should be redesigned as a tiered content system. For chronic disease users, content should focus on disease management, medication precautions, and follow-up management; for health and wellness users, content should focus on seasonal health practices, diet, sleep, and mild physical therapy; for non-Tibetan users, cultural explanations should use easily understandable language, avoiding unexplained medical jargon.

Interactive operations should be upgraded from simple message pushes to structured participation. Monthly online doctor Q&A sessions, weekly short consultations, organized experience-sharing topics, and anonymous questions can improve effective user engagement while protecting privacy. Low-pressure interactive methods such as polls, reminders, and short knowledge quizzes should be used to activate inactive users.

Benefit operations should shift from simple product discounts to service-based benefits. Free initial consultations, follow-up coupons, physiotherapy experiences, health assessment packages, and membership points redeemable for medical services are more in line with the medical essence of Tibetan medicine than short-term price promotions.

Cultivating cultural identity should prioritize compliance. Tibetan medical cultural content should emphasize health culture, historical knowledge, and standardized service values, avoiding exaggerated efficacy claims, unsubstantiated claims of effectiveness, and ethnic stereotypes. Cultural dissemination should enhance trust and differentiation, rather than replace medical evidence.

Future research should expand the sample size to include multiple Tibetan medical institutions, compare online and offline community users, incorporate objective repurchase records, and examine whether age, ethnicity, and disease type moderate the relationship between private domain operations, brand identity, and repurchase intention.

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