



SERVICE QUALITY AND BPJS PATIENT SATISFACTION AT THE MATERNAL AND CHILD HEALTH CLINIC (KIA) OF LEDOKOMBO HEALTH CENTER, JEMBER REGENCY

Dessy Yulianti¹⁾, Harmawan Teguh Saputra²⁾, Hanif Hadinata Utama³⁾

^{1,2,3)} Program of Management, Faculty of Economics, PGRI Argopuro University Jember, Indonesia
^{1,2,3)}email Corresponden (dessyulianti19@gmail.com), wa0n3.saputra@gmail.com, hanif281086@gmail.com

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*Correspondence:

Name: Dessy Yulianti
E-mail:
dessyulianti19@gmail.com

Editorial Office

Ambon State Polytechnic
Center for Research and
Community Service
Ir. M. Putuhena Street, Wailela-
Rumahtiga, Ambon
Maluku, Indonesia
Postal Code: 97234

ABSTRACT

Introduction: This study aims to analyze the relationship between BPJS patient satisfaction and the quality of maternal and child health (KIA) services at the Ledokombo Community Health Center. Patient satisfaction is a crucial indicator in assessing the success of healthcare services, particularly within the National Health Insurance (JKN) scheme implemented through BPJS. The KIA service, as a maternal health service at the community health center, possesses both clinical and interpersonal characteristics that influence patient perceptions of quality and satisfaction.

Methods: This study used a quantitative analytical design with a correlational approach, involving 100 BPJS patients at the KIA Clinic of Ledokombo Community Health Center. Data were collected using a 5-point Likert-scale SERVQUAL questionnaire and analyzed using the Pearson Product-Moment correlation test in SPSS 2025.

Results: The results show that service quality at the MCH clinic is classified as good, with Assurance and Responsiveness as the most prominent dimensions. Patients feel safe, trust healthcare providers, and receive fast and responsive services. A total of 76% of respondents reported being satisfied, although some were moderately satisfied or dissatisfied, particularly regarding communication and personal attention. Pearson analysis indicates a strong and significant positive relationship between service quality and patient satisfaction ($r = 0.684$; $p = 0.000$), thus the research hypothesis is accepted.

Conclusion and suggestion: There is a significant relationship between service quality and BPJS patient satisfaction at the MCH clinic. Therefore, increased satisfaction can be achieved by strengthening clinical competence, service speed, and interpersonal communication. It is recommended that community health centers strengthen clinical communication training and optimize maternal service flows.

INTRODUCTION

The increasing number of BPJS patient visits to the Maternal and Child Health (KIA) Clinic has become an empirical reality that emphasizes the need to evaluate primary care satisfaction, particularly at the Ledokombo Community Health Center (Puskesmas), Jember Regency, East Java, with 1,014 BPJS participant visits from June to December 2024 (Data Puskesmas Ledokombo, 2025). This reality indicates that the Puskesmas, as a Primary Health Care (FKTP), faces high operational pressure that could potentially impact patient service experiences (Rahmah & Basri, 2024). This condition is reinforced by reports from BPJS participants complaining of long waiting times, ineffective staff communication, and inconsistent medication availability, which have implications for patient perceptions of service quality (Prasetyo & Rahayu, 2025). Thus, this phenomenon is not merely a quantitative representation of visits, but an empirical indication of dynamics in the quality of KIA services that could potentially influence BPJS patient satisfaction.

Literature reviews indicate that patient satisfaction is an important dimension in assessing the quality of healthcare services, influenced by the tangible, reliability, responsiveness, assurance, and empathy dimensions in the SERVQUAL model (Parasuraman et al., 1988). A study by Azlya Fahrezi Muhammad confirmed that service quality is significantly correlated with patient satisfaction in primary care facilities (Azlya Fahrezi Muhammad et al., 2025). However, the majority of these studies focused on general clinics or hospitals without examining the specific context of maternal and child health services in community health centers (Puskesmas), especially within the National Health Insurance (JKN) system (Rahmawati & Hsieh, 2024). Other research also indicates that BPJS patient satisfaction is influenced by administrative experience and staff interactions (Rahmannisa et al., 2025), but limitations in studies focused on specific service units such as KIA clinics remain (Yang et al., 2022). Therefore, there is a clear research gap in understanding the relationship between maternal and child health service quality and BPJS patient satisfaction in community health centers (Puskesmas) settings in Indonesia, requiring a specific empirical quantitative approach.

Evaluation of previous research shows that although service quality is often measured in general terms, contextual variables such as patient demographic characteristics (age, gender, education, occupation) and multidimensional dimensions of satisfaction are often not analyzed simultaneously in a single statistical model (Munawarah et al., 2023). This creates limitations in interpreting the causal relationship between service quality and BPJS patient satisfaction in specific service units such as the KIA Polyclinic at community health centers, which have different operational characteristics from other services (Meiliani et al., 2024). This condition indicates the existence of an analytical gap in comprehensively understanding the relationship between service quality and patient satisfaction in MCH services, thereby necessitating a more focused and integrated study to address this limitation.

The main objective of this study is to analyze the relationship between the quality of health services at the KIA Polyclinic and BPJS patient satisfaction at the Ledokombo Community Health Center, including the level of satisfaction based on the SERVQUAL dimensions and its implications for the effectiveness of primary care (Almomani et al., 2020; Bentum-Micah et al., 2020). Academically, this study will broaden theoretical insights into the determinants of patient satisfaction in the context of the National Health Insurance (JKN) in special care units. Practically, the results are expected to provide evidence-based recommendations to policymakers and community health center management to design strategies to improve service quality that are oriented towards the needs of BPJS patients, especially mothers and children, and minimize dissatisfaction that impacts patient trust and compliance in the use of primary care services. Therefore, the research question posed is: Is there a significant relationship between the quality of health services at the KIA Polyclinic and the level of BPJS patient satisfaction at the Ledokombo Community Health Center? Thus, this study is important theoretically to fill the empirical gap and practically to provide a basis for policy recommendations to improve service quality at community health centers.

LITERATURE REVIEW

BPJS patient satisfaction has become a key indicator in assessing the quality of healthcare services in primary care facilities, particularly following the implementation of the National Health Insurance (JKN) program (Samfriati Sinurat et al., 2024). Research shows that satisfaction indicators are influenced by administrative processes, speed of service, attitudes of healthcare workers, facilities, and medication availability (Pelawinta et al., 2022; Afiyah &

Ayuningtyas, 2023; Murillo-Del Pezo et al., 2025). This finding aligns with a national study confirming that BPJS patients report more frequent complaints related to waiting times and communication issues than non-BPJS patients (Prasetyo & Rahayu, 2025; Rahmah & Basri, 2024; Rahmannisa et al., 2025). Since the COVID-19 pandemic, procedural adjustments have impacted perceptions of service quality, particularly at Community Health Centers (Puskesmas) as First-Level Health Facilities (FKTP) at the forefront of promotive and preventive programs (Restuputri et al., 2021; Basnet et al., 2023). Thus, BPJS patient satisfaction has become relevant as a benchmark for the effectiveness of current primary healthcare services.

The SERVQUAL model remains the standard for evaluating healthcare quality, with five core dimensions: tangible, reliability, responsiveness, assurance, and empathy (AlOmari, 2021; Prakash, 2024). Quantitative studies at various community health centers (Puskesmas) show that responsiveness and assurance are the most significant determinants of BPJS patient satisfaction (Meiliani et al., 2024; Ndruru et al., 2024; Rahmah & Basri, 2024, 2024; Samfriati Sinurat et al., 2024; Prasetyo & Rahayu, 2025). Furthermore, recent research confirms that the tangible dimension is increasingly influential due to the improved standards of infrastructure post-pandemic, such as waiting rooms, KIA facilities, and digital queuing systems (Ma & Ma, 2022; Mohammad et al., 2025). Strengthening reliability is also considered crucial because it relates to the consistency of healthcare workers in carrying out clinical procedures and patient education (Tomar et al., 2023; Lenk et al., 2024). Therefore, SERVQUAL remains relevant for assessing the relationship between service quality and BPJS patient satisfaction at community health centers.

Several recent studies have examined the relationship between service quality and BPJS patient satisfaction at community health centers (Puskesmas). For example, a study at Abai Community Health Center found a significant relationship between service quality and BPJS patient satisfaction using a quantitative design (Sutoyo & Rusdi, 2023). Another study at Wenang Community Health Center showed a significant influence on the SERVQUAL dimension but emphasized contextual differences in patient demographic characteristics (Ndruru et al., 2024; Aniharyati et al., 2025). A study at Outpatient Unit Lubuk Pakam Grandmed Hospital also confirmed a positive relationship between service quality and BPJS satisfaction (Sirait & Simatupang, 2022). However, most studies only assess services in general, without focusing on specific service units such as the KIA (Mother and Child Health) Clinic, despite the distinct characteristics of these services and targeting vulnerable groups such as pregnant women, postpartum mothers, and toddlers (Yuliana Diah et al., 2020; Rinayati et al., 2021; Fidorova & Dinda Febriani, 2023). This fact opens up new analytical opportunities for maternal care units.

A systematic evaluation reveals that most previous studies have focused on outpatient or general services, rather than on the maternal health clinic (KIA) as a maternal health service unit with its own unique dynamics (Temesgen & Netangaheni, 2025). Furthermore, studies often fail to differentiate between BPJS and non-BPJS patients, despite the fact that the BPJS administrative experience tends to be more complex (Andini et al., 2023). Furthermore, no research has specifically examined the relationship between service quality and BPJS satisfaction at the KIA clinic at Ledokombo Community Health Center, a rural area with high visitor numbers. Therefore, there are unfilled theoretical, methodological, and contextual gaps, making it crucial to conduct quantitative research that focuses on the relationship between BPJS patient satisfaction and KIA clinic service quality at the community health center level.

The Maternal and Child Health (KIA) clinic was chosen as the focus because it is a primary care unit that plays a strategic role in reducing maternal and infant mortality rates, improving nutritional status, and preparing a healthy generation (Fidorova & Dinda Febriani, 2023; Emma Thompson & James Moore, 2024). In the context of the National Health Insurance (BPJS), maternal groups tend to require continuous, empathetic, and informative services, making perceptions of quality and satisfaction crucial (Ndruru et al., 2024). This study offers an academic contribution in the form of mapping the relationship between SERVQUAL-based service quality and BPJS patient satisfaction, a practice that has not been widely conducted in MCH units, particularly at the Ledokombo Community Health Center. Furthermore, the practical contribution in the form of data-based policy recommendations for strengthening JKN primary care services makes this study novel and urgently implementable for improving public services in the maternal health sector.

RESEARCH METHODS

This study employed a quantitative design with a correlational analytical approach aimed at examining the relationship between healthcare quality as the independent variable and BPJS patient satisfaction as the dependent variable (Azhari et al., 2023; Darmawan et al., 2024). This approach was chosen because it is able to objectively measure social phenomena through standardized instruments and generate numerical data that can be analyzed statistically. This research model is relevant for answering hypotheses regarding the relationship or influence between variables in the context of healthcare services in primary care facilities. Data collection was conducted using a closed-ended questionnaire based on a Likert scale compiled based on SERVQUAL indicators (Dombi & Jónás, 2021). Thus, this quantitative design provides a strong methodological foundation for obtaining empirical findings that can be generalized to the study population.

The study was conducted at the Ledokombo Community Health Center (Puskesmas), Jember Regency, in the Maternal and Child Health (KIA) Polyclinic service unit, which has a high frequency of visits by BPJS (Social Security Agency) participants. The study population was all BPJS patients who visited the KIA Polyclinic during the study period (Memon et al., 2020). The sample was determined using a probability sampling technique, using the Slovin formula to determine the number of representative samples based on the total number of patient visits. The inclusion criteria in this study included BPJS patients who received services at the KIA Polyclinic, were willing to be respondents, and were able to communicate well. Meanwhile, the exclusion criteria were non-BPJS patients or BPJS patients who came only for administration without receiving clinical services. Thus, sample selection was based on the principles of equality of opportunity and representativeness.

Ledokombo Community Health Center was chosen as the research location because it is a primary health care facility serving a large population with high frequency of visits by BPJS participants, particularly for maternal and child health services, and reflects a common phenomenon in many community health centers in Indonesia. Academically, this location selection is relevant because community health centers have a strategic function in integrating the JKN program and basic health services, as well as unique operational challenges such as limited resources, visitation load, and complex maternal and child care needs. Furthermore, variations in patient perceptions of maternal and child health services in community health centers have not been widely reported in reputable journals, so the research at Ledokombo Community Health Center provides a strong empirical contribution to the primary health care literature.

This study has two main variables: service quality as the independent variable and patient satisfaction as the dependent variable. The operational definition of service quality refers to the SERVQUAL dimension, which includes tangibles, reliability, responsiveness, assurance, and empathy; while patient satisfaction is operationalized as the patient's subjective assessment of their experience receiving healthcare services at the MCH Clinic. Both variables were measured using a closed-ended questionnaire using a 4- or 5-point Likert scale. The instrument was developed based on operational indicators that had been validated through validity and reliability tests in previous studies. Field trials (pilot tests) were conducted to ensure the instrument's suitability in the local context. Thus, the instrument used was able to produce objective and measurable data.

Data collection was conducted through a direct survey by distributing questionnaires to respondents after they received services at the KIA Clinic. The research procedure included coordination with the community health center (Puskesmas), explaining the research objectives to respondents, distributing the questionnaires, completing them independently, and collecting the completed instruments (Darmawan et al., 2024). To maintain internal validity, researchers provided uniform instructions and ensured that respondents were not influenced by health workers or researchers during the filling process. In addition to primary data, the study also utilized secondary data in the form of the number of BPJS patient visits from the community health center administration system as supporting material. Thus, the research procedure was carried out systematically and in accordance with ethical principles of health research.

The collected data were analyzed through editing, coding, scoring, and tabulation before statistical testing was conducted (Duli, 2020). Univariate analysis was used to describe the characteristics of respondents and the distribution of research variables. Bivariate analysis was conducted to examine the relationship between service

quality and patient satisfaction using statistical tests appropriate to the type of data. The Pearson test was used for interval and ordinal scale data (Sulisti et al., 2024). Hypothesis testing was conducted at a significance level (α) of 0.05, with p-value interpretation as the basis for decision-making. All analyses were conducted using statistical software such as SPSS so that the results obtained could be scientifically and empirically accounted for (Wahyuni, 2020).

RESULT AND ANALYSIS

The research results are presented based on data collected from 100 respondents who used BPJS services at the KIA Clinic of Ledokombo Community Health Center. The presentation of the results is divided into: (1) Respondent characteristics, (2) Research variable data (service quality and satisfaction), and (3) Pearson Product Moment correlation analysis using SPSS 2025.

1. Respondent Characteristics

Respondent characteristics describe demographic backgrounds that can influence perceptions of service quality and satisfaction. Characteristics include age, education, employment, and visit status.

Table 1.1 Respondent Age Distribution

Age (Years)	n	%
20–30 Years	42	42%
31–40 Years	48	48%
>40 Years	10	10%
Total	100	100%

Source: Primary Data, processed with SPSS 2025

Interpretation:

Table 1.1 shows that the majority of respondents are in the 31–40 age range (48%). This group is the segment that most frequently accesses MCH Polyclinic services related to prenatal care, child immunizations, or family planning, so this distribution aligns with the characteristics of the maternal population.

Table 1.2 Respondents' Education Level

Education	n	%
Elementary/Junior High School	12	12%
Senior High School/Vocational High School	54	54%
University	34	34%
Total	100	100%

Source: Primary Data, processed with SPSS 2025

Interpretation:

The majority of respondents had a high school/vocational high school education (54%), and 34% had a university education. This indicates that respondents were able to understand the questionnaire and provide rational assessments of health services, thus increasing the validity of the measured perceptions.

Table 1.3 Respondents' Occupations

Occupation	n	%
Housewives	60	60%
Self-Employed	22	22%
Employees	18	18%
Total	100	100%

Source: Primary Data, processed with SPSS 2025

Interpretation:

Most respondents were housewives (60%), consistent with the nature of MCH services, which are primarily accessed by pregnant women and mothers of toddlers. This is relevant to the study context and supports the data's relevance to the MCH clinic population.

2. Research Variable Data (Questionnaire Results)

Variable X is service quality, measured using the SERVQUAL (Tangibles, Reliability, Responsiveness, Assurance, and Empathy) indicator using a 1–5 Likert scale. Variable Y is patient satisfaction, also using a 1–5 Likert scale.

a. Variable X — Service Quality (SERVQUAL)

Table 2.1 Summary of SERVQUAL Dimension Mean Values

SERVQUAL Dimension	Mean	SD	Category
Tangibles	4,12	0,46	Good
Reliability	3,98	0,51	Good
Responsiveness	4,15	0,42	Good
Assurance	4,20	0,44	Very Good
Empathy	3,90	0,55	Good
Total Mean	4,07	—	Good

Source: Primary Data, processed with SPSS 2025

Interpretation:

Table 2.1 shows that the Assurance dimension obtained the highest mean value (4.20), indicating that patients felt that healthcare providers were competent and provided a sense of security. The Responsiveness dimension (4.15) also had a high score, indicating fast and responsive service. The Empathy dimension (3.90) had the lowest score, suggesting that the interpersonal care aspect needs to be improved. Overall, the quality of service is categorized as good (Mean=4.07).

b. Variable Y — Patient Satisfaction

Table 2.2 Distribution of Patient Satisfaction

Satisfaction Category	n	%
Satisfied (4–5)	76	76%
Quite Satisfied (3)	18	18%
Dissatisfied (1–2)	6	6%
Total	100	100%

Source: Primary Data, processed with SPSS 2025

Interpretation:

76% of patients expressed satisfaction, 18% were quite satisfied, and 6% were dissatisfied. The high level of satisfaction indicates that the KIA Polyclinic services generally meet the expectations of BPJS patients. However, the 6% of dissatisfied patients indicate that there is still room for improvement, particularly in non-medical aspects such as communication and facilities.

3. Pearson Product Moment Correlation Analysis

A Pearson correlation analysis was conducted to test the hypothesis regarding the linear relationship between service quality (X) and patient satisfaction (Y). Data were analyzed using SPSS 2025.

Table 4.6 Pearson Correlation Test Results between Service Quality and Satisfaction

Variabel	Patient Satisfaction (Y)	Sig. (2-tailed)	N
Service Quality (X)	0,684**	0,000	100

Sumber: Data Primer, diolah dengan SPSS 2025

Note: ** significant at $\alpha = 0.01$

Interpretation:

The Pearson correlation coefficient of $r = 0.684$ indicates a strong and positive relationship between service quality and satisfaction. A p-value of $0.000 < \alpha (0.05)$ indicates that the relationship is statistically significant. Substantively, this means that the better the quality of service at the KIA Polyclinic, the higher the level of BPJS patient satisfaction. Thus, the research hypothesis is accepted, namely that there is a significant relationship between the quality of health services and patient satisfaction.

DISCUSSION

The results of the study indicate that service quality has a positive and significant relationship with BPJS patient satisfaction at the KIA Clinic of Ledokombo Community Health Center with a Pearson correlation value of $r = 0.684$ and $p = 0.000$. This coefficient indicates a strong contribution of service quality perceptions to the formation of satisfaction. Empirically, the high mean values for the Assurance (4.20) and Responsiveness (4.15) dimensions indicate that service safety, clinical competence, and speed of response of health workers are important determinants of patient experience. The context of maternal services involving pregnant women and babies explains why these aspects are prioritized, because patients require medical certainty and fast and appropriate clinical support. Thus, these findings present a realistic picture that the dimensions of service quality related to trust and fast reactions of health workers are the main factors that form satisfaction in KIA services.

Theoretically, the research results are consistent with the SERVQUAL model developed by Parasuraman et al., which asserts that service quality is determined by five main dimensions: Tangibles, Reliability, Responsiveness, Assurance, and Empathy. The finding that Responsiveness and Assurance have the highest scores is in line with the concept that healthcare services rely heavily on “intangible trust” and “clinical safety,” which directly impact perceptions of satisfaction. Meanwhile, lower scores on the Empathy dimension indicate a gap or “service gap” in personal attention and communication, which in SERVQUAL theory are elements that shape patients’ expectations of humane services. Thus, these findings demonstrate consistency between the theoretical structure and the reality of BPJS-based primary healthcare, explaining that satisfaction is an outcome of the service quality evaluation process as explained in Oliver’s expectation disconfirmation theory.

The findings of this study also align with previous quantitative studies that found a positive relationship between service quality and BPJS participant satisfaction in primary healthcare facilities. Research all found a significant relationship between service quality and satisfaction in community health centers (Puskesmas), despite differing service unit focuses (Andini et al., 2023; Rinayati et al., 2021; Ma & Ma, 2022; Sirait & Simatupang, 2022; Sutoyo & Rusdi, 2023; Ndruru et al., 2024; Aniharyati et al., 2025). This similarity reinforces the validity of the conclusion that service quality is a key factor in determining BPJS patient satisfaction in primary healthcare settings (Rahmannisa et al., 2025). Differences arise in the object and dimensions of discussion; this study focused on the MCH Polyclinic unit with maternal services, which has more complex emotional and clinical needs than general outpatient services, providing a more specific and nuanced context for reading the results (AlOmari, 2021; Restuputri et al., 2021; Sirait & Simatupang, 2022; Ma & Ma, 2022; Sutoyo & Rusdi, 2023; Tomar et al., 2023; Lenk et al., 2024; Prakash, 2024; Temesgen & Netangaheni, 2025).

The variation in SERVQUAL dimension scores in this study can be explained by the characteristics of maternal and child services. The Assurance dimension scored highest because it involves clinical procedures such as prenatal checkups and immunizations, which require trust in the competence of healthcare professionals. Responsiveness was high because maternal and child health patients require prompt assistance when experiencing maternal or infant health problems. Conversely, the Empathy dimension tended to be low because emotional needs and interpersonal communication are often not prioritized in the procedurally oriented primary care system. This condition indicates that the quality of maternal and child health services depends not only on technical medical aspects but also on socio-psychological aspects that shape patients' subjective experiences. This finding adds to the literature that contextual service variables significantly determine the structure of quality perceptions in the healthcare sector.

Based on the results of the Pearson analysis showing statistical significance ($p < 0.05$), the research hypothesis stating that there is a relationship between service quality and patient satisfaction is declared accepted. The novelty of this study lies in the specific focus of the MCH Polyclinic services in the context of the National Health Insurance (JKN)-BPJS at the Ledokombo Community Health Center, which has not been widely discussed in previous studies. In addition, this study integrates SERVQUAL dimension analysis on satisfaction, which produces a strong correlation pattern in the Assurance and Responsiveness dimensions. This novelty provides a theoretical contribution in broadening the understanding of SERVQUAL-based service quality in maternal units, as well as providing a practical contribution in identifying priority areas for service improvement for Primary Health Care (FKTP) in the JKN scheme. Thus, this study can be a reference for strengthening the quality of primary care based on vulnerable groups.

The implications of this study indicate that improving BPJS patient satisfaction at the KIA (Mother and Child Health) Clinic cannot be separated from strengthening service quality, particularly the clinical competence of healthcare workers and service responsiveness. Substantively, the approach to improving service quality must encompass technical medical aspects (assurance), speed of service (responsiveness), and the interpersonal dimension (empathy), which remain weak points. These findings have policy implications for Ledokombo Community Health Center and other primary healthcare facilities, focusing on strengthening quality through clinical communication training, optimizing maternal care flows, and strengthening commitment- and empathy-based services. Therefore, this

discussion concludes that service quality is proven to be an important determinant of BPJS patient satisfaction at the KIA Clinic, consistent with previous theory and research, and providing novel and practical contributions relevant to the needs of maternal healthcare at the primary level.

CONCLUSION

Based on the results of the research and analysis that have been conducted, it can be concluded that there is a strong and significant positive relationship between the quality of health services and BPJS patient satisfaction at the KIA Polyclinic of Ledokombo Community Health Center, as indicated by the Pearson correlation value of $r = 0.684$ with $p = 0.000$, which means the research hypothesis is accepted. This finding confirms that improving service quality, especially in the Assurance and Responsiveness aspects that obtained the highest scores, contribute significantly to increasing patient satisfaction, while the Empathy dimension that obtained the lowest score indicates the need for attention to interpersonal aspects and clinical communication. Theoretically, these results are in line with the SERVQUAL model and customer satisfaction theory, and empirically strengthen previous research with different contexts and service units. In addition, this study has a novelty in the form of a specific focus on KIA Polyclinic services within the BPJS scheme at the community health center level, thus contributing to strengthening academic studies and providing practical benefits for improving the quality of maternal services in primary health facilities.

The implications of this study indicate that improving BPJS patient satisfaction at the MCH Polyclinic is highly dependent on strengthening service quality, particularly on the competency of healthcare workers and responsiveness of services. Therefore, a quality improvement strategy is needed that focuses not only on medical technical skills but also on interpersonal skills such as clinical communication, empathy, and providing clear information. For policymakers at the community health center level, these results can be used as a basis for planning programs to improve the quality of JKN-based maternal and child services through training, supervision, and optimization of the queuing system and service flow. Furthermore, for stakeholders at the BPJS Kesehatan and Health Office levels, these findings can serve as a reference for developing primary care intervention policies that are more adaptive to the specific needs of maternal patients, thereby supporting the target of increasing participant satisfaction and primary care efficiency within the National Health Insurance framework.

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