The Mediating Role of Trust in the Relationship Between Information Quality, Corporate Image, and Loyalty

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ARTICLE INFORMATION

ABSTRACT

Continuous engagement in long-term healthcare programs such as the Back-Referral Program (*Program Rujuk Balik* or PRB) depends on sustained participant loyalty, which is shaped by service-related perceptions and psychological factors. Previous studies have highlighted the roles of information quality and corporate image in influencing participant behavior; however, inconsistencies remain regarding their direct effects on loyalty. This study examines the influence of information quality and corporate image on customer loyalty, with trust considered as a mediating variable. Using a quantitative approach, data were collected from 271 PRB participants and analyzed using Partial Least Squares–Structural Equation Modeling (PLS-SEM). The results indicate that information quality does not have a direct effect on loyalty ($\beta = 0.082$; $p > 0.05$) but contributes positively to trust ($\beta = 0.463$; $p < 0.001$). Corporate image shows a significant direct effect on loyalty ($\beta = 0.209$; $p < 0.05$) and also enhances trust ($\beta = 0.488$; $p < 0.001$). Trust demonstrates a strong positive effect on loyalty ($\beta = 0.521$; $p < 0.001$) and serves as a mediating mechanism linking information quality and corporate image to loyalty outcomes. These findings highlight the importance of trust in maintaining long-term engagement in public healthcare programs and suggest that clear communication, reliable service delivery, and a credible institutional image are central to fostering participant loyalty.

Keywords: Corporate Image; Customer Loyalty; Information Quality; PRB JKN Program; Trust

INTRODUCTION

The rapid digital transformation of Indonesia's public sector over the past decade has significantly reshaped the implementation of the National Health Insurance (*Jaminan Kesehatan Nasional* or JKN) system. Since its nationwide rollout in 2014, JKN has expanded to cover more than 90% of the Indonesian population, making it one of the largest universal health coverage programs in the world. Despite this progress, the system continues to face challenges in ensuring continuity of care, particularly for patients with chronic diseases who account for a substantial proportion of national healthcare expenditure. In response, the government introduced the Back-Referral Program (*Program Rujuk Balik* or PRB), an initiative designed to provide long-term access to essential medications, routine monitoring, and disease management support through primary healthcare providers. National reports indicate that over 40% of JKN spending is allocated to chronic disease treatment, highlighting the strategic importance of PRB for cost containment and improved patient outcomes.

Although PRB was created to enhance service efficiency and reduce unnecessary hospital visits, its implementation has encountered persistent obstacles. These include varying levels of service quality across regions, disparities in digital literacy, administrative complexities, and inconsistent communication between healthcare facilities and participants. Recent policy evaluations reveal that participant engagement and retention remain uneven nationwide, with many patients discontinuing participation due to unclear information, limited understanding of program benefits, and perceived bureaucratic hurdles. These challenges underscore the importance of strengthening participant loyalty as a key indicator of program effectiveness and long-term sustainability.

Within public health service systems, loyalty is shaped by multiple factors, among which information quality and organizational image have been repeatedly identified as central determinants. Earlier studies show that high-quality information enhances trust and encourages service engagement (Banusetyo et al., 2023), while organizational image strengthens perceptions of credibility and reliability (Chen et al., 2021). However, prior findings remain inconsistent. Some studies report that information quality directly influences loyalty (Dimyati & Subagio, 2016), whereas others find only indirect effects through mediators such as satisfaction or trust (Pratondo et al., 2024; Suparwo & Rahmadewi, 2021). Likewise, empirical research on corporate image demonstrates varying effect sizes across sectors, indicating that its influence on loyalty may depend on institutional context, service characteristics, or user expectations (Ilmi et al., 2023; Nico & Widoatmodjo, 2022). These inconsistencies reveal an unresolved empirical gap regarding how information quality and corporate image shape participant loyalty, particularly in public, mandatory health insurance settings.

Trust has emerged as a key psychological construct that links service perceptions with behavioral outcomes. Drawing on Ajzen's (1991) Theory of Planned Behavior (TPB), trust can be conceptualized as an attitudinal belief that enhances perceived behavioral control, reduces uncertainty, and strengthens the intention to remain engaged in a program. Existing research has shown that trust mediates the relationship between service quality, communication, and behavioral intentions (Herman et al., 2024; Liu et al., 2021). Yet, studies examining trust as a mediating mechanism within public health insurance systems, especially in chronic disease programs, remain limited. Prior investigations have largely focused on digital marketplaces (Ilmi et al., 2023), transportation services (Sann et al., 2024), or consumer products (Saidi et al., 2023), leaving a contextual gap in understanding how trust operates in heavily regulated, high-dependency health programs such as PRB.

This gap highlights the need for more comprehensive empirical analysis that integrates information quality, organizational image, and trust within a single model of participant loyalty. Furthermore, regional variations in PRB implementation suggest that localized studies are essential for capturing contextual differences that national-level analyses may overlook. Addressing these gaps is critical for informing policy improvements and operational strategies that enhance service continuity for chronic disease patients.

This study therefore aims to: (1) analyze the influence of information quality and corporate image on trust and participant loyalty; (2) evaluate the direct effect of trust on loyalty; and (3) examine the mediating role of trust in the relationship between information quality, corporate image, and loyalty within the PRB context. The theoretical contribution of this research lies in its integration of trust into the TPB within a nationwide public health insurance scheme. Practically, the findings offer actionable recommendations for strengthening communication strategies, improving participant experience, and enhancing the long-term sustainability of chronic disease management programs under the national health insurance system.

LITERATURE REVIEW

Theory of Planned Behavior (TPB)
The TPB, introduced by Ajzen (1991), posits that human behavior is shaped by attitudes toward the behavior, subjective norms, and perceived behavioral control. TPB has been widely applied to explain decision-making in health-related behaviors, particularly those requiring long-term adherence. In public service settings, perceived behavioral control is strengthened when individuals feel confident in navigating administrative procedures and accessing reliable information (Sugiarto & Octaviana, 2021; Suparwo & Rahmadewi, 2021).

In public health insurance systems, behavioral engagement is further influenced by perceptions of institutional credibility and service reputation, which reinforce TPB components by shaping attitudes and subjective norms (Aryani et al., 2021; Ilmi et al., 2023). Supportive organizational environments can strengthen intention formation and increase sustained participation in programs such as PRB (Saidi et al., 2023).

Information Quality
Information quality refers to the degree to which information possesses characteristics such as accuracy, completeness, relevance, timeliness, and understandability (DeLone & McLean, 2003). Recent advancements in digital health communication emphasize that high-quality information plays a crucial role in shaping patient engagement, satisfaction, and compliance across healthcare systems (Sugiarto & Octaviana, 2021). Studies consistently demonstrate that clear, reliable, and timely information increases patients' confidence in service providers and supports informed health decision-making (Ghoni & Soliha, 2022; Sann et al., 2024).

In Indonesia, the effectiveness of chronic disease programs is strongly linked to how well patients understand service processes, medication protocols, and entitlements under JKN. A recent study by Banusetyo et al. (2023) found that high-quality information significantly improves trust and service engagement in public health platforms. Similarly, high information clarity and accessibility have been shown to enhance institutional credibility and promote sustainable service participation (Saidi et al., 2023; Saputra & Binastuti, 2025; Suparwo & Rahmadewi, 2021). Within the PRB framework, information quality plays a pivotal role in clarifying procedural complexities, reducing patient anxiety, and supporting consistent medication retrieval, thereby forming the foundation for trust

development and long-term loyalty (Hermawati, 2022; Pratondo et al., 2024; Widiarti et al., 2025).

Corporate Image

Corporate image encompasses stakeholders' perceptions of an organization's values, performance, and social presence (Fombrun & Van Riel, 2004; Gunadi et al., 2024). In the health insurance sector, corporate image is shaped by transparency, service consistency, and communication quality (Chen et al., 2021). A positive image signals competence and reliability, helping reduce perceived risks in service utilization (Aryani et al., 2021).

Empirical studies consistently show that corporate image is a strong predictor of trust and loyalty. Favorable perceptions of institutional integrity enhance willingness to remain engaged (Ilmi et al., 2023; Saidi et al., 2023). Additionally, misalignment between expected and actual service performance may weaken loyalty, whereas a strong corporate image promotes satisfaction and long-term participation (Herman et al., 2024; Pratondo et al., 2024).

Trust

Trust represents a belief in an institution's integrity, reliability, and competence (Kotler & Keller, 2016). In healthcare systems, trust is especially critical because patients depend on providers to offer accurate information, protect their well-being, and ensure continuity of care. Research in digital and public health environments highlights that trust serves as a key determinant of service usage, shaped by responsive communication and reliable information systems (Banusetyo et al., 2023; Furinto et al., 2022).

Trust further operates as a mediating mechanism linking corporate communication, service performance, and patient decisions. In chronic disease management contexts, strong institutional communication and credible service delivery enhance patient confidence and support positive behavioral intentions (Herman et al., 2024; Liu et al., 2021). Trust is reinforced when organizations consistently demonstrate transparency and service reliability, thereby reducing perceived uncertainty and motivating sustained engagement (Nico & Widoatmodjo, 2022; Saidi et al., 2023).

Loyalty

Customer loyalty encompasses psychological attachment, behavioral commitment, and advocacy behaviors (Oliver, 1999). Loyalty is particularly relevant in public healthcare programs, where continuity of participation is essential for achieving optimal health outcomes. Prior research indicates that sustained loyalty contributes to improved patient compliance and long-term disease control, especially in chronic-care settings (Sann et al., 2024). Within the PRB program, loyalty is reflected through regular medication retrieval, adherence to follow-up monitoring, and positive word-of-mouth within the community.

Scholars consistently highlight that loyalty in healthcare systems is shaped by critical antecedents such as service perception, trust, organizational image, satisfaction, and patient experience (Aryani et al., 2021; Dimyati & Subagio, 2016). Satisfaction acts as a primary reinforcement for repeated engagement, while service consistency increases perceived reliability and reduces uncertainty. In digital and hybrid service environments, enhanced information quality and transparent communication have been shown to strengthen patient loyalty by improving clarity, confidence, and overall service experience (Ghoni & Soliha, 2022; Ilmi et al., 2023).

Hypotheses Development
Information Quality and Customer Loyalty
High-quality information is essential for strengthening participants' understanding, confidence, and long-term engagement in public healthcare programs such as PRB JKN. Clear, accurate, and easily accessible information helps participants comprehend program procedures, medication entitlements, and service benefits, thereby enhancing their perceived value of the program and encouraging continued utilization (Sugiarto & Octaviana, 2021). Empirical studies show that reliable information delivery not only increases patient satisfaction but also supports informed decision-making in chronic disease management (Ghoni & Soliha, 2022; Sann et al., 2024). Information clarity further enhances institutional credibility and fosters trust, an important psychological mechanism that contributes to sustained program engagement (Banusetyo et al., 2023; Suparwo & Rahmadewi, 2021). Within public health insurance schemes, high-quality information has been shown to reduce uncertainty, strengthen perceived service reliability, and promote loyalty in long-term care settings (Saputra & Binastuti, 2025; Widiarti et al., 2025).

H1: Information quality positively affects customer loyalty.

Corporate Image and Customer Loyalty
A strong corporate image is essential for fostering participant confidence, shaping expectations, and encouraging long-term engagement in public healthcare programs such as PRB JKN. A positive institutional image, reflected through transparency, service consistency, responsiveness, and perceived reliability, enhances participants' perceptions of organizational integrity and competence (Aryani et al., 2021; Chen et al., 2021). Research shows that organizations with a favorable public reputation are more likely to retain users because a strong image reduces perceived risks and reinforces expectations of dependable service delivery (Ilmi et al., 2023; Nico & Widoatmodjo, 2022). Empirical evidence further indicates that institutional credibility strengthens trust, which in turn promotes continuous participation in long-term health programs (Herman et al., 2024; Saidi et al., 2023). In the context of government-administered insurance schemes such as JKN, corporate image plays a central role in signaling stability and fairness, thereby shaping participants' loyalty to the PRB program (Pratondo et al., 2024; Widiarti et al., 2025).

H2: Corporate image positively affects customer loyalty.

Information Quality and Customer Trust
High-quality information plays a critical role in shaping participants' confidence and strengthening their trust in public healthcare programs such as PRB JKN. Accurate, transparent, complete, and easily understandable information helps participants evaluate service reliability and reinforces their belief that the program delivers the benefits it promises (Sugiarto & Octaviana, 2021). Prior studies demonstrate that information quality is a key determinant of trust, influencing how users perceive system credibility and service assurance in long-term healthcare arrangements (Banusetyo et al., 2023). Reliable information further reduces uncertainty and enhances perceived integrity of the administering institution, which is essential for trust formation in public sector services. Research consistently affirms that high-quality information strengthens trust by improving clarity, reducing ambiguity, and aligning participant expectations with actual service performance (Ghoni & Soliha, 2022; Saputra & Binastuti, 2025).

H3: Information quality positively affects customer trust.

Corporate Image and Customer Trust

A strong corporate image is essential for increasing public confidence in the reliability, professionalism, and service integrity of BPJS Kesehatan. A positive institutional image functions as a credibility signal, reducing uncertainty and shaping expectations about service quality, responsiveness, and fairness in healthcare delivery (Aryani et al., 2021; Chen et al., 2021). In contrast, a negative image can weaken participants' perceptions of institutional competence, leading to diminished trust and lower engagement with long-term health programs. Empirical studies consistently demonstrate that a favorable corporate image strengthens trust by reinforcing perceptions of organizational integrity and social responsibility (Ilmi et al., 2023; Saidi et al., 2023). Research in health insurance and public service contexts further indicates that when service performance aligns with institutional reputation, participants develop stronger emotional bonds and remain committed to the program (Herman et al., 2024; Pratondo et al., 2024).

H4: Corporate image positively affects customer trust.

Customer Trust and Customer Loyalty
Trust plays a fundamental role in shaping long-term participant commitment within public healthcare programs such as PRB JKN. As a psychological belief in the reliability, integrity, and competence of the service provider, trust reduces uncertainty and strengthens individuals' willingness to maintain ongoing engagement with chronic disease management services (Banusetyo et al., 2023; Saidi et al., 2023). Research in digital and service-based environments further demonstrates that trust mediates the relationship between service performance and loyalty, enabling participants to perceive consistent value and reduced service-related risks. When trust is firmly established, participants exhibit stronger emotional bonds and greater adherence to program requirements, which ultimately reinforces their long-term loyalty to public health insurance initiatives such as PRB JKN (Liu et al., 2021; Widiarti et al., 2025).

H5: Customer trust positively affects customer loyalty

Information Quality, Customer Trust, and Customer Loyalty
Trust plays a critical mediating role in linking information quality to customer loyalty, particularly in long-term public healthcare programs such as PRB JKN. High-quality information, defined by its accuracy, clarity, and transparency, strengthens participants' confidence in the reliability and integrity of the service provider, thereby enhancing trust (Banusetyo et al., 2023). Research shows that when patients consistently receive clear and reliable information, they develop stronger perceptions of institutional credibility and reduced uncertainty in service utilization (Sugiarto & Octaviana, 2021). Such trust becomes a psychological mechanism that translates information quality into sustained engagement and loyalty. Recent empirical studies further demonstrate that trust mediates the relationship between information quality and loyalty across health and public service settings, reinforcing the idea that participants' emotional assurance plays a vital role in shaping long-term behavioral commitments.

H6: Customer trust mediates the relationship between information quality and customer loyalty.

Corporate Image, Customer Trust, and Customer Loyalty
Corporate image plays a critical role in shaping participants' perceptions of organizational credibility, reliability, and professionalism, thereby influencing their long-term behavioral commitment to public healthcare programs. A strong and positive institutional image strengthens participant confidence in service performance and
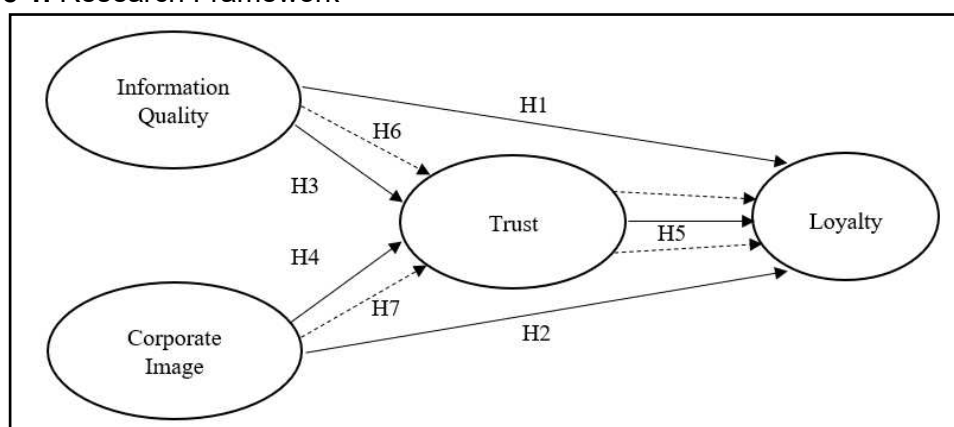
administrative consistency, which in turn enhances trust, an essential psychological mechanism in chronic disease management contexts (Chen et al., 2021; Ilmi et al., 2023). Prior research demonstrates that favorable corporate image reinforces perceptions of institutional integrity and social responsibility, reducing perceived risks and encouraging continued engagement with health services (Nico & Widoatmodjo, 2022; Saidi et al., 2023). Studies further show that trust functions as an intermediary pathway through which corporate image affects loyalty, as participants are more likely to remain committed when they perceive the institution as dependable and responsive (Herman et al., 2024; Pratondo et al., 2024).

H7: Customer trust mediates the relationship between corporate image and customer loyalty.

Conceptual Framework
The study framework model is depicted in Figure 1.

Figure 1. Research Framework

RESEARCH METHOD

This study employed a quantitative research design using a survey method to empirically examine the relationships among information quality, corporate image, trust, and customer loyalty within the PRB program in Karangasem Regency, Bali. As an explanatory research design, it aims to test the theoretical model and clarify the causal pathways among constructs through statistical analysis.

Population and Sampling Procedure
The population of this study consisted of all JKN members actively enrolled in the PRB program within the BPJS Kesehatan Karangasem service jurisdiction. According to official administrative records, the total number of active PRB participants was 839 individuals. Given the known population size, the Slovin formula with a margin of error of 5% was applied to determine the minimum sample size, resulting in 271 respondents.

A simple random sampling technique was employed. This method was selected because (1) it provides equal opportunity for each PRB participant to be included, (2) it minimizes selection bias, and (3) it ensures representativeness given the heterogeneous distribution of participants across multiple primary healthcare providers (FKTP). The sampling frame was derived from a validated list of active PRB participants who routinely collected medications at designated PRB partner pharmacies.

Instrument Development

The research instrument consisted of a structured, closed-ended questionnaire encompassing four central constructs: Information Quality (X1), Corporate Image (X2), Trust (M1), and Customer Loyalty (Y1). All indicators were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Instrument development followed a systematic process that began with adapting validated measurement items from established studies, including DeLone and McLean (2003) for information quality; Chen et al. (2021) and Fombrun & Van Riel (2004) for corporate image; Kotler & Keller (2016) and Liu et al. (2021) for trust; and Oliver (1999) for customer loyalty. These indicators were then refined to match the context of the PRB, public health service settings, and the cultural characteristics of Indonesian healthcare users. Content validity was strengthened through expert judgment involving two academics specializing in service management and one practitioner from BPJS Kesehatan, who evaluated item relevance and clarity. A summary of the constructs and their respective indicators is provided in Table 1.

Table 1. Variable and Indicator

Variable	Indicator	
Information Quality	X1.1	Accuracy of information
	X1.2	Clarity of information
	X1.3	Completeness of information
	X1.4	Timeliness of information
	X1.5	Relevance of information
Corporate Image	X2.1	Company reputation
	X2.2	Communication transparency
	X2.3	Corporate social responsibility
	X2.4	Service quality
	X2.5	Corporate identity
Trust	M1.1	Company credibility
	M1.2	Company integrity
	M1.3	Service consistency
	M1.4	Company competence
Customer Loyalty	Y1.1	Willingness to use services
	Y1.2	Willingness to recommend services
	Y1.3	Resistence to switching to other services

Pilot Testing and Instrument Validation

Before the full-scale data collection, a pilot study was conducted with 30 PRB participants to assess the clarity, cultural suitability, response consistency, and initial reliability of the questionnaire. Several evaluations were carried out during this stage. Face validity was examined to ensure that respondents found the items clear and easy to understand, while content validity was confirmed through a review by an expert panel. Reliability testing using Cronbach's Alpha showed that all constructs exceeded the minimum accepted threshold of 0.70, indicating strong internal consistency. Minor refinements were also made to item wording and sequencing to enhance clarity and reduce potential ambiguity. Overall, the pilot study verified that the instrument was appropriate and ready for full-scale implementation.

Data Collection Procedure

Data were collected through self-administered questionnaires distributed directly to selected PRB participants at designated pharmacies and FKTPs. Trained field researchers assisted respondents to ensure accurate and complete responses while maintaining respondent autonomy. Prior to participation, respondents were informed

about the study's objectives and assured of the confidentiality of their responses. Participation was entirely voluntary.

Ethical Considerations
This study followed established ethical research standards and received formal ethical clearance from the relevant academic institution. All participants provided informed consent, and confidentiality was safeguarded by anonymizing every response. Participation was entirely voluntary, with respondents free to withdraw at any stage without consequence. Appropriate data protection measures were implemented to ensure the security of all collected information. Because the study involved human subjects, no identifiable personal data were recorded.

Data Analysis Technique and Justification for PLS-SEM
Data analysis was performed using Partial Least Squares–Structural Equation Modeling (PLS-SEM) with SmartPLS 4.0. The choice of PLS-SEM was supported by several methodological considerations. First, the study's objectives were prediction-oriented, making PLS-SEM appropriate for explaining variance and generating predictive insights in behavioral and service-related research. Second, the model involved multiple constructs, mediating relationships, and interconnected pathways, and PLS-SEM is better suited to managing such complex structures compared to covariance-based SEM (CB-SEM). Third, the medium-sized sample (n = 200–300) aligned well with the requirements of PLS-SEM, whereas CB-SEM typically demands larger samples. Fourth, because survey data frequently deviate from multivariate normality, PLS-SEM provided greater flexibility by not requiring normally distributed data. Finally, the bootstrapping procedure supported robust examination of mediation effects through reliable indirect path estimates.

The analytical process consisted of two stages: assessing the outer model to evaluate validity and reliability, followed by assessing the inner model to conduct hypothesis testing, examine R^2 values, evaluate effect sizes, and test mediation pathways.

RESULTS

Respondents' Demographic Profile
Table 2. Characteristics of the Respondents' Profile

Characteristics	Total	Percentage (%)
Sex/Gender		
Male	137	50.55
Female	134	49.45
Age		
< 25 years	2	0.74
25–34 years	5	1.85
35–45 years	13	4.80
> 45 years	251	92.62
Education		
Elementary School	108	39.85
Junior High School	21	7.75
Senior High School	56	20.66
Diploma 3	17	6.27
Bachelor's Degree	66	24.35
Master's/Doctoral Degree	3	1.11
Occupation		
Civil Servant	35	12.92
Private Employee	28	10.33

Entrepreneur	26	9.59
Unemployed	99	36.53
Retired	38	14.02
Others	45	16.61
Duration of Program Participation		
< 1 year	50	18.45
1–3 years	88	32.47
> 3 years	133	49.08
Total	271	100

Table 2 presents the demographic and participation characteristics of the respondents, comprising a total of 271 individuals. In terms of sex/gender, the distribution is relatively balanced, with male respondents accounting for 50.55% (n = 137) of the sample and female respondents representing 49.45% (n = 134). This near-equal proportion indicates that the study captures perspectives from both genders in a fairly even manner, reducing potential gender bias in the findings.

Regarding age, the respondents are predominantly older adults. A substantial majority (92.62%, n = 251) are above 45 years of age, while only a small proportion fall within the younger age categories, including those aged below 25 years (0.74%, n = 2), 25–34 years (1.85%, n = 5), and 35–45 years (4.80%, n = 13). This age distribution suggests that the program primarily engages mature participants, which may influence experiences, expectations, and outcomes related to program participation.

In terms of educational background, the respondents exhibit varied levels of formal education. The largest group consists of individuals with an elementary school education (39.85%, n = 108), followed by those holding a bachelor's degree (24.35%, n = 66) and senior high school graduates (20.66%, n = 56). Smaller proportions are observed among respondents with junior high school education (7.75%, n = 21), diploma-level qualifications (6.27%, n = 17), and postgraduate degrees at the master's or doctoral level (1.11%, n = 3). This distribution reflects a heterogeneous educational profile, with a strong representation of respondents from lower to middle educational levels.

With respect to occupation, the respondents are drawn from diverse employment backgrounds. The largest occupational group is unemployed individuals, accounting for 36.53% (n = 99) of the sample. This is followed by respondents categorized as "others" (16.61%, n = 45), retirees (14.02%, n = 38), civil servants (12.92%, n = 35), private employees (10.33%, n = 28), and entrepreneurs (9.59%, n = 26). The prominence of unemployed and retired respondents may be linked to the age profile of the sample, particularly the high proportion of participants over 45 years old.

Finally, the duration of program participation indicates sustained engagement among respondents. Nearly half of the participants (49.08%, n = 133) have been involved in the program for more than three years, while 32.47% (n = 88) report participation of one to three years. A smaller proportion (18.45%, n = 50) has participated for less than one year. These figures suggest that the program has a strong base of long-term participants, indicating continuity and potentially high commitment to program activities.

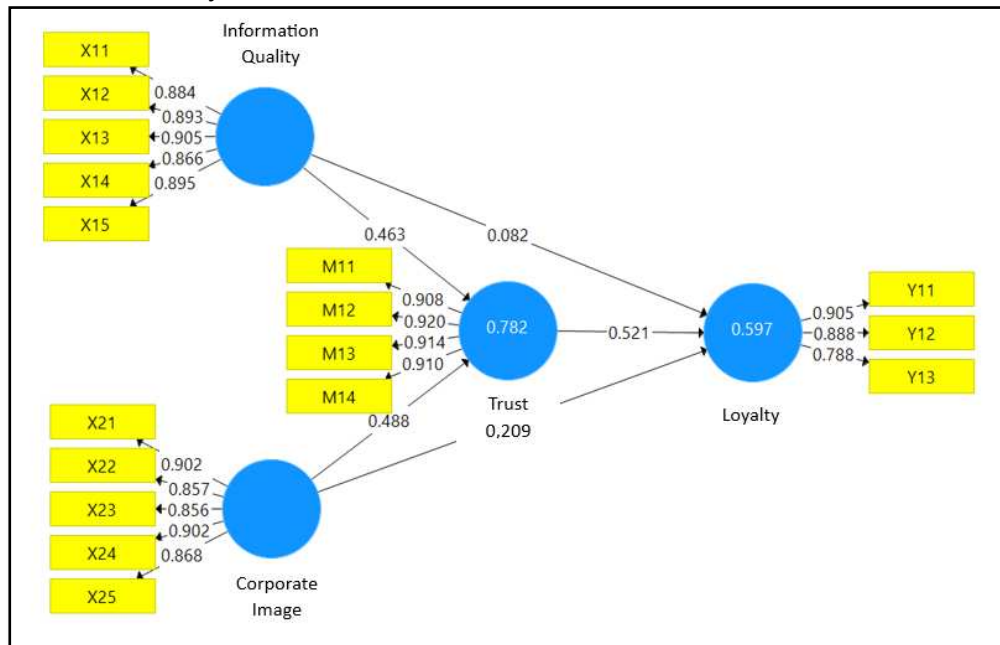**Measurement Model Evaluation**
Table 3. Validity and Reliability Test

Variable	Indicator	Outer Loading	AVE	Composite Reliability	Cronbach's Alpha
Information Quality	X1.1	0.884	0.789	0.949	0.933
	X1.2	0.887			

	X1.3	0.902			
	X1.4	0.869			
	X1.5	0.899			
Corporate Image	X2.1	0.902	0.770	0.944	0.925
	X2.2	0.870			
	X2.3	0.853			
	X2.4	0.898			
	X2.5	0.863			
Trust	M1.1	0.907	0.833	0.952	0.933
	M1.2	0.922			
	M1.3	0.914			
	M1.4	0.908			
Customer Loyalty	Y1.1	0.893	0.743	0.896	0.827
	Y1.2	0.882			
	Y1.3	0.810			

The measurement model was assessed through convergent validity, discriminant validity, and construct reliability. As shown in Table 3, all indicators exceed the recommended threshold values: outer loadings are above 0.70, Average Variance Extracted (AVE) values surpass 0.50, and both Composite Reliability (CR) and Cronbach's Alpha values are greater than 0.70. These results confirm that the measurement items used in this study demonstrate adequate validity and reliability, indicating that each indicator consistently measures its corresponding latent construct.

Structural Model Evaluation
Figure 2. Path Analysis

After confirming the reliability and validity of the measurement model, the next stage involved evaluating the structural model to test the hypotheses. Figure 2 presents the results of the PLS algorithm, showing that all indicators have loading values above 0.70, reinforcing their suitability as reflective measures.

Table 4. Path Analysis

	Variable	Path Analysis	T Statistics	P value	Description
1	X1 → Y1	0.082	0.938	0.349	Not Significant
2	X2 → Y1	0.209	2.209	0.028	Significant
3	X1 → M1	0.463	5.630	0.000	Significant
4	X2 → M1	0.488	6.441	0.000	Significant
5	M1 → Y1	0.521	4.608	0.000	Significant
6	X1 → M1 → Y1	0.241	3.520	0.000	Significant
7	X2 → M1 → Y1	0.254	3.820	0.000	Significant

Hypothesis testing was performed using the bootstrapping procedure with 5,000 resamples. The results in Table 4 show that Information Quality (X1) does not have a significant direct effect on Customer Loyalty (Y1) (T = 0.938; p = 0.349), indicating that H1 is rejected. In contrast, Corporate Image (X2) has a significant direct effect on Customer Loyalty (T = 2.209; p = 0.028), meaning that H2 is accepted. Both Information Quality (X1) and Corporate Image (X2) significantly influence Trust (M1), with strong statistical support (T = 5.630; p = 0.000 and T = 6.441; p = 0.000, respectively); therefore, H3 and H4 are accepted. Trust also shows a significant positive effect on Customer Loyalty (T = 4.608; p = 0.000), confirming that H5 is accepted. Regarding the mediation effects, the indirect pathway from Information Quality to Customer Loyalty through Trust (T = 3.520; p = 0.000) is significant, demonstrating that H6 is accepted. Similarly, the indirect effect of Corporate Image on Customer Loyalty through Trust (T = 3.820; p = 0.000) is also significant, confirming that H7 is accepted.

Coefficient of Determination (R^2)
Table 5. R-Square (R^2)

Structural Model	Dependent Variable	R-Square
1	Trust (M1)	0.782
2	Customer Loyalty (Y1)	0.597

The R-squared values were used to assess the explanatory power of the model. According to Table 5, the R-Square (R^2) value of 0.782 for Trust indicates that Information Quality and Corporate Image together explain 78.2% of the variance in Trust. Meanwhile, the 0.597 R^2 value for Customer Loyalty indicates that the model explains 59.7% of the variance in loyalty. Both values reflect strong explanatory power within behavioral research standards.

Predictive Relevance (Q^2)
Predictive relevance was assessed using the Q-square (Q^2) statistic, which evaluates the model's ability to predict observed values. The Q^2 value was calculated as follows:

$$Q\text{-Square Predictive Relevance } (Q2)$$
$$Q2 = 1 - [(1 - R1^2)(1 - R2^2)]$$
$$Q2 = 1 - [(1 - 0.782)(1 - 0.597)]$$
$$Q2 = 1 - 0.088$$
$$Q2 = 0.912$$

A Q^2 value of 0.912 demonstrates very high predictive relevance, indicating that the structural model is capable of accurately predicting the relationships among constructs and capturing the dynamics of trust and loyalty in the PRB program.

DISCUSSION

The Non-Significant Direct Effect of Information Quality on Loyalty
The first hypothesis (H1) was not supported, indicating that information quality does not directly influence customer loyalty within the PRB program. This finding diverges from earlier research, which generally reported a strong and positive effect of information quality on loyalty across various service sectors (Dimyati & Subagio, 2016). Studies in digital and hybrid service environments similarly suggest that accurate, timely, and understandable information can directly reinforce loyalty by enhancing users' confidence and perceived value of the service (Liu et al., 2021; Rane, 2023).

However, the PRB context introduces distinct characteristics that may explain the absence of a direct relationship. PRB participants are chronic disease patients whose interaction with the program is driven primarily by the need for sustained access to essential medication and ongoing clinical monitoring. Their loyalty is influenced less by informational attributes and more by operational factors, such as medication availability, administrative efficiency, coordination with health facilities, and continuity of care under the JKN scheme. As highlighted in studies examining information-dependent services, information quality often affects loyalty indirectly through psychological mediators such as trust, perceived value, or satisfaction, especially when service decisions involve risk or long-term dependency (Pratondo et al., 2024; Suparwo & Rahmadewi, 2021).

Corporate Image as a Direct Driver of Loyalty
The findings for the second hypothesis (H2) confirm that corporate image exerts a significant direct influence on customer loyalty. This result is consistent with prior empirical evidence demonstrating that a strong and positive institutional image enhances users' confidence and long-term commitment to services (Chen et al., 2021; Herman et al., 2024). Studies in various service environments similarly indicate that corporate image reinforces perceptions of reliability, integrity, and service consistency, which collectively strengthen behavioral intentions and reduce tendencies to switch providers (Ilmi et al., 2023; Nico & Widoatmodjo, 2022).

What distinguishes the present study is its public-sector context, where corporate image is shaped not only by service performance but also by regulatory clarity, responsiveness to participant complaints, and the perceived fairness of access within the JKN system. Unlike private-sector contexts in which loyalty is often influenced by competitive branding and market differentiation (Aryani et al., 2021), loyalty in public health insurance programs is more strongly tied to institutional stability and credibility. Hence, within a government-administered program such as JKN, corporate image serves as a confidence signal that reduces perceived service risks and reinforces long-term participant engagement, particularly among individuals requiring ongoing chronic disease management (Pratondo et al., 2024; Widiarti et al., 2025).

The Role of Information Quality and Corporate Image in Building Trust
The third and fourth hypotheses (H3 and H4) were supported, indicating that both information quality and corporate image significantly enhance trust. The strong effect sizes observed reaffirm the importance of communication clarity, reliability of information, and institutional reputation in shaping public confidence. This is consistent with prior findings showing that accurate and accessible information strengthens users' trust in service providers (Banusetyo et al., 2023; Saidi et al., 2023), while a positive institutional image reinforces perceptions of credibility and integrity (Chen et al., 2021; Ilmi et al., 2023).

What this study contributes is empirical evidence within the PRB JKN context, demonstrating that PRB participants rely heavily on the perceived competence and dependability of BPJS Kesehatan when forming trust-related judgments. This reliance is

especially critical for individuals with chronic illnesses who depend on continuous access to medications and consistent administrative support. Similar observations from prior public-sector research indicate that trust grows stronger when institutions demonstrate consistent service delivery and social responsibility (Hermawati, 2022; Widiarti et al., 2025). Accordingly, the findings highlight that sustained trust among PRB participants is rooted not only in the quality of information provided but also in BPJS Kesehatan's broader institutional performance and stability.

Trust as the Strongest Predictor of Loyalty
The fifth hypothesis (H5) was confirmed, establishing trust as a strong and significant predictor of customer loyalty. This aligns with findings from Hermawati (2022) and Saputra & Binastuti (2025). However, the magnitude of the effect in this study (β = 0.521) is notably high, strengthening the argument that trust is a central determinant of behavioral commitment in mandatory insurance programs.

From a TPB perspective, this finding reinforces the theoretical notion that trust can act as a form of perceived behavioral control, providing participants with the psychological assurance needed to continue engaging in the PRB program. When users believe the institution is dependable, they feel more capable of adhering to the service, even amid administrative or service-related challenges.

The Mediating Role of Trust
The sixth and seventh hypotheses (H6 and H7) were supported, confirming that trust significantly mediates the effects of both information quality and corporate image on loyalty. Trust fully mediates the information quality–loyalty relationship, indicating that high-quality information promotes loyalty only when it enhances trust. Meanwhile, trust partially mediates the corporate image–loyalty relationship, suggesting multiple pathways by which reputation influences patient behavior.

These mediation findings enrich the TPB literature by illustrating that in public health insurance contexts, trust functions as the psychological mechanism that translates cognitive evaluations (information quality and corporate image) into behavioral intentions and loyalty. This provides a more nuanced understanding of TPB by highlighting the emotional and relational components embedded within perceived behavioral control.

CONCLUSION

This study examined the roles of information quality and corporate image in shaping customer loyalty within the PRB JKN program, with trust positioned as an intervening mechanism. Drawing on data from 271 program participants, the analysis explored both direct relationships and indirect pathways linking service-related perceptions to loyalty outcomes.

The findings indicate that corporate image has a direct and meaningful influence on customer loyalty, suggesting that perceptions of institutional credibility, professionalism, and organizational reliability play an important role in sustaining participant commitment. In contrast, information quality does not directly translate into loyalty. Instead, its influence operates through trust, highlighting the importance of clear, accurate, and understandable information in fostering confidence among participants. Trust itself demonstrates a positive relationship with loyalty and functions as a mediating factor connecting both information quality and corporate image to loyalty outcomes.

These results suggest that loyalty in the PRB program is shaped less by information provision alone and more by the extent to which such information contributes to

participants' trust in the system. Similarly, while a positive corporate image can directly encourage loyalty, its effect is also reinforced through trust, indicating that institutional reputation and confidence-building processes work in tandem.

From a practical standpoint, the findings point to the need for BPJS Kesehatan and PRB service providers to place greater emphasis on trust-oriented strategies. Improving the consistency and transparency of information delivery can help participants better understand procedures, benefits, and service flows, thereby strengthening trust. At the same time, maintaining a credible institutional image through responsive service, clear communication, and reliable program implementation can support sustained loyalty among participants. Frontline healthcare facilities may further enhance trust by adopting patient-centered communication practices and ensuring predictable and respectful service interactions.

In theoretical terms, this study contributes to service and public sector research by demonstrating how trust operates as a connecting mechanism between service perceptions and loyalty in a national health insurance setting. By highlighting the indirect role of information quality and the combined direct and indirect role of corporate image, the study offers a clearer understanding of how loyalty is formed in long-term public health programs, particularly those serving patients with chronic conditions.

LIMITATION
This study is subject to several limitations that should be acknowledged when interpreting its findings and designing subsequent research. First, the research was geographically confined to PRB JKN participants in Karangasem Regency. As such, the conclusions drawn may not be representative of the broader population of JKN participants or applicable to other healthcare programs beyond PRB. The specific social, cultural, geographic, and infrastructural characteristics of Karangasem likely influenced the study outcomes. Future research should consider expanding the geographical scope, covering multiple districts, provinces, or conducting studies at the national level, to enhance the generalizability and external validity of the findings across diverse settings in Indonesia.

Second, the conceptual model used in this study was limited to three primary constructs: information quality, corporate image, and trust, in relation to customer loyalty. While these variables are significant, customer loyalty is inherently multifaceted and may be shaped by additional factors such as perceived service quality, satisfaction, perceived value, or emotional engagement. Therefore, future research is encouraged to integrate a broader range of variables to develop a more comprehensive and nuanced model of loyalty in the context of the PRB program.

Third, the study employed a cross-sectional research design, which inherently restricts the ability to observe temporal dynamics or causal relationships among the studied variables. Trust and loyalty are constructs that can evolve over time, influenced by accumulated experiences and service consistency. To address this limitation, longitudinal research designs are recommended for future studies. Such approaches would allow for tracking changes in customer perceptions and behaviors over time, offering deeper insight into the development and sustainability of loyalty within the PRB framework.

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