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Patient Perceptions of the Implementation of the Universal Health Coverage Program in Health Services at Jajaway Community Health Center

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Abstract

Universal Health Coverage is a government effort to ensure fair, quality, and affordable health services for all citizens. Community Health Centers (Puskesmas), as first-level health facilities, play a crucial role in the successful implementation of the program. Studies integrating patient experiences and perceptions into primary-level implementation remain limited, with most focusing on enrollment coverage and administrative aspects. This study aimed to understand patient perceptions of UHC implementation at the Jajaway Community Health Center in Bandung City. This study employed a descriptive qualitative approach. The informants consisted of UHC patients. Data were collected through in-depth interviews and observations, then analyzed thematically using a structure-process-outcome framework. The results showed that UHC implementation has generally been effective in improving access to health services and alleviating financial burdens, as reflected in patients' positive perceptions. In the process dimension, the role of staff in interpersonal communication and the empathetic attitude of health workers were dominant factors in shaping these perceptions. Challenges were found in the form of patients' limited understanding of service mechanisms and limited access to information. An in-depth understanding of patient perceptions of UHC implementation is an important factor in assessing the success of UHC implementation.

Keywords: Perception, Patient, Universal Health Coverage, Community Health Centers

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1. Introduction

Health is the right to access health resources and to obtain health services that are safe, of good quality, and affordable (WHO, 2024). The Indonesian government launched the National Health Insurance Program (Jaminan Kesehatan Nasional/JKN), intended for the entire Indonesian population. This program represents the government's effort to provide universal health assurance, or Universal Health Coverage, beginning on 1 January 2014 (Prakarsa, 2020). In the city of Bandung, UHC was officially launched on 29 December 2017 in the third-floor multipurpose hall of the Bandung City Government building (Public Relations Office of the Bandung City Health Department, 2020). In general, UHC is a health system that ensures every citizen has equitable access to health services (Setyowati, 2022).

Community Health Centers (Puskesmas), as first-level health facilities, play an important role in the successful implementation of UHC as the frontline providers of health services to the community. The success of a program cannot be measured solely by administrative achievements or enrollment figures, but rather by how the program is understood, experienced, and evaluated by patients as its beneficiaries (Martini, 2023). In the context of health services, patient perception reflects the actual experience gained during service delivery, which influences the level of trust, satisfaction, and continued utilization of health services (Mustakim et al., 2024). These findings indicate that patient perception is an important indicator in the implementation of UHC in health services.

Patient perception is not merely a subjective opinion but a reflection of concrete experiences during service delivery, with the potential to influence the level of trust, satisfaction, and utilization of health services. In line with the study of Azizah and Mustafa (2025), patient perception strengthens the implementation of the UHC program at health service facilities. When UHC implementation runs optimally, positive perceptions are formed that reinforce patient trust in health services. According to Lesmana et al. (2025), barriers can generate negative perceptions that lower patient trust in services; understanding patient perception is therefore an important factor in assessing the success of UHC implementation.

At Jajaway Community Health Center, UHC implementation provides the community with access to health services through financing assurance and first-level health care. However, the success of UHC implementation is determined not only by the availability of service access but also by how well patients understand the service procedures, obtain clear information, and experience the quality of the services provided. Several studies indicate that patients' limited understanding of service mechanisms, limited

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information, and ineffective communication remain challenges in UHC implementation at first-level health facilities (Julianda and Holiqurrahman, 2023; Ginting and Agustina, 2023). This condition is also observed in health service practices at Jajaway Community Health Center, where patients experience confusion regarding service procedures, mechanisms, and limited information. These differences in understanding have the potential to affect patients' experiences during service delivery, ultimately shaping differing perceptions of UHC implementation. Therefore, understanding patient perception is an important aspect in assessing the success of UHC implementation.

Erinaputri et al. (2023) argued that Puskesmas play an important role in improving UHC achievement, while Supriadi and Irda (2023) emphasized that patients' attentiveness to population administration contributes to increasing UHC enrollment, since the validity and completeness of population data form the foundation for integrating the national health insurance system. Ginting and Agustina (2023) stated that the success of UHC implementation is influenced by coordination among stakeholders, community outreach, and the readiness of health service facilities. These findings indicate that studies on UHC implementation in Indonesia have largely focused on policy, financing, administrative, and service-provider aspects, rather than on the experiences of patients as beneficiaries. The experiences and perceptions of service users—namely patients—have not yet been extensively explored.

Based on prior research on UHC implementation (Erinaputri et al., 2023; Supriadi and Irda, 2023; Ginting and Agustina, 2023), which focused more on policy, financing, enrollment coverage, administrative, and service-provider aspects, patient perception as service users has not been extensively explored. This study is therefore important for presenting an in-depth picture oriented toward the experience of service users, namely patients. This study aims to describe patient perceptions of accessibility and procedural aspects, service communication, and the quality of primary care at Jajaway Community Health Center as a basis for evaluation in improving the quality of health services

2. Research Method

This study employed a qualitative method with a descriptive approach to gain an in-depth understanding of patient perceptions; this approach was used to describe patients' actual experiences (Creswell & Creswell, 2023). The study was conducted at Jajaway Community Health Center, Bandung City, in January 2026. During the study period, 266 visits by BPJS PBI (Contribution-Assistance Recipient) patients receiving health services

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were recorded. From this number, 20 informants were selected using a purposive sampling technique based on the following criteria: BPJS PBI participants who received health services at Jajaway Community Health Center, aged 18 to 50 years, able to communicate directly, and willing to participate as respondents by signing an informed consent form. The number of informants was determined based on the principle of data saturation, in which data collection is stopped when the information obtained becomes repetitive and no new themes emerge (Wahab, 2022).

The data used were qualitative data, consisting of primary data obtained through in-depth interviews and observations of informants, and secondary data obtained from Puskesmas documents. To ensure data validity, the researchers applied the principles of source triangulation and method triangulation (Nurfajriani et al., 2024). The data obtained were analyzed qualitatively through the stages of data reduction, data display, and conclusion drawing, followed by thematic analysis using the structure-process-outcome framework (Tossaint-Schoenmakers et al., 2021). This framework was used to interpret patient perceptions of UHC program implementation based on three main dimensions: structure, which encompasses system and policy readiness; process, which describes service implementation and interaction; and outcome, which reflects the impact of the experience felt. The results of the analysis were used to identify the main patterns of issues occurring in the UHC implementation process.

3. Results and Discussion

a. Results

Based on the research findings analyzed through the structure-process-outcome model, it was found that the effectiveness of UHC implementation is formed through the interaction between the readiness of policy structure, the process of service implementation, and the outcome in the form of patient experiences and perceptions. The success of UHC cannot be separated from patients' experiences, which illustrate the extent to which the policy is understood, accepted, and its benefits felt in health services.

1) Accessibility and Procedural Aspects

The findings show that UHC implementation has systematically provided an effective financing mechanism in reducing the financial burden on patients. One informant stated that they "no longer worry about the cost of services but are still confused about the service flow," reflecting that the financing component, as part of the structure, has functioned well, although ease of access has not yet run as it should.

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Variation in patients' understanding of the UHC mechanism shows that although regulations are available, the distribution of information has not been fully effective; this gap indicates that the quality of the structure is also determined by the effectiveness of information dissemination.

In the process dimension, the findings show the dynamic interaction between patients and staff in understanding service procedures; patients still experience confusion and require additional explanation. Staff play an active role in providing guidance, particularly when administrative documents are incomplete or patients are unfamiliar with the procedures.

In the outcome dimension, financial benefit is the most strongly felt result, forming a positive perception of UHC. Variation in procedural understanding shows that the outcome is not only economic in nature but also relates to certainty and ease of access to services.

2) Service Communication

Informants rated that "staff are polite, friendly, and provide good service." However, informants expected simpler and more systematic explanations regarding procedures. The structure dimension refers to the SOPs and communication policies that underlie service implementation. Services have followed the applicable standards, and staff provide education in accordance with their capacity and authority. Variation in patients' understanding of the information system and communication mechanism has not been fully optimal. An effective structure does not merely provide regulations but also ensures that policies are clearly understood.

The process dimension focuses on how services are delivered, including the quality of interaction between staff and patients. The majority of informants rated staff as empathetic and responsive, which influenced their perception of service quality at the Puskesmas. However, communication quality is determined not only by friendliness but also by the clarity of the information conveyed and received.

In the outcome dimension, empathetic and clear communication increases trust, satisfaction, and positive perception, whereas less systematic communication has the potential to cause confusion. These findings confirm that communication is a key factor in shaping patients' experiences and perceptions.

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3) *Quality of Primary Care Services*

The researchers found that routine check-ups, laboratory examinations, immunization, and health consultations were available and functioning. Informants explained that "services are well provided, and examinations are conducted thoroughly." A sound structure is reflected in the readiness of the facilities and resources that make service delivery possible.

In the process dimension, patients reported receiving attentive care during examinations and health consultations. This indicates that UHC implementation is related not only to the financing aspect but also to service interaction and professionalism.

In the outcome dimension, patients' experiences show a positive perception of service quality, namely satisfaction with the services received. Patient satisfaction forms a positive perception that primary care has met expectations. Thus, satisfaction should be understood as the result of the interaction between adequate structure and a quality service process.

b. *Discussion*

In this study, the discussion is interpreted using the structure-process-outcome framework. The study shows that patient perception of UHC implementation at Jajaway Community Health Center generally results in a positive outcome, although several aspects still require improvement. This perception is formed through patients' experiences during the receipt of health services.

1) *Accessibility and Procedural Aspects*

In the structure dimension, the research results show that the service structure at Jajaway Community Health Center has supported UHC implementation through a financing system and SOPs available in accordance with standards. Nevertheless, several informants still experienced difficulty understanding the service flow. This condition indicates that the service structure is able to guarantee access to financing; however, the provision of an information system and the mechanism for delivering information to patients still need to be strengthened so that all patients gain the same understanding of service procedures. This is in line with the study of Setyaningrum and Setiatin (2025), who emphasized the importance of complete information in supporting service quality.

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In the process dimension, service quality is determined by how service procedures are implemented and how the interaction between staff and patients takes place during service delivery. The research results show that patients were able to obtain services in accordance with the applicable procedures and received assistance from staff when experiencing difficulties. Nevertheless, several informants expected simpler explanations of the service flow so that the service process would be easier to understand. This finding is in line with the study of Erinaputri et al. (2023), which stated that Puskesmas play an important role in improving access to health services through primary care, as well as the study of Ginting and Agustina (2023), which explained that the effectiveness of UHC implementation is influenced by the ease of procedures and patients' understanding of service mechanisms.

In the outcome dimension, service quality is reflected in the benefits felt by patients after receiving health services. Informants felt safer because they were not burdened by service costs and found it easier to access health services. This perception indicates that UHC implementation has had a positive impact on access to health services while also increasing patients' sense of security in utilizing health services. This finding is in line with the study of Nurany et al. (2024), which confirmed that UHC implementation improves access and reduces the cost burden on patients, as well as the study of Hergianasari and Hadiwijoyo (2021), which explained that the success of UHC is marked by a reduction in the barriers patients face in obtaining health services. According to the researchers, these benefits will become increasingly optimal if accompanied by strengthened education on service mechanisms so that ease of access can be experienced equally by all patients.

2) Service Communication

In the structure dimension, service communication is influenced by the availability of regulations and SOPs as the basis for delivering information. The research results show that Jajaway Community Health Center already has a service system that supports communication between staff and patients, in which staff provide education in accordance with their capacity and authority under the applicable procedures. Nevertheless, variation still exists in patients' understanding of the information provided, indicating that the communication structure has not been fully able to accommodate patients' information needs. Ginting and Agustina's (2023) study found that patients' lack of understanding can become a barrier to UHC implementation. This condition confirms that a sound communication structure is

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reflected not only by the existence of policy but also by the ability of the service system to ensure that information is clearly understood.

In the process dimension, communication quality is reflected in the interaction between staff and patients during service delivery. The research results show that the majority of informants rated staff as friendly, empathetic, and responsive in providing services. Nevertheless, several informants still expected simpler delivery of information regarding service procedures. This finding is in line with the study of Rahayuningsih and Cahyaningrum (2023), which stated that the empathy of health workers affects patient satisfaction, as well as the study of Setyaningrum and Setiatin (2025), which confirmed that clear delivery of information is an important part of maintaining the quality of health services.

In the outcome dimension, effective service communication generates trust, satisfaction, and positive patient perception of health services. Based on the research results, patients felt comfortable interacting with staff and rated the service as having been well delivered; however, clarity of information remained an area that patients hoped to see improved. These findings indicate that communication quality is determined not only by staff's friendly attitude but also by how successfully information is understood. This result is in line with the study of Mustakim et al. (2024), which stated that positive patient experiences increase trust in health services. According to the researchers, the use of simple language, easily understood educational media, and effective communication will strengthen patients' understanding, so that service communication can provide a higher-quality service experience.

3) Quality of Primary Care Services

In the structure dimension, the quality of primary care is influenced by the readiness of human resources, infrastructure, supporting facilities, and the available service system. The research results show the availability of health check-ups, laboratory services, immunization, and health consultations. Informants also rated the service facilities as supporting the optimal implementation of services. This is in line with the study of Mustofa (2025), which explained that service quality is influenced by the readiness of resources, facilities, and the professionalism of health workers that support an optimal service process.

The process dimension is shown by how services are delivered to patients in accordance with health service standards. Based on the research results, patients

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rated examinations as being conducted thoroughly, staff as attentive during consultations, and services as being delivered professionally. This finding is in line with the study of Listyorini et al. (2025), which stated that the quality of Puskesmas services is influenced by the quality provided by health workers, as well as the study of Lisfita and Rauf (2025), which explained that service quality is the result of the interaction between an adequate service structure and a service process oriented toward patients' needs.

In the outcome dimension, the quality of primary care is reflected in patients' positive perception of the services received, including satisfaction with the services and increased trust in the Puskesmas. The research results show that patients felt the services met their expectations because they were delivered well and thoroughly. This finding is in line with the study of Lesmana et al. (2025), which argued that the success of UHC implementation is determined not only by the expansion of enrollment coverage but also by the Puskesmas's ability to sustainably maintain service quality so that patient satisfaction and trust are preserved

3. Conclusion

UHC implementation at Jajaway Community Health Center has generally run effectively in improving access to health services and has had a positive impact on financial protection. The policy structure and administrative system have supported access to services, while the process of communication and interpersonal interaction among health workers played an important role in shaping patients' positive experiences. The service structure is relatively well established through regulations, SOPs, and the enrollment system. The quality of the service process—particularly communication and procedural clarity—is a crucial factor influencing the outcome in the form of patients' experiences and perceptions. The research results show that the main challenge lies in the service-process aspect, particularly in procedural understanding and communication between staff and patients. Therefore, strengthening cross-sector outreach (involving the Puskesmas, the sub-district/Kelurahan office, and posyandu cadres), providing effective communication training for health workers to increase patient trust and satisfaction, and developing a more systematic communication system are strategic steps for improving the quality of UHC implementation at the Puskesmas.

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4. Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that they have no conflict of interest related to this research.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study, as described in the Methods section.

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