

-RESEARCH ARTICLE-

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THE GOVERNMENT REFORM ON HEALTHCARE FACILITIES FROM THE STANDPOINT OF SERVICE QUALITY PERFORMANCE**Bambang Subiyakto**

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-Abstract-

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The Indonesian government reforms in healthcare shift the management philosophy of healthcare from sellers' market to consumers' demand that providing high-quality service and achieving a patient's satisfaction become critical issues. Currently, service quality performance (SERVPERF) has been gaining popularity for measuring patient satisfaction instead of the classic SERVQUAL due to the critics that one cannot examine customer expectations, only the level of quality of the received and realised service. The main objective of this research is to examine the effect of the service quality on the

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entire satisfaction of outpatients toward radiology facilities in public hospitals of South Kalimantan province, Indonesia. The primary data consisted of 360 outpatients serving as respondents and the relationship among constructs are analysed using partial least square (PLS). The developed model was validated by identifying service quality performance of the respective healthcare and rating the domain demanding the executive endeavour to improve. The results denoted that the dimensions of SERVPERF are accurate in the south east Asian country of Indonesia. Reliability, tangibility, assurance, empathy and responsiveness were rated as preferences, respectively. Since the highest form of satisfaction is displayed in the form of patients' loyalty, the scheme of applying service quality betterment to preserve patient trustworthiness then relies on the degree of patient contentment. This phenomenon suggests that the assessment of patient preferences would embrace the standing point of patients' satisfaction with healthcare providers.

Key Words: Patient satisfaction, Service Quality Performance (SERVPERF), Radiology healthcare facilities

JEL Classification: I38

1. INTRODUCTION

Indonesia's healthcare system is experiencing major reform driven by urgency triggering this movement. Commencing from 2014, the Indonesian government has budgeted healthcare funding to schools of medicine and hospitals owned by local government to develop the quality of patient care by launching the National Social Health Insurance Scheme (Supriyana et al., 2019). Before this policy, only government employees, soldiers and police officers were secured by health insurance. Consequently, the Indonesian authority stipulated concern for the healthcare sector and encouraged the urgency for public and business sector cooperation (Boyle & Plummer, 2017). These initiatives indicate the authority's commitment to improve hospital administration and management in a patient-centred business to alleviate patient satisfaction.

Along with the government's recent initiatives, Indonesian patients are more knowledgeable and proactive in opting for their healthcare preferences. In main big cities of Indonesia, more agents of health are growing, mainly the ones from the neighbouring countries of Singapore and Malaysia (Ormond & Sulianti, 2017) offering the sophistication of their healthcare facilities. The result is that Indonesia loses a significant share of domestic healthcare market spending, as nearly 1.5 million Indonesian people go to neighbouring countries to search a more

sophisticated medical treatment with an approximate outflow of \$1.4 billion yearly (Arifah et al., 2018). This phenomenon indicates there is soaring insistence for renewed hospital-based business as patients are sufficiently knowledgeable and very demanding to the kind and level of health services they would like to experience. Consequently, Indonesian hospitals are currently running in a brand new, complicated and competitive environment. As such, healthcare providers need to operate efficiently by investigating a clear division between the service quality and satisfaction in the Indonesia healthcare market.

Numerous researchers have examined patient satisfaction in developed countries in the field of healthcare services (Rajiani et al., 2018); however, to the authors' knowledge, no research has been conducted in Indonesia. As one of the highest economic growths in the world, doing business in this country requires a comprehensive understanding of people's preferences, mainly when running a business in the public sector. Along these lines, the present investigation is aimed at setting up a scale for evaluating the administration nature of hospitals in the developing country of Indonesia. In this investigation, SERVPERF concept that has been validated in developed countries is adjusted to make the scale setting applicable for Indonesia to assess outpatients' impressions of service quality towards radiology facilities in state-owned hospitals.

2. LITERATURE REVIEW

The starting point in the service industry is the understanding of the factual nature of the consumer and service provider (Rajiani & Kot, 2018). In Asia, numerous researchers have considered the convergence among service quality and consumer loyalty in a few hospitality industries, especially hotels and restaurants (Cao & Kim, 2015, Arsawan, Rajiani & Suryantini, 2018) as well as in Montenegro, a small central European country (Popovic et al., 2018), Consumer satisfaction is general conduct that dependent on the client experience when purchasing an item or expending of a service that is executed through an appropriate response in the gap between what the client expects and what he/she gets (Lai & Chen, 2011).

Further, Lee, Lee and Yoo, (2000) presume that the clients are (dis)fulfilled just when they have seen and encountered the service. This means the service quality evaluation goes before the clients' fulfilment, making the service quality regularly observed as the prerequisite (Amin et al., 2013) and the thought that the service quality directly affects satisfaction has been generally recognised (Chen, Chen & Lee, 2013). This condition is also applicable to healthcare domains that require the organisation persistently to convey the quality services for the satisfaction of

the patient which is considered as one of the pivotal components of this business (Sumaedi et al., 2016).

Since health services are competing in a new arena (Le & Gerald, 2015, Stefko et al., 2017), examining patients' perceptions have been increasingly becoming critical in the evaluation of healthcare quality. In this manner, scholars and professionals still identify dynamic instruments to assess service quality in healthcare (Gadowska & Różycka, 2016; Shafiq et al., 2017). Further, the expanded patient desires make healthcare service workers work harder to distinguish the elements crucial to develop healthcare benefits leading to patient's fulfilment.

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Due to its popularity, the SERVQUAL tools have been widely applied to assess the service quality of various businesses, including healthcare (Swain, 2019). The SERVQUAL scale comprises five dimensions of service quality, namely tangibles, reliability, responsiveness, assurance and empathy (Parasuraman, Berry & Zeithaml, 1991). Items comprising of 40 questions were engaged into two articulations – one to survey expectations and one to evaluate perceptions utilising a seven-point scale going from strongly agree (7) to strongly disagree (1). However, some debates arise on the number of dimensions, handling of expectations and the application of gap values between perceptions and expectations (Kiran & Diljit, 2017). Briefly, researchers have shown two critical critics about the SERVQUAL. First, it is regarded that it takes too long to answer 44 questions. The second problem is the ambiguity of the expectation and the truth that assessing perceptions and expectations simultaneously can create boredom and misperception. Therefore, Upadhyai et al. (2019) advocates an alternative tool called SERVPERF by employing the scale of performances to examine drivers of satisfaction in healthcare. The SERVPERF model shows performance solely measures, or provider high-quality measurements emphasise only organisational performance, as perceived by customers, instead of focusing on the gap between the consumers' perceptions of overall performance versus their expectations of provider quality (Akdere, Top & Tekingündüz, 2018). Shortly, the primary distinction between SERVQUAL and SERVPERF is that the service excellence is evaluated in simple terms, which is via the dimensions of end users' perceptions rather than their expectations.

In line with the massive reforms in the public sector (Rajiani & Ismail, 2019), the management of public hospitals in Indonesia has focused primarily on investment in the technological side of healthcare to upgrade the capacity of diagnosis and treatment for patients (Handayani et al., 2015). However, there has not been any

evaluation framework officially applied in assessing the service quality in Indonesian public hospitals providing high-tech service in terms of radio-diagnostic and radiotherapy. Therefore, the evaluation of healthcare quality in the context of patient satisfaction may contribute to the existing gap in the process of evaluating the quality of healthcare in Indonesian public hospitals.

Based on previous research and theoretical assumptions, we formulated our central hypothesis, that there are significant differences in the assessment of SERVPERF in healthcare from the patient's satisfaction standpoint.

3. METHODOLOGY

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This research is to highlight the significance of five dimensions of service quality of radio-diagnostics and radiotherapy. Convenience samples of 360 outpatients from 10 public hospitals located in South Kalimantan province in Indonesia were asked to respond to questionnaires. The hospitals share the same characteristics as they serve mostly patients with middle to low socio-economic background. To enlarge the rate of responses, questionnaires have been dispensed and gathered in the hospital surroundings before discharge of the outpatients. The questionnaires with five-point Likert scales were adapted from Akdere, Top and Tekingündüz (2018) with 15 items used to describe the quality dimensions of tangibility, reliability, responsiveness, assurance and empathy. Patient satisfaction in healthcare is reflected in satisfied patients who will recommend to family members and reuse the service (Rajiani et al. 2018). Path analysis with PLS was employed to investigate the relationship between patient satisfaction and the dimensions of SERVPERF. Though CB-SEM and PLS-SEM are both applicable for sample size $n > 100$, PLS-SEM was used in this research due to its capability to explain and to predict theory aligning well most types of business research, which typically aims at testing a theory while offering recommendations for management practice (Hair et al., 2012).

4. RESULTS & DISCUSSION

Table 1 previews the descriptive statistics on outpatients' demographics.

Table 1: Demographics of participants (n = 360)

Characteristics		Frequency	Percentage (%)
Gender	Male	187	52
	Female	173	48
Age	Under 25 years	11	3
	25–35 years	126	35
	36–46 years	151	42
	Over 46 years	72	20
Educational Level	Primary/Secondary School	36	10
	High School or equivalent	72	20
	College /Graduate School	252	70
Insurance Coverage	Government	324	90
	Private	36	10

Table 1 indicates that 52% of the respondents were males, while females comprised 48% of the participants. More than 75% of the participants were between the ages of 25 and 45. Over 65% of the respondents graduated from college or graduate school and 90% had government-sponsored healthcare coverage. Table 2 displays the mean score in the SERVPERF model.

Table 2: Means of SERVPERF

SERVPERF Mean	Items	Mean
Tangibility (3.18)	The clinic has up-to-date equipment	3.25
	The hospital's physical offices are outwardly appealing.	3.05
	The hospital's workers show up neatly.	3.10
Reliability (4.84)	The hospital gives its service at the time it guarantees to do so.	
	When patients have problems, the hospital's workers are thoughtful and reassuring.	4.82
	The hospital is precise in its billing.	4.93
		4.78
Responsiveness (4.93)	The hospital personnel tell patients precisely when service will be performed.	4.95
	Patients obtain immediate service from the hospital's personnel.	
	The hospital's personnels are always ready to assist patients.	4.92
		4.94
Assurance (4.82)	Patients feel secured in their interactions with the hospital's employees.	4.98
	The hospital's employees are knowledgeable.	4.80
	The hospital's personnel are polite.	4.88
	Employees get sufficient aid from the health facility to do their tasks well.	4.65
Empathy (4.65)	The hospital's employees provide patients individual attention.	
	The clinic has the patients' satisfactory pursuits at heart.	4.55
		4.76

Viewing the SERVPERF measure strictly, the most elevated amounts of view on service quality were related to patients' contentment of feeling secured when interacting with the staff (4.98); telling patients when the service will be performed (4.95); being ready to consistently support patients (4.94); being thoughtful and consoling (4.93) and receiving immediate service from the clinic's workers (4.92). However, impression of the patients concerning the physical appearance of the building (3.05) and the tidiness of representatives (3.10) were

positioned last. The mean score of the physical assets was the lowest (3.18) among the five service quality elements, while others were better than expected. In general, SERVPERF mean was determined at 4.48. The service quality measurements distinguished by the patients to be the most significant were responsiveness (4.93), reliability (4.84) and assurance (4.82). The inner model of the research is displayed in Figure 1.

PLS-SEM demands reflective measurement models to evaluate reliability and validity by observing the average variance extracted (AVE) instead of examining the classical Cronbach's alpha. The AVE value of 0.50 and higher indicates a reasonable degree of validity as this figure reflects that the latent variables have accounted for more than half of indicators' variance (Hair et al., 2012).

The summary for reflective outer models of the research is shown in Table 3.

Figure 1: The inner model

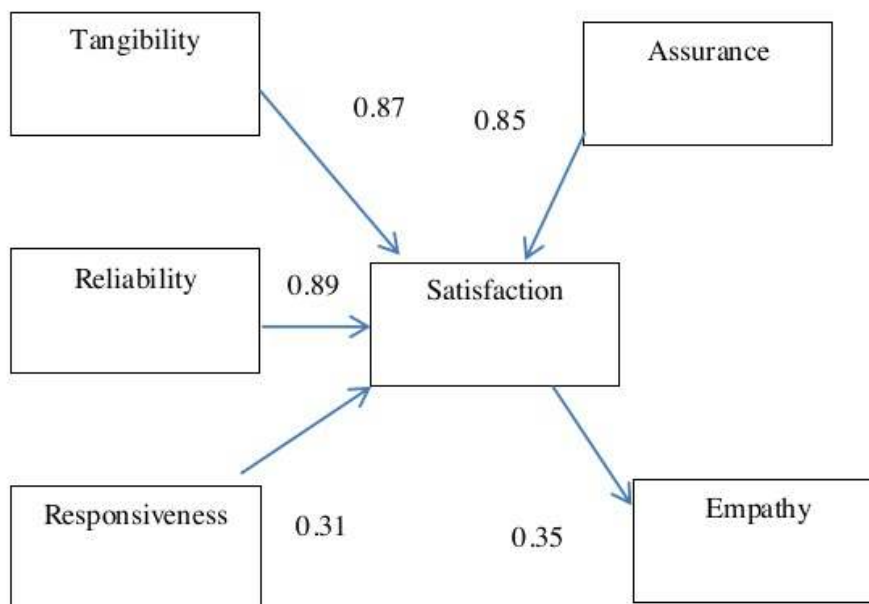


Table 3: Average variance extracted (AVE)

Latent Variables	Items	Outer Loadings	Average Variance Extracted
Tangibility	The clinic ¹⁰ has up-to-date equipment	0.83	0.85
	The hospital's physical offices are outwardly appealing.	0.90	
	The hospital's workers show up neatly	0.81	
Reliability	The hospital gives its service at the time it guarantees to do so.	0.84	0.78
	When patients have problems, the hospital's workers are thoughtful and reassuring.	0.72	
	The hospital is precise in its billing	0.79	
Responsiveness	The hospital personnel tell patients precisely when service will be performed.	0.70	0.75
	Patients obtain immediate service from the hospital's personnel.	0.72	
	The hospital's personnels are always ready to assist patients	0.85	
Assurance	.Patients feel secured in their interactions with the hospital's employees.	0.81	0.83
	.The hospital's employees are knowledgeable.	0.80	
	.The hospital's personnel are polite.	0.88	
	.Employees get ample aid from the health facility to do their tasks well.	0.82	
Empathy	.The hospital's employees provide patients individual attention.	0.85	0.81
	.The clinic has the patients' satisfactory pursuits at heart.	0.77	
Satisfaction	.I recommend the service to family members.	0.75	0.73
	.I will be back to this healthcare again for medical treatment		

Latent Variables	Items	Outer Loadings	Average Variance Extracted
		0.70	

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Table 3 shows ²1 average variance extracted (AVE) values are greater than the recommended 0.5, indicating high levels of convergent reliability among all reflective latent variables (Hair et al., 2012). This way, convergent validity is confirmed.

The SEM results are displayed in Table 4.

Table 4: The SEM results

Path	Coefficient	R ²	P-Value	Conclusion
Tangibility → Satisfaction	0.87	0.425	0.00	Significant
Reliability → Satisfaction	0.89	0.624	0.00	Significant
Responsiveness → Satisfaction	0.31	0.382	0.04	Significant
Assurance → Satisfaction	0.85	0.419	0.00	Significant
Empathy → Satisfaction	0.35	0.392	0.02	Significant

The result reveals that tangibility in terms of offices physical appearance, sophisticated equipment and presence of workforce is positively related to patients' contentment in healthcare facilities. In addition, reliability, which is the capacity of healthcare to perform the guaranteed quality consistently and precisely, is positively associated with patients' satisfaction in healthcare facilities. Likewise, responsiveness, which alludes to the readiness to support clients and perform immediate service, is undoubtedly connected with patients' fulfilment. Further, assurance that depicts the learning and obligingness of representatives and their capacity to motivate trust and confidence in clients is positively related to patients' satisfaction. Lastly, empathy, thinking about others and giving individualised thoughtfulness regarding clients, is positively associated with patients' comfort in healthcare facilities.

To sum up, the five-basic factor estimation model was observed to be substantial and stable to be utilised in deciding the excellence of the healthcare facilities. Out of these five components, three elements (reliability, tangibility and assurance) produced strong significance.

The model goodness of fit is measured with the Stone–Geisser Q-square test for predictive relevance (Nitzl & Chin, 2017) with the formula:

$$Q^2 = 1 - (1 - R_1^2) (1 - R_2^2) \dots (1 - R_n^2)$$

The coefficient of determination (R²) for tangibility, reliability, responsiveness, assurance, empathy is 0.425, 0.624, 0.382, 0.419 and 0.392 respectively. Based on these figures, the Q-square predictive relevance is calculated as follows:

$$Q^2 = 1 - (1 - R_1^2) (1 - R_2^2) (1 - R_3^2) (1 - R_4^2) (1 - R_5^2)$$

$$= 1 - (1 - 0.425) (1 - 0.624) (1 - 0.382) (1 - 0.419) (1 - 0.392)$$

$$= 1 - (0.575) (0.376) (0.618) (0.581) (0.608)$$

$$= 1 - 0.047 = 0.953 (95.3\%)$$

Since Q-squares is approaching one, the model is robust and the predictive relevance requirement is excellent.

Results acquired show that in drawing up a sentiment of the administration quality, Indonesian patients give various degrees of significance to different parts of the service. Patients *feel secured in their interactions with the hospital's employee*, (sub-dimension of assurance) and *telling patients precisely when service will be performed*, (a sub-dimension of responsiveness) have become the performance of quality attributes perceived by respondents. Inclusion of the performance of these two items as the highest rank indicates that Indonesian healthcare facilities in South Kalimantan province have been successfully implementing the reform as in the past most employee's government-linked business were famous for being slow in performing the service for the community (Abbas, Hadi & Raji, 2018). Achieving excellence in this dimension may be due to the successful implementation of the National Health Insurance Program in 2014, which is a realisation of the National Social Security mandated by the law (Supriyana et al., 2019). This program authorises each resident to get extensive healthcare facilities covering promotive, preventive, therapeutic and rehabilitative administrations with a moderate expense through a protection framework. During the treatment, a guaranteed member only needs to pursue the set up systems and produce an enrolment card to get the service. The benefit of the program experienced by most Indonesians may justify why the incumbent, Mr Joko Widodo, was re-elected the president.

The direct observation reveals that the dissatisfaction with waiting time, which is common in healthcare (Yuswanto et al, 2018), has been resolved by limiting the

number of patients to reduce the waiting time as well as booking through SMS, where the patients can monitor their waiting line so they can estimate how long they have to wait.

The tangibility of the hospital in terms of possessing visually attractive physical facilities and the neatness of employees were ranked as the lowest items. The healthcare manager should focus on this, as the tangibility of quality healthcare service is the main reason for apprehension of the advertisers (Mahmood et al., 2017). The field that legitimately impacts the quality is office design for it is used to give and to offer the service. Simultaneous with the quick development of technology, as well as a variety of necessities, it is urgent for healthcare to redesign the inside interior of their offices to meet a high level of service quality and the best flow of the activities.

To conclude, specific attributes of healthcare service providers are a focal part of the arrangement of quality service. The SERVPERF model, because of clients' involvement in the service experienced, distinguishes passionate work as an attractive quality including responsiveness, civility and comprehension/knowing the client, as an essential dimensional trademark. A tangibles dimension usually alludes to appearance, which considers the physicality of the surrounding and the work force. In this manner, it is recognised that the disposition and presence of forefront employees are vital and clients rate gracious, supportive and compassionate staff as a deciding role in service quality.

Since most public hospital buildings in Indonesia date back to the colonial period, the building is old and out of date. The gloomy appearance of the building affects the way of dressing as most of employees do not dress neatly as reported by respondents. The healthcare provider should be sensitive to this issue to improve service performance due to the importance of personal appearance.

5. CONCLUSION

The discoveries of the present investigation are very attention-grabbing as they are justified the SERVPERF estimations in the public hospital which have never been confirmed specifically in the Indonesian setting after reformation in public service. Further, the replication of past SERVPERF model in developed nations which is examined in society of Indonesian public hospital will open entryways for further research to broaden the present model by utilising the justified model from the current examination together with some other essential elements. The consequences of the present investigation additionally expose that reliability, tangibility and assurance are the fundamental measurements of estimating service

quality; not only in business but also in the public sector. This finding implies that public hospitals must redesign their business model to be more customer-oriented, as in the business sector. However, patients treated in public hospitals expect different service to those visiting private hospitals (Dumitrescu et al., 2014). This study indicates that responsiveness is essential for public hospital patients, but is not a determining dimension for private hospital patients. Therefore, further research should be extended to the Indonesian private hospitals' client sector to provide solid models for Indonesian healthcare facilities to develop high-quality healthcare services.

Despite the fact that developed countries are richer and more proficient in providing excellent healthcare services, developing countries like Indonesia are also able to perform superior healthcare services with inadequate funds by combining the political and collegial will. Thus, the model of Indonesian National Health Insurance Program can be a reference for other developing countries as well as a model for sustainability program as projects of health systems research frequently suffer from poor sustainability (Flessa & Meissner, 2019).

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