



Strategic hospital services quality analysis in Indonesia



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ABSTRACT

Indonesia initially launched the Universal Health Coverage (UHC) program in early 2014 in an effort to ensure decent living conditions for all of its citizens through national health insurance. This program is mandated by the 1945 Constitution of the Republic of Indonesia Article 28 and 34 and is also aligned with the World Health Organization (WHO) program. However, as part of a program that provides health services, hospitals still have problems, such as the time-consuming administration process from registration to the payment process, which results in patient dissatisfaction and, subsequently, poor quality of hospital services. Therefore, the main purpose of this research is to analyze the dimensions that are required by the hospital to increase the quality of hospital services to meet the stakeholders' (i.e., hospital management, the Ministry of Health as a government policy maker, academicians, and patients) needs and expectations. This research was carried out using a qualitative and quantitative study by conducting interviews and distributing questionnaires to the management group (the Director of Health Efforts Referral [*Bina Upaya Kesehatan Rujukan*] of the Ministry of Health and the Hospital Accreditation Commission [KARS – *Komisi Akreditasi Rumah Sakit*]), 23 high-level management officers from 2 public central hospitals, 2 public regional hospitals, and 6 private hospitals, 2 academicians of Public Health and Computer Science, and 297 patients. We analyzed the data using the Entropy method. This research shows that the main dimensions that are necessary to be implemented by the hospitals in order of priority are human resources, process, policy, and infrastructure.

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1. Introduction

Organization sustainability is dependent on the quality of the given services (Alanezi, Kamil, & Basri, 2010). Researchers also agree that service quality is a means of achieving increased patronage, competitive advantages, long-term profitability, and financial performance as well as determining the demand of goods and services (Carter, Mckinley, Wise, & MacLeod, 2002). Quality has been widely recognized as the antecedent of customer satisfaction (Cronin & Taylor, 1992), and it is directly proportional to customer satisfaction, which means that a high quality of the provided services creates better customer satisfaction (Lee, Lee, & Kang, 2012). Customer satisfaction can be achieved when the organization meets both the customers' needs and expectations. Improving the quality of health care services as well as increasing the demand

for quality control and quality management are becoming more and more essential (Aghamolaei et al., 2014).

Indonesia is currently a developing country and is confronted with health quality issues. According to the data from the Global Health Index (<<http://www.worldlifeexpectancy.com/global-health-comparison-index-indonesia>>), Indonesia ranks 117 out of 199 countries. This suggests that the level of healthcare in Indonesia is slightly below the intermediate level. Thus, given this level and in order to actualize the 1945 Constitution of the Republic of Indonesia Article 28(1)(2)(3) as well as 34(1)(2) and the Law Number 36 year 2009 concerning healthcare, which declares that every person has an equal right to obtain access to health services with safe, adequate quality and affordable prices, a lot of effort is still required, especially for improving the health facilities. In order to meet the basic needs of life in which things occur that cause a loss or reduction in income due to illness, the government implemented a national program called Universal Health Coverage (UHC). Hospitals, as one of the health services providers, are also the involved in the UHC implementation; thus, increasing and enhancing their service quality is important to fulfill patients' needs.

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The Indonesian government has tried to improve hospital service quality through the regulations of the UHC implementation in Indonesia, which is presented in [Appendix A](#); however, there are some regulations and provisions that are incomplete, which results in the non-compliance of the relevant health organizations. As a consequence, the UHC faces a lot of difficulties, such as a lengthy administration process, a lack of medical staff in health facilities, and a shortage of health infrastructures. Discussions amongst researchers from the Institute of Public Administration and BPJS – Health regarding the UHC implementation revealed some problems, such as ([LAN Website, 2014](#)):

- Differences in commitment between management and healthcare providers resulting in a poor quality of services by the physicians, nurses, and healthcare personnel
- Exhausting (lengthy and time-consuming) preliminary UHC administration process due to lack of human resources as well as complex hospital bureaucracy

These situations occurred due to the fact that the top priorities of the Ministry of Health are empowering communities and the private sector in healthcare development as well as distributing health facilities and medicine evenly according to the Health Strategic Plan Year 2010–2014 ([Kementerian Kesehatan RI, 2010](#)). Often, healthcare programs that are implemented based on the Ministry of Health strategic plan do not have comprehensive and detailed guidance in implementing the UHC implementation ([CHAMPS Website, 2014](#)).

Under Law No. 36 of 2009 on Health, Law No. 44 of 2009 on the hospital, and the Minister of Health Regulation No. 1144/MENKES/PER/VIII/2010 on the organization and functioning of the health ministry, hospitals are required to conduct accreditation to improve the quality of its services. Hospitals are required to conduct the accreditation for at least 6 months after the decree of license renewal runs out and 1 year after the decree of the operational license; however, to date, half of all hospitals in Indonesia have not been accredited by national standards ([Amali, 2014](#)). In addition, the assessment of the national accreditation standards in 2012 has not been adjusted to include the international accreditation standards from Joint Commission International (JCI), so the quality of service of public hospitals has not been on par with international hospitals and other stakeholder needs ([Rahma, 2014](#)). Therefore, the importance of knowing the attributes that are important in improving the quality of healthcare needs to be explained in-depth from various perspectives of relevant stakeholders, especially in supporting the success of the UHC implementation.

As a means to achieve the optimal implementation of UHC, good quality health services would provide strategic value to Indonesia healthcare organizations. Good quality services can be used to compete with the competition in the market. Doctors, nurses, and social workers generally agree that the high quality services provided by the hospital had a positive effect on the patients' care ([Carter et al., 2002](#)). Woodruff states that customer value is a source to gain a competitive advantage ([Woodruff, 1997](#)). This is aligned with Clow and Vorhies' proposition that states that good quality care is one of the means of gaining a competitive advantage ([Clow & Vorhies, 1993](#)). Therefore, healthcare organizations must improve their productivity and innovation in order to provide better services to patients.

Services are different from products because of their particular characteristics that are intangible (cannot be touched and measured as things), heterogeneous (varies depending on the time or the service provider), inseparable (the acts of providing and receiving services cannot be truly separated from one another), and perishable (services not utilized at a certain time cannot be

replaced); however, healthcare services differ from other services because of the specific characteristics that are shown in [Table 1](#).

According to the American Society for Quality regarding technical usage, quality can have two meanings: (1) the characteristics of a product or service that impact its ability to satisfy stated or implied needs and (2) a product or service free of deficiencies ([ASQ Website, 2014](#)). The most prominent experts who have been researching quality for more than 30 years are [Crosby \(1979\)](#), [Deming \(1986\)](#), and [Juran and Godfrey \(1988\)](#). [Crosby \(1979\)](#) study defined quality as “conformance to requirements.” [Deming \(1986\)](#) did not define quality in a single phrase, but he asserted that the quality of any product or service can only be defined by the customer and stated that “the difficulty in defining quality is to translate future needs of the user into measurable characteristics, so that a product can be designed and turned out to give satisfaction at a price that the user will pay.” On the other hand, [Juran's study \(1988\)](#) stated that quality means “fitness for use.”

Moreover, Grönroos argues that both the technical and functional quality of services is a key ingredient in the success of a service organization (as cited in [Sohail \(2003\)](#)). Technical quality in healthcare is defined primarily on the basis of the technical accuracy of the diagnosis and procedures, while functional quality relates to the manner of delivery of the healthcare services ([Sohail, 2003](#)). Quality measurement in healthcare is more difficult to define than other services because it is the customer himself/herself and the quality of his/her life that is being evaluated ([Pai & Chary, 2013](#)).

A very popular theory related to service quality is SERVQUAL, which was proposed by [Parasuraman, Zeithaml, and Berry \(1988\)](#). SERVQUAL defines the quality of services as having five dimensions that include Tangible, Reliability, Assurance, Responsiveness, and Empathy, and it measures the quality of services by analyzing the gap between perceptions and expectations ([Parasuraman et al., 1988](#)). Another framework, viz. SERVPERF, was developed by Cronin and Taylor using the same dimensions as SERVQUAL. Unfortunately, these frameworks were developed for general purposes; therefore, they cannot be simply adapted to the needs of a hospital service quality assessment, and the quality is measured by the perception of consumers only ([Cronin & Taylor, 1994](#)).

As the industry structure changes, the role that patients play in defining what quality means has become a critical competitive consideration ([Carter et al., 2002](#)). Thus, it is helpful for hospitals to understand the customers' perception of service quality in order to provide optimal health services. Moreover, in implementing hospital service quality, hospital management should comply with the health regulations and standards that are defined by the health policy makers and academicians.

Because of the several health problems and issues in Indonesia as well as the limitation of previous research, which only focused on the patient or management perspective, this research was formulated to identify and analyze the strategic hospital services quality that is required in Indonesia based on the perspective of hospital management, government policy makers, academicians, and patients as the main stakeholders in the healthcare industry. The patient perspective represents the service consumers of the healthcare services, while the perspectives of hospital management, government policy makers, and academicians appear to be strongly associated with the management perspective as the service providers. Therefore, for this study, the results are divided into two groups: management perspective (hospital management, government policy makers, and academicians) and patient perspective. Subsequently, both the management and patient perspectives will be compared to identify the gap. Thus, the results of this research could provide guidelines to better improve hospital service quality, especially for the Indonesian government, and

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