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Assessing Healthcare Service Quality with HEALTHQUAL Method and IPA (Case Study: Hasanah Clinic Samarinda)

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A B S T R A C T

Hasanah Clinic Samarinda (KHS) is one of the clinics that provides health services, especially in labor, ultrasound, and MCH services. The purpose of this study was to determine the size of service quality based on the value of the performance level and the level of importance of the HEALTHQUAL attributes, and provide suggestions for improvement based on the priority of IPA diagram improvements at the KHS. The method used to determine the size of service quality is HEALTHQUAL with dimensions of empathy, tangible, safety, efficiency, and improvement. IPA diagrams are used to determine attributes that are prioritized for service quality improvement. From the results of this study, based on measurements with the HEALTHQUAL method at the level of importance obtained that all attributes fall into the category of very important with an average of 4.460. The overall performance level attributes are categorized into the good category with an average of 4.030. Based on the IPA diagram, it is known that five attributes are included in quadrant one which is a priority for improving the service quality. Some suggestions for improvement include making brochures about explanations that are less conveyed, increasing the ability of each midwife, providing financial assistance to medical staff who are deemed necessary to attend training, improving the quality of medical equipment, etc. With this research, it will have a good impact on the health services provided by KHS, because with this research KHS can find out what service attributes are lacking, so that KHS can seek improvements to these service attributes based on the assessment of the level of performance and level of importance.

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1. INTRODUCTION

Health services are one form of public service in the context of fulfilling service needs for every citizen and resident for goods, services, and administrative services provided by public service providers. The purpose of health services is to meet the needs of individuals or communities to overcome, neutralize or

normalize all problems or all deviations regarding health that exist in society (Permenkes, 2019). Clinics are smaller medical facilities that serve specific complaints and specialize in outpatient health services. Their existence in the community is essential because clinics can provide health facilities and services of almost the same quality as hospitals, but usually at a quietly affordable cost (Riduansyah, 2020).

Hasanah Clinic Samarinda, located at Patimura Street Number 26, Samarinda Seberang, is one of the primary clinics in Samarinda. This clinic provides several health services, including 24-hour delivery, ultrasound, general practitioner, dentist, obstetrician, laboratory, pharmacy, family planning- immunization, baby care & spa, and circumcision. Based on the results of interviews with three patients, they stated that the quality of service at the Hasanah Clinic Samarinda was quite good, especially in labor and delivery services, but some facilities were still unavailable compared to facilities in other health services, including postpartum measurement tools that did not exist, and incomplete tools, patients also felt that the services provided in providing services were still less reliable, as well as passive communication. In addition to facilities such as medical devices that are still incomplete, there are other problems, such as the lack of labor rooms. The results of interviews with midwives at the Hasanah Clinic Samarinda stated that there were still several positions in the clinic that still unavailable, made other employees had to work outside their job description, such as the absence of management, accounting, finance, and security at the Hasanah Clinic Samarinda. The number of clinic employees in labor services is also still considered insufficient.

High service quality is a demand, not only in business activities but also in health activities. Good service quality will contribute to patient satisfaction, while patient dissatisfaction will decrease the number of patients using the clinic. The quality of service provided by the clinic will be well-performed if the patient is satisfied with the services and what the patient expects. However, if the services do not fulfill the patient's expectations, then the quality of service is poorly performed. Therefore, this study aims to measure service quality at the Hasanah Clinic Samarinda, which has never been done at the clinic. According to Lee (2017), in general, service quality is measured by the SERVQUAL method, which consists of five dimensions, namely Tangibles, Empathy, Reliability, Responsiveness, and Assurance. The main principle of quality and performance improvement. Service in service industries such as health is a concern for patients. Patients , being external customers, expect to recover from illness and feel and assess how they are treated in the service process. SERVQUAL method is a popular service quality measurement model used. SERVQUAL is formed on the comparison of two main factors, namely customer perceptions of the factual service they receive (perceived service) with the expected service. Service quality measurement in the SERVQUAL model is based on a multi-item scale designed to measure customer expectations and perceptions, also the gap between the two on the five dimensions of service quality (Tjiptono, 2019).

The data analysis method used to measure service quality is by checking the validity and reliability of the data, classical assumption test consisting of; Normality test, multicollinearity test, heteroscedasticity test, multiple linear aggression analysis to determine the effect of independent variables consisting of tangible (X1), reliability (X2), responsiveness (X3), assurance (X4), and empathy (X5) on the dependent variable, namely patient satisfaction (Y). This analysis is used to measure the effect of service quality on inpatient satisfaction at the Merauke Regency Dearah General Hospital using a level of significance (a) of 5% (Kosnan, 2020). The Service Quality (SERVQUAL) method is a service quality measurement method that can find out which aspects of service quality need improvement and this method is also able to translate consumer expectations that are still not accommodated so that it is necessary to improve the quality of service provided. As for this research, the method used is the HEALTHQUAL method which is a development of the SERVQUAL method, where this method is a suitable method for measuring services in health services themselves compared to using the SERVQUAL method (Riduansyah, 2020). This research was

also conducted because until now there has never been a measurement of the quality of health services at KHS, which makes KHS not know exactly what service attributes need to be improved, so this research will have a good impact on KHS to be able to find out which attributes are prioritized for future improvements so that the health services provided by KHS become better. As written by Lee (2017), the dimensions of service quality with the HEALTHQUAL consist of empathy, physical evidence (tangible), safety, efficiency, and degree of improvement of care services. The difference between SERVQUAL and HEALTHQUAL lies in the dimensions used, where the dimensions used as mentioned above, there are aspects of safety, aspects of efficiency, and aspects of the degree of improvement of care services in the HEALTHQUAL method which are not in the SERVQUAL method. Prioritization of improvements can be done using the IPA method. The purpose of IPA as a diagnostic tool is to make it easier to identify attributes based on their respective importance, whether the product or service is underperforming or overperforming, for this purpose, the interpretation of product or service performance is displayed on a graph (cartesian degree graph) which has four quadrants, namely quadrant A, quadrant B, quadrant C, and quadrant D. Identification of attributes based on the IPA method where quadrant B, quadrant C, and quadrant D. The attributes identified based on the IPA method where quadrant A is the Top Priority (Concentrate Here), quadrant B is Keep Up The Good Work, Quadrant C is Low Priority, and Quadrant D is Possibly Overkill (Hidayat et al., 2021).

2. LITERATURE REVIEW

According to Fatihudin & Firmansyah (2019), service quality is a level of excellence that is expected and control over that level of excellence to meet customer desires. Quality is often equated with quality, that quality is the same as quality where quality is the overall characteristic of a product or service attribute that affects its ability to satisfy stated or implied needs. Service quality is the fulfillment of the needs and desires of customers and the accuracy of product delivery to balance customer expectations. The two main factors that influence service quality are expected service and perceived service. Service quality is not only felt by external customers but also by internal customers, namely employees because employees are also organizational assets that are very important for organizational progress (Wilujeng et al., 2019).

According to Devani & Darma (2019), service Quality is a tool or method used to measure service quality based on five dimensions of service quality by analyzing the gap that occurs due to a mismatch between customer expectations and perceptions of the quality of service received. The five dimensions in question are reliability, which is the ability to carry out the promised service promptly, accurately, and satisfactorily, then responsiveness, which is to provide services responsively and care about customer complaints, assurance is such competence as to provide a sense of security from danger, risk, or doubt, empathy is the nature and ability to give full attention to customers, and finally, the tangible dimension is a form of physical reality which includes facilities, equipment, employees and means of information or communication.

Service quality development is widely used as a reference in marketing research. The development of service quality models is carried out in repair research, credit cards, insurance, banking, brokers, hospitals, and others. Service quality is built based on customer perceptions of the services they receive (perceived services) with the services they expect (expected service) (Halim et al., 2021). As for this research, the measurement of service quality focuses on the health services provided at the clinic, and to focus on measuring the quality of these services, a measurement method is used that is by the service to be measured, and in this case, the service being measured is health services so that the appropriate method for making measurements is the HEALTHQUAL method which is a development of the SERVQUAL method itself. The dimensions used in measurement with the HEALTHQUAL method also have differences with SERVQUAL.

Importance Performance Analysis (IPA) was first introduced by Martila and James in 1977. This method is intended as a framework for

understanding customer satisfaction as a function of expectation (importance or level of importance) related to an attribute and customer assessment of organizational performance (performance) seen from related attributes. That the IPA method can provide important information to service industry managers in the form of both customer satisfaction measures and efficient resource allocation, both in an easy-to-implement format (Winarno & Absror, 2017). Based on research by Riduansyah (2020), the attributes included in the quadrant one diagram are quadrants for attributes that are prioritized for improvement, namely public facilities (eg toilets, waiting rooms) are comfortable, employees give greetings when meeting for the first time with patients, large parking lots, employees serve patient complaints quickly, employees provide information on actions to be taken, and employees provide sufficient service time to consumers. As for this study, what is included in quadrant one is the completeness of the explanation to the patient, the skills and knowledge of the KHS medical staff, the level of confidence that doctors will not make mistakes in diagnosing, the level of confidence that midwives will not make mistakes in providing health services, and confidence in the medical abilities of KHS.

3. RESEARCH METHOD

This research was conducted at the Hasanah Clinic Samarinda, Samarinda Seberang, Samarinda City, East Kalimantan, 75113. Based on the problems that occur at KHS, below will be described the methods that will be used to be able to solve these problems. We will measure the quality of health services at KHS, and prioritize the health service attributes that need to be improved first at KHS. In this study, the population is all patients who have used health services at the Hasanah Clinic Samarinda. The sampling method used is the purposive sampling method, namely random sample selection based on specific criteria applied based on research objectives.

In this study, the population is around to be 5460 people. The population was obtained from patient data at the Hasanah Clinic Samarinda, where the number of patients from 2021 to 2022 is 5460 people. Therefore, the researchers used the Slovin formula to determine the number of samples that would be the target of the study (Dodi Sukma R.A et al., 2021). The formula used is :

$$n = \frac{N}{1+N\,(e)^2}$$

$$n = \frac{5460}{1+5460\,(0,1)^2}$$

$$n = 98 \text{ respondents}$$

respondents were rounded up to 100 respondents.

The data processing stage is carried out after obtaining data from the previous stage. This stage consists of several tests and calculations, including the following:

Validity test of performance level and importance level

The validity test of the performance level questionnaire and the patient's level of interest is to find out whether the questions on the questionnaire used are valid or not. The validity test is also a way to know whether the answers to this questionnaire can be used in research. The purpose of the validity test is to evaluate the results so that more valid results are acquired. The validity test can be performed in two ways, namely manually way or computerized using statistical applications. The condition for a valid measuring instrument is count value must be greater than the table value (Engkus, 2019). The validity test is done to determine the accuracy of each question distributed. This study used software, to find out the value of counting. It is known that the results of the validity test at the performance level and the level of importance are declared valid because R result> R table (Riyono et al., 2016) .

Reliability test of performance level and importance level

A measuring instrument is said to be reliable if it is reliable, consistent, or stable. The reliability test is intended to determine the extent to which the measurement results are consistent when measuring two or more times against the same symptoms using the same measurement tool. In this reliability test, some ways can be performed, but in this research, we used the Cronbach Alpha method. The measuring instrument is reliable if it has an alpha

coefficient greater than 0.60 (Engkus, 2019). The questionnaire is reliable if the result is greater than the r table (r result> r table), with r table. The greater the Cronbach alpha value, the higher the level of reliability of the research conducted. In this study, the calculation of the reliability test was carried out using the software. In this research, each dimension and attribute also has an alpha coefficient greater than 0.60, so the questionnaire can be said to be reliable (Alifah et al., 2020).

HEALTHQUAL (*Healthcare Service Quality*)

This method is used to determine the size of the performance level and the level of importance of the health services provided at KHS. This method can solve the existing problems, because by using this method KHS can find out the size of the quality of the services they provide to patients, and KHS can also find out how important these health services are to patients. After the questionnaire has been declared valid and reliable, the calculations of the performance level and importance level of patients based on the five dimensions of HEALTHQUAL are done. The score of each attribute is assessed at the performance level and the level of patient interest in the Samarinda Hasanah Clinic service. Each attribute will be measured by dividing the total value of each attribute by the total sample of respondents.

The design of the questionnaire was made to sort out the questions by the principles of questionnaire preparation. The questionnaire used in this study is a HEALTHQUAL service quality questionnaire which consists of two parts as follows:

a. Profile and characteristics of respondents, this section contains the identity of respondents, including age, gender, occupation, domicile, income, number of visits, health services performed, and length of time using health services.

b. The level of performance and level of importance, which consists of HEALTHQUAL service quality variables (empathy, tangible, safety, efficiency, and degree of improvement of care service) as stated in Lee (2017).

IPA (*Importance Performance Analysis*)

After measuring HEALTHQUAL on each attribute and obtaining the results. Furthermore, the prioritization of improvements is done using IPA. According to Kalijogo (2019), Importance *Performance Analysis* (IPA) is a method that categorizes customer perceptions of the *importance of* service aspects with customer perceptions of the *performance* of service aspects to identify services that need to be improved.

a.Determining HEALTHQUAL attribute categories in the IPA diagram

After the average value of each attribute is acquired, it shows which attribute has the highest and lowest performance level value, along with the importance level value. The way to see which attributes are the top priority to be improved is by using the Importance Performance Analysis (IPA) method by pairing the score of each dimension on the x-axis, and the weight of each dimension on the y-axis.

b. Determine the attributes that are included in the top priority for improvement

After each attribute is in the IPA diagram, the next step is to determine the attributes that are the main priority that must be improved, namely the attributes that are in quadrant A (top priority) in the diagram.

4. RESULT AND DISCUSSION

Calculation of Service Quality with the HEALTHQUAL method, namely by calculating the average score of the total number of performance level data values and the level of importance with the number of respondents with a Likert scale of 1-5 (Lee, 2017). As for the Likert scale at the level of importance with the information 1 = Very unimportant & Not Very Good, 2 = Not important & Not Good, 3 = Important Enough % Good Enough, 4 = Important & Good, and 5 = Very Important & Very Good. The average score of the level of importance is acquired from the average number of performance level values divided by the number of samples, namely 100 respondents. The table below can be seen as the results of the calculation of the average value on the performance level data.

Healthcare Service Quality of Hasanah Clinic Samarinda

Table 1 illustrates the average level of performance and importance of the service quality of the Hasanah Clinic Samarinda in each dimension, the HEALTHQUAL dimensions, namely empathy, tangible, safety, efficiency, and improvement. The calculation is done from

the overall value of each dimensional attribute divided by the number of respondent samples of 100 respondents. As we can see the results of each attribute in each dimension in Table 1 .

Table 1. Performance and importance level of service quality of Hasanah Clinic Samarinda

No	Dimensions	Attributes	$\bar{x}$	$\bar{y}$
1	*Empathy*	Employee courtesy to patients	4,18	4,54
2		Completeness of explanation to the patient	4,00	4,53
3		The ability of the Hasanah Clinic Samarinda to listen to patient complaints	4,04	4,54
4		Hasanah Clinic Samarinda's understanding and consideration of the patient's condition	4,02	4,40
5		The closeness and friendliness of the employees of the Hasanah Clinic Samarinda to patients	4,13	4,43
6		Hasanah Clinic Samarinda's ability to know what patients want	3,94	4,41
7		Hasanah Clinic Samarinda's understanding and empathy for patients' problems	3,97	4,44
8	*Tangible*	The sophistication of medical equipment at Hasanah Clinic Samarinda	3,61	4,44
9		Skills and knowledge of medical staff at Hasanah Clinic Samarinda	3,88	4,51
10		The comfort level of the facilities at Klinik Hasanah Samarinda	4,16	4,50
11		Cleanliness of employee uniforms	4,29	4,42
12		Overall cleanliness of Hasanah Clinic Samarinda	4,32	4,50
13	*Safety*	Level of comfort and safety of the environment for receiving health services	4,09	4,47
14		Level of confidence that the doctor will not make mistakes in diagnosing	3,93	4,53
15		Level of trust that midwives will not make mistakes in providing health services	3,92	4,52
16		Level of confidence in the medical skills of the Hasanah Clinic Samarinda	3,94	4,49
17	*Efficiency*	Hasanah Clinic Samarinda's efforts to not use unnecessary drugs	3,9	4,40
18		Hasanah Clinic Samarinda's efforts to provide appropriate services	4,18	4,54
19		Reasonableness of medical expenses	4,01	4,40
20		Appropriateness of fees for services provided	4,06	4,40
21		The comfort level of service procedures	4,2	4,41
22		Hasanah Clinic Samarinda's efforts to reduce unnecessary procedures	3,95	4,37
23	*Improvement*	Accuracy of treatment services provided by the Hasanah Clinic Samarinda	4,02	4,41
24		The level of effort of medical personnel to provide the best service	4,14	4,47
25		Level of service effort provided by medical personnel to improve medical conditions	4,02	4,44
26		The level of improvement in the patient's condition after receiving health services at the Hasanah Clinic Samarinda	4,05	4,42
27		Level of clarity of information on advanced disease prevention issues	3,96	4,43
28		The level of effort and willingness of Hasanah Clinic Samarinda to prevent disease	4,05	4,44

Hasanah Clinic Samarinda already has service quality categorized as "good" with a total average of 4.030 in terms of performance level and has service quality categorized as "very important" with a total average of 4.460 in terms of importance level. The performance level of service quality for each dimension can be seen in Fig. 1.

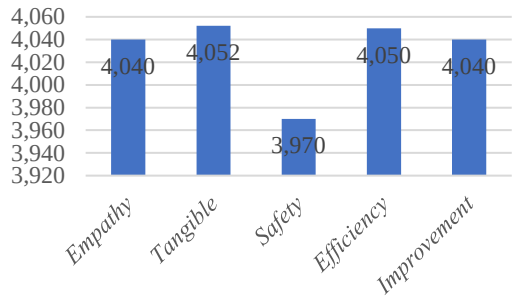

Fig. 1. Bar chart of service quality performance levels

Based on the results of the calculation of the average value of each attribute of each dimension, the total average value in the *empathy dimension is* 4.040, the *tangible dimension is 4*.052, the *safety dimension is* 3.970, the *efficiency dimension is 4*.050, and the *improvement dimension is 4*.040. It is known that each dimension is included in the interval with an average value of 3.41 to 4.21, meaning that each dimension of the service quality performance level of the Samarinda Hasanah Clinic has a "Good" category. The dimensions that have the highest value are the tangible and efficiency dimensions, the tangible dimension includes the physical appearance seen or felt by patients visiting KHS, and KHS itself has a standard operating procedure for cleanliness in the clinic environment. This is also supported by efforts from KHS to maintain the cleanliness of the surrounding environment by empowering the *cleaning service* at KHS. In addition to maintaining the cleanliness of the work environment area at KHS, clinic employees are also required to dress neatly and cleanly according to their work uniforms. The skills and knowledge of the medical staff are also part of the tangible dimension which is categorized as having good performance, and this is proven by KHS's efforts to obtain medical staff who are qualified in their fields by the criteria needed by KHS itself. The efficiency dimension includes attributes about the cost and accuracy of existing procedures. Starting in March 2022, KHS has opened services using BPJS Health. The opening of this service makes it easier for patients who want to get health services without having to overthink the costs they have to spend to get health services (Rahman, Syaiful dan Basri, 2018). With this service, some medical expenses and health service costs are also covered so that it is not burdensome for patients who want to visit. In addition to the costs that have been rated favorably by patients, KHS is also considered to have good performance with its health service procedures. Shortly, KHS will carry out Clinic accreditation, and one of the accreditation assessments is the existence of standard operating procedures at the clinic.

Table 2. Interval and criteria for respondent assessment

Score	Level	Conclusion
1,00 - 1,80	*Performance*	Not very good
1,81 - 2,60	*Performance*	Not good
2,61 - 3,40	*Performance*	Good enough
3,41 - 4,20	*Performance*	Good
4,21 - 5,00	*Performance*	Very good

Based on the calculation of the average value of each attribute of each dimension, the total average value in the *empathy dimension is* 4.316, the *tangible dimension is 4*.474, the *safety dimension is 4*.503, the *efficiency dimension is 4*.420, and the *improvement dimension is 4*.45. According It is known that each dimension is included in the interval with an average value of 4.21 to 5.00, meaning that each dimension of the level of importance of the quality of service of the Samarinda Hasanah Clinic has a "Very Important" category.

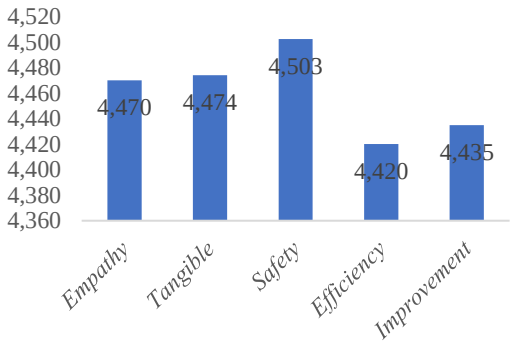

Fig. 2. Bar chart of importance level of service quality

As for the results of the calculation of the importance level value, it is known that the attribute that has the highest importance level value is the attribute of the Hasanah Clinic Samarinda's efforts to provide the proper service with an average value of 4.540, this attribute is included in the efficiency dimension. This is very important for patients because for patients their health and safety are paramount. Therefore, patients expect the services provided to patients to be effective and efficient services that are by health ministerial regulations and existing standard operating procedures. Then the value of the lowest level of importance is the attribute of the ability of the Hasanah Clinic Samarinda to know what patients want with an average value of 3.940, this attribute is included in the empathy dimension. This attribute is also included in the important interval but has the lowest importance value compared to other attributes. Patients are more concerned that the services they get must be by the procedure, not having to follow what the patient wants because the patient has left everything to the Hasanah Clinic Samarinda. Patients have also put their trust in the services provided to be by existing procedures.

Table 3. Interval and criteria for respondent assessment

Score	Level	Conclusion
1,00 - 1,80	Importance	Very unimportant
1,81 - 2,60	Importance	Not important
2,61 - 3,40	Importance	Important enough
3,41 - 4,20	Importance	Important
4,21 - 5,00	Importance	Very important

Importance Performance Analysis

Through the results of the calculation of the average performance level (X) and the level of importance (Y), each service attribute is shown in an IPA matrix that divides the health service attributes of the Hasanah Clinic Samarinda into four quadrants that require priority improvement or not. The IPA matrix of health services at the Hasanah Clinic Samarinda can be seen in Fig. 3.

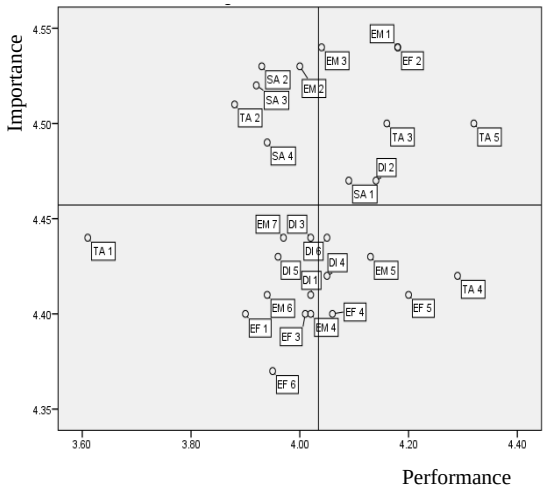

Fig. 3. IPA quadrant diagram

In the results of the IPA diagram mapping, the Hasanah Clinic Samarinda has advantages in several attributes. This is proven by the existence of several attributes that are in quadrant B, which means maintaining achievement. Where the attributes in this quadrant have values above the grand mean performance level and level of importance. Attributes included in this quadrant are the attributes of employee courtesy to patients (EM 1), the ability of the Hasanah Clinic Samarinda to listen to patient complaints (EM 3), the level of comfort of the Hasanah Clinic Samarinda facilities (TA 3), the overall cleanliness of the Hasanah Clinic Samarinda (TA 5), the level of comfort and safety of the environment for receiving health services (SA 1), the efforts of the Hasanah Clinic Samarinda to provide the right service (EF 2), the level of effort of medical personnel to provide the best service (DI 2).

The weakness of the Hasanah Clinic Samarinda is shown in several attributes located in quadrant A which means it is the top priority for improvement. Attributes included in this quadrant have a higher level of importance compared to the grand mean level of importance, but this attribute compared to the grand mean performance level has a value below the average. The attributes that have an average value are the attribute Completeness of explanation to patients (EM 2), Skills and knowledge of medical staff at the Samarinda Hasanah Clinic (TA 2), The level of confidence

that doctors will not make mistakes in diagnosing (SA 2), The level of confidence that midwives will not make mistakes in providing health services (SA 3), and The level of confidence about the medical capabilities of the Samarinda Hasanah Clinic (SA 4).

The improved attributes are based on IPA quadrant A, while the suggestions given below have been confirmed to KHS and will be used for evaluation and consideration in the future.

Table 4. Attributes and proposed improvements for the Hasanah Clinic Samarinda

No	Attributes	Proposed Improvements
1.	Completeness of explanation to the patient	-Making brochures about explanations that are less conveyed -Optimizing social media to convey information
2.	Skills and knowledge of KHS medical staf	-Provide financial assistance to medical staff who are deemed necessary to attend training. -Incentivize staff who have additional training certificates. -Conduct regular evaluations with medical staff
3.	Level of confidence that the doctor will not make mistakes in diagnosing	-Provision of more advanced ultrasound equipment -Establish good and correct communication when providing services and after ultrasound services.
4.	Level of trust that midwives will not make mistakes in providing Health services	-Establish a good relationship with patients when providing services and after service delivery -Motivate midwives from the KHS to improve their skills and knowledge.
5.	Beliefs about KHS medical capabilities	- Improve the ability of each midwife -Conduct regular evaluations such as once a week -Improving the quality of medical equipment

Based on this research, it is known that five attributes are prioritized for improvement by KHS. The proposed improvements can be seen in Table 4 above. Before this research, there had never been any research to measure the quality of services at KHS, so KHS could not know exactly what health services needed to be improved, with the measurement of the HEALTHQUAL method and prioritization of attributes that need to be improved with the IPA method will have a good impact on the health services provided by KHS.

5. CONCLUSION

The overall quality of health services at Hasanah Clinic Samarinda is in the 'good' category by an average of 4.030. As for the overall level of importance of service quality, it can be categorized as the 'very important' category with an average of 4.460. From the results of the IPA quadrant diagram, it is known that five attributes are included in quadrant one which need to be improved, the five attributes are the completeness of the explanation to patients in the empathy dimension, the skills and knowledge of the medical staff of the Hasanah Clinic Samarinda in the tangible dimension, the level of confidence that doctors will not make mistakes in diagnosing in the safety dimension, the level of confidence that midwives will not make mistakes in providing health services in the safety dimension, and confidence in the medical capabilities of the Hasanah Clinic Samarinda in the safety dimension. This research, has had a good impact on KHS, because with this research KHS knows the health service attributes that are lacking and are a priority for improvement, namely the health service attributes that are in quadrant one on the IPA diagram.

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