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Determinants of Satisfaction Among Non-Contributory National Health Insurance (Non-PBI JKN) Users at Primary Health Centers in Bandar Lampung City

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ABSTRACT:

Background: The National Health Insurance (JKN) program aims to guarantee access to quality health services for all Indonesian citizens. The satisfaction of Non-Contributory JKN (Non-PBI) users with primary health center (puskesmas) services is an important indicator of service quality.

Purpose: This study aimed to analyze factors influencing the satisfaction of Non-PBI JKN users at puskesmas in Bandar Lampung City, covering sociodemographic factors and service quality.

Methods: This study employed a cross-sectional design with a quantitative approach from August to September 2026 at eight puskesmas in Bandar Lampung City. The population comprised 52,630 individuals, and the sample consisted of 440 respondents from eight puskesmas selected using multistage sampling. Data were collected through structured interviews using a questionnaire. Data analysis used the chi-square test for bivariate analysis and logistic regression for multivariate analysis.

Results: Among sociodemographic factors, only education was significantly associated with satisfaction (p=0.022), whereas age (p=0.180), sex (p=0.360), marital status (p=0.133), occupation (p=0.157), income (p=0.467), and domicile (p=0.247) were not. Regarding service quality dimensions, tangibles (p<0.001), reliability (p<0.001), responsiveness (p<0.001), and empathy (p=0.002) were significantly associated, while assurance was not (p=0.499). Multivariate analysis showed that education, occupation, tangibles, and reliability were significantly associated. The most dominant factor was reliability (OR=2.872; 95% CI: 1.895–4.352; p<0.001), indicating that respondents who rated reliability as good were 2.872 times more likely to be satisfied.

Conclusion: Increasing user satisfaction can be achieved by improving service reliability, such as timeliness, consistency, and accuracy of services, as well as enhancing tangibles through complete facilities, cleanliness, and comfort.

KEYWORDS: JKN Non-PBI, puskesmas, reliability, SERVQUAL, user satisfaction.

INTRODUCTION

Health is a fundamental human right and a primary indicator of national development. Law Number 17 of 2023 on Health defines health as a state of physical, mental, and social well-being rather than merely the absence of disease, enabling individuals to live productively. The state is responsible for ensuring quality, equitable, and accessible health services for all citizens (Weniastri, 2026). Financing is a critical determinant of access, as costs frequently hinder the attainment of quality care (Putri, D. R., & Helmi, 2025); accordingly, a financing system that provides financial protection while guaranteeing service access is essential (Kayame, 2023).

As a commitment toward Universal Health Coverage (UHC), Indonesia has implemented the National Health Insurance (JKN) program since 1 January 2014 through BPJS Kesehatan under Law Number 40 of 2004 (Salim et al., 2020). JKN is grounded in the principles of social insurance and mutual assistance, with participants classified into Contributory Assistance Beneficiaries (PBI), whose premiums are government-funded, and Non-PBI, who pay premiums independently or through employers (Yoharani, 2022). Because Non-PBI participants contribute directly to program financing, they tend to hold higher expectations regarding service quality (Nasira, 2026). The number of Non-PBI participants in Indonesia increased from 116,325,305 in 2023 to 129,317,353 in 2024 and 136,845,720 in 2025. In Lampung Province, the figures rose from 3,155,739 to 3,958,200 and 4,172,650, while in

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Bandar Lampung City they increased from 751,987 to 863,651 and 921,430 over the same period. This growth reflects greater public trust and simultaneously imposes higher quality demands on first-level health facilities (FKTP) (Dewan Jaminan Sosial Nasional, 2026).

Puskesmas play a strategic role as FKTP that deliver and coordinate promotive, preventive, curative, rehabilitative, and/or palliative services and serve as the main entry point for JKN participants prior to referral to advanced facilities (Peraturan Menteri Kesehatan Nomor 19 Tahun 2024). Service experiences at puskesmas shape participants' perceptions of and satisfaction with JKN (Sudiari, 2022), and high satisfaction can reduce unnecessary referrals, thereby improving financing efficiency (Nasira, 2026). Conversely, unmet expectations may diminish trust, facility image, and service utilization (Qoyimah, I., & Arifin, 2026), underscoring the need for continuous evaluation of service quality. Patient satisfaction is a key indicator of service success, reflecting the alignment between expectations and received services (Laila, 2024). Satisfaction influences treatment adherence, loyalty, and continued facility utilization (Nurhasma et al., 2021) and is affected by patient characteristics and service quality (Damayanti, 2025). Dissatisfaction may lead to poor treatment adherence, reduced trust, and switching to other facilities (Aribowo, K., Purwanda, E., & Rahmi, 2024).

Sociodemographic characteristics influence patient perceptions and expectations, yet findings remain inconsistent. Rivai et al. (2020) reported an association between age and satisfaction, whereas Nasira (2026) found none among Non-PBI JKN patients (p=0.737). Higher education is considered to make patients more critical in assessing service quality (Hakim and Suryawati, 2019), but Nasira et al. (2026) found no significant association (p=0.341). Similarly, occupation was associated with satisfaction according to Suryaningsi et al. (2024) but was not significant according to Nasira (2026) (p=0.598), while income affects perceptions of service quality (Hakim and Suryawati, 2019). These inconsistencies indicate the need to analyze sociodemographic factors alongside service quality.

Service quality is the most frequently reported determinant of satisfaction, and SERVQUAL (Parasuraman, 1988) is the most widely used model, comprising five dimensions: tangibles (facilities and staff appearance), reliability (accuracy and consistency of service), responsiveness (willingness to help promptly), assurance (competence, courtesy, and security), and empathy (attention to individual needs) (Kurniasari and Sugiyanto, 2020). A study at puskesmas in Padang City showed that 53.5% of patients were dissatisfied, with all dimensions significantly associated with satisfaction (reliability, responsiveness, and empathy p=0.001; assurance p=0.011; tangibles p=0.001) (Handiny, F., Fitri, F., & Oresti, 2023); Marzuq, N. H., & Andriani (2022) identified all five dimensions as main determinants of satisfaction. Among Non-PBI JKN participants, only 57.3% rated service quality at Puskesmas Batua, Makassar as good, below the Minimum Service Standard for outpatient care (≥90%) (Septiani et al., 2022), and satisfaction among Mandiri JKN patients at RSUD Sekayu was only 47.7%, with a SERVQUAL gap of −1.31 (Ratnasari et al., 2020). The dominant dimension varies across studies: assurance (p=0.005) in Wildani (2020) and empathy in Indar, R., & Jam'an (2021), whereas Halawa et al. (2020) found significant effects of all five dimensions (p=0.000). These differences indicate that determinants of satisfaction depend on local context and population.

Bandar Lampung City comprises urban and coastal areas (17 coastal villages) with varied population densities, ranging from 5,283 inhabitants/km² in Panjang to 17,889 inhabitants/km² in Tanjung Karang Timur. Its economy is dominated by the service sector (435,109 workers), and health facility availability varies; for instance, Panjang has 1 puskesmas, 9 clinics, and 51 posyandu, whereas Tanjung Karang Pusat has 2 hospitals, 2 puskesmas, 13 clinics, and 34 posyandu (Dinas Kesehatan Provinsi Lampung, 2026). Such variation may influence community needs and experiences in accessing puskesmas services.

To date, no study has simultaneously examined sociodemographic factors and service quality based on the five SERVQUAL dimensions in relation to the satisfaction of Non-PBI JKN users at puskesmas in Bandar Lampung City. Therefore, this study aimed to analyze factors influencing the satisfaction of Non-PBI JKN users at puskesmas in Bandar Lampung City, including age, sex, marital status, education, occupation, income, domicile, and service quality (tangibles, reliability, responsiveness, assurance, empathy), and to determine the most influential factor as a basis for improving health service quality.

MATERIALS AND METHODS

This study was an observational analytic study with a quantitative approach and a cross-sectional design, conducted from August to September 2026 at eight UPT Puskesmas in Bandar Lampung City, comprising four coastal puskesmas (Panjang, Sukaraja, Kotakarang, and Sukamaju) and four urban puskesmas (Gedong Air, Sumur Batu, Beringin Raya, and Way Halim 2).

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The population consisted of all Non-PBI JKN participants registered at these puskesmas (52,630 individuals). The sample size was calculated using the Slovin formula (5% precision), yielding 400 subjects, with an additional 10% to anticipate dropouts, resulting in a total of 440 subjects. Subjects were selected through multistage sampling: purposive cluster sampling to select the puskesmas, proportional stratified sampling to allocate subjects according to the number of participants at each puskesmas, and consecutive sampling to recruit subjects. The inclusion criteria were willingness to participate, active Non-PBI JKN status, age ≥18 years, and having received outpatient services at least at the second visit. The exclusion criterion was difficulty in communicating.

The independent variables included age, sex, marital status, education, occupation, income (referring to the 2026 Bandar Lampung City minimum wage of IDR 3,491,889; BPS Bandar Lampung, 2026), domicile, and service quality based on the five SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, and empathy). The dependent variable was the satisfaction of Non-PBI JKN users. Data were collected through interviews using an adapted questionnaire (Christia, J., Ard, A., & Runion, 2021) with a 5-point Likert scale (six statements per dimension and eight satisfaction statements). All variables were dichotomized, with numerical variables and scores categorized based on the mean or median. A pilot test involving 30 subjects confirmed that all 38 items were valid (calculated r values of 0.676–0.919 > 0.361) and reliable (Cronbach's alpha 0.909–0.931) (Slamet, R., & Wahyuningsih, 2022). Data were processed through editing, coding, entry, and cleaning (Notoatmodjo, 2018), then analyzed using univariate analysis (frequency distribution), bivariate analysis (chi-square test, α=0.05, with odds ratios and 95% confidence intervals), and multivariate analysis (multiple logistic regression with variable selection at $p<0.25$). This study obtained ethical approval from the Research Ethics Committee of the Faculty of Medicine, Universitas Lampung (No. 5445/UN26.18/PP.05.02.00/2026), and all subjects provided informed consent.

RESULT

Subject Characteristics

This study involved 440 Non-PBI JKN users distributed across eight puskesmas in Bandar Lampung City. As shown in Table 1, subjects were divided almost equally between the age group ≥34 years (50.9%) and <34 years (49.1%). Subjects were predominantly female (60.0%), and most were married (71.1%). In terms of socioeconomic status, almost all subjects had higher education (87.7%), yet most worked in the informal sector (66.1%) and had incomes below the regional minimum wage (75.7%). By domicile, 52.3% of subjects lived in non-coastal areas and 47.7% in coastal areas.

More than half of the subjects rated each service quality dimension as good. Assurance received the highest good rating (63.6%), followed by tangibles (61.1%), empathy (58.2%), reliability (55.7%), and responsiveness (55.5%). Nevertheless, the satisfaction level reached only 50.7%, indicating that nearly half of the subjects (49.3%) were not satisfied.

Table 1. Characteristics of subjects, service quality, and Non-PBI JKN user satisfaction at puskesmas in Bandar Lampung City (n=440)

Variable	n	%
Age		
≥34 years	224	50.9
<34 years	216	49.1
Sex		
Male	176	40.0
Female	264	60.0
Marital status		
Married	313	71.1
Unmarried	127	28.9
Education		
High (senior high school, university)	386	87.7
Low (no schooling, elementary, junior high school)	54	12.3
Occupation		
Formal	149	33.9
Informal	291	66.1

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Income		
High (≥IDR 3,491,889)	107	24.3
Low (<IDR 3,491,889)	333	75.7
Domicile		
Non-coastal	230	52.3
Coastal	210	47.7
Tangibles		
Good	269	61.1
Poor	171	38.9
Reliability		
Good	245	55.7
Poor	195	44.3
Responsiveness		
Good	244	55.5
Poor	196	44.5
Assurance		
Good	280	63.6
Poor	160	36.4
Empathy		
Good	256	58.2
Poor	184	41.8
Satisfaction		
Satisfied	223	50.7
Not satisfied	217	49.3

Influence of Sociodemographic Factors and Service Quality on Non-PBI JKN User Satisfaction

Bivariate analysis using the chi-square test was performed to assess the influence of each independent variable on Non-PBI JKN user satisfaction. The influence was considered significant at $p<0.05$, and its strength was assessed using the odds ratio (OR) with a 95% confidence interval (CI). The results in Table 2 show that five of the 12 variables tested were significantly associated, namely education, tangibles, reliability, responsiveness, and empathy.

Table 2. Influence of sociodemographic factors and service quality on Non-PBI JKN user satisfaction at puskesmas in Bandar Lampung City (n=440)

Variable	Satisfaction		p-value	OR (95% CI)
	Satisfied n (%)	Not satisfied n (%)		
Age				
≥34 years	106 (47.3)	118 (52.7)	0.180	–
<34 years	117 (54.2)	99 (45.8)		
Sex				
Male	84 (47.7)	92 (52.3)	0.360	–
Female	139 (52.7)	125 (47.3)		
Marital status				
Married	151 (48.2)	162 (51.8)	0.133	–
Unmarried	72 (56.7)	55 (43.3)		
Education				
High	204 (52.8)	182 (47.2)	0.022	2.065 (1.141–3.737)
Low	19 (35.2)	35 (64.8)		

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Occupation				
Formal	68 (45.6)	81 (54.4)	0.157	–
Informal	155 (53.3)	136 (46.7)		
Income				
High	58 (54.2)	49 (45.8)	0.467	–
Low	165 (49.5)	168 (50.5)		
Domicile				
Non-coastal	110 (47.8)	120 (52.2)	0.247	–
Coastal	113 (53.8)	97 (46.2)		
Tangibles				
Good	163 (60.6)	106 (39.4)	<0.001	2.845 (1.911–4.236)
Poor	60 (35.1)	111 (64.9)		
Reliability				
Good	156 (63.7)	89 (36.3)	<0.001	3.349 (2.258–4.965)
Poor	67 (34.4)	128 (65.6)		
Responsiveness				
Good	143 (58.6)	101 (41.4)	<0.001	2.053 (1.401–3.008)
Poor	80 (40.8)	116 (59.2)		
Assurance				
Good	138 (49.3)	142 (50.7)	0.499	–
Poor	85 (53.1)	75 (46.9)		
Empathy				
Good	146 (57.0)	110 (43.0)	0.002	1.844 (1.257–2.706)
Poor	77 (41.8)	107 (58.2)		
Total	223 (50.7)	217 (49.3)		

Table 2 shows that among subjects with low education, 35 (64.8%) were not satisfied and 19 (35.2%) were satisfied, whereas among subjects with higher education, 204 (52.8%) were satisfied and 182 (47.2%) were not. The chi-square test yielded p=0.022 (<0.05), indicating a significant association between education and Non-PBI JKN user satisfaction. Subjects with higher education had a 2.065-fold greater likelihood of being satisfied than those with lower education (OR=2.065; 95% CI: 1.141–3.737).

Subjects who rated tangibles as poor and were not satisfied numbered 111 (64.9%), whereas those who rated tangibles as good and were satisfied numbered 163 (60.6%). The chi-square test yielded p<0.001, indicating a significant association between tangibles and satisfaction. Subjects who rated tangibles as good had a 2.845-fold greater likelihood of being satisfied (OR=2.845; 95% CI: 1.911–4.236).

Subjects who rated reliability as poor and were not satisfied numbered 128 (65.6%), whereas those who rated reliability as good and were satisfied numbered 156 (63.7%). The chi-square test yielded p<0.001, indicating a significant association between reliability and satisfaction. Subjects who rated reliability as good had a 3.349-fold greater likelihood of being satisfied (OR=3.349; 95% CI: 2.258–4.965).

Subjects who rated responsiveness as poor and were not satisfied numbered 116 (59.2%), whereas those who rated responsiveness as good and were satisfied numbered 143 (58.6%). The chi-square test yielded p<0.001, indicating a significant association between responsiveness and satisfaction. Subjects who rated responsiveness as good had a 2.053-fold greater likelihood of being satisfied (OR=2.053; 95% CI: 1.401–3.008).

Subjects who rated empathy as poor and were not satisfied numbered 107 (58.2%), whereas those who rated empathy as good and were satisfied numbered 146 (57.0%). The chi-square test yielded p=0.002, indicating a significant association between empathy and satisfaction. Subjects who rated empathy as good had a 1.844-fold greater likelihood of being satisfied (OR=1.844; 95% CI: 1.257–2.706).

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The variables age (p=0.180), sex (p=0.360), marital status (p=0.133), occupation (p=0.157), income (p=0.467), domicile (p=0.247), and assurance (p=0.499) did not show significant associations with Non-PBI JKN user satisfaction (p>0.05).

Factors Most Influencing Non-PBI JKN User Satisfaction

Variables with p<0.25 in the bivariate analysis were included as candidates for multivariate analysis. Nine variables met this criterion, namely the five significant variables plus age, marital status, occupation, and domicile. Sex, income, and assurance were not included. Multiple logistic regression using the Backward: LR method produced the final model after seven steps, as presented in Table 3

Table 3. Final model of multivariate analysis of factors influencing Non-PBI JKN user satisfaction

Variable	B	p-value	OR	95% CI
Education	0.807	0.014	2.242	1.177–4.273
Occupation	−0.456	0.039	0.634	0.411–0.978
Tangibles	0.739	0.001	2.094	1.371–3.197
Reliability	1.055	<0.001	2.872	1.895–4.352
Constant	−0.574	0.005	0.563	–

Table 3 shows that four variables were significantly associated with satisfaction. Reliability was the most dominant factor (OR=2.872; 95% CI: 1.895–4.352; p<0.001). Subjects who rated reliability as good had a 2.872-fold greater likelihood of being satisfied than those who rated reliability as poor. Tangibles (OR=2.094; p=0.001) and education (OR=2.242; p=0.014) also increased the likelihood of satisfaction. Formal employment was associated with a 0.634-fold lower likelihood of being satisfied than informal employment (OR=0.634; 95% CI: 0.411–0.978; p=0.039). The Nagelkerke R^2 value of 0.171 indicates that the model explained 17.1% of the variation in satisfaction, while 82.9% was influenced by other factors not examined in this study. The regression equation obtained was: y = −0.574 + 0.807(education) − 0.456(occupation) + 0.739(tangibles) + 1.055(reliability). Subjects with low education, informal employment, poor tangibles, and poor reliability had a probability of being dissatisfied of 82.8%, whereas subjects with higher education, formal employment, good tangibles, and good reliability had a probability of being dissatisfied of 36.0%.

DISCUSSION

Relationship Between Age and Non-PBI JKN User Satisfaction

Age is related to experience, adaptability, and expectations regarding health services (Zissimopoulou et al., 2020). Older age groups tend to be less satisfied because their service needs are more complex and they are more sensitive to how staff communicate (Puspitasari et al., 2020). The results showed that age was not significantly associated with satisfaction (p=0.180). Users from different age groups rated services with relatively similar levels of satisfaction. This finding is consistent with Nasira (2026), Stiyawan, Y., & Ainy (2023), and Karina (2020), who found no such correlation because the age range of subjects tended to be homogeneous. Puspitasari, Pertiwiwati, and Puspitasari et al. (2020) reported a different result (p=0.001). The effect of age on satisfaction may vary across health facilities depending on the service context, quality of interaction, and population characteristics (Taufiq, 2022). User satisfaction is more appropriately explained by factors directly experienced during service delivery, such as service speed, staff empathy, and communication patterns (Bernadette, K., & Loisa, 2025), rather than by age.

Relationship Between Sex and Non-PBI JKN User Satisfaction

Sex may influence patterns of health service utilization. Women tend to use services more frequently because they are more responsive to health information and more open in expressing complaints (Gajovic, G., Janicijevic, K., Andric, D., Djurovic, O., & Radevic, 2021). The chi-square test showed that sex was not significantly associated with satisfaction (p=0.360). Both men and women gave similar assessments of the services received. This finding is consistent with Nasira (2026) with p=0.275 but differs from Stiyawan, Y., & Ainy (2023) with p=0.024. Higher frequency of service use does not necessarily indicate higher satisfaction. Satisfaction is related to the experience of interacting with staff, including clarity of information, service speed, and the ability to respond to patient needs (Maulana, M. D., Santoso, W., & Basuki, 2025).

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Relationship Between Marital Status and Non-PBI JKN User Satisfaction

Marital status is related to individual needs and expectations regarding health services. Married individuals generally have responsibilities for family health, whereas unmarried individuals may have different health needs (Stiyawan, Y., & Ainy, 2023). Spouses or family members can provide support in health decision-making. The chi-square test showed that marital status was not significantly associated with satisfaction (p=0.133). The difference in satisfaction distribution between married and unmarried subjects was not statistically significant. This finding is consistent with Stiyawan, Y., & Ainy (2023) with p=0.511 but differs from Burhan (2013), Pandey et al. (2019), Adzra (2025), and Yunianto, A., & Nurwahyuni (2023). Patient satisfaction is more influenced by the quality of services received, including service speed, staff friendliness, clarity of information, and accuracy of actions. Efforts to improve satisfaction should focus on improving service quality equitably regardless of marital status.

Relationship Between Education and Non-PBI JKN User Satisfaction

Education influences understanding of health information and expectations regarding services. Individuals with higher education tend to better understand health information and service procedures (Zhou et al., 2020). The chi-square test showed that education was significantly associated with satisfaction (p=0.022). Subjects with higher education had odds of being satisfied 2.065 times greater than those with lower education (OR=2.065; 95% CI: 1.141–3.737). This finding is supported by Yani, Khoiri, and Bramantoro (2023) with OR=3.32 and Yani et al. (2020) at Puskesmas Muara Laung (p=0.001; OR=9.211), but differs from Nasira (2026) with p=0.341. The relationship between education and satisfaction may vary according to subject characteristics and service conditions. Patients with higher education may more easily understand information but may also have greater expectations regarding service quality. Patients with lower education are not necessarily more easily satisfied because assessments are influenced by each individual's experience and needs (Aribowo, 2024). Puskesmas staff need to convey information in clear and easily understandable language so that differences in educational level do not become a barrier to obtaining a satisfactory service experience.

Relationship Between Occupation and Non-PBI JKN User Satisfaction

Occupation influences needs and expectations regarding health services. Differences in occupation type may shape different needs, particularly regarding waiting time, service speed, and clarity of information (Stiyawan, Y., & Ainy, 2023). The chi-square test showed that occupation was not significantly associated with satisfaction (p=0.157). The difference in satisfaction distribution between the two occupational groups was not statistically significant. This finding is consistent with Nasira (2026) with p=0.598 and Irawan, B., & Ainy (2018) but differs from Stiyawan, Y., & Ainy (2023) with p=0.002. Patient satisfaction is more influenced by the experience during service delivery, such as professionalism of health workers, staff friendliness, responsiveness, service speed, and accuracy of information (Yoharani, 2022). In the multivariate analysis, occupation was in fact significantly associated after accounting for other variables. Occupation should be understood as a characteristic whose effect depends on other variables.

Relationship Between Income and Non-PBI JKN User Satisfaction

Income is a socioeconomic factor that influences the ability to meet health needs and shapes expectations regarding service quality. According to Lawrence Green in Notoatmodjo (2016), health behavior is influenced by predisposing, enabling, and reinforcing factors. The chi-square test showed that income was not significantly associated with satisfaction (p=0.467). Differences in income level were not proven to be statistically associated with patient satisfaction. Saeed et al. (2013) found that family income significantly influenced the decision to seek health services. Zulfa et al. (2018) found an association between income and compliance with paying JKN premiums. Parangka, Mandagi, and Engkang (2016) found an association between BPJS users' income and health service utilization (p=0.002). Napirah (2016) reported that more low-income subjects did not use health services (72%). These findings demonstrate that economic conditions are related to the experience of obtaining services but do not prove an association between income and satisfaction. Satisfaction is an assessment of services already received and is therefore more influenced by direct experience during service delivery.

Relationship Between Domicile and Non-PBI JKN User Satisfaction

Domicile is related to accessibility of health services. Differences in geographical location, distance from residence, availability of transportation, and travel time may influence ease of reaching health facilities. Meilani (2009) explained that communities in remote areas with limited transportation access tend to require more time to reach health service facilities. The chi-square test showed that domicile was not significantly associated with satisfaction (p=0.247). The difference between coastal and

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non-coastal domicile was not significantly associated with satisfaction. This finding is consistent with a study on community satisfaction in the coastal village of Tapunggaeya (p=0.992) and Titik Sandora and Titik Sandora, & Entianopa (2021), but differs from Anyiam, O. L., & Anyiam (2019). This study grouped domicile by coastal and non-coastal areas without specifically measuring distance, travel time, transportation costs, or ease of access (Irfan, M., & Andriyani, 2026). Puskesmas need to ensure that all users, whether residing in coastal or non-coastal areas, receive quality and equitable services.

Relationship Between Tangibles and Non-PBI JKN User Satisfaction

Tangibles are concrete aspects of service that can be observed and directly experienced, including building conditions, environmental cleanliness, completeness of facilities, medical equipment, comfort of the waiting room, and staff appearance. Clean, comfortable, and adequate facilities can shape patients' positive perceptions of service quality (Lubis, 2023). The chi-square test showed that tangibles were significantly associated with satisfaction (p<0.001). Subjects who rated tangibles as good had odds of being satisfied 2.845 times greater than those who rated them as poor (OR=2.845; 95% CI: 1.911–4.236). This finding is supported by Handiny, F., Fitri, F., & Oresti (2023) with p=0.001, Lubis et al. (2023) with p=0.012, and Putra et al. (2025) with r=0.262 and p=0.013, but differs from Maulina et al. (2019). The relationship between tangibles and satisfaction may vary according to facility conditions, patient characteristics, and patient experience. Puskesmas need to maintain environmental cleanliness, perform regular facility maintenance, ensure the availability of amenities, and consider the comfort of service rooms.

Relationship Between Reliability and Non-PBI JKN User Satisfaction

Reliability is the ability of staff to provide services accurately, consistently, on time, and according to procedures, encompassing service accuracy, clarity of information, and the ability to meet patient needs (Fahrepi, R., Rate, S., & Hadi, 2019). The chi-square test showed that reliability was significantly associated with satisfaction (p<0.001). Subjects who rated reliability as good had odds of being satisfied 3.349 times greater than those who rated it as poor (OR=3.349; 95% CI: 2.258–4.965). This finding is supported by Handiny, F., Fitri, F., & Oresti (2023), Pratama, Putra et al. (2025), Lubis et al. (2023) with p=0.003, and Setianingsih (2021) with p=0.021, but differs from Maulina et al. (2019). The relationship between reliability and satisfaction may vary according to patient characteristics, facility conditions, and patient experience. Puskesmas need to improve consistency of procedures, timeliness, clarity of information, and staff accuracy.

Relationship Between Responsiveness and Non-PBI JKN User Satisfaction

Responsiveness is the ability and willingness of staff to help patients and provide fast, appropriate services according to needs, encompassing readiness to respond to requests, handle complaints, and convey clear information (Lubis et al., 2023). The chi-square test showed that responsiveness was significantly associated with satisfaction (p<0.001). Subjects who rated responsiveness as good had odds of being satisfied 2.053 times greater than those who rated it as poor (OR=2.053; 95% CI: 1.401–3.008). This finding is supported by Putra et al. (2025) with r=0.703 and p<0.001, Handiny (2023) with p=0.001, Lubis et al. (2023) with p=0.001, and Hastuti et al. (2017). Staff who respond quickly to requests, provide clear information, and handle complaints well make patients feel attended to. Puskesmas need to improve staff readiness, expedite complaint handling, and monitor waiting times periodically.

Relationship Between Assurance and Non-PBI JKN User Satisfaction

Assurance is the ability of staff to provide services that foster patients' sense of security and trust, encompassing competence, courtesy, friendliness, professionalism, and the ability to convey clear and convincing information (Lubis et al., 2023). The chi-square test showed that assurance was not significantly associated with satisfaction (p=0.499). Differences in subjects' assessments of assurance were not proven to be significantly associated with satisfaction. This finding is consistent with Maulina et al. (2019) with p=0.702 and Kasma, A. Y., Ayumar, A. (2023) with p=0.156, but differs from Putra et al. (2025) with p<0.001, Lubis et al. (2023) with p=0.011, and Arinda (2021) with p=0.005. The absence of a significant association does not mean that service assurance is unimportant. Patients consider the service experience as a whole, so assessments of competence, friendliness, and sense of security were not sufficient to show a statistically significant association. Puskesmas should still maintain staff competence and professionalism, improve friendliness, and provide clear information.

Relationship Between Empathy and Non-PBI JKN User Satisfaction

Empathy is the ability of staff to provide individualized attention, understand patient needs, and build friendly, courteous, and sincere communication, encompassing willingness to listen to complaints, provide attention, and treat every patient fairly (Lubis

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et al., 2023). The chi-square test showed that empathy was significantly associated with satisfaction (p=0.002). Subjects who rated empathy as good had odds of being satisfied 1.844 times greater than those who rated it as poor (OR=1.844; 95% CI: 1.257–2.706). This finding is supported by Handiny (2023) with p=0.001, Lubis et al. (2023) with p=0.001, and Putra et al. (2025) with r=0.999. Patient satisfaction is determined not only by technical aspects of service but also by interpersonal interaction between staff and patients. Puskesmas need to improve the quality of interpersonal communication, foster a caring attitude, and strengthen a humanistic service culture without discrimination.

Factors Most Influencing Non-PBI JKN User Satisfaction

Multivariate analysis identified factors associated with satisfaction after accounting for other variables. Reliability was the most dominant factor (OR=2.872; 95% CI: 1.895–4.352; p<0.001), followed by tangibles (OR=2.094; p=0.001), education (OR=2.242; p=0.014), and occupation (OR=0.634; p=0.039). The Nagelkerke R^2 value of 0.171 indicates that the model explained 17.1% of the variation in satisfaction, while 82.9% was influenced by other factors not examined in this study.

Reliability is related to accuracy of procedures, consistency of service, timeliness, and the ability of staff to meet patient needs according to standards. This finding is consistent with Handiny, F., Fitri, F., & Oresti (2023), Putra, M. E., Desreza, N., & Atika (2025), and Lubis et al. (2023), but differs from Maulina et al. (2019). In the univariate results of this study, the negative gap between perception and expectation on the reliability dimension was most frequently found in administrative registration procedures (42.0% of subjects) and timeliness of service schedules (38.2% of subjects). The speed and accuracy of the service process from the moment patients arrive still need improvement.

Tangibles were significantly associated with satisfaction after controlling for other variables (OR=2.094; 95% CI: 1.371–3.197; p=0.001). Approximately 34.5% to 38.6% of subjects on each tangible item rated their perception below expectation, indicating that the condition of the waiting room, supporting facilities, information boards, equipment, and staff appearance still require attention.

Education was significantly associated with satisfaction (OR=2.242; 95% CI: 1.177–4.273; p=0.014). This finding is consistent with Yani, Khoiri, and Bramantoro (2023) with OR=3.32 and Yani et al. (2020) with p=0.001 and OR=9.211, but differs from Nasira (2026) with p=0.341. Education is related to patients' ability to understand health information, service procedures, and their rights and obligations as service users. Conveying information in clear language remains necessary so that all patients, especially those with lower education, understand the service flow.

Occupation was significantly associated in the multivariate model with OR=0.634 (95% CI: 0.411–0.978; p=0.039). An OR below 1 indicates that the formal occupation group had odds of being satisfied 0.634 times that of the informal occupation group based on the reference category. This result differs from the bivariate analysis, which showed that occupation was not significantly associated (p=0.157). The relationship of occupation became apparent only after accounting for education, tangibles, and reliability, so occupation should be understood as a characteristic whose effect depends on other variables. Stiyawan, Y., & Ainy (2023) found a significant association between occupation and satisfaction (p=0.002), whereas Nasira (2026) found no significant association (p=0.598).

Reliability should be the primary priority in efforts to improve Non-PBI JKN user satisfaction (OR=2.872; p<0.001), followed by education, tangibles, and occupation. Improvements should be directed toward simplifying registration procedures, ensuring timeliness of service schedules, reducing waiting times, providing clear information, and maintaining facility cleanliness and comfort. Periodic evaluation of patient experience is necessary to identify aspects of service that still require improvement. The model explained only 17.1% of the variation in satisfaction, so future studies should examine other factors that have not been investigated.

CONCLUSION

The satisfaction of Non-PBI JKN users at puskesmas in Bandar Lampung City was associated with directly perceived service quality, particularly reliability, tangibles, responsiveness, empathy, and education. Service reliability was the most determining aspect, followed by education, tangibles, and occupation. Users who rated services as accurate, consistent, timely, and procedurally compliant, and who were comfortable with the facilities, were more likely to be satisfied, while users with higher education more easily understood health information and service procedures. Occupation played a role after accounting for service quality, with informally employed users showing a lower tendency toward satisfaction. Age, sex, marital status, income, domicile, and assurance

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were not proven to be associated with satisfaction, as user assessments were more determined by direct experience during service delivery. Gaps between expectations and perceptions were still found in registration procedures and timeliness of service schedules. Puskesmas in Bandar Lampung City should prioritize improving reliability through simplifying registration procedures, ensuring schedule certainty, reducing waiting times, and clarifying information, accompanied by improvements in tangibles, enhanced staff responsiveness and empathy, delivery of information in easily understandable language, and periodic monitoring of waiting times and user experience. Future studies are recommended to examine other factors not yet investigated, such as technical competence, referral systems, and drug availability, using qualitative approaches to explore the causes of expectation gaps, as well as to expand the regional coverage and number of subjects with direct measurement of geographical access so that the findings can be generalized.

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