

FEASIBILITY STUDY OF SRIKANDI CLINIC DEVELOPMENT, SEMARANG - CENTRAL JAVA BASE ON SWOT AND SATISFACTION ANALYSIS

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ARTICLE INFO	ABSTRACT	ORIGINAL RESEARCH ARTICLE
Article History Received: June 2019 Accepted: June 2019 Keywords: Feasibility Study, SWOT Analysis, Satisfaction Analysis, Patient Services, External and Internal Environment Internal Analysis, Primary Health Facilities Corresponding author*	Objective: The Primary Srikandi Clinic is a first-class health service unit that serves the community in the West Semarang. Business development health service, a feasibility study is needed so that it has a policy direction and business development. Method: The research data was obtained based on secondary data, library studies, and direct observation as descriptive. The study was conducted in the West Semarang sub-district and patients at the Srikandi Clinic in April to May 2019 with 80 respondents. Research results: Based on the land and market suitability analysis, the Srikandi Clinic is in a very strategic location. The location of the clinic is in accordance with the Semarang City Spatial Plan and Regional Area. Based on the analysis of patient visits, the trend of patient visits at the Srikandi Clinic is increasing, while based on the analysis of the utilization of health insurance; patients at the Srikandi Clinic have a tendency to switch aid services for the poor to non-beneficiaries. The SWOT analysis for the Srikandi Clinic is a growth-oriented strategy with a strength-opportunity strategy. The Srikandi strategy approach of the clinical satisfaction analysis based on the tangible aspect parameters with the category was very satisfied with the highest score on the aspect of physician appearance 82.1%. The responsiveness level with the highest score was 94.6% in the very satisfied category, in the aspect of officer alertness in listening to patients the complaints aspect and the reliability of the highest score of 92.9% in the categorization was very satisfied. Conclusion: Srikandi Clinic can be upgraded to a type C hospital or main clinic based on Indonesian health regulations	

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INTRODUCTION

The Primary Clinic Establishment Law Number 44 of 2009 states that Primary clinics are primary Clinic institutions that conduct individual health services in a comprehensive manner that provide inpatient, outpatient and emergency services, with professional management of both medical services and

appropriate, rapid medical treatment and accurate. (President of the Republic of Indonesia. 2009) The Srikandi Clinical Development Plan is closely related to the population growth rate in the city of Semarang, which is increasing day by year with a population of 1,765,396 people with a comparison between male population **880,257**

(50.02%) male population and 885,139 (49, 98%) female residents. Therefore we need a professional, specific and holistic health management unit. (Statistics Center Of The Semarang. 2017).

Health problems are a shared responsibility of both the government and the community. Health problems that occur in the community will affect the development of a region and will cause losses in the economic and social fields so that the government is required to be able to create a quality and quality health service system because health has an important role in people's lives. The government always strives to improve the quality of public health by using social security, which is one form of social protection organized by the government, which is useful to guarantee citizens or their communities to meet basic needs through a National Health Insurance. (Social Security Organizing Agency. 2015). This program is carried out by the first level public health service center, both private medical clinics, and state-owned Community Health Centers. In supporting the program, the Pratama Srikandi Clinic Semarang as a private stakeholder also took part and took part in it by providing health services for the general public with primary Clinic services. The development and professionalism of services to be provided by the Srikandi Clinic will require a feasibility study that is used as a baseline, direction, and guidance on clinical development so that it can be managed professionally and can align with the wishes of investors. This is important to avoid a futile investment and efficient investment. (Minister of Health of the Republic of Indonesia (2014)

A feasibility study is a feasibility analysis of various aspects that will underlie the development of Primary Clinics including the determination of the service work plan to be developed, from the aspects that already exist in carrying out plans for development or improvement of the business. The clinical Feasibility Study is intended to develop clinics to determine the right and integrated service functions so that they fit the desired Clinic needs (health needs), cultures, climate

conditions, sites available (sites), the financial condition of management (budget) and the direction of the development of the clinical specialization. (Åsa Wahlström, 2018.). In the era of national health insurance with the Health Social Security Organizing Agency as the only payer for National Health Insurance participant services, it is important for investors to conduct feasibility studies taking into account the needs of first-level Health facilities. Srikandi Primary Clinic seeks to provide quality health services to the people of Semarang by using the best facilities, a sense of family and professionalism To make quality pre-service clinic services, it must have 3 (three) standard components that must be managed, namely: Input (input), component what is needed to realize quality services include human resources, medical and non-medical equipment, organizational systems including quality control, process, showing what is done to patients as long as patients get services at the Primary Clinic, including diagnosis, plan for giving treatment and patient return. Output (output) is the result received by patients after getting service can be in the form of healing according to their respective standards (improvement of physiological, psychological functions). This is included in a clinical operational management process. (Health Social Security Organizing Agency. 2014)

The development of the Semarang Srikandi Primary Clinic is intended for the Semarang and surrounding communities, with the middle to lower class segments. This is related to the level of the economy of the community in the area of Semarang City which is a community with a middle-income level. In the end, it is hoped that the Semarang Srikandi Primary Clinic can provide maximum service to the entire community by utilizing the available technology so that in the end it can improve the health status of the city of Semarang. (Minister of Health of the Republic of Indonesia, 2014)

RESEARCH METHODS

This study aims to conduct a feasibility study on the clinical development in Srikandi and determine the future direction of the

Srikandi Clinic business in Semarang, through an analysis of the potential development of Clinical Health Services and the development of Srikandi's clinical business potential in Semarang. The results of the analysis can be used as recommendations to improve the clinical status of the primary clinic into a type C hospital or the main clinic with cardiac

specialization and central trauma. Scope of the Srikandi Clinical Study Area is located in Hanoman Barat No 3 Krapyak, West Semarang. The scope of the research area covers the area of Semarang City which is focused around the Srikandi Clinic. The map below shows the location of the study as follows:



Figure 1. The Map of Location of Primary Clinic of Srikandi

The method of compiling research based on the preparation method of the feasibility study of the Srikandi Clinic in Semarang is based on secondary data, literature study, and direct observation at the research location (Hill, T. & Westbrook, R., 1997 and Pahl, N. & Richter, A. 2009)

RESULTS AND DISCUSSION

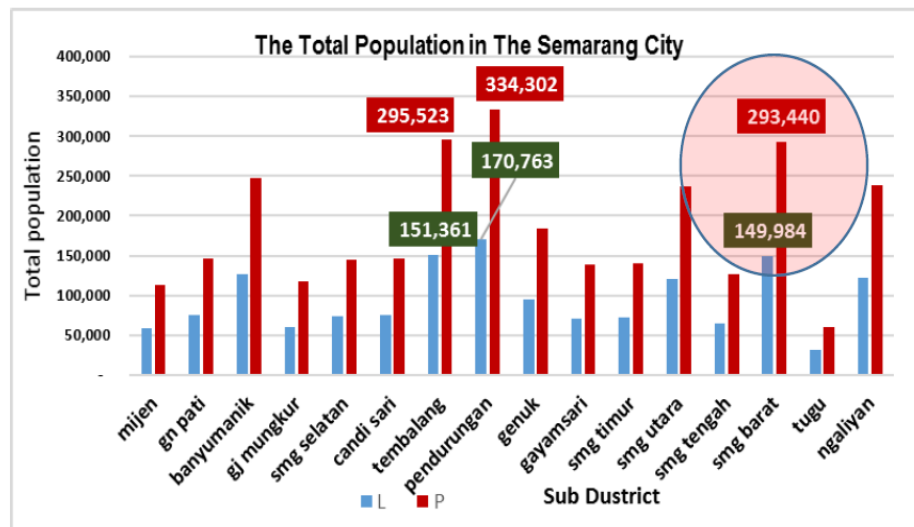
The process of the clinical business feasibility study in the field of Health Services requires a business strategy with a directed road map so that investors as owners of capital know the direction of business development to be carried out. Investors as capital owners need to review some important things, including product knowledge about business segmentation that will be carried out, promotion and distribution so that clinics can develop in accordance with the roadmap set by investors, marketing strategies used to determine appropriate policies, clinical strengths and weaknesses at present, the opportunities and threats that will be faced by

companies use SWOT analysis and analysis of patient satisfaction with clinical services Budiarto, W. and Kristiana, L., 2015). With the right data and baseline strategy, investors can assess the feasibility of studying the Srikandi Clinic in Semarang, which is clinical development to become Srikandi's main clinic in 2020 or to become a hospital - type C with a heart and trauma center with the service motto is **Sincere Service for Patients** (Sanghoon Ahn, 2008).

Srikandi Clinic has a building with an area of 263 m² and a supporting area with an area of 144 m² so that the total area of the clinic is 407 m². The Srikandi Clinic, which is located in a very strategic location, located on the main access roads of Semarang and Kendal, is located in a densely populated residential area adjacent to factory locations and offices, as follows: The northern boundary is residential housing. the eastern boundary is Hanoman 10 road, the southern boundary is the residential area and the western boundary

of Hanoman dalam road. Graph 1 shows that the Srikandi Clinic is located in the western

Semarang region.



Graph 1. The Population of Semarang

The community population is a potential market for the establishment of a health service business. Based on the graph above, West Semarang Regency has the third largest population of 443,424 people. Therefore the potential for the development and establishment of clinics is more likely and potential compared to other regions in the city of Semarang. (Semarang City Government,

2011) Because of the potential in the region, 6 clinics have been established, including the clinic in the area. This allows competition between clinics to occur, even in that area, there are international hospitals and government hospitals. This shows that the area has a potential market for health service business development. The western Semarang area there are at least 6 pre-service clinics as follows:

Table 1. Number of Clinics and person in charge in the West Semarang sub-district area

Region	Name Clinic	Responsible	
West Semarang	Klinik Nayaka Husada I	Dr. Aprillia Mahatmanti	Sutanti, Drg
	Klinik Setia Husada I	Dr. Catur Pambudi	Wuriastuti Kusumai, Drg
	Klinik Pratama Srikandi	Dr. Tuty S Hendrawan	Oktina Sakti Nurani, Drg
	Klinik Harapan Prima	Dr. Tri Kristiani	Henny Astuti, Drg
	Klinik Nayaka Husada I	Dr Yuni Astuti	Sarwoko Oetomo Dr
	Klinik Lanal Semarang	Indonesian Navy	Indonesian Navy

Market potential and competition in the health service sector in West Semarang Subdistrict are very competitive, therefore the potential and benefits of the superiority of the Srikandi Clinic must be superior to competitors. Based on the type of service, the health clinic includes the types of Primary

Clinic services. In improving the quality of the Srikandi Clinic, medical facilities are improved as support for clinical operations. Srikandi Clinic is also equipped with adequate medical and non-medical equipment according to the type of services provided. Srikandi Clinic is a clinic that has various medical

services and adequate medical support devices. among them consists of a registration room/waiting room; doctor's consultation room; administration room; action room; pharmaceutical space; bathroom. While the clinical infrastructure includes: Water treatment plants; Electrical installation; Air circulation installation; waste management facilities; fire prevention and prevention; ambulance, hospitalization; and other facilities as needed. as follows (Ministry of Health, Republic of Indonesia, 2014)

The number of patient visits at the clinic is a very active user who runs the clinical organization, therefore many clinics or clinics take patients with various marketing strategies. The Patient visits at Clinic centers in the city of Semarang which included visits to Clinic facilities both outpatient and inpatient visits in 2017 reached 2,800,835

visits and for inpatient visits reached 276,884. with the existence of complete and adequate health facilities, the community will easily and quickly obtain optimal health services. In 2017, as many as 44.38 % of people chose level 1 health facilities. The percentage of health service facilities that were most frequently visited by the community was as follows: Clinic/doctor's office together (27.18 %), practice doctors/midwives (25, 89 %), and Community Clinic (24.93 %). While the health facilities that were least visited were community-based Clinic facilities of 0.94 percent. (Semarang Statistics Center. 2017). Based on this data, the development of the first level Community Health Clinic business services in the city of Semarang in general and in the west Semarang area, in particular, is the right market potential such as the data in the table below (table 2)

Table 2. Percentage of Outpatients in the Last One Month According to Semarang City Health Service Facilities at 2016-2017 (Statistics Center Of Semarang. 2017).

Type Type of business	Percentage		Linear Model
	2016	2017	2016 and 2017
• Government hospital	6.77	8.86	$y = 2,09 x + 4,68$
• Private hospital	8.68	13.37	$y = 4,69 x + 3,99$
• Practice doctor / midwife	44.28	25.89	$y = (18,39) x 62.6$
• Clinic Primary / doctor practice	20.08	27.18	$y = 7,1x + 12,89$
• Community Health Care	18.29	24.93	$y = 6.64x + 11,68$
• Community-based Health Efforts	1.85	0.94	$y = (0.91x) + 2,78$
• Traditional medicine practices	1.27	1.37	$y = 0,9 x + 2,68$
• Other Health Facilities	0.34	0.36	$y = 0,02 x + 1,68$

Based on this data, the largest community visits are at the Clinic and Practitioners' doctor. This can be seen based on linear modeling $y = 7.1 x + 12.89$ which shows the greatest positive value.

• SWOT Analysis for the Srikandi Clinic in Semarang

The SWOT analysis matrix is an analysis and validation tool in helping clinician management in developing four types of strategies: SO Strategy (Strength-Opportunity), WO Strategy (Weaknesses-

Opportunities), ST Strategy (Threat Power), and WT Strategy (weaknesses). This study also uses (External Factor Evaluation matrix and Internal Factor Evaluations matrix this is an analytical method that represents internal analysis (strengths and weaknesses) and external analysis (opportunities and threats) from the clinic. External factor evaluation is

a strategy used to investigate the external environment of the clinic and identify opportunities and threats that may occur and combined with the Internal Factor Evaluations matrix that is used to evaluate the internal environment of the clinic and get strengths and weaknesses approach are as follows: (Start and Hovland, 2004)

Strength Weakness Opportunity Threat Analysis Srikandi Clinic

Table 3. The SWOT Analysis of The Srikandi Clinic

Strength	Weakness	Opportunity	Threat
Human resources: health personnel according to their competence	Parking spaces for visitors/patients are narrow. Limited parking area	The only primary clinic in the Hanoman road area and its surroundings	It is possible to establish a new Primary Clinic as a competitor in the Hanoman road area or the West Semarang subdistrict
The patient service system at the clinic that is well integrated and systematic	Limited Service Hours and Days (Service hours only until 17.00 WIB)	Strategic location and adjacent to the Industrial Estate/factory area, office, and residential area	The Social Security Agency Regulations aspect that often changes and is not fixed
There are special waiting room facilities for people with disabilities	Lack of signs for the location of the Srikandi Clinic (promotion of the existence of clinics is still lacking)	Development of the main networking business clinic with companies around it	Public awareness of the importance of health is increasing
Strategic location	The location of the Srikandi Clinic which is not on Provincial Road (class 1) will be located on class III road (Hanoman Street)	Populated area, housing settlement area, offices	Coverage of general patients and must compete with the presence of Columbia Asia Hospital and Tugurejo Hospital
Complete medical support facilities and infrastructure and complete basic medical services	Promotion of Srikandi Clinic services that have not been comprehensive and have not been handled professionally	Semarang City Government Program with Universal Health Coverage in 2019	Hospital service innovation in the form of home care and home visit
Own clinic building	Buildings that cannot be developed anymore, due to limited land	Enables development into a type C hospital with cardiac and trauma centers	Licensing, Spatial and Regional Plans, Location Permits, Environmental Impact Analysis

Treatment of medical waste has collaborated with third parties	Environmental internal auditors are difficult to implement	There is no company from the surrounding community regarding medical and non-medical waste from clinical activities	Possible dangers of odor and spillage of medical waste from medical waste transport vehicles due to residential roads
Has collaborated with the Health Social Security Organizing Agency	Available Health Facilities need to be upgraded and up to date	Affordable Prices, BPJS Health does not distinguish participants	An insurance system that is not practical in a tiered method, a long and impractical process, limited quota
In collaboration with Commercial Health Insurance (Mandiri In Health)	Not all patients use general health insurance	General insurance is superior in terms of speed, convenience, and flexibility in choosing a hospital	The benefits are more limited, premiums are expensive and there is a ceiling that can make bills not all are paid

• **External Factor Evaluation Matrix**

Table 4. External Factor Evaluation Matrix of the Srikandi Clinic

External Strategy Factors		value						Weight	Weight X Value
(EFAS)		-3	-2	-1	1	2	3		
1	The only Primary Clinic in Hanoman read and surrounding areas						3	0,15	+0,45
2	Adjacent to Industrial/factory areas					2		0,10	+0,20
3	It is possible to create Primary clinic networks in the surrounding area					2		0,07	+0,14
4	Srikandi Clinic is located in a densely populated area					2		0,08	+0,16
5	The existence of Universal Health insurance coverage in 2019 by the regional government						3	0,05	+0,30
6	Based on the potential that is owned, it allows developers to become the Main Clinic or type C hospital				1			0,05	+0,05
7	Collaborate with the Labor Protection Agency and hospital. The clinic plans to make the Heart and Trauma Center						3	0,10	+0,30

8	It is possible to establish a new Primary Clinic as a competitor		-2					0,10	-0,20
9	The aspects of the Social Security Agency Regulations that change frequently		-2					0,05	-0,20
10	Public awareness of increasing knowledge about health		-2					0,05	-0,10
11	Targeting general patients but must compete with Columbia Asia International Hospital			-1				0,10	-0,10
12	Hospital service innovation in the form of home care and home visit	-3						0,10	-0,30
Total								1,00	+0,70

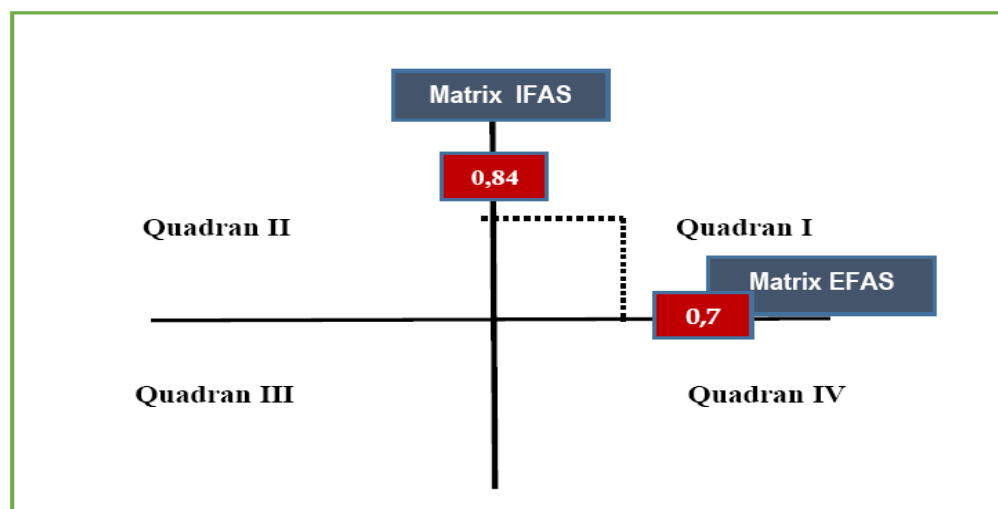
• **Internal Factor Evaluation Matrix**

Table 5. Internal Factor Evaluation Matrix of the Srikandi Clinic

Internal Strategy Factors		Value						Weight	Value x weight
(IFAS)		-3	-2	-1	1	2	3		
1	Health human resources in accordance with their competencies					2		0,08	0.160
2	Srikandi Clinic has integrated services						3	0,13	0.390
3	There are special waiting room facilities for people with disabilities					2		0,05	0.100
4	Strategic location					2		0,08	0.160
5	Facilities of basic medical services and support services that are relatively complete					2		0,05	0.100
6	Own clinic building					2		0,10	0.200
7	Medical waste processing has collaborated with third parties to obtain permits for the Ministry of Environment						3	0,07	0.210
8	Srikandi Clinic has collaborated with the Health Social Security Organizing Agency					2		0,05	0.100

9	Srikandi Clinic has collaborated with the Commercial Health Insurance (Mandiri In Health)		-2			2		0,05	0.100
10	Parking space for visitors/patients is narrow	-3						0,05	-0.100
11	Srikandi Clinic has Limited Service Hours and Days	-3						0,11	-0.330
12	Lack of referral signs for the location of the Srikandi Clinic		-1					0,03	-0.030
13	Srikandi Clinic which is not located on the main line (class i) but on Jalan Hanoman- (class 3) although the location is not far from the main road		-1					0,04	-0.040
14	Promotion of Srikandi Clinic services that have not been patterned and massive		-2					0,05	-0.100
15	Buildings that cannot be developed anymore, due to limited land		-2					0,06	-0.120
Total								1,00	0.80

The Quadrant based on the results of the SWOT Analysis at the Srikandi Clinic are as follows:



Graph. 2. The Quadrant Analysis of Srikandi Clinic

Internal Environmental Analysis, the assessment of services at Srikandi Clinic is considered to be quite good, but facilities and infrastructure need to be improved. The human resources owned by Srikandi clinic are quite good, except in terms of the number of Srikandi employees is still lacking. Promotional activities at the Srikandi Clinic have actually run quite well, but have not been programmed regularly. Determination of fees or service rates at Srikandi Clinic is very suitable with the purchasing power of the surrounding community, only financial management and organization are not fully optimized.

External Environmental Analysis. The existence of the Srikandi Clinic is very much needed by local residents so that it is quite prospective to grow in the future if managed properly. The Srikandi Clinic is also still very short of doctors so that sometimes in providing services only filled by midwives or nurses without a doctor. Collaboration between the Srikandi Clinic and the Health Social Security Organizing Agency is expected to meet operational costs but the income earned from insurance until now has not been able to meet the daily operational costs.

On the other hand, Srikandi Clinic needs to pay attention to competition factors, namely these factors including those who are competitors in the area. The existence of the same service provider is a threat factor that needs to be watched out. (Kotler, Philip. 2000)

Strategy Plan. Based on the results of internal and external matrix analysis, the position of the Srikandi Clinic is in quadrant 1. The strategy that can be applied in this condition is to support aggressive growth policies (growth-oriented strategies). This strategy includes a) implementing systems and

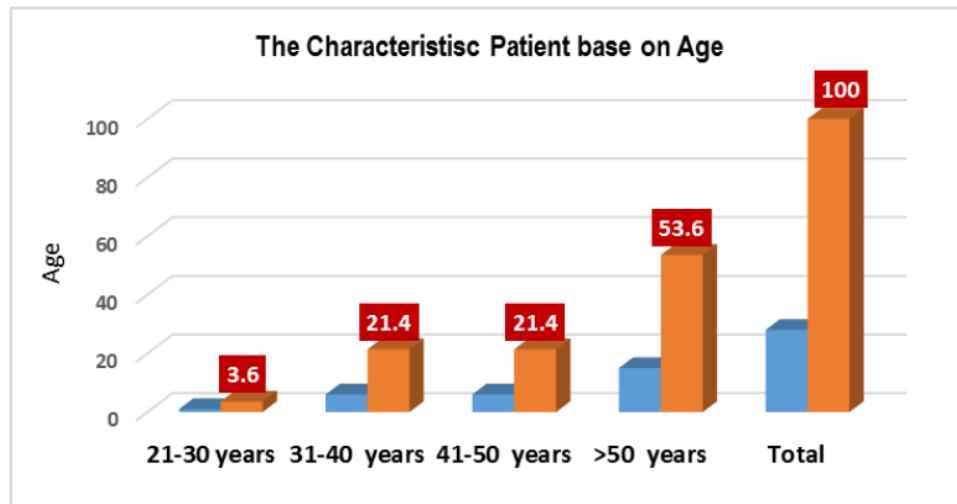
procedures professionally in improving services in accordance with applicable standard procedures. This is important to do in improving service quality and fostering the loyalty of clinic visitors. b) improve education or training programs for human resources. So that the Srikandi Clinic can explore the abilities and skills possessed, which in turn can improve performance in providing services to patients. c) Expanding the market share of the Srikandi Clinic outside the city of Semarang, of course through a careful planning process so that the direction of clinical development is not wrong. d) Strengthening the cooperation network that has been established with the Health Social Security Organizing Agency, companies in industrial estates and other offices or institutions related to the implementation of health services:

- **Satisfaction analysis of Srikandi Clinic Operations**

Clinical Service Satisfaction for patients is an indicator of management's success in implementing the standard Operating procedure. Therefore it is necessary to evaluate the Standard Operating Procedure that has been applied, this is measured by using the standard of service satisfaction of patients with various criteria (Budi Hidayat and Atik Nurwahyuni 2017)

The Characteristics analysis base on age and gender

Characteristics of respondents based on age and gender are needed because to find out the consumers who come to the Srikandi Clinic come from what age group and gender. The chart below shows the age group (graph 6) and gender (graph 7) who came to the Srikandi Clinic.

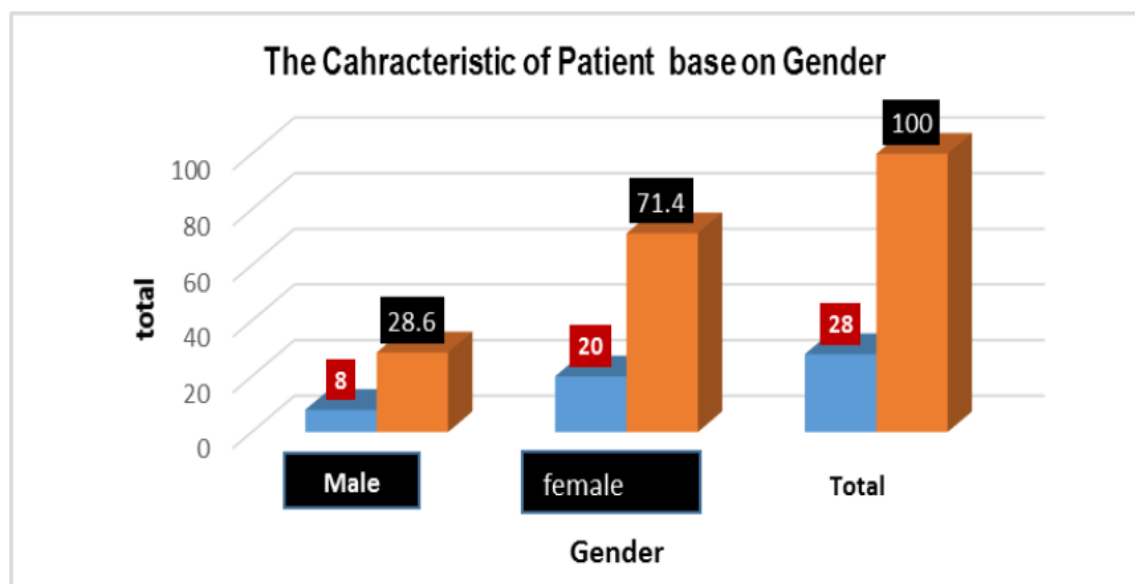


Graph 3 The Characteristics of Patients by Age

Based on the results of the analysis, the highest age of respondents is respondents with the same age or more than 50 years of 53.6%, while the least respondents are those between the ages of 21-30 years or 3.6%. These results are in accordance with research conducted by WHO in 9 developing countries in the world which states that people who seek treatment at health services are pregnant women, toddlers, and elderly people, besides that according to Jacobalis (2000) states that the older the age of

a person will be of a different concern compared to a younger age. Likewise in getting services, patients with relatively older age will be more demanding friendly, fast service with better attention, therefore the management of the Srikandi Clinic always applies the Motto of **Serving with the Heart**,

Patients based on age characteristics are needed to describe the profile of patient visits at the Srikandi Clinic, as follows:



Graph 4. The Characteristics of Respondents by Gender

The majority of respondents were respondents with a female gender of 71.4% and the rest were male sex at 28.6%. So that the largest proportion of patients visiting the Srikandi Clinic on Jalan Hanoman City

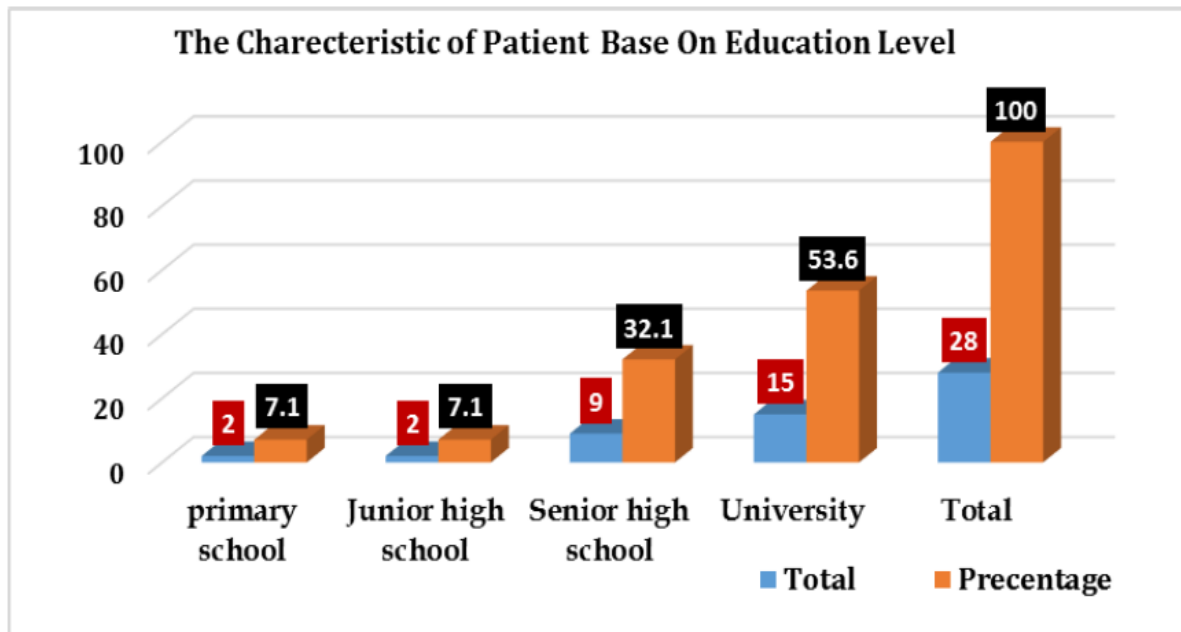
Semarang are female. This is because in general women are more susceptible to disease and are quicker to get health assistance if they experience health problems compared to men. According to Pennebaker, states that women

generally report more symptoms of illness compared to men. (Pennebaker, J. W. 1982).

Characteristics of Patients by Education Level

The results showed that the number of respondents based on the highest level of education was the level of higher education (higher education) with a total of 15 people,

with a percentage of 53.5%. Consumers who have an education level are Low-Level Education, which is elementary and junior high school graduates with 7.1%. Respondents based on education level, the following chart below shows :

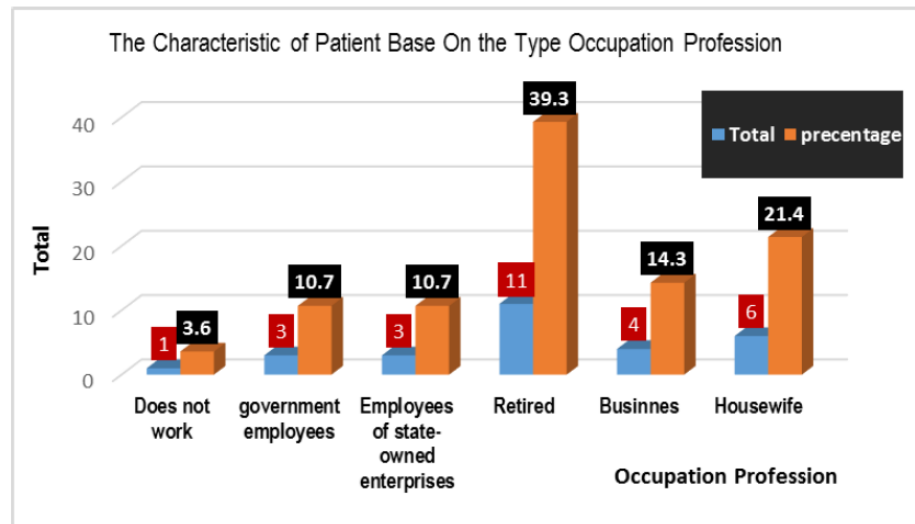


Graph 5. Characteristics of Patients by Education Level

Based on the results of the analysis of the clinic patients, it can be seen that the highest number of patients is university graduates. According to Lumenta (1989), states that a person with a higher level of education has a tendency to give criticism or demand services that he receives if they feel less in accordance with service while people with low education have a tendency to receive more services provided, because they do not know what should be needed besides getting healing is enough for them. The same thing was also conveyed by Jacobalis (2000) stating the level of education also affects a person to perceive, where the higher a person in terms of education level, the higher the level of knowledge and the more critical in meeting the needs for health services

Patient Characteristics Based On The Patient's Profession

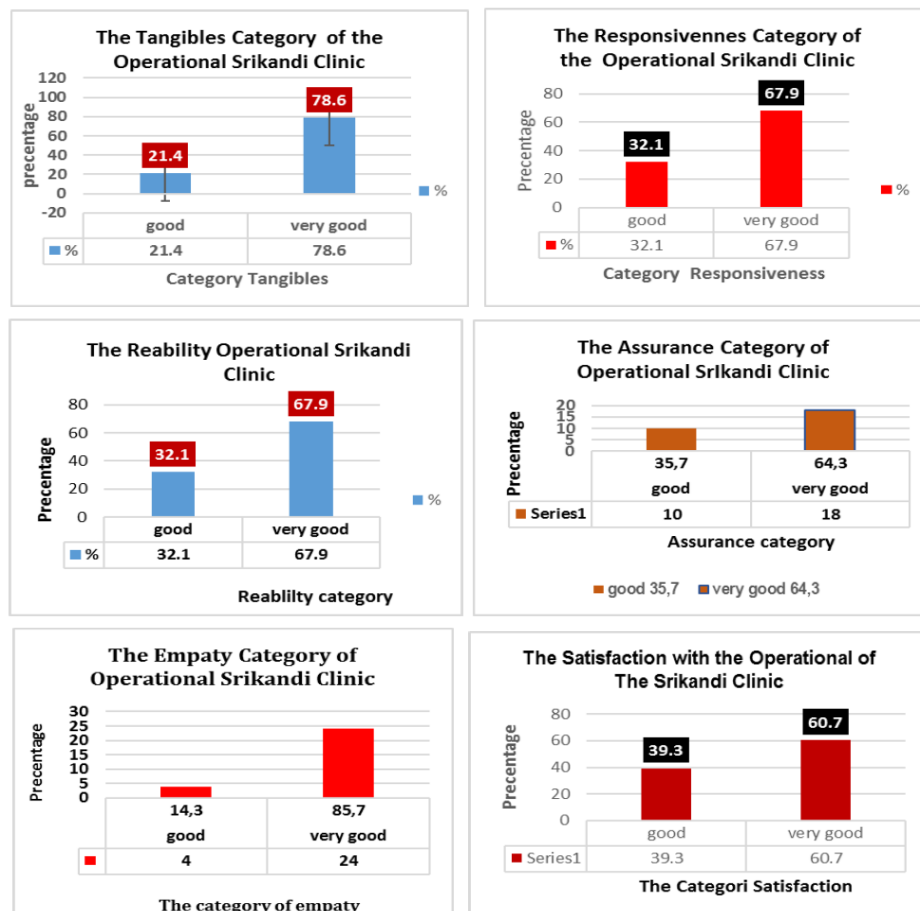
The results showed that people were based on Occupational Type, 11 people, with a percentage of 39.3%, while they were patient with a percentage of 3.6%, of these results it shows that most of them are retired this time, because most of them have free time to check their health between 09:00 to 3:00 p.m., while other professions are rather difficult to check at that time because of their busy schedule, this can be coverage. if the service time for the srikandi is added to 21:00 a.m. The following graph of the patient characteristics of the Medical Clinic, so that the development of the Clinic is able to be accelerated. The Graphs Below Shows The Characteristics Of Patients Based On The Type of Occupational Profession



Graph 6. The Characteristics Of Patients Based On The Type Of Occupational Profession

Based on the data of respondents or patients who are customers of the Srikandi Clinic, it is necessary to do a patient satisfaction analysis of Srikandi Clinic Operations, in this case regarding Tangibles, Responsiveness, Reliability, Empathy and

Respondent Satisfaction. The table below addresses Tangibles Analysis, Responsiveness, Reliability, Empathy and Respondent Satisfaction Levels, as follows:



Graph 7. The Tangibles, Responsiveness, Reliability, Empathy and Respondent Satisfaction Analysis Srikandi Clinic

Based on the results of the analysis, the index of satisfaction with operations and clinic services is very good with an average value of > 60% and states well at around 40%

Relationship Between Tangibles and Patient Satisfaction at Srikandi Primary Clinic

According to Lupiyoadi (2006) states that tangible is the ability of an

organization/company to show its existence to external parties. The appearance of the office or employee, the ability of advice and infrastructure contained in the company/organization (including communication facilities), and the surrounding environment is a real example of the services provided by service providers to the buyers of these services.

Table 5. Relationship Between Tangibles and Patient Satisfaction at Srikandi Clinic

Statement	Choice		
Tangibles	Answers		
		F	%
What do you think about the comfort of the Srikandi Clinic patient waiting room?	Comfortable	10	35.7
	Very comfortable	18	64.3
Is the patient's examination room clean?	Clean	6	21.4
	Very clean	22	78.6
Has the Srikandi Clinic provided clear instructions for each room?	Clear	13	46.4
	Very clear	15	53.6
Does the Srikandi Clinic have complete equipment?	Complete	18	64.3
	Very complete	10	30.6
Are drugs available in the Clinical Pharmacy section complete?	Complete	20	71.4
	Very complete	8	28.6
	Pretty neat	5	17.9
	Very neat	23	82.1

In analyzing the physical appearance (tangible) at the Pratama Srikandi Clinic based on the results of the questionnaire the level of patient satisfaction at the Srikandi Clinic is at

a percentage value of 70%. The next analysis is the ranking of tangibles as follows: (Ayu Qurniawati, et al, 2014)

Table 6. The Rating of Tangibles Analysis Srikandi Clinic

No	Question Type	%
1	Have the doctor looked neat	82,1
2	Is the patient's examination room clean	78,6
3	What do you think about the comfort of the Srikandi Clinic patient waiting room	64.3
4	Does the Srikandi Clinic provide clear instructions for each room	53,6
5	Are drugs available in the Srikandi Clinical pharmacy section complete	28,6
6	Does the Srikandi Clinic have complete equipment	28,6

From the ranking based on very satisfied categorization for tangibles, it was found that the opinions of respondents for the appearance of doctors were at the highest

level, 82.1%, while for the category of very satisfied categories the lowest question items were the availability of equipment in the Clinic which was in the range 28.6%, with the

highest percentage in the appearance of clean doctors in accordance with the opinion of Kottler (2000) which states that direct evidence is physical appearance, equipment, and support in the form of facilities and infrastructure, where the physician's physical appearance will have added value in the process of patient confidence in the health services they provide, Whereas the lowest percentage in the form of questions regarding equipment which was held by the Srikandi Clinic in Semarang City was the least satisfied with presentation of 28.6% and this was due to

lack of understanding of the tools and equipment available where they perceived a complete but useless tool directly for him will affect the level of perception to be lower

Relationship Between Responsiveness and Patient Satisfaction at Srikandi Clinic

Responsiveness is a willingness to provide a service that is relatively fast and appropriate to customers through the delivery of clear information. According to Tjiptono (2006) states, responsiveness is a desire of all staff to provide assistance to patients (customers) and provide responsive services.

Table 7. Relationship Between Responsiveness and Satisfaction of Patients at Srikandi Clinic

Statement of Responsiveness	Choice of Answers		
	Category	F	%
Is the registration process carried out quickly?	Fast	13	46.6
	Very Fast	14	50
Do you wait long before the examination is done	Sometimes	18	64.3
	Never	9	32.1
Are Srikandi Clinic officers alert in providing assistance if needed	Sprightly	1	3.6
	Very sprightly	27	96.4
Is the clinic staff officer quickly responding to complaints submitted by the patient	Fast	10	35.7
	Very Fast	18	64.3
Does the Srikandi Clinic officer provide clearly needed information	Cedar	10	35.7
	Very Clear	18	64.3

So if the ranking of the satisfied and very satisfied categories for responsiveness criteria is carried out as follows:

Table 8. The question type of the ranking of the satisfied and very satisfied categories for responsiveness criteria

No	Question Type	Percentage
1	Are Srikandi Clinic officers alert in providing assistance if needed?	94.6
2	Has the Srikandi Clinic officer provided clearly needed information?	64.3
3	Did the Srikandi Clinic officers quickly respond to complaints submitted by the patient?	64.3
4	Is the registration process carried out quickly?	50
5	Do you wait long before the examination is done?	32,1

From the ranking based on very satisfied categorization for responsiveness, it was found that the respondents' opinion for the

alertness of the clinician officers in providing assistance was the highest percentage, namely 94.6%, while the

category level was very satisfied for the lowest value question items. long before the inspection process is carried out with a percentage value of 32.1%. Responsiveness is a willingness to provide assistance primarily the information that is needed by patients (customers), while the type of question about the length of time before the examination process is done by a doctor, this is due to the lack of Standard Operating Procedure (SOP) for waiting time administrators patient before the examination. Therefore, a service is needed

in accordance with the operational standards of the procedures provided in order to achieve the objectives, such as achieving a measure of service quality goals reciprocally so that efficiency will be achieved.

Relationship between Reliability of Patient Satisfaction at Srikandi Health Care

Reliability of services includes patient admission procedures that are fast and precise, service procedures that do not bother patients, and officers provide services that are free of errors

Table 9. Relationship between Reliability of Patient Satisfaction at Srikandi Health Care

Statement Ability	Selection Answer		
		F	%
Is the clinic opening hours in accordance with the specified schedule?	Sometimes according to schedule	2	7.1
	Always on schedule	26	92.9
Are service procedures complicated?	Sometimes it's convoluted	4	14.3
	Not convoluted	24	85.7
Is the health service provided in accordance with the complaint?	Suitable	6	21.4
	Very suitable	22	78.6
Is the patient's examination carried out according to the serial number?	Sometimes according to the serial number	3	10.7
	Always in accordance with the serial number	25	89.3

In assessing the ability of the Srikandi Clinic, Semarang uses two categories, which are satisfied and very satisfied, because based on the results of the questionnaire, the level of patient

satisfaction at the Srikandi Clinic in Semarang is at a percentage of 70%. So that the ranking of reliability categories is made as follows:

Table 10. The Reliability of Patient Satisfaction at Srikandi Clinic

No	Question Type	Percentage
1	Is the clinic opening hours in accordance with the specified schedule?	92,9
2	Is the patient's examination carried out according to the serial number?	89,3
3	Are service procedures complicated?	85,7
4	Is the health service provided in accordance with the complaint?	78,6

Based on the ranking based on very satisfied categorization for responsiveness, it was found that the respondents' opinion for the alertness of the clinician officers in providing assistance was the highest percentage, namely 92.9%, while for the category of very satisfied categories the lowest question item was still

complaints about desires with 78.6% received in the clinic

From the clinical opening hours category, the highest percentage in the category was very satisfied (92.9%). It could be interpreted that the clinic had succeeded in realizing the promised health service providers

for patients, especially in the clinic opening hours to start their services. , while the question items have been provided in accordance with the services received complained of the lowest percentage of very satisfied (78.6%), the possibility of this is due to perceptions that are less suitable between patients (customers) with clinic managers in terms of health services so that it can be interpreted perception that is not the same. From the characteristics of patients at the Srikandi Clinic, which is dominated by patients, the level of high education is significant, the higher the level of knowledge, the more critical the fulfillment of the needs for health services and the tendency to provide

criticism or service if they feel less appropriate while people with low education have a tendency to receive more services provided, because they do not know what should be needed besides getting healing is enough for them

Relationship between Attention (Empathy) Patient Satisfaction at Clinic Primary Srikandi

Empathy is care that is given personally to customers, in understanding needs, and the ease of creating good relations. The table below shows the category of assessment to find out the relationship between attention (empathy) patient satisfaction at the Primary Clinic Srikandi.

Table 11. The Relationship between attention (empathy) patient satisfaction at Clinic Primary Srikandi

Statement Empathy	Selection The answer		
		F	%
Before taking action, the doctor asks for permission while mentioning your name?	Rarely ask permission	3	10.7
	Always ask for permission	25	89.3
When talking, do doctors use language that you can easily understand?	Quite easy to understand	3	10.7
	Very easy to understand	25	89.3
Is the clinic officer Srikandi willing to listen to the complaints you convey?	Always willing	28	100
Does the Srikandi Clinic officer pay attention to the complaints you convey	Give enough attention	6	21.4
	Always giving attention	22	78.6
Do you feel there is a difference in service between the patients of the Social Security Organizing Board and the public?	Sometimes	1	3.6
	No difference	27	96.4

In the category of empathy at the Srikandi Clinic, two categories were used, namely satisfied and very satisfied, because based on the results of the questionnaire stated that the level of patient satisfaction at Srikandi

Clinic was > 70%, so it was categorized as Satisfied to Very Satisfied. Then the ranking in terms of attention (empathy) is carried out as follows:

Table 12. The Ranking In Terms Of Attention (Empathy) of the Srikandi Clinic

No	Question	%
1	Is the clinic officer Srikandi willing to listen to your complaints?	100
2	Do you feel there is a difference in service between patients of the Social Security Organizing Board and general patients	96,4
3	Whether when speaking, doctors use language that you can easily understand?	89,3
4	Whether before taking action, the doctor asks for permission while mentioning your name	89,3

Based on ranking categorization data, the results are very satisfying for empathy, it was found that respondents' opinions about the ability to listen to complaints submitted by patients were at the highest level of 100%, while for very satisfied categories there were differences between BPJS patients and general patients with a value of 78.6 %. The question about willingness to listen to patient complaints where the highest category of satisfaction is 100% can mean the success of a service process can also be seen from the doctor's ability to process communication to patients whose end results will lead to patient satisfaction and comfort in providing health services in Clinic facilities. Patient satisfaction depends on the level of attention of the doctor in terms of providing information that is needed by the patient, the attitude of the doctor in maintaining politeness, paying attention and listening carefully to every complaint submitted by the patient, where a doctor is located. needed to master communication in providing precise and structured explanations. While from the question items for categorization were very satisfied, the lowest was in the question whether there were differences in services between general patients and BPJS patients where the percentage value of 78.6% could be analyzed due to perceptual factors, especially for users of the Social Insurance Agency who felt that there was a service which is considered ineffective and inefficient.

CONCLUSION

The Srikandi Clinic has a system and technology that is quite good so it can compete with similar clinics in Semarang and is located in an appropriate environment.

Based on the SWOT Analysis, the clinic is in a position that can be developed while based on the analysis of patient satisfaction it has a very good level of satisfaction

RECOMMENDATION

The Srikandi Clinic can be developed into the main clinic or become a type C hospital based on Indonesian health regulations.

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