Patient Satisfaction as a Mediator of Service Quality, Hospital Image, and Loyalty Among Participants of Indonesia's BPJS Kesehatan Program

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ARTICLE INFORMATION

ABSTRACT

Maintaining patient loyalty is a key challenge in public healthcare services. This study aims to examine the mediating role of patient satisfaction in the relationship between service quality, hospital image, and the Social Security Agency for Health (BPJS Kesehatan) participants' loyalty at RSUD Mangusada Badung. A quantitative method was employed by distributing questionnaires to BPJS participants who had received services at the hospital. The data were analyzed using Structural Equation Modeling (SEM) with the help of SmartPLS software. The results show that service quality and hospital image significantly influence both patient satisfaction and loyalty. Patient satisfaction also partially mediates the relationship between service quality, hospital image, and loyalty. Numerically, service quality has a path coefficient of X, hospital image Y, and patient satisfaction Z toward loyalty, all with significant p-values ($p < 0.05$). These findings imply that improving service quality and maintaining a strong hospital image can enhance patient satisfaction and foster long-term loyalty among BPJS participants. The study contributes to healthcare service management literature and offers practical insights for hospital administrators and BPJS policymakers in formulating strategies to strengthen patient retention and institutional trust.

Keywords: BPJS Kesehatan; Healthcare Management; Hospital Image; Loyalty; Patient Satisfaction; Service Quality

INTRODUCTION

Public services encompass a wide range of societal needs. In practice, the government holds the responsibility to deliver essential and general public services to meet community demands. Among these, healthcare has become a primary focus of public service delivery (Prihatini et al., 2023). This commitment is reflected in Presidential Regulation No. 82 of 2018 on National Health Insurance, which has undergone amendments, particularly concerning contribution schemes, since the implementation of the Social Security Agency for Health (BPJS Kesehatan) up to 2021.

BPJS Kesehatan membership in Indonesia is classified into two categories: assistance recipients and non-recipients. As health service providers, hospitals are tasked with delivering comprehensive healthcare through trained medical professionals. This includes preventive care, curative services, ongoing nursing, and rehabilitative treatments. The ability of hospitals to deliver quality and consistent healthcare significantly influences patient outcomes, fostering satisfaction, trust, commitment, and ultimately, loyalty (Gunadi et al., 2024). Loyal patients are typically those who are satisfied with the services provided, leading to a strong emotional bond with the institution. Such patients are not only inclined to return for future care but are also likely to advocate for the hospital by recommending its services to others, such as friends, family, and colleagues.

From 2019 to 2024, the visits by BPJS Kesehatan participants to Mangusada Regional Hospital (RSD) Badung displayed fluctuations reflecting the impact of the pandemic and the subsequent recovery in healthcare services. In 2019, outpatient visits reached 129,886, inpatient visits totaled 14,887, and emergency unit visits totaled 34,358. However, in 2020, those numbers dropped sharply, outpatient visits fell to 99,712, inpatient visits to 11,751, and emergency visits plunged to 20,751, clearly illustrating the effects of the COVID-19 pandemic. In 2021, there was a slight recovery in outpatient visits (105,223), inpatient visits (10,384), and emergency visits (14,851), but these figures remained well below pre-pandemic levels. Starting in 2022, a strong recovery became apparent: outpatient visits surged to 150,560, inpatient visits rose to 17,756, and emergency visits climbed to 24,783, signaling eased restrictions and growing public confidence. This positive trend continued into 2023, with outpatient visits reaching 199,596, inpatient visits 20,091, and emergency visits 31,763. By 2024, visits peaked: outpatient visits reached a record high of 211,012, inpatient visits rose slightly to 20,246, and emergency visits hit 32,266. Overall, the data depict a classic "V-shaped" recovery: a sharp decline during 2020–2021 followed by a strong rebound starting in 2022, with 2024 figures surpassing pre-pandemic levels. With maximum efforts to improve service quality, patient visits by BPJS Kesehatan participants began to increase again from 2022 to 2024 (RSD Mangusada, 2024).

Satisfaction refers to a customer's reaction to the fulfillment of their needs and expectations, representing an evaluation of products and services that reflects the degree of pleasure experienced, whether those expectations are met, exceeded, or fall short (Sandra et al., 2024). However, it is essential for hospitals to understand that a high level of patient satisfaction does not always translate into loyalty, as satisfied patients may still choose not to return for future services (Solehudin & Syabanasyah, 2023).

Service quality is a critical determinant of how individuals perceive an organization. A favorable perception of service quality often leads to increased customer loyalty (Tjiptono, 2016; Wati et al., 2025). This perspective is supported by Lestari et al. (2024), who assert that both service quality and satisfaction positively and significantly affect loyalty.

Brand image also plays a pivotal role in shaping loyalty. Setiadi (2018) defines brand image as the cumulative perception formed from prior experiences and information related to a brand. Providing responsive and consistent services helps cultivate a positive image. BPJS Kesehatan strives to present itself as a provider of high-quality and sustainable healthcare. When this image is successfully established, it can positively influence public perception and strengthen participant loyalty.

There is a strong correlation between service quality and customer satisfaction, as quality service fosters deeper relational bonds, allowing organizations to better understand and fulfill customer needs over time. When service delivery aligns with or surpasses expectations, it leads to a sense of satisfaction (Pramudyo, 2012). BPJS Kesehatan, in particular, aims to reinforce an image of transparency and responsiveness, with excellent service being a core operational focus.

Building upon this context, the present study investigates the effects of service quality and hospital image on BPJS Kesehatan participants' loyalty, with patient satisfaction serving as a mediating factor. The research specifically addresses whether service quality and brand image exert direct or indirect effects on participant loyalty through the mediation of patient satisfaction at RSUD Mangusada Badung. Accordingly, the objective is to evaluate these relationships and determine the extent to which patient satisfaction mediates the influence of service quality and hospital image on loyalty.

This study holds significant value in the context of public healthcare management, particularly in Indonesia's national health insurance landscape. As BPJS Kesehatan continues to expand coverage and accessibility, ensuring participant loyalty becomes a strategic priority for hospitals partnering with the program. While previous research has examined the individual impact of service quality or hospital image on patient loyalty, few studies have simultaneously assessed both factors while incorporating patient satisfaction as a mediating variable. This research responds to that gap by offering a more integrated model of healthcare loyalty behavior within a public insurance system.

The study contributes theoretically by enriching the literature on healthcare service management and patient behavior, particularly within the public healthcare insurance setting, an area often overlooked in service quality studies, which are mostly centered on private healthcare. It employs a Structural Equation Modeling (SEM) approach to provide robust empirical evidence of the relationships among service quality, hospital image, satisfaction, and loyalty.

The novelty of this research lies in its focus on BPJS Kesehatan participants, a large yet underexplored population in academic literature, and the V-shaped recovery period (2020–2024) at RSUD Mangusada, which offers a unique post-pandemic context to examine loyalty behavior. By highlighting patient satisfaction as a partial mediator, the study sheds light on how public hospitals can strategically enhance service experience and institutional image to retain and build long-term relationships with insured patients.

LITERATURE REVIEW

Stakeholder Theory
Stakeholder theory is a collection of policies and practices related to stakeholders, values, legal compliance, community and environmental appreciation, and the business world's commitment to contributing to sustainable development. According to Lako in Pramudyo (2012), the success of a company depends on its ability to balance the interests of its stakeholders. Stakeholders are consumers, individuals, communities, or

societies that have an interest in or are involved with the company and may be affected by its business activities.

Commitment-Trust Theory
The commitment-trust theory is an approach that has greatly influenced relationship marketing. This theory was developed by Morgan and Hunt (1994). The commitment-trust theory states that commitment and trust are the main points of successful relationship marketing. Commitment and trust are key because they encourage sellers to (1) work in sustainable relationships and collaborate with different partners, (2) reject attractive short-term alternatives in favor of the long-term benefits expected from existing partners, and (3) view high-risk actions as cautious and trusting, believing that their partners will not act opportunistically.

Service Quality
Service quality is something that service providers must perform well. Service quality, as perceived by consumers, stems from a comparison between what a service company offers, i.e., expectations, and their perceptions of the service provider's performance (Supranto, 2016). The concept of quality in healthcare services requires some general clarification. In general, healthcare service quality refers to the level of perfection in healthcare services, where there are two levels of customer expectations for services: adequate and desired service.

Brand Image
Brand image is a representation of the overall perception of a brand and is formed from past information and experiences with that brand. Brand image is related to attitudes in the form of beliefs and preferences toward a brand. Consumers who have a positive image of a brand are more likely to make a purchase (Sutisna et al., 2024). Brand image is formed through consumer satisfaction, and sales are naturally achieved through consumer satisfaction, as satisfied consumers not only return to purchase again but also encourage other potential buyers.

Consumer Satisfaction
According to Irawan and Sitanggang (2020), consumer satisfaction is a cognitive evaluation or assessment of whether a product/service performs as expected. Satisfaction is a person's feeling of pleasure or disappointment resulting from comparing the perceived performance of a product with what is expected. Consumer satisfaction is one of the reasons why consumers decide to shop at a particular place. If consumers are satisfied with a product, they are likely to continue purchasing and using it, as well as sharing their positive experiences with others.

Customer Loyalty
Loyalty is a deep-seated commitment to purchase or support a preferred product or service in the future, even though situational influences and marketing efforts may cause customers to switch. Loyalty is a manifestation of the fundamental human need to possess, support, feel secure, build connections, and create emotional attachments (Hurriyati et al., 2020). Customer loyalty is a condition in which consumers have a positive attitude toward a particular product by considering all the attributes associated with that product.

Hypotheses Development
Effect of Service Quality on Participant Loyalty
Service quality and customer satisfaction are crucial for both companies and researchers, as companies, particularly service providers, need to determine whether their goals are being met in terms of creating satisfied customers or delivering the highest

possible level of perceived service quality. Supporting this, research by Firmansyah et al. (2024) and Kurniawan et al. (2025) found that service quality has a positive influence on customer loyalty. Based on the description above, the first hypothesis of this study is proposed.

H1:   Service quality has a positive effect on participant loyalty.

The Effect of Company Image on Participant Loyalty
For a company, it is highly beneficial to have a product or service with a strong and positive image in the eyes of consumers. Therefore, continuous efforts must be made to build and maintain the company's image so that the brand becomes more preferred, leading to increased consumer loyalty. Yunaida's (2017) research found that brand image has a significant effect on consumer loyalty. Similarly, Haryono and Octavia (2014) also provide evidence that brand image has a significant and positive influence on loyalty. Based on the description above, the second hypothesis in this study is proposed.

H2:   Company image has a positive effect on participant loyalty.

Effect of Service Quality on Patient Satisfaction
Service quality has a close relationship with customer satisfaction, as it serves as a driving force that encourages customers to build strong connections with a company. Over time, these connections enable the company to better understand and meet customer expectations. Research by Kurniyawati and Ratno (2024) provides evidence that the quality of service experienced by customers can significantly enhance their satisfaction with the company's services. Based on the description above, the third hypothesis in this study is proposed.

H3:   Service quality has a positive effect on participant satisfaction.

The Effect of Company Image on Patient Satisfaction
Company image plays a crucial role in shaping customer perceptions. Customers are more likely to view a service positively if others who have used it express favorable opinions. A strong company image serves as both a bridge and a safeguard in maintaining good relationships with customers. Supporting this, the findings of Kurniawan et al. (2025) indicate that a higher company image in the eyes of customers can significantly enhance their satisfaction with the company's services or products. Based on the description above, the fourth hypothesis in this study is proposed.

H4:   Company image has a positive effect on participant satisfaction.

The Role of Patient Satisfaction on Participant Loyalty
Customer satisfaction is the key to creating customer loyalty. Companies gain numerous benefits by achieving a high level of satisfaction; in addition to fostering customer loyalty, it can also help prevent customer turnover, reduce price sensitivity, lower marketing failure costs, and decrease operational expenses by increasing the number of loyal customers. Supporting this view, research by Hidayatullah & Solekah (2024) and Purnama et al. (2024) found that customer satisfaction with a company's services and products significantly contributes to increased customer loyalty. Based on the description above, the sixth hypothesis in this study is proposed.

H5:   Participant satisfaction has a positive effect on participant loyalty

The Role of Patient Satisfaction Mediating Service Quality on Participant Loyalty
Good quality will satisfy customers and influence the formation of customer loyalty. Quality is defined by the extent to which a product or service meets customer expectations. When service is delivered well, it meets or even exceeds expectations. It leads to customer satisfaction. This satisfaction, in turn, plays a crucial role in shaping loyalty; if customers are satisfied with the quality of service they receive, they are more likely to remain loyal. Dimyati and Subagio (2016) emphasize that loyalty is influenced by satisfaction resulting from services that align with or surpass customer expectations. Supporting this, the findings of Apriono et al. (2023) and Kristinawati & Gunardi (2023) show that satisfaction mediates the effect of service quality on patient loyalty. Based on the description above, the sixth hypothesis in this study is proposed.

H6:   Participant satisfaction is able to mediate the effect of service quality on customer loyalty

Patient Satisfaction Mediates Company Image on Participant Loyalty
Consumers with a positive image of a brand are more likely to make repeat purchases. A brand creates a distinct impression on customers, shaping positive perceptions that lead to satisfaction. The findings of Wulandari's (2022) research demonstrate that brand image has an indirect effect on customer loyalty through customer satisfaction. This indicates that customer satisfaction can mediate the relationship between brand image and customer loyalty, suggesting that when customers perceive a brand image as consistent and positive, it enhances their satisfaction and ultimately fosters loyalty. Based on the description above, the seventh hypothesis in this study is proposed.

H7:   Participant satisfaction is able to mediate the effect of brand image on participant loyalty.

Conceptual Framework
Figure 1. Conceptual Framework
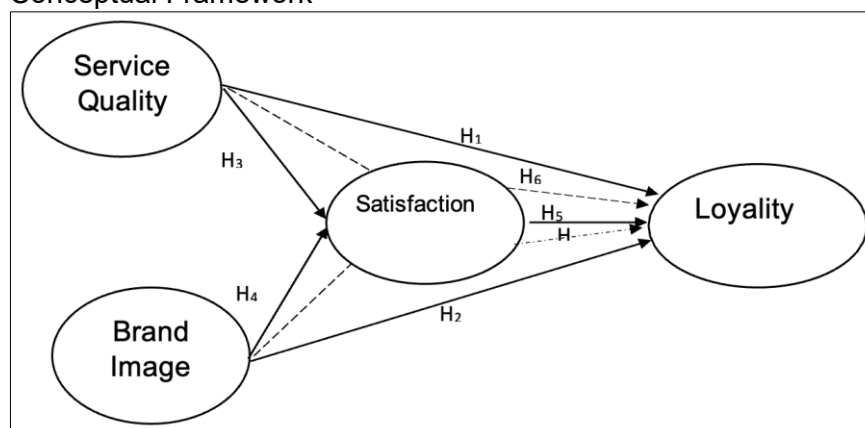
The conceptual framework in Figure 1 illustrates the relationships between service quality, brand image, patient satisfaction, and loyalty among BPJS Kesehatan participants at RSUD Mangusada Badung. The model proposes both direct and indirect effects, with patient satisfaction functioning as a mediating variable. It comprises six hypotheses (H1–H6), each representing a proposed causal link between the constructs. H1 and H2 examine the direct influence of service quality and brand image on patient loyalty. These pathways suggest that the extent to which healthcare services are delivered effectively and the strength of the hospital's institutional image play critical roles in fostering patients' commitment to continue utilizing the hospital's services. High service quality and a favorable brand image are expected to positively affect patients' perceptions and trust, leading to greater loyalty.

H3 and H4 investigate the direct effects of service quality and brand image on patient satisfaction. In the healthcare setting, satisfaction is shaped not only by the clinical quality of care but also by patients' perceptions of the hospital's responsiveness, empathy, and professional reputation. When service delivery is perceived as consistent with expectations and the hospital projects a strong, credible image, patients are more likely to report higher satisfaction.

H5 tests the direct effect of patient satisfaction on loyalty. Satisfied patients are more inclined to return to the same healthcare provider and to recommend its services to others. Satisfaction serves as a fundamental emotional and cognitive response that can translate into enduring behavioral loyalty, especially in the context of public health services. Lastly, H6 and H7 (depicted with dashed arrows) represent the mediating role of satisfaction in the relationship between service quality and loyalty, as well as between brand image and loyalty. These mediation pathways suggest that while service quality and brand image can independently influence loyalty, their effects may be partially or fully channeled through patient satisfaction. This reflects the dual pathway approach, both direct and indirect, emphasizing the importance of satisfaction as a psychological mechanism that strengthens the connection between perceived service attributes and loyalty outcomes.

Overall, this framework offers a comprehensive perspective on patient loyalty by integrating structural and emotional dimensions of healthcare service experiences. It highlights the need for healthcare institutions, particularly those serving public insurance participants, to not only focus on technical service quality and institutional image but also to foster satisfaction as a pathway toward sustained patient loyalty.

RESEARCH METHOD

This study employed a quantitative explanatory approach to investigate the direct and indirect relationships between service quality, brand image, patient satisfaction, and loyalty among BPJS Kesehatan participants at RSUD Mangusada Badung. To analyze the hypothesized model, Partial Least Squares Structural Equation Modeling (PLS-SEM) was utilized, given its suitability for exploratory research, small to moderate sample sizes, and complex models involving mediating variables. The target population consisted of BPJS Kesehatan participants from classes 1, 2, and 3 who had received outpatient or inpatient services at RSUD Mangusada during the study period. Participants were selected using purposive sampling, with specific inclusion criteria: (1) active BPJS Kesehatan membership, (2) receipt of at least one service at the hospital between November 2024 and June 2025, and (3) willingness to participate voluntarily. A minimum sample size of 80 respondents was determined based on analytical requirements for SEM and supported by Arikunto's (2017) guidelines for focused sampling in behavioral research.

The research instrument was developed to measure four latent constructs: service quality, brand image, satisfaction, and loyalty. Items were measured using a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The indicators for each variable were adapted from previously validated instruments, such as those proposed by Parasuraman et al. (SERVQUAL) for service quality, and modified to suit the healthcare and BPJS context. Items were translated into Bahasa Indonesia and pre-tested to ensure linguistic clarity and contextual relevance. Prior to hypothesis testing, the instrument underwent validity testing (using loading factor and AVE) and reliability testing (Cronbach's alpha and composite reliability).

Data collection was conducted through a combination of structured questionnaires, semi-structured interviews, and document analysis to ensure data triangulation. Ethical considerations were strictly observed throughout the research process. Participants were informed about the purpose of the study, and informed consent was obtained before data collection. Anonymity and confidentiality of participant responses were maintained, and participation was voluntary with the option to withdraw at any stage of the study. The data were analyzed using both descriptive statistics (to profile respondents and summarize variable distributions) and inferential statistics using SmartPLS software for model estimation, path analysis, and mediation testing. The use of PLS-SEM provided flexibility in modeling complex variable relationships and was particularly appropriate given the presence of a mediating construct (patient satisfaction) and the relatively limited sample size.

RESULTS

RSUD Mangusada in Badung Regency, as a regional government agency of Badung Regency with the primary task of providing health services to the community, needs to improve the quality of its services. To enhance service quality and enable efficient and effective innovation, on November 12, 2010, RSUD Mangusada, Badung Regency, was designated as a Regional Public Service Agency, with operations commencing on January 1, 2011.

Table 1. Result of Validity and Reliability Testing of the Research Instrument for Exogenous Variables, namely Service Quality and Hospital Image

No.	Indicator	Item	Validity			Reliability	
			Pearson Correlation	Sig	Note	Cronbach's Alpha	Note
1	Service Quality	KP1.1	0.963	0.000	Valid	0.951	Reliable
		KP1.2	0.977	0.000	Valid		
		KP1.3	0.926	0.000	Valid		
		KP2.1	0.918	0.000	Valid	0.927	Reliable
		KP2.2	0.965	0.000	Valid		
		KP2.3	0.923	0.000	Valid		
		KP3.1	0.898	0.000	Valid	0.934	Reliable
		KP3.2	0.974	0.000	Valid		
		KP3.3	0.946	0.000	Valid		
		KP4.1	0.886	0.000	Valid	0.882	Reliable
		KP4.2	0.893	0.000	Valid		
		KP4.3	0.921	0.000	Valid		
		KP5.1	0.922	0.000	Valid	0.911	Reliable
		KP5.2	0.925	0.000	Valid		
		KP5.3	0.918	0.000	Valid		
2	Hospital Image	CRS1.1	0.901	0.000	Valid	0.867	Reliable
		CRS1.2	0.907	0.000	Valid		
		CRS1.3	0.900	0.000	Valid		
		CRS2.1	0.966	0.000	Valid	0.897	Reliable
		CRS2.2	0.909	0.000	Valid		
		CRS2.3	0.869	0.000	Valid		
		CRS3.1	0.948	0.000	Valid	0.899	Reliable
		CRS3.2	0.966	0.000	Valid		
		CRS4.1	0.908	0.000	Valid	0.957	Reliable
		CRS4.2	0.980	0.000	Valid		
		CRS4.3	0.927	0.000	Valid		

		CRS4.4	0.956	0.000	Valid		
		CRS5.1	0.957	0.000	Valid	0.905	Reliable
		CRS5.2	0.954	0.000	Valid		
		CRS6.1	0.757	0.000	Valid	0.713	Reliable
		CRS6.2	0.830	0.000	Valid		
		CRS7.1	0.988	0.000	Valid	0.976	Reliable
		CRS7.2	0.989	0.000	Valid		

The research instrument was tested using validity and reliability tests. Based on Table 1, all items in the four research variables had Cronbach's alpha coefficients above 0.70, indicating that all items were categorized as reliable.

Table 2. Result of Validity and Reliability Testing of Research Instruments Endogenous Variables (Satisfaction and Loyalty)

No.	Indicator	Item	Validity			Reliability	
			Pearson Correlation	Sig	Note	Cronbach's Alpha	Note
1	Satisfaction	KEP1.1	0.978	0.000	Valid	0.948	Reliable
		KEP1.2	0.974	0.000	Valid		
		KEP2.1	0.872	0.000	Valid	0.869	Reliable
		KEP2.2	0.869	0.000	Valid		
		KEP2.3	0.952	0.000	Valid		
		KEP3.1	0.982	0.000	Valid	0.901	Reliable
		KEP3.2	0.839	0.000	Valid		
		KEP3.3	0.926	0.000	Valid		
		KEP4.1	0.965	0.000	Valid	0.878	Reliable
		KEP4.2	0.867	0.000	Valid		
		KEP4.3	0.868	0.000	Valid		
2	Loyalty	LY1.1	0.925	0.000	Valid	0.924	Reliable
		LY1.2	0.943	0.000	Valid		
		LY1.3	0.935	0.000	Valid		
		LY2.1	0.829	0.000	Valid	0.835	Reliable
		LY2.2	0.975	0.000	Valid		
		LY2.3	0.819	0.000	Valid		
		LY3.1	0.908	0.000	Valid	0.750	Reliable
		LY3.2	0.882	0.000	Valid		

Based on Table 2, the research instrument is considered reliable because all dimensions of the satisfaction and loyalty variables have Cronbach's alpha values above 0.70, indicating strong internal consistency. This means that the items used to measure each construct consistently reflect the same underlying concept, making them suitable and dependable for further statistical analysis in this study.

Table 3. Respondent Characteristics

Description	Total (people)	Percentage (%)
Gender		
Male	37	37
Female	63	63
Level of Education		
SMA/SMK	37	37
Diploma	17	17
Bachelor's Degree	46	46
Age Level		

Youngest (16 years old)		
Oldest (78 years old)		
Average (45 years old)		
Services provided at the hospital		
Outpatient care	91	91
Emergency care	9	9
BPJS Class		
Class I	20	20
Class II	46	46
Class III	34	34

Based on Table 3, it shows that the research respondents consisted of 100 individuals, with 37 male respondents and 63 female respondents. The respondents, based on their highest level of education, were mostly bachelor's degree holders (46 respondents), followed by high school/vocational school graduates (37 respondents), and diploma holders (17 respondents).

The study respondents, based on age characteristics, included employees ranging from the youngest at 16 years to the oldest at 78 years, with an average age of 45 years. The services received by respondents at RSUD Mangusada Hospital were mostly outpatient services, with 91 respondents, while the remaining 9 respondents received emergency services. In terms of BPJS service classes, most respondents were from class II (46 respondents), followed by class III (34 respondents), and the fewest were from class I (20 respondents).

Table 4. Description of Respondents' Responses Regarding Service Quality

Indicator	Scale					Mean
	1	2	3	4	5	
KP1.1	0	1	0	64	35	4.33
KP1.2	0	1	3	63	33	4.28
KP1.3	0	1	1	57	41	4.38
KP2.1	0	1	1	61	37	4.34
KP2.2	0	1	2	64	33	4.29
KP2.3	0	1	0	63	36	4.34
KP3.1	0	0	2	64	34	4.32
KP3.2	0	0	2	68	30	4.28
KP3.3	0	0	2	66	32	4.30
KP4.1	0	1	6	61	32	4.24
KP4.2	0	1	6	69	24	4.16
KP4.3	0	3	1	66	30	4.23
KP5.1	0	1	6	68	25	4.17
KP5.2	0	1	3	67	29	4.24
KP5.3	0	1	0	62	37	4.25
Service Quality (KP)						4.28

Based on the results of the descriptive analysis of respondents' answers as shown in Table 4, service quality has an average value of 4.28, meaning that the quality of service at RSUD Mangusada is perceived as high by respondents.

Table 5. Description of Respondents' Answers Regarding Hospital Image

Indicator	Scale					Mean
	1	2	3	4	5	
CRS1.1	0	1	1	67	31	4.28

CRS1.2	0	1	2	58	39	4.35
CRS1.3	2	1	1	59	37	4.28
CRS2.1	0	1	2	58	39	4.35
CRS2.2	0	2	3	61	34	4.27
CRS2.3	0	2	4	60	34	4.26
CRS3.1	0	1	3	66	30	4.25
CRS3.2	0	2	0	63	35	4.31
CRS4.1	0	1	2	69	38	4.24
CRS4.2	0	1	1	70	28	4.25
CRS4.3	0	1	3	65	31	4.26
CRS4.4	0	1	0	66	33	4.31
CRS5.1	0	1	4	65	30	4.24
CRS5.2	1	1	1	67	30	4.24
CRS6.1	0	1	2	67	30	4.26
CRS6.2	0	1	18	56	25	4.05
CRS7.1	0	1	1	66	32	4.29
CRS7.2	0	1	1	64	34	4.31
Hospital Image (CRS)						4.27

As shown in Table 5, the average perception of respondents for the hospital image variable is high, with a mean value of 4.27.

Table 6. Description of Respondents' Responses Regarding Satisfaction Variables

Indicator	Scale					Mean
	1	2	3	4	5	
KEP1.1	0	2	0	67	31	4.27
KEP1.2	0	1	1	71	27	4.24
KEP2.1	0	2	4	70	24	4.16
KEP2.2	0	2	3	67	28	4.21
KEP2.3	0	2	3	74	21	4.14
KEP3.1	0	1	2	66	31	4.27
KEP3.2	0	1	2	69	28	4.20
KEP3.3	0	2	1	60	37	4.32
KEP4.1	0	1	0	70	29	4.27
KEP4.2	0	2	1	68	29	4.24
KEP4.3	0	2	0	70	28	4.24
Participant Satisfaction (KEP)						4.23

Satisfaction is a mediating variable measured by four dimensions, namely performance, price and value comparison, customer experience, and post-purchase satisfaction, with 11 question indicators and an average score of 4.23, indicating that respondents' perceptions of BPJS Kesehatan participant satisfaction are high (see Table 6).

Table 7. Description of Respondents' Responses Regarding Loyalty Variable

Indicator	Scale					Mean
	1	2	3	4	5	
LY1.1	0	1	0	67	32	4.30
LY.12	0	2	1	67	30	4.25
LY1.3	0	1	1	64	34	4.31
LY2.1	0	0	2	65	33	4.31
E.LY2.2	0	0	3	67	30	4.27
LY2.3	0	1	3	68	28	4.23
LY3.1	0	2	3	70	25	4.18

LY3.2	0	2	1	72	25	4.20
Participant's Loyalty (LY)						4.26

Loyalty is measured through three dimensions: making regular repeat purchases, willingness to recommend to others, and not switching to other products, with eight statement indicators. Based on the respondents' answers in Table 7, the loyalty variable is perceived as high, as indicated by an average value of 4.26.

Inferential Statistical Analysis
Convergent Validity Test
Table 8. Convergent Validity

Indicator	Outer Loading	AVE
KP1.1	0.791	
KP1.2	0.796	
KP1.3	0.741	
KP2.1	0.781	
KP2.2	0.773	
KP2.3	0.785	
KP3.1	0.790	
KP3.2	0.764	0.590
KP3.3	0.758	
KP4.1	0.731	
KP4.2	0.740	
KP4.3	0.760	
KP5.1	0.757	
KP5.2	0.800	
KP5.3	0.751	
CRS1.1	0.748	
CRS1.2	0.760	
CRS1.3	0.781	
CRS2.1	0.760	
CRS2.2	0.778	
CRS2.3	0.772	
CRS3.1	0.771	
CRS3.1	0.767	
CRS4.1	0.764	
CRS4.2	0.768	0.586
CRS4.3	0.726	
CRS4.4	0.793	
CRS5.1	0.746	
CRS5.2	0.779	
CRS6.1	0.772	
CRS6.2	0.746	
CRS7.1	0.774	
CRS7.2	0.768	
KEP1.1	0.780	
KEP1.2	0.786	
KEP2.1	0.797	
KEP2.2	0.738	
KEP2.3	0.774	0.598
KEP3.1	0.781	
KEP3.2	0.745	
KEP3.3	0.760	

KEP4.1	0.761	
KEP4.2	0.781	
KEP4.1	0.802	
LY1.1	0.803	
LY.12	0.767	
LY1.3	0.804	
LY2.1	0.762	0.613
LY2.2	0.759	
LY2.3	0.785	
LY3.1	0.802	
LY3.2	0.779	

Table 8 shows that the factor loading values range from 0.741 to 0.804, exceeding the recommended threshold of 0.70 as suggested by Fornell and Larcker (1981). These results indicate that all measurement indicators fulfill the requirements for convergent validity, confirming that each indicator is valid in measuring its corresponding variable. Additionally, the Average Variance Extracted (AVE) values range from 0.586 to 0.613, which are above the minimum standard of 0.5. This further demonstrates that the constructs in this study are capable of adequately representing their respective latent variables.

Discriminant Validity
Table 9. Cross Loadings

	Hospital Image	Satisfaction	Service Quality	Loyalty
CRS1.1	0.748	0.696	0.726	0.704
CRS1.2	0.760	0.711	0.735	0.737
CRS1.3	0.781	0.762	0.760	0.751
CRS2.1	0.760	0.739	0.715	0.718
CRS2.2	0.778	0.757	0.744	0.766
CRS2.3	0.772	0.739	0.749	0.729
CRS3.1	0.771	0.737	0.766	0.749
CRS3.2	0.767	0.757	0.742	0.745
CRS4.1	0.764	0.735	0.736	0.723
CRS4.2	0.768	0.749	0.777	0.743
CRS4.3	0.726	0.716	0.721	0.689
CRS4.4	0.793	0.756	0.765	0.756
CRS5.1	0.746	0.710	0.700	0.702
CRS5.2	0.779	0.765	0.765	0.771
CRS6.1	0.772	0.727	0.736	0.724
CRS6.2	0.746	0.728	0.732	0.721
CRS7.1	0.774	0.733	0.759	0.724
CRS7.2	0.768	0.723	0.741	0.725
KEP1.1	0.711	0.780	0.713	0.717
KEP1.2	0.772	0.786	0.763	0.745
KEP2.1	0.781	0.797	0.787	0.772
KEP2.2	0.717	0.738	0.719	0.704
KEP2.3	0.742	0.774	0.741	0.723
KEP3.1	0.750	0.781	0.748	0.744
KEP3.2	0.741	0.745	0.719	0.709
KEP3.3	0.733	0.760	0.742	0.741
KEP4.1	0.735	0.761	0.736	0.728
KEP4.2	0.743	0.781	0.743	0.732
KEP4.3	0.753	0.802	0.755	0.740

KP1.1	0.769	0.748	0.791	0.760
KP1.2	0.763	0.778	0.796	0.761
KP1.3	0.733	0.724	0.741	0.713
KP2.1	0.764	0.751	0.781	0.751
KP2.2	0.748	0.751	0.773	0.747
KP2.3	0.766	0.746	0.785	0.757
KP3.1	0.782	0.743	0.790	0.756
KP3.2	0.728	0.744	0.764	0.715
KP3.3	0.721	0.717	0.758	0.701
KP4.1	0.714	0.709	0.731	0.708
KP4.2	0.726	0.706	0.740	0.726
KP4.3	0.729	0.734	0.760	0.696
KP5.1	0.740	0.723	0.757	0.698
KP5.2	0.786	0.773	0.800	0.769
KP5.3	0.709	0.706	0.751	0.703
LY1.1	0.762	0.728	0.752	0.803
LY1.2	0.717	0.715	0.735	0.767
LY1.3	0.773	0.759	0.756	0.804
LY2.1	0.750	0.749	0.759	0.762
LY2.2	0.733	0.732	0.721	0.759
LY2.3	0.763	0.752	0.763	0.785
LY3.1	0.774	0.779	0.756	0.802
LY3.2	0.721	0.719	0.722	0.779

Table 9 shows that each indicator has the highest correlation with its respective latent variable compared to other latent variables. These results confirm that all indicators are valid, and the requirement for discriminant validity has been met. This suggests that each construct in the model is distinct and accurately measured by its corresponding indicators.

Reliability Test
Table 10. Reliability Test

	Composite Reliability	Cronbach's Alpha
KP	0.956	0.951
CRS	0.962	0.958
KEP	0.942	0.933
LY	0.927	0.910

Table 10 shows that the composite reliability and Cronbach's alpha values are greater than 0.7, which means that the latent variables in this study have consistent and reliable results.

Inner Model Evaluation (Structural Model)
Table 11. R Square's Result

Variable	R Square
KEP	0.937
LY	0.929

Based on Table 11, the analysis shows that the variance in the Organizational Commitment (M) variable can be explained by Transformational Leadership (X1) and Organizational Culture (X2) by 90.00 percent, indicating a strong explanatory power of these two variables. The remaining 10.00 percent is attributed to other factors not included in the research model. Meanwhile, the variance in the Employee Performance

(Y) variable can be explained by Transformational Leadership (X1), Organizational Culture (X2), and Organizational Commitment (M) by 92.90 percent, leaving only 7.10 percent accounted for by other variables outside the scope of this study. These results highlight the significant role of the examined variables in shaping both organizational commitment and employee performance.

Predictive Relevance

$$Q^2 = 1 - (1 - R_{12})(1 - R_{22})$$
$$= 1 - (1 - 0.937)(1 - 0.929)$$
$$= 0.9955$$

This value indicates that the overall contribution of the variables Transformational Leadership (X1), Organizational Culture (X2), and Organizational Commitment (M) to the Employee Performance (Y) variable is 99.29 percent. The remaining 0.71 percent is the contribution of other variables not included in this model.

Goodness of Fit (GoF)
Table 12. Calculation of GoF Values

Variable	AVE	R^2
KP	0.590	
CRS	0.586	
KEP	0.598	0.937
LY	0.613	0.929
Average	0.597	0.933
GoF $=\sqrt{0.597}$ x 0.933= 0.746		

Table 12 contains the calculation of the Goodness of Fit (GoF) value. The GoF value in this study is 0.746, which indicates a strong model fit. According to Wetzels et al. (2009), a GoF value above 0.36 is considered large. Therefore, the value of 0.746 demonstrates that the research model has a high explanatory power and fits the empirical data very well, confirming the robustness and overall quality of the structural model used.

Summary of Outer Model and Structural Model Evaluation
Table 13. Significance Testing's Result

Mediation Relationship	Coefficient	t-statistic (1.645)	p-value (0.05)
Service Quality $\rightarrow$ Loyalty	0.280	3.036	0.000
Hospital Image $\rightarrow$ Loyalty	0.436	5.073	0.000
Service Quality $\rightarrow$ Satisfaction	0.462	6.654	0.000
Hospital Image $\rightarrow$ Satisfaction	0.514	7.455	0.000
Satisfaction $\rightarrow$ Loyalty	0.259	3.267	0.000
Service Quality $\rightarrow$ Satisfaction $\rightarrow$ Loyalty	0.120	2.937	0.002
Hospital Image $\rightarrow$ Satisfaction $\rightarrow$ Loyalty	0.133	2.926	0.002

The results of the outer model evaluation in this study show that the constructs used in this study are valid and reliable, so that the structural model evaluation can be continued. The results of the structural model evaluation also show that the proposed research model is appropriate, and hypothesis testing can be carried out.

Based on the results presented in Table 13, all seven hypotheses proposed in this study are supported by the data analysis. The first hypothesis, which examines the effect of service quality on participant loyalty, is accepted as the path coefficient is 0.280, with a t-statistic value of 3.036 and a p-value of 0.000, indicating a positive and significant

relationship. Similarly, the second hypothesis is also accepted, showing that hospital image positively influences participant loyalty, supported by a path coefficient of 0.436, a t-statistic of 5.073, and a p-value of 0.000.

The third hypothesis investigates the relationship between service quality and participant satisfaction. The analysis yields a path coefficient of 0.462, a t-statistic of 6.654, and a p-value of 0.000, confirming a significant positive effect and validating the hypothesis. In the fourth hypothesis, hospital image is shown to have a positive effect on participant satisfaction, with a path coefficient of 0.514, a t-statistic of 7.455, and a p-value of 0.000, thus supporting the proposed relationship.

The fifth hypothesis examines the influence of participant satisfaction on participant loyalty, and the results indicate a path coefficient of 0.259, a t-statistic of 3.267, and a p-value of 0.000, confirming a significant positive impact and leading to the acceptance of the hypothesis. The sixth hypothesis explores the mediating role of participant satisfaction in the relationship between service quality and loyalty. With a path coefficient of 0.120, a t-statistic of 2.937, and a p-value of 0.002, the analysis demonstrates that participant satisfaction significantly mediates this relationship, thereby supporting the sixth hypothesis.

Finally, the seventh hypothesis, which tests the mediating role of participant satisfaction in the influence of hospital image on loyalty, is also accepted. The results show a path coefficient of 0.133, a t-statistic of 2.926, and a p-value of 0.002, indicating that participant satisfaction significantly mediates the effect of hospital image on participant loyalty. These findings collectively confirm that all hypotheses are statistically supported based on the values reported in Table 13.

DISCUSSION

The findings of this study offer valuable insights into the determinants of BPJS Kesehatan participants' loyalty within the context of a government hospital. The positive influence of service quality on loyalty underscores the crucial role of service delivery in shaping patient behavior, particularly in a publicly funded healthcare system where expectations are increasingly influenced by private-sector standards. This result is consistent with Pratondo et al. (2024) and Wajiyono et al. (2024), reinforcing the view that even within constrained bureaucratic systems, enhancing service responsiveness, reliability, and empathy can generate loyalty. Interestingly, the magnitude of service quality's effect on satisfaction appears stronger than that of hospital image. This suggests that patients may prioritize functional experiences, such as promptness of care and staff professionalism, over more abstract perceptions like institutional reputation or branding. In the context of BPJS participants, who often rely heavily on public hospitals for affordable care, such expectations may be more outcome-driven than image-based.

Meanwhile, the positive influence of hospital image on loyalty suggests that patients are not merely reactive to individual service encounters, but also form longer-term perceptions shaped by perceived professionalism, innovation, and credibility. The hospital's ability to maintain a trustworthy and modern image contributes to patients' willingness to return and recommend services to others, echoing the findings of Yunaida (2019). However, the comparatively weaker effect of image on satisfaction implies that image alone may not compensate for gaps in direct service quality. This discrepancy points to the possibility that while a strong brand may attract patients initially, sustained satisfaction and thus loyalty rely more heavily on actual service performance.

The results also confirm that patient satisfaction plays a central mediating role, particularly in linking service quality and hospital image to loyalty. Satisfied patients are more likely to remain loyal, as supported by Syahputra (2020). Importantly, the mediating effect is stronger in the path from service quality to loyalty than in the path from hospital image to loyalty. This reinforces the argument that satisfaction is earned more through experiences than perceptions. The mediating role of satisfaction aligns with the expectancy-disconfirmation theory, where loyalty is driven by the fulfillment or exceeding of service expectations.

For healthcare management, these findings suggest that investments in frontline service delivery, such as staff training, communication clarity, and process efficiency, may yield greater returns in terms of patient satisfaction and loyalty than branding efforts alone. For BPJS policymakers, the study offers important implications: enhancing public trust in government hospitals cannot rely solely on institutional image but must be anchored in the consistent delivery of quality care.

Moreover, the results reflect broader trends in healthcare where patients are becoming more evaluative and discerning, even in subsidized health systems. Satisfaction, in this context, is no longer just a passive outcome but a strategic asset in retaining and engaging participants. Hospitals that seek to improve loyalty must therefore understand that patient-centered care grounded in reliability, empathy, and responsiveness remains a non-negotiable foundation, especially as competition and patient expectations continue to rise.

CONCLUSION

This study aimed to examine the impact of service quality and hospital image on the loyalty of BPJS Kesehatan participants at RSUD Mangusada Badung, with a particular focus on the mediating role of patient satisfaction. Using a quantitative approach and PLS-SEM analysis, the research investigated both direct and indirect relationships among these key variables. The findings confirm that both service quality and hospital image have a positive and significant effect on participant loyalty. Moreover, these two factors also directly enhance patient satisfaction, which in turn exerts a strong influence on loyalty. The study also establishes that satisfaction partially mediates the relationship between service quality and loyalty, as well as between hospital image and loyalty. This supports existing theoretical frameworks and strengthens the empirical evidence regarding the central role of satisfaction in healthcare service models.

From a practical perspective, the results suggest that hospital management must prioritize service quality improvements, including staff responsiveness, empathy, and service efficiency, as these factors directly influence both satisfaction and loyalty. Additionally, maintaining a positive institutional image through trustworthiness, professionalism, and innovation can further reinforce patient retention in the BPJS system. These efforts are especially critical in public hospitals, where patient expectations continue to rise despite budgetary and policy constraints.

Theoretically, this study contributes to the healthcare literature by confirming the mediating role of patient satisfaction in the service quality, loyalty, and image loyalty relationships, particularly within a government healthcare setting. Future research should explore other potential mediating or moderating variables, such as perceived value, trust, or emotional engagement, and consider comparative studies between public and private hospitals. Additionally, longitudinal studies would offer deeper insights into how satisfaction and loyalty evolve over time.

In conclusion, this study affirms that enhancing service quality and hospital image, supported by sustained patient satisfaction, is essential for building loyalty among BPJS Kesehatan participants. These findings offer a roadmap for public hospital management and policymakers in designing service strategies that align with patient expectations and promote long-term engagement.

LIMITATION

This study presents several limitations that should be acknowledged to provide context for interpreting the findings. First, the research was conducted exclusively at RSUD Mangusada in Badung Regency, which limits the external validity of the results. The findings may not be generalizable to other healthcare institutions in Bali or throughout Indonesia, as differences in healthcare systems, hospital management practices, and the demographic characteristics of BPJS Kesehatan participants could lead to varied outcomes. Second, the study sample consisted solely of BPJS Kesehatan participants who were either currently receiving or had previously accessed services at RSUD Mangusada during the study period. The use of purposive sampling may introduce selection bias, as this approach might exclude individuals who had negative service experiences or were less motivated to provide feedback, potentially skewing the results. Additionally, data collection relied on perception-based questionnaires, which are inherently subject to respondent bias. Although the instruments used were tested for validity and reliability, individual psychological factors and personal differences in interpreting service quality, hospital image, satisfaction, and loyalty were beyond the study's control and may have influenced the responses.

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DECLARATION OF CONFLICTING INTERESTS

We declare no potential conflicts of interest regarding the research, authorship, and/or publication of this article.

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