

Analysis of Consumer Satisfaction with the Quality of Pharmaceutical Services at Cahaya Sehat Nusukan Pharmacy, Surakarta, Using the Service Quality Plus (SERVQUAL+) Method and SWOT Analysis

Hari Waluyo^{1*}, Jason Merari Peranginangin², Lucia Vita Inandha Dewi³
Master of Pharmacy, Faculty of Pharmacy, Setia Budi University, Surakarta
Corresponding Author: Hari Waluyo waluyojoya200@gmail.com

ARTICLE INFO

Keywords: Consumer Satisfaction, Pharmaceutical Services, Service Quality Plus, SWOT Analysis, Pharmacy

Received : 28, November

Revised : 30, December

Accepted: 26, January

©2026 Waluyo, Peranginangin, Dewi:
This is an open-access article distributed under the terms of the [Creative Commons Atribusi 4.0 Internasional](https://creativecommons.org/licenses/by/4.0/).



ABSTRACT

The researcher conducted a SWOT analysis to address service quality issues at Apotek Cahaya Sehat Nusukan Surakarta. To improve service quality, it is necessary to develop several dimensions that are part of the original service quality (SERVQUAL) model, along with additional dimensions tailored to the characteristics of pharmaceutical services in pharmacies. This led to the development of the Service Quality Plus (SERVQUAL+) model. The aim of this study is to determine the level of customer satisfaction with the quality of service at Apotek Cahaya Sehat Nusukan. This research employed an associative design using a survey approach through the distribution of questionnaires. The sampling technique used was non-probability sampling with purposive sampling, involving a total of 301 respondents. The study results showed that the customer satisfaction score was 94.49%, indicating that customers were highly satisfied. The influence of the nine variables on customer satisfaction was 56.2%. The gap analysis between perceived service and expectations yielded a value of -0.06, indicating that customer expectations had not yet been fully met. From the SWOT analysis, the IFAS score was positive 0.80 and the EFAS score was positive 0.90, placing Apotek Cahaya Sehat Nusukan Surakarta in Quadrant I, which signifies an aggressive and highly favorable strategic position.

INTRODUCTION

Pharmaceutical services are a form of professionalism in the health sector, which is the responsibility of healthcare professionals, particularly pharmacists, in carrying out pharmaceutical duties to improve the quality of services and the health level of the community (Depkes, 2014). Aspects of pharmaceutical services include the friendliness of the staff, the appearance of the pharmacy or staff, availability of medicines, provision of information about medicines, and the speed of service (Wibowo, 2017).

According to the Government Regulation of the Republic of Indonesia No. 51 of 2009, pharmaceutical services are direct services provided to patients regarding pharmaceutical products, with the aim of achieving optimal outcomes in improving the quality of life for patients. According to Minister of Health Regulation No. 73 of 2016, the pharmaceutical services provided by pharmacists in pharmacies include various aspects, such as clinical and community pharmacy services, which cover prescription review and services, dispensing, drug information services (DIS), counseling, home pharmacy care, medication therapy monitoring (MTM), monitoring of adverse drug reactions (ADR), as well as services for over-the-counter (OTC) drugs or self-medication. The role of pharmacists in pharmaceutical services is increasingly expected to enhance their knowledge, skills, and attitudes to interact directly with patients. These interactions include providing information about medicines and counseling for patients in need.

According to Manan et al. (2021), self-medication pharmaceutical services have become the largest contributor to the turnover in pharmacies, as about 60.4% of consumers who visit pharmacies do not bring prescriptions and prefer to engage in self-medication. Therefore, the role of pharmacists is crucial in providing pharmaceutical services, including selecting appropriate medications and providing the necessary information to prevent medication errors. Meanwhile, only 36.6% of consumers bring prescriptions, which is influenced by the BPJS era, where doctor's prescriptions can be directly served at healthcare facilities such as clinics and hospitals that have partnered with BPJS.

According to Tjiptono and Chandra (as cited in Pranitasari et al., 2021), service quality can be defined as a measure of how well the actions or services provided by the service provider meet consumer expectations. The better the quality of service provided, the higher the level of consumer satisfaction. There are two main factors that affect service quality: the service expected by consumers (expected service) and the service actually received by consumers (perceived service). If the service received matches consumer expectations, the service quality will be perceived as good and satisfying. Conversely, if the service received is lower than expected, the service quality will be perceived as poor and unsatisfactory.

Consumer satisfaction is influenced by the overall service provided, including administrative services, medicines, facilities and equipment, as well as the conditions of the pharmacy itself. Patient satisfaction is an important indicator in healthcare services. It measures how satisfied patients are with the healthcare they receive from service providers by comparing patients'

perceptions to their expectations. This comparison may lead to feelings of happiness or satisfaction if the service meets expectations, and disappointment or dissatisfaction if it does not. Patients feel satisfied if their perception matches their expectations, dissatisfied if their perception is lower than expectations, and very satisfied if their perception exceeds their expectations (Lely & Suryati, 2018).

Based on the background above, the researcher is interested in conducting a study on consumer satisfaction with the quality of pharmaceutical services at Cahaya Sehat Nusukan Pharmacy in Surakarta, using the SERVQUAL+ method and SWOT analysis to identify and address dissatisfaction through strategic planning models and business development. According to Ngurah (2018), SWOT analysis can assist in decision-making regarding the introduction of new programs in institutions with extraordinary visions and missions, with a focus on future goals in the business world. SWOT analysis also compares external and internal factors. External factors consist of opportunities and threats, while internal factors include strengths and weaknesses, which will impact the decision-making process to quickly and appropriately address various issues.

LITERATURE REVIEW

Definition of a Pharmacy

According to Government Regulation No. 51 of 2009, a pharmacy is a facility for pharmaceutical services or a place where pharmaceutical practices are carried out by pharmacists. In establishing a pharmacy, the management is required to obtain a Pharmacy License (SIA), which is valid for five years and must be renewed thereafter. One of the requirements for obtaining the Pharmacy License is the presence of a responsible pharmacist who holds a valid Pharmacist Practice License (SIPA). According to Minister of Health Regulation No. 9 of 2017, the regulation of pharmacies aims to improve the quality of pharmaceutical services in pharmacies, provide protection to patients and the public in receiving pharmaceutical services, and ensure legal certainty for pharmacy personnel in carrying out their duties.

SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats)

SWOT analysis is a commonly used method for formulating strategies for companies, organizations, or industries. This method evaluates based on strengths, weaknesses, opportunities, and threats. In this analysis, the strengths and weaknesses within the company are categorized as internal factors, while the opportunities and threats faced by the company are categorized as external factors. SWOT analysis is a method used to identify various factors and determine the best strategies that can be applied. This analysis process is based on the assumption that effective strategies can optimize strengths and opportunities, while minimizing weaknesses and threats faced by the company.

Pharmaceutical Services

According to Minister of Health Regulation No. 73 of 2016, Pharmaceutical Services are direct services that are responsible to the patient related to pharmaceutical preparations, with the aim of achieving certain outcomes to improve the quality of the patient's life. Pharmaceutical services

refer to all forms of services provided by pharmacy personnel (pharmacists or other pharmacy staff) related to the safe, accurate, effective, and efficient use of medications to support patient health. The main goal of pharmaceutical services is to ensure that patients receive the maximum benefit from the medications used, while minimizing the risk of harmful side effects or drug interactions (patient safety). Therefore, the regulation also sets standards for pharmaceutical services in pharmacies, which necessitates the creation of standard operating procedures. In general, pharmaceutical services in pharmacies to the public consist of prescription services and over-the-counter/self-medication services.

Factors in SWOT Analysis. According to Rangkuti (2017), in the SWOT analysis method for addressing business cases, there are several factors that need to be considered in the analysis process, namely:

1. **Strengths** refer to the resources or advantages that the company possesses, which make it superior in meeting customer needs compared to competitors. These strengths include financial resources, the company's reputation, market leadership position, relationships between buyers and suppliers, and various other factors that can be considered as the company's strengths.
2. **Weaknesses** refer to the shortcomings, limitations, or disadvantages that the company has, which can become obstacles in meeting customer needs. These weaknesses include inadequate infrastructure, low managerial capabilities, marketing that does not align with market needs, less popular products, insufficient profit levels, and various other factors that can be considered as weaknesses.
3. **Opportunities** are external factors that can be leveraged for the company's benefit in its business environment. These opportunities include government policies that support the business, technological advancements, and the restoration of relationships with buyers that can be used as opportunities for the company.
4. **Threats** are situations that do not provide advantages for the company. These threats can become barriers for the company in facing market competition. Threats may include the emergence of new competitors, companies that fall behind in keeping up with technological developments, changes in technology, and increased bargaining power of key buyers or suppliers, along with other factors that can be considered as threats.

METHODOLOGY

Research Design

A research design is a scientific approach to solving a problem by collecting and processing available facts. The research design to be used in this study is associative research, which aims to determine the relationship between two or more variables (Sugiyono, 2004). This research will be conducted through a direct survey in the field. Data will be collected directly from respondents via questionnaires that contain a set of questions to be answered by respondents of Cahaya Sehat Nusukan Pharmacy in Surakarta.

Research Data

Types of Data

The data in this research is divided into two classifications, namely:

Primary Data: Primary data is data obtained from respondents who make visits and purchases, both prescription and over-the-counter medications, at Cahaya Sehat Nusukan Pharmacy in Surakarta in 2025.

Secondary Data: Secondary data is data obtained indirectly from respondents in the form of literature, journals, and other data sources.

Data Analysis Techniques

Instrument Testing

1. **Validity Test:** According to Junaidi (2010), the validity test is often used to measure the accuracy of an item in a questionnaire or scale, determining whether the items in the questionnaire are appropriate for measuring what is intended to be measured. The validity test used is the item validity test. Item validity is indicated by the correlation or support against the total item score (total score). The calculation is done by correlating the item score with the total item score. The correlation coefficient resulting from the calculation is used to measure the validity level of an item and determine whether the item is appropriate for use. The determination of whether an item is acceptable for use is usually done by testing the significance of the correlation coefficient at a significance level of 0.05, meaning that an item is considered valid if it is significantly correlated with the total score, or if a direct assessment of the correlation coefficient is made, a minimum correlation value of 0.3494 is used for a test sample of 30 respondents with a two-tailed significance level. The testing technique commonly used for validity testing in the SPSS program version 21 is Corrected Item-Total Correlation.
2. **Reliability Test:** According to Sugiyono (2019), a reliability test is defined as the level of consistency of measurement results when applied to the same object, producing similar data. The purpose of the reliability test is to assess the extent to which the measurement results remain stable if measurements on the same phenomenon are repeated two or more times using the same measuring instrument. The test is typically conducted using the Cronbach's Alpha value threshold, where ≥ 0.70 is considered sufficiently reliable. A value of < 0.70 is considered less reliable, while ≥ 0.80 is considered reliable, as shown in the following table:

Table 1. Interpretation of Reliability Values

Cronbach's Alpha Value	Reliability Interpretation
$\geq 0,90$	Very reliable
0,80 – 0,89	Reliable
0,70 – 0,79	Sufficiently reliable
0,60 – 0,69	Less reliable
$< 0,60$	Not reliable

Source: Sugiyono (2019)

Basic Assumption Tests

1. Kolmogorov-Smirnov (K-S) Normality Test

The Kolmogorov-Smirnov (K-S) test is a non-parametric statistical test used to determine whether the sample data follows a normal distribution. Non-parametric tests do not rely on specific distribution parameters (such as mean and standard deviation). The decision criteria are as follows:

- a. If the significance value (Asymp. Sig.) > 0.05, the data is normally distributed.
- b. If the significance value (Asymp. Sig.) ≤ 0.05, the data is not normally distributed.

2. Linearity Test

The purpose of the linearity test is to determine whether there is a significant linear relationship between two variables. This test is commonly used as a prerequisite for correlation or linear regression analysis. The linearity test is divided into:

- a. **Simple Correlation Analysis:** This examines the linear relationship between one independent variable (X) and one dependent variable (Y). The aim is to predict the value of the dependent variable when the independent variable increases or decreases, and to understand the direction of the relationship (whether positive or negative). The formula for simple linear regression is as follows:

$$Y' = a + bx$$

Where:

Y' : Dependent variable (predicted value)

x : Independent variable

a : Constant (value of Y' when $X = 0$)

b : Regression coefficient (value of increase or decrease)

The values of a and b can be calculated using the following formula:

$$a = \frac{(\sum y)(\sum x^2) - (\sum x)(\sum xy)}{n(\sum x^2) - (\sum x)^2}$$

$$b = \frac{n(\sum xy) - (\sum x)(\sum y)}{n(\sum x^2) - (\sum x)^2}$$

- b. **Multiple Correlation Analysis.** This analysis includes the following:

Multiple Correlation Analysis (R) is used to determine the relationship between two or more independent variables ($X_1, X_2, \dots, X_n$) and a dependent variable (Y) simultaneously. This coefficient indicates the strength of the relationship between the independent variables ($X_1, X_2, \dots, X_n$) and the dependent variable (Y). The value of R ranges from 0 to 1; the closer the value is to 1, the stronger the relationship, while the closer it is to 0, the weaker the relationship.

The formula for multiple correlation with two independent variables is:

$$R_{y.x_1x_2} = \sqrt{\frac{(r_{xy})^2 + (r_{xy_2})^2 - 2(r_{xy})(r_{xy_2})(r_{x_1x_2})}{1 - (r_{x_1x_2})^2}}$$

Where:

$R_{y.x_1x_2}$: The correlation of variables X1 and X2 with Y simultaneously

r_{yx_1} : Simple correlation (Pearson product-moment) between X1 and Y

r_{yx_2} : Simple correlation (Pearson product-moment) between X2 and Y

$r_{x_1x_2}$: Simple correlation (Pearson product-moment) between X1 and X2
(Priyatno, 2010)

According to Sugiyono (2009), the guidelines for interpreting the correlation coefficient can be stated in the following table:

Table 2. Interpretation of the Correlation Coefficient

Correlation Coefficient Interval	Relationship Level
0.00 - 0.199	Very low
0.20 - 0.399	Low
0.40 - 0.599	Moderate
0.60 - 0.799	Strong
0.80 - 1.000	Very strong

Source: Sugiyono (2009)

The coefficient of determination (R^2) is used to determine the percentage of the contribution of independent variables ($X_1, X_2, \dots, X_n$) simultaneously to the dependent variable (Y). This coefficient indicates how much of the variation in the independent variables used in the model can explain the variation in the dependent variable. If R^2 equals 0, it means there is no contribution from the independent variables to the dependent variable, or the variation in the independent variables used in the model does not explain any of the variation in the dependent variable. Conversely, if R^2 equals 1, the contribution of the independent variables to the dependent variable is perfect, meaning the variation in the independent variables used in the model explains 100% of the variation in the dependent variable.

$$R^2 = \frac{(r_{yx_1})^2 + (r_{yx_2})^2 - 2(r_{yx_1})(r_{yx_2})(r_{x_1x_2})}{1 - (r_{x_1x_2})^2}$$

Description:

R^2 : Coefficient of determination

r_{yx_1} : Simple correlation (Pearson product-moment) between X1 and Y

r_{yx_2} : Simple correlation (Pearson product-moment) between X2 and Y

$r_{x_1x_2}$: Simple correlation (Pearson product-moment) between X1 and X2
(Priyatno, 2010)

SWOT Analysis

SWOT analysis is conducted by identifying internal (IFAS) and external (EFAS) factors, along with their weights, ratings, and the resulting scores. Next, a Strategy Factor Analysis Summary (SFAS) is determined to prioritize strategies based on the scores analyzed through IFAS and EFAS. The next step is to determine the position of the IFRS in the quadrant based on the scores obtained

from IFAS and EFAS. There are four quadrants, each with its own alternative strategy: Quadrant 1 uses an aggressive strategy, Quadrant 2 uses a diversification strategy, Quadrant 3 uses a turnaround strategy, and Quadrant 4 uses a defensive strategy. Afterward, a SWOT matrix is created, and alternative strategies are determined based on the SWOT analysis according to the quadrant position. The calculation method for the score of each question in the Servqual Plus questionnaire and SWOT can be found in Chapter II, which includes the analysis of service quality and the SWOT matrix analysis.

RESEARCH RESULT AND DISCUSSION

Instrument Testing

1. *Validity Test*

The results of the validity test for the items in the questionnaire are as follows:

Table 3. Results of the Servqual Plus Questionnaire Validity Test

Dimension	Statement	r calculated (Expectation)	r calculated (Reality)	r table	Remarks
Physical Evidence	1	0,579	0,475	0,349 4	Valid
	2	0,697	0,414		Valid
	3	0,708	0,639		Valid
	4	0,713	0,532		Valid
	5	0,781	0,433		Valid
Reliability	1	0,711	0,659	0,349 4	Valid
	2	0,754	0,838		Valid
	3	0,850	0,792		Valid
	4	0,404	0,414		Valid
	5	0,624	0,606		Valid
Responsiveness	1	0,759	0,592	0,349 4	Valid
	2	0,758	0,608		Valid
	3	0,461	0,385		Valid
	4	0,555	0,476		Valid
	5	0,845	0,699		Valid
Assurance	1	0,866	0,792	0,349 4	Valid
	2	0,789	0,570		Valid
	3	0,846	0,792		Valid
	4	0,891	0,820		Valid
	5	0,871	0,626		Valid
Care	1	0,814	0,804	0,349 4	Valid
	2	0,849	0,833		Valid
	3	0,351	0,357		Valid
	4	0,849	0,610		Valid
	5	0,814	0,632		Valid
Pharmacist Role	1	0,815	0,538	0,349 4	Valid
	2	0,655	0,486		Valid
	3	0,851	0,645		Valid
	4	0,802	0,721		Valid

Dimension	Statement	r calculated (Expectation)	r calculated (Reality)	r table	Remarks
Drug Price	1	0,713	0,487	0,349 4	Valid
	2	0,410	0,421		Valid
	3	0,539	0,469		Valid
	4	0,643	0,603		Valid
	5	0,718	0,675		Valid
Payment Convenience	1	0,605	0,641	0,349 4	Valid
	2	0,752	0,732		Valid
	3	0,388	0,588		Valid
	4	0,455	0,384		Valid
Drug Delivery	1	0,793	0,617	0,349 4	Valid
	2	0,736	0,795		Valid
	3	0,372	0,366		Valid
	4	0,694	0,757		Valid
	5	0,619	0,581		Valid

Source: Processed primary data (2025).

The Servqual Plus questionnaire consists of 9 dimensions, with 7 dimensions each having 5 statements, and 2 dimensions each having 4 statements. Based on the determination of the r table value with 30 respondents, the r table value for the validity test is 0.3494. The questionnaire used in this study has met the validity test requirements and is declared valid, as each statement, both for expectations and reality, has obtained a calculated r value above the r table value.

Table 4. Results of the Consumer Satisfaction Questionnaire Validity Test

Dimension	Statement	r calculated (Expectation)	r calculated (Reality)	r table	Remarks
Customer Satisfaction	1	0,432	0,608	0,3494	Valid
	2	0,904	0,910		Valid
	3	0,904	0,827		Valid
	4	0,749	0,783		Valid
	5	0,790	0,554		Valid

Source: Processed primary data (2025).

The consumer satisfaction questionnaire, which consists of 5 statements, is declared valid because each statement, both for expectations and reality, has a calculated r value above the r table value. Therefore, all statements can be used in the research testing.

2. Reliability Test

Table 5. Results of the Reliability Test

Servqual Plus Questionnaire	Cronbach's Alpha Result	Cronbach's Alpha Threshold	Remarks
Expectation	0,976	0,80	Reliabel
Reality	0,953	0,80	Reliabel

Consumer Satisfaction Questionnaire	Cronbach's Alpha Result	Cronbach's Alpha Threshold	Remarks
Expectation	0,888	0,80	Reliabel
Reality	0,889	0,80	Reliabel

Source: Processed primary data (2025).

In the reliability test for both questionnaires used, namely the Servqual Plus questionnaire and the consumer satisfaction questionnaire, the results show that both have met the reliability test standards. A questionnaire is considered reliable if it has a Cronbach's alpha value greater than 0.80. Therefore, all the statements listed above can be used in the research testing.

Respondent Description

1. Respondent Gender

Table 6. Frequency Distribution of Respondents by Gender

Gender	Number (persons)	Percentage (%)
Male	127	42
Female	174	58
Total	301	100

Source: Processed primary data (2025).

Based on Table 6, the frequency distribution of respondents by gender shows that the majority of respondents are female (58%), while male respondents make up 42%. This is because women often have a greater role in managing family needs, including caring for sick family members and buying medicine for their children. Additionally, women are generally more prone to emotional stress and tension compared to men, who are relatively better at managing their emotions (Widiawati et al., 2021).

2. Respondent Age

Table 7. Frequency Distribution of Respondents by Age

Age (years)	Number (persons)	Percentage (%)
15 – 20	16	5,3
21 – 30	70	23,3
31 – 40	88	29,2
41 – 50	77	25,6
> 50	50	16,6
Total	301	100,0

Source: Processed primary data (2025).

Based on Table 7, the frequency distribution of respondents by age shows that the largest number of respondents are aged 31-40 years (29.2%), followed by 41-50 years (25.6%), 21-30 years (23.3%), > 50 years (16.6%), and 15-20 years (5.3%). This is because individuals aged 31-40 years tend to visit healthcare providers more often due to the increased risk of chronic diseases, lifestyle changes, and greater health awareness. Additionally, they often have young children under the age of 12, which may explain why they seek treatment for their children (Feneranda et al., 2021).

3. Respondents' Highest Education Level

Table 8. Frequency Distribution of Respondents by Education Level

Education	Number (persons)	Percentage (%)
Elementary (SD)	11	3,7
Junior High (SMP)	24	8,0
Senior High (SMA/SMK)	138	45,8
Academy/Diploma	32	10,6
Bachelor's	96	31,9
Total	301	100,0

Source: Processed primary data (2025).

Based on Table 8, the largest percentage of respondents are from the senior high education level (SMA/SMK), with 138 respondents contributing 45.8%. Other data suggests that the higher the level of education, the better an individual's health level (Amar et al., 2019).

4. Respondents' Occupation

Table 9. Frequency Distribution of Respondents by Occupation

Occupation	Number (persons)	Percentage (%)
Civil Servant (PNS)	21	7,0
Private Employee	112	37,2
Student	15	5,0
Entrepreneur	68	22,6
Other	85	28,2
Total	301	100,0

Source: Processed primary data (2025).

Based on Table 9, the highest percentage of respondents are private employees, with 112 respondents contributing 37.2%. According to the Dispendukcapil, the majority of Surakarta's population works in the private sector, accounting for 167,167 people, which is 29.2% of the total workforce in Surakarta. Observations show that private employees often prefer self-medication because some are not covered by health insurance (BPJS).

CONCLUSIONS AND RECOMMENDATIONS

The research indicates that Cahaya Sehat Nusukan Pharmacy generally meets consumer expectations in areas like reliability, responsiveness, and drug delivery. However, gaps remain in service speed and communication. The SWOT analysis highlights strengths such as well-trained staff but also points out weaknesses like limited customer engagement. External threats, including competition, and opportunities, such as digital service expansion, are significant factors. To improve customer satisfaction, the pharmacy should enhance communication and provide personalized consultations. Implementing digital services like online prescriptions or a customer service app could streamline processes. Targeted marketing, based on SWOT insights, should focus on leveraging strengths and addressing weaknesses. Continuous staff training is also recommended to maintain high service quality.

ADVANCED RESEARCH

While this study provides valuable insights, it has limitations, such as a narrow geographic scope. Future research could explore the effects of digital transformation on customer satisfaction across multiple pharmacies and regions. Additionally, examining the long-term impact of improved service and technology could offer further insights into their role in customer loyalty and business success.

ACKNOWLEDGMENT

The authors would like to thank all participants for their valuable contributions to this research. We also appreciate Cahaya Sehat Nusukan Pharmacy for their support during data collection and Setia Budi University for their financial and academic assistance.

REFERENCES

- Amar, S., & Satrianto, A. (2019). The Impact of Socioeconomic Factors and Budget Allocation on Public Health Levels in West Sumatra. *Medika Saintika Health Journal*, 10(1), 98-106.
- Dep Kes, R.I. (2014). *Health Profile of Indonesia*. Jakarta: Ministry of Health of the Republic of Indonesia.
- Feneranda, E., Pambudi, R. S., & Septiana, R. (2021). Patient Satisfaction Levels on Pharmaceutical Services at Sehati Pharmacy Surakarta During the COVID-19 Pandemic. *Senriabdi*, 789-797.
- Haris, M. S. (2014). The Influence of Pharmacy Manager (APA) on the Quality of Pharmaceutical Services at Pharmacies in Bangkalan Regency. *DIA: Public Administration Journal*, 12(01).
- Junaidi, J. (2010). *r Table (Simple Correlation Coefficient)*. Wordpress. <http://junaidichaniago.wordpress.com>.
- Lely, M., & Suryati, T. (2018). Outpatient Patient Perception of the Quality of Services at the Hospital. *Health Research Bulletin*, 46(4). <https://doi.org/10.22435/bpk.v46i4.33>.
- Manan, A., Utami, P. I., & Siswanto, A. (2021). Profile of Pharmacy Distribution in Banyumas Regency Based on Geographic Information System and Its Correlation with the Number of Visits and Prescriptions in 2019. *Indonesian Pharmaceutical Journal*, 11(2), 142-155. <https://doi.org/10.22435/jki.v11i2.3961>.
- Ngurah, G., Wiswasta, A., Ayu, G., Agung, A., & Made Tamba, I. (2018). SWOT Analysis (Study of Planning Models, Strategies, and Business Development).
- Nugraha, M. A., Mazida, H. S., Hernowo, B., & Putri, F. M. S. (2022). Patient Satisfaction Analysis in Pharmaceutical Services at Wonokromo Pharmacy Yogyakarta. *Indonesian Health Promotion Publication Media (MPPKI)*, 5(8), 943-948. <https://doi.org/10.56338/mparki.v5i8.2449>.
- Prabandari, S. (2018). The Description of Standard Pharmaceutical Service Management at Permata Kota Tegal Pharmacy. *Parapemikir: Pharmacy Scientific Journal*, 7(1). <https://doi.org/10.30591/pjif.v7i1.741>.
- Pranitasari, D., & Sidqi, A. N. (2021). Customer Satisfaction Analysis on Shopee Electronics Using the E-service Quality and Cartesius Method. *Accounting and Management Journal*, 18(02), 12-31.
- Sugiyono. (2019). *Quantitative, Qualitative, and R&D Research Methods*. Bandung: Alfabeta.
- Umam, R. K., & Hariastuti, N. P. (2018). Customer Satisfaction Analysis Using the Customer Satisfaction Index (CSI) and Importance-Performance Analysis (IPA) Methods. In *Proceedings of the National Seminar on Applied Science and Technology* (pp. 339-344).

- Wibowo, A.T. (2017). Patient Satisfaction Levels with the Quality of Pharmaceutical Services at Ary Farma Pharmacy Karanganyar in 2017 (Doctoral dissertation, Muhammadiyah University of Surakarta).
- Widiawati, T., Susanto, A., & Purwantiningrum, H. (2021). Patient Satisfaction Levels with the Quality of Services at Tegongan Balapulang Wetan Pharmacy (Doctoral Dissertation, Harapan Bersama Polytechnic Tegal).