

The Effect of Customer Expectations, Perceived Value, and Patient Experience on BPJS Patient Satisfaction: The Role of Trust and Social Media Usage

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ABSTRACT

Indonesia's national health insurance program (*Jaminan Kesehatan Nasional/JKN*), managed by *BPJS Kesehatan*, has achieved near-universal coverage with over 276 million participants as of 2024, representing 98.19% of the population. Despite this quantitative success, qualitative challenges persist in achieving satisfactory healthcare experiences, particularly in hospitals primarily serving *BPJS* patients. Common concerns include long waiting times, complex administrative procedures, service disparities compared to private-pay patients, and limited access to specialists. This study investigates how customer expectations, patient experience, and perceived value influence patient satisfaction among *BPJS* participants at RS Indriati Solo Baru. It also examines trust as a mediating variable and social media usage as a moderating factor. Using a quantitative approach with Structural Equation Modeling (SmartPLS), data from 340 *BPJS* patients were analyzed. Findings reveal that customer expectations significantly affect both experience and satisfaction, while patient experience positively influences trust and satisfaction. Perceived value has a strong impact on trust and satisfaction, and trust mediates the relationship between experience and satisfaction. Social media usage directly affects satisfaction, though its moderating role is unsupported. These results validate Expectation Confirmation Theory, SERVQUAL, and trust-based frameworks within Indonesia's health insurance system, offering insights for enhancing service quality, digital engagement, and patient-centered care.

KEYWORDS *perceived value, patient satisfaction, trust, patient experience, social media usage, BPJS*



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INTRODUCTION

Patient satisfaction has become a pivotal indicator in assessing the quality of healthcare services, particularly in the context of universal healthcare systems such as *Indonesia's Jaminan Kesehatan Nasional (JKN)*. As of 2024, more than 276 million Indonesians—equivalent to 98.19% of the population—are registered under *JKN*, demonstrating significant progress toward Universal Health Coverage (UHC). Despite this achievement, public hospitals and healthcare providers continue to face persistent challenges in meeting the expectations of *BPJS* patients, including long wait times, administrative inefficiencies, and limited access to specialist services (Wardani & Guntari, 2024).

At *RS Indriati Solo Baru*, a private hospital serving over 80% of its patients under the *BPJS* program, concerns regarding service quality and equity have become increasingly critical (Untari, 2019). Complaints about slow service, unresponsive staff, and complex referral

procedures suggest that patient satisfaction depends not only on service availability but also on how services are experienced (Harrison, Walton, Healy, Smith-Merry, & Hobbs, 2016). These observations align with previous studies indicating that beyond clinical outcomes, patients' perceptions of value, expectation fulfillment, and emotional experiences strongly determine satisfaction levels (El-Haddad, Hegazi, & Hu, 2020).

Perceived value—encompassing functional, emotional, and social benefits relative to sacrifices made—has emerged as a central construct in service evaluation (Blut, Chaney, Lunardo, Mencarelli, & Grewal, 2024). When patients perceive that healthcare benefits outweigh financial, emotional, or temporal costs, they tend to express higher satisfaction and loyalty (Meesala & Paul, 2018). Similarly, customer expectations, shaped by prior experiences and social influence, serve as benchmarks against which actual service is evaluated (Gao, Melero-Polo, & Sese, 2020). Patient experience, reflecting the totality of interactions within the healthcare system, is closely associated with satisfaction, trust, and sustained engagement (Larson, Sharma, Bohren, & Tunçalp, 2019).

In high-involvement and emotionally sensitive sectors such as healthcare, trust functions as an essential mediating factor (Mehmood, Macky, & Le Fevre, 2023). A patient's trust in medical personnel and hospital systems enhances satisfaction, compliance, and perceived care quality (Shan et al., 2016). Moreover, in the digital era, hospitals increasingly leverage social media platforms to communicate, educate, and engage with patients (Gupta, Murty, & Venugopal, 2024). Social media can serve as both a bridge and a barrier—it may enhance transparency and relationships but can also distort perceptions if poorly managed (Lovari & Bowen, 2020).

While prior research has examined perceived value, expectations, and experience as separate satisfaction determinants, few studies have integrated these variables with trust as a mediator and social media usage as a moderator—particularly among *BPJS* patients in Indonesia (Ratnawati, Mislana Cokrohadisumarto, & Kholis, 2021). This study addresses that gap by investigating how these variables jointly affect patient satisfaction at *RS Indriati Solo Baru* (Widiastuti, Indartono, & Sa'adah, 2024). The research is grounded in Expectation Confirmation Theory and the SERVQUAL model, providing robust frameworks for evaluating healthcare service quality (AlOmari, 2021).

The study aims to comprehensively examine *BPJS* patient satisfaction determinants by integrating cognitive, experiential, relational, and digital dimensions within a unified theoretical model (Sukmawati & Pebrianti, 2024). Specifically, the objectives are: (1) to analyze how customer expectations influence patient experience and satisfaction; (2) to assess the impact of patient experience on trust and satisfaction; (3) to evaluate the role of perceived value in shaping trust and satisfaction; (4) to test the mediating function of trust between experience, perceived value, and satisfaction; and (5) to determine whether social media usage moderates the relationship between perceived value and satisfaction.

This research contributes theoretically by synthesizing Expectation Confirmation Theory, SERVQUAL, trust-commitment, and digital engagement frameworks into a cohesive model suited to *Indonesia's universal healthcare context* (Nuru, 2024). The integration of social media as a moderating variable introduces a novel approach to patient satisfaction research in developing nations, highlighting the growing significance of digital health communication (Manzoor, Wei, Hussain, Asif, & Shah, 2019). Practically, the findings offer

actionable insights for hospital administrators at *RS Indriati Solo Baru* and similar institutions serving *BPJS* populations (Werang & Ine, 2024). By identifying key satisfaction determinants, hospital management can better allocate resources, refine service protocols, enhance staff training, and optimize digital engagement strategies (Almogry et al., 2024).

Furthermore, this study supports *BPJS Kesehatan's* policy objectives to strengthen service quality and patient-centered care within *Indonesia's national health insurance system*. It provides empirical evidence for improving quality assurance standards and provider performance evaluations (Patyal & Koilakuntla, 2017). Methodologically, the study employs Partial Least Squares Structural Equation Modeling (PLS-SEM), a robust analytical approach suitable for complex models with multiple mediating and moderating relationships, and replicable for future healthcare research (Kabongo & Mbonigaba, 2024).

RESEARCH METHOD

This study employed a quantitative and explanatory research design to investigate the causal relationships among customer expectations, perceived value, patient experience, trust, social media usage, and patient satisfaction in the context of *Indonesia's national health insurance program (BPJS)*. The research was conducted at *RS Indriati Solo Baru*, a private hospital located in Sukoharjo, Central Java, which serves a predominantly *BPJS*-insured patient population. The use of a cross-sectional survey design allowed the researchers to collect data at a single point in time, focusing on patients' perceptions and experiences following their recent interactions with the hospital.

To ensure data relevance and validity, a purposive sampling technique was adopted. Participants were selected based on specific inclusion criteria: they had to be 18 years of age or older, currently registered as active *BPJS* participants, have accessed services at *RS Indriati Solo Baru* within the last six months, and have interacted with or followed the hospital's official social media accounts. A total of 314 valid responses were collected for analysis, combining both online (via WhatsApp and Google Forms) and offline (paper-based questionnaires distributed in outpatient service areas) data collection methods.

The questionnaire was structured into two major sections. The first section captured demographic information such as age, gender, education, frequency of hospital visits, and social media engagement. The second section consisted of closed-ended statements designed to measure each research variable. All items used a five-point Likert scale ranging from 1 ('strongly disagree') to 5 ('strongly agree').

Tabel 1. Operationalization of variables and measurement indicators

Construct	Number of Items	Source
Customer Expectations	5 items	Oliver (1980); Rastogi & Sharma (2021)
Patient Experience	19 items	Parasuraman et al. (1985); Zhang et al. (2024)
Perceived Value	4 items	Sweeney & Soutar (2001); Chang et al. (2023)
Trust	4 items	Morgan & Hunt (1994); Doney & Cannon (1997)
Social Media Usage	4 items	Uzir et al. (2020)
Patient Satisfaction	4 items	Zeithaml et al. (1996); Rao et al. (2025)

The collected data were analyzed using the Partial Least Squares Structural Equation Modeling (PLS-SEM) technique via SmartPLS version 4. This method is widely recommended

for studies aiming to predict complex variable relationships and for theory testing, particularly in social science research with relatively small to medium sample sizes (Hair et al., 2021). The data analysis process involved two major stages. The first stage focused on evaluating the measurement model, which included tests for indicator reliability (outer loadings > 0.7), convergent validity (Average Variance Extracted or AVE > 0.5), internal consistency reliability (Composite Reliability > 0.7), and discriminant validity using both the Fornell-Larcker criterion and the Heterotrait-Monotrait (HTMT) ratio. The second stage assessed the structural model by examining the path coefficient significance using bootstrapping (5000 samples), the coefficient of determination (R^2), effect size (f^2), predictive relevance (Q^2), and conducted moderation and mediation analyses.

In terms of ethical compliance, all respondents provided informed consent prior to participation. They were assured that their involvement was voluntary and that their personal information would be kept anonymous and confidential. This study received ethical clearance and official approval from the academic supervisor and the hospital's senior management to ensure alignment with ethical standards in healthcare and social research.

RESULTS AND DISCUSSION

Respondent Profile

The demographic profile of the respondents provides an overview of the population involved in this study, which consisted of 314 BPJS patients who visited RS Indriati Solo Baru. The respondents represented various backgrounds in terms of gender, age, education, and digital engagement. The detailed distribution is shown below:

Tabel 2. Respondent Profile

Demographic Variable	Category	Frequency	Percentage
Gender	Male	100	31.8%
	Female	214	68.2%
Age	< 18 years	61	19.4%
	26–35 years	99	31.5%
	36–45 years	79	25.2%
	46–55 years	34	10.8%
	> 56 years	41	13.1%
Education Level	Junior High School	17	5.4%
	Senior High School	101	32.2%
	Diploma/Bachelor (D3/S1)	175	55.7%
	Master (S2)	7	2.2%
	Others	14	4.5%
Visit Frequency	First time	56	17.8%
	2–3 times	112	35.7%
	> 3 times	146	46.5%
How they know RS Indriati	Family/Friends	248	79.0%
	Social Media	32	10.2%
	Website	10	3.2%
	Print Media	3	1.0%
	Others	21	6.7%
Main Purpose of Visit	Outpatient	182	58.0%
	Inpatient	98	31.2%
	Lab/Radiology	28	8.9%

Demographic Variable	Category	Frequency	Percentage
	Vaccination	4	1.3%
	Others	2	0.6%
Health Insurance Used	BPJS Kesehatan	313	99.7%
	Self-funded	1	0.3%
Social Media Access Frequency	Never	0	0%
	Rarely	61	19.4%
	Sometimes	101	32.2%
	Often	112	35.7%
	Very Often	40	12.8%
Social Media Accessed	Facebook	8	2.5%
	Instagram	246	78.3%
	TikTok	12	3.8%
	YouTube	5	1.6%
	WhatsApp Business	43	13.7%

The respondent profile reveals that the sample was predominantly female (68.2%) and largely concentrated in the productive age groups of 26–45 years (56.7%), indicating active health service utilization. Most respondents had at least a high school education, with a majority holding a diploma or bachelor's degree (55.7%), which reflects a reasonably educated sample capable of evaluating service quality.

The majority of patients were repeat visitors, with 82.2% having visited the hospital more than once. This supports the inclusion of patient experience as a central variable in this study. The fact that 79% of respondents learned about the hospital through personal recommendations highlights the role of word-of-mouth in shaping patient expectations and trust. Outpatient services were the most common reason for hospital visits (58%), and nearly all respondents used BPJS insurance (99.7%), which aligns with the study's focus on public health service users.

From a digital behavior standpoint, 81.1% of respondents reported at least occasional engagement with the hospital's social media platforms, especially Instagram (78.3%). This high level of online engagement underscores the relevance of investigating social media usage as a moderating variable in this study.

Measurement Model Evaluation

Before proceeding with hypothesis testing in the structural model, it is crucial to ensure that the measurement model satisfies the requirements of validity and reliability. This process involves evaluating several statistical indicators: indicator reliability (outer loadings), convergent validity (AVE), internal consistency (Cronbach's Alpha and Composite Reliability), discriminant validity (Fornell-Larcker and HTMT criteria), and multicollinearity (VIF values).

1. Indicator Reliability and Outer Loadings

Indicator reliability is confirmed when each observed variable (indicator) has a strong loading on its respective latent construct. According to Hair et al. (2021), outer loading values above 0.70 are considered strong, although in exploratory research, values between 0.60 and 0.70 are still acceptable. In this study, all indicators exceeded the 0.70 threshold, affirming that each item reliably measures its designated latent construct.

2. Convergent Validity (AVE)

Convergent validity refers to the extent to which indicators of a specific construct converge or share a high proportion of variance. It is assessed through the Average Variance Extracted (AVE), where a value of ≥ 0.50 is considered acceptable. As shown in Table 4.1, all constructs include Customer Expectations, Patient Experience, Perceived Value, Trust, Social Media Usage, and Patient Satisfaction exceeded the 0.50 threshold. For instance, AVE values were recorded at 0.806 for Customer Expectations and 0.750 for Patient Experience, indicating a high level of shared variance among indicators within each construct.

3. Internal Consistency Reliability

Internal consistency was measured using both Cronbach’s Alpha and Composite Reliability (CR). Cronbach’s Alpha reflects the degree to which items within a scale are correlated, while Composite Reliability offers a more precise reliability estimate by considering the different loadings of each item. All constructs reported Cronbach’s Alpha values ranging from 0.867 to 0.981, well above the 0.70 minimum standard. Composite Reliability values ranged from 0.919 to 0.983, confirming the consistency and reliability of the instruments used. These findings suggest that the scales are highly consistent and capable of producing reproducible results.

4. Discriminant Validity

Discriminant validity ensures that constructs that are supposed to be unrelated are, in fact, distinct. Two methods were applied: the **Fornell-Larcker Criterion** and the **Heterotrait-Monotrait (HTMT) Ratio**.

- Using the **Fornell-Larcker Criterion**, the square root of AVE for each construct was greater than the correlations with other constructs, satisfying the criterion.
- **HTMT values** for all construct pairs were below the conservative threshold of 0.90, ranging from 0.601 to 0.846, which confirms that each construct is empirically distinct from the others. This provides strong evidence that no construct overlaps conceptually with another.

Tabel 3. Measurement Model

Construct	AVE	Cronbach’s Alpha	Composite Reliability	Discriminant Validity (HTMT)
Customer Expectations	0.806	0.880	0.926	< 0.90
Patient Experience	0.750	0.981	0.983	< 0.90
Patient Satisfaction	0.791	0.867	0.919	< 0.90
Perceived Value	0.797	0.914	0.940	< 0.90
Social Media Usage	0.744	0.885	0.920	< 0.90
Trust	0.802	0.876	0.924	< 0.90

Structural Model and Hypothesis Testing

This section evaluates the structural model by analyzing the significance of the hypothesized relationships among latent variables. The analysis includes path coefficients, t-statistics, p-values, coefficient of determination (R^2), and effect size (f^2). It also covers the results of moderation and mediation analysis.

Table 4 presents the results of hypothesis testing for the structural model. Each hypothesis represents a direct relationship between latent variables. All path coefficients (β) were statistically significant ($p < 0.05$), except for the moderation effect of Social Media Usage

on the relationship between Perceived Value and Patient Satisfaction. This suggests that Social Media Usage does not moderate that specific relationship, while all other direct paths are supported.

Table 4. Results of Hypothesis Testing

Hypothesis Description	Path	β	T-Statistic	P-Value	Conclusion
Customer Expectations positively affect Patient Experience	CE → PE	0.712	25.744	0.000	Supported
Customer Expectations positively affect Patient Satisfaction	CE → PS	0.223	4.169	0.000	Supported
Patient Experience positively affects Patient Satisfaction	PE → PS	0.156	2.298	0.022	Supported
Patient Experience positively affects Trust	PE → Trust	0.469	8.982	0.000	Supported
Perceived Value positively affects Trust	PV → Trust	0.386	7.205	0.000	Supported
Perceived Value positively affects Patient Satisfaction	PV → PS	0.213	3.167	0.002	Supported
Trust positively affects Patient Satisfaction	Trust → PS	0.179	2.797	0.005	Supported
Social Media Usage positively affects Patient Satisfaction	SMU → PS	0.187	3.608	0.000	Supported
Social Media Usage moderates the effect of Perceived Value on Patient Satisfaction	PV × SMU → PS	0.026	1.026	0.306	Not Supported

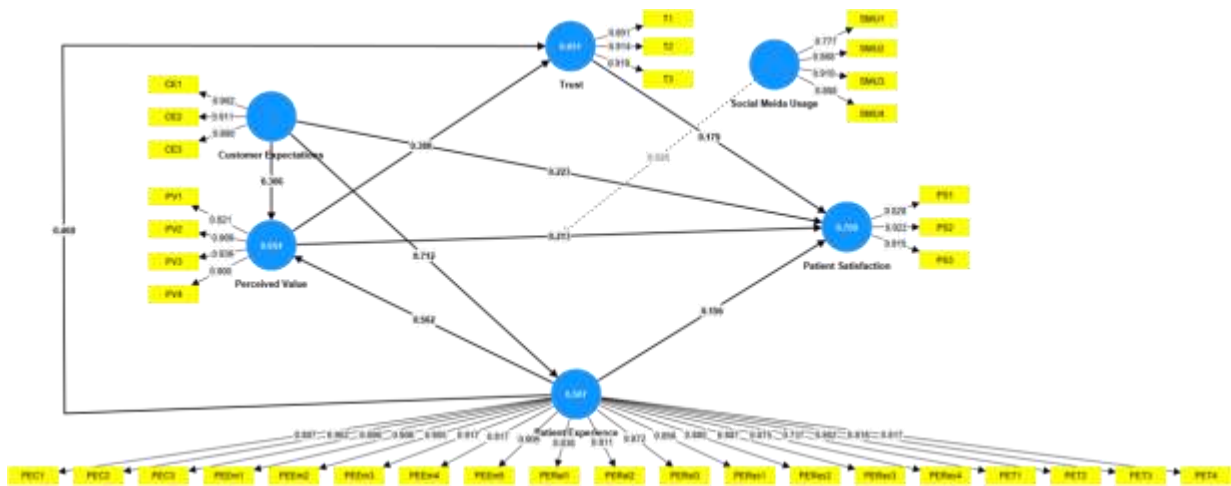


Figure 1. Conceptual Framework

Table 5 displays the coefficient of determination (R^2) for each endogenous variable in the model. The R^2 values show the proportion of variance in the dependent variables explained by the independent variables. Patient Satisfaction had the highest R^2 value of 0.700, indicating that the model explains 70% of the variance in patient satisfaction.

Table 5. Coefficient of Determination (R^2)

Endogenous Variable	R^2 Value	Interpretation
Patient Satisfaction	0.700	Strong
Trust	0.651	Strong
Perceived Value	0.654	Strong
Patient Experience	0.507	Moderate to Strong

Table 6 outlines the effect size (f^2) of each predictor variable on its respective outcome variable. Effect size provides an estimate of the relative impact of one construct on another. The largest effect was found in the relationship between Customer Expectations and Patient Experience ($f^2 = 1.030$), indicating a very large effect. Most other relationships showed small to medium effect sizes, while the moderation path had a negligible effect.

Table 6. Effect Size (f^2)

Relationship	f^2 Value	Effect Size
Customer Expectations → Patient Experience	1.030	Very Large
Customer Expectations → Patient Satisfaction	0.088	Small
Patient Experience → Patient Satisfaction	0.042	Small
Patient Experience → Trust	0.247	Medium
Perceived Value → Trust	0.168	Medium
Perceived Value → Patient Satisfaction	0.042	Small
Trust → Patient Satisfaction	0.037	Small
Social Media Usage → Patient Satisfaction	0.045	Small
PV × SMU → Patient Satisfaction	0.003	Negligible

Discussion of Research Findings

This section elaborates on the key findings of the structural model evaluation by interpreting the significance and implications of each relationship between variables. The results not only confirm theoretical expectations but also offer practical insights for improving healthcare service delivery, especially for BPJS patients in Indonesia.

The significant effect of customer expectations on patient experience ($\beta = 0.712$, $p < 0.001$) supports the Expectation Confirmation Theory by Oliver (1980), which states that when services meet or exceed expectations, they positively influence perceived experience. In healthcare settings, expectations are often shaped by prior visits, reputation, or recommendations. As found in this study, BPJS patients who expect quick service, friendliness, and professionalism tend to report better experiences when those expectations are realized. This is in line with Zeithaml et al. (1996), who argued that managing and aligning customer expectations is key to shaping perceptions of service quality. Moreover, the strong influence also suggests that BPJS patients are increasingly critical and informed, and come to the hospital with clear standards of what constitutes quality care.

The study also shows that customer expectations significantly influence patient satisfaction ($\beta = 0.223$, $p < 0.001$), reinforcing findings from Rastogi and Sharma (2021) and Rao et al. (2025), who argue that initial expectations are a strong cognitive benchmark for determining satisfaction levels. When expectations are not fulfilled—such as long queues or lack of clarity in the referral process—patients tend to report dissatisfaction, as also supported by field observations (Ningtias, 2022). Therefore, hospitals should consistently communicate realistic service standards and proactively address common misconceptions to avoid expectation gaps.

Next, the relationship between patient experience and patient satisfaction ($\beta = 0.156$, $p = 0.022$) reinforces the importance of perceived experience during care episodes. The SERVQUAL model by Parasuraman et al. (1988) underscores that dimensions such as empathy, reliability, and responsiveness are central to service evaluation. Zhang et al. (2024) found that aspects like clear communication, physical comfort, and emotional reassurance significantly impact how patients internalize their experience, which in turn affects their satisfaction. In this study, the emotional tone of patient-staff interaction played a vital role, especially for BPJS patients who often have prior experiences in both public and private hospitals.

The strong impact of patient experience on trust ($\beta = 0.469$, $p < 0.001$) confirms the assertion of Morgan and Hunt (1994) in their Commitment-Trust Theory that trust develops from positive, consistent interactions. Patients build trust not only based on clinical competence but also through feelings of being valued and respected. King et al. (2022) and McKee et al. (2024) argue that trust serves as a long-term bond that ensures continuity of care, particularly in public health systems like JKN where personal choice is limited.

The relationship between perceived value and trust ($\beta = 0.386$, $p < 0.001$), and between perceived value and satisfaction ($\beta = 0.213$, $p = 0.002$), aligns with findings by Sweeney and Soutar (2001) and Qin et al. (2019). Patients tend to assess the overall worth of their healthcare experience not only based on clinical outcomes but also on whether they feel the effort, time, and cost were justified. In the context of BPJS, while patients may not bear direct costs, their perception of value includes time efficiency, emotional burden, and service accessibility. He

(2024) also noted that perceived fairness and transparency in service provision significantly enhance trust, particularly in regulated insurance systems.

Trust also positively affects patient satisfaction ($\beta = 0.179$, $p = 0.005$). This finding resonates with Akthar et al. (2023) and Tur-Sinai et al. (2021), who highlight the mediating role of trust in healthcare evaluations. In uncertain environments such as hospitals, trust provides psychological assurance that care is appropriate, ethical, and competent. The more patients trust the institution and its staff, the more forgiving they become of minor service lapses.

Another interesting finding is the significant effect of social media usage on patient satisfaction ($\beta = 0.187$, $p < 0.001$). In the digital age, patients increasingly engage with healthcare providers through online platforms. Uzir et al. (2020) and De Martino et al. (2017) found that hospitals with active social media presence tend to be perceived as more transparent, modern, and responsive. For RS Indriati Solo Baru, its active Instagram account and WhatsApp Business line likely helped reduce patient uncertainty, provided timely information, and built emotional connection with the public.

However, the moderating effect of Social Media Usage on the relationship between Perceived Value and Patient Satisfaction was not statistically significant ($\beta = 0.026$, $p = 0.306$). This implies that, although social media plays a role in directly enhancing satisfaction, it does not significantly alter how patients perceive the value of their healthcare in relation to their satisfaction. This aligns with findings by Serrano-Guerrero et al. (2024), who argued that the quality and intent of digital interaction—rather than mere presence—determines its effect on value perception. Similarly, Abu-Naser et al. (2023) found that Social Media Usage failed to significantly moderate the relationship between perceived website value and motivational outcomes in the context of sustainable travel services, suggesting that digital platforms do not always influence value-based evaluations. Supporting this, a recent study from Bangladesh also concluded that the interaction between Perceived Value and Social Media Usage did not significantly impact Customer Satisfaction, reinforcing the notion that digital engagement must be meaningful and contextually relevant to have a measurable effect. These findings highlight the importance of evaluating not just the frequency or availability of social media interactions, but the depth and quality of digital experiences in shaping patient perceptions and satisfaction.

In summary, the findings validate several theoretical frameworks, including Expectation Confirmation Theory (Oliver, 1980), the SERVQUAL model (Parasuraman et al., 1988), and Trust Theory (Morgan and Hunt, 1994). Patient experience and trust serve as central mediators in the model, linking structural quality perceptions with outcome satisfaction. The study also highlights the growing relevance of digital communication in shaping healthcare perceptions, even though its interaction effects remain context-dependent. These results provide valuable implications not only for academic discourse but also for practical service improvement in the BPJS healthcare ecosystem.

Managerial Implications

The findings of this study offer several practical implications for hospital managers, particularly in healthcare institutions serving BPJS patients such as RS Indriati Solo Baru. As patient satisfaction is influenced by a combination of expectations, perceived value, patient

experience, trust, and social media engagement, hospital administrators must adopt a holistic approach in improving service delivery and communication strategies.

First, the strong influence of customer expectations on both patient experience and satisfaction implies that managing expectations is critical. Hospital managers should ensure that patients receive clear and consistent information regarding procedures, waiting times, service limitations, and available facilities before they arrive at the hospital. This can be achieved through pre-visit communication via digital platforms, informational brochures, or waiting room screens. By aligning service delivery with what patients anticipate, hospitals can reduce dissatisfaction stemming from unmet expectations.

Second, since patient experience significantly affects both satisfaction and trust, hospitals must invest in improving the quality of every interaction along the patient journey. This includes front-office responsiveness, nurse and doctor communication styles, privacy protection, and comfort during waiting and treatment. Hospitals should train their staff regularly on empathetic communication, patient-centered care, and complaint handling. Managers may also implement tools for tracking patient experience in real time, such as post-visit surveys or digital feedback kiosks, to identify gaps and take prompt corrective actions.

Third, the confirmed role of perceived value in shaping both trust and satisfaction emphasize the need for hospitals to continuously improve service efficiency, fairness, and emotional value. Even though BPJS patients do not pay directly for services, their perception of whether the service is “worth it” is shaped by non-monetary factors such as time spent, emotional stress, and clarity of procedures. Managers should simplify administrative processes, reduce waiting times, and ensure transparent communication to strengthen the perceived value of services.

Fourth, trust was found to be a key driver of satisfaction, highlighting the importance of building long-term patient relationships. Hospitals must demonstrate integrity, competence, and care consistency to earn and maintain patient trust. Managerial efforts should focus on continuity of care, patient involvement in decision-making, and transparent medical communication. Ensuring that patients feel safe, respected, and informed at every step of their care journey contributes significantly to trust formation.

Fifth, the significant direct influence of social media usage on satisfaction reveals the growing importance of digital engagement. Hospital managers should leverage social media not just as a promotional tool, but as a service interface—providing educational content, real-time updates, appointment instructions, and responses to inquiries. By establishing a responsive and professional online presence, hospitals can foster positive digital experiences that complement in-person services.

Lastly, although the moderating effect of social media usage was not significant in this study, its role as a communication and trust-building tool remains valuable. Hospitals should segment their social media content to address different patient demographics, including youth, elderly, and caregivers, and evaluate content effectiveness regularly. Engagement metrics such as comments, shares, and response time can guide ongoing strategy development.

Theoretical Contributions and Research Limitations

This study contributes to the academic discourse on patient satisfaction by combining several theoretical frameworks—namely, Expectation Confirmation Theory, the SERVQUAL

model, and trust-based behavioral theories—within the context of public healthcare services under the BPJS system in Indonesia. While these theories have been applied extensively in various service industries, their application in subsidized healthcare settings remains relatively limited. By exploring how customer expectations, patient experience, perceived value, and trust interact to influence satisfaction, this research extends the relevance of these models to a more complex and regulated service environment.

The integration of trust as a mediating variable provides further insight into the mechanisms through which experience and perceived value affect satisfaction. Trust plays a central role in shaping how patients interpret their interactions with healthcare providers, especially when financial constraints or systemic limitations are involved. In this study, trust not only emerged as a direct influencer of satisfaction but also as a relational bridge connecting service delivery elements to final patient perceptions.

In addition, this study includes social media usage as a variable relevant to the digital era of healthcare. Although its role as a moderating variable was not statistically significant, its direct influence on satisfaction was validated. This finding underscores the growing role of digital communication in enhancing transparency, accessibility, and responsiveness within healthcare institutions. Patients increasingly rely on online platforms not only for information but also for emotional support and perceived institutional credibility.

The concept of perceived value is also expanded through this research. Rather than focusing solely on economic cost, the study highlights how patients—particularly those under a universal coverage scheme like BPJS—evaluate value based on time efficiency, emotional burden, administrative clarity, and overall fairness. This multidimensional view of value broadens the theoretical understanding of what drives satisfaction in a non-commercial healthcare context.

Despite these contributions, this study has several limitations. The use of a cross-sectional design limits the ability to assess changes in perception over time. Longitudinal studies would provide deeper insight into how repeated interactions or long-term care trajectories affect satisfaction and trust. Another limitation lies in the focus on a single institution—RS Indriati Solo Baru—which may limit the generalizability of the results. While the hospital represents a relevant BPJS service provider, findings may differ in public hospitals or in other regions with different demographics and operational characteristics.

The reliance on self-reported survey data may introduce bias due to social desirability or limited self-awareness among respondents. Complementary qualitative approaches such as interviews or patient shadowing could provide more nuanced data. Furthermore, while social media was included as a variable, this study did not differentiate between the types of platforms used or levels of engagement. Future research could explore how specific platforms, types of content, or interaction frequency influence satisfaction, especially among different demographic groups.

CONCLUSION

Patient satisfaction among BPJS participants at RS Indriati Solo Baru emerges as a multifaceted construct shaped by customer expectations, patient experience, perceived value, and trust, with social media usage exerting a significant direct influence. The study demonstrates that alignment between healthcare service delivery and patient expectations

enhances both experience and satisfaction, while a positive experience and strong perceived value foster trust, which in turn sustains long-term patient-provider relationships. Although social media engagement contributes to satisfaction through improved communication and transparency, its effect is independent rather than moderating. These findings affirm the relevance of Expectation Confirmation Theory, SERVQUAL, and trust-based frameworks within Indonesia's universal healthcare system, emphasizing that satisfaction improvement requires an integrated approach addressing cognitive, experiential, relational, and digital dimensions. For future research, longitudinal studies are suggested to examine changes in patient trust and satisfaction over time, alongside broader investigations across public hospitals and Puskesmas to enhance generalizability. Further exploration of the quality and content of social media interactions, as well as potential moderating variables such as health literacy, patient involvement, and cultural influences, could yield deeper insights into the determinants of patient satisfaction within Indonesia's subsidized health insurance framework.

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