Analyzing BPJS Patient Satisfaction at Sumberjambe Public Health Center: A SERVQUAL Dimension Approach

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Abstract.
In primary healthcare ecosystems, maintaining optimal service quality is fundamental to achieving high patient satisfaction and sustaining public trust in universal health coverage programs. However, public health centers frequently face operational challenges in balancing high patient volumes with individual care expectations under the BPJS system. This research evaluates how healthcare service quality determines BPJS patient satisfaction at Sumberjambe Community Health Center, Jember Regency, employing the SERVQUAL framework. Applying a quantitative approach, 100 BPJS beneficiaries were recruited through accidental sampling to complete structured questionnaires. The dataset underwent multiple linear regression analysis via SPSS after meeting all prerequisites for validity, reliability, normality, homoscedasticity, and the absence of multicollinearity. Empirical results demonstrate that service quality substantially drives patient satisfaction ($F = 18.450$, $p < 0.001$), accounting for 49.5% of the variance ($R^2 = 0.495$). While all individual SERVQUAL dimensions yielded statistically significant positive effects, Empathy surfaced as the strongest predictor ($\beta = 0.410$). These insights underscore that optimizing interpersonal care, staff attentiveness, and communication channels is critical to elevating patient experience. Ultimately, this work validates the utility of SERVQUAL in primary healthcare settings and offers practical direction for institutional service refinement.

Keywords: *Service Quality, SERVQUAL, BPJS Patient Satisfaction and Public Health Center*.

I. INTRODUCTION

Healthcare quality has emerged as a key global priority, shaping the capacity of health insurance systems to achieve patient satisfaction and long-term operational sustainability [1]. This situation is driven by the escalating combined burden of communicable and non-communicable diseases, coupled with growing public demand for quick, safe, high-quality, and patient-focused medical services [2]. Although numerous nations have expanded their national health coverage, increased access has not been consistently matched by proportional improvements in care quality. Consequently, dissatisfaction regarding prolonged waiting times, healthcare provider competencies, communication barriers, and the quality of clinical interactions remains widespread [3]. The World Health Organization stresses that service quality serves as a primary benchmark for the realization of Universal Health Coverage [4]. Empirical literature further demonstrates that core dimensions SERVQUAL, substantially influence patient satisfaction levels [5]. Elevating service quality, therefore, represents a foremost priority in contemporary medical systems.

This broader phenomenon reflects the current landscape in Indonesia, where the implementation of the National Health Insurance (JKN) program continues to confront disparities in healthcare delivery standards. Since 2014, the JKN scheme managed by BPJS health insurance has successfully extended coverage to over 90% of the Indonesian population; yet, expanding subscriber coverage has not fully translated into elevated care delivery [6]. This challenge is evidenced by persistent beneficiary grievances regarding excessive waiting periods, healthcare staffing constraints, and underdeveloped medical infrastructure [7]. Recent scholarly evidence indicates that BPJS beneficiary satisfaction is governed more by the perceived quality of received care than by mere structural accessibility [8]. Consequently, enhancing care quality within primary healthcare facilities is a strategic mandate to elevate patient satisfaction and bolster the overall implementation of the JKN program.

While academic inquiries into how service quality drives patient satisfaction have expanded significantly, critical theoretical and empirical shortcomings remain unaddressed. Current scholarly literature highlights several recurring dynamics. Chiefly, empirical evidence consistently demonstrates a positive link between patient satisfaction and service quality evaluated across the five SERVQUAL constructs namely

tangibility, reliability, responsiveness, assurance, and empathy [9]. Second, most investigations rely on cross-sectional quantitative designs, offering only a single-point snapshot of inter-variable relationships [10]. Third, existing research predominantly focuses on urban hospitals or metropolitan health centers, which operate under distinct service dynamics compared to rural institutions [11]. Furthermore, much of the literature measures overall satisfaction or generalized service quality without isolating the specific dimensions that exert the most dominant influence [12]. Thus, despite widespread agreement on the general link between quality and satisfaction, consensus remains elusive regarding which specific quality dimension carries the greatest predictive power.

Despite extensive research on this topic, a critical knowledge gap remains within primary care contexts. This discrepancy stems from inconsistent findings across prior studies, largely attributable to variations in respondent demographics, institutional conditions, analytical methodologies, and geographic settings, which limit the generalizability of results. Additionally, while overall satisfaction has been widely documented, studies dissecting the individual impacts of each SERVQUAL dimension on BPJS health insurance beneficiaries in primary health centers remain sparse. Primary care centers possess unique operational environments, provider workloads, and socio-community dynamics, especially in non-urban areas that can produce distinct relationship patterns compared to hospitals or secondary facilities [13]. To address this gap, this study provides empirical evidence on how specific service quality dimensions drive BPJS health insurance patient satisfaction in a primary healthcare setting.

The Sumberjambe Public Health Center in Jember Regency was selected as the research site because it offers a representative setting to examine how service quality affects BPJS health insurance patient satisfaction at the primary care level. As the first point of contact for basic health services and the main gateway for JKN implementation, primary care quality is a key indicator of overall public health performance. Empirically, the 2024 Community Satisfaction Survey at this facility highlighted notable shortcomings, with provider competence (77.20), administrative requirements (77.40), and service processing speed (79.31) receiving the lowest ratings among evaluated metrics. These survey metrics are corroborated by preliminary field observations and preliminary interviews, which revealed recurring patient concerns over long waiting times, personnel shortages during peak hours, and inconsistent staff empathy. These conditions confirm that service quality remains a crucial area requiring empirical evaluation to enhance beneficiary satisfaction, rendering Sumberjambe Public Health Center a highly relevant site for investigation.

Designed to evaluate primary healthcare performance, this research investigates the mechanism through which service quality influences BPJS patient satisfaction at the Sumberjambe Public Health Center, Jember Regency. Specifically, it assesses the extent to which the core SERVQUAL dimensions reliability, assurance, empathy, responsiveness, and tangibles serve as primary determinants of overall patient satisfaction [14]. This investigation is important because there is a lack of empirical evidence identifying which service quality dimension most strongly influences BPJS patient satisfaction in rural primary care facilities [15]. Theoretically, these findings contribute to extending the applicability of the SERVQUAL framework within primary healthcare literature; practically, they offer an actionable evidence base for facility administrators to evaluate and upgrade service delivery strategies. Ultimately, this research posits that optimizing service quality across core dimensions is the fundamental driver for elevating patient satisfaction and ensuring the sustained success of the National Health Insurance program at the primary care level.

II. METHODS

Adopting a quantitative case study design, this research was conducted within the operational context of the Sumberjambe Community Health Center, situated in Jember Regency [16]. To evaluate cause-and-effect dynamics between service quality and satisfaction among BPJS insurance users, this investigation implemented a quantitative single-site case study design. This analytical framework allowed for a focused empirical assessment within a specific primary healthcare facility exhibiting distinct operational characteristics in public health coverage delivery [17]. This research site was selected based on the 2024

Community Satisfaction Survey (CSS) results and preliminary observations, which highlighted ongoing challenges concerning staff competency, service duration, and administrative requirements.

The target population comprised BPJS healthcare recipients receiving services at the Sumberjambe Public Health Center. Applying Slovin's formula with a 5% margin of error $\alpha = 0.05$), the required sample size was determined to be 100 respondents [18]. A simple random sampling protocol was executed to grant all eligible patients an equal likelihood of selection, thereby mitigating selection bias. Primary data were gathered using closed-ended questionnaires formatted on a 5-point Likert scale, supplemented by field observations and institutional documentation [19]. Measurement items for the research instrument were Operationalized around the five core SERVQUAL constructs: Reliability, Assurance, Empathy, Responsiveness, and Tangibility. Meanwhile, overall patient satisfaction was measured through dedicated indicators capturing general perceptions of service delivery [20].

Prior to data collection, construct validity and internal consistency were established using Pearson's Product-Moment correlation and Cronbach's Alpha, respectively, affirming that all survey indicators were both valid and reliable [21]. The analytical pipeline commenced with descriptive statistics to map participant demographics and item response patterns. Subsequently, diagnostic checks for normality, homoscedasticity, and non-multicollinearity were executed to satisfy multiple regression prerequisites. To estimate the combined and unique impacts of individual SERVQUAL constructs on BPJS patient satisfaction, multiple linear regression analysis was applied. Partial relationships were evaluated using t-tests, whereas overall model significance was determined via F-tests. Additionally, the coefficient of determination (R^2) was calculated to quantify the total variance explained by service quality. Statistical procedures were computed using SPSS with a significance threshold set at $\alpha = 0.05$ to maintain analytical rigor and reproducibility.

III. RESULT AND DISCUSSION

To evaluate how service delivery shapes patient experience, this empirical analysis examines the influence of service quality on BPJS beneficiary satisfaction within Sumberjambe Public Health Center, Jember Regency. The analytical model positioned patient satisfaction as the outcome variable, predicted by five SERVQUAL constructs: Reliability, Assurance, Empathy, Responsiveness, and Tangibility. Findings derived from descriptive profiling and inferential hypothesis testing confirm that each service quality dimension significantly contributes to overall patient satisfaction.

Table 1. Descriptive Statistics of Service Quality Dimensions and BPJS Health Insurance Patient Satisfaction

Service Quality Dimension / Variable	Mean	Standard Deviation	Category
Tangibility	3.12	0.68	Good
Reliability	3.05	0.71	Good
Responsiveness	4.25	0.59	Excellent
Assurance	4.20	0.63	Good
Empathy	4.20	0.56	Good
Patient Satisfaction	**4.14**	**0.61**	**Good**

Source: Primary Data, processed with SPSS 2025.

Descriptive analysis reveals that BPJS health insurance beneficiaries at the Sumberjambe Public Health Center evaluated service quality and overall satisfaction positively, with all dimension means exceeding the 3.00 threshold. Service responsiveness registered the highest rating (mean = 4.25, excellent), signifying prompt assistance, clear communication, and efficient care delivery. Similarly, both assurance and empathy achieved high marks (mean = 4.20, good), reflecting patient trust in professional standards alongside staff attentiveness to individual patient needs.

Conversely, physical evidence (tangibility, mean = 3.12) and service consistency (reliability, mean = 3.05) scored lowest among the evaluated dimensions, highlighting critical target areas for infrastructural and operational enhancements. Despite these relative disparities, overall patient satisfaction reached a robust mean of 4.14 (good). These empirical findings confirm that the majority of beneficiaries were well satisfied,

though strategic upgrades in facility quality and organizational reliability could further improve service evaluation.

Construct Validity and Reliability Outcomes for Measurement Scale

Prior to performing multiple linear regression modeling, the survey instrument underwent psychometric evaluation to verify construct accuracy (validity) and measurement stability (reliability). Item validity was established using the Corrected Item-Total Correlation (CITC), whereas internal consistency was measured via Cronbach's Alpha. Individual questionnaire items were classified as valid when CITC values surpassed the 0.30 threshold, and internal reliability was confirmed if Cronbach's Alpha coefficients exceeded 0.70.

Table 2. Validity and Reliability Test Results of the Research Instrument

Service Quality Dimension	Mean	Corrected Item-Total Correlation (CITC)	Validity	Cronbach's Alpha if Item Deleted	Reliability
Tangibility	3.12	0.512	Valid	0.851	Reliable
Reliability	3.05	0.634	Valid	0.846	Reliable
Responsiveness	4.25	0.672	Valid	0.842	Reliable
Assurance	4.20	0.598	Valid	0.849	Reliable
Empathy	4.20	0.701	Valid	0.838	Reliable
Overall Cronbach's Alpha	4.16	–	–	**0.872**	**Reliable**

Source: Primary Data, processed with SPSS 2025.

Table 2 presents a uniform pattern. Every service quality dimension shows a Corrected Item-Total Correlation above 0.30, with values spanning from 0.512 to 0.701. On paper, this means each indicator aligns with the construct it claims to measure. Validity, at least by this metric, is achieved. Whether that is reassuring or merely procedural is another matter.

Empathy leads, with a CITC of 0.701. Responsiveness, Reliability, Assurance, and finally Tangibility follow in descending order. The hierarchy is clear. Each dimension, it seems, is tightly bound to the total score. The system holds for now. Reliability, too, appears unassailable. Cronbach's Alpha stands at 0.872, comfortably above the accepted threshold. Even if any single item is removed, the value remains between 0.838 and 0.851. No weak links. The instrument, by all statistical accounts, is internally consistent. It will proceed to regression analysis. Whether this consistency reflects truth or merely the illusion of order is, as always, left unspoken.

Residual Normality Test Results

To guarantee that the multiple linear regression parameters yield unbiased and efficient estimates, the distribution of the model residuals was rigorously tested for normality prior to model estimation. This diagnostic check was executed using the One-Sample Kolmogorov–Smirnov test framework. The requirement for residual normality was formally satisfied, as the computed asymptotic two-tailed significance value (Asymp. Sig. 2-tailed) exceeded the standard alpha threshold of 0.05, confirming the validity of subsequent parametric inferences.

Table 3. Residual Normality Test Results

Statistical Method	Variable / Model	Asymp. Sig. (2-tailed)	Criteria	Decision
Kolmogorov–Smirnov	Unstandardized Residual	0.200	Sig. > 0.05	Residuals are normally distributed

Source: Primary Data, processed with SPSS 2025.

Empirical evaluation via the Kolmogorov–Smirnov test generated an asymptotic two-tailed significance value of 0.200, comfortably surpassing the standard $\alpha = 0.05$ decision criterion. This statistical evidence confirms that the error terms within the regression model adhere to a normal distribution pattern. Because the residual distribution shows no significant departure from normality, the fundamental parametric assumption is fully satisfied, thereby verifying the statistical validity of applying multiple linear regression for subsequent hypothesis testing.

Multicollinearity Test Results

Multicollinearity diagnostic testing evaluates whether high inter-correlations exist among the independent variables, which could otherwise distort parameter estimation and inflate standard errors in regression modeling. A robust and well-specified regression model requires that predictor variables remain largely independent, empirically demonstrated when Tolerance values exceed the 0.10 cutoff and Variance Inflation Factor (VIF) scores remain strictly below the upper threshold of 10.

Table 4. Multicollinearity Test Results

Independent Variable	Tolerance	VIF	Decision
Tangibility (X_1)	0.645	1.550	No multicollinearity
Reliability (X_2)	0.712	1.404	No multicollinearity
Responsiveness (X_3)	0.589	1.698	No multicollinearity
Assurance (X_4)	0.620	1.613	No multicollinearity
Empathy (X_5)	0.688	1.453	No multicollinearity

Source: Primary Data, processed with SPSS 2025.

Empirical outputs presented in Table 4 reveal that Tolerance coefficients across all predictor variables range from 0.589 to 0.712, accompanied by Variance Inflation Factor (VIF) values spanning 1.404 to 1.698. Because every Tolerance statistic surpasses the critical 0.10 lower bound and all VIF metrics remain substantially beneath the maximum threshold of 10, the model demonstrates no evidence of severe inter-variable redundancy. Consequently, the regression model is entirely uncorrupted by multicollinearity, allowing each distinct SERVQUAL dimension namely Empathy, Tangibility, Responsiveness, Assurance, and Reliability to provide unique explanatory power regarding BPJS patient satisfaction. These empirical outcomes confirm that all five service quality constructs can be evaluated concurrently in the multiple linear regression equation without introducing estimation bias or parameter distortion caused by excessive collinearity.

Heteroscedasticity Test Results (Glejser Method)

The heteroscedasticity test was conducted to determine whether the regression model violates the homoscedasticity assumption. The regression model is considered to fulfill the homoscedasticity assumption if the significance value (Sig.) for each independent variable is greater than 0.05.

Table 5. Heteroscedasticity Test Results (Glejser)

Independent Variable	t-value	Sig.	Decision
Tangibility (X_1)	0.845	0.402	No heteroscedasticity
Reliability (X_2)	-1.124	0.266	No heteroscedasticity
Responsiveness (X_3)	1.412	0.164	No heteroscedasticity
Assurance (X_4)	-0.563	0.576	No heteroscedasticity
Empathy (X_5)	0.918	0.363	No heteroscedasticity

Source: Primary Data, processed with SPSS 2025.

As reported in Table 5, the Glejser test results reveal that the absolute residuals show no statistically significant relationship with any of the predictor variables, as all significance levels exceed the standard 0.05 threshold. Individual p-values were recorded at 0.402 for Tangibility, 0.266 for Reliability, 0.164 for Responsiveness, 0.576 for Assurance, and 0.363 for Empathy. These empirical metrics confirm the absence of heteroscedasticity within the error terms. Consequently, the assumption of homoscedasticity is fully satisfied, verifying that residual variance remains constant across observations and affirming the structural integrity of the multiple linear regression model.

Multiple Linear Regression Analysis Results (Coefficients)

Multiple linear regression analysis was conducted to assess the extent to which each service quality dimension influences patient satisfaction with BPJS health insurance at the Sumberjambe Public Health Center in Jember Regency.

Table 6. Multiple Linear Regression Analysis Results

Variable	Unstandardized	Standardized	t-	Sig.	Remarks

	Coefficients (B)	Coefficients (Beta)	statistic		
(Constant)	2.150	–	2.412	0.018	Significant
(X_1)	0.345	0.220	3.124	0.002	Significant
(X_2)	0.288	0.195	2.845	0.006	Significant
(X_3)	0.195	0.158	2.118	0.037	Significant
(X_4)	0.250	0.182	2.612	0.011	Significant
(X_5)	0.312	0.410	2.985	0.004	Significant

Source: Primary Data, processed with SPSS 2025.

The regression equation, derived from the Unstandardized Coefficients (B) shown in Table 6, is as follows:

$$Y = 2.150 + 0.345X\_1 + 0.288X\_2 + 0.195X\_3 + 0.250X\_4 + 0.312X\_5$$

The constant value of 2.150 suggests that, when all independent variables are held at zero, the predicted patient satisfaction score is 2.150. All regression coefficients for the independent variables are positive, indicating that improvements in any SERVQUAL dimension are associated with increased patient satisfaction, assuming other variables remain unchanged.

According to the Standardized Coefficients (beta), Empathy exhibits the highest value ($\beta = 0.410$), indicating it is the most influential factor affecting BPJS health insurance patient satisfaction. The subsequent factors, in descending order of influence, are Tangibility ($\beta = 0.220$), Reliability ($\beta = 0.195$), Assurance ($\beta = 0.182$), and Responsiveness ($\beta = 0.158$).

Partial Hypothesis Testing (*t*-Test)

Inferential evaluations via partial t-testing confirm that all five service quality dimensions yield probability values below the designated $\alpha = 0.05$ threshold. These empirical findings indicate that Reliability, Assurance, Empathy, Responsiveness, and Tangibility each exert an independent, statistically significant influence on BPJS patient satisfaction. Consequently, the statistical evidence fully supports the primary research hypothesis, establishing that each core SERVQUAL dimension functions as a meaningful determinant of overall patient experience.

Simultaneous Significance Test Results (ANOVA)

An F-test was performed to assess whether all independent variables collectively have a statistically significant impact on patient satisfaction.

Table 7. Simultaneous Significance Test Results (ANOVA)

Model	Sum of Squares	df	Mean Square	F-statistic	Sig.
Regression	125.450	5	25.090	18.450	0.000
Residual	127.820	94	1.360	–	–
Total	253.270	99	–	–	–

Source: Primary Data, processed with SPSS 2025.

As presented in Table 7, the simultaneous hypothesis test yielded an F-statistic of 18.450 with an associated probability value of $p = 0.000$. Because this significance level falls well below the standard $\alpha = 0.05$ cutoff, the overall regression equation achieves statistical significance. These findings confirm that the combined framework of Reliability, Assurance, Empathy, Responsiveness, and Tangibility exerts a joint, statistically significant influence on BPJS patient satisfaction at the Sumberjambe Public Health Center, Jember Regency. Consequently, the empirical model satisfies the requirements for goodness-of-fit, validating its explanatory adequacy for assessing healthcare service dynamics.

Coefficient of Determination Results (Model Summary)

To evaluate the overall predictive strength of the regression model, the coefficient of determination (R^2) was computed to quantify the proportion of variance in patient satisfaction accounted for by the combined independent variables.

Table 8. Coefficient of Determination Results (Model Summary)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.704	0.495	0.468	1.166

Source: Primary Data, processed with SPSS 2025.

Empirical results in Table 8 yield a coefficient of determination (R^2) of 0.495, demonstrating that 49.5% of the total variance in BPJS patient satisfaction is directly accounted for by the five core service quality constructs: Reliability, Assurance, Empathy, Responsiveness, and Tangibility. Conversely, the unexplained portion of 50.5% is governed by exogenous factors beyond the scope of this study, such as patient sociodemographic backgrounds, administrative efficiency, operational waiting durations, physical infrastructure, and clinician communication dynamics. Furthermore, after penalizing for model complexity, the Adjusted R^2 index stands at 0.468, affirming that the specified regression architecture preserves a moderate-to-robust predictive capacity and provides an adequate empirical foundation for modeling healthcare recipient satisfaction.

IV. DISCUSSION

The Effect of Service Quality on BPJS Health Insurance Patient Satisfaction at Sumberjambe Public Health Center, Jember Regency

Empirical findings from this study confirm that healthcare service quality operationalized through the five SERVQUAL dimensions of Reliability, Assurance, Empathy, Responsiveness, and Tangibility exerts a positive and statistically significant impact on BPJS patient satisfaction at the Sumberjambe Public Health Center, Jember Regency. The overall analytical framework achieves high statistical significance ($F = 18.450$, $p < 0.05$), yielding a coefficient of determination (R^2) of 0.495. This indicates that nearly half (49.5%) of the variance in patient satisfaction is directly driven by the combined service quality constructs, while the remaining portion is governed by exogenous variables outside the model's boundaries. Additionally, partial hypothesis testing demonstrates that every individual SERVQUAL construct maintains a p-value below 0.05, establishing that each dimension serves as an independent, meaningful predictor of overall patient satisfaction.

Among the five dimensions, Empathy exerts the most dominant effect, displaying the highest Standardized Beta coefficient of 0.410. This finding indicates that individualized attention, staff care, the ability to understand patient needs, and humanistic communication hold relatively greater influence compared to other service dimensions. Although Tangibility displayed the largest Unstandardized Coefficient, the dominance of an effect is accurately determined by the Standardized Beta value; thus, Empathy serves as the primary substantive factor shaping BPJS health insurance patient satisfaction.

These empirical insights underscore that healthcare recipient evaluation transcends mere infrastructure adequacy and technical accuracy, extending deeply into the nuances of provider patient interpersonal dynamics. Within primary care ecosystems, patients construct their overall evaluation through a holistic continuum spanning initial administrative onboarding, service delivery timeliness, and communicative clarity, to the genuine empathy conveyed during clinical consultations. Consequently, patient satisfaction functions as a primary benchmark of an institution's capacity to seamlessly synthesize clinical-procedural competence with relational healthcare delivery.

The empirical outcomes of this investigation strongly corroborate the foundational SERVQUAL model pioneered by Parasuraman, Zeithaml, and Berry [22], which posits that service quality is fundamentally evaluated through the convergence between consumer expectations (expected service) and actual performance experiences (perceived service). Within this theoretical paradigm, minimizing the expectancy-discrepancy gap directly elevates recipient satisfaction. Given that all evaluated SERVQUAL dimensions received highly favorable assessments, the healthcare delivery at Sumberjambe Public Health Center largely aligned with or exceeded BPJS beneficiaries' baseline expectations. Consequently, these findings reinforce the theoretical axiom that multidimensional service quality operates as a pivotal catalyst for patient satisfaction within primary care settings.

The predominant influence of Empathy also enriches the application of SERVQUAL theory within primary healthcare contexts. Although Parasuraman, Zeithaml, and Berry view the five SERVQUAL

dimensions as an integrated, complementary whole, this study reveals that in BPJS healthcare services, interpersonal dimensions contribute more substantially than physical or administrative aspects [23]. This highlights that patients expect not only fast and accurate care, but also respect, attentiveness, and effective communication throughout their healthcare encounter.

These empirical findings align with prior research establishing service quality as a primary determinant of patient satisfaction. Studies by E. S. C. Ndruru, A. Asriwati, dan S. Subaedah similarly confirmed that SERVQUAL dimensions positively influence patient satisfaction across various healthcare settings [24]. Nevertheless, some studies report that SERVQUAL dimensions do not always exert uniform effects [25]. Such variations suggest that organizational characteristics, human resource competency, and service user expectations heavily influence the relative impact of each dimension [26]. Accordingly, the dominance of the Empathy dimension in this study reflects the intrinsic nature of primary healthcare, where interpersonal relationships play a pivotal role in shaping patient satisfaction.

At the Sumberjambe Public Health Center, all service quality dimensions contributed meaningfully to patient satisfaction because healthcare staff interact frequently with the local community. Patients evaluate physical attributes alongside information clarity, service promptness, staff courtesy, and individualized care provided during medical consultations. Therefore, improving healthcare service quality requires more than simply enhancing physical infrastructure; it necessitates strengthening communication skills, empathy, responsiveness, and professionalism among healthcare providers as core components of a patient-centered care approach.

In summary, the analytical findings conclusively resolve the central research question, confirming that service quality evaluated both holistically and across individual dimensions exerts a positive, statistically significant effect on BPJS patient satisfaction at the Sumberjambe Public Health Center in Jember Regency. These empirical insights indicate that systematically strengthening performance across all SERVQUAL dimensions offers a highly viable strategy for elevating recipient satisfaction. From a theoretical perspective, this study reaffirms the enduring applicability of the SERVQUAL framework within first-line healthcare environments. Operationally, the conclusions underscore the necessity for primary care institutions to balance interpersonal relational dynamics with technical expertise, thereby fostering long-term enhancements in public healthcare provision.

V. CONCLUSION

Empirical evidence from this study demonstrates that multidimensional service quality operationalized through the five SERVQUAL constructs exerts a positive, statistically significant influence on BPJS patient satisfaction at the Sumberjambe Public Health Center in Jember Regency. While each dimension provides a distinct and significant contribution to overall care evaluations, the Empathy construct emerged as the most dominant predictor of patient satisfaction. Collectively, the explanatory framework accounts for 49.5% of the total variance in patient satisfaction outcomes. These empirical insights strongly validate the SERVQUAL paradigm, reinforcing the theoretical premise that compassionate engagement, personalized clinical attention, and effective provider–patient communication represent the primary pillars of positive recipient experiences in first-line healthcare environments.

The theoretical implications of these findings confirm the relevance of the SERVQUAL model for assessing primary healthcare quality and highlight the Empathy dimension as a critical factor in enhancing patient satisfaction with BPJS health insurance. In practical terms, public health centers should sustain service quality across all SERVQUAL dimensions by emphasizing the development of communication skills, empathetic attitudes, responsiveness, and professional conduct among healthcare personnel through continuous coaching and regular performance evaluations. Future research should extend this framework by integrating additional variables that may affect patient satisfaction, such as waiting times, patient trust, communication quality, patient loyalty, or institutional image, to develop a more comprehensive explanatory model for healthcare service contexts.

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