Social Media Crisis Communication in the Global South: Lessons From BPJS Affiliated Clinics in Indonesia Using Austin & Jin's SMCC Model

Diana Hestya Ningsih, LSPR Institute of Communication & Business, Indonesia

The Asian Conference on Media, Communication & Film 2025
Official Conference Proceedings

Abstract

This study examines how Social Security Administrator for Health (BPJS Kesehatan)-affiliated clinics in Jakarta, Bogor, Depok, Tangerang, and Bekasi employ social-media-enabled communication strategies to manage slow-burning crises, maintain patient trust, and protect institutional reputations. Operating within Indonesia's National Health Insurance program (*Jaminan Kesehatan Nasional, JKN*), these clinics face administrative bottlenecks, heightened patient expectations, and competition from private providers, making effective crisis communication essential. Guided by Austin and Jin's Social-Mediated Crisis Communication (SMCC) model, with insights from Crisis Informatics and Situational Crisis Communication Theory (SCCT), this research reframes health communication as a hybrid, participatory process co-constructed by organizations, patients, and broader publics. A mixed-methods design combined a survey of 200 primary healthcare facilities with patient interviews and document analysis to assess the adoption and effectiveness of digital communication tools. Findings reveal that 92% of clinics use the *JKN* mobile application for complaint handling and teleconsultations, with 78% supplementing these functions through WhatsApp for personalized engagement, while Instagram and Facebook extend outreach and offline counseling supports elderly patients. Patients valued acknowledgment and empathetic responses, which improved perceptions of credibility even when resolutions were delayed. The study extends SMCC to systemic healthcare crises in the Global South, recommending stronger social listening, empathetic communication training, and improved *JKN* reliability to enhance patient-centered care.

Keywords: social-mediated crisis communication, crisis communication, patient trust, BPJS Kesehatan, digital health communication

iafor
The International Academic Forum
www.iafor.org

Introduction

The COVID-19 pandemic profoundly reshaped the global healthcare communication landscape, exposing structural gaps and accelerating digital adoption across health systems. In Indonesia, which faced significant surges in healthcare demand between March 2020 and mid-2023, the pandemic underscored the urgent need for effective communication between providers, regulators, and patients to maintain trust and ensure service continuity in a volatile environment. This context is especially relevant in Indonesian Social Security Administrator for Health (Badan Penyelenggara Jaminan Sosial Kesehatan, or BPJS Kesehatan), which administers the National Health Insurance program (*Jaminan Kesehatan Nasional, JKN*). By the end of 2024, 23,682 first-level primary health care facilities (FKTP)—including both public and private clinics—were partnered with BPJS Kesehatan under JKN, covering 98.45% of the population (~278 million people) (The Jakarta Globe, 2025). In urban regions like Jakarta, Bogor, Depok, Tangerang, and Bekasi, where competition among healthcare providers is intense and patient expectations are rapidly evolving, these BPJS Kesehatan-affiliated clinics represent a crucial frontline of the national healthcare system.

Yet this frontline is also where complex systemic challenges converge. Clinics must navigate administrative bottlenecks, limited resources, and growing pressure to sustain public trust in a program frequently criticized for inefficiencies and inconsistent service quality (Ratnawati & Hidayat, 2023; Sadiq et al., 2024). These realities create what scholars describe as "slow-burning crises"—long-term, cumulative disruptions such as patient dissatisfaction, reimbursement disputes, and reputational erosion, which are less visible than acute crises but equally damaging to institutional legitimacy (Bukar et al., 2020; Liu et al., 2012). These challenges underscore that health communication in this context is not a peripheral activity but a core organizational strategy for maintaining credibility, mitigating risks, and fostering resilience.

The *JKN* mobile application, launched as part of BPJS Kesehatan's broader digitization agenda, illustrates how digital tools have transformed the communication ecosystem of Indonesian healthcare. Initially designed to simplify administrative processes—including registration, complaints management, teleconsultations, and medicine delivery—the platform has evolved into a vital two-way communication channel connecting clinics and patients in real time. This functionality proved especially critical during the COVID-19 pandemic, Telehealth proved essential for maintaining access to mental health care during the COVID-19 pandemic (Office of Behavioral Health, Disability, and Aging Policy, 2024). Patient feedback gathered in this study highlights the app's role in sustaining trust: timely information, empathetic interactions, and clear complaint-handling pathways were consistently cited as features that helped clinics address dissatisfaction, prevent grievances from escalating, and maintain patient loyalty in an increasingly competitive healthcare marketplace (Ratnawati & Hidayat, 2023).

Reframing health communication through the lens of crisis management deepens its strategic importance. Traditionally, health communication research emphasized improving patient education, enhancing satisfaction, and supporting service marketing (Dutta-Bergman, 2005; Elrod & Fortenberry, 2020; Fortenberry & McGoldrick, 2016). However, contemporary scholarship has shifted to recognize communication as a reputational shield, capable of safeguarding institutional legitimacy during periods of strain (Balmer & Greyser, 2006). This shift is particularly relevant in Indonesia, where public trust in government-run services is

often fragile, and dissatisfaction can quickly escalate into viral social media criticism, undermining the credibility of BPJS Kesehatan and its partner clinics.

These pressures are further compounded by a rapidly changing healthcare environment. The sector is transitioning from what Cascio (2018) describe as a Volatile, Uncertain, Complex, and Ambiguous (VUCA) context to one that is increasingly Brittle, Anxious, Nonlinear, and Incomprehensible (BANI). For BPJS Kesehatan-affiliated clinics, this means balancing regulatory demands of a capitation-based payment model, ensuring compliance with evolving quality standards, and competing with private providers for patient loyalty (Porter, 1985; Thompson et al., 2010). Within this fragile and highly scrutinized environment, communication emerges as a form of organizational risk mitigation. Coombs' Situational Crisis Communication Theory (SCCT) reinforces this perspective, arguing that timely acknowledgment of public concerns, transparent information-sharing, and demonstration of corrective action can buffer organizations against reputational harm (Cheng, 2018; Mundottukandi et al., 2024). For BPJS Kesehatan and its clinic partners, adopting these strategies is not optional—it is essential for sustaining legitimacy and public trust in an era of heightened scrutiny.

However, digital communication in Indonesian healthcare is not without its challenges. Despite its potential to increase efficiency and reach, adoption is uneven across patient populations. Elderly patients and those with low digital literacy often struggle to use the *JKN* application effectively, creating new forms of inequity in access to information and services (Hisyam & Mussry, 2025; Lupton, 2013). Addressing these gaps requires culturally sensitive, inclusive communication strategies that combine digital tools with traditional methods, such as face-to-face interactions, multilingual education programs, and community-based outreach.

Against this backdrop, this study integrates theoretical perspectives from the Social-Mediated Crisis Communication (SMCC) model, Crisis Informatics, and SCCT to reconceptualize health communication as a tool for crisis management and institutional resilience. Specifically, it investigates how BPJS Kesehatan-affiliated clinics in Jakarta, Bogor, Depok, Tangerang, and Bekasi use digital platforms—particularly the *JKN* application, WhatsApp, and social media—to engage patients, manage dissatisfaction, and safeguard their reputations in a complex and evolving healthcare ecosystem. By combining survey data from 200 clinics with patient feedback, this research not only contributes to the growing body of Global South crisis communication scholarship but also offers actionable guidance for policymakers and practitioners on embedding empathetic, multi-channel, and culturally grounded communication strategies into everyday operations.

Literature Review

Austin and Jin's Social-Mediated Crisis Communication (SMCC) model provides a relevant framework for examining how BPJS Kesehatan-affiliated clinics manage communication during slow-burning crises. The model conceptualizes crisis communication as a hybrid, participatory process involving three publics: influentials, who generate and frame crisis messages; followers, who consume, share, and engage with these narratives; and inactives, who access mediated information through traditional or interpersonal channels (Austin, et al., 2012; Cheng et al., 2022; Jin et al., 2014). In BPJS Kesehatan-affiliated clinics, these groups map onto digitally active patients and health advocates, the wider patient population engaging through the *JKN* application and social media, and those relying on offline interactions with clinic staff or family networks. This framework highlights the need for BPJS and its clinics to

communicate across multiple channels, balancing official messaging with engagement in citizen-driven discourse (Cheng, 2018; Eriksson, 2018).

The SMCC model's strength lies in recognizing that organizations no longer fully control crisis narratives. These narratives emerge from interactions between institutional messaging, user-generated content, and peer-to-peer discourse. This is especially salient in Indonesia, where patients voice grievances on platforms like X and Instagram, transforming private complaints into public crises. By engaging publics with timely, empathetic, dialogic communication, BPJS Kesehatan-affiliated clinics can mitigate reputational risks and restore trust (Cheng et al., 2022). Although widely applied in Western corporate and governmental contexts, SMCC's application in Global South healthcare systems remains underexplored. This study addresses this gap by adapting the model to resource-constrained environments, offering insights into how digitally mediated communication can stabilize public confidence in national health insurance schemes.

Integrating the SMCC model with Crisis Informatics expands understanding of how patients and providers co-construct healthcare narratives. Crisis Informatics, as described by Palen et al. (2009) and developed by Reuter et al. (2018), frames crises as socially constructed processes unfolding through networked communication rather than discrete events. In BPJS clinics, this includes viral posts about administrative failures, WhatsApp discussions amplifying grievances, and formal complaints lodged through the *JKN* app. These citizen-to-citizen interactions often escalate into citizen-to-authority engagements as patients tag BPJS Kesehatan , the Ministry of Health, or legislators to demand accountability (Adi, 2020; Cheng et al., 2022). Such dynamics underscore how public discourse pressures institutions to respond transparently, blurring boundaries between informal and formal communication.

Coombs' Situational Crisis Communication Theory (SCCT) complements these frameworks by emphasizing audience-centered communication for protecting organizational legitimacy. SCCT posits that reputational harm can be mitigated when organizations acknowledge concerns, provide timely updates, and demonstrate corrective action (Coombs, 2007). For BPJS clinics, adopting these principles means crafting responses that combine factual updates with empathy, addressing both informational and emotional needs. This is critical in slow-burning crises, where reputational risks accumulate over time rather than erupting from a single event.

By applying these frameworks to BPJS Kesehatan-affiliated clinics, this study advances understanding of how crisis communication models can be localized to Global South healthcare systems. It contributes to scholarship on participatory crisis communication by illustrating how hybrid strategies—blending digital and offline channels—help maintain patient trust in resource-limited, high-scrutiny environments (Mohamad et al., 2025). Practically, it offers actionable guidance for BPJS and its partners: embedding empathetic, multi-channel strategies responsive to public discourse can strengthen relationships, reduce reputational risks, and enhance institutional legitimacy (Cheng, 2018; Eriksson, 2018).

Methodology

This study adopted a mixed-methods design to investigate how Social Security Administrator for Health (BPJS Kesehatan)-affiliated clinics in the Jakarta, Bogor, Depok, Tangerang, and Bekasi area utilize social-media-enabled communication channels to manage slow-burning

crises and maintain patient trust. The primary data collection method was a structured survey administered to 200 primary healthcare facilities partnered with BPJS Kesehatan. Clinics were purposively sampled to capture diversity in geographic location, patient load, and service capacities. The survey examined the extent of social media adoption for patient engagement, perceptions of the *JKN* mobile application as a two-way communication tool, and the effectiveness of digital platforms in addressing patient complaints, reducing reputational risks, and sustaining loyalty. Descriptive statistics were used to summarize clinic-level communication practices and perceived outcomes, providing a broad overview of trends across the sample.

To complement the survey findings, qualitative data were collected through semi-structured interviews with patients from selected high-performing clinics. These interviews explored patient perceptions of how clinics used digital communication platforms—such as the JKN mobile app, WhatsApp, and social media—to manage dissatisfaction, respond to complaints, and maintain transparency during service disruptions.

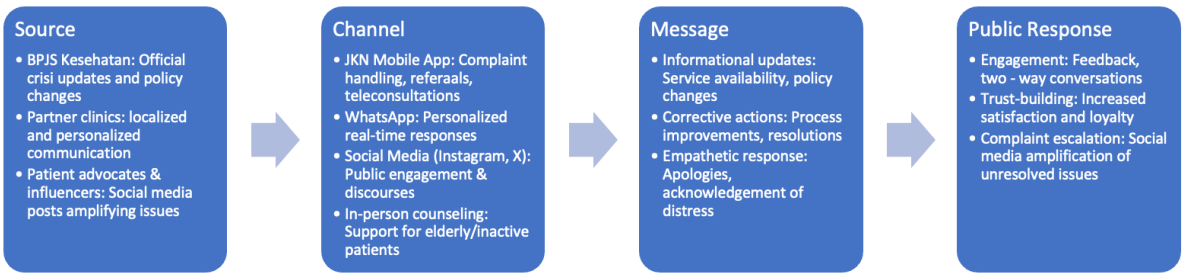
Additionally, a document review analyzed BPJS policy guidelines, internal communication strategies, and publicly accessible social media content from clinics. This secondary analysis provided contextual insights into how organizational frameworks support the use of digital tools in managing patient interactions and reputational challenges.

By integrating survey results, patient interviews, and documentary analysis, this study offers a comprehensive perspective on how BPJS Kesehatan-affiliated clinics deploy social-media-enabled communication strategies for crisis mitigation and patient engagement.

Result and Discussion

This study examined how *BPJS Kesehatan*-affiliated clinics in Jakarta, Bogor, Depok, Tangerang, and Bekasi employ social-media-enabled communication strategies to manage slow-burning crises, sustain patient trust, and protect reputations. Using Austin and Jin's Social-Mediated Crisis Communication (SMCC) model as the analytical lens, the findings reveal that crisis communication in this context emerges from a dynamic interplay between organizational actors, patient advocates, and diverse publics across multiple channels. Survey responses from 200 clinics and patient feedback demonstrate that communication flows are multi-layered, dialogic, and shaped by interactions between institutional messaging, citizen-generated discourse, and offline exchanges.

Figure 1
SMCC Informed Communication Flows in BPJS Kesehatan-Affiliated Clinics



Communication Flows: From Unidirectional Messaging to Dialogic Engagement

The findings make clear that communication is no longer unidirectional but a co-constructed narrative involving patients who actively shape and disseminate their experiences. Official BPJS communication—policy updates, service responses, and corrective actions through the *JKN* mobile application—forms a central source of crisis messaging. These top-down communications are complemented by clinic-level updates addressing localized concerns, often delivered via WhatsApp or in-person interactions.

Patients, particularly the "influentials" in the SMCC model, play an increasingly significant role in shaping public discourse. They share complaints and experiences on platforms like X (formerly Twitter) and Instagram, frequently tagging BPJS accounts and government agencies to amplify grievances into public demands for accountability. One patient explained, "When I posted on Instagram about a delayed referral and tagged BPJS, I received a response within 48 hours. My earlier complaint through the app had been pending for over a week." This aligns with Austin and Jin's observation that public framing of crises accelerates organizational responses through reputational pressure (Austin, et al., 2012; Cheng et al., 2022).

Additional patient feedback emphasized that perceived responsiveness directly influences trust. Several respondents noted improved perceptions of BPJS and clinic reliability when their online complaints were swiftly acknowledged, even when resolutions took longer. This finding reflects Liu et al.'s (2012) assertion that acknowledgment alone can diffuse frustration in digital crises by validating stakeholders' concerns. In this way, digital channels serve not only as information conduits but also as trust-building mechanisms when organizations engage interactively and promptly.

These dynamics echo Cheng's (2018) observation that publics in digitally networked crises do not merely consume organizational messaging but actively reframe and amplify issues, transforming localized grievances into reputational threats with national visibility. In the Indonesian context, this amplification is heightened by collectivist advocacy norms, where online complaints quickly gain support from peers, advocacy groups, and influencers who use their platforms to exert additional pressure on BPJS and clinics (Mohamad et al., 2025). Clinics that fail to engage with these influential voices risk losing narrative control, allowing public discourse to be shaped by speculation, frustration, or misinformation—a risk highlighted in Eriksson's (2018) review of social-media-driven crises.

Consequently, many clinic managers report monitoring social media to identify emerging complaints early, allowing for timely intervention. This proactive engagement reflects the SMCC model's call for dialogic communication—acknowledging that organizations no longer control the narrative but must participate in shaping it collaboratively. As Eriksson (2018) argues, social-mediated crisis communication demands organizations move beyond message dissemination toward active involvement in discursive spaces where publics negotiate meaning, assign blame, and demand remedies.

Channels: Navigating a Hybrid Media Ecosystem

Survey results reveal that 92% of participating clinics actively use the *JKN* application for complaint management, appointment scheduling, and teleconsultations, with 78% supplementing these functions through WhatsApp for personalized communication. Social

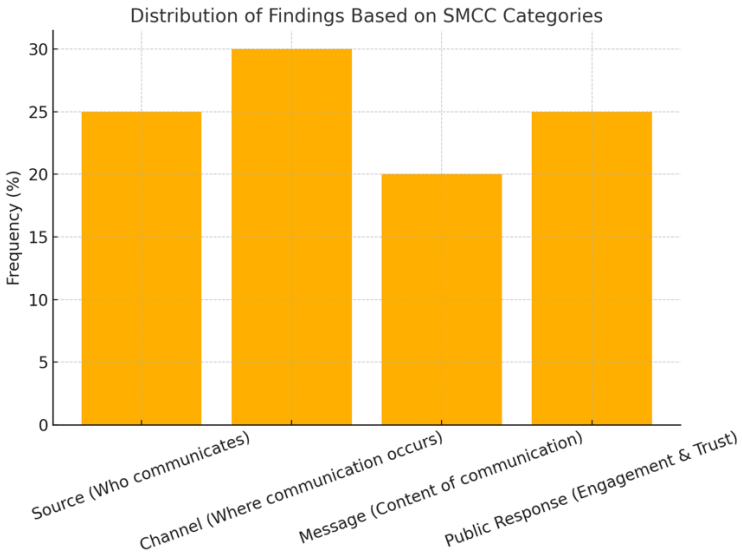
media platforms, particularly Instagram and Facebook, are widely used to share health education content, service updates, and responses to frequently asked questions. This multi-channel strategy allows clinics to engage with "followers" in SMCC's typology, who consume and redistribute organizational content, expanding the reach of crisis messaging.

Offline interactions remain indispensable. Many elderly patients, identified as "inactives" in the model, struggle to navigate digital tools. To bridge this gap, clinics offer in-person counseling sessions and community education programs that complement digital efforts. This multi-layered approach underscores the practical value of SMCC's hybrid model: crisis communication is most effective when it addresses publics across the spectrum of digital literacy and engagement.

Comparisons with global SMCC applications show that while Western healthcare organizations tend to emphasize Twitter/X for rapid broadcast messaging (Eriksson, 2018; Jin et al., 2014), Indonesian clinics prioritize WhatsApp and Instagram for their conversational and community-oriented affordances. This reflects a cultural adaptation of the SMCC framework, where communication platforms are selected not only for reach but for their accessibility and ability to foster trust. As one clinic administrator explained, "Patients feel more comfortable messaging us on WhatsApp than posting on Twitter—it feels more personal, and we can reassure them directly." This demonstrates how the SMCC model can be localized, underscoring the value of understanding communication ecologies through a cultural lens when applying global frameworks in the Global South.

Message Content: Informational, Corrective, and Empathetic Responses

Figure 2
Distribution of Findings Across SMCC Dimensions



The content of communication delivered across these channels reveals an intentional blend of informational updates, corrective actions, and empathetic responses. Informational messages dominate, providing clarity on policy adjustments, referral procedures, and administrative processes. Corrective messages, such as announcements of improved complaint-handling systems or explanations for delays, are essential for restoring trust following service failures. Yet empathetic messages emerged as particularly impactful in patient interviews. Several

patients highlighted that simple apologies or acknowledgment of their frustrations improved perceptions of the clinic, even when underlying issues remained unresolved. One patient described, "When I was told my medication would be delayed, the staff explained why and apologized sincerely. That made me feel respected." This aligns with Coombs' (2007) Situational Crisis Communication Theory, which emphasizes tailoring responses to stakeholder expectations and incorporating empathy to mitigate reputational damage.

Notably, some clinics are expanding their communication strategies beyond reactive crisis management toward proactive health promotion. By using social media to share preventive care tips, wellness programs, and patient success stories, clinics reframe their communication as collaborative public health engagement. This reframing builds reputational capital, shifting from a defensive posture to a proactive stance that strengthens community relationships and reinforces institutional legitimacy. Such approaches echo Mundottukandi et al.'s (2024) argument that resilience in social-media-driven crises is enhanced when communication strategies prioritize relevance, authority, and trust-building.

Bridging the Gap Between Organizational Intent and Public Expectations

Our findings reveal a gap between organizational intent and public expectations. While clinics report that informational updates constitute their primary crisis content, patient interviews indicate a preference for empathetic and corrective messages that directly acknowledge their distress and outline tangible solutions. This misalignment mirrors Coombs' (2007) assertion that information alone fails to meet stakeholder needs in high-anxiety situations. By contrast, patients expressed strong appreciation for communication combining transparency with compassion, describing these interactions as "reassuring," "humanizing," and "proof that the clinic cared." This echoes Liu et al.'s (2012) findings that personalized engagement increases publics' perceived legitimacy of organizational responses.

Implications for Patient Engagement and Trust

Patient engagement provides a key metric of these strategies' success. Clinics reported increased satisfaction and loyalty when multi-channel approaches—integrating the *JKN* app, WhatsApp follow-ups, and in-person counseling—were implemented. Eighty percent of respondents observed improved patient retention after adopting these hybrid strategies, suggesting that participatory, dialogic communication builds trust and fosters long-term relationships. Social media interactions indicate that patients use these platforms not only to express grievances but also to share positive experiences, recommend clinics, and publicly commend transparent communication. These findings confirm SMCC's central proposition: effective crisis communication is inherently dialogic, with publics actively co-creating narratives that influence organizational responses and outcomes.

The implications of these findings extend beyond BPJS Kesehatan-affiliated clinics. They demonstrate how the SMCC model applies to slow-burning crises in resource-constrained healthcare systems, highlight the need for culturally sensitive strategies that address digital divides, and offer actionable lessons for policymakers. Clinics that pair digital platforms with offline outreach report higher levels of trust, particularly among elderly and low-literacy populations. BPJS Kesehatan could institutionalize these hybrid strategies, expand empathetic communication training for clinic staff, enhance technical reliability in the *JKN* app, and invest in community education programs to improve digital health literacy.

Conclusion

This study provides critical insights into how BPJS Kesehatan-affiliated clinics in Jakarta, Bogor, Depok, Tangerang, and Bekasi manage communication in the face of slow-burning crises within Indonesia's national health insurance system. Drawing on Austin and Jin's Social-Mediated Crisis Communication (SMCC) model, complemented by Situational Crisis Communication Theory (SCCT) and Crisis Informatics, the findings demonstrate that crisis communication in this context is inherently participatory and multi-layered. Clinics rely on hybrid strategies that integrate digital platforms—such as the *JKN* mobile application, WhatsApp, and social media—with offline counseling and community outreach to engage diverse publics. This multi-channel approach enables clinics to address the needs of "influentials," who actively shape public discourse online, "followers," who engage with institutional updates, and "inactives," who depend on interpersonal interactions.

Patients underscored the importance of empathetic responses, transparent corrective actions, and prompt acknowledgment of concerns, revealing that trust is built through both informational clarity and relational engagement. Clinics that move beyond transactional communication to adopt dialogic, compassionate strategies are better positioned to transform grievances into opportunities for strengthening relationships and reinforcing institutional legitimacy.

Theoretically, this study extends the applicability of the SMCC model to resource-constrained, under-regulated healthcare environments, showing its relevance for managing chronic, systemic challenges in the Global South. Practically, it provides actionable recommendations for BPJS Kesehatan and policymakers, including institutionalizing real-time social listening, expanding empathetic communication training for clinic staff, enhancing the reliability of the *JKN* platform, and addressing digital literacy gaps through inclusive community programs. By embedding these practices, BPJS Kesehatan-affiliated clinics can position communication as a central pillar of organizational resilience, enabling them to maintain public trust and effectively navigate Indonesia's evolving healthcare landscape.

Acknowledgements

This paper was prepared as part of the requirements for the Social Media and Crisis Communication subject in the Doctoral Program in Communication and Leadership at the London School of Public Relations (LSPR), Jakarta. The author expresses sincere gratitude to the course lecturers and academic advisors for their valuable guidance and constructive feedback throughout the development of this study. Appreciation is also extended to colleagues in the doctoral cohort for their insightful discussions and encouragement, which greatly enriched the research process. The author further acknowledges the informal contributions of patients, healthcare practitioners, and members of Indonesia's digital communities whose publicly shared experiences on platforms such as X (formerly Twitter), Instagram, and WhatsApp offered meaningful perspectives on healthcare communication in the BPJS system. No external funding was received for this research.

Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

The author declares that OpenAI's ChatGPT (GPT-4o model) was used under full supervision to assist in the writing, editing, and revision of this manuscript. The usage was limited to improving academic structure, refining clarity and fluency, cross-referencing citations, and ensuring adherence to the IAFOR conference proceedings formatting and style guidelines. The AI tool did not autonomously generate content, fabricate references, or produce findings. All ideas, arguments, data interpretations, and analyses presented in this manuscript are the original work of the author, with all factual claims verified and cross-checked to maintain scholarly integrity and accuracy. The author retains full responsibility for the content, and the use of AI tools did not replace scholarly judgment or critical analysis.

References

Adi, W. (2020). Simplified social mediated crisis communication model during crisis in Indonesia: A case study on how customers of Indonesia commuter line train company seek information on a train delay due to the double track trial on April 12, 2019. *KnE Social Sciences, 2020*(1), 123–134.

Austin, L., & Jin, Y. (2016). Social media and crisis communication: Explicating the social-mediated crisis communication model. In A. Dudo & L. A. Kahlor (Eds.). *Strategic Communication: New Agendas in Communication* (pp. 163–187). Routledge. https://doi.org/10.4324/9781315644943

Austin, L. L., & Jin, Y. (Eds.). (2017). *Social media and crisis communication.* Routledge.

Balmer, J. M., & Greyser, S. A. (2006). Corporate marketing: Integrating corporate identity, corporate branding, corporate communications, corporate image, and corporate reputation. *European Journal of Marketing, 40*(7/8), 730–741.

Bukar, U. A., Jabar, M. A., Sidi, F., Nor, R. N. H. B., Abdullah, S., & Othman, M. (2020). Crisis informatics in the context of social media crisis communication: Theoretical models, taxonomy, and open issues. *IEEE Access, 8,* 185842–185869. https://doi.org/10.1109/ACCESS.2020.3030184

Cascio, J. (2018). *Navigating the age of chaos: A sense-making guide to a BANI world*. Institute for the Future.

Cheng, Y. (2018). How social media is changing crisis communication strategies: Evidence from the updated literature. *Journal of Contingencies and Crisis Management, 26*(1), 58–68.

Cheng, Y., Jin, Y., & Cameron, G. T. (2022). The state of social mediated crisis communication research through the lens of global scholars: An updated assessment. *Public Relations Review, 48*(3), 1–9.

Coombs, W. T. (2007). Protecting organization reputations during a crisis: The development and application of situational crisis communication theory. *Corporate Reputation Review, 10*(3), 163–176.

Dutta-Bergman, M. J. (2005). Developing a profile of consumer intention to seek out additional information beyond a doctor: The role of communicative and motivation variables. *Health Communication, 17*(1), 1–16.

Elrod, J. K., & Fortenberry, J. L. (2020). Integrated marketing communications: A strategic priority in health and medicine. *BMC Health Services Research, 20,* 825.

Eriksson, M. (2018). Lessons for crisis communication on social media: A systematic review of what research tells the practice. *International Journal of Strategic Communication, 12*(5), 526–551.

Fortenberry, J. L., & McGoldrick, P. J. (2016). Internal marketing: A pathway for healthcare facilities to improve the patient experience. *International Journal of Healthcare Management, 9*(1), 28–33.

Hisyam, A., & Mussry, J. S. (2025). Integrated marketing communication for BPJS Ketenagakerjaan: Understanding communication design and channel to improve membership ratio among Indonesian migrant workers. *Journal of Accounting and Finance Management, 5*(6), 1–15. https://doi.org/10.38035/jafm.v5i6.1569

The Jakarta Globe. (2025, July 14). BPJS Kesehatan proves equal healthcare access is possible across Indonesia. Jakarta Globe. https://jakartaglobe.id/special-updates/bpjs-kesehatan-proves-equal-healthcare-access-is-possible-across-indonesia

Jin, Y., Liu, B. F., & Austin, L. L. (2014). Examining the role of social media in effective crisis management: The effects of crisis origin, information form, and source on publics' crisis responses. *Communication Research, 41*(1), 74–94.

Liu, B. F., Austin, L., & Jin, Y. (2012). How audiences seek out crisis information: Exploring the social-mediated crisis communication model. *Journal of Applied Communication Research, 40*(2), 188–207. https://doi.org/10.1080/00909882.2012.654498

Lupton, D. (2013). The digitally engaged patient: Self-monitoring and self-care in the digital health era. *Social Theory & Health, 11*(3), 256–270.

Ministry of Health Republic of Indonesia. (2014). *Regulation of the Minister of Health of the Republic of Indonesia No. 9 of 2014 on Clinics.* Ministry of Health Republic of Indonesia.

Mohamad, B., Adamu, A. A., Rahayu, S., Suciati, P., Mona, N., & Raza, S. H. (2025). An exploratory investigation on internal crisis communication across private and public sector employees in Indonesia. *Risk Analysis*. Advance online publication. https://doi.org/10.1111/risa.70006

Mundottukandi, M. S., Reuter, C., & Kaufhold, M. (2024). Prioritizing factors in social media crisis communication for resilience enhancement using analytical hierarchy process. *IEEE Access, 12,* 5560–5575.

Office of Behavioral Health, Disability, and Aging Policy. (2024, November 25). Understanding the optimal balance of using telehealth and in-person services to support adults with serious mental illness and children with serious emotional disturbance. U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/documents/2c955fa57a7b516ed7bf483208a87731/optimal-balance-using-telehealth.pdf

Palén, L., Vieweg, S., Liu, S. B., & Hughes, A. (2009). Crisis in a networked world: Features of computer-mediated communication in the April 16, 2007, Virginia Tech event. *Social Science Computer Review, 27*(4), 467–480.

Porter, M. E. (1985). *Competitive advantage: Creating and sustaining superior performance.* Free Press.

Ratnawati, A., & Hidayat, A. (2023). Improving partnership performance of BPJS healthcare in Indonesia. *Journal of Islamic Marketing, 14*(7), 1334–1351.

Reuter, C., Hughes, A. L., & Kaufhold, M. A. (2018). Social media in crisis management: An evaluation and analysis of crisis informatics research. *International Journal of Human–Computer Interaction, 34*(4), 280–294.

Sadiq, A., Hartono, D., & Pratama, A. (2024). Policy implementation model of national health insurance through social health insurance institution (BPJS) in Indonesia. *Journal of Law and Sustainable Development, 12*(3), 115–132.

Thompson, A. A., Strickland, A. J., & Gamble, J. E. (2010). *Crafting and executing strategy: The quest for competitive advantage.* McGraw-Hill.

Contact email: 24284020004@lspr.edu