

Priority Analysis for Service Marketing Mix (7P) Improvement Based on Patient Perceptions Using Importance-Performance Analysis (IPA) at a SPV II Clinic

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Abstract

Company clinics play a strategic role in maintaining employee health and organizational productivity. However, systematic evaluation of service quality from the patient's perspective is often not conducted in a structured manner, leaving management without an adequate basis for determining effective improvement priorities. The absence of objective, data-driven assessment frequently results in misallocated resources and unfocused quality improvement efforts. This study aims to analyze the priority of Service Marketing Mix (7P) improvements based on patient perceptions using Importance-Performance Analysis (IPA) at SPV II Clinic, a company-owned healthcare facility serving approximately 12,000 patient visits annually. A descriptive quantitative design with a survey approach was employed. The sample comprised 30 respondents selected through accidental sampling among patients who had received services at the clinic during the research period. The instrument used was a SERVQUAL-based questionnaire with 25 items covering five service quality dimensions: Tangible, Reliability, Responsiveness, Assurance, and Empathy, subsequently mapped to the seven 7P components. Prior to analysis, all items were confirmed valid and reliable through Pearson Product-Moment correlation and Cronbach's Alpha testing. IPA results indicate that of 25 service attributes, one falls in Quadrant A (top improvement priority): service timeliness (R3). Fourteen attributes were in Quadrant B (maintain performance), six in Quadrant C (low priority), and four in Quadrant D (possible overkill). Based on 7P mapping, the Process component requires the most urgent attention, followed by Place (operating hours evaluation) and Product (medical equipment renewal). The People and Assurance dimensions emerged as the clinic's core strengths. This study offers methodological and practical contributions by integrating SERVQUAL, IPA, and the 7P framework as a comprehensive, data-driven tool for company clinic management to systematically prioritize service quality improvements.

Keywords: Importance-Performance Analysis, Service Marketing Mix, Service Quality, Company Clinic, Patient Satisfaction

JEL Codes: I11, M31, C83

1. Introduction

1.1 Background

Workplace health services represent a critical component of modern human resource management systems. Company clinics function not merely as treatment facilities but as strategic instruments for maintaining productivity, reducing absenteeism, and enhancing overall employee well-being ([Berry & Parasuraman, 1991](#)). In this context, the quality of services provided by company clinics has a direct impact on employee satisfaction as patients and ultimately affects overall organizational performance.

SPV II Clinic is a company healthcare facility serving approximately 40 patient visits per day, or roughly 12,000 visits per year. Services are supported by 13 healthcare professionals, two examination rooms, one treatment room, a clinic information system, a queuing system, pharmacy services, medical check-up (MCU) services, and a referral pathway. This high visit volume reflects the clinic's strategic role within the company's occupational health ecosystem and underscores the need for systematic, measurable service quality management.

As visit volume increases, patient expectations for service quality naturally escalate. Research indicates that service customer expectations are dynamic and continuously evolve with prior service experiences ([Elina et al., 2025](#)). Meanwhile, initial observations revealed that Klinik SPV II had never conducted systematic and documented patient satisfaction measurement. This situation leaves management without objective and comprehensive information about the gap between delivered service quality and patient expectations, potentially leading to misallocated resources and unstructured quality improvement efforts ([Surjono, 2025](#)).

Multiple empirical studies have demonstrated that healthcare service quality is positively and significantly correlated with patient satisfaction ([Elina et al., 2025](#); [Rizqulloh & Artati, 2025](#)), patient loyalty ([Surjono, 2025](#)), and sustained healthcare facility utilization ([Surjono, 2025](#)). Discrepancies between service expectations and performance not only generate patient dissatisfaction but can also erode trust in healthcare facilities, ultimately damaging the organization's overall reputation ([Hidayat et al., 2021](#)). Periodic service quality evaluation is therefore an urgent necessity for every healthcare organization, including company clinics.

1.2 Problem Identification and Statement

In the service sector, service quality is fundamentally determined by the congruence between expected service and perceived service experienced by customers ([Parasuraman et al., 1985](#)). The gap between these two, known as the service gap, can be systematically identified through standardized measurement instruments. One of the most widely used approaches in service quality evaluation is the SERVQUAL model developed by [Parasuraman et al. \(1985\)](#), which measures service quality through five core dimensions: Tangibles, Reliability, Responsiveness, Assurance, and Empathy.

In the service marketing context, the Service Marketing Mix (7P) framework offers a more comprehensive perspective by adding three elements to the traditional 4P mix: People, Process, and Physical Evidence ([Sari et al., 2021](#)). These seven components collectively shape the service experience perceived by customers. In healthcare, all seven elements encompass not only the medical care received but also healthcare professional competence, service procedures, accessibility, queuing systems, and physical facility conditions ([Riduansyah, 2020](#)).

Prior research has primarily focused on SERVQUAL-based service quality measurement or on examining the influence of service quality on patient satisfaction in general healthcare facilities ([Elina et al., 2025](#); [Surjono, 2025](#); [Rizqulloh & Artati, 2025](#)). Some studies have used IPA to identify priority service attributes for improvement in clinics or hospitals ([Hidayat et al., 2021](#);

[Riduansyah, 2020](#)). However, research that explicitly integrates the SERVQUAL framework, IPA method, and 7P mapping in the context of company clinics remains scarce. This integrated approach can produce more operational, data-driven improvement recommendations directly actionable by management.

1.3 Research Objectives

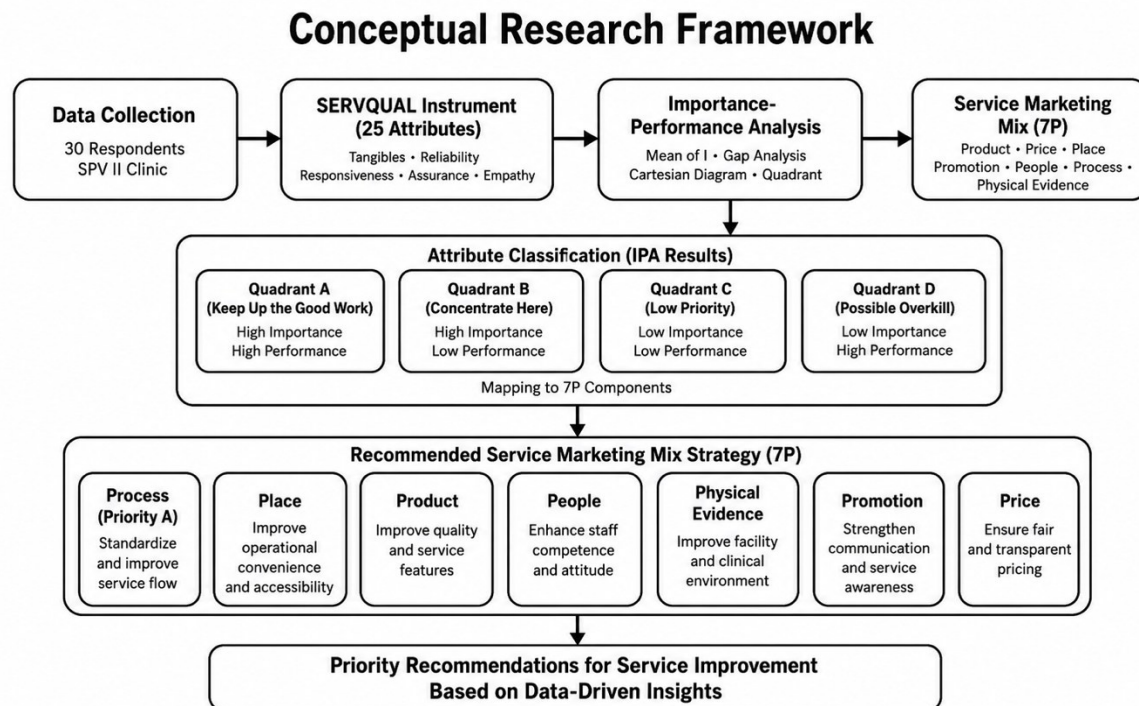


Figure 1. Research Conceptual Framework: Integration of SERVQUAL, IPA, and Service Marketing Mix (7P)

Based on the problem identification above, this study aims to: (1) identify the importance and performance levels of each Klinik SPV II service attribute based on patient perceptions using the SERVQUAL instrument; (2) map service attributes into IPA quadrants to determine improvement priorities; and (3) formulate service improvement strategies based on the mapping of priority attributes into the Service Marketing Mix (7P) components. The findings are expected to provide a sound basis for developing targeted, effective, and efficient service quality improvement policies at SPV II Clinic.

2. Literature Review

2.1 The Concept of Service Quality

Service quality is central to the ability of service organizations to retain customers and sustain competitive advantage. It is commonly understood as the result of comparing customer expectations with the service actually perceived, while the overall judgment reflects the excellence or superiority of the service ([Parasuraman et al., 1985](#)). This perspective emphasizes the perceptual nature of service quality, meaning that quality is determined not only by technical production standards but also by customers' subjective assessments of their service experiences.

In healthcare contexts, service quality is more complex than in many general service settings because it involves physical health, patient safety, and psychological well-being ([Sari et al.,](#)

2021). [The Institute of Medicine \(2001\)](#) defines healthcare quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. In company clinic settings, service quality encompasses not only clinical competence but also service process efficiency, environmental comfort, staff responsiveness, and ease of access ([Riduansyah, 2020](#)).

2.2 The SERVQUAL Model in Healthcare Service Quality Measurement

The SERVQUAL model developed by Parasuraman, Zeithaml, and Berry is among the most widely used service quality measurement instruments in service research, including healthcare (Parasuraman et al., 1985). It measures service quality through five dimensions known by the acronym RATER. First, Reliability: the organization's ability to deliver promised services accurately, dependably, and consistently. This includes service timeliness, accuracy of information provided, and consistency of service standards ([Parasuraman et al., 1985](#)).

Second, Assurance: the knowledge, competence, courtesy, and ability of staff to inspire trust and confidence in customers. In healthcare, this dimension is especially critical as it relates directly to patient confidence in medical staff capabilities ([Parasuraman et al., 1985](#)). Third, Tangibles: the appearance of physical facilities, equipment, personnel, and communication materials. Well-maintained facilities signal professionalism and provide patients with positive cues about forthcoming service quality ([Parasuraman et al., 1985](#)). Fourth, Empathy: the caring and individualized attention provided to each customer, encompassing understanding of specific needs, flexible operating hours, and personalized treatment ([Parasuraman et al., 1985](#)). Fifth, Responsiveness: the willingness and readiness of staff to assist customers and provide prompt, appropriate service ([Parasuraman et al., 1985](#)).

In healthcare research, SERVQUAL has been proven valid and reliable as a patient satisfaction measurement instrument across diverse contexts including hospitals, clinics, primary health centers, and other healthcare facilities ([Elina et al., 2025](#); [Rizqulloh & Artati, 2025](#); [Hidayat et al., 2021](#)). SERVQUAL results not only identify dimensions requiring improvement but also enable benchmarking across facilities and monitoring of quality improvement progress over time.

2.3 Service Marketing Mix (7P) in Healthcare Services

The Service Marketing Mix (7P) was introduced by [Booms and Bitner \(1981\)](#) as an extension of the traditional 4P marketing mix, which was considered insufficient for capturing the complexity of service marketing. The three additional elements are People, Process, and Physical Evidence. In healthcare contexts, the seven components can be elaborated as follows.

Product refers to the package of health services offered, including types of medical services, health programs, and additional services available. In company clinics, product encompasses curative services (disease treatment), preventive services (MCU, vaccination), and promotive services (employee health education) ([Sari et al., 2021](#)). Price in company clinic contexts is often not directly perceived by employees as it is typically covered by the company, yet remains relevant from a management perspective in terms of service cost efficiency. Place encompasses the clinic's location, accessibility, operating hours, and service availability, all aligned with employee needs ([Lovelock & Wright, 2002](#)). Promotion covers communication and socialization of services to employees, including information about available health programs.

People is a critical element in healthcare as healthcare professionals are the front line of service

delivery. Clinical competence, professional attitude, communication skills, and empathy directly influence patients' perceived service quality ([Sari et al., 2021](#)). Process encompasses the procedures, mechanisms, and activity flows used in service delivery, including registration systems, queuing systems, examination flows, and medication dispensing. Service process efficiency significantly impacts patient waiting time and overall satisfaction ([Riduansyah, 2020](#)). Physical Evidence encompasses the physical environment where services are provided, including cleanliness, tidiness, waiting room comfort, and availability of supporting facilities ([Sari et al., 2021](#)).

2.4 Importance-Performance Analysis (IPA)

Importance-Performance Analysis (IPA) was introduced by [Martilla and James \(1977\)](#) as a simple yet effective analytical tool for evaluating service attributes and determining improvement priorities. Its strength lies in assessing not only service attribute performance but also their importance to customers. This approach is highly relevant in service management contexts where limited resources require careful prioritization of quality improvement efforts.

The fundamental principle of IPA is that not all service attributes carry equal weight in customers' assessments, so resource allocation for quality improvement should focus on attributes customers consider most important yet that still perform poorly ([Hidayat et al., 2021](#)). Technically, IPA produces a two-dimensional Cartesian diagram with the X-axis representing performance level and the Y-axis representing importance level. The overall means of both dimensions serve as intersection points dividing the diagram into four quadrants.

Quadrant A (Concentrate Here) contains attributes considered important by customers but with low performance, representing top priorities for immediate improvement as they risk generating significant dissatisfaction. Quadrant B (Keep Up the Good Work) contains important and high-performing attributes that should be maintained as organizational strengths ([Hidayat et al., 2021](#)). Quadrant C (Low Priority) contains low-importance and low-performance attributes that are not prioritized for short-term improvement. Quadrant D (Possible Overkill) contains high-performing but low-importance attributes, indicating potential over-allocation of resources to attributes of lesser value to customers ([Riduansyah, 2020](#)).

2.5 Integration of IPA and 7P in Healthcare Service Evaluation

The integration of IPA methodology with the Service Marketing Mix (7P) framework offers a more comprehensive and operational analytical approach than using either method alone. Through this integration, service attributes evaluated via IPA can be mapped to relevant 7P components, enabling improvement recommendations to be directly linked to responsible management functions ([Sari et al., 2021](#)). This integrated approach allows management to design quality improvement programs grounded not only in customer perception data but also structured within an academically and practically recognized service marketing framework ([Lovelock & Wright, 2002](#)). The increasing use of digital platforms has also shifted service development toward more participatory approaches. Digital technology can facilitate user engagement, collaborative communication, and the co-creation of organizational value by enabling service users to participate in providing information and feedback ([Wijaya et al., 2026](#)). In the context of healthcare services, this perspective suggests that digital service systems should be designed not only to improve operational efficiency but also to strengthen patient involvement in continuous service evaluation.

Several prior studies have employed similar approaches in different contexts. [Hidayat et al.](#)

(2021) used IPA to evaluate clinic service quality and found that reliability, particularly timeliness, consistently emerged as a top-priority attribute for improvement. [Riduansyah \(2020\)](#) used SERVQUAL to analyze service quality at a university health clinic and found the largest gaps in the responsiveness and reliability dimensions. However, the explicit integration of IPA with the 7P framework in company clinic contexts remains a research gap that this study seeks to address as its primary contribution.

3. Research Method

3.1 Research Design and Approach

This study employed a descriptive quantitative research design with a survey approach. A quantitative approach was selected as the study aims to measure and describe operationally defined variables, namely the importance and performance levels of service attributes, based on numerical data amenable to statistical analysis ([Surjono, 2025](#)). A descriptive design was used as the study does not aim to examine causal relationships between variables but to describe the actual state of service quality based on patient perceptions during a specific period.

The research site was Klinik SPV II, a company-owned healthcare facility. The site was selected because the clinic had never conducted a systematic service quality evaluation, making the research findings highly practical for management. Data collection was conducted over a one-month period to ensure adequate representation of respondents from diverse employee groups utilizing clinic services.

3.2 Population and Sample

The study population comprised all patients visiting Klinik SPV II during the research period. Based on historical data, the average daily patient visits are 40, or approximately 800-900 per month. Sampling was conducted using accidental sampling, a technique where individuals who happen to encounter the researcher and meet the inclusion criteria are recruited as respondents ([Surjono, 2025](#)).

Respondent inclusion criteria included: (1) patients who had received services at Klinik SPV II at least once during the research period; (2) aged at least 17 years or married; (3) able to read and understand the questionnaire; and (4) willing to participate voluntarily in the study. A total of 30 respondents were recruited. While the sample size is relatively small, this is considered adequate for IPA analysis in an initial exploratory study, as demonstrated by several prior studies with similar contexts ([Hidayat et al., 2021](#); [Riduansyah, 2020](#)).

3.3 Research Instrument

The research instrument was an IPA questionnaire developed based on the SERVQUAL framework and adapted for the company clinic service context. The questionnaire comprised 25 items across five SERVQUAL dimensions: Tangible (T1-T7, seven items), Reliability (R1-R5, five items), Responsiveness (RS1-RS4, four items), Assurance (A1-A4, four items), and Empathy (E1-E5, five items).

Each item was rated by respondents on two separate perspectives. First, importance level, measuring how important the attribute is to the patient in assessing service quality, on a five-point Likert scale from 1 (very unimportant) to 5 (very important). Second, performance level, measuring how well the clinic has delivered the attribute according to the patient's perception, on a five-point Likert scale from 1 (very poor) to 5 (very good). Before data collection, all instruments underwent validity testing using Pearson Product-Moment Correlation with the

criterion $r_{count} > r_{table}$ ($df=28$, $\alpha=0.05$) and reliability testing using Cronbach Alpha with the criterion of $\alpha > 0.70$.

Table 1 presents the distribution of service attributes by SERVQUAL dimension and their mapping to Service Marketing Mix 7P components, which constitutes the analytical framework of this study.

3.4 Data Analysis Technique

Data analysis proceeded through several systematic stages. The first stage was instrument suitability testing, comprising validity testing using Pearson Product-Moment correlation and reliability testing using Cronbach's Alpha. An instrument is declared valid if r_{count} exceeds r_{table} , and reliable if Cronbach Alpha exceeds 0.70.

The second stage involved calculating the mean importance ($\bar{Y}$) and mean performance ($\bar{X}$) for each service attribute based on aggregated respondent ratings. The third stage was gap analysis calculated using the formula: $\text{Gap} = \text{Performance Score (X)} - \text{Importance Score (Y)}$. A negative gap indicates that service performance falls short of patient expectations, while a positive gap indicates that performance exceeds expectations.

The fourth stage was the mapping of attributes onto the IPA Cartesian diagram. The overall mean importance (total $\bar{Y}$) and overall mean performance (total $\bar{X}$) served as coordinate points dividing the diagram into four quadrants. Attributes above the total $\bar{Y}$ are categorized as high-importance attributes, while those to the right of the total $\bar{X}$ are categorized as high-performance attributes. The fifth stage was mapping of priority attributes (particularly Quadrant A) onto Service Marketing Mix (7P) components as the basis for formulating service improvement strategy recommendations.

Table 1. Distribution of Service Attributes by SERVQUAL Dimension and 7P Component

Code	Attribute Statement	SERVQUAL Dimension	7P Component
T1	Clinic layout and design is comfortable	Tangible	Physical Evidence
T2	Service readiness (administrative speed)	Tangible	Process
T3	Adequate clinic facilities (waiting room, AC, chairs)	Tangible	Physical Evidence
T4	State-of-the-art medical equipment	Tangible	Product
T5	Staff appear neat and professional	Tangible	People
T6	Clinic location is convenient and accessible	Tangible	Place
T7	Examination room is clean, comfortable and attractive	Tangible	Physical Evidence
R1	Service delivered as promised	Reliability	Process
R2	Clinic is consistent in service delivery	Reliability	Process
R3	Timeliness of service	Reliability	Process
R4	Availability of prescribed medications	Reliability	Product
R5	Accurate service documentation	Reliability	Process
RS1	Staff respond promptly to patient needs	Responsiveness	People
RS2	Staff are willing to assist patients	Responsiveness	People
RS3	Patients are informed of service schedules	Responsiveness	Promotion
RS4	Patient complaints are handled promptly	Responsiveness	People
A1	Staff build patient trust	Assurance	People

A2	Patients feel safe receiving services	Assurance	People
A3	Staff are polite and friendly	Assurance	People
A4	Staff have good professional knowledge	Assurance	People
E1	Clinic provides individual attention	Empathy	People
E2	Convenient operating hours	Empathy	Place
E3	Staff provide personal attention	Empathy	People
E4	Clinic prioritizes patient interests	Empathy	People
E5	Staff understand specific patient needs	Empathy	People

Source: Developed from Lovelock and Wright (2002) and Parasuraman et al. (1985)

Table 2. Research Data Analysis Stages

Stage	Analysis Activity	Output
1	Validity testing (Pearson Product-Moment)	Confirmation of each item's suitability
2	Reliability testing (Cronbach Alpha)	Instrument internal consistency
3	Mean importance (Y) calculation per attribute	Average importance scores
4	Mean performance (X) calculation per attribute	Average performance scores
5	Gap analysis (X - Y) per attribute	Service gap identification
6	IPA Cartesian diagram mapping	4-quadrant attribute classification
7	Quadrant mapping to 7P components	Service improvement strategy recommendations

Source: Adapted from Martilla and James (1977) and Parasuraman et al. (1985)

4. Findings and Discussions

This section presents the results of Importance-Performance Analysis (IPA) on 25 Klinik SPV II service attributes based on the perceptions of 30 patient respondents, followed by a discussion of the mapping results to Service Marketing Mix (7P) components and their implications for service improvement strategy.

4.1 Respondent Characteristics

Of the 30 respondents who participated in the study, the majority were active company employees utilizing Klinik SPV II services for general medical treatment. All respondents met the established inclusion criteria, having received services at least once at Klinik SPV II and willingly participating. The diverse distribution of respondents across divisions and work units provided adequate perspective variation for this exploratory analysis.

4.2 Validity and Reliability Test Results

Prior to IPA, all 25 questionnaire items underwent validity and reliability testing. Validity testing using Pearson Product-Moment correlation with an r table of 0.361 ($df=28$, $\alpha=0.05$) confirmed all items as valid, with r counts exceeding the r table for each item. Reliability testing using Cronbach's alpha yielded alpha values of 0.87 for the importance scale and 0.89 for the performance scale. Both values exceed the 0.70 threshold, confirming instrument reliability for further analysis. These results demonstrate that the developed questionnaire possesses good internal consistency ([Parasuraman et al., 1985](#)).

4.3 Mean Importance and Mean Performance Analysis Results

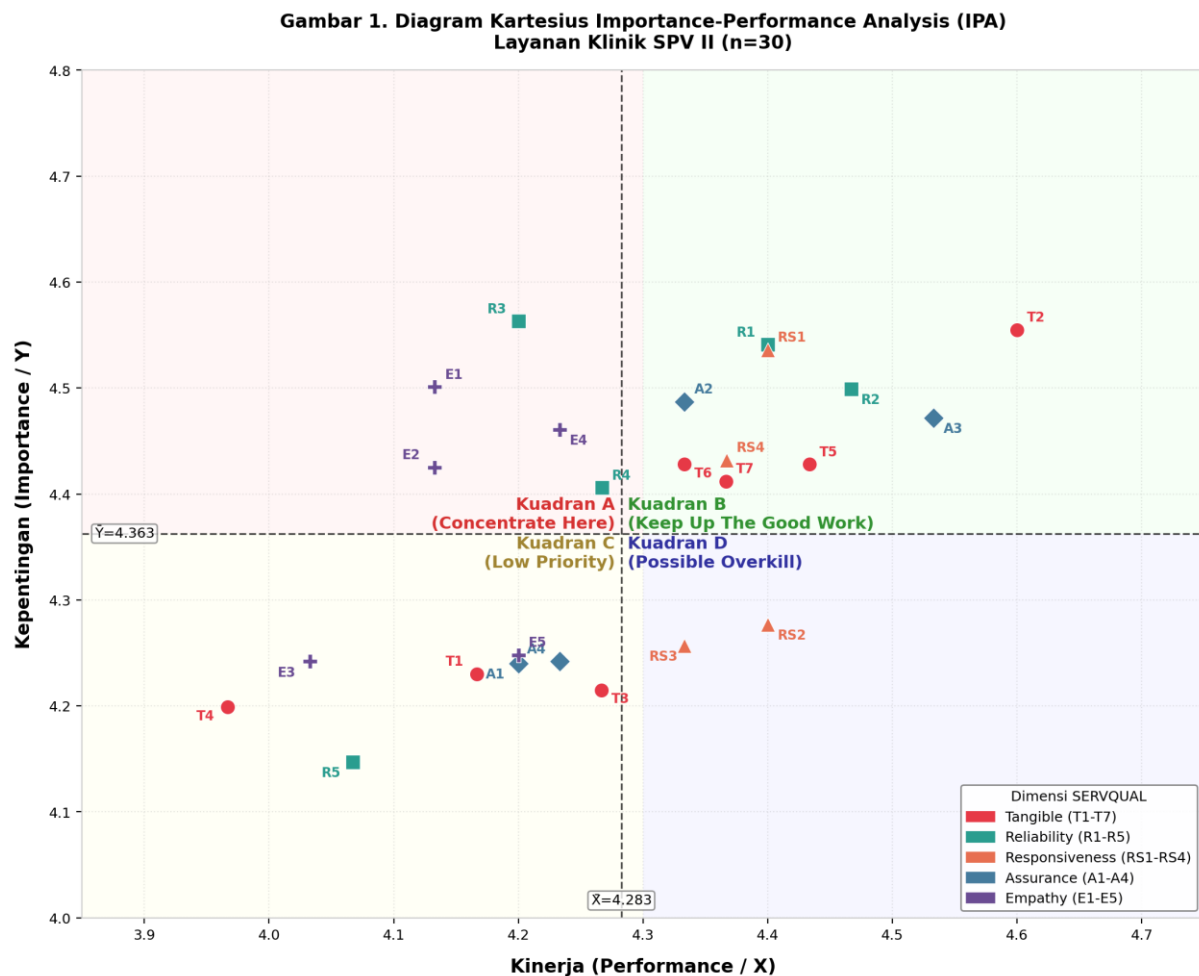


Figure 1. Importance-Performance Analysis (IPA) Cartesian Diagram for SPV II Clinic Services

Source: IPA Analysis Results, 2025

Based on the calculations of mean importance ($\bar{Y}$) and mean performance ($\bar{X}$) across all 25 attributes, the overall means were used to determine the IPA diagram axis intersection points. The overall mean importance (total $\bar{Y}$) was 4.42, and the overall mean performance (total $\bar{X}$) was 4.31. These values are used as boundary lines to separate high- and low-importance attributes (horizontal axis) and high- and low-performance attributes (vertical axis) in the IPA Cartesian diagram.

Overall results indicate that the majority of Klinik SPV II service attributes are rated as important by respondents (mean importance above 4.00 on a 5-point scale), indicating that employees hold high expectations across all service dimensions. Meanwhile, mean performance values averaging slightly below mean importance values indicate the presence of service gaps, though these are not large for most attributes.

4.4 IPA Quadrant Mapping Results by Dimension

Based on IPA, the 25 Klinik SPV II service attributes were classified into four quadrants. The distribution of attributes by SERVQUAL dimension is summarized in Table 3.

In the Tangible (physical evidence) dimension, seven attributes were analyzed. No attribute fell

in Quadrant A, indicating that the clinic's physical aspects generally meet patient expectations. Attributes T2 (administrative speed), T5 (staff appearance), T6 (clinic location), and T7 (examination room cleanliness) fell in Quadrant B and their performance should be maintained. Attributes T1 (clinic layout) and T4 (state-of-the-art medical equipment) fell in Quadrant C with both importance and performance below average, while attribute T3 (waiting room facilities) fell in Quadrant D, indicating high performance but relatively low importance according to patient perceptions.

In the Reliability dimension, five attributes were analyzed. Attribute R3 (service timeliness) is the sole Quadrant A attribute across the entire questionnaire, making it the most urgent top priority for improvement, as patients rate this attribute as highly important, but its performance remains inadequate. Attributes R1 (service as promised), R2 (service consistency), and R4 (availability of prescribed medications) fell in Quadrant B, and their performance should be maintained. Attribute R5 (accurate service documentation) fell in Quadrant C as a low priority.

In the Responsiveness dimension, no attribute fell in Quadrant A. Attributes RS1 (staff responsiveness) and RS4 (complaint handling) fell in Quadrant B. Attribute RS3 (service schedule information) fell in Quadrant C, and attribute RS2 (willingness to assist) in Quadrant D. In the Assurance dimension, no attribute was in Quadrant A. Attributes A2 (patient safety feeling) and A3 (staff courtesy) fell in Quadrant B as core clinic strengths, while A1 (trust building) and A4 (staff knowledge) fell in Quadrant C. In the Empathy dimension, E1 (individual attention), E2 (operating hours), and E4 (prioritizing patient interests) fell in Quadrant B; E3 (personal attention) in Quadrant C; and E5 (understanding specific needs) in Quadrant D.

4.5 Mapping of IPA Attributes to Service Marketing Mix (7P) Components

After obtaining the IPA quadrant classifications, service attributes were mapped to relevant Service Marketing Mix (7P) components. This mapping enables management to identify which 7P components most urgently require attention and strategic intervention.

The Process component demands the most urgent attention, as it encompasses the Quadrant A attribute (R3: service timeliness) and several Quadrant B attributes requiring maintenance (R1, R2, T2). The Quadrant A placement of service timeliness indicates that patients highly value time efficiency and schedule adherence, but find actual performance falling short of these expectations. This finding aligns with studies that consistently demonstrate that waiting time is a primary determinant of patient satisfaction in healthcare facilities ([Hidayat et al., 2021](#); [Riduansyah, 2020](#)).

The People component encompasses the highest proportion of Quadrant B attributes, including RS1, RS4, A2, A3, E1, and E4. This indicates that the competence and attitude of Klinik SPV II healthcare professionals are already well-regarded by patients and represent core strengths requiring maintenance. The Place component warrants attention regarding attribute E2 (operating hours) in Quadrant B but with an importance-performance gap requiring periodic monitoring, given that employees with diverse shift schedules have varying service access needs. The Product component merits attention regarding T4 (medical equipment) in Quadrant C, which could shift to Quadrant A if patient expectations increase with medical technology advancements. Physical Evidence, Promotion, and Price components are generally in good condition with most attributes in Quadrant B and C.

4.6 Discussion and Service Improvement Strategy Recommendations

The study's primary finding, namely service timeliness (R3) as the sole Quadrant A attribute, aligns with prior studies that consistently position time efficiency as a critical determinant of patient satisfaction in healthcare facilities ([Hidayat et al., 2021](#); [Riduansyah, 2020](#)). From the service-profit chain perspective, internal service quality, including process efficiency, supports employee satisfaction and productivity and ultimately affects customer value and satisfaction ([Heskett et al., 1994](#)). Company clinics that deliver timely services can reduce the time employees spend obtaining medical care, thereby helping preserve organizational productivity.

Based on IPA mapping and the 7P framework, service improvement strategy recommendations are presented in Table 5. For the Process component, recommended steps include: implementing a digital queuing system enabling patients to monitor estimated wait times in real-time; flow mapping and service optimization to identify and eliminate bottlenecks; and establishing written service time standards for each procedural stage (e.g., registration maximum 5 minutes, physician waiting time maximum 15 minutes, medication dispensing maximum 10 minutes). The proposed digital queuing system should not merely serve as an administrative technology but also function as an interactive mechanism through which patients can obtain real-time service information and provide feedback on their experiences. Recent research emphasizes that digital platforms generate stronger organizational value when they facilitate participation, engagement, and the co-creation of service experiences rather than functioning solely as one-way communication tools ([Wijaya et al., 2026](#)). Accordingly, the development of the clinic's digital queuing system should include estimated waiting times, service notifications, patient feedback features, and periodic evaluation based on user responses. For the Place component, evaluating and adjusting clinic operating hours to align with employee shift patterns should be conducted through a service hour preference survey. For the Product component, periodic medical equipment audits and development of an equipment replacement roadmap prioritized by age and clinical urgency should be scheduled in annual budgets.

Study results also indicate that Klinik SPV II's core strengths lie in the People (healthcare professional competence and attitude) and Assurance (safety and courtesy assurance) dimensions. These strengths must be sustained through ongoing competency development programs, regular clinical supervision, and recognition systems for healthcare professionals who deliver excellent service. This approach is consistent with service excellence principles emphasizing that human resources are the most decisive factor in service quality ([Sari et al., 2021](#)).

Table 3. Summary of IPA Analysis Results by SERVQUAL Dimension

Dimension	Quadrant A (Improve)	Quadrant B (Maintain)	Quadrant C (Low Priority)	Quadrant D (Overkill)
Tangible	-	T2, T5, T6, T7	T1, T4	T3
Reliability	R3	R1, R2, R4	R5	-
Responsiveness	-	RS1, RS4	RS3	RS2
Assurance	-	A2, A3	A1, A4	-
Empathy	-	E1, E2, E4	E3	E5

Source: IPA Analysis Results, 2025

Table 4. Mapping of IPA Attributes to Service Marketing Mix (7P) Components

7P Component	Quadrant A Attributes	Quadrant B Attributes	Quadrant C & D Attributes	Strategic Implication
Product	-	R4	T4	Periodic medical equipment renewal
Price	-	-	-	No specific attribute
Place	-	T6, E2	-	Evaluate operating hours
Promotion	-	-	RS3	Socialize service schedules
People	-	T5, RS1, RS4, A2, A3, E1, E4	-	Maintain competence & attitude
Process	R3	T2, R1, R2	R5	Priority: optimize waiting time
Physical Evidence	-	T7	T1, T3	Maintain cleanliness & comfort

Source: IPA Analysis Results and 7P Adaptation, 2025

Table 5. Improvement Strategy Recommendations Based on Quadrant A and 7P Components

7P Component	Priority Attribute	Improvement Strategy	Success Indicator
Process	R3: Service timeliness	Implement a participatory digital queuing system equipped with real-time waiting-time information, service notifications, and patient feedback features; conduct service flow mapping and bottleneck analysis; and establish written service time standards.	Average waiting time < 15 minutes; patient satisfaction on service timeliness increases > 10%
Place	E2: Operating hours	Conduct service hour preference survey; align operating hours with employee shift patterns; pilot for 3 months	Service accessibility increases; no complaints about operating hours
Product	T4: Medical equipment	Medical equipment audit; develop 3-5 year replacement roadmap; CAPEX budget allocation	All medical equipment in serviceable condition; no complaints about equipment adequacy

Source: Analysis Results and Strategy Development, 2025

This participatory digital approach is consistent with the view that digital systems can strengthen user engagement and value co-creation when stakeholders are given opportunities to interact, contribute feedback, and participate in service development ([Wijaya et al., 2026](#)).

5. Conclusion

This study analyzed the priority of Service Marketing Mix (7P) improvements based on patient perceptions using Importance-Performance Analysis (IPA) at Klinik SPV II, involving 30 respondents. Based on the analysis of 25 service attributes covering five SERVQUAL dimensions, one attribute was identified in Quadrant A as the top improvement priority: service timeliness (R3), mapped to the Process component of the 7P framework. Fourteen service attributes fell in Quadrant B (maintain), indicating that Klinik SPV II possesses significant

strengths particularly in the People and Assurance components. Six attributes fell in Quadrant C (low priority) and four in Quadrant D (possible overkill). Based on 7P mapping, recommended improvement strategies encompass: (1) service process optimization through digital queuing system implementation and written service time standards (Process); (2) evaluation and adjustment of clinic operating hours to align with employee shift patterns (Place); and (3) periodic medical equipment audit and renewal (Product). This study offers a methodological contribution through an integrated approach combining SERVQUAL, IPA, and the 7P framework as a comprehensive, data-driven evaluation tool for company clinic services. Study limitations include the relatively small sample size (30 respondents) and the cross-sectional approach unable to capture changes in service quality perceptions over time. Future research recommendations include: (1) expanding the sample size to improve representativeness and generalizability; (2) adopting a mixed-methods design incorporating in-depth interviews for more comprehensive understanding; and (3) conducting longitudinal research to measure the impact of improvement strategy implementation on patient satisfaction and clinic service performance over time.

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