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A conjoint analysis of inpatient satisfaction ratings in Indonesia

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KEYWORDS

Inpatient care;
Satisfaction ratings;
Indonesia;
Conjoint analysis;
Cluster analysis

Abstract

Objective: The purpose of this study is to examine Indonesian men and women's satisfaction rating of the different attributes associated with the location, convenience, accessibility, and affordability of inpatient care and how the ratings differ across clusters of individuals.

Methods: The empirical work of this study is based on using the 2007 Indonesian Family and Life Survey. A conjoint analysis is used to examine Indonesian men and women's satisfaction rating of the above-mentioned attributes.

Results: Indonesians who utilizes the inpatient care are responsive to the type, cost, quality, and location of the inpatient care even though individuals in different clusters attach different importance to the different attributes associated inpatient care.

Conclusion: There is a pressing need for sound policies that seek to reduce the cost of treatment and consultation, to improve the quality of care facility, to build more care facilities, and to improve public transport infrastructure. Priority should be given to patients who visited facilities located outside their province of residence. Efforts to enhance the quality of inpatient care should focus on public facilities and facilities located in Sumatra.

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Introduction

Patient assessments of care are increasingly being considered an important dimension of quality of care [6]. As detailed in Table 1, research on the determinants of patient satisfaction ratings in inpatient care are concentrated

mainly in United States [3,6,11], Canada [7,22] and Europe [5,8,13,19,20,27]. There are only three studies conducted in developing countries like China [21], South Korea [12], and the Middle East [26]. (See Table 1) Some studies focus on patient's perceptions about hospital inpatient care [5,19-21], pediatrics care [6], and intensive care unit [7,13]. Other studies focus on psychiatric care [3,8,11,13,26,27]. These studies have identified therapeutic relationships and confidence and trust with medical professionals, the lack of language barrier, respect for patient's dignity, rights/privileges, role in decision making, and sense of security, as well as patient's participation in the care, patient's recovery, as

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Table 1 Studies on inpatient care.

Author	Country	Focus	N	Dataset/Instruments/Setting
Boyer et al., 2009	United States	Psychiatric care	Not provided	Medline
Charles et al. [5]	France	Hospital inpatient care	4599	Public acute care hospitals in six provinces.
Co et al. [6]	United States	Pediatrics care	6030	Picker Institute's Pediatric Inpatient Survey
Heyland and Tranmer [7]	Canada	Intensive Care Unit	47	Kingston General Hospital ICU Research Working Group
Längle et al. [8]	Germany	Psychiatric care	194	Not provided
Ortiz and Schacht [11]	United States	Psychiatric care	16,490	Behavioral Healthcare Performance Measurement System
Peytreman-Bridevaux et al. [13]	Switzerland	Psychiatric care	728	Two Swiss psychiatric university hospitals
Salomon et al. [19]	France	Hospital inpatient care	534	An 800-bed French short-stay teaching hospital in Paris.
Schröder et al. [20]	Sweden	Psychiatric care	20	Psychiatric care
Sipma et al. [21]	China	Hospital inpatient care	Not provided	Household random sample
Strickler et al. [22]	Switzerland	Intensive Care Unit	160	Department of Intensive Care Medicine, University Hospital Bern, CH-3010 Bern, Switzerland.
Zahid et al. [26]	Kuwait	Schizophrenic patients	130	Verona Service Satisfaction Scale (VSSS-EU);
Zendjidian et al. [27]	France	Schizophrenic patients	91	Two public university hospitals in France.

well as the care environment as the primary determinants of patients' satisfaction with inpatient care [5-8,11,13,20,21]. Evidence in rural China also suggests that patients are satisfied with the quality of care even though these ratings vary across provinces and township and county-level hospitals have relatively lower ratings [21].

The Indonesian government has embarked on rigorous efforts to expand its network of public health facilities during the early 1950s [9]. Since then, more than 20,000 health sub-centers has been added at the sub-district level throughout the country and these efforts were hastened during the mid-1980s and continued even during the Asian Economic Crisis in the late 1990s [9]. The Social Safety Net health card program was implemented in 1997 so that the poor can have continued access to health care during economic recession [9]. The poor were given health cards that entitled them to subsidized inpatient and inpatient care, contraceptive services, prenatal care, and assistance at birth [9].

To date, we know very little about how existing users of inpatient care rate and identify the importance of a number of attributes associated with health seeking and healthcare utilization (e.g. location, convenience, accessibility, and affordability). Specifically, we know almost nothing about which attributes are the most and the least important to existing users of inpatient care when making a decision to seek and utilize care. Knowing how existing users of inpatient care rate and identify the importance of a number of attributes and their associated levels associated with health seeking and healthcare utilization will serve as a guide to health policymakers and practitioners in Indonesia when they attempt to improve the convenience, accessibility, and affordability of inpatient care facilities. This will also help policymakers and practitioners gauge the success and failure of the inpatient care delivery system in Indonesia.

In order to fill this research void, this study has two objectives: 1) to examine Indonesian men and women's satisfaction rating of the different attributes are associated with location, convenience, accessibility, and affordability inpatient care, and 2) to assess whether attributes associated with location, convenience, accessibility, and affordability inpatient care differs among different clusters of individuals.

Methods

Data

The 2007 Indonesian Family Life Survey (IFLS4) is a collaborative effort among RAND, the center for Population and Policy Studies (CPPS) of the University of Gadjah Mada and Survey METRE [9]. This survey was funded by the National Institute on Aging (NIA), the National Institute for Child Health and Human Development (NICHD), and the World Bank [9]. The first wave of data (IFLS1) was conducted in 1993; 7224 households were interviewed and detailed individual-level data were collected from over 22,000 individuals. This is an on-going longitudinal (cohort) survey with high re-interview rates (about 94 percent, 95 percent, and 90 percent in IFLS2, IFLS3, and IFLS4 respectively) [9].

IFLS4 is appropriate for the purposes of this study because individuals were interviewed in-depth about their life histories on

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