Eduvest – Journal of Universal Studies
Volume 6 Number 8, August, 2026
p- ISSN 2775-3735- e-ISSN 2775-3727

A Differentiation-Based Brand Image Strategy to Increase the Number of Non-BPJS Patients at A Private Hospital in Jember

Annisa Camalia Anjani*, Bambang Iskandriawan
Institut Teknologi Sepuluh Nopember, Indonesia
Email: Annisacamalia01@gmail.com*, bisk@its.ac.id

Keywords
Brand Image; Private Hospital, Design Thinking; Qualitative

ABSTRACT
Private hospitals in Indonesia face a dual challenge: serving a high proportion of BPJS patients while maintaining organizational sustainability through services for non-BPJS patients. However, negative public perceptions of the BPJS system may affect a hospital's brand image and obscure its differentiation in the minds of consumers. This study formulates a differentiation-based brand image strategy to increase non-BPJS patient utilization at Private Hospital X in Jember—a Type C hospital with approximately 80% of its patients covered by BPJS—using the Double Diamond Design Thinking framework. Employing a qualitative case study approach, data were collected from internal stakeholders through in-depth interviews, digital observation, and document analysis. Thematic analysis identified key themes related to determinants of hospital selection, internal challenges in brand image management, and potential differentiation strategies. Strategic recommendations were developed through market segmentation, the formulation of Points-of-Parity (POP) and Points-of-Difference (POD), a desired brand image framework, and the implementation of the 7Ps Marketing Mix. The findings reveal that non-BPJS patients are predominantly price-sensitive consumers who prioritize value for money, while the hospital's internal challenges include limited human resource competencies and an unstructured branding system. The study concludes that Hospital X possesses strong functional and symbolic advantages, including humanistic service, affordable pricing, and a wide range of non-BPJS services, but requires a more strategic communication approach to strengthen its differentiation. This research contributes an applied strategic framework to support managerial decision-making for the development of non-BPJS services within the field of Strategic Brand Management.

INTRODUCTION

Hospital X in Jember, a Type C private hospital with Plenary accreditation, faced a critical challenge in managing its brand image. Since its establishment in 2003, the hospital had built its identity around affordability and accessibility, serving the people of Jember under the motto "Senyum Cepat, Murah Bermutu" ("Quick Service, Affordable Quality"). However, data from 2021 to October 2025 showed that approximately 80% of its outpatient and inpatient services were provided to BPJS patients. This proportion far exceeded the minimum 40% requirement established by the Indonesian Ministry of Health, placing the hospital in a vulnerable position in which negative public perceptions of the BPJS system could adversely affect its brand image (Bazyar et al., 2021; Kurniati et al., 2021; Ratnawati et al., 2021; Yanuarista et al., 2026).

\

Indonesia’s National Health Insurance (Jaminan Kesehatan Nasional [JKN]) program, administered by BPJS Kesehatan, was introduced to achieve universal health coverage by ensuring equitable access to quality healthcare services regardless of socioeconomic status (Syarif et al., 2022). Although the program substantially expanded access to healthcare, its implementation has encountered operational challenges. Public discussions on digital platforms frequently highlighted concerns regarding long waiting times, complex referral procedures, heavy workloads for healthcare professionals, and financial pressures experienced by hospitals in balancing their social obligations with organizational sustainability. These perceptions have spread widely through social media and have increasingly shaped public opinions of hospitals closely associated with BPJS services (Asiye, 2025; Binsar et al., 2024; Permana et al., 2021; Praminia et al., 2026).

In addition to digital media, perceptions are reinforced through interpersonal communication within families, neighborhoods, workplaces, and communities. Patients often make healthcare decisions based on information received from trusted social networks before verifying the actual quality of services (Cham et al., 2020). This phenomenon aligns with the principle that, in consumer decision-making, perceived service quality often exerts greater influence than objective service performance (Keller & Swaminathan, 2019). Consequently, hospitals strongly associated with BPJS services are particularly vulnerable to generalized perceptions that may not accurately reflect the quality of care they provide (Couturier et al., 2022; Ratnawati & Kholis, 2020; Rumambi et al., 2025; Sitompul et al., n.d.).

As a Type C private hospital with Plenary accreditation, Hospital X exemplified this challenge. Between 2021 and October 2025, approximately 80% of its patients were BPJS beneficiaries. While this reflected the hospital's longstanding commitment to serving the community, it also increased the likelihood that the hospital would be perceived primarily as a BPJS provider. As a result, the hospital's image shifted from being recognized as an affordable healthcare provider to being perceived as a "low-cost" hospital, a characterization that did not accurately represent the quality and scope of its services.

This issue directly affected the core identity of Hospital X. Since its establishment, the hospital had emphasized affordability, accessibility, and service quality for the people of Jember, particularly those from middle- and lower-income groups. However, this commitment was increasingly interpreted as an indication of inferior quality rather than value-oriented healthcare, creating a disconnect between the hospital's intended identity and public perception.

Hospital X offered 26 healthcare services, including 12 services not covered by BPJS that represented important opportunities for revenue generation and strategic differentiation. These services provided additional value through enhanced comfort, facilities, and patient experience, enabling patients to choose premium service options at competitive prices compared with other private and public hospitals in Jember Regency. However, these advantages had not been communicated effectively. Marketing activities primarily focused on disseminating service information and following current social media trends rather than consistently emphasizing the hospital's unique value propositions. Consequently, the hospital was more widely recognized as a BPJS provider than as a healthcare institution offering diverse, affordable, and competitive non-BPJS services.

Several previous studies have examined brand image and patient decision-making in Indonesian hospitals. Afiana et al. (2025) found a significant relationship between brand image

and non-BPJS patients' decision-making in Semarang, demonstrating that hospital reputation directly influenced patient choice. Ariyah (2024) reported that brand image significantly affected patients' decisions when selecting inpatient services at a regional hospital in Riau Province. Astiti and Ilyas (2021) investigated the implementation of the marketing communications mix in a private hospital during the COVID-19 pandemic and emphasized the importance of consistent communication in maintaining patient trust. Astriani et al. (2026) found that service quality and pricing significantly influenced non-BPJS patients' interest in hospital services. Cham et al. (2016, 2020) highlighted the importance of perceived quality and trust in strengthening hospital brand image and patient loyalty within the context of medical tourism. Chendra and Mulyanti (2023) identified the dual challenge faced by private hospitals in balancing services for BPJS participants with financial sustainability. Amelia et al. (2024) demonstrated that brand positioning and trust mediated the relationship between digital marketing communication and patient loyalty.

Several research gaps motivated this study. First, although previous studies have extensively examined patient satisfaction and service quality, relatively few have focused on brand image management in private hospitals dominated by BPJS patients. Second, most existing studies have adopted the perspective of patients, with limited attention given to how internal stakeholders—including hospital management, staff, and owners—understand, develop, and position the hospital's brand image. Third, prior research has primarily been conducted in large metropolitan areas with relatively abundant healthcare resources, providing limited insight into the challenges faced by hospitals in smaller cities such as Jember. Fourth, existing studies have generally examined service quality improvement and branding strategies separately rather than integrating them within a comprehensive Strategic Brand Management framework. Finally, the application of Design Thinking, particularly the Double Diamond framework, to healthcare branding in Indonesian private hospitals remains largely unexplored.

The novelty of this study lies in integrating three elements that have rarely been examined simultaneously: a qualitative case study approach, a strategic brand management perspective, and data obtained directly from internal hospital stakeholders. Building on recent literature, this study explored how internal stakeholders understood, developed, and strategically positioned the hospital's brand image within the context of a private hospital in a smaller city where BPJS patients constituted the majority of service users.

Based on these circumstances, Hospital X required a differentiation-based brand image strategy capable of identifying, strengthening, and communicating its unique competitive advantages more effectively. As an applied study, this research focused on developing strategic recommendations from the perspective of internal stakeholders. The proposed strategy is expected to provide a practical framework for increasing the utilization of non-BPJS services while strengthening the hospital's competitive brand position within the healthcare market of Jember Regency.

METHOD

Research Design

This study employed a qualitative approach with a single-case study design (Yin, 2018) to explore and formulate a differentiation-based brand image strategy for Hospital X in Jember. A single-case study was selected because it enabled an in-depth examination of brand image

\

management within the hospital's organizational context. The case was considered appropriate due to the hospital's distinctive characteristics as a private hospital in a smaller city, where approximately 80% of patients were BPJS beneficiaries. The study focused on strategy formulation from the perspective of internal stakeholders, providing contextual insights into how they understood, developed, and positioned the hospital's brand image.

Data Collection Techniques

In the discovery stage, the researcher uses secondary data and primary data. Secondary data was obtained from internal hospital documents, annual reports, and previous research relevant to brand image management and differentiation of private hospitals. Primary data were collected through in-depth interviews with a qualitative approach to internal stakeholders using nonprobability purposive sampling based on the power-interest matrix. Stakeholder mapping using *the stakeholder theory model* from the book *Strategic Management: A Stakeholder Approach* by R. Edward Freeman (1984) divides stakeholders into four quadrants—*Manage Closely, Keep Satisfied, Keep Informed,* and *Monitor*—based on the level of influence and authority. This step ensures that the selected speakers truly describe the organizational structure in the formation of *the brand image.*

Data Processing and Analysis Techniques

In the *Define* stage, qualitative data obtained from in-depth interviews are analyzed using *Thematic Analysis* to identify patterns, themes, and meanings that represent internal conditions and challenges in *brand image management* in the digital era. The data analysis process was carried out manually by the researcher with the help of ChatGPT Pro 5 and Claude AI as a supporting tool to tidy up the transcript, help with the initial search for potential code, as well as code and theme naming. All analytical decisions, including final code determination, theme grouping, citation interpretation, and conclusion drawn, are still carried out and verified by the researcher. This analysis serves to condense the results of the exploration into a structured understanding of managerial factors, planning, human resources, and content management practices that affect the consistency of brand differentiation, so as to be able to answer the formulation of the first problem.

RESULT AND DISCUSSION

The results of the study focused on efforts to understand the formulation of *differentiation-based* brand image *strategies* in private hospitals in Jember. The researcher uses an *explanatory single-case study* design because it allows the researcher to explain the process, considerations, and logic behind the context of the case being studied in depth. The researcher places *the brand image* as the result of brand communication and the construction of meaning formed through the way stakeholders see, feel, and believe in the hospital's identity. The research is prepared through four stages within the framework *of Double Diamond Design Thinking*, namely *discover, define, develop,* and *deliver* as an analytical flow to strategic steps.

A. ***Patient Feedback* on Hospital X**

The researcher also read patient feedback on Hospital X through a more structured review channel. This data is used to understand how patients assess RS X services based on direct experience, especially comments that are still related to the context of BPJS services, non-BPJS, service flows, health workers, costs, and administrative experience.Review channels (Google Review and MJKN) were chosen because they

are relevant to reach age groups who tend to seek information through more formal, structured, and professional pages. Based on the demographic exposure in Chapter 2, Gen X and Boomers are used to giving reviews on official and semi-official channels, so the findings are an important resource for understanding how the experience of Hospital X services is perceived by patients who have come directly to the hospital.

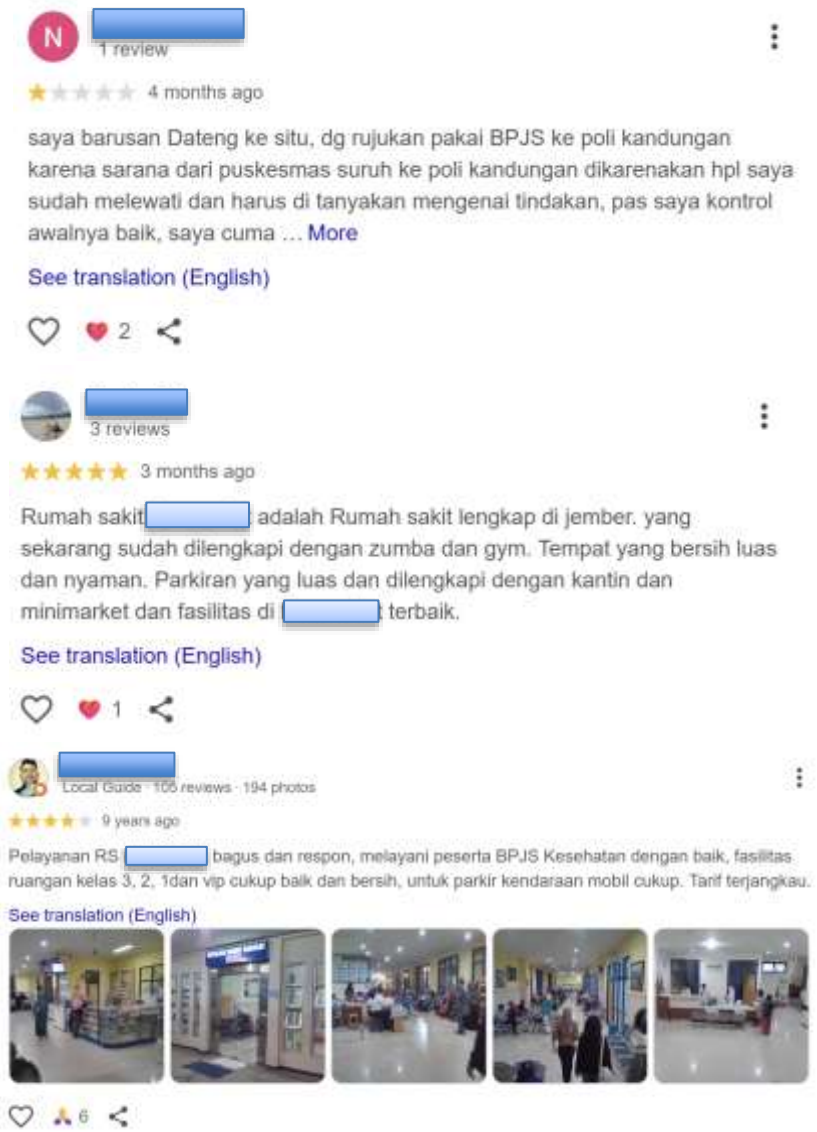

Figure 1. Hospital X patient feedback from Google Review
Source: Hospital X internal document (2025)

The results of secondary data collection show that there is a mixed perception (positive and negative) of health services related to BPJS. Some conversations show appreciation for the benefits of BPJS, while others show complaints. In the context of *brand image,* perception plays a big role because it can influence the way people rate a hospital, even before they come and experience the service in person, so the objectivity of each comment is not the main focus. Thus, private hospitals dominated by BPJS patients such as RS X still have the potential to be affected by negative perceptions that develop in the wider community, even though the quality of internal services does not always reflect this perception. This condition is an important

\

reason for RS X to manage *brand communication* more strategically, especially when it wants to strengthen the preferences of non-BPJS patients.

Data Analysis at the *Define Level*

Thematic Analysis

Researchers use *Thematic Analysis* based on the theory of Braun and Clarke (2006) to narrow down the results of the exploration and identify key themes that represent managerial, planning, human resources, and content management practices that affect consistency *Brand differentiation*. The analysis is carried out through six steps, namely familiarizing the data, generating the initial code, grouping the code into themes, reviewing the theme, defining and naming themes, and compiling a report on the results of the analysis. In this process, the researcher converts the audio of the interview into a comprehensive transcript, marks relevant statements, and then groups them based on the proximity of the meaning until a representative theme is formed. Next, the researchers compiled the findings into the structure *Theme, Sub-theme, Code, Sub-code,* and *Reply* so that the results of the analysis are more systematic and easier to trace the relationship between the researcher's interpretation and the source statement. In the first code in table 4.2.X, symbolic benefits emerge primarily through two main sources, namely experience-based trusts and figure-based trusts. The resource person assessed that trust in the hospital was formed because the service experience that was felt comfortable and not confusing encouraged patients to return. Trust also arises from figures associated with hospitals, such as doctors, owners, or founders, which are considered to affect the perception of the hospital's credibility, closeness, and value of care in the eyes of patients. NS1 and NS4 emphasize that ease of process and comfort encourage patients to keep coming back. Resource person 1 emphasized that patients tend to return because they feel that the services received are still comparable to the price, the process is not difficult, and the hospital does not discriminate between patients:

> *"In terms of facilities, we are still inferior to competitors, because it is clear that their budget is higher. But yes, at least our cheapness is still comparable to the quality of the quality received by patients, and we do not discriminate between patients. In accordance with our motto SCMM (QUICK SMILE, CHEAP QUALITY). The point is that they feel comfortable, so they trust us."*
>
> **(NS1, 2nd page, 7th dialogue, 3rd line)**

This view was reinforced by Resource Person 4 who shared the views of patients who had heard firsthand:

> *"Well, if we are the system, everything is available here (one-stop service). ' It's good at Hospital X, it's not complicated,' that's the average language. If he says 'It's delicious, it's not complicated,' then it means that the process as long as he receives the service here is easier. I agree the most because they already trust based on good past experience, only because the process is easy."*
>
> **(NS4, 3rd page, 8th dialogue, 2nd line)**

Resource Person 1 and Resource Person 3 showed that trust is built not only from service, but also from the social value inherent in the hospital *brand*. Resource person 2 placed a strong emphasis on the elements of **trust, reputation, previous experience, and vision of helping**

groups in need. From this, it can be seen that hospitals are chosen not only because of their services, but because they are perceived to have certain moral and social values:

> *"Because his vision does help the poor. That reputation is the most number one in this hospital. Then here too, I think the process is more than other places, what's more, what's more, easier, more controlled, patients are not left confused when they need to do what, where."*
>
> **(NS1, 2nd page, 1st dialogue, 8th line)**

This insight is in line with Resource Person 3, who sees that the owner positions himself as a patient's family, so that the hospital brand is understood as *a brand* that *is relatable* and in harmony with the needs of the people of Jember:

> *"The owner of this hospital positions himself as a patient's family. That's what makes the brand controlled. So that if there is anything, we feel more relate, so that we are really pro-people, according to their needs. If it wasn't for the current owner, maybe this brand wouldn't have been able to really dive into the wishes of patients."*
>
> **(NS3, 5th page, 3rd dialogue, 6th line)**

Researchers see that *symbolic benefits* are dominant. Hospitals are not only considered to "provide services", but also **represent the value of care, closeness, and alignment with the community**. Thus, trust is formed not only from technical qualities, but from the social meaning attached to the *brand*.The interviewee described this hospital as a place where the process is less complicated, more practical, and easier to live than other competitors. The flexibility of services such as freedom of visiting hours and an atmosphere that is less restrictive for patients' families also strengthens the positive experience that makes the hospital considered more comfortable and accessible in daily practice.

The strongest similarity of views is seen in NS1, NS4, and NS5 which both emphasize that hospitals are chosen because the process is considered **to be unconvoluted, easy to understand, and not to be inconvenient for patients**. NS1 sees that the ease of the process makes patients feel comfortable to return, not just because of the price, but because the flow of services does not feel difficult. This view is reinforced by NS4 which describes hospitals as "uncomplicated" places because patients' needs are available in a simple system.

> *"To my knowledge, they come back again because they like it, the service is 'god' for the price in its class. Or maybe the process is not difficult"*
>
> **(NS1, 3rd page, 2nd dialogue, 2nd line)**
>
> *"Now if we have all the systems available here, the family is just waiting. " It's good at Hospital X, it's not complicated," that's the average language. If he says "It's delicious, it's not complicated," it means that the process as long as he receives the service here is easy. I agree the most because they trust our hospital based on good past experience."*
>
> **(NS4, 3rd page, 8th dialogue, 2nd line)**

In addition to the ease of the process, NS1 and NS5 also show a common view that *experiential benefits* are strengthened by **service flexibility**, especially in the relationship between hospitals and patients' families. Both do not emphasize the sophistication of the system, but rather on social experiences that feel loose, familiar, and not too restrictive.

> *"It is common for large families to come here, with more flexible visiting hours than other hospitals"*

\

(NS5, 2nd page, 1st dialogue, 1st line)

"Usually from their experience, the brothers finally tell the story "delicious, crowded, not limited even if it is midnight to go there to bring the family in a car, there is nothing forbidden". In other places it is difficult, but here it is known to be easy, because we have the value of sick people if you come to recover psychologically and be happy, as long as the next person does not feel disturbed."

(NS1, 3rd page, 5th dialogue, 1st line)

Experiential benefits in the determinants of hospital selection are more formed by service experiences that are simple, practical, and do not burden patients and their families. There was no sharp conflict between the sources. Thus, the positive experience at this hospital is both operational and emotional.The speakers viewed affordability not only in terms of cost, but also in terms of suitability between the price and the quality of services received. In addition, system access such as BPJS dominance, the reputation of certain services, and the availability of strong medical facilities are also rational reasons that strengthen patients' decisions in choosing hospitals.

The similarity of views can be seen in NS1 and NS3 which both interpret affordability not just as "cheap", but as **rationally feasible** when compared to the services received by patients. The view is enriched by NS2 which shows that the functional benefits of hospitals are also built through **the strength of certain facilities and services**. In other words, the decision to choose a hospital is not only driven by cost, but also by the belief that the hospital has a strong technical capacity on a particular service.

"Indeed, we remain at a low price, and one of them is because there is a motto of cheap. But by definition, cheap is all that can be accounted for. Cheap doesn't have to be pricey. It is like if we can maximize the discount of medicine back to the patient, then the price will be cheap. Cheap can be in the sense of action, for example, cheap smile / generous"

(NS3, 5th page, 3rd dialogue, 8th line)

"... Our cheapness is still comparable to the quality of the quality that patients receive, and we do not discriminate between patients"

(NS1, 2nd page, 7th dialogue, 4th line)

"We are quite well known for its reputation for hemodialysis. If it is a medical facility, the famous CT scan equipment is the best in Jember."

(NS2, 3rd page, 8th dialogue, 6th line)

These findings show that the functional benefits of hospitals do not stand only on the "cheap" narrative, but on a combination of value for money, system accessibility, and service capabilities. This means that hospitals are not chosen just because of the cost, but because they provide practical benefits that are relevant to the needs of patients.

Data Analysis at the *Define Level*

Thematic Analysis

The study applied Braun and Clarke's (2006) Thematic Analysis to identify key themes related to managerial, planning, human resource, and content management practices that influence brand differentiation consistency. The analysis followed six stages: data familiarization, initial coding, theme development, theme review, theme definition and naming, and report writing. Interview recordings were transcribed, relevant statements were

coded, and similar meanings were grouped into themes. The findings were then organized into Theme, Sub-theme, Code, Sub-code, and Response to make the interpretation systematic and traceable.

In the first code of Table 4.2.X, symbolic benefits were mainly formed through experience-based trust and figure-based trust. Trust in the hospital emerged from comfortable, simple, and non-discriminatory service experiences that encouraged patients to return. It was also influenced by figures associated with the hospital, such as doctors, owners, or founders, who shaped patient perceptions of credibility, closeness, and care value. NS1 and NS4 emphasized that ease of service, comfort, fair treatment, and perceived value for money were important reasons patients continued to choose the hospital.

> *"In terms of facilities, we are still inferior to competitors, because it is clear that their budget is higher. But yes, at least our cheapness is still comparable to the quality of the quality received by patients, and we do not discriminate between patients. In accordance with our motto SCMM (QUICK SMILE, CHEAP QUALITY). The point is that they feel comfortable, so they trust us."*
>
> **(NS1, 2nd page, 7th dialogue, 3rd line)**

This view was reinforced by Resource Person 4 who shared the views of patients who had heard firsthand:

> *"Well, if we are the system, everything is available here (one-stop service). ' It's good at Hospital X, it's not complicated,' that's the average language. If he says 'It's delicious, it's not complicated,' then it means that the process as long as he receives the service here is easier. I agree the most because they already trust based on good past experience, only because the process is easy."*
>
> **(NS4, 3rd page, 8th dialogue, 2nd line)**

Resource Person 1 and Resource Person 3 showed that trust is built not only from service, but also from the social value inherent in the hospital *brand*. Resource person 2 placed a strong emphasis on the elements of **trust, reputation, previous experience, and vision of helping groups in need**. From this, it can be seen that hospitals are chosen not only because of their services, but because they are perceived to have certain moral and social values:

> *"Because his vision does help the poor. That reputation is the most number one in this hospital. Then here too, I think the process is more than other places, what's more, what's more, easier, more controlled, patients are not left confused when they need to do what, where."*
>
> **(NS1, 2nd page, 1st dialogue, 8th line)**

This insight is in line with Resource Person 3, who sees that the owner positions himself as a patient's family, so that the hospital brand is understood as *a brand* that *is relatable* and in harmony with the needs of the people of Jember:

> *"The owner of this hospital positions himself as a patient's family. That's what makes the brand controlled. So that if there is anything, we feel more relate, so that we are really pro-people, according to their needs. If it wasn't for the current owner, maybe this brand wouldn't have been able to really dive into the wishes of patients."*
>
> **(NS3, 5th page, 3rd dialogue, 6th line)**

Researchers see that *symbolic benefits* are dominant. Hospitals are not only considered to "provide services", but also **represent the value of care, closeness, and alignment with**

\

the community. Thus, trust is formed not only from technical qualities, but from the social meaning attached to the *brand*.The interviewee described this hospital as a place where the process is less complicated, more practical, and easier to live than other competitors. The flexibility of services such as freedom of visiting hours and an atmosphere that is less restrictive for patients' families also strengthens the positive experience that makes the hospital considered more comfortable and accessible in daily practice.

The strongest similarity of views is seen in NS1, NS4, and NS5 which both emphasize that hospitals are chosen because the process is considered **to be unconvoluted, easy to understand, and not to be inconvenient for patients**. NS1 sees that the ease of the process makes patients feel comfortable to return, not just because of the price, but because the flow of services does not feel difficult. This view is reinforced by NS4 which describes hospitals as "uncomplicated" places because patients' needs are available in a simple system.

> *"To my knowledge, they come back again because they like it, the service is 'god' for the price in its class. Or maybe the process is not difficult"*
> **(NS1, 3rd page, 2nd dialogue, 2nd line)**
> *"Now if we have all the systems available here, the family is just waiting. " It's good at Hospital X, it's not complicated," that's the average language. If he says "It's delicious, it's not complicated," it means that the process as long as he receives the service here is easy. I agree the most because they trust our hospital based on good past experience."*
> **(NS4, 3rd page, 8th dialogue, 2nd line)**

In addition to the ease of the process, NS1 and NS5 also show a common view that *experiential benefits* are strengthened by **service flexibility**, especially in the relationship between hospitals and patients' families. Both do not emphasize the sophistication of the system, but rather on social experiences that feel loose, familiar, and not too restrictive.

> *"It is common for large families to come here, with more flexible visiting hours than other hospitals"*
> **(NS5, 2nd page, 1st dialogue, 1st line)**
> *"Usually from their experience, the brothers finally tell the story "delicious, crowded, not limited even if it is midnight to go there to bring the family in a car, there is nothing forbidden". In other places it is difficult, but here it is known to be easy, because we have the value of sick people if you come to recover psychologically and be happy, as long as the next person does not feel disturbed."*
> **(NS1, 3rd page, 5th dialogue, 1st line)**

Experiential benefits in the determinants of hospital selection are more formed by service experiences that are simple, practical, and do not burden patients and their families. There was no sharp conflict between the sources. Thus, the positive experience at this hospital is both operational and emotional.

Table 1. Functional Benefit Code on the Theme of Hospital Selection Determinants

Theme	Code	Sub-code	Reply
1. Determinants of Hospital Selection	**1C.** *Functional Benefit*	Affordable price	"The cheapness is still comparable to the quality." (NS1)
		System access	"The dominance of BPJS... So it looks affordable." (NS3)

	"We are quite well known for its reputation for hemodialysis. If it is a medical facility, the famous CT scan equipment is the best in Jember" (NS2)

Source: Author's thematic analysis of interview data (2026)

Table 1 explains the functional benefits in hospital selection as reflected in **affordability, price** and **access to the system.** The speakers viewed affordability not only in terms of cost, but also in terms of suitability between the price and the quality of services received. In addition, system access such as BPJS dominance, the reputation of certain services, and the availability of strong medical facilities are also rational reasons that strengthen patients' decisions in choosing hospitals.

The similarity of views can be seen in NS1 and NS3 which both interpret affordability not just as "cheap", but as **rationally feasible** when compared to the services received by patients. The view is enriched by NS2 which shows that the functional benefits of hospitals are also built through **the strength of certain facilities and services**. In other words, the decision to choose a hospital is not only driven by cost, but also by the belief that the hospital has a strong technical capacity on a particular service.

"Indeed, we remain at a low price, and one of them is because there is a motto of cheap. But by definition, cheap is all that can be accounted for. Cheap doesn't have to be pricey. It is like if we can maximize the discount of medicine back to the patient, then the price will be cheap. Cheap can be in the sense of action, for example, cheap smile / generous"
(NS3, 5th page, 3rd dialogue, 8th line)

"... Our cheapness is still comparable to the quality of the quality that patients receive, and we do not discriminate between patients"
(NS1, 2nd page, 7th dialogue, 4th line)

"We are quite well known for its reputation for hemodialysis. If it is a medical facility, the famous CT scan equipment is the best in Jember."
(NS2, 3rd page, 8th dialogue, 6th line)

These findings show that the functional benefits of hospitals do not stand only on the "cheap" narrative, but on a combination of value for money, system accessibility, and service capabilities. This means that hospitals are not chosen just because of the cost, but because they provide practical benefits that are relevant to the needs of patients.

This theme shows that non-BPJS patients in this hospital are more appropriately understood as **a pragmatic** segment rather than a segment that solely pursues a symbol of exclusivity. The findings of the condition show that the attractiveness of RS X to non-BPJS patients is formed from functional services, such as price and ease of access and from the service experience and symbolic value felt by patients. Closeness to the community, humanist impressions, and trust are important parts that consistently appear in stakeholders' perceptions of *the RS X* brand.

The results of the *thematic analysis* also show that the management of *RS X's brand image* faces several internal challenges in the digital era. This challenge is related to the limited human resources and brand management system that has not been run in a structured manner. These challenges are divided into two major themes, namely HR challenges and system

\

challenges. Both themes show that efforts to build *brand image* depend on the hospital's internal readiness in managing *brand communication* in a sustainable manner.

Table 2. Code of Internal HR Challenges in Strengthening Hospital Brands

	Code	Sub-code	Reply
6. HR Challenges	**6A. Limited competencies**	Otodidak	"the basic knowledge is lacking"; "not a specialist for content formation or formal science-based" (N2)
		perlu upskill*	"I myself would like to have more knowledge about the field of digital marketing so that I can understand better" (NS5)
	6B.Workload	dual roles	".... We're still here and there." (NS1)
		Staff special	"it is better if there is a special person in handling" (NS3) "Sometimes the burden is too much for only two people to do" (NS5)
	6C. Working direction	Limited Guide	"That detailed guideline doesn't exist" (NS2) "A little bit of guidance already exists" (NS5)
		Guidelines not yet standard	"also need workflow improvements" (NS3) "of course the first workflow" (NS1) "need a neater work workflow" (NS4)

Source: Author's thematic analysis of interview data (2026)

The theme of internal HR challenges in Table 2 in building *a brand* is divided into three codes, namely **limited competence**, **workload**, and **work direction**. The answers of the speakers did not stop at the issue of lack of people, but moved deeper to the problem that *brand management* is still handled by a team that learns a lot self-taught, often concurrently performs other functions, and has not been supported by a guide or workflow that is neat enough. Therefore, the human resource problem here is more accurately read as a combination of **competency gaps**, **not ideal work capacity**, and **an improper work system.** NS1, NS3, and NS5 are in the same position that workload and work structure make brand management more difficult.

> *"... Of course, the first workflow is because we are still moving here and there like I am still working as an active nurse."*
>
> **(NS1, 4th page, 9th dialogue, 1st line)**
>
> *"I think instead of adding, it is better if there is a special person who handles it even better, it will be more productive if there is indeed one person who does take care of a specific field."*
>
> **(NS3, 6th page, 6th dialogue, 2nd line)**
>
> *"Because the basic knowledge is lacking, it needs to be upgraded to keep up with the times needed to create social media content for our promotional purposes."*
>
> **(NS2, 3rd page, 5th dialogue, 11th line)**

The strongest findings actually show that hospitals already have the will to improve *branding,* but still need a more strategic foundation in the form of ***upskill,*** **role focus**, and ***clearer work*** **guides** so that *the brand* is not only running, but truly managed.The system theme points out

that the main challenge is not that the hospital has no value at all, but because that value has not been translated into *a more operational and consistent* branding guide.

> *"In my opinion, if the guide is suitable, people can learn, can follow the guide, so that the results are good quality as well as consistent and efficient time for anyone who does it."*
>
> **(NS2, 4th page, 5th dialogue, 7th line)**

RS already has two important positive capitals, namely a strong enough value meaning and a quick response to complaints. So, the next strategic work is not to create new values, but to make the values that have been understood as the direction of a clearer and more structured branding system. Overall, the *branding* process in the digital age still relies heavily on individual initiatives. This condition makes *brand* management not fully have a consistent system to strengthen hospital *differentiation* in the minds of non-BPJS patients.

Differentiation *Strategy* at the *Development Stage*

In the *Develop stage*, the researcher formulated the initial framework for *a differentiation-based brand image strategy that focused on the development of non-BPJS RS X services. This process resulted in three main outputs, namely the identification* of Points of Parity *(POP) and* Points of Difference *(POD), the preparation of the* desired brand image*, and the formulation of* the implementation of *Marketing 7P* as a strategic recommendation that is applicable. The three outputs were arranged divergently to explore various alternative strategies that emerged from the results of the analysis, before then converging again at the *Deliver stage* into recommendations that were more integrated and relevant to the needs of the organization.

Identification of Non-BPJS Patients Based on *Needs-Based Segmentation*

Non-BPJS services at Hospital X are viewed as a practical option for patients seeking easier access, shorter waiting times, flexible doctor selection, and greater comfort, although they are still often associated with high costs. Using a Needs-Based Segmentation approach, the study found that the target patients for these services are mainly middle-income, price-sensitive consumers. They seek services that are more comfortable than regular BPJS care but not necessarily premium or expensive. Based on thematic analysis, especially Themes 2 and 5 and Code 5A, these patients prioritize value for money in healthcare decisions. Compared with similar executive polyclinic services in other hospitals in Jember Regency, Hospital X offers relatively competitive non-BPJS rates, making its services suitable for middle-income patients who need better service quality and convenience at an affordable cost.

Hasil Temuan *Points of parity (POP) dan Points of difference (POD)*

The identification *of Points of Parity* (POP) and *Points of Difference* (POD) was carried out to understand the competitive position of RS X among similar hospitals operating in the same market segment. This analysis helps to differentiate attributes that have the potential to be a source of brand differentiation. Based on Theme 1 and Theme 3 of the results *of thematic analysis* and secondary data, the results can be seen in Figure 4.5.

\

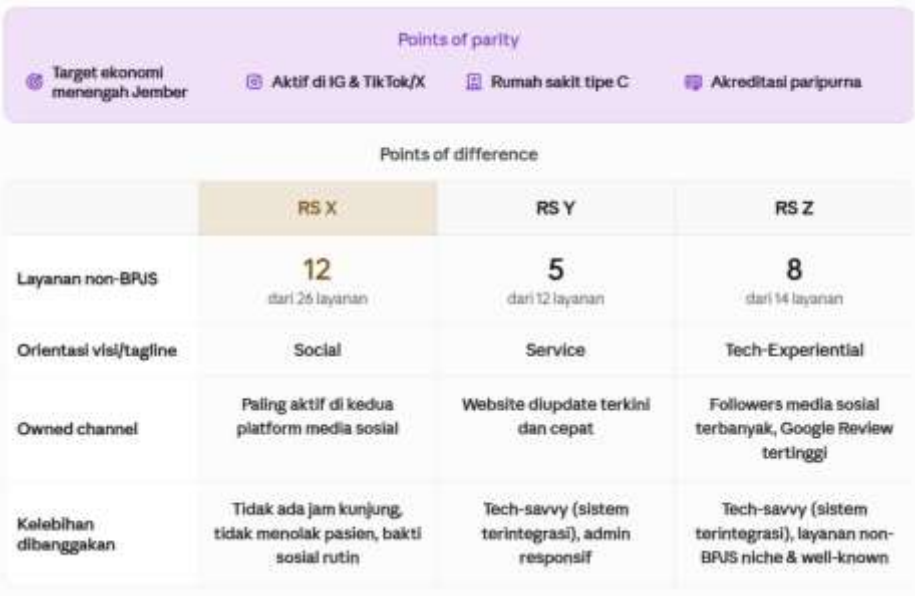

Figure 2. POP and POD of RS X compared to competitor hospitals in Jember

Source: Author's analysis based on thematic analysis of in-depth interviews with internal stakeholders (NS1–NS5) and digital observation of competitor hospitals' official communication channels (2026).

In this study, POP identification was used to ensure that comparisons were made with hospitals that had relatively comparable characteristics. The three hospitals selected are both type C hospitals in accordance with the Minister of Health Regulation Number 30 of 2019 concerning Hospital Classification and Licensing, have social media accounts that are actively used as digital communication channels, target the middle economic community segment in Jember Regency, and have obtained Plenary accreditation. The similarity of these characteristics makes the three hospitals in an equal competitive category, resulting in a more objective basis for comparison compared to all hospitals that have different capacities, target markets, or service levels.Unlike POP, *Points of Difference* (POD) is a unique attribute that distinguishes a *brand* from its competitors and has the potential to be a source of competitive advantage. In this study, POD was analyzed through 4 aspects:

1. The number of non-BPJS services offered, because of the variety of services, reflects the ability of hospitals to provide service options that can be accessed outside the BPJS scheme. These services include *medical check-ups*, executive polys, *home care*, VIP inpatient rooms, certain specialist services, hemodialysis, to medical support services such as CT-Scan and MRI which are not all covered by BPJS financing.
2. Brand vision orientation/*tagline* that reflects the main values that you want to communicate to the public. This category is analyzed using *the brand* orientation classification presented by The Brand Journal (2025), which groups *brands* based on the aspirations they carry. The three hospitals have different *brand* orientations.
3. Owned channels that describe how hospitals manage their own communication assets in the digital space. This aspect is important because digital channels are the main contact points that shape perceptions, experiences, and *brand image* in the digital era.
4. The advantages that each hospital is most proud of. Data on RS X was obtained from the results of *in-depth interviews* and *thematic analysis*, while data on RS Y and RS Z were obtained through digital observation of their official communication channels.

The results of the analysis showed that RS X had the most prominent advantage in terms of the number of non-BPJS services available compared to the two observed competitors. These findings indicate that RS X has a greater opportunity to develop service strategies outside the BPJS scheme because it already has more diverse services. RS Y and RS Z show characteristics that are more oriented towards the use of technology through integrated systems and stronger digital experiences, which is not yet present at RS X. These findings are in line with Theme 6 and Theme 7 results of *the thematic analysis* which show that the digital management system is an area that can be developed.

Findings *of the Brand Image Framework*

The research compiled a synthesis of findings using *the Brand Positioning Framework* which refers to BA Theories (2022) and Keller and Swaminathan (2019) to translate *thematic analysis* into structured *brand image* elements . This mapping explains what values need to be communicated to the public so that hospital *differentiation* is easier to understand for non-BPJS patients.

Validate findings at the *Deliver Stage*

Data Source Triangulation

In the *Deliver* stage, the researcher triangulates based on data sources to increase the credibility and depth of interpretation of the research findings. Triangulation is carried out by comparing three data sources that have different levels of proximity and viewpoints to the phenomenon being studied. *In-depth interviews* are placed at the top of the triangle (Source 1) as the primary source that provides the most in-depth understanding from an organization's internal perspective (*micro-internal*). Digital observations are placed on the left side (Source 2) as a comparative source from an external perspective that still focuses on the research object (*micro-external*). The previous research on BPJS sentiment was placed on the right side (Source 3) as a broader external perspective at the national level (*macro-external*). This arrangement makes it easier for researchers to compare, confirm, and identify differences in findings that emerge from the three sources.

Findings are categorized as complementary if two or more sources show a mutually supportive pattern of the same phenomenon. On the other hand, findings are categorized as divergent when there are differences in perspective or direction of findings between sources that produce new insights for further analysis. Unvalidated is used when a finding appears only on one source or there is insufficient data available to cross-confirm from other sources.

1. **Part of the risk to the digital reputation of RS X Jember comes from external factors that are beyond the control of the institution.**
   The triangulation findings indicate that some of the digital reputation challenges faced by RS X are not entirely sourced from the quality of the hospital's services themselves. Complaints related to queues, limitations of referral systems, and experience of using BPJS have the potential to affect public perception of hospitals even though the root of the problem comes from the mechanism of the JKN or BPJS system which is not under the direct control of the organization. This condition suggests that RS X is at risk of becoming a recipient of the reputational impact of the system's weaknesses.
2. **The divergence in BPJS sentiment shows that there is a separation of reputation between the system and the institution of RS X.**
   The results of the triangulation show that negative sentiment towards BPJS as a national

\

health service system is a consistent finding in external sources, both through digital observation and previous literature. However, the findings of the *in-depth interview* shows that RS X is trying hard to separate its organizational image from these negative sentiments through various forms of services that can be directly controlled by the hospital. This difference does not indicate a contradiction, but rather indicates the existence of a phenomenon of reputational separation (*brand separation*) between the BPJS system as a national policy and hospitals as service implementers at the operational level.

Beyond these two findings, there are themes that cannot be cross-verified due to the limited availability of data in comparative sources. However, the triangulation process still provides important value in this study because it is able to show areas that have received support from various sources as well as identify findings that still need further exploration. The results of the triangulation strengthen the understanding that hospital *brand management* is influenced by the quality of internal services as well as by public perception. These findings are an important basis for formulating recommendations for brand management strategies that are more adaptive to the dynamics of the external environment.

Data validation *(Member-Checking)*

Validation was carried out through interviews with two actors. The first validator was represented by the Director of the Hospital as a stakeholder in the *manage closely category (*who had participated as an *in-depth interview* for primary data mining) and the second validator was represented by the owner of RS X. The two actors were chosen because they had a strategic understanding of the direction of hospital management, had a background in S2 MMRS/Hospital Management education, worked as a doctor, and had held positions for approximately eight years. The two actors are considered to be able to assess the suitability of research findings, know the development of BPJS and non-BPJS services, and know the direction of realistic brand differentiation to be implemented by RS X in the future.

The validation interview procedure is carried out in stages. First, the researcher explained the results of *the thematic analysis* regarding the conditions and challenges of RS X in managing *brand image* in the digital era. At this stage, validators are asked to *cross-check* the suitability of the findings with conditions in the field. Second, the researcher explained a differentiation-based strategic approach designed to strengthen attractiveness to non-BPJS patients. Third, the researcher shows an example of *content prototyping* as an initial visualization of a more targeted digital communication strategy.

The results of internal validation with the Director of the Hospital show that there is a strong consistency between the research findings and the actual conditions in the field. The Director of the Hospital assessed that the differentiation of the hospital can indeed be reviewed from the vision and motto, because both play a role as the basis for the direction of *brand communication*, including in understanding the position of RS X compared to competitors. This validation also emphasizes the importance of more professional branding management, especially through the existence of staff who understand the current *branding* and digital *marketing* context . In the context of non-BPJS services, the Director of the Hospital also confirmed that Executive/Premium Poly and MCU have not been highlighted in digital communication, so low *demand* is a fairly reasonable condition. This emphasis strengthens the results of the study that RS X has the potential for existing services, but still needs a clearer,

consistent, and more targeted communication strategy so that it can be understood by non-BPJS target patients.

As a validator who was not involved in the initial stakeholder interview, the results of the validation with the hospital owner showed that the direction of the research findings was quite in accordance with the strategic needs of the hospital, especially in an effort to increase the preference of non-BPJS patients at private hospitals in Jember. The owner gave an additional point of view that the increase in the preference of non-BPJS patients needs to be supported by the clarity of the value offered. However, this validation also shows one area that still needs to be deepened, namely how to message premium services such as Poly Executive and MCUs through explanation of flows, benefits, estimated initial costs, and differences in experiences in simpler language that is easier for audiences to understand. The validation findings show that the findings regarding private hospitals in Jember which are still dominated by BPJS patients need to communicate non-BPJS services more clearly and easily understand the targeted segmentation. When the message is conveyed in a hospital, X has a greater chance of being precise, strengthening preferences, and attracting non-BPJS patients without leaving the social character that is already attached to the *hospital brand*.

CONCLUSION

Based on the results of the thematic analysis, this study identified a strategic gap between Hospital X's existing competitive strengths and its digital communication practices. The hospital's distinctive advantages had not been communicated effectively, resulting in non-BPJS target consumers having limited awareness of the services and unique value propositions offered by Hospital X. The findings, corresponding to the Discover and Define phases of the Double Diamond Design Thinking framework, indicated that the hospital's brand image had not been managed strategically because of challenges related to human resource capacity, the absence of a structured branding system, inconsistent messaging, and limited communication of non-BPJS services to the public.

The proposed strategy targeted price-sensitive consumers within a need-based market segment who prioritized affordability while still expecting high-quality healthcare services. During the Develop phase, the findings were translated into the identification of Points-of-Parity (POP) and Points-of-Difference (POD), the formulation of the desired brand image, and recommendations based on the 7Ps Marketing Mix. These recommendations emphasized Hospital X's competitive strengths, including its diverse non-BPJS services, competitive pricing, humanistic approach to patient care, and strong social commitment. During the Deliver phase, triangulation of data from in-depth interviews, digital observations, and secondary sources demonstrated consistent findings regarding public perceptions of affordability, humanistic service, and reputational challenges associated with national sentiment toward the BPJS system. Overall, the findings indicated that the hospital's primary challenge was not the quality of its services but the ineffective communication of its distinctive value. Accordingly, this study developed an initial differentiation-based brand image strategy that can serve as a practical framework for strengthening brand management and increasing the utilization of non-BPJS services.

\

REFERENCE

Asiye, N. (2025). The effect of customer expectations, perceived value, and patient experience on BPJS patient satisfaction: the role of trust and social media usage. *Eduvest-Journal of Universal Studies*, *5*(10), 12873–12886.

Afiana, Y. T., Atik, N. S., & Wahyuningsih, N. T. A. (2025). The relationship between brand image and the decision-making process of non-BPJS patients in using health services in the outpatient installation at Hospital "X" Semarang. *Journal of Health Care Education*. https://journal.stikespantiwilasa.ac.id/index.php/jhce/article/view/88

Amelia, R., Kautsar, A., & Wardoyo, D. T. W. (2024). Digital marketing strategy for customer loyalty with the role of brand positioning and trust mediation. In *2024 12th International Conference on Cyber and IT Service Management (CITSM)*. https://doi.org/10.1109/CITSM64103.2024.10775701

Ariyah, N. N. (2024). *Analysis of the influence of brand image on patients' decisions with general payment in choosing inpatient services at Arifin Achmad Regional General Hospital, Riau Province* (Undergraduate thesis, Universitas Awal Bros). https://repository.univawalbros.ac.id/446/

Asiye, N. (2025). The effect of customer expectations, perceived value, and patient experience on BPJS patient satisfaction: The role of trust and social media usage. *Eduvest: Journal of Universal Studies, 5*(10), 12873–12886.

Astiti, S. H., & Ilyas, Y. (2021). Implementation of the marketing communication mix of Hermina Karawang Hospital in the era of the COVID-19 pandemic. *Jurnal Manajemen Kesehatan Yayasan RS. Dr. Soetomo, 7*(2). https://jurnal.stikes-yrsds.ac.id/index.php/JMK/article/view/619/182

Astriani, W., Jak, Y., & Garnida, A. P. (2026). The effect of marketing mix on the interest of non-BPJS patients at Bhakti Asih Brebes Hospital. *Jurnal Inovasi Kesehatan dan Ilmu Farmasi, 10*(1). https://journal.fexaria.com/j/index.php/jikif/article/view/974

Bazyar, M., Yazdi-Feyzabadi, V., Rashidian, A., & Behzadi, A. (2021). The experiences of merging health insurance funds in South Korea, Turkey, Thailand, and Indonesia: A cross-country comparative study. *International Journal for Equity in Health, 20*(1), 66.

Binsar, F., Mursitama, T. N., Hamsal, M., & Rahim, R. K. (2024). Assessing digital adoption capability in public healthcare services through online user reviews and popularity trends. *Journal of System and Management Sciences, 14*(7), 353–376.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Cham, T. H., Cheng, B. L., Low, M. P., & Cheok, J. B. C. (2020). Brand image as the competitive edge for hospitals in medical tourism. *European Business Review, 33*(1), 112–135. https://doi.org/10.1108/EBR-10-2019-0269

Cham, T. H., Lim, Y. M., Aik, N. C., & Tay, A. G. M. (2016). *Antecedents of hospital brand image and the relationships with medical tourists' behavioral intention*. Sage Publications.

Chendra, W. J., & Mulyanti, D. (2023). Theoretical study: Strategies for promoting health services in private hospitals in the era of Health Service Assurance (JKN). *DIAGNOSA: Jurnal Ilmu Kesehatan dan Keperawatan, 1*(2). https://doi.org/10.59581/diagnosa-widyakarya.v1i2.179

Couturier, V., Srivastava, S., Hidayat, B., & De Allegri, M. (2022). Out-of-pocket expenditure and patient experience of care under Indonesia's national health insurance: A cross-sectional facility-based study in six provinces. *The International Journal of Health Planning and Management, 37*, 79–100.

Kurniati, A., Rosskam, E., & Efendi, F. (2021). Hospital nurses' perceptions of distributive justice under the national health insurance scheme in Indonesia. *Collegian, 28*(5), 506–

514.
Permana, F. C., Wicaksono, Z. M., Kurniawan, C., Abdullah, A. S., & Ruchjana, B. N. (2021). Perception analysis of the Indonesian society on Twitter social media on the increase in BPJS Kesehatan contribution in the COVID-19 pandemic era. *Journal of Physics: Conference Series, 1722*(1), 012022.
Praminia, I. G. A. A. R., Triyanti, A. D., Tritintya, N. P. D. E., Sekarpratiwi, R. V., & Priantara, I. K. T. A. D. (2026). A critical discourse analysis of online media on the Indonesian government's handling of BPJS Kesehatan fraud. *Jurnal Riset Komunikasi (JURKOM), 9*(1), 148–165.
Ratnawati, A., & Kholis, N. (2020). Measuring the service quality of BPJS Health in Indonesia: A Sharia perspective. *Journal of Islamic Marketing, 11*(4), 1019–1042.
Ratnawati, A., Mislan Cokrohadisumarto, W. B., & Kholis, N. (2021). Improving the satisfaction and loyalty of BPJS healthcare in Indonesia: A Sharia perspective. *Journal of Islamic Marketing, 12*(7), 1316–1338.
Rumambi, F., Mekel, P., Kutu'Kampilong, J., Pangkey, D., Kembuan, I., & Mokat, G. (2025). BPJS service quality and patient satisfaction: A mixed-methods study in Indonesian public hospitals. *Sosioedukasi: Jurnal Ilmiah Ilmu Pendidikan dan Sosial, 14*(4), 2687–2701.
Sitompul, R., Yusriani, S., Rekarti, E., Fauzi, A., & Christiyanto, W. W. (n.d.). *How do BPJS customers experience satisfaction? Understanding positive service perceptions in Indonesia's national health insurance system.*
Yanuarista, G. S., Arso, S. P., & Winarni, S. (2026). The importance of hospital image, service trust level, and physiotherapy service satisfaction on patient loyalty: A case study in a type D private hospital. *Journal of Public Health Sciences, 5*(2), 604–619.
Bagian Perekonomian dan Pembangunan. (2026, March 10). *RPJMD 2027 focuses on poverty alleviation, Jember economic growth grows 5.47 percent*. PPID Kabupaten Jember. https://ppid.jemberkab.go.id/berita/rpjmd-2027-fokus-entaskan-kemiskinan-pertumbuhan-ekonomi-jember-tumbuh-547-persen-20260310