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Service quality analysis on customer satisfaction at Mojolaban Community Health Center

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Abstrak

Penelitian ini bertujuan untuk mengetahui: (1) menganalisis dimensi yang perlu diperbaiki untuk meningkatkan kepuasan pelanggan berdasarkan IGA, (2) menganalisis Tingkat kepuasan pasien terhadap dimensi kualitas pelayanan di Puskesmas Mojolaban berdasarkan CSI, (3) menganalisis Upaya Puskesmas Mojolaban dalam meningkatkan kualitas pelayanan untuk mencapai kepuasan pelanggan. Penelitian ini menggunakan pendekatan kuantitatif deskriptif dengan pengumpulan data menggunakan metode survei melalui kuesioner. Teknik pengambilan sampel yang digunakan adalah non probability sampling dengan teknik incidental sampling. Adapun sampel yang digunakan dalam penelitian ini berjumlah 80 responden di Puskesmas Mojolaban. Pengumpulan data dilakukan dengan angket dan wawancara. Teknik analisis data yang digunakan yaitu Improvement Gap Analysis (IGA) dan Customer Satisfaction Index (CSI). Hasil Penelitian ini, melalui metode IGA, terdapat tiga atribut yang perlu diperbaiki oleh Puskesmas Mojolaban yaitu dua atribut Reliability (H1 dan H3) dan satu atribut Tangible (F1). Dengan metode CSI, secara keseluruhan didapatkan hasil kepuasan pasien Puseksmas Mojolaban termasuk dalam kategori "Kurang Puas". Upaya atau rencana tindak lanjut yang dilakukan Puskesmas Mojolaban adalah melakukan perbaikan pada 3 prioritas perbaikan layanan, yaitu terkait 1) Waktu Pelayanan; 2) Produk Pelayanan; dan 3) Persyaratan Pelayanan.

Kata kunci: indeks kepuasan konsumen; improvement gap analysis; kepuasan pelanggan; kualitas pelayanan; puskesmas

Abstract

This study aims to: (1) identify key service dimensions requiring improvement to enhance customer satisfaction using Improvement Gap Analysis (IGA); (2) assess the level of patient satisfaction with service quality at Mojolaban Health Center using the Customer Satisfaction Index (CSI); and (3) evaluate the efforts undertaken by Mojolaban Health Center to improve service quality and achieve greater

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customer satisfaction. A quantitative descriptive approach was employed, with data collected through surveys administered via questionnaires. Non-probability sampling, specifically incidental sampling, was used to select a sample of 30 respondents who had accessed services at Mojolaban Health Center. Data were analyzed using IGA and CSI techniques. Results indicated that three service attributes require improvement according to the IGA: two related to Reliability (H1 and H3) and one to Tangibles (F1). The CSI analysis revealed that overall patient satisfaction falls within the "Less Satisfied" category. Based on these findings, Mojolaban Health Center has identified three priority areas for service enhancement: (1) service delivery time, (2) service offerings, and (3) procedural requirements.

Keywords**:** customer satisfaction index; improvement gap analysis; customer satisfaction; service quality; community health center

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Introduction

Quality healthcare services are a fundamental right for every citizen. Mojolaban Community Health Center as one of the healthcare services at the village level, operates to provide affordable and easily accessible services to the community. However, several problems related to service quality are still encountered, such as slow service times, unfriendly staff, and inadequate facilities.

These problems can lead to disappointment among patients and affect patient satisfaction. Therefore, improvements and follow-up actions regarding service quality are needed. Mojolaban Community Health Center must provide quality services and adequate facilities to improve patient satisfaction. Thus, *Mojolaban Community Health Center* can achieve excellent service standards and improve the community's quality of life.

This research is motivated by the disparity between the high Community Satisfaction Index score and low patient satisfaction in the field at Mojolaban Community Health Center. The 2023 IKM score of this Community Health Center received a "Good" rating with a score of 82.39 out of a maximum of 100. However, there are still field problems related to limited assessment indicators.

The researcher analyzes that the assessment indicators used are based on Minister of PANRB Regulation Number 14 of 2017 which contains 9 elements. Excellent service emphasizing the five dimensions of service quality can be a solution to overcome this problem. Additionally, services will be considered satisfactory if there is no gap between customer expectations and the services provided.

In this study, the researcher has identified problems at Mojolaban Community Health Center including: there are still complaints regarding service quality, the disparity between the high Community Satisfaction Index (IKM) score and low patient satisfaction in the field caused by limited satisfaction indicators, and services will be considered satisfactory if there is no gap between expectations and reality.

Customer satisfaction is an important matter that management must fulfill for customers. According to Lovelock (2022), customer satisfaction is the result of evaluating experienced service performance and comparing it with expectations. There are several factors that influence customer satisfaction according to Sari (2019): 1) Service Quality; 2) Price; 3) Service Quality; 4) Cost and Convenience. There are several methods to measure customer satisfaction as explained by Tjiptono and Diana (2015:55), including: 1) Complaint and suggestion systems; 2) Ghost/Mystery Shopping; 3) Lost Customer Analysis; 4) Customer Satisfaction Surveys.

Furthermore, among the factors influencing customer satisfaction as mentioned by Sari (2019), one of them is service quality. Lovelock (2022) defines service quality as a high-performance standard that consistently meets or exceeds customer expectations. The dimensions of service quality mentioned by Kotler and Keller (2016) consist of five indicators: 1) Reliability; 2) Responsiveness; 3) Assurance; 4) Empathy; and 5) Tangibles.

The Customer Satisfaction Index or CSI is used to determine the overall level of customer satisfaction by considering the importance of each attribute in products/services. The customer satisfaction indicators conveyed by Sari (2019) include: 1) Satisfaction with healthcare service access, 2) satisfaction with healthcare service quality, 3) satisfaction with healthcare service processes, including interpersonal relationships, and 4) Satisfaction with healthcare service systems.

Service quality is a measure or standard used to evaluate the extent to which a service or product meets or exceeds customer expectations. This service quality is very important in service industries as it will affect customer satisfaction. Indrasari (2019) states that Service Quality is a dynamic condition closely related to products, services, human resources, as well as processes and environments that can at least meet or even exceed the expected service quality.

Regarding the dimensions of service quality according to Kotler and Keller (2016), there are five service quality indicators: 1) Reliability, 2) Responsiveness, 3) Assurance, 4) Empathy, and 5) Tangibles. The measurement of service quality uses ServQual. According to Parasuraman in Wiranto (2022), essentially the measurement of service or product quality is almost the same as measuring customer satisfaction, which is determined by the variables of expectations and perceived performance. The measurement of service quality using IGA, Improvement Gap Analysis (IGA) has similarities with the Importance Performance Analysis (IPA) method, both using quadrant analysis models for service quality. There are three parts in the questionnaire used to obtain the required data according to Tontini and Picolo (2010): Dysfunctional Question, Functional Question and Current Satisfaction.

Research Method

The research was conducted at the main Community Health Center located at DK Kebak, Wirun, Mojolaban, Sukoharjo Regency, Central Java, 57554. The reason for selecting Mojolaban Community Health Center as the research site is that this health center exhibits issues related to the disparity between the Service Quality Index (SKM) score and the actual conditions in the field. This disparity is suspected to be due to limitations in the customer satisfaction assessment questionnaire, and the location has never been used as a research subject for the same topic.

This research employs a descriptive quantitative approach. Data collection in this study was conducted using a survey method through questionnaires. In this study, primary data consists of the results of the ESFQ (Expected Service Frequency Questionnaire) and ESDQ (Expected Service Delivery Questionnaire) questionnaires, as well as data on the Level of Importance and Level of Satisfaction at Mojolaban Community Health Center (Questionnaire). Furthermore, secondary data was obtained from sources outside the organization under study. In this research, the secondary data sources include the 2023/2024 Service Quality Index (SKM) Report of Mojolaban Community Health Center, books on customer satisfaction, articles on public services and customer satisfaction, health journals, and internet sites related to the research topic. The data analysis techniques used in this study are Improvement Gap Analysis (GAP) and Customer Satisfaction Index (CSI).

The calculation of Improvement Gap Analysis (IGA) is performed according to the following equation:

$$\boldsymbol{AESFQ} = \frac{\sum_{i=1}^{i} ESFQ}{n} \quad \textbf{(2.1)}$$

$$\boldsymbol{AESDQ} = \frac{\sum_{i=1}^{i} ESDQ}{n} \quad \textbf{(2.2)}$$

$$\boldsymbol{ACS} = \frac{\sum_{i=1}^{i} CS}{n} \quad \textbf{(2.3)}$$

Explanation

n = number of valid questionnaire responses

ESFQ = functional attribute value
ESDQ = dysfunctional attribute value
AESFQ = average attribute value in functional questionnaire
AESDQ = average attribute value in dysfunctional questionnaire
CS = current satisfaction
i = i-th Attribute

The Improvement Gap (IG) for each attribute (k) can be calculated as follows:

$$IG = AESFQk - ACSk \text{ ……..(2.4)}$$

The IGA matrix is mapped using standardized values of IGk and AESDQk as the X-axis and Y-axis, respectively. The standardized values for IG_k and AESDQk are calculated using the following equations:

$$StdIGk = \frac{IGk - \overline{IG}}{\sigma IG} \text{ ……..(2.5)}$$
$$StdAESDQk = \frac{\overline{AESDQ} - AESDQk}{\sigma AESDQ} \text{ ……..(2.6)}$$

Next, the steps to calculate the Customer Satisfaction Index (CSI) value are as follows:

1) Determining the Mean Importance Score (MIS) for each variable
$$MISk = \sum_{i=1}^{n} \frac{ISk}{n} \text{ ……(2.7)}$$
Explanation:
MIS = the average importance level score for each attribute
IS = the i-th importance score
n = the number of valid questionnaire responses
k = the k-th attribute

2) Determining the Weight Factors (WF) for each variable.
This weight represents the percentage value of each variable's MIS relative to the total MIS of all variables.
$$WFk = \frac{MISk}{\sum_{i=1}^{n} MISk} \; x \; 100\% \text{ .....(2.8)}$$
Explanation:
MIS = mean importance score for each attribute
n = number of valid questionnaire responses
k = k-th attribute

3) Calculating the Mean Satisfaction Score (MSS) for each attribute
$$MSSk = \frac{\sum_{i=1}^{n} SSk}{n} \text{ ……(2.9)}$$
Explanation:
MSS = mean satisfaction score for each attribute
SS = satisfaction score
n = number of valid questionnaire responses
k = k-th attribute

4) Calculating the Weighted Score (WSk) for each variable.
This weight represents the product of WFk multiplied by MSSk.
$$WSk = WFk \; x \; MSSk \text{ ……(2.10)}$$

5) Calculating the Customer Satisfaction Index (CSI).

The Customer Satisfaction Index (CSI) value is obtained using the following equation:

$$CSI = \frac{\sum_{k=1}^{p} WSk}{HS} \; x \; 100\% \; \textbf{.....(2.11)}$$

Explanation:
HS = (High Scale) The maximum scale used
WSk = Weighted Score for each attribute

Table 1
Intepretation CSI Values

NO	CSI VALUE (%)	EXPLANATION
1.	81% - 100%	Very Satisfied
2.	66% - 80,99%	Satisfied
3.	51% - 65,99%	Quite Satisfied
4.	35% - 50,99%	Less Satisfied
5.	0% - 34,99%	Not Satisfied

Source: (Mintarto, 2017); (Fitriana et al., 2014)

Next, the steps to calculate the Customer Satisfaction Index (CSI) value are as follows: The sampling technique used was non-probability sampling with incidental sampling technique. According to Sugiyono (2013), incidental sampling is a sampling determination technique based on chance, meaning anyone who coincidentally meets the researcher can be used as a sample. Respondents were selected by chance with special criteria: if elderly, then the questionnaire was filled out by their companion. Similarly, for children or adolescents, the questionnaire was completed by their parents. Questionnaires were distributed directly with a data collection period of one month. The sample was calculated using Slovin's formula with a total of 80 respondents. For validity testing, the Pearson product-moment correlation formula was used. Meanwhile, reliability testing employed Cronbach's Alpha

Results and Discussion

Research Findings

The primary data collection method was conducted by distributing questionnaires consisting of open-ended and closed-ended questions. The open-ended questions were used to identify respondent demographics, while the closed-ended questions required respondents to select one available answer for each question. Secondary data was obtained from external sources related to the research subject, including books, articles, journals, and relevant internet sources.

Validity testing was performed using questionnaire results from 30 respondents, with a 5% significance level. The critical r-value can be found in the r-table: df = 30, $rtable$ = 0.361. To ensure accuracy in the validity test, the r-value was calculated using SPSS 25 software.

Table 2
Validity Test Results of IGA Questionnaire

Dimensions	Attributes	rCount				rTable
		ESFQ	ESDQ	Importance Level	Satisfaction Level	
Tangibles/Physical Evidence	F1	0,817	0,585	0,744	0,570	0,361
	F2	0,780	0,711	0,700	0,569	0,361
	F3	0,592	0,608	0,754	0,505	0,361
Reliability/Dependability	H1	0,859	0,678	0,677	0,838	0,361
	H2	0,645	0,617	0,707	0,649	0,361
	H3	0,697	0,505	0,776	0,765	0,361
	H4	0,651	0,508	0,767	0,675	0,361
	D1	0,660	0,575	0,764	0,807	0,361

Responsiveness/Promptness	D2	0,750	0,523	0,684	0,796	0,361
	D3	0,700	0,546	0,749	0,815	0,361
Assurance/Guarantee	J1	0,592	0,586	0,850	0,759	0,361
	J2	0,678	0,525	0,815	0,877	0,361
	J3	0,792	0,670	0,815	0,757	0,361
Empathy/Understanding	E1	0,714	0,550	0,764	0,816	0,361
	E2	0,743	0,721	0,745	0,825	0,361
	E3	0,690	0,640	0,640	0,813	0,361

Based on the validity test results of the IGA questionnaire in Table 2, it can be concluded that the research data is normally distributed with a 5% significance level. Subsequently, the Cronbach's Alpha reliability test was conducted. To obtain reliable results, SPSS 25 software was used, which generated Cronbach's Alpha output. An instrument is considered reliable if its reliability coefficient value is > 0.60. The processed reliability test results using SPSS 25 software are presented in Table 3.

Table 3
Reliability Test Results

Questionnaire	Cronbach Alpha	Coefficient Value	Exp
ESFQ	0,932	0,60	Reliabel
ESDQ	0,878	0,60	Reliabel
Importance Level	0,943	0,60	Reliabel
Satisfaction Level	0,945	0,60	Reliabel

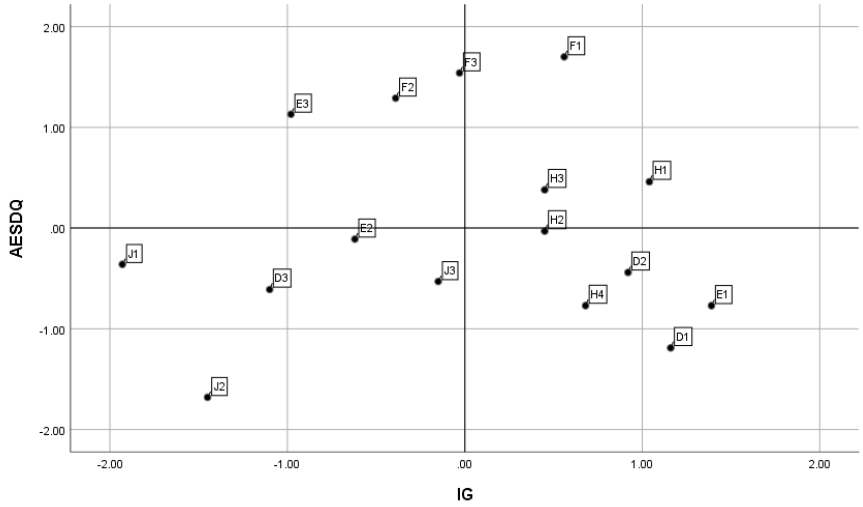
The reliability test was conducted on four types of questionnaires: ESFQ, ESDQ, Importance Level, and Satisfaction Level. The results showed that all questionnaires were reliable. Subsequently, IGA data processing was performed to analyze and standardize the data. The results of the IGA data processing can be seen in the SPSS calculation table.

Table 4
Results of IGA Data Processing

No	Attribute	Dimension	CS	AESDQ	AESFQ	IG	IGk	AESDQk
1	F1	Tangibles/Physical Evidence	11,00	-7,56	12,13	1,13	0,56	1,70
2	F2		10,94	-7,25	11,56	0,63	-0,39	1,29
3	F3		10,13	-7,44	10,94	0,81	-0,03	1,54
4	H1	Reliability/Dependability	10,13	-6,63	11,50	1,38	1,04	0,46
5	H2		10,13	-6,25	11,19	1,06	0,45	-0,03
6	H3		10,25	-6,56	11,31	1,06	0,45	0,38
7	H4		9,19	-5,69	10,38	1,19	0,68	-0,77
8	D1	Responsiveness/Promptness	8,75	-5,38	10,19	1,44	1,16	-1,19
9	D2		9,38	-5,94	10,69	1,31	0,92	-0,44
10	D3		10,19	-5,81	10,44	0,25	-1,10	-0,61
11	J1	Assurance/Guarantee	10,69	-6,00	10,50	-0,19	-1,93	-0,36
12	J2		10,25	-5,00	10,31	0,06	-1,45	-1,68
13	J3		10,19	-5,88	10,94	0,75	-0,15	-0,53
14	E1		9,75	-5,69	11,31	1,56	1,39	-0,77

No	Attribute	Dimension	CS	AESDQ	AESFQ	IG	IGk	AESDQk
15	E2	Empathy/Und erstanding	10,31	-6,19	10,81	0,50	-0,62	-0,11
16	E3		10,69	-7,13	11,00	0,31	-0,98	1,13

From the processed data results presented in Table 4, the standardized values of the Average Expectation Disfunctional Question (AESDQk) and the standardized Improvement Gap (IGk) values are displayed in the IGA matrix.



The following is the explanation of the IGA matrix:

1. Quadrant I (critical attribute)
   F1: The examination room does not appear clean and tidy
   H1: Officers perform examinations with insufficient accuracy
   H3: Officers prescribe medications that do not adequately match the complaints
2. Quadrant II (keep current performance)
   F2: Healthcare workers' appearance does not look neat
   F3: The equipment used is incomplete
   E3: Officers are unwilling to explain about the patient's illness
3. Quadrant III (neutral attribute)
   D3: Officers are insufficiently prepared to respond to patient complaints
   J1: Officers are not friendly enough in service delivery
   J2: Officers hesitate in providing services
   J3: Officers lack competent skills
   E2: Officers lack good communication skills
4. Quadrant IV (excitement attribute)
   H2: Officers provide convoluted and difficult-to-understand information
   H4: Officers are insufficient in making quick and appropriate decisions
   D1: Officers are not quick enough in responding to complaints
   D2: Officers are less capable of prioritizing immediate actions
   E1: Officers do not give patients opportunity to ask questions

Next, CSI data processing, from the questionnaire results obtained, data compilation and calculation were then performed to determine the Customer Satisfaction Index (CSI) value. The data obtained from the questionnaire is divided into two types: importance level data and satisfaction

level data. For both data sets, the mean importance score for each attribute (Mean Importance Score - MIS), Weight Factor (WF), Mean Satisfaction Score (MSS), and Weight Score (WSk) were calculated. The CSI data processing results can be seen in Table 5.

Table 5
CSI Data Processing Results

NO	Attribute	MIS	MSS	WF	WSk
1	F1	5,50	2,20	6,43	14,14
2	F2	5,44	2,19	6,35	13,90
3	F3	5,33	2,03	6,22	12,60
4	H1	5,38	2,03	6,28	12,72
5	H2	5,39	2,03	6,30	12,75
6	H3	5,40	2,05	6,31	12,93
7	H4	5,29	1,84	6,18	11,35
8	D1	5,40	1,75	6,31	11,04
9	D2	5,43	1,88	6,34	11,89
10	D3	5,41	2,04	6,32	12,87
11	J1	5,38	2,16	6,29	13,61
12	J2	5,32	2,05	6,21	12,73
13	J3	5,28	2,04	6,17	12,57
14	E1	5,23	1,95	6,11	11,91
15	E2	5,35	2,06	6,25	12,89
16	E3	5,09	2,14	5,94	12,71

Based on the CSI data processing in Table 5, the Mean Importance Score (MIS) was obtained using Equation (2.7), the Weight Factor (WF) was calculated using Equation (2.8), the Mean Satisfaction Score (MSS) was derived using Equation (2.9), and the Weight Score (WSk) was determined using Equation (2.10).

Discussion

Based on the results of the Importance-Gap Analysis (IGA), an analysis will be conducted to determine recommendations for improving service quality at the Mojolaban Community Health Center. The final output of the IGA is a Cartesian diagram divided into four quadrants. Quadrant I consists of attributes with high Importance-Gap (IG) values and high dissatisfaction scores in the dysfunctional questions (AESDQ). According to the Cartesian diagram, three attributes fall into Quadrant I: F1, H1, and H3.

Attribute F1 indicates that the examination room does not appear clean and tidy, as evidenced by slightly dusty floors and messy tables. In healthcare settings, maintaining cleanliness is crucial. As explained by Hung et al. (2020), inadequate hospital cleaning can contribute to the cross-transmission of pathogens. Implementing effective cleaning practices is essential for ensuring a safe hospital environment for patients.

Next, attribute H1 falls into Quadrant I, stating that healthcare workers perform examinations less accurately. According to Al-Mahrei et al. (2024), accurate diagnosis is vital for effective treatment and resource management in healthcare. This depends on the ability of healthcare workers to conduct proper clinical examinations and adhere to diagnostic guidelines. Attribute H1 is related to attribute H3, which states that healthcare workers provide medication that does not fully match the patient's complaints. Richardson (2014) emphasizes that accurate clinical examinations are crucial in reducing overdiagnosis and overtreatment. Precise examinations can enhance patient trust and foster good relationships, thereby minimizing unnecessary referrals and investigations.

Quadrant II contains three attributes: F2, F3, and E3. Attributes in this quadrant have high AESDQ scores but low IG values. These attributes are considered to have good performance and do not require immediate improvement. However, the Mojolaban Community Health Center must remain cautious to prevent any decline in performance. Maintaining performance is essential for enhancing the Community Health Center's reputation. As noted by Madiniah et al. (2022), a positive image and reputation serve as key factors in influencing public trust and participation in health programs. Although performance is satisfactory, improvements can still be made if necessary.

Among the attributes in Quadrant II, F2 states that healthcare workers' appearance does not look neat. According to Dekker et al. (2017), a tidy appearance emphasizes adherence to dress codes, which can enhance professionalism, patient trust, and overall healthcare quality. Attribute F3 indicates that the equipment used is incomplete. Battini et al. (2022) highlight the importance of providing high-quality care, which supports healthcare professionals in effectively managing patient needs and improving overall health services. Additionally, attribute E3 states that healthcare workers are unwilling to explain the patient's condition. Although Quadrant II attributes generally perform well, attribute F3 needs optimization, particularly regarding the use of more complete equipment, as explained by (Battini et al., 2022).

Quadrant III includes five attributes: D3, J1, J2, J3, and E2. Attributes in this quadrant have low IG values and low dissatisfaction scores in AESDQ questions. The presence or absence of these attributes does not significantly affect patient satisfaction or dissatisfaction. However, improvements can still be made if necessary. According to respondents, attributes D3, J1, J2, J3, and E3 represent standard expectations, such as healthcare workers being readily available to address patient complaints (D3), communicating effectively (E3), displaying friendly attitudes (J1), demonstrating competence (J3), and providing services confidently (J2). Wijayanti & Angelita (2024) emphasize that friendly attitudes and effective communication from healthcare workers are essential as they foster openness and patient trust in sharing personal health information. Patients naturally prefer examinations conducted by competent healthcare professionals, ensuring accuracy and alignment with their complaints.

Quadrant IV consists of five attributes: H2, H4, D1, D2, and E1. These attributes have high IG values but low dissatisfaction scores. Quadrant IV is considered the "excitement" quadrant, meaning that while the absence of these attributes does not cause dissatisfaction, their presence enhances patient satisfaction. Among these attributes, H2 states that healthcare workers provide convoluted and unclear information. Effective communication is crucial for building patient trust (Wijayanti & Devi, 2024). Attribute H4 indicates that healthcare workers are slow in making quick and precise decisions. Effective communication and strong interpersonal relationships can improve the accuracy of health examinations, enabling faster and more accurate decision-making. Similarly, attribute D1 highlights that healthcare workers respond slowly to complaints, D2 indicates an inability to prioritize urgent actions, and E1 states that healthcare workers do not allow patients to ask questions. Improvements in Quadrant IV attributes can be made by enhancing effective communication with patients.

The Customer Satisfaction Index (CSI) calculation results provide an overall measure of customer satisfaction by assessing the importance of each attribute in a product or service. With a CSI score of 33.77, customer satisfaction falls into the "Dissatisfied" category based on the interpretation in Table 1. This is supported by findings from the Public Satisfaction Survey, which recorded complaints such as: "the blood pressure room is hot," "health workers should be more patient with impatient patients," "please provide syrup medicine for children who struggle with powdered medication," "please add more toilet facilities," and "too frequent queue calls." These complaints indicate low service quality. According to Roro et al. (2024), maintaining patient satisfaction is critical as it enhances healthcare service quality, fosters trust and commitment, and improves overall patient experience. Satisfied patients are more engaged with services, leading to better health outcomes and operational efficiency.

Service improvement is a top priority for the Mojolaban Community Health Center. Enhancing service quality is essential for sustaining operations. Based on the Public Satisfaction Survey (SKM) Report for the First Semester of 2023 in Sukoharjo Regency (Sekretariat, 2023), key areas for improvement include: service time, service products, and service requirements. Each aspect will be addressed with specific action plans.

For service time, planned measures include evaluating service completion timelines, monitoring healthcare workers' performance from start to finish, and increasing online registration socialization. This aligns with the findings of Findari & Nugroho (2019), who suggest that optimizing service wait times at Community Health Center can be achieved through simulations, with the best scenario being the addition of operators across all units.

For service products, the Mojolaban Community Health Center will review available services to ensure compliance with applicable standards. Additionally, service products will be promoted to the public through various media, such as the Public Service Information System (SIPP), leaflets, brochures, and posters. Papadopoulos (2024) emphasizes that service product reviews are crucial for maintaining quality standards, ultimately impacting customer satisfaction and loyalty.

Regarding service requirements, a review of service standards will be conducted, particularly concerning requirements for each service unit. This ensures compliance with regulations for Primary Healthcare Facilities (FKTP). Furthermore, service requirements will be widely disseminated through available information channels. Continuous evaluation of these aspects is vital for comprehensive service quality improvement, thereby enhancing the reputation and success of the Mojolaban Community Health Center (Papadopoulos et al., 2024).

Conclusion

Based on the data analysis results in this study regarding Service Quality toward Customer Satisfaction, it can be concluded that there are still several aspects of service that need improvement. The results of the Improvement Gap Analysis (IGA) indicate that the attributes requiring improvement are Reliability, specifically H1, which states that officers are less accurate in conducting examinations, and H3, where officers provide medication that does not fully match the patient's complaints. Additionally, under the Tangible or physical evidence attribute, F1 indicates that the examination room does not appear clean and tidy. Meanwhile, the results of the Customer Satisfaction Index (CSI) analysis show a score of 33.77, categorized as Dissatisfied. This value was obtained from calculations using the CSI formula by comparing the level of importance and the level of patient satisfaction with the service. Furthermore, the Mojolaban Community Health Center has designed improvement plans for three priority service elements: service time, service products, and service requirements. The efforts include evaluating service completion time, monitoring officers, promoting online registration, reviewing service products in accordance with service standards, disseminating service information through various media, as well as reevaluating and resocializing service requirement standards to the public. These steps are expected to improve service quality and overall customer satisfaction.

References

Almansour, M., Alyami, M. H., Ali, F., & Alsulaiman, S. (2024). Accuracy comprehensive review of diagnostic accuracy in healthcare services. *Journal of Ecohumanism, 3*, 2339–2348. https://doi.org/10.62754/joe.v3i8.4978

Battini, B., Kandula, U. R., Murugesan, R., Inapagolla, S., & VijithaVinni, G. (2022). Medical equipment: A brief insight on commonly use-in all health care settings. *International Journal of Advance Research in Medical Surgical Nursing, 4*(2), 01–19. https://doi.org/10.33545/surgicalnursing.2022.v4.i2a.90

Dekker, M., Caris, M. G., Van Gunsteren, A. M., Van Mansfeld, R., Lucas, C., & Vandenbroucke-Grauls, C. M. J. E. (2017). Effectiveness of a behavioral approach to improve healthcare worker compliance with hospital dress code. *Infection Control and Hospital Epidemiology, 38*(12), 1435–1440. https://doi.org/10.1017/ice.2017.233

Fitriana, D., Florencia, D., & Tanto, D. (2014). Pengukuran kepuasan kontraktor terhadap kinerja klien pada proyek konstruksi swasta. *Jurnal Karya Teknik Sipil, 3*(1), 283–295.

Findari, W. S., & Nugroho, Y. A. (2019). Optimasi sistem antrian pada layanan kesehatan masyarakat menggunakan pendekatan simulasi. *Jurnal Manajemen Industri Dan Logistik, 3*(1), 14–22. https://doi.org/10.30988/jmil.v3i1.41

Hung, I. C., Chang, H. Y., Cheng, A., Chen, M. W., Chen, A. C., Ting, L., Lai, Y. H., Wang, J. T., Chen, Y. C., & Sheng, W. H. (2020). Implementation of human factors engineering approach to improve environmental cleaning and disinfection in a medical center. *Antimicrobial Resistance and Infection Control, 9*(1), 1–8. https://doi.org/10.1186/s13756-020-0677-1

Indrasari, M. (2019). *Pemasaran dan kepuasan pelanggan*. Unitomo Press.

Kotler, P., & Keller, K. L. (2016). *Marketing management, business communication*. Pearson.

Lovelock, J. W. C. (2022). Service marketing mix. In *Encyclopedia of Tourism Management and Marketing*. https://doi.org/10.4337/9781800377486.service.marketing.mix

Madiniah, S., Salas, H. J., & Hermansah, T. (2022). Strategi komunikasi efektif dalam meningkatkan pelayanan kesehatan guna membangun citra dan reputasi di masyarakat. *Komsospol, 2*(2), 62–73. https://doi.org/10.47637/komsospol.v2i2.1110

Mintarto, R. (2017). *Analisis kualitas pelayanan pada ritel dengan pendekatan retail service quality scale (RSQS), customer satisfaction index (CSI) dan improvement gap analysis (IGA)* (Master's thesis). Universitas Islam Indonesia.

Papadopoulos, D., Karipoglou, G., Glykas, M., & Dima, T. (2024). Service quality in business excellence maturity assessment. In *9th International Scientific Business Conference LIMEN 2023* (pp. 51–58). https://doi.org/10.31410/LIMEN.2023.51

Richardson, B. (2014). Clinical examination is essential to reduce overdiagnosis and overtreatment. *BMJ, 348*. https://doi.org/10.1136/bmj.g2920

Roro, R., Soraya, A., & Suhud, U. (2024). The implementation of a customer relationship management system to improve BPJS patient satisfaction at Penjaringan Health Center. *Journal of Economics Management and Trade, 30*(12), 64–79.

Sari, E. K. (2019). Faktor-faktor yang mempengaruhi kualitas pelayanan terhadap kepuasan pasien di Rumah Sakit Umum Doloksanggul. *Journal Information, 10*, 1–16.

Sekretariat. (2023). *Laporan survei kepuasan masyarakat Pemerintah Kabupaten Sukoharjo Semester I Tahun 2023*.

Sugiyono. (2013). *Metode penelitian kuantitatif dan kualitatif serta R&D* (19th ed.). Alfabeta.

Tjiptono, F., & Diana, A. (2015). *Pelanggan puas? Tak cukup!* (Vol. 978). https://opac.perpusnas.go.id/DetailOpac.aspx?id=1172802

Tontini, G., & Picolo, J. D. (2010). Improvement gap analysis. In *Managing Service Quality (Vol. 20, Issue 6)*. https://doi.org/10.1108/09604521011092893

Wijayanti, D., & Angelita, G. (2024). Interpersonal communication between medical personnel in persuading prospective patients to conducting MCU in the Medical Check Up Unit (Case Study at Moh Ridwan Meuraksa Class II Hospital). *International Journal of Research and Innovation in Social Science, VII*(XII). https://doi.org/10.47772/IJRISS.2024.8120194

Wiranto, I. (2022). *Analisis kualitas pelayanan di Hotel Tiara Dengan Menggunakan Metode Service Quality (Servqual) dan Improvement Gap Analysis (IGA)*. Universitas Teuku Umar.