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The Moderating Role of BPJS Service Experiences in the Relationship between Reference Groups and Telemedicine Purchase Intention

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ABSTRACT

*This study examines the influence of reference groups on telemedicine purchase intention among BPJS Kesehatan participants in Indonesia, with BPJS service experience as a moderating variable. Data from 105 respondents were analyzed using PLS-SEM via SmartPLS 4.0, with sample adequacy confirmed through G*Power analysis (power = 0.81). Results show that value-expressive influence significantly and positively affects telemedicine purchase intention, while informational and utilitarian influences show no significant direct effects. Notably, BPJS service experience significantly and negatively moderates the relationship between value-expressive influence and purchase intention, indicating that greater service dissatisfaction weakens identity-based social motivations rather than strengthening them. This finding extends the Push-Pull-Mooring framework by revealing that severe institutional dissatisfaction suppresses rather than amplifies value-expressive influence. The study highlights the contextual role of public healthcare experience in digital health adoption decisions.*

Keywords: Reference Groups; Telemedicine; BPJS Service Experience; Purchase Intention; Public Healthcare.

ABSTRAK

Penelitian ini menganalisis pengaruh *reference group* terhadap niat pembelian telemedisin di kalangan peserta BPJS Kesehatan, dengan pengalaman layanan BPJS sebagai variabel moderasi. Data dari 105 responden dianalisis menggunakan PLS-SEM melalui SmartPLS 4.0, dengan kecukupan sampel dikonfirmasi melalui analisis G*Power (power = 0.81). Hasil menunjukkan bahwa *value expressive influence* berpengaruh positif dan signifikan terhadap niat pembelian telemedisin sementara *informational influence* dan *utilitarian influence* tidak berpengaruh signifikan secara langsung. Temuan penting menunjukkan bahwa pengalaman layanan BPJS memoderasi secara negatif dan signifikan hubungan antara *value expressive influence* dan niat pembelian, mengindikasikan bahwa ketidakpuasan layanan yang lebih besar justru melemahkan motivasi sosial berbasis identitas. Temuan ini memperluas kerangka *Push-Pull-Mooring* dengan menunjukkan bahwa ketidakpuasan institusional yang parah menekan, bukan memperkuat, pengaruh *value expressive*. Studi ini menegaskan peran kontekstual pengalaman layanan kesehatan publik dalam keputusan adopsi kesehatan digital.

Kata Kunci: Grup Referensi; Telemedisin; Pengalaman Layanan BPJS; Niat Pembelian; Layanan Kesehatan Publik.

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INTRODUCTION

The rapid advancement of digital technology has significantly transformed the healthcare sector, particularly through the proliferation of telemedicine platforms. In Indonesia, industry projections suggest the telemedicine market is on a strong growth trajectory, driven by governmental initiatives targeting digital health infrastructure expansion and increased facility coverage (Eurogroup Consulting, 2025). Platforms such as Halodoc and Alodokter have emerged as leading digital health providers, offering accessible consultations, electronic pharmacies, and hybrid care models that enable individuals to obtain medical advice conveniently without in-person visits (Rumambi et al., 2025). The expansion of telemedicine accelerated markedly during the COVID-19 pandemic, as social distancing measures necessitated remote healthcare alternatives and normalized digital health engagement among Indonesian consumers.

Within this landscape, BPJS Kesehatan's National Health Insurance system plays a pivotal role in shaping healthcare consumption patterns. Despite its critical contribution to expanding healthcare coverage across Indonesia, the program has been associated with persistent challenges including extended waiting periods, complex administrative procedures, and perceived disparities in service (Bahri et al., 2025; Praja et al., 2024; Sari, 2025). These service-related frustrations may constitute a significant push factor that shapes consumer perceptions of existing healthcare services and prompts consideration of alternative options, including telemedicine applications. Understanding how this institutional service experience interacts with consumers' social motivations is therefore critical for explaining telemedicine adoption behavior in the Indonesian context.

Scholarly literature on consumer decision-making underscores the importance of reference groups in shaping behavioral intentions. Research identifies two core determinants of purchase intention: internal and external factors, with reference groups representing a key external influence (Mothersbaugh & Hawkins, 2015). Reference group influence operates through three distinct mechanisms: informational influence, which involves seeking advice from knowledgeable others; utilitarian influence, which reflects compliance with group norms to gain rewards or avoid sanctions; and value-expressive influence, which reflects the desire to align consumption behavior with one's self-image and social identity (Bearden & Etzel, 1982). In digital health contexts, these mechanisms may interact differently with consumers' healthcare service experiences, yet this interaction remains insufficiently explored in existing literature.

Although prior studies have examined the effect of reference groups on purchase intention in digital health contexts, they have predominantly treated reference group dimensions as direct predictors of adoption intention, without theorizing or testing the conditions under which their influence strengthens or weakens (Dewanta et al., 2023; Marulitua et al., 2024; Salsabila & Ernawaty, 2022). The Push-Pull-Mooring (PPM) framework and the Unified Theory of Acceptance and Use of Technology (UTAUT) both acknowledge that contextual factors, including prior service experience can moderate the strength of social influence on behavioral intention. However, no study to date has empirically tested whether public healthcare service experience, specifically within the BPJS Kesehatan system, moderates the relationship between reference group dimensions and telemedicine purchase intention. This represents a meaningful theoretical gap, as the PPM framework's push-factor logic has not been integrated with reference group influence theory in a public healthcare switching context.

From a practical standpoint, existing research on telemedicine adoption in Indonesia has largely focused on general service quality, technology acceptance factors, or private healthcare contexts (Alexandra et al., 2021; Henry et al., 2024; Mayori & Radityo Putro, 2024; Putri & Maharani, 2023). The specific role of BPJS service experience which affects over 90% of Indonesia's insured population, as a contextual moderator of telemedicine purchase decisions has not been addressed. This is a practically gap because telemedicine providers and policymakers need to understand whether dissatisfied BPJS users constitute a distinct consumer segment with different social influence dynamics, requiring targeted marketing and policy approaches.

Therefore, this study examines the influence of reference groups specifically informational, utilitarian, and value-expressive dimensions on telemedicine purchase intention among BPJS participants, with BPJS healthcare service experience serving as a moderating variable. By integrating reference group influence theory with the PPM framework within the context of Indonesia's public healthcare system, this research contributes to the digital health literature and provides actionable insights for telemedicine providers and health policymakers seeking to understand consumer decision-making in Indonesia's evolving healthcare ecosystem.

LITERATURE REVIEW

Consumer Behaviour and Reference Groups

Consumer behavior is broadly defined as the study of individuals, groups, or organizations and the processes they use to select, secure, use, and dispose of products, services, experiences, or ideas to satisfy needs as well as the impacts that these processes have on consumers and society (Mothersbaugh & Hawkins, 2015; Solomon, 2019). Factors influencing consumer behavior are divided into two primary categories: internal factors and external factors. Internal factors refer to psychological processes within the individual, including perception, learning, memory, motivation, personality, emotions, and attitudes. External factors, by contrast, originate from outside the individual and range from large-scale macro-level influences such as culture and social class to smaller micro-level influences such as reference groups and marketing activities (Schiffman & Wisenblit, 2015).

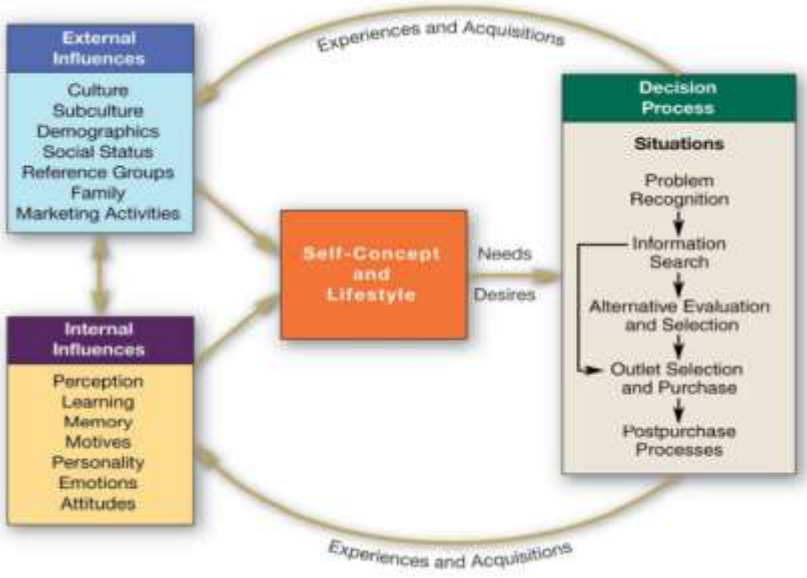

Figure 1. Model of Consumer Behaviour
Source: Mothersbaugh & Hawkins, 2015

It is important to distinguish between a group and a reference group. A group is described as two or more people who share a set of rules, values, or beliefs and are related to one another, explicitly or implicitly, such that their behaviors become interdependent. A reference group, by contrast, is a person or a collection of people who influence how others evaluate themselves, form attitudes, and make behavioral decisions. People frequently compare themselves to reference groups and allow these groups to direct their attitudes, knowledge, and behavior (Pransopon & Hoonsopon, 2019). Reference groups may be actual or hypothetical, meaning even aspirational figures or imagined social collectives can exert significant influence on an individual's assessments, goals, or actions (Lin & Chen, 2009).

There are three primary mechanisms through which reference groups exert influence. First, informational influence occurs when an individual actively seeks information from knowledgeable persons or experts in a relevant field, driven by the desire to make well-informed decisions and optimize choices (Bearden & Etzel, 1982; Kelman, 1961). Second, utilitarian influence, also referred to as normative influence, reflects an individual's adjustment of behavior to conform to group norms or standards in order to obtain rewards or avoid sanctions from the group; this process is underpinned by the compliance mechanism described by Kelman (1961) and elaborated in reference group theory by Schiffman & Wisenblit (2015). Third, value-expressive influence reflects a characteristic behavioral tendency wherein an individual acts in ways that improve self-image or form desired impressions within a group, driven by identification with that group's values and lifestyle (Bearden & Etzel, 1982).

In this section, the author presents a review of the literature, both theoretically and empirically, used in carrying out research. If necessary, the author can write a research hypothesis. Authors can also include a research model or framework in this section.

Informational Influences, Utilitarian Influence, and Value Expressive Influence Towards Purchase Intention

Purchase intention refers to the likelihood that a consumer will proceed to purchase a specific product or service (Mothersbaugh & Hawkins, 2015). It is widely recognized as a key predictor of actual purchase behavior and is shaped by both attitudinal and normative factors rooted in the Theory of Planned Behavior (Fishbein & Ajzen, 2011). In marketing theory, purchase intention is understood as a consumer's conscious plan or readiness to engage in a purchasing action, influenced by a combination of internal evaluations and external social cues (Kotler & Keller, 2016).

Informational influence has been shown to have a significant impact on trial purchase intention, reflecting the fact that consumers typically rely on others' knowledge during early-stage product evaluation (Ding et al., 2020). Research by Erkan & Evans (2018) demonstrates that electronic word-of-mouth (eWOM), a key form of informational influence in digital environments, significantly influences online purchase intention through information quantity, readiness, detail, and reliability. Furthermore, Liu et al (2018) confirm that informational influences increase purchase intention, while Kuan et al Kuan et al. (2014) document the role of informational influence in online purchasing decisions. Collectively, these studies support a theorized positive relationship between informational influence and purchase intention.

H1: Informational influence has a positive effect on purchase intention

Utilitarian influence, conceptualized as normative social pressure, has also been associated with purchase intention in online commerce contexts. Peña-García et al. (2020) found that consumers are more likely to purchase online when they perceive peer support for that decision. Liu et al. (2018) further confirm that perceptions of similarity and expertise within reference groups generate both normative and informational pressures that raise purchase intentions. Zhu & Chen (2016) demonstrated that normative influence is positively related to consumer actions in online buying contexts, and Kuan et al. (2014) found that normative and informative social effects jointly influence purchasing choices on group buying platforms. These findings support a positive relationship between utilitarian influence and purchase intention.

H2: Utilitarian influence has a positive effect on the purchase intention

Value-expressive influence has been found to substantially enhance purchase intention by facilitating congruence between consumption behavior and desired self-image. Zici et al. (2021) reveal that brand image interacts with value-expressiveness to explain purchase intentions, particularly in contexts where consumption carries symbolic meaning. Schade et al. (2016) found that value-expressive influence significantly impacts the purchase intention of younger adult consumers who use consumption as a form of identity expression. Shanmugavel & Solayan (2021) further confirm that value-expressive influence is strongly correlated with green product purchase intention, suggesting that when a product aligns with a consumer's values and self-concept, adoption intentions are strengthened. These findings collectively support a positive relationship between value-expressive influence and purchase intention.

H3: Value-expressive influence has a positive effect on the purchase intention

The Relationship Between Service Experience and Purchase Intention

Service quality is a foundational determinant of consumer behavioral intentions, including repurchase and adoption decisions. Research in healthcare settings demonstrates that perceived service quality directly influences patient satisfaction and loyalty pathways, with medical service quality explaining significant proportions of recommendation intent and service reuse intent (Liao et al., 2022). Emotional and perceptual elements of service experience further strengthen consumer trust, which positively correlates with behavioral intentions in digital health platforms (Alexandra et al., 2021). Zeithaml et al. (1990) establish that perceived service quality, particularly when assessed across dimensions of reliability, responsiveness, assurance, empathy, and tangibility is a robust predictor of consumer intentions to continue or switch services.

In the context of Indonesia's public healthcare system, BPJS Kesehatan participants' service experiences encompass administrative processes, access and waiting time, service delivery quality, and informational clarity. These dimensions are adapted from the SERVQUAL framework developed by Parasuraman et al. (1988), which remains the most widely validated instrument for measuring consumer perceptions of service quality across healthcare and digital service contexts. Importantly, in the present study, BPJS service

experience is operationalized primarily in the direction of service deficiency, higher scores reflect greater dissatisfaction with BPJS services. This framing is theoretically consistent with the Push-Pull-Mooring (PPM) model, wherein negative service experiences function as push factors that motivate consumers to seek alternative service providers (Amin et al., 2022). Given the documented challenges of the BPJS system including long waiting times, complex administrative procedures, and perceived quality gaps the direct effect of BPJS service experience on telemedicine purchase intention is theoretically plausible, though its direction warrants empirical examination.

H4: BPJS service experience has a positive effect on the purchase intention

The Moderating Effects of BPJS Service Experience

The theoretical basis for BPJS service experience as a moderating variable draws from both the Push-Pull-Mooring (PPM) framework and the Unified Theory of Acceptance and Use of Technology (UTAUT), as well as foundational innovation diffusion theory (Rogers, 2003). Within the PPM framework, negative service experiences function as push factors that heighten consumer motivation to seek and evaluate alternatives. In technology adoption models such as UTAUT, adverse prior service interactions amplify the role of social influence in shaping adoption intentions toward digital alternatives, as dissatisfaction increases consumers' reliance on external informational cues (Amin et al., 2022).

Regarding the moderation of informational influence, poor service experiences are theorized to heighten uncertainty and stimulate information-seeking behaviors from reference groups. When consumers are dissatisfied with existing services, they are more likely to turn to knowledgeable peers or experts for guidance on alternatives making informational reference group cues more influential under conditions of BPJS service dissatisfaction (Amin et al., 2022; Gordon et al., 2020).

H5: BPJS service experience moderating the relationship between informational influences and purchase intention

Regarding the moderation of utilitarian influence, service quality gaps may theoretically strengthen compliance-based motivations by making the social rewards of group conformity, such as peer approval and efficiency gains, more compelling when consumers face service-related costs such as excessive waiting times or procedural complexity (Gordon et al., 2020; Gupta et al., 2025). Under conditions of BPJS dissatisfaction, consumers may become more susceptible to social pressure from peers, family, or colleagues regarding the adoption of telemedicine as an alternative.

H6: BPJS service experience moderating the relationship between utilitarian influences and purchase intention

Regarding the moderation of value-expressive influence, prior literature suggests that negative healthcare experiences may intensify consumers' desire to align with innovative, technology-embracing social groups as a form of identity enhancement and self-expression (Salsabila & Ernawaty, 2022). When existing services fail to meet consumer expectations, the aspiration to belong to a group associated with modernity and technological proficiency may become more salient, potentially amplifying the effect of value-expressive reference group cues on telemedicine adoption intentions. Service quality is recognized as a significant moderator of social influence effects on behavioral intentions in healthcare contexts, justifying the theoretical inclusion of BPJS service experience as a moderating variable across all three reference group influence pathways.

H7: BPJS service experience moderating the relationship between value-expressive influences and purchase intention

Theoritical Framework

The theoretical framework of this study, as illustrated in Figure 2, integrates reference group influence theory with the Push-Pull-Mooring (PPM) framework to examine telemedicine purchase intention among BPJS participants in Indonesia. Drawing on Kelman (1961) tripartite model of social influence and Bearden & Etzel (1982) reference group typology, three dimensions of reference group influence: informational, utilitarian, and value-expressive, are positioned as independent variables directly affecting telemedicine purchase intention as the dependent variable, conceptualized in accordance with the Theory of Planned

Behavior Fishbein & Ajzen (2011) and consumer behavior theory (Kotler & Keller, 2016; Mothersbaugh & Hawkins, 2015). BPJS healthcare service experience is incorporated as a moderating variable, grounded in PPM logic wherein negative public healthcare experiences constitute push factors that may alter consumers' sensitivity to social influence cues when evaluating telemedicine as an alternative producing seven testable hypotheses in total (H1–H7).

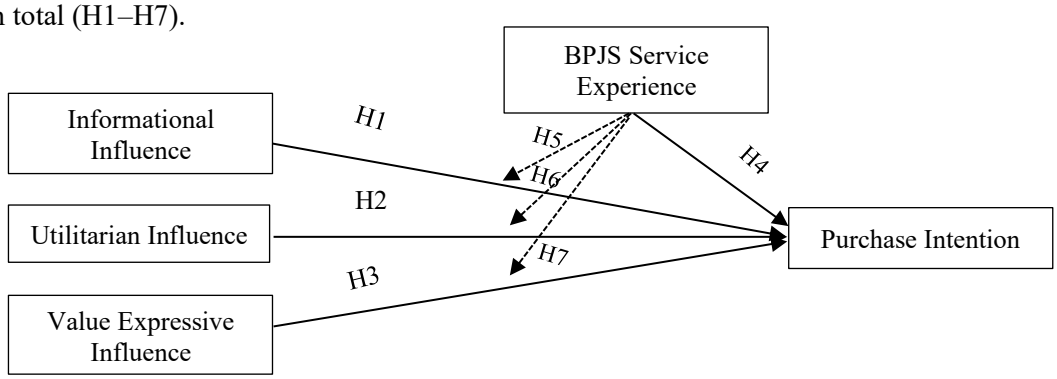

Figure 2. Proposed Hypothetical Model
Source: Own work, 2025

RESEARCH METHODS

Research Design and Data Collection

This study employed a quantitative research design using a survey method to examine the influence of reference groups on telemedicine purchase intention, with BPJS healthcare service experience as a moderating variable. Data were collected through an online questionnaire distributed to respondents who were registered BPJS participants and had prior experience with or had considered using telemedicine services. The questionnaire was administered during 2025 and yielded a total of 105 complete and usable responses.

Population, Sampling, and Sample Size Adequacy

The study population consisted of BPJS Kesehatan participants in Indonesia. A purposive sampling technique was applied to ensure that all respondents satisfied two criteria: (1) active registration as a BPJS participant, and (2) prior experience using or consideration of telemedicine services. This criterion-based approach was adopted to ensure that respondents possessed sufficient knowledge and direct experience relevant to the constructs under investigation.

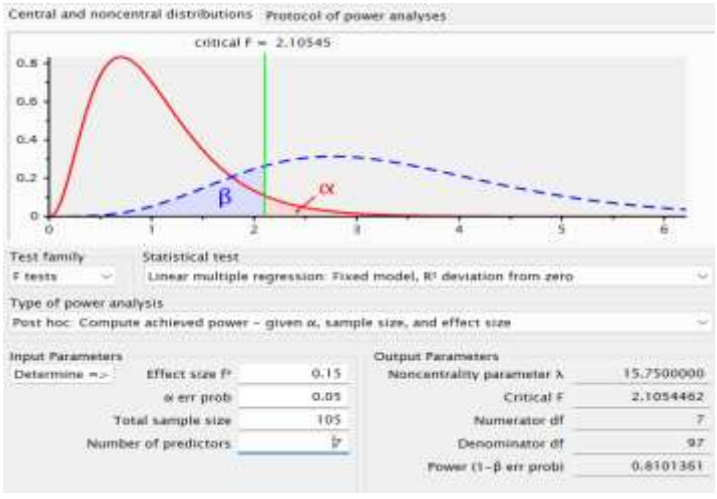

Figure 3. G*Power Post Hoc Statistical Analysis Output
Source: Own work, 2026

The adequacy of the sample size of 105 respondents was evaluated through two complementary

approaches. First, a post hoc statistical power analysis was conducted using G*Power software (Faul et al., 2009) applying the linear multiple regression framework with a medium effect size ($f^2 = 0.15$), a significance level of $\alpha = 0.05$, and 7 predictors, comprising three main effects (informational influence, utilitarian influence, and value expressive influence), one moderator direct effect (BPJS service experience), and three moderation interaction terms. The analysis yielded an achieved statistical power of 0.81, exceeding the recommended minimum threshold of 0.80. Cohen (2013) thereby confirming that the sample size was sufficient to detect medium-sized effects with adequate reliability. Second, the sample size also satisfies the 10-times rule heuristic recommended for PLS-SEM (Hair & Alamer, 2022) which requires a minimum sample of 10 times the maximum number of structural paths pointing to any single construct, yielding a minimum of 70 respondents in this model. The achieved sample of 105 comfortably surpasses this threshold.

Measurement Instruments

All constructs were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Measurement items for informational influence, utilitarian influence, and value expressive influence were adapted from established consumer behavior literature (Puspitaningsih & Setiapuspita, 2020) and purchase intention was adapted from Mothersbaugh & Hawkins (2015). The operational definitions and full item specifications for each construct are presented in Table 1.

BPJS healthcare service experience was operationalized based on participants' perceived quality of BPJS services, adapted from the SERVQUAL framework (Parasuraman et al., 1988), encompassing dimensions of administrative process, access and waiting time, service delivery quality, and clarity of information. Importantly, the indicators for this construct were predominantly worded in the direction of service deficiency, reflecting commonly reported problems among BPJS participants, with one satisfaction item (QE5: "Overall, I am satisfied with my experience using BPJS") reverse-coded before analysis. Consequently, higher scores on the BPJS Service Experience construct reflect greater service dissatisfaction, while lower scores indicate relatively more positive service experiences. This directional specification is critical for the accurate interpretation of the moderation results presented in the findings section.

Table 1. Operational Definition of Variables

Variables	Operational Definition	Items/instrument
	Reference Groups	
Informational Influence (IF)	Informational influence happens when someone actively seeks information from a knowledgeable person or experts in that field. The informational influence is based on the desire to make informed decisions and optimize the choice (Kelman, 1961)	An individual can scale the following statement: 1. I will collect the information of the application from my relatives 2. I observe how other people use the application 3. I sought information from a friend who works in the area of concern 4. I prefer to seek information from an expert in that field 5. I intend to buy telemedicine products based on people who work in that industry.
Utilitarian Influence (UF)	Reflected in an adjustment of a norm or standard group to get a reward or punishment that comes from a group. This influence can be explained by the so-called 'compliance process' in which an individual is willing to satisfy a certain group's expectation in order to obtain praise or to avoid the punishment from the group (Kelman, 1961)	An individuals can scaling this following statement: 1. My friends' evaluations and preferences will influence my choices 2. Other people's recommendations can influence my final decision 3. Family members' preferences can influence my choice of a product 4. My family preferences using telemedicine apps will influence my choices 5. To fulfill my friends hope, I prefer to choose products that referred by them

Variables	Operational Definition	Items/instrument
Value Expressive Influence (VF)	Characteristics of someone's behavior in a certain way that can improve self-image or make the impression that exists in a group. This influence may be best explained by the 'identification process' in which people are willing to better express themselves to the society by making themselves similar to the group that they want to belong to (Kelman, 1961).	An individual can be scaling this following statement: 1. I feel that buying certain healthcare brands from telemedicine applications can strengthen my personal image 2. Everyone who buys a services in telemedicine applications I like has the same qualities I want 3. Sometimes I think it would be great if I could be like some other people using a specific telemedicine application 4. I feel honored if I buy the telemedicine products from my relatives 5. I feel satisfied if I choose the telemedicine products based by my favorite celebrities
BPJS Service Experience		
BPJS Service Experience (QE)	Persepsi peserta BPJS mengenai kualitas layanan yang dialami, mencakup administrasi, akses, kualitas, transparansi, dan kepuasan keseluruhan (Parasuraman et al., 1988)	An individual can be scaling the following statement: 1. The BPJS administrative process that I experienced is complicated and time-consuming. 2. The waiting time to obtain healthcare services through BPJS is too long. 3. The quality of healthcare services I received through BPJS is inadequate. 4. Information regarding BPJS procedures and participants' rights is often unclear. 5. Overall, I am satisfied with my experience using BPJS. (reverse coded)
Purchase Intention		
Purchase Intention (PI)	Purchase intention refers to the likelihood that consumers will buy a product (Mothersbaugh & Hawkins, 2015). Consumer purchase intention is a type of consumer behavior where customers desire to buy or select products based on past experiences with product selection, use, and consumption.	An individual can be scaling the following statement: 1. I probably buy the products on this telemedicine application 2. I might consider always using the telemedicine app whenever I have an illness 3. I choose to buy a telemedicine product over the traditional one 4. I will probably buy from this telemedicine application again 5. I probably suggest this telemedicine application to my friends

Source: Puspitaningsih & Setiapuspita, 2020 with modification by the author, 2025

Data Analysis Procedure

Data analysis was conducted using Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS 4.0, following the two-stage evaluation procedure recommended by Hair & Alamer (2022). In the first stage, the measurement (outer) model was assessed for indicator reliability, convergent validity, and discriminant validity. Indicator reliability was evaluated through outer loadings, with a minimum threshold of 0.60 applied.

Convergent validity was subsequently assessed using Average Variance Extracted (AVE $\geq$ 0.50) and Composite Reliability (CR $\geq$ 0.70). Discriminant validity was examined using the Fornell-Larcker criterion and the Heterotrait-Monotrait (HTMT) ratio, with values required to remain below the 0.90 threshold. All constructs satisfied these criteria, confirming the adequacy of the measurement model for structural analysis. Bootstrapping with 5,000 subsamples was performed to generate path coefficients, t-statistics, and p-values for hypothesis testing, with statistical significance defined at $p < 0.05$.

RESULTS AND DISCUSSION

Measurement and Structural Model of Partial Least Squares Path Modelling

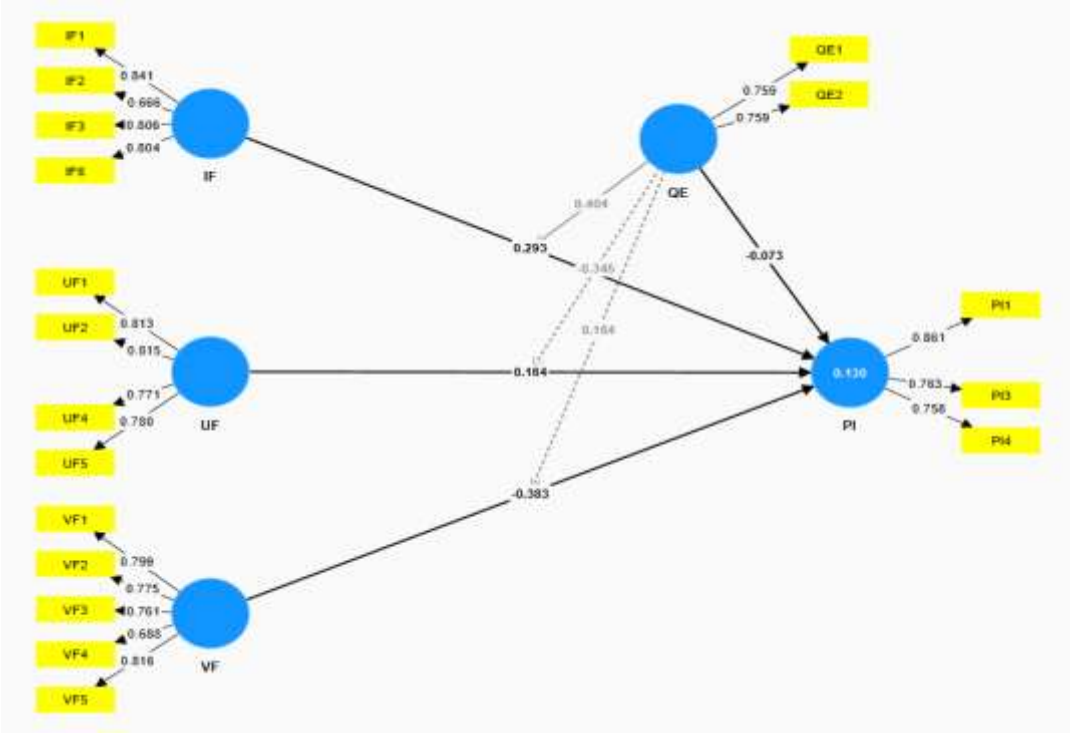

Figure 4. PLS-SEM Algorithm (Outer Loading)
Source: Data analysis, 2025

The measurement (outer) model was evaluated by examining indicator reliability through factor loading values. Indicators with loading factors below the recommended threshold of 0.60 were considered insufficient to represent their respective constructs and were therefore removed from further analysis. According to the evaluation results, eight items: IF4, IF5, UF3, QE3, QE4, QE5, PI2, and PI5, showed loading values below 0.60 and failed to satisfy the validity requirements. These indicators were removed to improve the measurement model's convergent validity and reliability. The decision to remove these items was also supported by conceptual considerations; the removed items were associated with dimensions that may have been interpreted ambiguously within the Indonesian telemedicine context, and their removal did not substantially alter the conceptual domain of their respective constructs. The retained indicators: IF1, IF2, IF3, and IF6 for informational influence; UF1, UF2, UF4, and UF5 for utilitarian influence; VF1 through VF5 for value expressive influence; QE1 and QE2 for BPJS service experience; and PI1, PI3, and PI4 for purchase intention, demonstrated acceptable loading values and proceeded to structural model analysis.

Convergent validity was assessed through the examination of Average Variance Extracted (AVE) and Composite Reliability (CR) values. The results demonstrate that each construct accounts for more than half of the variance in its indicators, with all constructs surpassing the recommended AVE threshold of 0.50. Additionally, composite reliability scores exceeded 0.70 for all constructs, signifying adequate internal consistency and reliability. These outcomes confirm that the indicators exhibit sufficient correlation with their respective latent constructs, thereby satisfying the criteria for convergent validity.

Discriminant validity was evaluated to ascertain the empirical distinctiveness of each construct. In accordance with the Fornell-Larcker criterion, the square root of the AVE for each construct exceeded its correlations with all other constructs, indicating robust discriminant validity. Moreover, the Heterotrait-Monotrait (HTMT) ratios remained below the recommended threshold of 0.90, affirming that each construct captures a unique concept. Consequently, the measurement model is deemed suitable for structural equation modeling.

Total Effects Testing on Hypothesis

Table 2 presents the results of the structural model analysis, including path coefficients, t-values, and

significance levels for each hypothesized relationship. The table summarizes both the direct effects of reference group dimensions on telemedicine purchase intention and the moderating effects of BPJS healthcare service experience on those relationships. Before interpreting the results, it is important to note that the BPJS Service Experience construct reflects the degree of negative service experience; higher scores indicate greater dissatisfaction with BPJS services and this directionality should be considered when interpreting the moderation coefficients.

Table 2. Hypothesis Testing

Hypothesis	Original Sample (O)	Sample Mean (M)	Standard Deviation	t-statistic	P-values
H1: Informational Influence -> Purchase Intention	0.293	0.296	0.220	1.335	0.091
H2: Utilitarian Influence -> Purchase Intention	-0.073	-0.077	0.108	0.675	0.250
H3: Value Expressive Influence -> Purchase Intention	0.404	0.438	0.206	1.965	0.025*
H4: BPJS Service Experience -> Purchase Intention	-0.345	-0.322	0.249	1.382	0.084
H5: Informational Influence x BPJS Service Experience -> Purchase Intention	0.164	0.143	0.191	0.859	0.195
H6: Utilitarian Influence x BPJS Service Experience -> Purchase Intention	0.164	0.178	0.245	0.670	0.251
H7: Value expressive Influence x BPJS Service Experience -> Purchase Intention	-0.383	-0.413	0.231	1.657	0.049*

*Note: Note: * significant at p < 0.05. BPJS Service Experience is scored in the direction of negative experience (higher values reflect greater service dissatisfaction).*

Source: Data analysis, 2025

The Effect of Informational Influence on Purchase Intention

H1 proposed a positive direct effect of informational influence on telemedicine purchase intention. The results show a positive path coefficient (β = 0.293) but a non-significant p-value (p = 0.091), indicating that H1 is not supported. This finding is consistent with studies showing mixed or insignificant direct effects of informational influence on purchase intention, particularly in healthcare contexts. Puspitaningsih & Setiapuspita (2020) found informational influence significant in smartphone purchases but not necessarily in telemedicine, suggesting that context specificity moderates the effectiveness of informational cues. Nawarini et al. (2022) similarly found social influence insignificant for telemedicine adoption in Indonesia, implying that recommendations from others do not drive intention independently without the presence of additional contextual triggers such as service dissatisfaction. This aligns with literature suggesting that informational influence requires an underlying uncertainty or dissatisfaction condition to become effective in healthcare decision-making (Tan et al., 2024).

The Effect of Utilitarian Influence on Purchase Intention

H2 proposed a positive direct effect of utilitarian influence on telemedicine purchase intention. The results show a negative and non-significant path coefficient (β = −0.073, p = 0.250), indicating that H2 is not supported. This finding is consistent with previous studies documenting insignificant direct effects of utilitarian influence conceptualized as social compliance pressure, on telemedicine purchase intention. Healthcare continues to be regarded as a personal domain wherein compliance-oriented cues exert minimal influence relative to intrinsic factors including trust and perceived ease of use. Consequently, telemedicine adoption appears to be driven more by individually assessed benefits than by the pursuit of group approval or avoidance of social sanctions (Alviani et al., 2023; Marulitua et al., 2024).

The Effect of Value Expressive Influence on Purchase Intention

H3 proposed a positive direct effect of value expressive influence on telemedicine purchase intention.

The results confirm a positive and statistically significant path coefficient (β = 0.404, p = 0.025), indicating that H3 is supported. This finding suggests that consumers are more likely to adopt telemedicine when its use aligns with their personal values and desired self-image, such as being perceived as modern, technologically proficient, and health-conscious. This result is consistent with studies by Schade et al. (2016) and Zici et al. (2021) which demonstrated that value-expressive influence substantially enhances purchase intention by facilitating congruence between service utilization and identity aspirations. In the Indonesian telemedicine context, this finding underscores the importance of identity-based motivations as the primary social driver of digital health adoption among BPJS participants.

The Effect of BPJS Service Experience on Purchase Intention

H4 proposed a direct effect of BPJS service experience on telemedicine purchase intention. The results show a negative and non-significant path coefficient (β = −0.345, p = 0.084), indicating that H4 is not supported at the conventional threshold. Recalling that higher BPJS Service Experience scores reflect greater dissatisfaction, the negative direction of this coefficient suggests that more negative BPJS experiences are associated with lower direct purchase intention for telemedicine. This counterintuitive finding may indicate that deeply dissatisfied BPJS users develop a generalized distrust of healthcare systems broadly, including digital health alternatives, rather than being directly pushed toward telemedicine. The non-significance further implies that BPJS service experience alone does not constitute a sufficient direct determinant of telemedicine adoption, though it may operate through indirect moderation pathways, as examined in H5–H7.

The Moderating Effect of BPJS Service Experience on the Relationship between Reference Group and Purchase Intention

H5 examined whether BPJS service experience moderates the relationship between informational influence and telemedicine purchase intention. The result shows a positive but non-significant interaction effect (β = 0.164, p = 0.195), indicating that H5 is not supported. This finding is somewhat unexpected given that prior literature suggests adverse healthcare service experiences tend to augment uncertainty, thereby intensifying dependence on informational cues from reference groups when consumers consider alternatives, as dissatisfaction theoretically stimulates heightened information-seeking behaviors within the Push-Pull-Mooring (PPM) and Unified Theory of Acceptance and Use of Technology (UTAUT) frameworks (Amin et al., 2022). However, the non-significant result in the present study suggests that within the Indonesian telemedicine context, negative BPJS experiences alone are insufficient to amplify the role of peer-based informational cues in driving adoption decisions. This may indicate that informational influence in digital health operates more independently of institutional dissatisfaction than previously theorized, or that other contextual factors, such as health literacy or digital access, mediate this relationship more strongly than service experience does.

H6 examined whether BPJS service experience moderates the relationship between utilitarian influence and telemedicine purchase intention. The result shows a positive but non-significant interaction effect (β = 0.164, p = 0.251), indicating that H6 is not supported. This finding is consistent with prior literature confirming non-significant moderating effects of service experience on utilitarian influence pathways to health service intentions. Healthcare decisions prioritize personal assessments over social norms, with service dissatisfaction failing to enhance compliance-based motivations such as expectations from significant others. Even in the presence of BPJS service deficiencies, peer compliance exerts limited influence on telemedicine intentions, underscoring the predominance of intrinsic drivers over external social pressures regardless of institutional service context (Tan et al., 2024).

H7 examined whether BPJS service experience moderates the relationship between value expressive influence and telemedicine purchase intention. This hypothesis yielded the study's most notable and theoretically significant finding, a negative and statistically significant interaction effect (β = −0.383, p = 0.049), indicating that H7 is supported. This result requires careful interpretation in light of the directional scoring of the BPJS Service Experience construct, wherein higher scores reflect greater service dissatisfaction.

The negative coefficient indicates that as BPJS service dissatisfaction increases, the positive effect of value expressive influence on telemedicine purchase intention is significantly weakened. This finding stands in contrast to prior expectations that self-image and personal values intrinsically propel adoption intentions consistently across varying service contexts, with identity-congruent motivations enduring independently of external dissatisfaction (Yi et al., 2024). Instead, the present findings reveal that severe institutional

dissatisfaction does not leave value-expressive motivations unaffected, rather it actively suppresses them.

This counterintuitive result may be explained by a generalized distrust mechanism. Consumers who have experienced persistent and severe BPJS service failures may develop a broadly skeptical orientation toward healthcare systems as a whole, including digital health alternatives. In this state, aspirational and identity-driven motivations, such as wanting to be seen as modern or technologically progressive lose their persuasive power, as consumers shift toward more functional and risk-averse evaluations of telemedicine. Rather than thinking "does this service reflect who I am?", deeply dissatisfied consumers may instead think "can this service actually be trusted to work?"

This finding extends the PPM framework by demonstrating that strong push factors, in this case, negative public healthcare experience do not universally amplify all forms of social influence on purchase intention. Instead, they may selectively suppress value-expressive motivations when institutional distrust reaches a threshold level. This nuance represents a meaningful theoretical contribution, as existing literature has not previously distinguished between how different forms of social influence respond differently to the same push factor within a healthcare switching context.

CONCLUSIONS AND RECOMMENDATIONS

This study examined the influence of reference group dimensionsm, there are informational influence, utilitarian influence, and value-expressive influence on telemedicine purchase intention among BPJS Kesehatan participants in Indonesia, with BPJS healthcare service experience serving as a moderating variable. Based on PLS-SEM analysis of 105 respondents using SmartPLS 4.0, the following conclusions are drawn. First, value-expressive influence demonstrated a positive and statistically significant direct effect on telemedicine purchase intention (H3: $\beta = 0.404$, $p = 0.025$), indicating that consumers are more motivated to adopt telemedicine when its use aligns with their personal values and desired self-image. This finding confirms that identity-based social motivations are the primary reference group driver of telemedicine adoption among Indonesian BPJS participants. Second, informational influence (H1: $\beta = 0.293$, $p = 0.091$) and utilitarian influence (H2: $\beta = -0.073$, $p = 0.250$) did not demonstrate statistically significant direct effects on purchase intention, suggesting that compliance-based and information-seeking social pressures alone are insufficient to drive telemedicine adoption decisions in this context. Third, BPJS service experience did not show a significant direct effect on purchase intention (H4: $\beta = -0.345$, $p = 0.084$), indicating that public healthcare dissatisfaction alone does not constitute a sufficient direct determinant of telemedicine adoption. Fourth, the moderation analyses revealed that BPJS service experience did not significantly moderate the relationships between informational influence (H5: $p = 0.195$) or utilitarian influence (H6: $p = 0.251$) and purchase intention. However, BPJS service experience significantly and negatively moderated the relationship between value-expressive influence and purchase intention (H7: $\beta = -0.383$, $p = 0.049$) — the study's most theoretically significant finding. This result indicates that as BPJS service dissatisfaction increases, the positive effect of value-expressive reference group influence on telemedicine purchase intention is weakened, suggesting that severe institutional healthcare disappointment suppresses identity-based social motivations rather than amplifying them.

Theoretical Contributions

This study contributes theoretically by integrating reference group influence theory with the Push-Pull-Mooring (PPM) framework within the context of public healthcare service experience, a dimension that has not been previously examined as a moderator of social influence on telemedicine purchase intention. Specifically, by demonstrating that BPJS service dissatisfaction negatively moderates value-expressive influence rather than strengthening it, this study extends the PPM framework beyond its conventional push-factor logic. The findings suggest that extreme institutional dissatisfaction may generate a generalized distrust that suppresses identity-based consumption motivations, a nuance that existing digital health adoption literature has not previously theorized. This finding also contributes to reference group influence theory by revealing that different influence dimensions respond differently to the same contextual moderator, highlighting the importance of disaggregating reference group influence in future research.

Practical Implications

For telemedicine providers such as Halodoc and Alodokter, the significance of value-expressive

influence implies that identity-based and aspirational marketing strategies, such as positioning telemedicine as a marker of modernity, health-consciousness, and technological proficiency are effective among consumers with moderate BPJS service experiences. However, the negative moderation of H7 suggests that this approach loses effectiveness among consumers with severely negative BPJS experiences, who may have developed broader healthcare skepticism. For this consumer segment, telemedicine providers should shift toward reliability-focused and problem-solution communications that directly address service quality concerns like emphasizing speed, accessibility, and guaranteed care quality as concrete alternatives to their BPJS experience.

For BPJS policymakers, the findings carry an important indirect implication. Improving BPJS service quality, particularly in administrative efficiency, waiting time reduction, and service transparency, may paradoxically sustain conditions under which value-expressive social influence remains an effective driver of telemedicine adoption. Conversely, persistently poor BPJS service quality risks generating the kind of deep institutional distrust that disengages consumers from social influence motivations altogether, making digital health marketing less effective across the board. Policymakers should therefore consider integrating telemedicine awareness into BPJS onboarding and communication programs, leveraging informational reference group channels to guide dissatisfied users toward appropriate digital health alternatives.

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