

Analysis of Satisfaction Levels of Patients on Service Quality with The Importance Performance Analysis (IPA) Method

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Abstract

The Importance Performance Analysis (IPA) method is a survey method that can be used to measure the satisfaction performance that is considered important by customers (expectations) and the satisfaction performance received by customers (reality). This research aims to determine the level of compatibility between performance and expectations of satisfaction towards the quality of service at the Biromaru Public Health Center in Sigi Regency. This type of research was quantitative with descriptive analysis techniques; the sample size used the Slovin formula, while the sampling used accidental sampling techniques. The total sample was 99 respondents. Data were collected through questionnaires and then analyzed using the Importance Performance Analysis (IPA) method. Results show that The Biromaru Public Health Center has met patient expectations in terms of the friendliness and politeness of health workers, the cleanliness of examination rooms, and the timeliness of doctor examinations. However, there are several areas where the health center can improve, such as the cleanliness and maintenance of the building, the waiting time for medicines, and the availability of sophisticated and adequate health facilities. The attributes that patients consider less important, but are still implemented well, include the appearance of health workers, the clarity of drug dosage information, and the good communication of nurses. The Bureaumaru Health Center has met patient expectations in terms of the courtesy and politeness of health workers, the cleanliness of the examination room, and the timeliness of doctor's examinations.

Keywords: Satisfaction of Patients, Service Quality, Importance-Performance Analysis Method

Key Messages:

- Prioritize patient satisfaction by addressing key areas such as cleanliness, waiting times, and facility upgrades to enhance overall service quality..

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1. Introduction

Health is a basic need that makes people aware always to maintain their health and obtain health services. As people's awareness of the importance of quality and health services increases, they expect health services that

can provide satisfaction to themselves (1). As the fourth most populous country with a population of 255,461,686, Indonesia can experience health-related problems, especially regarding health services. In Indonesia, patient dissatisfaction with healthcare services is a growing concern (2). By getting good health services, the number of healthy people in a country will also increase, so the government must provide good health services for its people (3).

Health services have an important role in improving the health and welfare of everyone. This is in line with the regulations of Law Number 36 of 2009 Article 19, which states that everyone has the right to obtain health services and the government is responsible for the availability of all forms of health care that are quality, safe, efficient, and affordable for all levels of society. The effort to realize good health services is by increasing the availability and distribution of basic health service facilities, including the community health centers in each region (4).

Based on data from the Indonesian Ombudsman, it is known that throughout 2021 there were 7,186 public complaints regarding public services, of which health was ranked tenth (2.86%), with the agencies contributing the largest complaints, including hospitals, health centers, and BPJS (Indonesian Health Insurance) (5). One of the units providing public health services at the sub-district level is the community health center (6). Health services that do not meet expectations will affect patient satisfaction assessments. If the service is as expected, the patient will feel satisfied, and vice versa. This can happen if health service providers can provide quality health services, which, if possible, can exceed patient expectations (7).

Sigi Regency is located in Central Sulawesi Province. As a result of the 2018 disaster, there was a decrease in the number of patient visits. The Biromaru Community Health Center is one of the community health centers that has experienced a significant decline in patient visits. Based on visit data, it is known that initially, there were 15,002 visits (31.4%) in 2019 and 9,160 visits (19.2%) in 2021. Several indicators influence the decrease in patient visits, which are in line with several previous preliminary studies, including indicators of direct evidence (tangibles), namely feelings of discomfort because the room is narrow, not equipped with air conditioning, and seating that is not differentiated between healthy and sick patients, and inadequate parking space according to the research of Suhartina et al. (2022) (8); reliability indicators, namely late registration counter opening hours and long service times in accordance with Shofiana's research (2019); indicators of responsiveness, namely closing times that are too fast and conveying information that is not clear enough according to the research of Erawan and Zulfiani (2018) (9); indicators of empathy, namely community health center officers who are less friendly and polite in providing services according to research Suhartina et al. (2022) (8); and assurance indicators, namely the lack of seriousness of health workers in serving patients, thereby reducing the sense of trust, which is also in accordance with research Suhartina et al. (2022) (8).

This study aims to determine the level of conformity between performance and patient expectations regarding the quality of service at the Bureamaru Health Center, Sigi Regency.

2. Methods

This quantitative research used descriptive analysis techniques designed to obtain information when the research was carried out with a tendency to describe the things that are the focus of the research being carried out. The population in this study were all patients who came for treatment at the Bureamaru Health Center in 2021, with a total population of 9,160. The sampling method used an accidental sampling method, so anyone who meets the researcher by chance would be used as a sample if suitable as a data source. Based on sample size calculations using the Slovin formula calculation, a sample of 99 patients was obtained who met the inclusion criteria: patients had received health services at the Bureamaru Health Center, were willing to be interviewed, could communicate well, and were over 17 years old. Direct interviews were conducted with 99 respondents,

lasting approximately 15-20 minutes each. The interview questionnaire consisted of closed-ended and open-ended questions designed to assess respondents' satisfaction with various aspects of the Bureaumaru Health Center's services. Interviewers were trained on the questionnaire and interviewing techniques to ensure consistency and data quality

Data collection and collection were carried out in the working area of the Bureaumaru Health Center, Sigi Regency, in September 2022. The dependent variable in this study was patient satisfaction, while the independent variables were the physical evidence dimension (tangibles), the reliability dimension, the empathy dimension, the responsiveness dimension, and the assurance dimension. Primary data in this research was obtained through direct interviews with respondents and filling out questionnaires, while secondary data was collected through report books from the Central Sulawesi Provincial Health Service, Sigi Regency Health Service, Bureaumaru Community Health Center, and other relevant agencies related to the research. Data processing in this research consisted of univariate analysis and analysis using the Importance Performance Analysis (IPA) method. The univariate analysis produced frequency and percentage distributions for each variable, while the Importance Performance Analysis (IPA) method was used to link the level of importance (importance) of an attribute of a particular object with the reality or performance (performance) perceived by the user.

3. Results

. Table 1 shows the results of the frequency distribution of each characteristic in the 99 patients in this study, including age group, gender, occupation, and last education. Based on Table 1, it can be seen that the distribution of respondents based on the highest age group is in the age range 24 to 30 years with a total of 20 people (20.2%), while the lowest frequency distribution is in the age range 66 to 72 years, which only amounts to 2 people (2.0%).

Table 1. Frequency Distribution of Respondent Characteristics

Respondent Characteristics	n	%
Age (y.o)		
17-23	19	19.2
24-30	20	20.2
31-37	16	16.2
38-44	17	17.2
45-51	15	15.2
52-58	6	6.1
59-65	4	4.0
66-72	2	2.0
Gender		
Male	29	29.3
Female	70	70.7
Occupation		
Unemployment	2	2.0
Civil servants	13	13.1
Self-employed	18	18.1
Farmers/Laborers/Fishermen	6	6.1
Housewife	44	44.4
Student/Students	12	12.1
Retired	2	2.0
Honorary	2	2.0
Last education		
Not attending school	1	1.0
Elementary school	4	4.0
Junior High School	22	22.2
Senior/vocational High School	50	50.5

Respondent Characteristics	n	%
Diploma	3	3.0
Bachelor	19	19.2

Then, from Table 1, it can also be seen that the largest distribution of respondents based on gender group is female respondents, totaling 70 people (70.7%), while the lowest frequency distribution is male respondents, totaling 29 people (29, 3%). Furthermore, based on Table 1, information was obtained regarding respondents based on occupational groups, with the highest number being housewives, namely 44 people (44.4%), while the occupations with the lowest number were retirees and honorary workers, each with only 2 people (2.0 %). The last characteristic is the highest level of education, according to the data presented in Table 1. It shows that the distribution of respondents based on the highest level of education, with the highest number being senior/vocational high school numbering 50 people (44.4%), while the lowest number is respondents who have not attended school, which is only amounting to 1 person (1.0%).

Table 1. Distribution of Determining the Reality Values and Average Expectations of Respondents

No.	Indicator	Average Reality Level Score (Point X Coordinates)	Average Expectancy Level Score (Y Point Coordinates)
A.	Physical Evidence (Tangibles)		
1.	The health center building is clean and well-maintained (P1)	4.30	4.72
2.	Comfortable and spacious waiting room (P2)	4.20	4.56
3.	The patient examination room is clean and spacious (P3)	4.52	4.56
4.	The lighting in the room is sufficient (P4)	4.05	4.46
5.	Advanced and adequate health facilities (P5)	4.13	4.51
6.	Neat and attractive appearance of health workers (P6)	4.55	4.18
B.	Reliability		
7.	Health Center (Puskesmas) services opened on time (P7)	4.34	4.43
8.	Nurses pay attention to patients (P8)	4.26	4.25
9.	Sequential registration and administration (P9)	4.44	4.61
10.	The doctor is always there when the patient visits (P10)	4.20	4.31
11.	Doctors are careful in examining patients (P11)	4.58	4.44
12.	The same service regardless of the patient's social status (P12)	4.39	4.31
C.	Responsiveness		
13.	The doctor's actions are quick in serving patients (P13)	4.26	4.40
14.	Clear medication dosage information by pharmacist (P14)	4.46	4.39
15.	The information provided by the nurse is clear (P15)	4.26	4.45
16.	Easy registration procedure (P16)	4.37	4.29
17.	Inspection waiting time (P17)	3.94	4.59

No.	Indicator	Average Reality Level Score (Point X Coordinates)	Average Expectancy Level Score (Y Point Coordinates)
18.	Waiting time for medicine at the pharmacy (P18)	4.25	4.53
D. Assurance			
19.	Health workers provide services as promised (P19)	4.24	4.39
20.	Health workers skilled in serving (P20)	4.32	4.41
21.	Polite registration officer (P21)	4.24	4.46
22.	Good nurse communication (P22)	4.41	4.33
23.	Friendly and polite doctor (P23)	4.44	4.38
24.	Pharmacist is polite and friendly (P24)	4.39	4.32
E. Empathy			
25.	Nurses are sincere in serving (P25)	4.25	4.35
26.	The doctor listens to patient complaints (P26)	4.52	4.34
27.	Health workers respond to patient complaints (P27)	4.34	4.47
28.	Health workers apologize if they make mistakes (P28)	4.20	4.48
29.	Information is given without having to ask (P29)	4.16	4.48
30.	Health workers are friendly and polite when providing information (P30)	4.41	4.50
Average		4.32	4.43

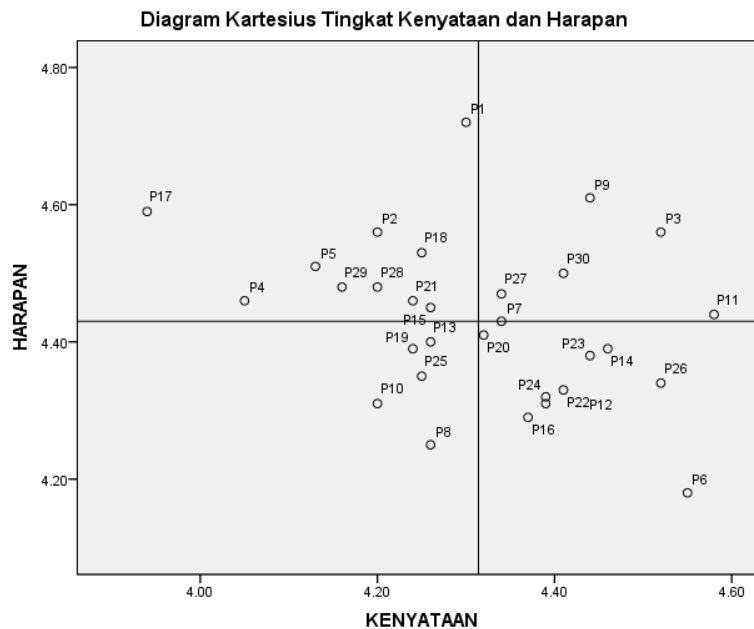


Figure 1. Cartesian Diagram of Expectation Levels and Reality Levels

Quadrant I

The attributes in quadrant I indicate the weaknesses of the Bureamaru Health Center in meeting patient needs. The results of obtaining scores for each quadrant I attribute include clean and well-maintained health

center buildings (P1), comfortable and spacious waiting rooms (P2), waiting time for medicines at the pharmacy (P18), sophisticated and adequate health facilities (P5), health workers requesting sorry if you make a mistake (P28), information is given without having to ask (P29), the registration officer is polite (P21), the information given by the nurse is clear (P15), the waiting time for the examination (P17), and the lighting in the room is sufficient (P4). Quadrant I (Top Priority) is the quadrant with the highest number of attributes, namely 10 (33.33%) attributes out of 30 attributes. This shows that the service quality of the Bureamaru Health Center still does not meet the expectations of visiting patients.

Quadrant II

Attributes in this quadrant are attributes that are considered very important and have been implemented satisfactorily. In the diagram image for each dimension, it can be seen that the attributes in this quadrant are sequential registration and administration (P9), patient examination rooms are clean and spacious (P3), health workers are friendly and polite when providing information (P30), health workers respond to patient complaints (P27), doctors are thorough in examining patients (P11), and health center services are opened on time (P7).

Quadrant III

Attributes in quadrant III are attributes with low priority because the influence of these attributes is considered less important for the patient. This situation shows that the attributes in this quadrant have not yet become the patient's attention and needs. In the diagram image for each dimension, it can be seen that the attributes included in this quadrant are doctors' actions quickly in serving patients (P13), health workers providing services as promised (P19), nurses being sincere in serving (P25), doctors always being there when patients visit (P25). P10, and nurses pay attention to patients (P8).

Quadrant IV

Attributes located in this quadrant are considered less important by patients. Meanwhile, the implementation is good, so it seems excessive but is considered satisfactory. In the diagram image for each dimension, it can be seen that the attributes included in this quadrant are friendly and polite doctors (P23), skilled health workers in serving (P20), clear drug dosage information by pharmacists (P14), doctors listening to patient complaints (P26), pharmacists polite and friendly (P24), good nurse communication (P22), the same service regardless of the patient's social status (P12), easy registration procedures (P16), and the appearance of health workers is neat and attractive (P6).

4. Discussion

Patient satisfaction results from a patient's assessment of health services, which is carried out by comparing what is expected in accordance with/not with the reality of health services received in a health service setting (10). Five aspects of health service quality are related to patient satisfaction: physical evidence (tangible), reliability, responsiveness, assurance, and empathy.

Quadrant I (First Priority)

Based on the results of the research that has been carried out, the tangible dimension of attributes is considered not to satisfy the attributes of a clean and well-maintained health center building (P1) because there is still one roof ceiling at the entrance to the health center building, there are only a few trees and plants that are not in order in front of the health center building so that makes the view of the health center look less good. However, most of the neatness and cleanliness of the Biromaru Health Center have been fulfilled, such as clean and bright walls, neatly arranged rooms, and clean bathrooms. Cleaning staff who are late in cleaning and only

start cleaning when patients have started to arrive also affect patient comfort when waiting in line in the waiting room. This is in line with Tjiptono's statement in Irmawati (2010) (11) that one aspect that influences patient satisfaction is the comfort aspect, which includes the strategic location of the hospital, the cleanliness of the hospital, the comfort of the room the patient will use, the food the patient will eat, and the equipment available in the room (11). Then, the second tangible dimension attribute, namely the comfortable and spacious waiting room (P2) and adequate lighting in the room (P4), is still a problem at the Biromaru Community Health Center. There are 24 chairs in the waiting room, and they are made of iron. Many patients have to stand while waiting in line for registration and examination due to the limited number of seats and the lack of barriers between patients with COVID-19 symptoms (cough, flu, fever) and general patients, even pregnant women and the elderly. Then next, namely the attribute of sophisticated and adequate health facilities (P5), which is still considered not to meet patient expectations because the medicines are not complete, so patients have to buy them from outside pharmacies, there are no loudspeakers available so sometimes patients are missed, and this increases the length of waiting time and measure body weight using non-digital scales so the results are less accurate. According to the research of (12), there is a relationship between Tangibility and patient satisfaction, where the Tangibility aspect influences patient satisfaction (12). However, the fact is that not all health service centers can provide good and comfortable health support facilities for patients, so if a health service center cannot fulfill these aspects, the level of patient satisfaction will decrease.

In the reliability dimension, 2 attributes are still considered to be the main priority, namely clear delivery of information by nurses (P15) and information provided without having to ask (P29). The information nurses provide regarding treatment uses language that is quite difficult to understand, so patients have to ask repeatedly to understand the information provided. This can give an unfavorable impression of the performance of nurses and health workers at the Bureamaru Community Health Center because it is considered not in line with patient expectations. This aligns with Pohan's theory (13), which states that quality health services from a consumer perspective include information (13). Then, in the dimension of responsiveness, the attribute of waiting time for examinations (P17), patients usually wait longer for examinations because they have to wait for the doctor to arrive at the health center, and there are limited practicing doctors on duty at the Bureamaru Health Center because there is only 1 doctor in each room of the General Poly, Elderly Poly, Children's Poly, and Dental Poly Room. This cannot keep up with the large number of patients visiting, resulting in longer queues. The waiting time for an examination call takes ≥ 60 minutes, which is not in accordance with the minimum service standard provisions in the Ministry of Health Number 129/Menkes/SK/II/2008, which should be ≤ 60 minutes. This is also in line with Suryana's statement in Prabandari et al., (2019) (14), which explains that service waiting times that comply with minimum standards will support quality health services (14). The same thing happens to the attribute of waiting time for medicine at the pharmacy (P18) in the responsiveness dimension. It is known that the long waiting time for medicines at the pharmacy is because there are only 1 or 2 pharmacists on shift duty, and they cannot keep up with the large number of patients during peak hours (09:00-10:30) resulting in a backlog of medicine prescriptions. As in accordance with research conducted by Patavegar et al., (2012) (15) patients who wait longer will have lower levels of satisfaction (15). This opinion is supported by Maulana et al., (2019) (16), who state that inefficient waiting times are a sensitive matter because they risk causing the quality of health services at a Puskesmas to decline (16).

In the empathy dimension, 2 attributes still do not meet patient expectations, namely polite registration officers (P21) and health workers apologizing if they make mistakes (P28). When the queue was piling up, the registration officer behaved indifferently and spoke loudly in a raised voice to patients who did not hear the call. According to the opinion of Afifah et al., (2021) (17), Registration services are key in health services because they play a role in direct interaction with patients, so they can provide a first impression of the quality of service (17).

Registration services that do not seem good will reduce the patient's interest in visiting again. According to information obtained from respondents, most of the health workers at the Bureamaru Community Health Center never apologized to patients when they made a mistake, so patients thought that health services were terrible because the health workers were not friendly even though they were professional. The quality improvement strategy for this quadrant is to make the attributes in this quadrant the main priority for improvement.

Quadrant II (Maintain Achievement)

Based on the research results, it was found that respondents were satisfied with the attributes of the patient examination room being clean and spacious (P3), as evidenced by the condition of the examination room at each polyclinic at the Bureamaru Community Health Center, which made patients feel comfortable. The results of this research are in accordance with research (18) that the quality of service, which includes cleanliness, comfort, and tidiness of the staff, makes patients satisfied and increases their interest in making repeat visits (18). Regarding the attribute of community health center services being opened on time (P7), respondents were also satisfied with the opening time of the Biromaru Community Health Center, which always opened at exactly 08:00 WITA. This is in line with research Nuraini et al., (2021) (19) that timely service opening hours are very important in improving the quality of health services because the more timely the clinic opening time schedule, the faster the patient will receive services at the poly (19). In the sequential registration and administration attribute (P9), the registration officer at the community health center gives a queue number and calls the patient. This is in line with research Saragih et al., (2017) (20) that administrative services are one of the services that patients experience first before receiving other services, so they must always be paid attention to by the hospital (20). Administrative services are said to be good if the hospital has a registration system that uses queue numbers to serve patients sequentially.

In the reliability dimension of the attribute of a doctor being thorough in examining patients (P11), the doctor diagnoses the patient in-depth and provides appropriate treatment. This study's results align with the research of Paulu et al., (2018) (21) that most respondents answered in the affirmative when the doctor carefully examined every complaint submitted by the patient so that the diagnosis was correct (21). Then, based on the attributes of the empathy dimension, namely, health workers respond to patient complaints (P27) and health workers are friendly and polite when providing information (P30), all complaints submitted by patients have been listened to and responded to well, health workers are also more patient when providing information to patients. According to Liu dan Mao (2019)(22), Medical providers' affective behavior, especially respect and politeness, is more important for patient satisfaction than their competence (22).

Quadrant III (Low Priority)

Based on the research results showing the attributes of nurses being attentive to patients (P8) and nurses being sincere in serving (P25), nurses at the Bureamaru Community Health Center are considered to have provided attention and patience in explaining to patients regarding care. However, quite a few nurses are still not sympathetic to the patient. This is not in line with research conducted by Tethool et al. (2019) (23), that the patient's concern (empathy) is satisfied with the absence of complaints submitted by the patient regarding employees/nurses who are diligent, patient, sincere, fair, do not discriminate between patients, and are open in serving the community (23). In the attribute of a doctor's quick actions in serving patients (P13), the medical services provided by the doctor are agile and thorough. Satisfaction from patients who carry out examinations can be created through complaints quickly received by service providers, especially nurses and doctors, in assisting with patient complaints (24).

Based on the research results regarding the attribute of health workers providing services as promised (P19), the health workers at the Bureamaru Community Health Center have not shown much about services to

ensure and guarantee the recovery and comfort of patients. According to Arnaya et al., (2021) (25), Service guarantees and trust in the process and results of services provide security and comfort and are free from patient doubts (25). This is very important to pay attention to because it is part of efforts to maintain and improve service quality. Apart from that, the attribute is that the doctor is always there when the patient visits (P10); it is known that the doctor is always there at the Bureamaru Health Center, even though a nurse or other health worker occasionally replaces him because he is not there. However, patients will still come for treatment at the Bureamaru Community Health Center because it is an unavoidable need when they are sick, and they believe that the services provided will positively impact their health. This is in line with the theory put forward by Munawir (2018) (26) that aspects of the ability or skills of health workers influence patient satisfaction because patients believe that health workers can provide solutions to the illnesses they suffer from so when this is fulfilled, it will create a sense of satisfaction in the patient (26).

Quadrant IV (Excessive)

Based on the results of research on the neat and attractive appearance attributes of health workers (P6), health workers at the Bureamaru Community Health Center have met the quality because, according to respondents, the majority of medical workers have shown attractiveness by having a neat appearance when providing services to patients. The results of this research are in accordance with the research of Ansyori (2019) (27), which states that appearance is a form of self-image that radiates from a person, as well as a means of communication and is the key to success in health services so that it can increase the interest of patients who visit (27). Based on the same service attributes without considering the patient's social status (P12), respondents were satisfied with the performance of health workers who continued to serve without discriminating between patients. This result is in accordance with the statement Pratiwi et al., (2018) (28) that health services are very important for the entire community and must be provided regardless of each person's socio-economic religious status (28). Most respondents also felt satisfied with the attribute of clear medication dosage information by pharmacists (P14) and polite and friendly pharmacists (P24) because the information provided by pharmacists was conveyed well due to the pharmacist's voice being loud and explaining medication dosages slowly and in detail, also serve in a friendly manner with a smile. This is in accordance with research Bili et al., (2021) (29) that the success of a service will depend greatly on the people involved in it, where the expected service attitude is a good, friendly, sympathetic attitude towards the patient as a consumer which can make the patient feel satisfied with the service provided (29). In the easy registration procedure attribute (P16), respondents considered that they were familiar with the existing registration procedures at the Bureamaru Community Health Center and stated that the details of the registration flow were easy for patients to understand. This is in accordance with research conducted by Handayani (2016) (30) regarding patient satisfaction with health services at the Baturetno Community Health Center in 2016, the majority of respondents stated that they were quite satisfied because the registration procedure was easy and not complicated (30).

Some respondents were also satisfied and felt that these attributes were excessive, including the attributes of doctors being friendly and polite (P23) and doctors listening to patient complaints (P26). According to the respondent's statement, the attitude of the doctors at the Bureamaru Community Health Center was very good. The doctors greeted them in a friendly manner when the patient came in, then asked about complaints and listened carefully. This is in accordance with research by Maulana et al., (2019) (16), that the doctor's service is good because the doctor is very friendly with patients and always advises patients (16). Other attributes that have met patient expectations and are considered very satisfactory are health workers skilled in serving (P20) and good nurse communication (P22). According to patients, health workers are very agile and thorough in serving patients. Communication between nurses and patients was also considered to be good, as seen by the nurses who spoke in a smooth tone and were willing to listen to patient complaints. Quality service is the extent to which the reality of health services provided is in accordance with the latest and best medical professional criteria and standards

while at the same time meeting or exceeding customer needs and desires with an optimal level of efficiency.

5. Conclusion

This research concludes that patients consider Quadrant I (Top Priority) very important, but the performance or services provided by the Bureamaru Health Center are not satisfactory, so these attributes are the main priority for immediate improvement. Meanwhile, Quadrant II (Maintain Achievement) shows that the Bureamaru Health Center has provided service quality that meets patient expectations or satisfaction. Then, in Quadrant III (Low Priority), it is considered less important by patients, and the performance is not very good. In Quadrant IV (Excessive) the patient also considers it less important and feels too excessive.

Suggestions for the Bureamaru Health Center are that they can immediately make improvements to the attributes that are the main priority to increase patient satisfaction by keeping and maintaining the health center building so that it remains clean, providing a comfortable and spacious waiting room, streamlining examination times so that patients do not wait too long, equipping and improving health facilities and providing training to health workers so they can provide relevant and clear information to patients, maintaining attributes in Quadrant II (Maintain Achievement) to increase interest in patient return visits and streamline the performance of attributes in Quadrant IV (Excessive) if it is considered not important for the patient or can create an innovation so that new patients are interested in getting health services at the Bureamaru Community Health Center. Future researchers are expected to conduct more in-depth research using this type of research or mixed methods to provide more varied results.

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