



# Developing Healthcare Value Propositions through Emotional Value and Patient Experience: Evidence from BPJS and Non-BPJS Patients

Siwi Dyah Ratnasari<sup>1\*</sup>, Yupo Bagyo<sup>2</sup>

<sup>1,2</sup>STIE Malangkucecwara, Malang, Indonesia.

## \*Corresponding Author

Siwi Dyah Ratnasari

STIE Malangkucecwara,  
Malang, Indonesia.

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**Abstract:** The increasing competition among hospitals necessitates a deeper understanding of patient characteristics, both BPJS (national health insurance) and non-BPJS users, to develop value propositions that are relevant and patient-experience-oriented. This study aims to: (1) analyze and compare the demographic and psychographic segmentation characteristics of BPJS and non-BPJS patients, (2) develop personas that represent patient needs and experiences, and (3) formulate a customer value proposition that reflects patients' emotional values and experiential dimensions. A descriptive mixed-method approach was employed, combining quantitative and qualitative data through in-depth interviews with nine informants: five BPJS patients and four non-BPJS patients. Thematic analysis identified 35 subthemes grouped into four main themes: (1) Emotional Relationship and Patient Loyalty, (2) Comfort and Patient Experience, (3) Health Orientation and Personal Values, and (4) Social and Cultural Factors. The findings indicate that BPJS patients tend to be relationship-oriented, emphasizing trust, empathy, and accessibility, compared with non-BPJS patients are experience-driven and achievement-oriented, focusing on quality, comfort, and service efficiency. Based on these insights, two personas were developed: the "Loyal and Rational Patient" (BPJS) and the "Independent and Aspirational Patient" (non-BPJS). The novelty of this study lies in integrating psychographic analysis with persona development to compare BPJS and non-BPJS patient segments, a perspective rarely explored in hospital management research in Indonesia. The practical implication highlights the need for implementing service and promotional strategies grounded in tailored value propositions that align with patients' psychographic profiles to enhance experience, loyalty, and the hospital's humanistic image.

**Keywords:** Emotional value, Patient experience, Persona, Value proposition.

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## Introduction

The increasingly intense competition in Indonesia's healthcare sector requires hospitals to gain a comprehensive understanding of patient characteristics and behaviors to design services that align with their needs, expectations, and perceived values. X Hospital has achieved the highest level of accreditation (Paripurna) from the Hospital Accreditation Commission (KARS), operates with a capacity of 104 beds, and serves two main patient segments: BPJS (national health insurance) participants and non-BPJS patients (general and corporate clients).

Despite having a quality care system founded on compassion,

operational data reveal strategic challenges in performance optimization. According to internal records, the bed occupancy rate (BOR) between January and August 2025 ranged only from 35% to 47%, significantly below the ideal benchmark of 60%–85% (Baptist Hospital, 2025). Moreover, there is a high dependency on BPJS patients, who constitute 90% of inpatients and 81.3% of outpatients. In contrast, non-BPJS patients contribute only about 10% of inpatient services and 18.7% of outpatient visits. This condition indicates that although Baptist Hospital possesses strong potential in terms of service quality and facilities, the non-BPJS segment remains underdeveloped, even though it holds substantial potential to enhance the hospital's financial sustainability.

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Within the conceptual framework of Segmentation, Targeting, and Positioning (STP), this phenomenon reflects a gap in that segment. The segmentation between BPJS and non-BPJS patients has not been fully leveraged to design differentiated service and communication strategies. According to Kotler et al., (2021), segmentation mapping that includes demographic dimensions (such as age, gender, income, and patient status, new or returning) and psychographic dimensions (including motivation, values, lifestyle, and perception) forms a critical foundation for developing effective hospital marketing strategies. In general, BPJS patients affordability and service accessibility, while non-BPJS patients are more oriented toward speed, comfort, privacy, and emotional value in their service experiences (Davey et al., 2019).

To understand these distinctions, this study uses a persona approach. A persona is a data-driven fictional representation that captures patients' characteristics comprehensively, including their needs, behaviors, values, and goals in accessing healthcare services (Cooper & Pamela Schindler, 2014). This approach facilitates the identification of fundamental differences between BPJS and non-BPJS patients, particularly in psychological and emotional aspects that influence decision-making. Through personas, hospitals can develop a more precise Customer Value Proposition (CVP), with the focus on functional, emotional, and social benefits perceived by patients toward the provided healthcare services (Osterwalder, 2014).

This study aims to: (1) analyze and compare the demographic and psychographic segmentation characteristics of BPJS and non-BPJS patients; (2) develop personas as representations of patients' needs and experiences; and (3) formulate customer value propositions that reflect patients' emotional values and service experiences. A mixed-methods approach was employed, combining quantitative analysis for demographic data and qualitative analysis for psychographic data obtained through in-depth interviews. This approach explains how demographic and psychographic differences influence patients' perceived value and receipt of healthcare experience.

From a theoretical perspective, this study contributes to the advancement of health service marketing literature, particularly in understanding patient behavior based on social and psychological segmentation. From a practical standpoint, the findings are expected to serve as a foundation for hospital management in designing more effective marketing strategies, service models, and customer relationship management systems that emphasize emotional value and enhance the holistic patient experience.

## Theory

### Segmentation, Targeting, and Positioning (STP) in Healthcare Services.

The concept of Segmentation, Targeting, and Positioning (STP) serves as a fundamental framework in modern marketing strategy, designed to identify diverse consumer groups, determine the primary target market segments, and establish the brand or service position in consumers' minds (Kotler & Keller, 2016). In the hospital context, segmentation can be carried out based on demographic factors (such as age, gender, occupation, income, and education level) and psychographic factors (such as lifestyle, values, and health motivation), which influence patients' preferences and behaviors in choosing healthcare services

(Berkowitz et al., 2021). The targeting stage allows hospitals to focus their resources on specific segments—for instance, BPJS patients who tend to prioritize affordability and accessibility, and non-BPJS patients who place greater emphasis on quality, comfort, and service speed. Subsequently, positioning is used to build perception and competitive advantage in view of patients, whether through compassionate, efficient, or exclusive service delivery.

### Persona as a Tool for Psychographic and Emotional Understanding.

A persona is a typified representation of a user or customer group based on empirical research data, reflecting individuals' characteristics, motivations, goals, and behaviors toward a service (Cooper & Pamela Schindler, 2014). In healthcare marketing, persona analysis serves as an essential tool for understanding patients' psychographic and emotional aspects that cannot be captured solely through demographic data (Miaskiewicz & Kozar, 2011). Through the use of personas, hospital management can identify patients' interaction patterns with healthcare services, understand their concerns and expectations, and design experiences that are more personalized and empathetic. Therefore, personas function as a bridge between quantitative approaches (demographic data) and qualitative approaches (emotional and behavioral understanding of patients).

### Patient Experience and Emotional Value in Healthcare Services

Patient experience encompasses interactions between patients and medical personnel, the hospital environment, and administrative processes that shape perceptions of service quality (Wolf et al., 2024). This experience extends beyond clinical outcomes to include the emotional journey of patients. Meanwhile, emotional value refers to psychological benefits or affective responses patients perceive, such as feeling respected, safe, comfortable, and cared for (Sweeney & Soutar, 2001). Emotional value influences loyalty, satisfaction, and patients' willingness to recommend services to others (Chahal & Kumari, 2012). In comparison, BPJS patients assess healthcare services based on accessibility and affordability, whereas non-BPJS patients evaluate comfort, speed, and a more exclusive personal experience.

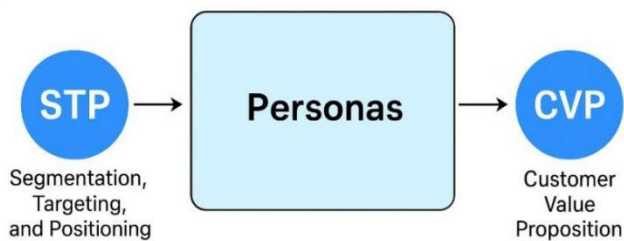
### Customer Value Proposition (CVP) in the Context of Healthcare Services

The Customer Value Proposition (CVP) is a statement of value that articulates the unique benefits an organization promises to deliver for customers, encompassing functional, emotional, and social dimensions (Anderson et al., 2006). CVP has a communication and differentiation strategy for patient expectations and the hospital's service promise (Payne & Frow, 2017). An effective CVP must be grounded in a deep understanding of objective service attributes (e.g., medical quality, efficiency, and cost) and subjective experiences (e.g., empathy, trust, and comfort). Hospitals that successfully design distinct CVPs for BPJS and non-BPJS patient segments can more effectively foster patient loyalty and strengthen their image as institutions rooted in compassion and care.

### Integrating STP, Persona, and CVP for a Patient-Centered Strategy

STP (Segmentation, Targeting, and Positioning), persona, and CVP provide a comprehensive strategic framework for developing patient-centered marketing. STP identifies who the patients are and

how they can be segmented; persona reveals the motivations, emotions, and behaviors underlying their decisions; while CVP translates these insights into tangible and meaningful value propositions (Payne & Frow, 2017). This integrated approach enables hospitals to design strategically relevant and emotionally resonant, bridging the gap between data-driven market analysis and empathy-focused care delivery. In the context of hospitals serving both BPJS and non-BPJS patients, having three concepts is essential for formulating value propositions that align with the needs and expectations of each segment, ultimately reinforcing the hospital's reputation as a compassionate and patient-centered healthcare provider. The integration of Segmentation, Targeting, and Positioning (STP), Persona, and Customer Value Proposition (CVP) forms the foundation of a patient-centered healthcare strategy. This framework connects patient understanding with service differentiation. STP identifies and defines patient segments BPJS and non-BPJS, the Persona captures their motivations and emotional drivers, and the CVP translates these insights into tangible value offerings that align with patient expectations and experiences. Figure 2 explains the research framework.



Figur2. Research Framework

**Research Method**

This study employed a mixed-methods approach, combining quantitative and qualitative methods to understand the differences between BPJS and non-BPJS patient characteristics at X Hospital Batu, Malang, Indonesia. The quantitative approach was used to

analyze patients' demographic data, while the qualitative approach explored psychographic dimensions through in-depth interviews. Integrating both methods provided a holistic picture of patients' behaviors, preferences, and emotional values (Creswell & Clark, 2023). Demographic data were analyzed using descriptive quantitative analysis to illustrate demographic segmentation, whereas psychographic data were analyzed qualitatively using thematic analysis to identify psychographic patterns and emotional experiences. The informants in this study consisted of 9 BPJS patients and 8 non-BPJS patients. The findings from both analyses were then utilized to develop patient personas—data-driven fictional representations that reflect patients' needs, values, and motivations (Cooper & Pamela Schindler, 2014). These personas served as the foundation for formulating the Customer Value Proposition (CVP), which articulates the functional, emotional, and social benefits offered by the hospital's services (Osterwalder & Y, 2014). This approach enabled a deeper comparison between BPJS and non-BPJS patients in terms of patient experience and the development of emotional value.

**Research Findings**

**Demographic and Psychographic Characteristics of BPJS and Non-BPJS Patients**

**Demographic Characteristics of BPJS and Non-BPJS Patients**

The demographic analysis revealed no statistically significant differences between BPJS and non-BPJS patients regarding age, gender, education level, or type of service ( $p > 0.05$ ). However, significant differences were found in patient status (new vs. returning) and place of residence ( $p < 0.05$ ). Figure 1 presents a bar chart illustrating the percentage comparison between BPJS and non-BPJS patients across various demographic categories, including age, gender, income, patient status, service type, and domicile.

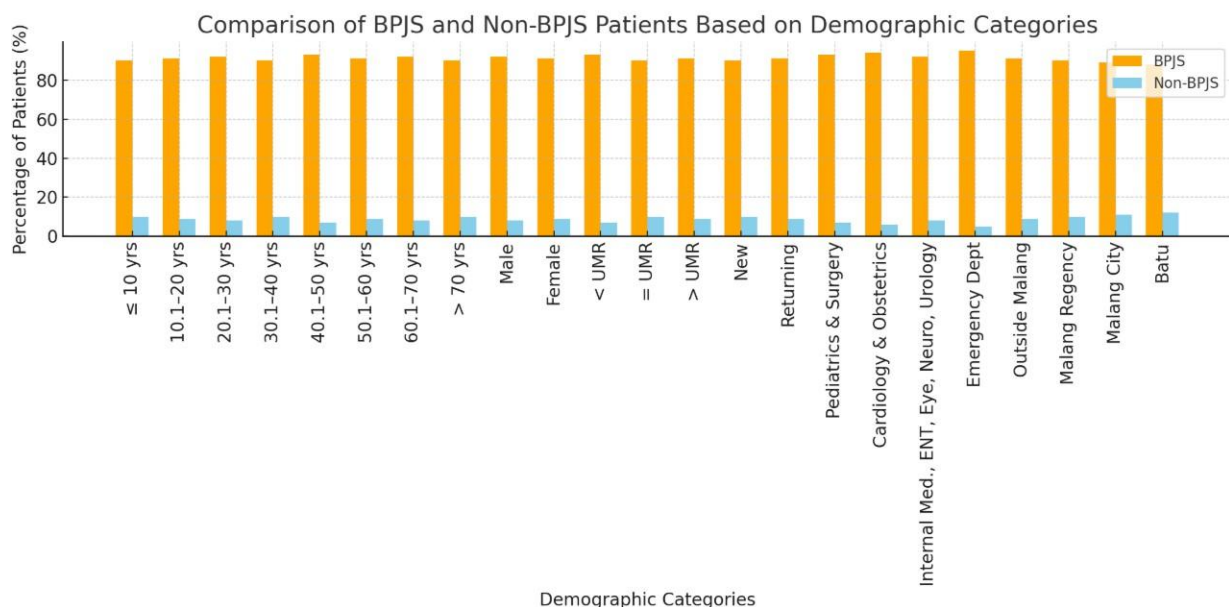


Figure 1. Demographic Category □ BPJS □ Non-BPJS

This diagram illustrates that, in general, BPJS patients dominate across all demographic categories. New patients are predominantly from the non-BPJS group, indicating that this segment chooses healthcare services based on perceived quality and comfort. In contrast, returning patients are mostly BPJS users, reflecting their loyalty to familiar services. The analysis shows that BPJS-covered patients dominate nearly all demographic categories, while non-

BPJS patients show a smaller proportion. The variation in composition is most evident in the categories of patient type and residence, which show statistically significant differences ( $p < 0.05$ ). The comparative visualization is presented in the following bar chart to illustrate the proportions of BPJS and non-BPJS patients within each demographic group.

**Table 1. Psychographic Characteristics of BPJS and Non-BPJS Patients**

No	Informant's Quotation	Meaning Interpretation)	(Psychographic Sub-Theme	Main Theme
1	"I've been coming here for a long time; it already feels right." (BPJS)	Long-term emotional attachment fosters patient loyalty.	Emotional closeness and patient loyalty	Emotional Relationship & Patient Loyalty
2	"For check-ups, I always come back here." (Non-BPJS)	Trust and habit strengthen preference for the same hospital.	Trust and repeated habit	Emotional Relationship & Patient Loyalty
3	"I'm already comfortable here; I don't want to move." (Non-BPJS)	Comfort becomes the emotional basis for maintaining service choice.	Emotional satisfaction	Emotional Relationship & Patient Loyalty
4	"The staff are friendly and caring." (BPJS)	Positive interpersonal relationships strengthen patients' sense of belonging.	Interpersonal relationship	Emotional Relationship & Patient Loyalty
5	"I already know the nurses, so it feels better." (BPJS)	Familiarity with medical staff builds emotional trust.	Familiarity with healthcare staff	Emotional Relationship & Patient Loyalty
6	"My family has been coming here for years." (BPJS)	Loyalty is inherited through family experience.	Family loyalty	Emotional Relationship & Patient Loyalty
7	"It's been great from the start; good service." (BPJS)	Consistent service quality reinforces long-term loyalty.	Service consistency	Emotional Relationship & Patient Loyalty
8	"If the doctor moves, I'll follow." (BPJS)	Loyalty is stronger toward the doctor figure than the hospital.	Personalized loyalty	Emotional Relationship & Patient Loyalty
9	"The rooms here are more private." (BPJS)	The need for privacy and personal comfort in care.	Service privacy	Comfort & Patient Experience
10	"The service is satisfying, no problems at all." (BPJS)	Overall satisfaction forms the foundation of patient trust.	Service satisfaction	Comfort & Patient Experience
11	"The service is good and clean." (Non-BPJS)	Positive perception of service quality and cleanliness.	Service quality and cleanliness	Comfort & Patient Experience
12	"The environment is calm, lots of plants." (BPJS)	Comfort and aesthetics influence positive patient perception.	Comfortable physical environment	Comfort & Patient Experience
13	"There's no difference between BPJS and general patients." (BPJS)	Feeling respected due to equality in service.	Perceived service equality	Comfort & Patient Experience
14	"Service is quick, it feels nice here." (Non-BPJS)	Fast service creates feelings of satisfaction and safety.	Service efficiency	Comfort & Patient Experience
15	"Administrative process runs smoothly." (BPJS)	Efficient administration increases overall satisfaction.	Smooth administration	Comfort & Patient Experience
16	"No waiting lines." (Non-BPJS)	Short waiting time enhances positive perception of service.	Service process efficiency	Comfort & Patient Experience
17	"The air is cool, and the place is comfortable." (Non-BPJS)	Physical comfort supports patient satisfaction.	Physical comfort	Comfort & Patient Experience

No	Informant's Quotation	Meaning Interpretation)	(Psychographic Sub-Theme	Main Theme
18	"I came here based on a friend's recommendation." (BPJS)	Social recommendations are a key information source in choosing hospitals.	Social influence & recommendation	Social & Cultural Factors
19	"We're all Christians here, so it feels comfortable." (BPJS)	Shared cultural or religious background fosters a sense of security.	Cultural and religious factors	Social & Cultural Factors
20	"Even though we have different beliefs, there's no discrimination." (Non-BPJS)	Inclusive service builds cross-faith trust.	Service inclusivity	Social & Cultural Factors
21	"Now I have to go back to my primary facility." (BPJS)	Healthcare system regulations affect patient comfort and access.	Regulation & service access	Social & Cultural Factors
22	"Choosing the hospital is a family decision." (BPJS)	Health decisions are made collectively within families.	Family decision-making	Social & Cultural Factors
23	"I don't check social media, I trust my own experience." (BPJS)	Personal experience is considered more reliable than digital information.	Direct personal experience	Social & Cultural Factors
24	"I go for check-ups even when I feel fine." (BPJS)	Awareness of prevention and personal responsibility for health.	Preventive awareness	Health Orientation & Personal Values
25	"This hospital treats people with humanity." (BPJS)	Empathy and humanistic values shape positive patient perception.	Humanistic service	Health Orientation & Personal Values
26	"I follow the hospital's Instagram and TikTok." (BPJS)	Digital engagement shows patient involvement and interest in services.	Digital engagement	Health Orientation & Personal Values
27	"I need a nursing room..." (BPJS)	Expectation for facilities that support patients' family needs.	Family-friendly facilities	Health Orientation & Personal Values
28	"The security staff are friendly and helpful." (BPJS)	Positive interaction with non-medical staff strengthens overall experience.	Non-medical service quality	Health Orientation & Personal Values
29	"Parking attendants are sometimes impolite." (Non-BPJS)	Supporting factors like parking influence overall patient experience.	Supporting services	Health Orientation & Personal Values
30	"It used to be expensive, now I use BPJS." (BPJS)	Past financial experiences influence the choice of payment systems.	Financial experience	Health Orientation & Personal Values
31	"I used to go only when I was sick; now I do regular check-ups." (BPJS)	Behavioral change toward preventive health patterns.	Health behavior change	Health Orientation & Personal Values
32	"I used to use BPJS but switched to private." (BPJS)	Patients prefer comfort over cost subsidies.	Service class preference	Health Orientation & Personal Values
33	"I don't have BPJS; I don't want to be a burden." (Non-BPJS)	Beliefs and economic conditions influence the decision not to join BPJS.	Reason for not using BPJS	Health Orientation & Personal Values
34	"I prefer private. However, my medical expenses are covered by BPJS" (BPJS)	Consideration of cost efficiency and administrative convenience.	Financial dependency	Health Orientation & Personal Values
35	"I'm afraid of surgery, so I didn't come back." (BPJS)	Fear of medical procedures becomes a barrier to follow-up care.	Psychological barriers to care	Health Orientation & Personal Values

**Source: Patient Interviews (2025).**

In general, BPJS patients tend to exhibit more rational and systematic values, where loyalty and satisfaction are driven by trust in procedures, efficiency, and service assurance. Conversely, non-BPJS patients display a more emotional and personally oriented

character, emphasizing comfort, self-appreciation, and warm interpersonal relationships. Table 2. Comparison of the characteristics of BPJS and non-BPJS patients based on four main themes.

**Table 2. Comparison of BPJS and Non-BPJS Patient Characteristics Based on Four Main Themes**

Theme	BPJS Patients	Non-BPJS Patients
Emotional Connection & Loyalty	Loyal because of trust in procedures, clear rules, and reliable service. Emotions are calm and based on confidence in the system.	Loyal because of warmth, friendliness, and positive personal experiences. They value emotional comfort and care.
Comfort & Experience	Feel comfortable when service is fast, efficient, and well-organized.	Feel comfortable when the hospital is pleasant, friendly, and makes them feel cared for.
Health Orientation & Personal Values	Focus on maintaining health and getting continuous treatment. Value function and service reliability.	Focus on a healthy lifestyle and personal well-being. Value quality of life, self-image, and emotional satisfaction.
Social & Cultural Factors	Influenced by equality and government programs. See BPJS as a public right for everyone.	Influenced by social status and personal choice. See healthcare as part of lifestyle and social image.

Source: Patient Interviews (2025).

**Persona Development for BPJS and Non-BPJS Patients**

A more personalized approach through personas is essential to gain insight into patients’ characteristics, motivations, and behaviors in selecting and utilizing hospital services. Personas help illustrate the ideal types of patients based on interviews, observations, and psychographic analysis.

In this research context, there are two main patient segments: BPJS and non-BPJS patients, each showing distinct differences in how they perceive healthcare services.

- BPJS patients are generally rational, proactive, and focused on medical quality and administrative efficiency.
- Non-BPJS patients are generally more emotional, comfort-oriented, and motivated by positive personal experiences.

To illustrate these differences more clearly, the following table presents the patient persona visualization for both BPJS and non-BPJS groups, representing their behavioral patterns, motivations, and core values in making hospital service decisions.

**Table 3. Visualization of BPJS and Non-BPJS Patient Persona**

Aspect	Persona 1 – BPJS Patient	Persona 2 – Non-BPJS Patient
Persona Name	Mrs. Rina (illustration), Rational & Proactive BPJS Patient	Mr. Andi (illustration), Emotional & Experience-Oriented Non-BPJS Patient
Age	42 years old	50 years old
Occupation	Civil servant / administrative staff	Entrepreneur / private professional
Membership Status	BPJS Patient	Non-BPJS (general/private insurance)
Main Motivation	Ensuring high-quality medical care with clear procedures and affordable costs	Seeking comfort, friendly service, and a positive emotional experience
Important Values	Simple procedures, competent medical services, transparency, and regular health check-ups	Comfortable environment, friendly staff, fast service, trust, and empathy
General Behavior	Visits according to schedule, follows administrative procedures, and actively consults with medical staff	Visits based on needs or recommendations from close contacts, evaluate experience based on comfort and friendliness
Expectations from the Hospital	Efficient administrative system, fast service, communicative doctors and nurses, priority line for check-ups	Calm and clean atmosphere, friendly and attentive staff, quick and personalized service
Concerns	Complicated BPJS procedures, long queues, lack of communication	Lack of personal attention, rigid hospital atmosphere, unclear or non-transparent costs
Loyalty	Built through procedural convenience and consistent medical quality	Built through positive experiences, warm relationships, and emotional security
Appropriate Hospital Strategy	Optimize queue and online administration systems, provide regular education, and develop loyalty programs based on health monitoring	Enhance personalized service, create positive experiences through friendliness, follow-up, and family referral systems

Source: Patient Interviews (2025).

### **Emotional Relationship & Patient Loyalty.**

For BPJS patients, loyalty is primarily developed through trust in the healthcare system and the ease of administrative procedures. Their emotional bond with the hospital is generally rational and professional, shaped by consistency, procedural clarity, and reliability of service. In contrast, non-BPJS patients build loyalty through positive emotional experiences—such as the friendliness of medical staff, personalized attention, and overall comfort during treatment. The relationship they form with the hospital is warm, personal, and emotionally driven, reflecting both the perceived quality of medical services and the sense of being valued and cared for. The key distinction lies in the nature of loyalty formation: BPJS patients are more rational and system-oriented, while non-BPJS patients are emotionally attached and experience-oriented.

This finding aligns with Morgan & Hunt, (1994) Commitment-Trust Theory of Relationship Marketing, which emphasizes that trust and commitment are central to building long-term customer relationships. For BPJS patients, loyalty emerges from trust in institutional reliability and consistent performance—reflecting cognitive loyalty based on perceived dependability. For non-BPJS patients, loyalty represents affective commitment, where emotional satisfaction and personal connection play dominant roles in sustaining the relationship.

Additionally, the result resonates with (Dick & Basu, 1994) Customer Loyalty Model, which distinguishes between cognitive, affective, and conative loyalty. BPJS patients demonstrate cognitive loyalty, where the rationale of service quality and reliability drives repeat visits. Non-BPJS patients, on the other hand, reflect affective and conative loyalty where emotions, experiences, and intention to maintain the relationship outweigh purely rational considerations.

From a service perspective, this pattern supports the SERVQUAL framework (Parasuraman et al., 1988), particularly the assurance and empathy dimensions. BPJS patients prioritize assurance, trust in the system, professional competence, and administrative clarity, while non-BPJS patients place greater value on empathy, warmth, and personalized care, which foster emotional loyalty.

However, this finding contrasts with the Transactional View of Loyalty (Oliver, 1999), which posits that loyalty is primarily a result of repeated positive transactions. In this study, non-BPJS loyalty extends beyond transactional satisfaction; it is relational, rooted in emotional connection and perceived humanization of care. Conversely, BPJS loyalty remains systemic, influenced by institutional trust and procedural efficiency rather than emotional attachment.

Overall, the analysis suggests that hospitals must adopt dual loyalty strategies:

- For BPJS patients, emphasize reliability, transparency, and efficient systems to strengthen trust-based loyalty.
- For non-BPJS patients, focus on emotional engagement, personalized care, and relational warmth to sustain long-term commitment.

Such differentiation aligns with modern healthcare marketing perspectives, which advocate for balancing functional performance with emotional experience to achieve holistic patient loyalty.

### **Comfort & Patient Experience.**

BPJS patients tend to perceive comfort in terms of efficiency and procedural convenience—such as short waiting times, simple administrative processes, and assurance of service access. For them, comfort is closely tied to the smooth functioning of the healthcare system, reflecting a rational and system-oriented mindset. Conversely, non-BPJS patients emphasize physical and emotional comfort, prioritizing aspects such as a clean environment, cozy waiting areas, friendly staff, and pleasant interpersonal interactions. Their sense of comfort is primarily experience-driven, where emotional satisfaction and personal treatment quality play a central role. The key distinction is that BPJS patients associate comfort with operational efficiency, while non-BPJS patients relate it to experiential and relational quality.

This finding aligns with Parasuraman, Zeithaml, and Berry's SERVQUAL model (Parasuraman et al., 1988), which highlights five dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. BPJS patients' emphasis on efficiency, clarity of procedures, and reliability corresponds to the functional aspects of service quality (reliability and responsiveness), while non-BPJS patients' focus on emotional and sensory experiences reflects the empathy and tangibility dimensions, which directly affect perceived satisfaction.

Furthermore, the results are consistent with the Experience Economy theory (Pine & Gilmore, 1999), which asserts that modern consumers seek memorable and emotionally engaging experiences rather than merely functional services. Non-BPJS patients, who often link healthcare with lifestyle and personal well-being, illustrate this shift from functional to experiential value perception.

From a behavioral perspective, this pattern can also be explained through Expectancy-Disconfirmation Theory (Oliver, 1980), where satisfaction arises when perceived performance meets or exceeds prior expectations. BPJS patients' satisfaction stems from expectations of reliability and ease, while non-BPJS patients experience satisfaction when emotional and aesthetic aspects of care surpass their expectations.

In contrast, the findings diverge from the Classical Service Production Model (Lovelock & Wirtz, 2016), which assumes that patient satisfaction is primarily determined by technical or procedural performance. In this study, emotional engagement and atmosphere, often considered intangible factors, emerge as equally critical determinants of satisfaction, especially among non-BPJS patients.

This contrast underscores the evolving nature of healthcare service perception: while efficiency ensures trust and accessibility for BPJS patients, emotional experience fosters loyalty and differentiation among non-BPJS patients. Hence, hospitals should balance system efficiency with empathy-driven care to deliver a comprehensive sense of comfort that meets functional and emotional expectations.

### **Health Orientation & Personal Values.**

BPJS patients exhibit a sustainable health orientation characterized by regular check-ups and preventive care. They tend to perceive healthcare as a necessity and functional responsibility, reflecting a pragmatic approach to maintaining health stability. In contrast,

non-BPJS patients perceive health as part of their personal lifestyle and self-actualization, where healthcare is intertwined with values of comfort, exclusivity, and quality of life. The key distinction lies in the motivational focus: BPJS patients emphasize functional health maintenance, while non-BPJS patients prioritize personal values and life-quality enhancement.

This finding aligns with the Health Belief Model (Rosenstock, 1974), which suggests that health behavior is influenced by individuals' perceived susceptibility, benefits, and barriers. BPJS patients' consistent check-ups and preventive orientation reflect a high perception of health responsibility within systemic access provided by BPJS. Meanwhile, non-BPJS patients' preference for exclusive and premium services aligns with Maslow's Hierarchy of Needs (Maslow, 1943)—particularly the esteem and self-actualization levels, where health is linked to identity, self-worth, and personal fulfillment.

Furthermore, the results resonate with psychographic segmentation theory (Kotler & Keller, 2016), consumers' lifestyle and value systems strongly determine their behavior beyond demographic indicators. BPJS patients, being more collective and compliance-oriented, represent the functional value segment, while non-BPJS patients, being more individualistic and aspirational, represent the emotional and symbolic value segment.

However, these findings contrast with the Rational Economic Model (Becker, 1976), which assumes that patients make healthcare decisions solely based on cost-benefit efficiency. According to this view, BPJS users would be expected to choose health services purely for financial convenience, and non-BPJS users would act similarly if faced with the same economic structure. Yet, the study reveals that emotional and identity-based motivations play a more decisive role than economic rationality suggesting that patient preferences are socially and psychologically constructed rather than purely utilitarian.

In this sense, the evidence supports a holistic behavioral model, combining functional motives (typical of BPJS patients) and expressive motives (typical of non-BPJS patients). This contrast highlights the need for hospitals to customize their value propositions—building trust, efficiency, and reliability for BPJS patients, while delivering personalized, high-quality, and prestige-oriented experiences for non-BPJS patients.

### **Social & Cultural Factors.**

BPJS patients are influenced by collective norms and social policies, including government programs and the perception that BPJS services are a public right. Social factors reinforce a sense of equality and solidarity. Non-BPJS patients, on the other hand, are influenced by social status, individual preferences, and prestige values. Service choices are often associated with economic capacity, self-image, and premium quality. The foundation of decision-making: BPJS patients are driven by social values and public policies, while non-BPJS patients are motivated by social status and personal preferences.

This analysis shows that integrating psychographic dimensions through a persona approach provides a deeper understanding of patients' emotional motivations and behaviors. This aligns with the Customer Value Proposition (CVP) framework proposed by (Osterwalder, 2014), which emphasizes the importance of aligning organizational offerings with the expectations and perceived value

of different customer segments. The use of personas helps hospitals identify functional needs and emotional and social value drivers, leading to more human-centered service strategies.

Additionally, the psychographic segmentation theory from Kotler & Keller, (2016) supports this perspective, stating that consumers' behavior and service preferences are shaped by their values, lifestyles, and motivations rather than purely demographic variables. Likewise, (Cooper & Pamela Schindler, 2014) argue that personas serve as empathetic tools to humanize data, helping organizations understand how emotional and cognitive factors influence decision-making. In the healthcare context, this method enhances the hospital's ability to personalize communication, strengthen relationships, and design patient experiences that reflect each segment's psychological orientation.

However, this view contrasts with the Rational Choice Theory (Becker, 1976), which assumes that individuals make healthcare decisions primarily based on rational evaluations of cost and benefit rather than emotional or social identity considerations. From this perspective, both BPJS and non-BPJS patients would be expected to act similarly if given the same cost-benefit structure. Yet, the findings from this study indicate that emotional, cultural, and social identity factors play a stronger role than purely economic logic—especially in influencing perceptions of trust, belonging, and satisfaction.

This theoretical tension reveals that patient behavior in healthcare cannot be explained solely through economic rationality. Instead, it reflects an integration of social influence, cultural norms, and emotional meaning, supporting a more holistic understanding consistent with social constructivist views (Berger & Luckmann, 1966). Therefore, designing effective hospital strategies requires acknowledging that BPJS patients respond to collective and policy-based motivations, while non-BPJS patients are more responsive to personalized experiences, symbolic value, and self-expression.

### **Value Proposition of BPJS and Non-BPJS Patients**

Based on the mapping results using the empathy map and persona of BPJS and non-BPJS patients, a deeper understanding was obtained regarding their perceptions, expectations, and the values they consider important in their hospital service experience. These findings were formulated into value propositions, representing the key values expected by each patient segment.

The BPJS patient value proposition indicates that BPJS patients choose hospitals because of clear procedures, reliable medical quality, and a comfortable environment that allows them to manage their health continuously and feel secure. Meanwhile, the non-BPJS patient value proposition emphasizes the desire for fast, comfortable, and high-quality services without complexity, providing a sense of appreciation and prestige.

These findings are supported by the Service Quality (SERVQUAL) theory proposed by (Parasuraman et al., 1988), which explains that patient satisfaction and perceived value are strongly influenced by five dimensions of service quality: tangibility, reliability, responsiveness, assurance, and empathy. BPJS patients' preference for reliability and procedural clarity aligns with the reliability and assurance dimensions, while non-BPJS patients' emphasis on speed, comfort, and personalization reflects responsiveness and empathy. In addition, the Value-Based Healthcare framework by Martan et al., (2023) supports this perspective, suggesting that

patients evaluate healthcare services not only based on clinical outcomes but also on their perceived value, which includes efficiency, comfort, and emotional experience. This reinforces the importance of differentiating value propositions for each patient segment based on their motivations and expectations.

However, this view is challenged by the Health Belief Model (HBM) proposed by Rosenstock, (1974), which argues that health service utilization is primarily determined by personal perceived susceptibility, perceived severity, perceived benefits, and perceived barriers rather than by emotional or experiential values. According to HBM, BPJS and non-BPJS patients may not differ significantly

in their health-seeking behavior if their perceived health risks are similar.

The contradiction between SERVQUAL and HBM illustrates that while emotional and experiential values (as highlighted by value propositions) are important in shaping patient satisfaction and loyalty, behavioral decisions to seek or maintain care may still be rooted in cognitive health perceptions and system accessibility. Therefore, integrating both perspectives provides a more comprehensive understanding of patient behavior in hospital selection.

**A comparison of BPJS and non-BPJS patient value propositions is presented in Table 4.**

Main Theme	Value Proposition of BPJS Patients	Value Proposition of Non-BPJS Patients
Emotional Relationship & Patient Loyalty	The hospital serves as a long-term healthcare partner that is professional and consistently supports BPJS patients.	The hospital provides empathetic service and warm relationships, making patients feel valued and appreciated.
Comfort & Patient Experience	Fast service, simple administration, and a clean environment make the treatment experience more efficient.	A pleasant and stress-free treatment experience through friendly, comfortable, and personalized service.
Health Orientation & Personal Values	The hospital supports patients in actively maintaining their health through education and regular check-ups.	The hospital helps patients achieve a healthy and balanced lifestyle through personalized preventive services.
Social & Cultural Factors	The hospital serves the community as an accessible facility that meets patients' socio-economic needs.	The hospital respects cultural values and family traditions by providing caring and respectful services.

**Source: Patient Interviews (2025).**

**Psychographic Analysis**

Psychographic analysis was conducted to understand patients' values, motivations, and behaviors in using hospital services, serving as the foundation for developing personas and value propositions. This aligns with the consumer behavior segmentation theory proposed by Kotler & Keller, (2016), which states that psychographic segmentation can effectively describe differences in individuals' values, lifestyles, and motivations when choosing services. Based on interviews with nine informants (five BPJS patients and four non-BPJS patients), 35 subthemes were identified and grouped into four main themes: Emotional Relationship and Patient Loyalty, Comfort and Patient Experience, Health Orientation and Personal Values, and Social and Cultural Factors

The results indicate that BPJS patients tend to be relationship-oriented, emphasizing trust, empathy, and accessibility, while non-BPJS patients are more experience-driven and achievement-oriented, focusing on quality, comfort, and service efficiency. These differences support the Customer Value Proposition concept proposed by Osterwalder, (2014), which emphasizes that perceived customer value is shaped by a balance between functional, emotional, and social benefits.

The psychographic representation is visualized through two personas: "The Loyal and Rational Patient" (BPJS) and "The Independent and Aspirational Patient" (Non-BPJS). Both highlight

the importance of empathetic relationships and a human-centered hospital image as the foundation of patient trust. These findings support both the psychographic segmentation theory (Kotler & Keller, 2016) and the Customer Value Proposition concept (Osterwalder, 2014), emphasizing that differences in patient orientation must be translated into specific and relevant value strategies.

**Conclusion**

This study successfully analyzed and compared the demographic and psychographic segmentation characteristics of BPJS and non-BPJS patients. The findings reveal that BPJS patients are relationship-oriented, prioritizing trust, empathy, and service accessibility, while non-BPJS patients are experience-driven and achievement-oriented, focusing on service quality, comfort, and efficiency.

Based on psychographic analysis, two main personas were developed: "The Loyal and Rational Patient" (BPJS) and "The Independent and Aspirational Patient" (Non-BPJS). These personas represent distinct motivations, expectations, and behaviors in hospital service preferences.

The resulting customer value proposition highlights the importance of balancing functional, emotional, and social values. For BPJS patients, the core value lies in system reliability and trust in

services; for non-BPJS patients, value is formed through positive experiences, personal attention, and a high-quality hospital image.

### Recommendations

For Hospitals: Develop service strategies tailored to each patient segment. For BPJS patients, focus on enhancing trust, empathetic communication, and simplifying procedures to strengthen loyalty and perceptions of fairness. For non-BPJS patients, improve service experience through efficiency, personalization, and a comfortable, prestigious atmosphere. For Marketing Strategy Development: use persona-based segmentation to design promotional messages and value propositions that better align with the emotional needs of each segment. For Future Research: Conduct quantitative testing of the proposed value proposition model to empirically measure its impact on patient satisfaction and loyalty.

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