

ANALYSIS OF STRATEGY FOR SERVICE QUALITY IMPROVEMENT BASED ON PATIENT EXPERIENCE USING IMPORTANCE PERFORMANCE ANALYSIS (IPA) AT FAISAL ISLAMIC HOSPITAL, MAKASSAR

ANÁLISE DA ESTRATÉGIA PARA MELHORIA DA QUALIDADE DO SERVIÇO COM BASE NA EXPERIÊNCIA DO PACIENTE UTILIZANDO A ANÁLISE DE IMPORTÂNCIA E DESEMPENHO (IPA) NO HOSPITAL ISLÂMICO FAISAL, MAKASSAR

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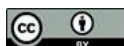
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Abstract

Improving hospital service quality is determined not only by patient satisfaction but also by patient experience during care delivery. The decline in patient satisfaction at Faisal Islamic Hospital Makassar in 2024 indicates a gap between patient expectations and service performance. Therefore, this study aimed to analyze patient experience using the Importance Performance Analysis (IPA) method to identify priority areas and formulate strategies for improving healthcare service quality. A mixed-methods approach was applied, combining quantitative analysis of patient experience using IPA with

Resumo

A melhoria da qualidade dos serviços hospitalares é determinada não apenas pela satisfação do paciente, mas também pela experiência do paciente durante o atendimento. O declínio na satisfação do paciente no Hospital Islâmico Faisal de Makassar em 2024 indica uma lacuna entre as expectativas do paciente e o desempenho do serviço. Portanto, este estudo teve como objetivo analisar a experiência do paciente utilizando o método de Análise de Importância e Desempenho (IPA) para identificar áreas prioritárias e formular estratégias para melhorar a qualidade dos



qualitative data obtained through Focus Group Discussions with hospital management. A total of 149 patients and 20 key informants participated in the study. Quantitative data were analyzed univariately using SPSS and subsequently mapped using the IPA method. The results showed that of 49 service attributes, 13 attributes were classified in Quadrant I (Top Priority), 15 in Quadrant II (Keep Up the Good Work), 10 in Quadrant III (Low Priority), and 11 in Quadrant IV (Possible Overkill). Most service attributes were positioned in Quadrant II, indicating satisfactory performance. However, appointment timeliness and zero-wait service remained in Quadrant I with a compliance rate of 75.7%, highlighting the need for immediate improvement. In conclusion, enhancing patient experience at Faisal Islamic Hospital requires prioritizing efficient time management and improving administrative system responsiveness.

Keywords: Patient Experience. Importance Performance Analysis. Islamic Faisal Hospital.

serviços de saúde. Foi aplicada uma abordagem de métodos mistos, combinando a análise quantitativa da experiência do paciente utilizando o IPA com dados qualitativos obtidos por meio de Grupos Focais com a gestão do hospital. Um total de 149 pacientes e 20 informantes-chave participaram do estudo. Os dados quantitativos foram analisados univariadamente utilizando o SPSS e, posteriormente, mapeados utilizando o método IPA. Os resultados mostraram que, dos 49 atributos de serviço, 13 foram classificados no Quadrante I (Prioridade Máxima), 15 no Quadrante II (Manter o Bom Trabalho), 10 no Quadrante III (Baixa Prioridade) e 11 no Quadrante IV (Possível Exagero). A maioria dos atributos de serviço foi posicionada no Quadrante II, indicando desempenho satisfatório. No entanto, a pontualidade no agendamento e o atendimento sem espera permaneceram no Quadrante I, com uma taxa de conformidade de 75,7%, destacando a necessidade de melhorias imediatas. Em conclusão, aprimorar a experiência do paciente no Hospital Islâmico Faisal requer priorizar a gestão eficiente do tempo e melhorar a capacidade de resposta do sistema administrativo.

Palavras-chave: Experiência do Paciente. Análise de Importância e Desempenho. Hospital Islâmico Faisal.

1 BACKGROUND

Hospitals play a crucial role in providing healthcare services to the public. This is because health plays a vital role in human activities. Poor health can hinder and disrupt these activities. Rapid advances in healthcare have led to increased public expectations for better healthcare. Achieving patient satisfaction is no easy feat. Therefore, hospitals need to understand and identify patient needs [1].

Every hospital is required to provide medical services that meet the highest standards. Patients are a hospital's primary customers, so knowing how satisfied they are will help the hospital improve its services. Hospitals are considered successful because of the attitudes and services of their human resources, as well as their superior facilities [2]. Hospitals play a crucial role in providing healthcare to the community, so it is crucial

for them to pay attention to the quality of their services. To provide good service, hospitals must consider the quality aspects of their services [3].

Quality improvement is a crucial factor in various business sectors. Especially in the service sector, expertise and customer knowledge are crucial for enhancing service strategies. The healthcare industry is one such sector that must continually improve its service quality. Therefore, healthcare industry players must develop customer-oriented facilities to remain competitive. Quality is a crucial factor in comparing goods or services that meet customer needs and have utility value [4].

According to Darmin et al., (2022), the performance of healthcare services in providing services that satisfy patients is crucial for the community [5]. On the other hand, Sanjaya (2023) stated that patient perceptions of service satisfaction are crucial because this will encourage them to continue receiving care and want to return to the hospital [6]. To meet patient needs, healthcare providers must provide satisfactory services. Healthcare consumers will determine their level of satisfaction by comparing what they receive with what they expect [7]. The success of a healthcare service in improving the quality of its services is indicated by the level of patient satisfaction. There are many ways to determine the level of patient satisfaction [8].

Service and satisfaction are interrelated. Satisfaction allows consumers to assess the extent to which the service provided has improved or deteriorated. Customer satisfaction is achieved when there is a positive relationship between consumers and the quality of the product or service provided by the producer. Patient satisfaction is an indicator of the quality of healthcare services in an institution. Patient satisfaction can determine whether the service received by patients from healthcare staff or personnel meets their expectations [9].

Customer or patient satisfaction is at the heart of customer-oriented marketing. Satisfactory and high-quality service will foster customer loyalty and satisfaction and attract new customers. This will lead to a continued positive image of the hospital [10]. This is due to intense competition. To become a trusted provider for meeting the needs of its patients and customers, every hospital strives to be the best in their eyes [11].

Service quality is measured by comparing the performance of a service with the quality expected by users. If the level of service received by consumers meets or exceeds their expectations, the service is considered good or adequate quality. Companies that successfully achieve high customer satisfaction will experience various benefits,

including increased customer loyalty, prevention of churn (loss of customers), reduced customer sensitivity to price, reduced marketing error costs, and reduced operational costs resulting from increased customer loyalty [12].

Given the importance of the hospital patient experience, it is crucial to accurately and reliably measure and report data related to patient values. Such data will enable hospitals, policymakers, and stakeholders to understand how variations in different hospital patient populations and structural characteristics influence patient experiences with care [13]. Patient experience surveys elicit reports from patients about what aspects they experienced or did not experience in their interactions with healthcare providers. Patient satisfaction surveys, on the other hand, only provide ratings of satisfaction with the care they received [14].

Research by Salisbury et al. (2010) suggests that when patients were asked about their overall satisfaction with the care they received, only 4.6% of the satisfaction responses generated alternative strategies for service improvement [15]. However, when patients were asked about their experiences with care, more than 20% of the responses generated a wide variety of strategies across hospitals. Therefore, they suggest measuring patient experience better than simply rating patient satisfaction.

A better patient experience, and viewing patients as unique individuals, increases the likelihood that they, their families, or other caregivers will become more involved in their own health outcomes. Research by Pamungkas et al. (2016) even used data from patient experiences at a hospital in East Java to develop marketing strategies. A positive patient experience can be used to strengthen marketing strategies, while a negative patient experience can be used to improve service quality and human resources [12].

Although hospitals have strived to improve service quality, patient complaints often arise regarding aspects of the service they perceive as inadequate. This raises questions about patients' experiences during their healthcare experience at the hospital, and the extent to which these experiences contribute to their satisfaction. If elements of the service deemed important by patients but not properly managed, this can negatively impact overall patient satisfaction [16].

Research by Subiyantoro & Ambarwati (2017) analyzing patient satisfaction levels with hospital services using the ServQual method, Importance Performance Analysis, and Customer Satisfaction Index (CPI) suggests that, based on a Cartesian diagram of Importance Performance Analysis (IPA), patients are less satisfied with

service performance compared to those satisfied with the service itself, where patients perceive service performance as less important but perceive its implementation as mediocre [17]. Patient satisfaction is felt in the fast and accurate patient admission procedure, officers provide clear and easy to understand information, completeness, readiness, and cleanliness of the tools used, guarantee of service security and trust in the service, provide special attention to each patient, pay attention to patient and family complaints, doctors provide sufficient service time to patients, neat exterior and interior room arrangement.

Several previous studies have shown that patient satisfaction is significantly influenced by how well the service they receive meets their expectations. The Importance Performance Analysis (IPA) method is an effective tool for identifying this gap. IPA allows mapping between service aspects that are important to patients and the actual performance provided by the hospital. This mapping allows identification of aspects that require immediate improvement due to significant gaps between expectations and reality [18].

Appropriate approaches to help hospitals improve service quality include SERVQUAL analysis, the Customer Satisfaction Index (CSI), and Importance Performance Analysis (IPA). The Customer Satisfaction Index (CSI) method is used to determine patient satisfaction levels. If the CSI value indicates poor service, an Importance Performance Analysis (IPA) method is needed to identify attributes that need improvement [19].

The Importance Performance Analysis (IPA) method is used to identify unsatisfactory attributes for improvement. The assessed attributes were grouped into four quadrants based on their average importance and perceived satisfaction. IPA has the advantages of being easy to explain, its scale is easy to understand, and its implementation costs are affordable [4].

Based on data obtained regarding the level of patient satisfaction at Faisal Islamic Hospital over the past three years, there has been a significant decline in patient perceptions of hospital services. In 2022 (very satisfied 62%, satisfied 36%, dissatisfied 2% and very dissatisfied 0%), in 2023 (very satisfied 83%, satisfied 16%, dissatisfied 1% and very dissatisfied 0%), then in 2023 (very satisfied 47%, satisfied 21%, dissatisfied 9% and very dissatisfied 2%). It can be seen that although the level of satisfaction was

very high in 2023, there was a decline in 2024. This could be caused by various factors that have not been optimal for patient experience.

Patient experience encompasses various aspects of the patient's interaction with the healthcare facility, including medical services, environmental comfort, ease of administrative procedures, and responsiveness of healthcare personnel. When patients experience a more positive experience, they tend to be more satisfied with the services provided [20].

Patient satisfaction is a crucial indicator directly related to patient perceptions of service quality. If patient experiences improve positively, satisfaction also tends to increase [6]. The decline in patient satisfaction levels in 2024 is important for this study, as it indicates aspects of the service that need to be improved to maintain patient satisfaction in the future. Furthermore, with the increasing number of patients, it is crucial for hospitals to monitor and improve aspects of service that significantly influence patient satisfaction. Through Importance Performance Analysis (IPA), hospitals can focus their improvement efforts on areas most in need of improvement, based on patient perceptions. This is crucial for maintaining trust and enhancing hospital competitiveness amidst increasingly fierce healthcare competition [18].

2 METHODS

2.1 Study design

This study employed This study employed a mixed-methods design, with a quantitative approach first, followed by a qualitative approach. The quantitative study used univariate or descriptive statistical tests to summarize respondent characteristics and study variables, followed by an importance-performance analysis to identify patient experience dimensions that still require special attention in the inpatient unit of Faisal Islamic Hospital. The qualitative study was conducted through focus group discussions with Faisal Islamic Hospital management. Participants discussed the results of the critical performance analysis diagram and sought program solutions for patient experience dimensions that were considered important by patients, but whose performance at Faisal Islamic Hospital still fell short of patient expectations.

2.2 Ethics approval and consent to participate

This study was reviewed and approved by the Ethics Committee of the Faculty of Public Health, Hasanuddin University (Approval No.1327/UN4.14.1/TP.01.02/2025). Written informed consent was obtained from all participants before data collection. For participants who were unable to provide consent directly, consent was obtained from their legal guardians or family representatives

2.3 Sampling technique

This study was conducted in the inpatient unit of Faisal Islamic Hospital in April 2025. The population in this quantitative study was 15,501 inpatients during 2024. The sample size was 149 (Lameshow formula). Sampling was carried out using purposive sampling according to predetermined criteria, namely patients who had received care for at least 24 hours and were ready to go home. For children or patients with disabilities, family members who were always present to accompany and care for the patient could be represented. The qualitative sample consisted of a total of 20 participants (board of directors, assistant managers, ward managers and committees related to inpatient services at the hospital).

2.4 Instrument and data analysis

Validity and reliability testing of the instrument was conducted prior to data collection at Labuang Baji Hospital, Makassar City, involving 30 participants with characteristics similar to the study population. All questionnaire items demonstrated satisfactory validity, and reliability analysis yielded high Cronbach's alpha coefficients for each construct: performance level ($\alpha = 0.910$) and importance level ($\alpha = 0.916$), indicating excellent internal consistency. The instrument used was a questionnaire with the instrument sources used being a combination of HCAHPS, I-PACH, PEQ, NHS, SIPES, NORPEQ, PPE-15, and HKIEQ consisting of 49 question items.

3 RESULTS

Table 1

Distribution of Respondent Characteristics at Islamic Faisal Hospital

CHARACTERISTICS OF RESPONDENTS	FREQUENCY	PERCENTAGE(%)
a. Age (n=149)		
>20 years	28	18,8
21-30 years	55	36,9
31-40 years	25	16,8
41-50 years	10	6,7
≥ 50 years	31	20,8
b. Gender (n=149)		
Male	66	44,3
Female	83	55,7
c. Occupation (n=149)		
Civil Servants/Military/Retirees	12	8,1
Private Employees	37	24,8
Self-Employed/Traders/Entrepreneurs Housewives	17	11,4
Farmers	28	18,8
Laborers	4	2,7
Unemployed	3	2,0
Others	21	14,8
	26	17,4
d. Last Academic (n=149)		
Never attended school	8	5,4
Did not complete elementary school	6	4,0
Completed elementary school/equivalent	14	9,4
Completed middle school/equivalent	11	7,4
Completed high school/equivalent	62	41,6
College/Academy	44	29,5
Others	4	2,7
e. Nursing Classrom (n=149)		
VIP	3	2,0
Class 1	42	45,6
Class 2	36	24,2
Class 3	68	28,2

Based on age group, The majority of the population is in the productive age group. The 21–30 age group has the highest number, with 55 respondents, representing 36.9% of the total population. In terms of gender, The respondent population in the Inpatient Ward of Faisal Islamic Hospital Makassar is predominantly female. Of the 149 respondents, 83 (55.7%) are female, while the remainder are male, with 66 (44.3%).

Distribution by occupation showed that The population of respondents in the Inpatient Ward of Faisal Islamic Hospital Makassar has diverse occupational backgrounds. The occupational group with the highest number is private employees, with 37 respondents (24.8%), followed by housewives (28) (18.8%). In terms of education, Education Level in the Inpatient Ward of Faisal Islamic Hospital Makassar: It can be

concluded that the majority of respondents have a secondary to higher education level. The group with the highest percentage is high school graduates/equivalent, with 62 respondents (41.6%).

Based on treatment class, The largest group was Class III patients, with 68 patients (45.6%). This figure indicates that nearly half of the total patients chose or received the most basic class of inpatient care.

Table 2

Distribution of Determination of X-Axis, Y-Axis and Coordinates of Each Attribute in Respondents at the Inpatient Installation of Faisal Islamic Hospital, Makassar

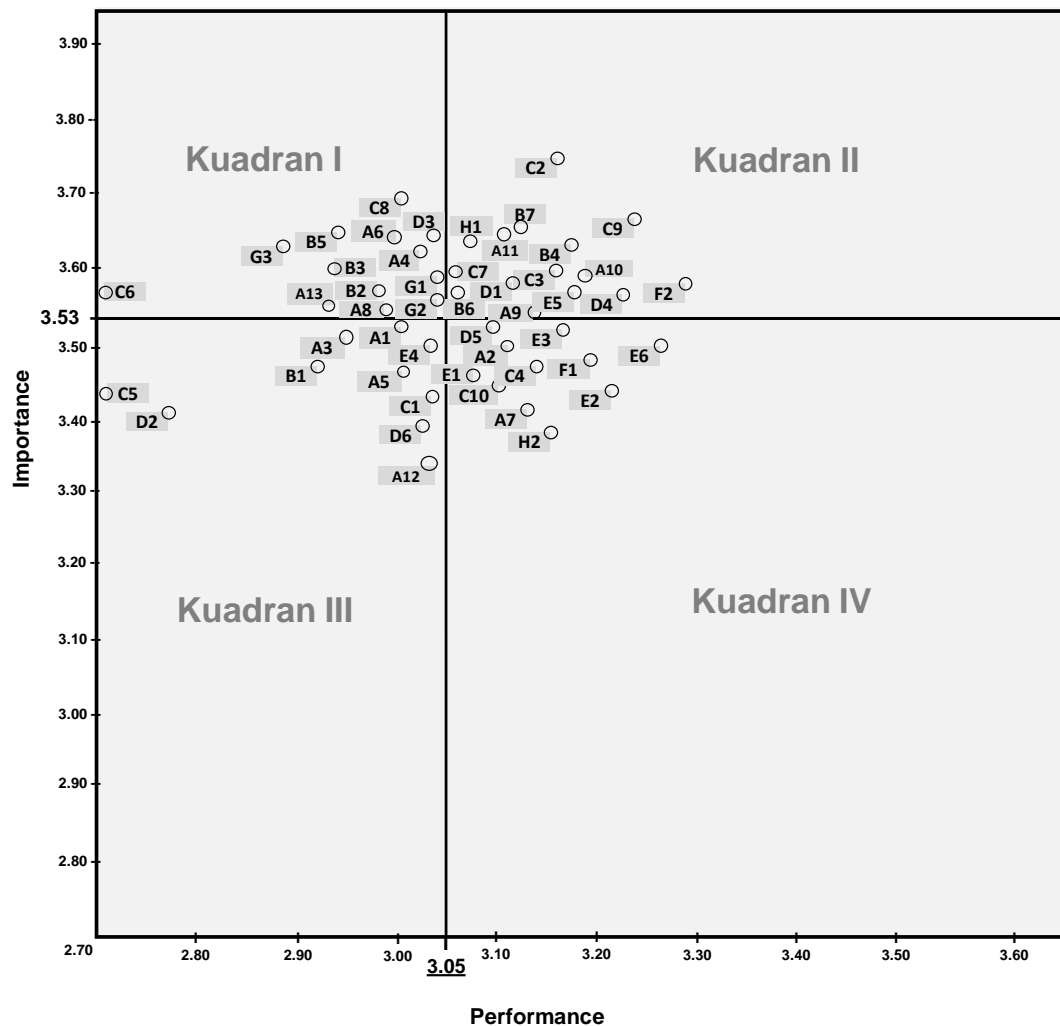
No	Attribute	Average Performance Score (X)	Average Score (Y)	Importance
1	A1 (The hospital provides affordable services for all)	3,01	3,56	
2	A2 (I have access to healthcare facilities regardless of my socioeconomic status)	3,13	3,56	
3	A3 (The hospital provides transparent information regarding treatment costs and procedures)	2,95	3,51	
4	A4 (The hospital's services help me stay optimistic in managing my illness)	3,00	3,49	
5	A5 (I feel confident that the medical services at this hospital can help my recovery)	3,08	3,54	
6	A6 (The hospital provides spiritual support tailored to my needs)	3,02	3,57	
7	A7 (I do not feel burdened by the cost of the hospital's care)	3,13	3,42	
8	A8 (The hospital provides financial solutions that help patients in need)	3,03	3,50	
9	A9 (I do not feel socially isolated during my treatment at this hospital)	3,13	3,53	
10	A10 (The hospital provides support to help me stay connected with family and friends)	3,18	3,59	
11	A11 (I feel emotionally at ease during my treatment at this hospital)	3,08	3,62	
12	A12 (Counseling or companionship services are available for patients who need emotional support)	2,99	3,35	
13	A13 (I feel emotionally supported by the medical staff during my treatment)	2,96	3,55	
14	B1 (I want healthcare that is responsive to my immediate needs)	2,93	3,48	
15	B2 (I hope healthcare services can increase my confidence in managing my illness.)	3,11	3,59	
16	B3 (I hope hospital administrative procedures are carried out quickly and efficiently.)	2,96	3,55	
17	B4 (I hope the hospital provides a sense of security during treatment, both physically and mentally.)	3,17	3,62	
18	B5 (The information provided by medical personnel is easy for me to understand.)	2,92	3,60	
19	B6 (The hospital environment supports a positive atmosphere during my treatment.)	3,05	3,56	

No	Attribute	Average Performance Score (X)	Average Importance Score (Y)
20	B7 (I feel emotionally calm during the treatment process.)	3,14	3,63
21	C1 (Patients are given clear information regarding the side effects of medications or medical procedures.)	3,03	3,48
22	C2 (Patients are always given explanations about the medical procedures to be performed.)	3,15	3,72
23	C3 (The treatment provided is appropriate to the patient's medical condition.)	3,17	3,56
24	C4 (Patients receive treatment that meets their medical needs.)	3,14	3,47
25	C5 (Doctor appointments or examinations are made on time.)	2,55	3,34
26	C6 (Medical services are provided without excessive waiting times.)	2,71	3,58
27	C7 (Hospital administrative processes are carried out efficiently.)	3,05	3,59
28	C8 (The hospital utilizes resources optimally to provide the best possible service.)	2,99	3,60
29	C9 (The hospital provides equitable access to healthcare services for all patients.)	3,23	3,64
30	C10 (There is no discrimination in healthcare services provided by (hospital)	3,10	3,42
31	D1 (The hospital responds quickly to patients' medical needs in emergencies)	3,09	3,55
32	D2 (The hospital's healthcare facilities are adequate for patients' needs)	2,71	3,42
33	D3 (The hospital offers flexibility in choosing healthcare providers (doctors/specialists)	3,04	3,60
34	D4 (The hospital provides relevant and transparent information regarding procedures and services)	3,22	3,54
35	D5 (Patients are given the opportunity to participate in decision-making regarding their care)	3,06	3,40
36	D6 (Communication between patients and healthcare professionals is clear and easy to understand)	3,04	3,62
37	E1 (Patients have the opportunity to voice their needs and interests in healthcare)	3,06	3,44
38	E2 (Patients have equal access to healthcare without discrimination)	3,22	3,38
39	E3 (Patients receive clear and transparent information regarding healthcare policies)	3,13	3,52
40	E4 (Patients are given sufficient information to understand their rights in the healthcare system)	3,02	3,48
41	E5 (I feel that no personal or group interests hinder healthcare services for patients)	3,15	3,54
42	E6 (I feel that the relationship between the government, healthcare providers, and patient groups is harmonious)	3,27	3,47
43	F1 (Explanation of the types, uses, and side effects of medications)	3,12	3,40
44	F2 (Explanation of medication timing and dosage)	3,26	3,62
45	G1 (The patient informs the doctor/nurse when experiencing pain)	2,94	3,55

No	Attribute	Average Performance Score (X)	Average Importance Score (Y)
46	G2 (The doctor/nurse assesses the patient's level of pain)	3,03	3,60
47	G3 (The patient receives pain relief when needed)	2,88	3,62
48	H1 (How food and drinks are served to the patient)	3,05	3,57
49	H2 (The variety of foods and drinks provided to the patient)	3,11	3,41
OVERALL AVERAGE		3,05	3,53

Figure 1

Cartesian Diagram of Patient Experience Attributes in Islamic Faisal Hospital Inpatient Installation, 2025



The cartesian diagram shows the distribution of the attributes studied. These attributes are divided into four quadrants: Quadrant A, Quadrant B, Quadrant C and

Quadrant D. Each attribute requires a strategy to improve patient satisfaction at Islamic Faisal Hospital.

Table 3*Results of Focus Group Discussion Recommendations with Structural Officials at Faisal Islamic Hospital*

DIMENSION	STRATEGY
Top Level Management	<p>Top management commitment is demonstrated through vision-based leadership, data-based decisions, resource support, and active involvement in continuous quality monitoring and improvement.</p> <ul style="list-style-type: none"> - Visionary Leadership and Role Model - Data- and Evidence-Based Decision Making - Integrating Quality into Hospital Strategy and Budget - Financial and Human Resource Support - Active Management Involvement in Quality Activities - Strengthening Quality Culture and Just Culture - Consistent Monitoring, Evaluation, and Accountability Systems
Team Work Cooperation And Participation	<p>Improvement of health services is driven by strengthening multidisciplinary teamwork, cross-unit collaboration, and the active participation of all staff and patients in a culture of continuous quality improvement.</p> <ul style="list-style-type: none"> - Establishing an Integrated Multidisciplinary Team - A Culture of Open Communication and Routine Coordination - Active Participation through a Just Culture Approach - Empowering Frontline Staff through Quality Circles - Collaborative Forums and Sharing Best Practices - Recognition and Reward Systems - Cross-Functional Collaboration in the Service Flow - Patient and Family Involvement in Quality Improvement
Training	<p>Improving health services is carried out through structured staff competency development, based on real, sustainable, and measurable needs, to ensure the quality of services that are safe, effective, and adaptive to developments in health science and technology.</p> <ul style="list-style-type: none"> - Data-Based Training Needs Identification - Systematic Training Program Structure - Strengthening Technical and Non-Technical Competencies - Varied and Contextual Training Methods

	<ul style="list-style-type: none"> - Standardization and Updating of Training Materials - Comprehensive Evaluation of Training Effectiveness - Developing a Culture of Continuous Learning - Mentorship Programs as a Means of Competency Transfer
Monitoring System	<p>Improvement of health services is implemented through an integrated monitoring system based on accurate, real-time, and sustainable data, as a basis for strategic decision-making and systematic improvement of service quality.</p> <ul style="list-style-type: none"> - Accurate and Real-Time Data Collection - Utilization of Hospital Management Information System (SIMS) and Performance Dashboards - Monitoring Clinical and Non-Clinical Quality Indicators - Quality Audits and Periodic Evaluations - Root Cause Analysis and Quality Improvement Teams - Integration of Patient and Employee Feedback - Safety Culture and Incident Reporting - Data-Driven Continuous Improvement Cycle
Continues Learning	<p>Improving health services is implemented through the formation of a culture of continuous learning that is integrated into daily work, based on real needs, collaborative, and supported by technology and organizational leadership.</p> <ul style="list-style-type: none"> - Developing a Culture of Continuous Learning - Real-Needs-Based Learning Programs - Knowledge Sharing and Collective Learning

4 DISCUSSION

A survey of 149 inpatients at Faisal Islamic Hospital in Makassar City showed that all aspects of service were highly important to patients. Nearly all respondents, over 95%, rated each attribute surveyed as "Important" or "Very Important." This underscores that patients care not only about medical quality but also highly value emotional, social, and financial support. The three aspects most prominently rated as "Very Important" were emotional reassurance, affordable care, and spiritual support.

This disparity highlights a gap between patient expectations and the reality of service. Despite the hospital's efforts to provide support, patients' perceptions have not fully aligned with their needs, particularly in aspects they consider highly important. For example, while emotional support is highly valued, the performance rating of "Very Good" for this attribute remains low compared to its importance. Furthermore, the findings highlight multiple dimensions, including: quality of life, symptoms and functional status, feelings/attitudes toward illness, treatment/care experiences, and attitudes toward the healthcare system. It also shows that no single instrument covers all possible dimensions [21].

This aligns with research conducted by Liu, Yinhan Hu, and Holger Pfaff (2024), which examined perceived value and expectations based on actual experiences [22]. This study examined and analyzed the gap between patients' expected value and their perceived experience after the service. It is highly relevant that all service items had higher expected values than perceived values. The item with the largest gap was "short waiting time." The most critical dimension was "price and efficiency (functional value)."

Assesses quality of life and perceptions of care quality. Focuses on physical and functional dimensions (daily functioning), and patients' perceptions of care. Provides an overview of the relationship between the lived experience of chronic illness and how patients perceive the services they receive [23].

Based on the survey results, it can be concluded that inpatients highly value subjective aspects of hospital care, such as safety, emotional reassurance, and clear communication. Not a single attribute was rated as "Very Unimportant" by respondents, indicating that these non-medical factors are integral components of their care experience. This underscores the importance of hospitals creating an environment that is not only medically effective but also psychologically supportive. Expectations regarding

outcomes and clarity of information are important for improving adherence. Interventions that strengthen support and communication can help reduce uncertainty and stress [24].

The attributes that stood out most in terms of importance were Safety (B4) and Emotional Reassurance (B7), both rated as "Very Important" by the majority of respondents. This indicates that patients prioritize safety and psychological comfort during their care. Furthermore, ease of understanding information (B5) was also rated as very crucial, confirming that transparent and understandable communication by medical personnel is crucial for reducing patient anxiety and increasing trust. How patients subjectively experience care transitions (ward, inter-hospital, and home), including how kindness, flexibility, empathy, and continuity are perceived [25].

Although these aspects are considered very important, the hospital's overall service performance was rated as good by the majority of respondents. The hospital has succeeded in creating a sense of safety and a supportive environment, as reflected in the high percentage of "Good" and "Very Good" ratings for these attributes. This success indicates that the hospital has met patient expectations in several key aspects. Many patients with palliative care needs felt that emotional well-being, respect, and communication were important factors in their experience; patients scored high on the facility aspect, but there was room for improvement, particularly in communication and psychosocial support [26].

In conclusion, to optimally improve patient satisfaction, hospitals need to focus improvement efforts on two key areas: enhancing service responsiveness and strengthening effective communication. By focusing on improving response speed and transparency of easily understood information, hospitals can bridge the gap between patient perceptions and service performance, ultimately improving overall service quality. Patients highly value humane care where staff demonstrate kindness, understanding, and flexibility to their needs. Transitions between services are particularly vulnerable to patients feeling disconnected if there is a lack of coordination and empathy [25].

Healthcare quality is "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Good healthcare quality has a positive impact on health outcomes, patient satisfaction, and patient experience. From a patient perspective, the quality of rehabilitation services is significantly influenced by patient-therapist

interactions and the comfort of the facility. Overall patient satisfaction is influenced not only by the outcome of therapy but also by the process and context of care [27].

Patients highly prioritize transparent communication and equitable access to care. This is evident in the high percentage of respondents who rated "Explanation of medical procedures (C2)" and "Equitable access to care (C9)" as "Very Important." These ratings indicate that patients value clarity of information and feel that healthcare should be accessible to all without discrimination, reflecting the importance of ethics and transparency in healthcare. Improvements should be made not only to clinical processes but also to the environment and communication to enhance the patient experience [28].

Health system responsiveness demonstrates responsiveness to the "legitimate expectations" and non-health needs of the public during interactions with the healthcare system. By identifying a set of legitimate, socially accepted, and measurable expectations, responsiveness focuses on the patient's encounter with the healthcare system and seeks to minimize the impact of other personal expectations. The dimensions of responsiveness/speed of service/hospital environment, including aspects of system services, could be a source for system responsiveness in Indonesian hospitals.

Based on the survey results, it can be concluded that patients consider all aspects of health system responsiveness to be very important. These attributes, which include rapid response, clear communication, and flexibility in choosing services, are of high importance to patients. None of the respondents rated these attributes as "Very Unimportant," confirming that patients have high expectations for a responsive and transparent system [29].

However, significant gaps remain that need to be addressed immediately. While responsiveness is generally considered good, there are serious issues related to the availability of adequate healthcare facilities (D2). Nearly a third of respondents gave this attribute a negative rating, making it the biggest barrier to service delivery. Furthermore, while communication is considered important, some respondents still feel that communication between patients and healthcare professionals is ineffective. It is highly relevant to directly measure the gap between what is important to patients and how it performs, specifically regarding the responsiveness of the hospital system (staff response to patient needs, communication, comfort) [30].

Based on data analysis, it can be concluded that patients have a high level of awareness of the political aspects of healthcare. All respondents considered attributes

such as equality, transparency, and integrity to be important. This indicates that patients care not only about the quality of medical care but also about the governance and ethics underlying the care system.

While overall performance was very good, there was room for minor improvements regarding communication and transparency. A small proportion of respondents (10.8%) still negatively assessed the delivery of information regarding patient rights (E4). Although a minority, this indicates an imperfection in ensuring that each patient receives adequate and relevant information. Competent physicians and the delivery of safe and effective care were considered the most important; access and competence of physicians performed well; and there were other important but underperforming attributes that needed improvement [31].

These positive results indicate that communication between medical personnel and patients regarding medications is effective. Patients feel reassured and have adequate understanding, which are crucial factors in the recovery process. This success demonstrates that the hospital has sound procedures in place for conveying this vital information. Pharmacists' medication counseling initiatives during hospitalization significantly increased patient satisfaction with medication communication. This means that medication communication, including pharmacist explanations, plays a crucial role and can improve the patient experience if extended throughout the hospital stay [32].

Therefore, it can be concluded that there is no significant gap between expectations and performance regarding medication management. Despite high patient expectations, the hospital successfully met them. These efforts must be maintained to ensure that patients continue to receive clear and accurate information, which ultimately improves the overall quality and safety of care. Many challenges to medication communication exist from a professional perspective: inconsistent documentation, lack of clarity regarding responsibilities for updating patient medication lists, undocumented verbal prescriptions, and transitions between units that result in patients or staff losing medication information. Proposed solutions include digitalization, training, more standardized documentation, clarity of roles and responsibilities, and a work environment that supports safe medication communication [33].

Pain management is an essential component of patient-centered healthcare. Its goal is not only to relieve pain, but also to improve quality of life, accelerate recovery, and prevent complications that can arise from poorly managed pain. Pain, both acute and

chronic, can impact a patient's physical, mental, and emotional well-being. Therefore, a comprehensive and multidimensional approach is essential, involving accurate assessment, pharmacological and non-pharmacological interventions, and patient and family education. Education about pain, patient expectations, and clear communication regarding the importance of pain control are essential [34].

Overall, the hospital's pain management performance was considered good. More than 75% of respondents gave positive ratings for all surveyed attributes. This success was particularly evident in the communication aspect, where patients felt comfortable reporting their pain, indicating that the hospital had created an environment that supported open communication between patients and medical staff. This is in line with research presented by Kimberly M. Jabusch (2015), where most patients reported that hospital staff asked about their pain, and they were involved in pain treatment decisions in many cases [35].

In conclusion, hospitals should focus improvements on the speed and availability of pain management. While communication is already good, there needs to be a more consistent system to ensure that every pain report is responded to quickly and effectively. By improving this aspect, hospitals can bridge the gap between patient expectations and actual performance, thereby improving overall patient satisfaction and experience. Patients want communication that is them-centered: open, empathetic, listening, understanding of patient preferences, and tailored solutions. Trust and the patient-provider relationship significantly influence how patients perceive their pain needs are met [36].

The dimensions of nutritional acceptance encompass more than just providing food. They involve effective communication between the medical team, the patient, and their family regarding the importance of nutritional intake. The role of nutritionists is crucial in designing diets that not only meet the patient's medical needs but also consider their taste preferences, cultural preferences, and psychological well-being. Furthermore, hospitals must ensure the availability of high-quality, hygienic, and nutritionally sound food. By integrating nutrition management as an integral part of clinical care, hospitals can significantly improve patient health outcomes and accelerate the recovery process. Several dimensions are identified, including food taste, portion size, presentation, menu variety, and cutlery/utensils. Important but underperforming dimensions (need improvement) include meal variety and utensils [37].

In conclusion, the hospital has successfully met patient expectations regarding food presentation. However, to improve overall satisfaction, the hospital could consider increasing the variety of food and beverage menus. This step would help address negative perceptions from some patients and ensure that nutrition services are not only high-quality, but also appealing and diverse. International research measures patient experiences related to mealtimes, food access, food choices, physical and organizational barriers to food provision, and food quality. Patient experience is measured through specific mealtime care domains, which can be used as indicators of performance versus importance [38].

5 LIMITATION

The study was conducted only at the Inpatient Unit of Faisal Islamic Hospital in Makassar, so the results cannot be generalized to other hospitals. The majority of respondents were BPJS Kesehatan patients and were predominantly of productive age and with secondary to higher education levels. Therefore, the experiences of patients with varying characteristics have not been optimally described. The data used are subjective because they are based on patient perceptions, and were collected using a cross-sectional design, thus unable to describe changes in patient experiences over time or establish causal relationships. Furthermore, this study focused only on inpatients and did not explore aspects of patient experiences in depth through a qualitative approach.

6 FURTHER RESEARCH

6.1 Further research

Further research should be conducted in various hospitals with different characteristics to increase the generalizability of the findings. The use of longitudinal designs and qualitative or mixed methods approaches is needed to explore patient experiences more deeply and assess changes in patient experience over time, particularly regarding waiting times, communication, and service transparency.

7 CONCLUSION

Inpatient services at Faisal Islamic Hospital Makassar have generally provided a good patient experience, but continuous quality improvement is still needed, especially in terms of service time efficiency, which must be supported by an integrated quality management system and oriented towards the clinical, emotional, and spiritual needs of patients.

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CONFLICT OF INTEREST

There is no conflict of interest in this study.

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Authors' Contribution

Sri Sulastri contributed to the study conception and design, data collection, data analysis and interpretation, and manuscript preparation. Syahrir A. Pasinringi and Noer Bahry Noor provided academic guidance throughout the research process, including refinement of the study design, methodological supervision, data interpretation, and critical revision of the manuscript. Fridawaty Rivai and Nurmala Sari contributed through critical evaluation of the study, providing constructive feedback and recommendations to improve the scientific quality and clarity of the manuscript. All authors reviewed and approved the final version of the manuscript.

Data availability

The datasets generated and/or analyzed during the current study are not publicly available but may be obtained from the corresponding author upon reasonable request.

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