The Relationship Between Public Health Insurance Patient Satisfaction (JAMKESMAS) and Visits Return Patients to Pedada Health Center

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ABSTRACT

Patient satisfaction is a key indicator for assessing healthcare quality and influences healthcare utilization behavior, including patient revisits. The Public Health Insurance Program (JAMKESMAS) aims to provide healthcare access for the poor and underprivileged; however, its implementation still faces various challenges that can affect patient satisfaction levels. This research aimed to determine the relationship between JAMKESMAS patient satisfaction and patient revisits to the Pedada Health Center, Pesawaran Regency, in 2025. This study employed an analytical cross-sectional design. A total of 65 JAMKESMAS patients were selected using total sampling. Data on satisfaction were collected through a questionnaire, while revisit behavior was observed using visit logs. Univariate and bivariate analyses were performed using the Chi-square test ($\alpha = 0.05$). Results indicated that the majority of JAMKESMAS patients were dissatisfied (55.4%) and irregular in their revisit behavior (75.4%). The results of the statistical test showed a significant relationship between JAMKESMAS patient satisfaction and patient revisits to the Pedada Health Center, Pesawaran Regency, in 2025 (p-value = 0.012). An Odds Ratio value of 5.647 indicates that dissatisfied JAMKESMAS patients have a greater likelihood of irregular revisits compared to satisfied patients. It can be concluded that JAMKESMAS patient satisfaction is significantly related to patient revisits. Therefore, improving the quality of healthcare services at the Puskesmas is essential to increase patient satisfaction and encourage regular revisits.

Keywords: Patient satisfaction; Jamkesmas; Revisit; Health Centers; Quality of health services.

INTRODUCTION

The National Health System is organized and directed to achieve the goals of health development, namely the ability of every individual to live a healthy life and attain an optimal degree of health through health services—conducted individually or collectively within an organization—to maintain and improve health, prevent and treat diseases, and restore health (Berkas et al., 2017; Indonesia, 2020a, 2020b). The 1945 Constitution of the Republic of Indonesia, Article 28H, stipulates that health is a basic right of every individual, and all citizens, including the poor, have the right to health services. Based on this constitutional mandate, the Ministry of Health of the Republic of Indonesia has implemented the Public Health Insurance (Jamkesmas) program since 2018, with the aim of providing health service guarantees for the poor and underprivileged using the principle of social health insurance (Indonesia, 2019, 2021, 2024; Indonesia & Kesehatan, 2019; Kesehatan, 2023).

Although improvements continue to be made, the JAMKESMAS program still faces several challenges and has not fully met stakeholder expectations. Some obstacles in its implementation include the continued rejection of JAMKESMAS patients by some facilities, a referral system that has not functioned optimally, and the fact that many participants are still burdened by out-of-pocket expenses for medicines. Jamkesmas services, according to the level of care, are primarily intended for basic services at the Puskesmas (Pedadang, 2021).

Improving the quality of Puskesmas services has become a pressing community demand, as the number of visits to Puskesmas facilities has been declining since 1977. Setting program priorities at each Puskesmas is a crucial first step in developing programs that maintain health service quality (Muninjaya, 2017; Trihono, 2015).

Data from the Ministry of Health (2020) indicate that public utilization of health service facilities in Indonesia remains low, with approximately 50% of the population being less active in using Puskesmas for treatment. The proportion of individuals who choose to self-medicate (65.01%) is higher than those who visit Puskesmas (44.14%). The average patient visit to auxiliary health centers in 2020 was only 10%–15% (Kemenkes RI, 2020). According to data from the Lampung Provincial Health Office (2022), the role of Community-Based Health Enterprises (UKBM) is still limited, as around 54.8% of people do not bring sick family members to health facilities for treatment. Furthermore, 64.3% of respondents stated that they did not consider visiting a health center necessary (Lampung, 2022).

Data from the Pesawaran Health Office (2020) show that the percentage of households utilizing Auxiliary Health Centers in Pesawaran Regency was 62.4%, with an average patient visit rate ranging between 21% and 26% (Pesawaran, 2020). The Pedada Health Center is one of the Puskesmas in Pesawaran Regency. Although health workers have conducted outreach encouraging patients to return for post-treatment evaluations, data from the Pedada Health Center Integrated Recording and Reporting System show that the proportion of patients returning for treatment declined from 76.4% in 2020 to 42.9% in 2021. According to the Minimum Service Standard (SPM), patient visit rates at the Puskesmas should reach at least 80%; however, utilization remains uneven and is concentrated mainly in areas near the Pedada Health Center (2021).

Based on monthly records from the Pedada Health Center for January–April 2025, the average number of monthly JAMKESMAS patient visits was only 50–60, far below the target of 189 patients who should have follow-up health checks each month. A pre-survey conducted by the researcher on April 20, 2025, using free interview techniques with 10 JAMKESMAS patients who were advised to revisit the health center revealed that 7 respondents (70%) did not regularly attend follow-up visits as recommended. Furthermore, 60% of patients stated they were not interested in revisiting the health center because they felt that medical explanations were unclear, services were rushed, and operational hours did not match the posted schedule. These factors may indicate suboptimal JAMKESMAS implementation.

Patient satisfaction is a key determinant of healthcare utilization behavior, including revisits. Satisfied patients are more likely to return for treatment and recommend services to others (Supranto, 2019). Previous studies support this relationship. For example, (Oktonelar, 2020) found a significant association between Jamkesmas patient satisfaction and revisit regularity among stroke patients at the Bukit Tinggi Health Center (p = 0.003). Similarly, (Novvida, 2022) reported a correlation between Jamkesmas program implementation and treatment adherence among tuberculosis patients in Cirebon.

Assessments of service quality by patients and their families are inherently subjective; although based on perception rather than objective measures, these evaluations are valuable for monitoring and improving the quality of health services at Puskesmas. Satisfied patients are not only more likely to return but also to share their positive experiences with others.

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Consumers' continued use of the same service provider is largely influenced by their previous satisfaction levels.

Based on the above description, the researcher is interested in analyzing the relationship between Public Health Insurance (Jamkesmas) patient satisfaction and patient revisits to the Pedada Health Center in Pesawaran Regency in 2025. The aim of this study is to examine this relationship empirically. Practically, the research findings are expected to serve as input for Puskesmas management to improve healthcare service quality, thereby enhancing patient satisfaction and encouraging regular revisits. For the Jamkesmas program, the results can be used to evaluate and enhance service implementation for the poor and underprivileged. Academically, the study contributes by enriching empirical evidence on the factors influencing patient revisit behavior within the context of public health insurance at the primary healthcare level.

METHOD
Research Design

The type of research used in this study is analytical with a cross-sectional approach, which is a research design that aims to identify the relationship between risk factors and outcomes by observing variables simultaneously (Notoatmodjo, 2013, 2015). The cross-sectional design in this study was employed to determine the relationship between JAMKESMAS patient satisfaction and patient revisits to the Pedada Health Center, Pesawaran Regency, in 2025 (Tjiptojono, 2017).

Place and Time of the Research

The study was conducted at the Pedada Health Center, Pesawaran Regency, in June 2025.

Population and Research Sample

A population refers to the entire group of objects or subjects under study (Notoatmodjo, 2015). The population in this study comprised all JAMKESMAS patients within the working area of the Pedada Health Center, Pesawaran Regency. Based on registration data as of the end of May 2025, there were 185 patients required to make repeat visits. A sample is a portion of the population selected to represent the entire group (Notoatmodjo, 2015). The sampling criteria were as follows: JAMKESMAS patients who were recommended to visit the Puskesmas regularly for treatment programs and who were willing to participate as respondents.

Sampling Technique

The sampling technique used was simple random sampling with a lottery method, meaning that respondents were assigned serial numbers from 1 to 185, and the numbers were drawn 65 times. The serial numbers drawn were then used as the subjects of the study.

Research Ethics

To ensure voluntary participation, respondents signed an informed consent form after being given a clear explanation of the study's purpose. Informed consent was obtained only after respondents demonstrated full understanding of the study objectives. All collected data were stored confidentially and used solely for research purposes. Respondent anonymity was maintained by omitting personal identifiers related to their participation (Suharsimi, 2006).

Data Collection

The data collection tool for patient satisfaction was a questionnaire consisting of 10 questions. Each item had five response options with the following scoring system: strongly disagree = 1, disagree = 2, neutral = 3, agree = 4, and strongly agree = 5. Data on patient revisits were gathered using observation sheets and patient visit logs. Data collection for JAMKESMAS patient satisfaction and revisit frequency was conducted through direct researcher-administered interviews, and all data were collected on the same day (Azwar, 1996).

Validity and Reliability Tests

Validity refers to the extent to which a measuring instrument accurately and precisely measures a variable, while reliability indicates the consistency of the measurement results when repeated (Hastono, 2017). A dataset is considered valid and reliable if $r_{alpha} > r_{table}$.

Because this research used a questionnaire instrument, validity and reliability tests were first conducted. A pilot test using a 10-item satisfaction questionnaire was administered to 30 respondents at the Pedada Health Center who shared similar characteristics with the target sample. The validity test results showed correlation coefficients ranging from 0.3840 to 0.7883, exceeding r_{table} = 0.374, indicating that all 10 items were valid. The reliability coefficient was 0.8434, also greater than r_{table} = 0.374, thus confirming that the questionnaire was reliable for data collection.

Data Processing

Data were processed through four stages (Hastono, 2017):

Editing — Checking respondent answers for completeness, clarity, and relevance.

Coding — Converting responses into numerical data for easier entry and analysis.

Processing — Entering questionnaire data into a computer program for analysis using SPSS.

Cleaning — Rechecking the data entered to detect and correct errors before interpretation.

Data Analysis

After data collection, statistical analyses were conducted using univariate and bivariate percentage frequency distributions.

Univariate Analysis

Univariate analysis was conducted to determine the frequency distribution of variables using percentages (Arikunto, 2019). Calculations were computer-assisted.

Bivariate Analysis

Bivariate analysis was used to examine the relationship between independent and dependent variables (Arikunto, 2019). The statistical test used was the Chi-square test, which analyzes relationships between categorical variables. The significance level was set at 5% (α = 0.05). Thus, if $p \leq 0.05$, the results were considered statistically significant, meaning H_o is rejected and H_a is accepted (Hastono, 2017).

RESULTS AND DISCUSSION

Overview of research locations

Pedada Health Center is a Technical Implementation Unit of the Pesawaran Health Office located in Padang Cermin District, Pesawaran Regency which has an area of 563.35 hectares with most of the area being flat (Profile of the Pedada Health Center, 2021).

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Boundaries: The North borders the City of Bandar Lampung, the South borders Padang Cermin District, the West borders the Tanggamus Area Forest, the East borders the Coast of Teluk Betung.

Population demographic data

The total population of the Pedada Health Center Working Area is 22,234 people with a proportion of 10,680 male and 11,554 female population with a total of 3,828 heads of families. Livelihood of the population: Civil servants 4%, farmers 70%, traders 5%, Self-employed 0.7%, Farm workers 15%, TNI / POLRI 0.3%, Others 10%.

Facilities and Health Workers

Facilities and health workers in the Pedada Health Center Work Area of Pesawaran Regency consist of.

1. Health Centers   : 3 Auxiliary Health Centers.
2. Posyandu   : 35 Units
3. Poskesdes   : 2 Units
1. General Practitioner   : 2 Person
2. Dentist   : 1 person
3. SPK   : 3 Person
4. Midwives   : 19 Person
5. Pharmacist Assistant   : 1 Person
6. Environmental health   : 1 person
7. Health Analyst   : 1 Person
8. Nurse   : 4 Persons
9. Public Health   : 1 Person

Analisa univariat

The analysis used in this study is a univariate analysis carried out on each variable. The results of each of these variables are displayed in the form of a distribution table of respondent frequencies based on satisfaction and patient revisits to the Pedada Health Center in Pesawaran Regency in 2025. The results of the study on 65 respondents were obtained as follows:

Satisfaction of Jamkesmas patients

Table 1. Distribution of the frequency of satisfaction of JAMKESMAS patients in Pedada Health Center, Pesawaran Regency in 2025

Satisfaction of Jamkesmas patients	Quantity	%
Satisfied	29	44,6
Dissatisfied	36	55,4
Total	65	100,0

Source: Primary data analysis (2025)

Based on table 1 above, it can be seen that the distribution of the frequency of satisfaction of JAMKESMAS patients is higher in the dissatisfied category of 36 people (55.4%).

Patient revisits.

Table 2. Distribution of frequency of patient revisits to Pedada Health Center, Pesawaran Regency in 2025

Patient revisits	Quantity	%
Regular	16	24,6
Irregular	49	75,4
Total	65	100,0

Source: Primary data analysis (2025)

Based on table 2 above, it can be seen that the distribution of the frequency of patient revisits is higher in the irregular category of 49 people (75.4%).

Analisa bivariat

Bivariate analysis in this study aims to determine the relationship between JAMKESMAS patient satisfaction and patient re-visits to the Pedada Health Center, Pesawaran Regency in 2025, the results of the study on 65 respondents were obtained:

Table 3. Relationship between JAMKESMAS patient satisfaction and repeat visits patients to the Pedada Health Center in Pesawaran Regency in 2025

	Patient revisits				N	%	P value	OR CI 95%
	Regular		Irregular					
Satisfaction	n	%	n	%				
Satisfaction	12	41,4	17	58,6	29	100		
Dissatisfied	4	11,1	321	88,9	36	100	0,012	5,647
Total	16	24,6	49	75,4	65	100		

Source: Primary data analysis (2025)

Based on table 3 above, it can be seen that of the 29 satisfied JAMKESMAS patients, only 12 people (41.4%) regularly make repeat visits. Meanwhile, of the 36 JAMKESMAS patients who were dissatisfied, as many as 32 people (88.9%) did not regularly make repeat visits. The results of the chi square statistical test obtained a p value of $< ά$, which is $0.012 < 0.05$, which means that Ho was rejected, there is a relationship between JAMKESMAS patient satisfaction and patient revisits to the Pedada Health Center, Pesawaran Regency in 2025. The OR value is 5.647 which means that dissatisfied JAMKESMAS patients have a 5.647 times greater chance of irregular revisits compared to satisfied JAMKESMAS patients.

Discussion

Based on the results of the study in Table 3 above, it can be seen that out of 30 satisfied JAMKESMAS patients, only 12 (41.4%) regularly made repeat visits. Meanwhile, among the 36 JAMKESMAS patients who were dissatisfied, as many as 32 (88.9%) did not make regular repeat visits. The results of the Chi-square statistical test showed a p-value of $< α$, specifically $0.012 < 0.05$, indicating that H₀ was rejected. Therefore, there is a significant relationship between JAMKESMAS patient satisfaction and patient revisits to the Pedada Health Center, Pesawaran Regency, in 2025. The Odds Ratio (OR) value was 5.647, meaning that dissatisfied JAMKESMAS patients were 5.647 times more likely to have irregular revisits compared to satisfied patients. These results align with the October 2020 study showing a significant relationship between JAMKESMAS patient satisfaction and revisits among stroke patients receiving treatment at the Bukit Tinggi Health Center (CI 95%, p-value = 0.003). According

to Supranto (2019), customers' perceptions of product quality influence their decision-making, leading to satisfaction and, ultimately, customer loyalty.

Based on the above findings and supporting theory, the researcher believes that there is a relationship between JAMKESMAS patient satisfaction and repeat visits to the Pedada Health Center in Pesawaran Regency in 2025. Although assessments of service quality by JAMKESMAS patients and their families are subjective and relative, they can serve as effective control measures for evaluating services at health centers. Satisfied JAMKESMAS patients are likely to demonstrate their satisfaction through consistent use of healthcare services and by encouraging others to seek similar care. Patient interest in returning to or reusing services is largely influenced by their previous experiences of satisfaction. Conversely, dissatisfaction with healthcare services can lead to irregular visits or non-compliance with recommended follow-ups. This occurs because even though the services are free, JAMKESMAS patients still expect good quality care; when actual experiences fail to meet expectations, dissatisfaction arises.

Dissatisfaction among JAMKESMAS patients due to poor service may stem from several factors. First, it may result from a lack of attention to or understanding of patient needs, insufficient friendliness or empathy from health workers, or limited patient involvement in treatment-related decisions. Such shortcomings can make JAMKESMAS participants feel undervalued and emotionally neglected, leading to dissatisfaction with health services. In addition to medical care, JAMKESMAS patients also seek emotional support, compassion, and clear communication from health workers—factors that contribute to their overall satisfaction and recovery.

It is also possible that some JAMKESMAS participants received inappropriate or unreliable healthcare services that did not meet their expectations. This could include insufficient accuracy in diagnosis, inadequate responses to patient inquiries, or low reliability in examination, treatment, or medical procedures. Such gaps may reflect predisposing factors contributing to dissatisfaction. Patients often seek care with the perception that health workers possess the competence and professionalism required to deliver accurate and effective medical services.

A third possible factor contributing to dissatisfaction is prolonged waiting time. Many JAMKESMAS participants belong to special patient groups requiring prompt assessment, treatment, and medical action. Extended waiting periods—from registration to the start of medical care—can leave patients dissatisfied because these delays conflict with their expectations for efficient service. This finding aligns with Muninjaya's (2017) theory, which states that satisfaction levels depend on the relationship between perceived performance and expectations: when performance falls below expectations, patients experience dissatisfaction; when performance meets expectations, satisfaction occurs.

CONCLUSION

Based on the results and discussion regarding the relationship between JAMKESMAS patient satisfaction and patient revisits to the Pedada Health Center in Pesawaran Regency in 2025, it can be concluded that JAMKESMAS patient satisfaction was predominantly in the dissatisfied category, totaling 36 individuals (55.4%). Patient revisits were mostly in the irregular category, with 49 individuals (75.4%). There is a significant relationship between

JAMKESMAS patient satisfaction and patient revisits (p-value = 0.012 < α). Based on these conclusions, several recommendations can be proposed. For the Pedada Health Center, it is recommended to enhance service quality by improving the communication skills and friendliness of healthcare workers, ensuring clarity in health information delivery, and adjusting service hours to better accommodate patient needs. The Pesawaran District Health Office and JAMKESMAS program managers should conduct regular monitoring and evaluation of the program's implementation at the health center level, particularly to ensure that services comply with established standards and meet patient expectations. Furthermore, more intensive dissemination of information regarding JAMKESMAS service rights and procedures is needed to improve public understanding and utilization. For future researchers, it is advisable to conduct studies using a longitudinal design to provide a better understanding of causal relationships. Subsequent research may also expand the variables studied by exploring additional factors influencing patient satisfaction and revisits, such as socio-economic status, travel distance, and perceptions of healthcare facility quality.

REFERENCES

Azwar, A. (1996). *Pengantar administrasi kesehatan*. FK-UI.

Berkas, S., Kerjasama, D., Penempatan, V. P. D., & Penempatan, B. N. (2017). *Kementerian kesehatan republik indonesia*.

Hastono. (2017). *Analisa data*. FKM-UI.

Indonesia, K. K. R. (2019). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 43 Tahun 2019 tentang Pusat Kesehatan Masyarakat*. Kementerian Kesehatan Republik Indonesia. https://peraturan.bpk.go.id/download/129900/Permenkes Nomor 43 Tahun 2019.pdf

Indonesia, K. K. R. (2020a). *Jaminan kesehatan masyarakat salah satu cara mensejahterakan rakyat*. http://www.hukor.kemkes.go.id

Indonesia, K. K. R. (2020b). *Riset kesehatan dasar*.

Indonesia, K. K. R. (2021). *Pedoman pelaksanaan Jamkesmas*.

Indonesia, K. K. R. (2024). *Profil Kesehatan Indonesia Tahun 2023*. Kementerian Kesehatan Republik Indonesia. https://kemkes.go.id/app_asset/file_content_download/172231123666a86244b83fd8.51637104.pdf

Indonesia, K. K. R., & Kesehatan, B. P. dan P. (2019). *Laporan Nasional Riskesdas 2018*. Kementerian Kesehatan Republik Indonesia. https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/1/Laporan Riskesdas 2018 Nasional.pdf

Kesehatan, B. (2023). *Laporan Pengelolaan Program Tahun 2022 dan Laporan Keuangan Tahun 2022 (Audit)*. BPJS Kesehatan. https://web.bpjs-kesehatan.go.id/uploads/information/27072023114426-4f131b52-f725-4d9e-bc41-3ab9d344ee08.pdf

Lampung, D. K. P. (2022). *Profil kesehatan Provinsi Lampung*.

Muninjaya. (2017). *Manajemen kesehatan*. EGC.

Notoatmodjo. (2013). *Pendidikan dan perilaku kesehatan*. Rineka Cipta.

Notoatmodjo. (2015). *Metodologi penelitian kesehatan*. Rineka Cipta.

Novvida. (2022). *Hubungan pelaksanaan Jamkesmas dengan keteraturan penderita TB berobat di Cirebon*. http://www.mulia.com

Oktonelar. (2020). *Hubungan pelaksanaan Jamkesmas dengan kunjungan ulang penderita stroke berobat di Puskesmas Bukit Tinggi*. http://www.scrib.com

Pedadang, P. (2021). *Sistem pencatatan dan pelaporan terpadu puskesmas (SP2TP)*.

Pesawaran, D. K. (2020). *Profil kesehatan Pesawaran*.

Suharsimi, A. (2006). Prosedur penelitian suatu pendekatan praktik. *Jakarta: Rineka Cipta*, 120–123.

Tjiptojono. (2017). *Manajemen pegawai di Indonesia*. PT. Inti Indayu.

Trihono. (2015). *Arrimes manajemen puskesmas berbasis paradigma sehat*. Sagung Seto.