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Information Completeness and Content Consistency Drive Patient Decisions on Hospital Instagram

V. Dave Sugiharto*, Rian Andriani, Budi Santoso
Master of Management Program, Universitas Adhirajasa Reswara Sanjaya, Bandung, Indonesia

ABSTRACT

Purpose – To examine the partial and joint associations between six perceived dimensions of hospital Instagram content quality and outpatient decision scores at RSU dr. Suyudi, Indonesia.
Design/methodology/approach – The study used a cross-sectional, nonprobability outpatient survey. Of 145 completed questionnaires, 20 were excluded for straightlining and 125 were analyzed using multiple linear regression. The six predictors were accuracy, relevance, source credibility, completeness, consistency, and visual appeal.
Findings – Completeness ($B = 0.434$, $p < .001$) and consistency ($B = 0.447$, $p < .001$) showed significant positive conditional associations, whereas the other four coefficients were not significant. The model had $F(6, 118) = 61.201$, $p < .001$, and $R^2 = .757$. However, 15 participants first viewed the account during the survey, and a Glejser test indicated heteroskedasticity.
Originality/value – The six-dimensional comparison provides a more specific description of patient-rated Instagram content than an aggregate promotion measure. As exposure and outcomes were assessed cross-sectionally among existing patients, the findings do not establish an effect on hospital choice or visits.

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*Corresponding Author at: **V. Dave Sugiharto**
Master of Management Program, Universitas Adhirajasa Reswara Sanjaya, Bandung, Indonesia
E-mail address: davesugiharto@gmail.com.

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1. Introduction

Choosing a hospital involves more than responding to promotional messages. Patients evaluate a provider in relation to accessibility, clinical reputation, cost, insurance arrangements, and expected service experience (Victoor et al., 2012; Górska-Warsewicz, 2022). Digital channels may contribute to this appraisal, but their importance varies across clinical contexts and decision stages. Evidence from physician-selection studies suggests that personal recommendations, online reviews, and search engines can matter more than social media alone (Greif et al., 2022; Chen et al., 2022; Placona & Rathert, 2022). Accordingly, the relevant question is not simply whether a hospital maintains an Instagram account, but whether patients perceive the information available there as useful for evaluating a care option.

At RSU dr. Suyudi, a private Class C general hospital in Paciran, Lamongan Regency, outpatient visits changed from 2,550 in January 2026 to 2,200 in February and 2,035 in March, before increasing to 2,506 in April. The decrease between January and March was 20.2%, indicating volatility rather than a sustained downward trend. Hospital management also identified growing competition following the opening of a district government hospital in northern Lamongan. These observations describe the local managerial problem, but they do not establish that Instagram activity caused the change in visits. They nevertheless justify examining a communication function that hospital managers can directly modify while recognizing that service capacity, referrals, insurance, and location remain relevant.

Hospital Instagram communication differs from general wellness content because a prospective patient may need immediately actionable service details. Physician schedules, clinic locations, administrative steps, and insurance eligibility can be checked against practical needs, whereas claims about clinical quality are harder for an individual patient to verify. Reviews of online health information seeking describe consumers as active information users whose appraisal depends on literacy, needs, and context (Jia et al., 2021; Zhao et al., 2022; Farsi et al., 2022; Wang et al., 2026). Information accessed digitally may also be discussed with clinicians or combined with other channels rather than replacing them (Ruppel & Rains, 2012; Luo et al., 2022; Song et al., 2025). This distinction matters when interpreting a survey administered after an outpatient has already arrived at a hospital.

At the same time, the quality of online health content is uneven. Reviews have documented misinformation, incomplete disclosures, and variability in how audiences evaluate medical claims (Suarez-Lledo & Alvarez-Galvez, 2021; Yeung et al., 2022; Afful-Dadzie et al., 2023; Amon et al., 2024). Expert-based research prioritizes accuracy and credibility in judging health information, while consumer-oriented evidence also assigns importance to ease of understanding and interface cues (Ghalavand & Nabiolahi, 2024; Zhang & Kim, 2022). Social media literacy and transparent organizational practices therefore remain relevant even when a particular quality attribute does not emerge as an independent regression predictor (Ziapour et al., 2024; Galea et al., 2024; Mohamed et al., 2024). The tension between information safety and user convenience offers a more informative basis for studying hospital communication than posting volume alone.

Research on social media in healthcare spans professional education, public engagement, and clinical knowledge dissemination, but these outcomes should not be equated with actual provider choice (Anawade et al., 2024; Powell & Pring, 2024; Baran et al., 2025). Reviews of content design and engagement indicate that presentation features can affect interaction with posts, without necessarily demonstrating a subsequent patient visit (Yip et al., 2024; Roberts-Lewis et al., 2024; Aurangzeb et al., 2025). Likewise, research on digital hospitals addresses

complex service experiences rather than Instagram exposure in isolation (Canfell et al., 2024). Studies of online patient ratings and physician selection support the need to distinguish favorable perceptions, intention, and completed healthcare use (Han et al., 2021; Chen et al., 2022). Thus, an analysis of decision-related ratings must be interpreted within its measured outcome rather than presented as evidence of increased admissions.

Indonesian hospital studies have frequently operationalized Instagram promotion or social-media marketing as an overall construct (Aeni & Dewi, 2025; Amanda & Achmadi, 2025; Budiyanto et al., 2024; Fenilho et al., 2023; Rahmah et al., 2024). Their institutional settings are useful comparators, although their outcomes and analytical designs are not identical. The international literature offers more differentiated frameworks of information accuracy, credibility, design, and perceived quality (Daraz et al., 2024; Alasmari & Zhou, 2024; Haghighi & Farhadloo, 2025; Zhao et al., 2025). Yet the relative associations of these dimensions with ratings of hospital choice within an Indonesian nonmetropolitan outpatient sample remain less clearly established. In particular, published associations between health information and trust should not be assumed to hold uniformly for operational service information (Rivera et al., 2025; Keikha et al., 2026).

The present study examined six perceived dimensions of hospital Instagram content quality: information accuracy (X1), information relevance (X2), source credibility (X3), information completeness (X4), content consistency (X5), and visual appeal (X6), in relation to patient decision scores (Y). The Information Systems Success Model provides a primary rationale for considering information quality, while the Elaboration Likelihood Model helps distinguish evaluative content from presentation cues (Petty & Cacioppo, 1986; DeLone & McLean, 2003). Source Credibility Theory, Cognitive Dissonance Theory, and Uses and Gratifications Theory provide complementary interpretive perspectives rather than an assumed causal sequence (Hovland & Weiss, 1951; Festinger, 1957; Katz et al., 1973). The outcome questionnaire follows five consumer-decision stages associated with the Engel-Blackwell-Miniard framework (Engel et al., 2005). Six hypotheses concerned positive partial associations of X1–X6 with Y (H1–H6); a seventh addressed their joint association (H7). The contribution is an association-based comparison of distinguishable content-quality ratings within a nonmetropolitan hospital outpatient sample, not a test of whether Instagram increased completed visits.

2. METHOD

2.1. Study design and setting

The research used a quantitative, cross-sectional survey with an associative analytical objective. The setting was RSU dr. Suyudi, a private Class C general hospital in Paciran, Lamongan Regency, East Java, Indonesia. The period identified in the survey description and respondent table was July–August 2026. The design compared contemporaneously reported perceptions of Instagram content with self-reported patient decision scores; it did not manipulate exposure, track subsequent visits, or establish the temporal order of exposure and hospital choice.

2.2. Population, recruitment, and analytic sample

The target population was outpatients attending the hospital during the data-collection period; its total size had not been established in advance. The sample-planning calculation used $n = Z^2P(1-P)/d^2$, with $Z = 1.96$, $P = 0.50$, and $d = 0.10$, producing a nominal minimum of 96. Because this formula concerns a proportion estimate and the actual recruitment used

accidental sampling, neither a probability-based margin of error nor adequate statistical power for a six-predictor regression follows from this calculation. The stated inclusion criteria were age at least 17 years, prior exposure to the official hospital Instagram account, and written informed consent. The analyzed sample nevertheless contained 15 respondents (12.0%) who were first shown the account during the survey, meaning that the prior-exposure criterion was not consistently met. Of 145 completed questionnaires, 20 were removed because their answers were identical across items (straightlining), leaving 125 cases in the originally reported regression. No separate sensitivity analysis excluding the 15 first-exposed participants or examining the 20 exclusions was available, so the originally reported coefficients are retained unchanged.

2.3. Measures and survey procedure

The questionnaire included 51 items rated on five-point Likert scales. Six perceived Instagram content-quality dimensions were assessed using six items each: information accuracy, information relevance, source credibility, information completeness, content consistency, and visual appeal (36 items). Fifteen additional items represented five stages of patient decision-making: need recognition, information search, alternative evaluation, choice, and post-decision behavior. Data were collected from current outpatients following written informed consent. The materials available for revision did not contain the complete item wording, the original scale-adaptation protocol, an independent content-validation assessment, or pilot-study documentation. Consequently, the outcome is reported as a survey-based patient decision score rather than an objectively recorded subsequent hospital-selection event.

2.4. Reported item diagnostics and statistical analysis

The source analysis stated that all 51 items exceeded a corrected item-total correlation cutoff of .176 and reported Cronbach's alpha values between .907 and .976 across the seven constructs. Although this supports high internal consistency, the use of a Pearson correlation critical value as a cutoff does not, by itself, establish validity of a corrected item-total analysis; nor does alpha demonstrate discriminant or structural validity. Multiple linear regression related X1–X6 to Y, using individual t tests, an omnibus F test, and R^2 at $\alpha = .05$. Reported residual diagnostics were Kolmogorov–Smirnov = .071 (p = .193), Shapiro–Wilk = .983 (p = .116), VIF values from 2.553 to 4.220, and Durbin–Watson = 1.836. The Durbin–Watson statistic is less informative for a cross-sectional convenience sample without a meaningful observation order. A Glejser test suggested heteroskedasticity (overall F = 3.037, p = .008), with an association involving completeness (B = −.122, p = .004). As robust standard errors were not supplied, conventional OLS p values are reproduced as reported and interpreted cautiously, without claiming that robustness has been established.

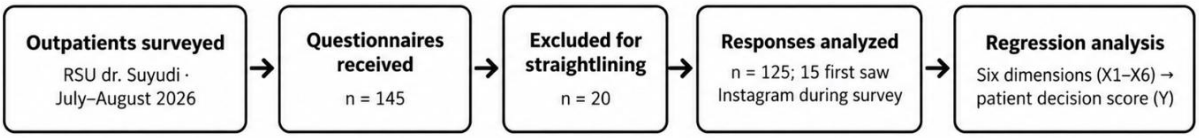


Figure 1. Participant flow and reported regression workflow

Figure 1 summarizes participant flow and the reported analytical procedure. The 15 respondents who first viewed Instagram content during the questionnaire remained in the analyzed sample.

3. RESULTS

The analysis comprised 125 outpatients. Women represented 57.6% of respondents and participants aged 17–35 accounted for 70.4%. Most respondents reported BPJS Kesehatan as the method of payment (60.0%) and a bachelor's degree as their highest listed qualification (66.4%). First-time visitors comprised 56.0%. Among the participants, 36 followed the hospital's Instagram account (28.8%), 74 had seen it without following (59.2%), and 15 had not seen it before the survey (12.0%). These exposure differences are consequential when interpreting retrospectively measured patient decisions.

Table 1. Respondent characteristics (n = 125)

Characteristic	Category	n	%
Sex	Male	53	42.4
	Female	72	57.6
Age	17–25 years	50	40.0
	26–35 years	38	30.4
	36–45 years	15	12.0
	>45 years	22	17.6
Payment method	BPJS Kesehatan	75	60.0
	Out-of-pocket	36	28.8
	Other private insurance	13	10.4
	BPJS Ketenagakerjaan	1	0.8
Education	Primary school	1	0.8
	Junior secondary	5	4.0
	Senior secondary	16	12.8
	Diploma (D3)	10	8.0
	Bachelor's (S1)	83	66.4
	Master's/Doctoral (S2/S3)	8	6.4
	Other	2	1.6
Visit frequency	First visit	70	56.0
	2–5 visits	38	30.4
	>5 visits	17	13.6
Instagram exposure	Not seen before survey	15	12.0
	Seen, not following	74	59.2
	Following the account	36	28.8

The reported fitted equation was $Y = 0.164 + 0.101X1 - 0.133X2 + 0.050X3 + 0.434X4 + 0.447X5 + 0.050X6$. Information completeness (X4, B = 0.434, t = 6.329, $p < .001$) and content consistency (X5, B = 0.447, t = 4.572, $p < .001$) had significant positive conditional associations with patient decision scores. Accuracy, relevance, source credibility, and visual appeal did not have significant partial coefficients at $\alpha = .05$. The nonsignificant negative relevance coefficient should not be interpreted as a negative effect. Because coefficients are unstandardized and no statistical comparison between X4 and X5 was reported, the small difference between their B values is insufficient to identify one as the stronger construct.

Table 2. Reported multiple regression coefficients and partial tests

Predictor	Hypothesis	B	t	p	Decision
Intercept	—	0.164	—	—	—
Accuracy (X1)	H1	0.101	1.030	.305	Not supported
Relevance (X2)	H2	−0.133	−1.437	.153	Not supported
Source credibility (X3)	H3	0.050	0.483	.630	Not supported

Predictor	Hypothesis	B	t	p	Decision
Completeness (X4)	H4	0.434	6.329	< .001	Supported
Consistency (X5)	H5	0.447	4.572	< .001	Supported
Visual appeal (X6)	H6	0.050	0.671	.504	Not supported

The omnibus regression model was significant under the reported conventional OLS test, $F(6, 118) = 61.201$, $p < .001$, with $R = .870$, $R^2 = .757$, and adjusted $R^2 = .744$ (Table 3). The six simultaneously assessed perceptions accounted for 75.7% of variation in the patient decision score within the analyzed sample. Converting R^2 to Cohen's f^2 yields approximately 3.12 (Cohen, 1988), but a large within-sample association is not equivalent to causal influence, predictive accuracy in new patients, or freedom from shared measurement effects. Because the Glejser diagnostic indicated heteroskedasticity, conventional inference should be treated as provisional until robust re-estimation is performed.

Table 3. Omnibus regression test and model summary

F(6,118)	p	R	R^2	Adjusted R^2
61.201	< .001	.870	.757	.744

4. DISCUSSION

The association between information completeness and patient decisions is substantively interpretable within a service-selection setting, although its causal direction cannot be established. Practical content may enable patients to compare available clinics, insurance arrangements, procedures, and consultation schedules before or after visiting a provider. This interpretation is compatible with the active information-seeking perspective of Uses and Gratifications Theory and with research showing that online health consumers value usable information (Katz et al., 1973; Jia et al., 2021; Farsi et al., 2022; Mohamed et al., 2024). Daraz et al. (2024) and Ghalavand and Nabiolahi (2024) emphasize the evaluative criteria patients bring to online health information, although neither provides an exact test of this hospital's operational information. Completeness might therefore represent an accessible perception of service readiness in this sample, not a universal replacement for medical accuracy or source credibility. This distinction is important because the observed B coefficient describes a conditional association rather than the number of additional patient visits generated by a post. Content consistency also had a positive partial association with patient decision scores. Noncontradictory content may help users develop stable perceptions of a service provider, which is compatible with Cognitive Dissonance Theory (Festinger, 1957) and research on integrated communications (Šerić et al., 2020). The questionnaire measured perceived consistency, not the number of posts, intervals between publications, adherence to a posting calendar, or consistency verified through an independent content audit. Therefore, the observed coefficient cannot establish that regular posting is superior to frequent posting. A halo mechanism has been studied in other online consumer settings (Li et al., 2024), but this analysis did not test it among patients. Research on health-communication design distinguishes engagement measures from completed health-related behaviors (Yip et al., 2024; Roberts-Lewis et al., 2024; Baran et al., 2025). A practical application is to maintain accurate, mutually consistent service information across institutional channels while avoiding unsupported claims about optimal posting frequency.

Accuracy, relevance, source credibility, and visual appeal were not significant partial predictors, but nonsignificance is not evidence of irrelevance. The regression estimates each

coefficient conditional on the remaining dimensions, and VIF values between 2.553 and 4.220 suggest appreciable overlap among some perceptions. Source credibility may operate as a baseline expectation for official hospital accounts; this explanation, however, was not directly tested. As a possible boundary condition, differences in health literacy may affect how readers evaluate evidence, as discussed by Diviani et al. (2015). Expert assessments continue to stress accuracy and credibility (Ghalavand & Nabiolahi, 2024; Haghighi & Farhadloo, 2025), and misinformation research warns against treating visually persuasive content as intrinsically reliable (Suarez-Lledo & Alvarez-Galvez, 2021; Yeung et al., 2022; Keikha et al., 2026). The result should consequently lead to cautious interpretation of unique regression coefficients, not to a recommendation that hospitals reduce accuracy checks or authorship disclosure. Institutional safeguards for health content remain justified independently of the model's partial p values (Galea et al., 2024; Gram et al., 2025).

The relatively small and nonsignificant visual-appeal coefficient warrants comparison with broader evidence about cues used to assess online information. The Elaboration Likelihood Model differentiates more effortful processing from peripheral cues, allowing appearance to shape initial attention without necessarily determining a reported final choice (Petty & Cacioppo, 1986). Zhang and Kim (2022), however, found that design features were associated with perceived online information quality in their international meta-analysis. An Instagram study of healthcare professionals and content analyses of clinical posts similarly identify imagery and formats as important elements of platform activity (Amon et al., 2024; Aurangzeb et al., 2025). These findings are not contradictory because appearance, quality appraisal, post engagement, and hospital selection are distinct endpoints. The present design measured no engagement mediator, and it cannot establish either the presence or absence of an indirect effect through brand trust or attention (Utari et al., 2024; Song et al., 2025).

The full regression model had a large R^2 even though only two unique predictor coefficients were significant. This pattern is statistically possible when measures share explanatory variance, because an omnibus F test evaluates their joint performance whereas each t test considers its conditional contribution. It does not demonstrate that all six dimensions exert significant individual influence, nor does it validate a direct causal pathway from social media exposure to care utilization. Prior Indonesian reports link hospital social media or Instagram marketing with intention and patient-choice outcomes (Aeni & Dewi, 2025; Amanda & Achmadi, 2025; Budiyanto et al., 2024; Fenilho et al., 2023; Rahmah et al., 2024; Yunita et al., 2025), but their measures and settings differ from the six-dimensional approach used here. Survey evidence from other countries also shows that online reviews, social channels, and search platforms play different roles in selecting providers (Han et al., 2021; Greif et al., 2022; Chen et al., 2022). The principal contribution is therefore greater descriptive resolution within one hospital sample, not a claim that decomposition makes Instagram a dominant determinant of patient choice.

Interpretation is further constrained by how and when the data were obtained. Fifteen analyzed participants had never seen the account before the survey and assessed content only after it was shown to them, while others had been exposed previously; the resulting scores combine different exposure histories. All respondents were already outpatients, so actual attendance preceded at least the questionnaire ratings and may have preceded some participants' initial content exposure. This raises the possibility that existing hospital experience influenced content evaluations, rather than only the reverse. The sample also had a high proportion of respondents with bachelor’s degrees and was drawn nonprobabilistically

from a single institution, making extrapolation to the regional outpatient population inappropriate. Studies of digital health literacy and information consumption report variation across user groups and communication contexts, reinforcing the need for cautious population-level inference (Zhao et al., 2022; Rivera et al., 2025; Wang et al., 2026). These features should be addressed directly in longitudinal studies that establish exposure before a clearly defined choice event.

Statistical and measurement limitations further qualify the reported associations. A positive Glejser test indicates that conventional standard errors may be unreliable, even if the residual scatterplot has no conspicuous funnel shape. Re-estimation using heteroskedasticity-consistent standard errors, preferably HC3 for a sample of this size, would be a useful robustness check but cannot be conducted without the underlying observations. High alpha values establish internal consistency, not the distinctness of the six constructs or the dimensional structure of the 15-item outcome. Since all perceptions and decision scores were obtained through the same questionnaire, common-method covariance and respondents' existing experience with the hospital may inflate measured relationships. Comparisons with the engagement literature reinforce the need to distinguish survey ratings, visit intentions, and realized choices (Basu et al., 2025; Canfell et al., 2024). These limitations affect the strength of inference rather than negate the reported descriptive pattern.

For management at RSU dr. Suyudi, the most defensible application is to audit whether its public Instagram information is clear, current, internally consistent, and readily linked to official service channels. Completeness can be operationalized through checks of clinic times, provider availability, insurance routes, registration instructions, and contact options; these are examples of practical content priorities, not effects directly measured as individual items in the present results. Accuracy verification and source attribution should remain nonnegotiable safeguards, given evidence of health-information quality risks (Afful-Dadzie et al., 2023; Ghalavand & Nabiolahi, 2024; Haghighi & Farhadloo, 2025). Hospitals should also expect patients to consult telephone staff, websites, referrals, and personal networks alongside Instagram (Luo et al., 2022; Greif et al., 2022; Placona & Rathert, 2022). This approach is consistent with the Information Systems Success perspective that information quality is one part of a wider service interaction (DeLone & McLean, 2003). Replication across hospitals and prospective measurement of actual choices would be needed before making broader claims about resource allocation or changes in visit counts.

5. CONCLUSION

Among 125 surveyed outpatients of RSU dr. Suyudi, perceived information completeness and content consistency showed statistically significant positive partial associations with patient decision scores in the reported conventional regression. The other four content-quality dimensions did not show significant unique coefficients. Jointly, the six dimensions explained 75.7% of within-sample variance in the reported survey outcome. These findings provide a basis for auditing whether the hospital's online service information is complete, current, and coherent, but do not establish that Instagram exposure caused patient attendance or that any particular posting schedule increased visits.

The interpretation is constrained by accidental sampling in one hospital, 15 respondents without prior Instagram exposure, retrospective assessment among patients who had already attended, incomplete evidence of measurement validity, and detected heteroskedasticity without robust re-estimation. The 20 straightlining exclusions also lack a documented

sensitivity check. Independent validation of the questionnaire, robust inference, prospective ascertainment of exposure before provider choice, and multi-site studies would be required to make stronger claims. The current study contributes a context-specific comparison of six perceived content dimensions, with recommendations restricted to communication quality rather than causal marketing effectiveness.

DECLARATIONS

Ethics and consent: Hospital management authorized the survey, and participating respondents provided written informed consent. No separate health-research ethics committee review was obtained.

Competing interests and institutional relationship: The corresponding author undertook a medical internship at RSU dr. Suyudi during the study period. This relationship is disclosed because of its potential relevance to recruitment and interpretation of the research.

Data availability: The dataset analyzed in the original study is available from the corresponding author on reasonable request.

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REFERENCES

Aeni, N. N., & Dewi, L. A. P. (2025). Pengaruh media sosial Instagram terhadap keputusan berkunjung (studi kasus pada pasien Zihan Medical Center). *Proceeding FRIMA (Festival Riset Ilmiah Manajemen dan Akuntansi)*, *8*(1), 843–851.

Afful-Dadzie, E., Afful-Dadzie, A., & Egala, S. B. (2023). Social media in health communication: A literature review of information quality. *Health Information Management Journal*, *52*(1), 3–17. https://doi.org/10.1177/1833358321992683

Alasmari, A., & Zhou, L. (2024). Quality measurement of consumer health questions: Content and language perspectives. *Journal of Medical Internet Research*, *26*, e48257. https://doi.org/10.2196/48257

Amanda, R., & Achmadi, H. (2025). Pengaruh social media marketing terhadap visit intention yang dimediasi oleh brand awareness, online trust, dan perceived value pada RSGM X. *Jurnal EMT KITA*, *9*(3), 1138–1146. https://doi.org/10.35870/emt.v9i3.4495

Amon, K. L., Brunner, M., & Campbell, A. J. (2024). The reel health care professionals of Instagram: A systematic review. *Cyberpsychology, Behavior, and Social Networking*, *27*(3), 172–186. https://doi.org/10.1089/cyber.2023.0311

Anawade, P. A., Sharma, D., & Gahane, S. (2024). Connecting health and technology: A comprehensive review of social media and online communities in healthcare. *Cureus*, *16*(3), e55361. https://doi.org/10.7759/cureus.55361

Aurangzeb, A., Feng, A. A. J., & Sirisena, D. (2025). The role of Instagram in orthopaedic patient education and engagement: A content analysis from Singapore. *Cureus*, *17*(5), e83827. https://doi.org/10.7759/cureus.83827

Baran, R. V., Fazari, M., Lightfoot, D., & Cusimano, M. D. (2025). Social media strategies used to translate knowledge and disseminate clinical neuroscience information to healthcare users: A systematic review. *PLOS Digital Health*. https://doi.org/10.1371/journal.pdig.0000778

Basu, S., Simerman, A., & Hoffman, A. (2025). How is engagement defined across health care services and technology companies? A systematic review. *Mayo Clinic Proceedings: Digital Health*, *3*(3), 100256. https://doi.org/10.1016/j.mcpdig.2025.100256

Budiyanto, D., Pradiani, T., & Fathorrahman, F. (2024). Pengaruh kegiatan event pemasaran, promosi media sosial Instagram dan pemasaran hubungan terhadap keputusan pasien berobat rawat inap di Rumah Sakit Rayhan Subang. *Al Qalam: Jurnal Ilmiah Keagamaan dan Kemasyarakatan*, *18*(6), 4406.

Canfell, O. J., Woods, L., Meshkat, Y., Krivit, J., Gunashanhar, B., Slade, C., Burton-Jones, A., & Sullivan, C. (2024). The impact of digital hospitals on patient and clinician experience: Systematic review and qualitative evidence synthesis. *Journal of Medical Internet Research*, *26*, e47715. https://doi.org/10.2196/47715

Chen, T.-T., Wu, C.-I., Chiu, M.-H. P., Hsu, J.-L., Liao, M.-H., Hsueh, Y.-S. A., & Su, W.-C. (2022). Factors associated with the patient/client use of report cards, physician rating websites, social media, and Google for hospital and physician selection: A nationwide survey. *Healthcare*, *10*(10), 1931. https://doi.org/10.3390/healthcare10101931

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences (2nd ed.).* Lawrence Erlbaum Associates.

Daraz, L., Dogu, C., Houde, V., Bouseh, S., & Morshed, K. G. (2024). Assessing credibility: Quality criteria for patients, caregivers, and the public in online health information—A qualitative study. *Journal of Patient Experience*, *11*, 23743735241259440. https://doi.org/10.1177/23743735241259440

DeLone, W. H., & McLean, E. R. (2003). The DeLone and McLean model of information systems success: A ten-year update. *Journal of Management Information Systems*, *19*(4), 9–30.

Diviani, N., Van Den Putte, B., Giani, S., & Van Weert, J. C. M. (2015). Low health literacy and evaluation of online health information: A systematic review of the literature. *Journal of Medical Internet Research*, *17*(5).

Engel, J. F., Blackwell, R. D., & Miniard, P. W. (2005). *Consumer behavior (10th ed.).* South-Western College Publishing.

Farsi, D., Martinez-Menchaca, H. R., Ahmed, M., & Farsi, N. (2022). Social media and health care (Part II): Narrative review of social media use by patients. *Journal of Medical Internet Research*, *24*(1), e30379. https://doi.org/10.2196/30379

Fenilho, Y., Azhar, R., Izzan Hurruzia, M., & Sulistiadi, W. (2023). Menilai efektivitas pengenalan rumah sakit melalui media sosial Instagram di Rumah Sakit X Jakarta. *Innovative: Journal of Social Science Research*, *3*(6), 2469–2476.

Festinger, L. (1957). *A theory of cognitive dissonance.* Stanford University Press.

Galea, G., Chugh, R., & Luck, J. (2024). Why should we care about social media codes of conduct in healthcare organisations? A systematic literature review. *Journal of Public Health*, *32*, 1205–1217. https://doi.org/10.1007/s10389-023-01894-5

Ghalavand, H., & Nabiolahi, A. (2024). Exploring online health information quality criteria on social media: A mixed method approach. *BMC Health Services Research*, *24*, 1311. https://doi.org/10.1186/s12913-024-11838-8

Górska-Warsewicz, H. (2022). Consumer or patient determinants of hospital brand equity—A systematic literature review. *International Journal of Environmental Research and Public Health*, *19*(15), 9026. https://doi.org/10.3390/ijerph19159026

Gram, E. G., Moynihan, R., Copp, T., Shih, P., Albarqouni, L., Akl, E., Smith, C., Hardiman, L., & Nickel, B. (2025). Addressing misleading medical information on social media: A scoping review of current interventions. *BMJ Evidence-Based Medicine*, *30*(6), 420–433. https://doi.org/10.1136/bmjebm-2025-113704

Greif, D. N., Shah, H. A., Luxenburg, D., Hodgens, B. H., Epstein, A. L., Kaplan, L. D., Munoz, J., Letter, M., & Baraga, M. G. (2022). Word of mouth and online reviews are more influential than social media for patients when selecting a sports medicine physician. *Arthroscopy, Sports Medicine, and Rehabilitation*, *4*(3), e1185–e1191. https://doi.org/10.1016/j.asmr.2022.04.022

Haghighi, R., & Farhadloo, M. (2025). Quality assessment of health information on social media during a public health crisis: Infodemiology study. *JMIR Infodemiology*, *5*, e70756. https://doi.org/10.2196/70756

Han, X., Du, J. T., Zhang, T., Han, W., & Zhu, Q. (2021). How online ratings and trust influence health consumers' physician selection intentions: An experimental study. *Telematics and Informatics*, *62*, 101631. https://doi.org/10.1016/j.tele.2021.101631

Hovland, C. I., & Weiss, W. (1951). The influence of source credibility on communication effectiveness. *Public Opinion Quarterly*, *15*(4), 635–650.

Jia, X., Pang, Y., & Liu, L. S. (2021). Online health information seeking behavior: A systematic review. *Healthcare*, *9*(12), 1740. https://doi.org/10.3390/healthcare9121740

Katz, E., Blumler, J. G., & Gurevitch, M. (1973). Uses and gratifications research. *Public Opinion Quarterly*, *37*(4), 509–523.

Keikha, L., Shahraki-Mohammadi, A., & Nabiolahi, A. (2026). Strategies and prerequisites for combating health misinformation on social media: A systematic review. *BMC Public Health*, *26*, 139. https://doi.org/10.1186/s12889-025-25858-4

Li, S., Wei, Y., & Yu, Z. (2024). Research on the influence mechanism of key halo effect and Matthew effect on product online word-of-mouth: Considering the moderating role of online store service quality. *Multimedia Tools and Applications*, *83*(5), 13045–13072.

Luo, A., Qin, L., Yuan, Y., Yang, Z., Liu, F., Huang, P., & Xie, W. (2022). The effect of online health information seeking on physician-patient relationships: Systematic review. *Journal of Medical Internet Research*, *24*(2), e23354. https://doi.org/10.2196/23354

Mohamed, H., Kittle, E., Nour, N., Hamed, R., Feeney, K., Salsberg, J., & Kelly, D. (2024). An integrative systematic review on interventions to improve layperson's ability to identify trustworthy digital health information. *PLOS Digital Health*, *3*(10), e0000638. https://doi.org/10.1371/journal.pdig.0000638

Petty, R. E., & Cacioppo, J. T. (1986). The elaboration likelihood model of persuasion. *Advances in Experimental Social Psychology*, *19*, 123–205.

Placona, A. M., & Rathert, C. (2022). Are online patient reviews associated with health care outcomes? A systematic review of the literature. *Medical Care Research and Review*, *79*(1), 3–16. https://doi.org/10.1177/10775587211014534

Powell, J., & Pring, T. (2024). The impact of social media influencers on health outcomes: Systematic review. *Social Science & Medicine*, *340*, 116472. https://doi.org/10.1016/j.socscimed.2023.116472

Rahmah, S. N., Rhynanti, C. L., Ulu, Z., & Saputra, P. (2024). The influence of social media marketing through Instagram on the patients' interest in visiting a hospital. *Indonesian Interdisciplinary Journal of Sharia Economics*, *7*(1).

Rivera, Y. M., Corpuz, K., & Karver, T. S. (2025). Engagement with and use of health information on social media among US Latino individuals: National cross-sectional survey study. *Journal of Medical Internet Research*, *27*, e59387. https://doi.org/10.2196/59387

Roberts-Lewis, S., Baxter, H., Mein, G., Quirke-McFarlane, S., Leggat, F. J., Garner, H., Powell, M., White, S., & Bearne, L. (2024). Examining the effectiveness of social media for the dissemination of research evidence for health and social care practitioners: Systematic review and meta-analysis. *Journal of Medical Internet Research*, *26*, e51418. https://doi.org/10.2196/51418

Ruppel, E. K., & Rains, S. A. (2012). Information sources and the health information-seeking process: An application and extension of channel complementarity theory. *Communication Monographs*, *79*(3), 385–405.

Šerić, M., Ozretić-Došen, Đ., & Škare, V. (2020). *How can perceived consistency in marketing communications influence customer-brand relationship outcomes? European Management Journal*, *38*(2), 335–343.

Song, M., Elson, J., Haas, C., Obasi, S. N., Sun, X., & Bastola, D. (2025). The effects of patients' health information behaviors on shared decision-making: Evaluating the role of patients' trust in physicians. *Healthcare*, *13*(11), 1238. https://doi.org/10.3390/healthcare13111238

Suarez-Lledo, V., & Alvarez-Galvez, J. (2021). Prevalence of health misinformation on social media: Systematic review. *Journal of Medical Internet Research*, *23*(1), e17187. https://doi.org/10.2196/17187

Utari, D., Susetyo, D., & Maulana, A. (2024). The influence of visual content on social media on Generation Z purchasing decisions with brand engagement as an intervening variable. *Journal of International Conference Proceedings*, *7*(5), 1129–1143.

Victoor, A., Delnoij, D. M., Friele, R. D., & Rademakers, J. J. (2012). Determinants of patient choice of healthcare providers: A scoping review. *BMC Health Services Research*, *12*, 272.

Wang, X., Shen, T., Chen, X., He, K., & Zhao, Y. C. (2026). The relation between eHealth literacy and online health information–seeking behavior: Systematic review and meta-analysis. *Journal of Medical Internet Research*, *28*, e93578. https://doi.org/10.2196/93578

Yeung, A. W. K., Tosevska, A., Klager, E., Eibensteiner, F., Tsagkaris, C., Parvanov, E. D., Nawaz, F. A., Völkl-Kernstock, S., Schaden, E., Kletecka-Pulker, M., Willschke, H., & Atanasov, A. G. (2022). Medical and health-related misinformation on social media: Bibliometric study of the scientific literature. *Journal of Medical Internet Research*, *24*(1), e28152. https://doi.org/10.2196/28152

Yip, Y. Y., Makmor-Bakry, M., & Chong, W. W. (2024). Elements influencing user engagement in social media posts on lifestyle risk factors: Systematic review. *Journal of Medical Internet Research*, *26*, e59742. https://doi.org/10.2196/59742

Yunita, E., Megawati, D., & Dewanto, A. (2025). Social media for hospital marketing in rural areas: Patient perspectives of a private hospital. *Journal of Community Health and Preventive Medicine*, *5*(1), 9–14. https://doi.org/10.21776/ub.jochapm.2025.005.01.2

Zhang, Y., & Kim, Y. (2022). Consumers' evaluation of web-based health information quality: Meta-analysis. *Journal of Medical Internet Research*, *24*(4), e36463. https://doi.org/10.2196/36463

Zhao, Y. C., Zhao, M., & Song, S. (2022). Online health information seeking behaviors among older adults: Systematic scoping review. *Journal of Medical Internet Research*, *24*(2), e34790. https://doi.org/10.2196/34790

Zhao, Y., Zhang, L., Zeng, C., Chen, Y., Lu, W., & Song, N. (2025). Factors influencing online health information credibility: A meta-analysis. *Aslib Journal of Information Management*, *77*(4), 701–732. https://doi.org/10.1108/AJIM-05-2023-0155

Ziapour, A., Malekzadeh, R., Darabi, F., Yıldırım, M., Montazeri, N., Kianipour, N., & Nejhaddadgar, N. (2024). The role of social media literacy in infodemic management: A systematic review. *Frontiers in Digital Health*, *6*, 1277499. https://doi.org/10.3389/fdgth.2024.1277499