DOI: 10.30651/jqm.v10i02.30469

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Research Article

Assessing the Feasibility of Developing a Menopause Clinic as a Specialized Flagship Service at MedicElle Primary Clinic, Surabaya

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ARTICLE INFO

Submitted : *21st January 2026*
Accepted : *1 st July 2026*
Published : *25 th July 2026*

Keywords:
Menopause; Feasibility Studies; Women's Health Services; Primary Health Care; Health Services Research.

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ABSTRACT

Menopause represents a natural stage in a woman's life that may be accompanied by physical, psychological, and social symptoms requiring appropriate clinical management. This study aimed to conduct a preliminary assessment of the feasibility of establishing a dedicated Menopause Clinic as a flagship service at MedicElle Primary Clinic in Surabaya. A quantitative descriptive study with a retrospective cross-sectional design was conducted using medical records of women aged 40-60 years who met the inclusion criteria. A total of 58 eligible participants were selected through a total sampling approach. The majority of participants were in the perimenopausal period and presented with multiple menopausal symptoms, predominantly vasomotor complaints, sleep disturbances, psychological manifestations, urogenital symptoms, and musculoskeletal pain. Overall, 82.7% of the patients experienced at least one menopausal symptom, with a mean Complaint Index of 2.8. Indicators of service readiness demonstrated the availability of six healthcare professionals, a facility readiness score of 4.2 out of 5, a follow-up rate of 67%, and a medical record completeness rate of 93%. These findings suggest that the institution has demonstrated preliminary readiness and that there is a clear demand for menopause related healthcare services. However, the overall feasibility of establishing the proposed clinic cannot yet be fully determined because important aspects, including financial feasibility, patient satisfaction, healthcare provider perspectives, and long-term clinical outcomes, were not evaluated in this study.

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INTRODUCTION

Menopause is a natural stage in a woman's reproductive life that marks the permanent cessation of menstruation following the loss of ovarian follicular function. Clinically, it is confirmed after 12 consecutive months of amenorrhea when no other physiological or pathological conditions explain the absence of menstruation (Harlow et al., 2012). Most women experience this transition between the ages of 45 and 55. During this period, estrogen and progesterone levels gradually decline (Santoro & Randolph, 2021; World Health Organization, 2024). Although menopause is a normal biological process, the symptoms can vary widely from person to person. Women may experience vasomotor symptoms, sleep disturbances, mood changes, urogenital complaints, and muscle or joint pain. Furthermore, the hormonal changes that occur during menopause can increase the risk of osteoporosis, cardiovascular disease, and metabolic disorders (Davis et al., 2015; Guthrie et al., 2019; Muka et al., 2016; Shifren & Gass, 2014).

Menopause is not just about physical changes; it also takes a toll on a woman's mental health, social life, work performance, and overall quality of life. Women often deal with anxiety, depression, mood swings, and a hard time getting through daily tasks, especially if these symptoms are not caught early or treated properly (Freeman et al., 2014; Gartoulla et al., 2017). Studies show that ignoring these symptoms can really lower a woman's quality of life. That's why it is so important to provide complete, ongoing care that actually focuses on what women need during this transition (Blumel et al., 2021). Because of this, good menopause care means more than just handing out medicine. It needs to include patient education, healthy lifestyle tips, nutrition advice, and mental health support. Most importantly, the care should be tailored to each woman. Taking her specific symptoms, health risks, and personal preferences (Avis et al., 2018; International Menopause Society, 2020).

Although the demand for menopause care continues to grow, specialized menopause services in Indonesia remain limited, especially within primary and secondary healthcare facilities (Kementerian Kesehatan Republik Indonesia, 2020; Rahmawati et al., 2018). Most women experiencing menopausal symptoms still receive care at general clinics. In these settings, standardized clinical pathways, systematic symptom assessments, and multidisciplinary management are often unavailable. As a result, menopause symptoms may go unrecognized, care can become fragmented, and continuity of treatment is often suboptimal. Recognizing this gap in care, MedicElle Primary Clinic in Surabaya plans to develop a Menopause Clinic as an innovative women's health service. However, the decision to implement this service must be based on solid evidence regarding patient needs, institutional readiness, and expected benefits, rather than relying solely on assumptions (Kusuma & Pratiwi, 2021).

A feasibility study is conducted to determine whether a proposed healthcare service can be realistically implemented within a particular clinical setting. This study does more than just check if patients want the service. It also looks at practical details, whether there are enough resources, how the service will fit into daily routines, if it makes financial sense, and if the clinic can keep it running long term (Bond et al., 2023; Proctor et al., 2023). Recent studies show that any new healthcare program will only succeed if the clinic is truly ready for it. This means evaluating the setup costs, how well the service fits the clinic, and whether everyone involved fully supports it (Damschroder et al., 2022; Proctor et al., 2023). These factors

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are extremely important when planning a Menopause Clinic. To run successfully, the clinic needs trained staff, clear treatment steps, counseling services, a good referral system, and ongoing support from the management.

The plan to develop a Menopause Clinic aligns with the concept of patient-centered care. This approach focuses on individual patient needs through tailored management, shared decision-making between healthcare providers and patients, continuity of care, and the fulfillment of both medical and psychosocial needs (Epstein & Street, 2010). Because the impact of menopause goes beyond physical complaints and affects a woman's emotional, behavioral, and social well-being, managing it requires a multidisciplinary approach. Collaboration among general practitioners, obstetricians and gynecologists, psychologists, nutritionists, and other healthcare professionals is expected to improve symptom control, patient satisfaction, and overall treatment outcomes (Lee et al., 2020). Furthermore, from an organizational perspective, developing this service must be backed by institutional policies, operational readiness, quality improvement programs, and financial sustainability. Therefore, an economic evaluation is necessary to estimate the required resources, implementation costs, and potential benefits before launching the service on a broader scale (Husereau et al., 2022; Kaplan & Norton, 2004).

To see if a Menopause Clinic at MedicElle is feasible, patient needs and clinic readiness must be evaluated. Demographic characteristics and patterns of menopausal complaints can illustrate the actual demand for specialized care. Meanwhile, the completeness of medical records, continuity of care, available infrastructure, and operational capacity reflect the institution's preparedness to implement the service. Additionally, it is crucial to identify potential challenges, such as resource limitations, necessary adjustments to clinical workflows, staff readiness, budget constraints, and patient acceptance, because these factors can significantly impact the clinic's successful implementation and long-term sustainability.

Based on this background, this study aims to conduct an initial feasibility assessment for establishing a Menopause Clinic at MedicElle Primary Clinic in Surabaya. It uses a retrospective descriptive design, analyzing secondary data from medical records. The research outlines the demographic characteristics and main complaint patterns among women aged 40-60 years. It also evaluates service utilization and continuity of care, assesses medical record completeness, and identifies infrastructure readiness and any operational gaps related to developing the menopause service. Ultimately, the findings are expected to serve as a solid foundation for clinical and managerial decision-making, help in designing a more structured menopause service, and contribute to the growing scientific evidence on women's healthcare innovations in primary care settings

METHODS

This study uses a quantitative descriptive design with a retrospective cross-sectional approach to evaluate the initial feasibility of establishing a Menopause Clinic at MedicElle Primary Clinic in Surabaya. This design was chosen because it uses existing medical records to describe patient characteristics, patterns of menopause complaints, service utilization, medical record quality, and institutional readiness without altering current clinical practices. The study simply evaluates existing services and operational factors to guide the clinic's development (Creswell & Creswell, 2018).

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The research was conducted at MedicElle Primary Clinic, Surabaya, Indonesia. This facility was selected based on three factors: an increasing number of patients, current women's healthcare offerings, and a clear goal to develop specialized care. Data collection and analysis focused on patient medical records from June 2024 to October 2025, alongside a review of institutional indicators related to service readiness.

The study population consists of all women aged 40 - 60 years registered as patients at MedicElle Primary Clinic. This age group was selected because it represents the typical menopausal transition period, making it the primary target for the proposed Menopause Clinic. Patient medical records were then screened using established inclusion and exclusion criteria. This ensures that the data are relevant, complete, and consistent for analysis, in line with the principles of retrospective secondary data research.

The study included women aged 40–60 years whose medical records were accessible, complete, and contained documentation of at least one menopause-related complaint. Records were not included when essential information was missing or inconsistent, when the visit was mainly related to conditions unrelated to menopause, such as acute infection or trauma, or when hormone therapy was prescribed for indications other than menopausal management. All records that fulfilled these criteria within the study period were analyzed using a total sampling approach, resulting in 58 eligible medical records. No formal sample size calculation was conducted because this study was retrospective and descriptive, with no intention to test an intervention effect or compare outcomes between groups. Including all eligible records allowed the study to describe the existing service situation more comprehensively and to reduce the possibility of selection bias in this preliminary feasibility assessment.

The variables examined in this study include patient characteristics, medical history, menopause complaints, healthcare utilization, resource readiness, continuity of care, and medical record completeness. Patient characteristics consist of age, marital status, occupation, education level, residence, and payment method. Medical history covers documented comorbidities, such as hypertension, diabetes mellitus, and thyroid disorders. Menopause complaints are divided into five categories: vasomotor symptoms, sleep disturbances, psychological complaints, urogenital issues, and musculoskeletal complaints. Meanwhile, healthcare utilization is evaluated by the frequency of patient visits and the types of services received at the clinic.

In this study, the initial feasibility of establishing a Menopause Clinic is assessed by evaluating several service readiness indicators. The need for the service is identified by the number of female patients presenting with menopausal complaints that require medical treatment. Resource readiness is assessed based on the availability of healthcare professionals, service facilities, and support systems needed to provide menopause services. Additionally, continuity of care is evaluated by the presence of documented follow-up visits or ongoing therapy, while medical record completeness is assessed by the presence of fully documented demographic information, clinical data, diagnoses, and follow-up notes.

To maintain consistency during data collection, all research variables were first defined operationally. Menopausal complaints are identified based on symptoms recorded in the medical records and are grouped into vasomotor, sleep, psychological, urogenital, and musculoskeletal symptoms. Service utilization is measured by the pattern and

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frequency of patient visits related to menopause management. Resource readiness describes the adequacy of available healthcare staff, facilities, and supporting infrastructure at the clinic. Meanwhile, continuity of care is determined by the presence of follow-up visits or continuous management, whereas medical record completeness is evaluated by the inclusion of demographic, clinical, diagnostic, and follow-up information in each patient's record.

All research data were obtained from the electronic medical record (EMR) system at MedicElle Primary Clinic. Data extraction was performed using a standardized form developed in accordance with the clinic's standard operating procedures and relevant scientific references. This form was used to record patient demographics, menopausal complaints, comorbidities, service utilization history, follow-up visits, and institutional readiness indicators. Because this study relies on retrospective secondary data, the identification of menopausal symptoms is based solely on routine clinical documentation rather than validated menopause symptom assessment tools. This condition is considered a limitation when interpreting the study results.

The data collection process was performed systematically. After obtaining ethical approval and permission from the clinic, medical records meeting the inclusion and exclusion criteria were identified. Data from eligible records were then extracted into the data collection form and cross-checked to ensure completeness, accuracy, and consistency. If incomplete data were found but could still be verified, corrections were made based on available information. Conversely, medical records lacking essential, unverifiable data were excluded from the analysis. All verified data were then anonymized, assigned a research code, and prepared for statistical analysis.

All collected data were first coded before being analyzed using IBM SPSS Statistics version 26. Prior to the analysis, the data underwent a cleaning process to ensure there were no duplicates, missing values, or recording inconsistencies. A descriptive analysis was used to provide an overview of patient characteristics, types of menopausal complaints, healthcare utilization patterns, continuity of care, institutional readiness, and medical record completeness. Categorical variables are presented as frequency distributions and percentages, while numerical variables are presented as means and standard deviations when appropriate for descriptive statistical presentation (Field, 2018). Inferential analysis was not applied because this study focuses on describing current conditions and assessing the initial feasibility of developing the Menopause Clinic, rather than testing hypotheses or analyzing relationships between variables.

The research framework is based on the input process output (IPO) approach. The input components include patient demographic characteristics, menopausal complaint patterns, healthcare utilization levels, healthcare staff readiness, and the availability of facilities and supporting infrastructure. Next, the process stage involves a series of activities, including data extraction from medical records, data verification, coding, data cleaning, and descriptive statistical analysis. Ultimately, these stages yield outputs: identified patient needs for menopause services, an assessment of institutional readiness to develop specialized care, an initial feasibility evaluation for establishing the Menopause Clinic, and recommendations to guide future women's healthcare development.

This study obtained ethical approval from the Ethics Committee of MedicElle Primary Clinic

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prior to data collection. To protect patient privacy, all information within the medical records was anonymized prior to analysis, ensuring that no data could identify patients directly or indirectly. Throughout the study, all procedures were carried out in accordance with core research ethics principles, namely promoting well-being (beneficence), avoiding potential harm (non-maleficence), and strictly maintaining patient privacy (confidentiality).

RESULTS

This study was conducted to assess the initial feasibility of establishing a Menopause Clinic at MedicElle Primary Clinic in Surabaya. This assessment was based on an analysis of secondary data obtained from patient medical records. Key focus areas of the research include patient demographic characteristics, patterns of menopausal complaints, healthcare utilization, the readiness of available resources, and the continuity of care provided. Ultimately, the information gathered is expected to serve as a foundation for decision-making regarding the development of a more structured menopause service at the clinic.

During the study period, 58 patient medical records met the inclusion criteria and were eligible for analysis. The majority of the patients were between the ages of 45 and 55, married, and residing in the urban areas of Surabaya. The detailed demographic characteristics of all respondents are presented in Table 1.

The majority of patients were aged 45-55 years (63.8%), with most being married (79.3%) and housewives (41.4%). In terms of education, 56.9% had completed secondary education, and most patients resided in urban Surabaya (75.9%). Regarding payment method, 62.1% of patients were self-paying, while the remainder used private or corporate health insurance.

Most patients reported vasomotor symptoms, particularly hot flashes and excessive sweating. Other commonly documented complaints were sleep disturbances, psychological symptoms, urogenital problems, and musculoskeletal pain.

Table 1. Demographic Characteristics of Patients

Characteristic	Category	Frequency (n)	Percentage (%)
Age Group	45 - 55 years	37	63.8
Marital Status	Married	46	79.3
Occupation	Housewife	24	41.4
Education	Secondary School	33	56.9
Residence	Urban Surabaya	44	75.9
Payment Method	Self paying	36	62.1

Table 2. Distribution of Menopausal Complaints

Type of Complaint	Frequency (n)	Percentage (%)
Vasomotor	36	62.0
Sleep Disturbance	30	51.0
Psychological	25	43.0
Urogenital	22	38.0
Musculoskeletal	20	34.0

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Analysis of menopausal complaints showed that most patients presented with vasomotor symptoms (62%), such as hot flashes and night sweats, followed by sleep disturbances (51%), psychological symptoms (43%), urogenital issues (38%), and musculoskeletal pain (34%).

The average Complaint Index was 2.8, indicating that most patients experienced more than one category of menopausal symptoms simultaneously.

At the time of the study, the clinic employed six healthcare professionals, including two general practitioners, an obstetrician-gynecologist, a nurse, a midwife, and a nutritionist. Facility readiness scored a strong 4.2 out of 5 due to existing consultation rooms, lab services, and patient resources. Even so, the lack of a dedicated counseling room and specialized menopause training shows that the clinic requires further preparation to run a fully dedicated Menopause Clinic.

Analysis of follow-up records showed that 67% of patients returned for subsequent consultations, indicating a moderate level of continuity of care.

A review of the medical records showed that 93% of the documents were fully completed and accurately captured demographic data, menopausal complaints, diagnoses, and follow-up care information. This high level of completeness indicates that the clinic's medical record system functions well and provides reliable data for both patient care and clinical evaluations.

The data analysis also revealed that most patients fall within the perimenopausal age range and typically experience a combination of symptoms rather than a single complaint. This highlights a clear need for more comprehensive care. At the same time, the clinic's existing healthcare staff, facilities, and documentation systems indicate a strong initial readiness to develop a specialized menopause service. However, to ensure this service runs smoothly and sustainably, the clinic still needs to enhance staff training, upgrade supporting facilities, and strengthen its operational workflows.

Overall, the study findings show that MedicElle Primary Clinic has a solid foundation for establishing a Menopause Clinic. Nevertheless, a few specific areas still require improvement before the service can be implemented effectively. Ultimately, clinic management can use these findings to assess current institutional readiness and plan the strategic steps needed to successfully launch this specialized service in the near future.

Table 3. Feasibility Indicators Summary

Indikator	Value
Patients with ≥1 Menopausal Complaint	82.7%
Complaint Indeks	2.8
Average Visits	1.7
Number of Staff	6
Facility Readiness Score	4.2/ 5
Follow-up Rate	67.0%
Medical Record Completeness	93.0%

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DISCUSSION

This study provides an initial overview of the potential to develop a Menopause Clinic at MedicElle Primary Clinic in Surabaya. Based on the analysis, most perimenopausal and postmenopausal women presented with multiple menopause related complaints. This highlights that patients' needs go beyond treating a single symptom; they require comprehensive care from various healthcare professionals, each drawing on their expertise. Assessing patient characteristics, symptom patterns, healthcare utilization, resource availability, and continuity of care provides a clear picture of the clinic's readiness to develop specialized menopause services.

These findings support the concept of integrated care proposed by the World Health Organization (WHO). This concept emphasizes that care for middle-aged women should be provided holistically, addressing physical, psychological, and social aspects simultaneously (WHO, 2016). Therefore, establishing a Menopause Clinic is not just about adding a new service to the clinic; it is an effort to improve the overall quality of care through a more integrated, patient-centered approach.

Most of the analyzed patients were aged 45-55, which aligns with the menopausal transition age widely reported in various studies (Palacios et al., 2020). The majority were also married women living in urban areas. These factors can influence the range of symptoms experienced, as social conditions, living environments, and lifestyles are known to affect individual experiences of menopause. Vasomotor symptoms, particularly hot flashes and night sweats, were the most common complaints, aligning with previous research (Avis et al., 2018).

Furthermore, the average Complaint Index score of 2.8 indicates that patients generally experience nearly three different groups of menopausal symptoms at the same time. This finding confirms that menopause care requires a multidimensional approach. It must go beyond medical therapy to include health education, psychological support, lifestyle improvements, and ongoing monitoring. The low level of public awareness about menopause in Indonesia remains a challenge, often causing women to delay seeking medical help or resort to self-management. Because of this, providing structured education and counseling services is a crucial component in improving the quality of menopause care (Rahmawati et al., 2018).

In terms of institutional readiness, MedicElle Primary Clinic has a strong foundation to begin developing the Menopause Clinic. This is supported by the availability of general practitioners, obstetricians and gynecologists, nursing staff, and supportive laboratory facilities. However, some areas still need strengthening, such as improving staff competency through specialized menopause training and providing a dedicated counseling room. In line with the concepts of implementation science, the success of a healthcare innovation depends not only on adequate resources but also on the organization's readiness to integrate new services, the staff's ability to deliver the care, and the institution's commitment to ensuring long-term sustainability (Damschroder et al., 2022; Proctor et al., 2023).

The research findings indicate that establishing a Menopause Clinic requires not only the clinic's existing resources but also clear planning to ensure the service runs optimally. Several areas need preparation, including improving healthcare staff competency through menopause management training, creating clear standard operating procedures (SOPs),

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developing an integrated referral system, and providing counseling and follow-up services as part of routine care. Although MedicElle Primary Clinic has demonstrated initial readiness, management and organizational strengthening are still necessary before the service can be fully implemented.

A 67% patient return rate, along with a 93% medical record completeness rate, indicates that the clinic's service system is functioning quite well. The high return rate suggests good continuity of care, even though this indicator cannot directly measure patient satisfaction (Donabedian, 2005). Furthermore, fully documented medical records make it easier to monitor patient conditions, conduct clinical evaluations, and develop continuous treatment plans. However, the lack of dedicated menopause counseling services and a long-term monitoring system remains a challenge that requires attention. This aligns with the concept of patient-centered care, which emphasizes continuous communication, patient involvement in decision-making, and care tailored to individual needs (Epstein & Street, 2010).

Overall, this study shows that MedicElle Primary Clinic has a strong foundation to begin developing a Menopause Clinic. High patient demand, the availability of healthcare staff, supporting facilities, and a solid documentation system are crucial assets for this service. Nevertheless, these findings do not prove that the clinic is ready for full-scale implementation. Other aspects, such as financial readiness, patient satisfaction, specialized staff competency, service workflow efficiency, and long-term outcome evaluation, still require further study. Therefore, these findings can serve as a guide for planning the Menopause Clinic before it is fully implemented. The next steps should include improving staff skills, developing clear clinical guidelines, providing dedicated counseling services, and strengthening the referral system to deliver integrated and continuous care for menopausal women. (Damschroder et al., 2022; Proctor et al., 2023).

Beyond outlining the institution's initial readiness, this study also highlights the clinic's opportunity to develop more comprehensive women's healthcare services. To achieve this, a strategy is needed to align human resource development, facility upgrades, and health information systems into a unified service. Priority steps should include drafting SOPs for menopause screening and management, integrating health education into routine care, improving staff skills through continuous training, and upgrading facilities to support patient comfort.

The development of the Menopause Clinic also aligns with healthcare quality improvement policies focused on patient needs. The introduction of this service is expected to not only improve middle-aged women's access to structured, evidence-based menopause care but also strengthen MedicElle Primary Clinic's position as a comprehensive women's healthcare provider. In the long term, this innovation has the potential to boost patient trust and loyalty while contributing to the overall improvement of primary healthcare quality in Indonesia (Kementerian Kesehatan Republik Indonesia, 2022; Wulandari et al., 2021).

This study demonstrates that menopause care should not focus just on physical symptoms, but must also address the non-physical issues women frequently experience, such as sleep disturbances, anxiety, and mood swings. Therefore, integrating psychological counseling and sleep consultations into the Menopause Clinic can be an effective strategy to improve service quality and achieve better treatment outcomes.

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This approach is supported by the findings of Lee et al. (2020), who showed that emotional problems are common among women during menopause. They suggested that psychological support, such as cognitive behavioral therapy (CBT), can help women manage these challenges and improve their commitment to treatment. In addition, Baker et al. (2019) reported that sleep counseling is effective in reducing insomnia and improving overall well-being during the menopausal transition.

To provide better menopause care, a multidisciplinary team involving gynecologists, psychologists, nutritionists, and other healthcare professionals is needed. Such an approach reflects the principles of patient-centered care, where treatment is tailored to each woman's individual needs. By combining the expertise of different professionals, the clinic can provide more comprehensive care and improve the quality of menopause services.

Overall, the findings suggest that MedicElle Primary Clinic has a strong foundation for developing a Menopause Clinic. However, the study only demonstrates preliminary readiness and does not confirm that the service is fully prepared for implementation. The results identify existing patient needs, available resources, and several areas that still need improvement. For this reason, the clinic should introduce the service step by step, beginning with staff training, the development of standardized clinical guidelines, the provision of counseling facilities, and a pilot program before expanding the service more widely.

Future research should utilize prospective designs with larger sample sizes across multiple healthcare facilities to provide more comprehensive evidence. Additionally, upcoming studies should incorporate validated symptom assessment tools, include patient-reported outcome measures, explore stakeholder perspectives through qualitative approaches, and conduct economic evaluations. Before the service is implemented on a wider scale, a pilot project is recommended to assess the service's acceptability, operational sustainability, and clinical benefits in daily practice.

CONCLUSION

The findings of this study indicate that MedicElle Primary Clinic has the initial capacity to develop a Menopause Clinic in Surabaya. An analysis of 58 medical records from women aged 40–60 years shows that menopausal symptoms such as vasomotor issues, sleep disturbances, psychological complaints, urogenital symptoms, and muscle and joint pain are common. These results highlight a clear need for more organized, integrated, and patient-centered menopause care in primary healthcare settings.

Several factors support the development of this service, including the availability of qualified healthcare staff, basic facilities, continuity of care, and well-maintained medical records. From a management perspective, a Menopause Clinic could strengthen the clinic's specialized women's health services and improve its role in providing preventive and supportive care for middle-aged women. However, these findings should be viewed as an initial feasibility assessment rather than a confirmation that the service is ready for full-scale implementation. Critical aspects such as financial viability, patient satisfaction, workflow efficiency, staff preparedness, patient willingness to pay, and long-term clinical outcomes were not examined and require further evaluation.

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