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Service Quality Model with Cultural Perspective in Effect on Patient Satisfaction in Hospitals with Different Accreditation Status

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ABSTRACT

There is a problem in achieving the accreditation status of hospitals in Indonesia and their understanding. The existence of an accreditation process is designed to improve the safety culture and quality culture in the hospital, so that the hospital will always strive to improve the quality of its services. The purpose of this study is the implementation of indicators of quality culture and safety culture for the development of indicators of dimensions of hospital service quality with different accreditation statuses. This type of research is observational research for the development of models from the Quality Dimensions of Services. Conducted in private hospitals in Central Java and Yogyakarta Special Region in April to August 2017. The study population was patients who were treated surgically, aged between 20 and 70 years. A total of 190 patients were collected proportionally from 5 private hospitals based on their accreditation status strata. The result is a positive relationship between Quality Culture and Service Quality, There is a positive relationship between the Culture of Safety and Service Quality, a Accreditation Status positively meaningful with Service Quality, Service Quality is positively related to Patient Satisfaction and There is a significant positive relationship indirectly between Accreditation Status and Patient Satisfaction.

Keywords: *Accreditation, Quality culture, Safety culture, Service quality, Patient satisfaction*

INTRODUCTION

In Indonesia, there are problems with hospital accreditation status, namely from the accreditation target of all hospitals in Indonesia in 2014 have been accredited locally, realization until July 2013, 41.81% of 2,083 hospitals have not been accredited in 2007 version and 99.42% of homes ill has not been accredited in version 2012. In Central Java the perceptions of each hospital are different, namely: accreditation causes an increase in management costs, because to prepare documents, facilities and infrastructure that are in accordance with the standards require a large amount of costs and accreditation due to being linked with permits[(1)]. Problems related to accreditation in Canada, among others, are to obtain and maintain accreditation status requiring large investment of resources. For many service organizations, there are doubts about the benefits of accreditation, namely whether the accreditation is worth the time, effort and cost, and whether it can show measurable improvements in health service delivery and outcomes[(2)] in North America, where there is competition sharp among health care providers, accreditation is voluntary. Without an accredited status, health service organizations can already run. Conversely, not 100% of forced accreditation participation fosters a culture of transparency and improvement, or only encourages sanction avoidance and even encourages deviant behavior[(3)].

In Australia, health service providers who do not accredit on the grounds of high costs, difficulties in meeting standards and data collection, and accreditation programs are difficult to implement and take time to

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implement[4].The accreditation process is not always satisfactory, problems related to accreditation can occur due to deficiencies or obstacles which include Quality Culture[3]. From the hospital, the existence of an accreditation process was designed to improve the safety culture and quality culture in the hospital, so that it always tried to improve the quality of its services[5],[6],[7]. A strong organizational culture will encourage and enhance strong organizational and mission work so that behaviors are aligned with the priorities of the strategy[8]. Organizational culture is used to implement strategic changes in organizations. Organizational culture can accelerate the achievement of desired results and allow the achievement of optimal levels of work[9]. Organizational culture in the health service sector has a significant influence on quality improvement practices[10]. Organizational culture is needed to achieve success in the business environment, organizational culture encourages the creation of good services[8].

Status Accreditation stimulates continuous improvement and quality improvement efforts[2]. Status of Accreditation is useful for Service Improvement, Improvement in the Administration & Development Planning process of the Hospital[11]. Based on the gaps model of service quality, the source of service quality problems comes from the recipient of the service (customer) and the process from the service provider (management). The dimensions of service quality from patient perceptions refer to the concept of "RATER" namely Responsiveness, Assurance, Tangiable, Empathy, and Reliability[12]. Accreditation is based on the premise that compliance with reliable evidence-based standards will produce high-quality health services, in a safer environment, than those without accreditation[2]. Accreditation levels according to Adhani[7] are based on their graduation, namely the basic level, Middle level, Primary Level and Plenary Level. The ability of the Hospital to prepare for its accreditation is proof of the hospital's managerial ability in dealing with market mechanisms. The more services that can be given, the more it shows its readiness to compete with other hospitals. This is very important for resource-based strategies and competitive advantages[13].

Competition in the health services industry is the ability to provide consumers with goods or services for health care with better quality, lower value, more perfect services, easier to reach, meet needs, demands, expectations, and customer satisfaction[14]. The purpose of Accreditation is based on the Republic of Indonesia Minister of Health Regulation No. 012 of 2012, including improving the quality of Hospital services and in improving competitiveness. The purpose of Joint Commission International accreditation is to determine whether the organization has met a set of standards. improve the safety and quality of services[5]. Standards are one measure of where performance is measured. Performance is said to be successful if it is able to reach the specified standard[15]. Individual performance contributes to group performance, then group performance contributes to organizational performance[16],[17]. Individual performance will affect organizational performance[18],[19]. Customer satisfaction is categorized as a high-level goal in the public service performance measurement system[17]. Customer satisfaction is the level of one's feelings after comparing the perceived performance with expectations[20].

To measure the level of satisfaction of the service unit, the Minister of Administrative Reform issued Decree No.KEP/25/M.PAN/2/2004 concerning the preparation of the Community Satisfaction Index which consists of 14 elements that are relevant, valid and reliable. Namely: Service procedures, Service Requirements, Clarity of Service Officers, Discipline of Service Officers, Responsibility of Service Officers, Ability of Service Officers, Speed of Service, Justice in Obtaining Services, Courtesy and Hospitality of Officers, Fairness of Service Costs, Certainty of Service Costs, Certainty of Service Costs, Certainty of Service Schedule, Service Comfort, Environmental Comfort , and Service Security[21].

This research is limited to the implementation of indicators of quality culture and safety culture for the development of indicators of service quality dimension models from Parasuraman, Zeithami & Berry[12] namely Physical Evidence (Tangiable), Reliability, Responsiveness, Assurance , and Empathy and its effect on patient satisfaction in hospitals with different accreditation statuses.

MATERIALS AND METHOD

The purpose of this study was to describe the influence of quality culture and safety culture which was added as an indicator of the dimensions of hospital service quality, which was analyzed from the effect of accreditation status on service quality, influence of service

quality on patient satisfaction and indirect influence of accreditation status on patient satisfaction. This study was an observational study for the development of Quality Dimension of Services Model. This research was conducted at private hospitals in Central Java and Yogyakarta in April to August 2017. The population was patients who were treated surgically, aged between 20 and 70 years. A total of 190 patients were collected proportionally from 5 private hospitals based on their accreditation status strata.

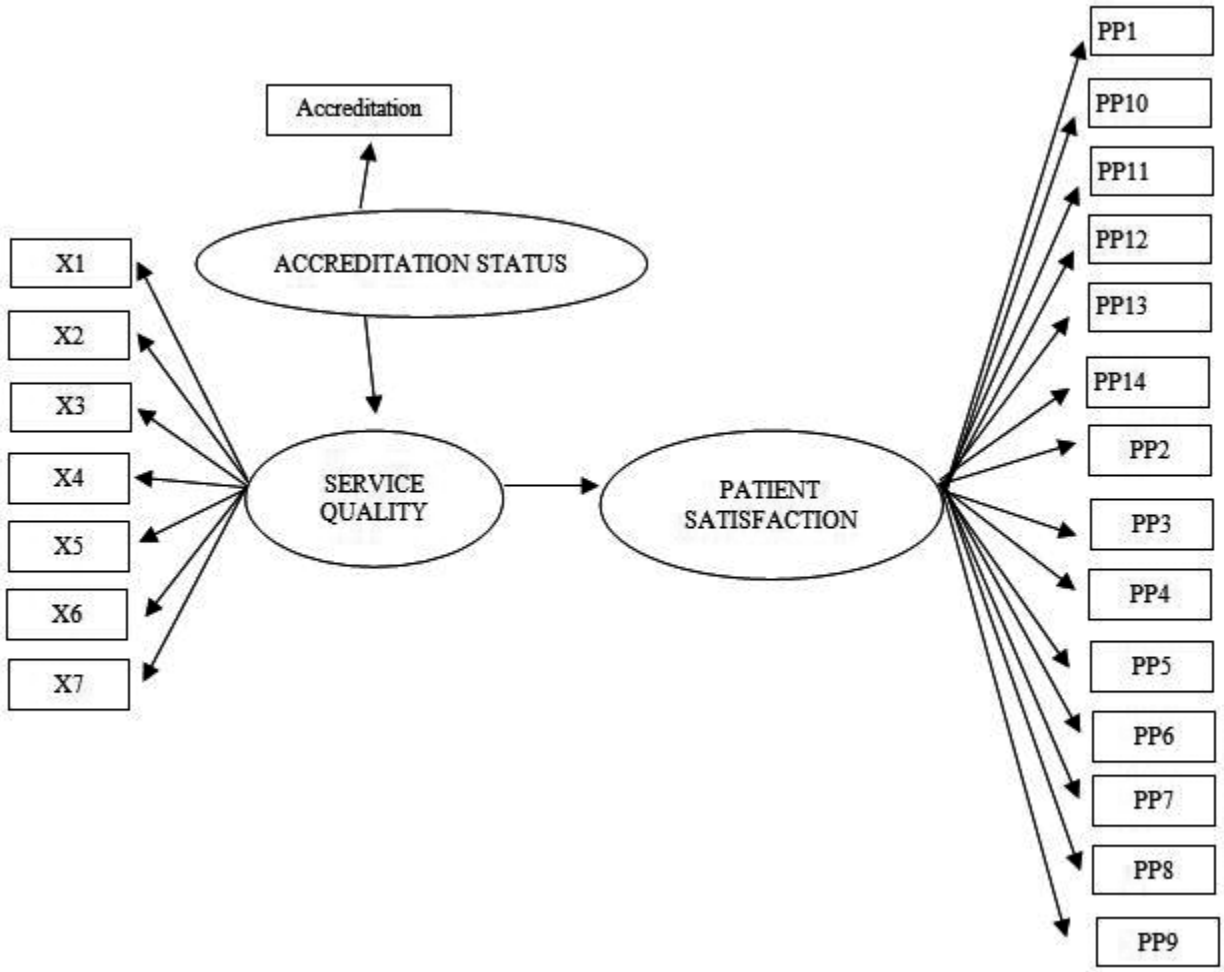

Figure 1: Structural Model Design

The hospital accreditation status assessment was carried out by looking at the accreditation status listed in the Ministry of Health, namely Plenary, Main, Middle, Basic and Not Accredited, Likert Scale. Assessment of the quality of hospital services was done by direct interviews with patients using 7 indicators consisting of indicators of service quality dimensions from Parasuraman, Zeithami & Berry[12] namely Tangible (X1), Reliability (X2), Responsiveness (X3), Assurance (X4) and Empathy (X5) plus Cultural indicators namely Culture of Quality (X6) and Safety Culture (X7). Patient satisfaction assessment was done by direct interviews with patients, using 14 indicators namely Service Procedure (PP1), Service Requirements (PP2), Clarity of Service Officers (PP3), Discipline of Service Officers (PP4), Responsibilities of Service Officers (PP5), Ability of Service Officers (PP6), Service Speed (PP7), Justice Getting Service (PP8), Courtesy and Hospitality of Staff (PP9), Fairness of Service Costs (PP10), Certainty of Service Costs (PP11), Certainty of Service Schedule (PP12), Environmental Convenience (PP13), and Service Safety (PP14). The data were analyzed using Partial Least Square Structural Equation Modeling (Figure 1).

FINDINGS

Table 1: Outer Loading

	Original Sample (O)	Sample Mean (M)	Standard Deviation	T Statistics	P Value
Accreditation ← Accreditation Status	1.000	1.000	0.000		
PP1 ← Patient Satisfaction	0.686	0.688	0.060	11.471	0.000
PP2 ← Patient Satisfaction	0.710	0.711	0.056	12.771	0.000
PP3 ← Patient Satisfaction	0.783	0.779	0.047	16.738	0.000
PP4 ← Patient Satisfaction	0.586	0.582	0.072	8.175	0.000
PP5 ← Patient Satisfaction	0.458	0.452	0.089	5.132	0.000
PP6 ← Patient Satisfaction	0.804	0.803	0.039	20.770	0.000
PP7 ← Patient Satisfaction	0.776	0.775	0.047	16.425	0.000
PP8 ← Patient Satisfaction	0.786	0.788	0.040	19.723	0.000
PP9 ← Patient Satisfaction	0.814	0.812	0.034	23.954	0.000
PP10 ← Patient Satisfaction	0.348	0.349	0.101	3.432	0.001
PP11 ← Patient Satisfaction	0.343	0.344	0.105	3.263	0.001
PP12 ← Patient Satisfaction	0.617	0.618	0.064	9.614	0.000
PP13 ← Patient Satisfaction	0.424	0.427	0.079	5.366	0.000
PP14 ← Patient Satisfaction	0.566	0.570	0.069	8.213	0.000
X1 ← Service Quality	0.715	0.716	0.048	14.989	0.000
X2 ← Service Quality	0.814	0.814	0.032	25.517	0.000
X3 ← Service Quality	0.826	0.825	0.028	29.114	0.000
X4 ← Service Quality	0.706	0.705	0.044	16.135	0.000
X5 ← Service Quality	0.850	0.850	0.026	33.155	0.000
X6 ← Service Quality	0.872	0.872	0.019	46.256	0.000
X7 ← Service Quality	0.561	0.561	0.058	9.761	0.000

Outer loading of service quality with indicators of Tangiable=0.715, Reliability=0.814, Responsiveness=0.826, Assurance=0.706, and Empathy=0.850, Quality Culture=0.872 and Safety Culture=0.561. Outer loading of Patient Satisfaction with indicators of service Procedure=0.686, Service Requirements=0.710, Service Officer clarity=0.783, Service Officer discipline=0.586, Service Officer Responsibility=0.458, Service Officer Ability=0.804, Service Speed=0.776, Justice Get Service=0.786, Courtesy and Hospitality Officer=0.814, Service Costs Fairness=0.348, Service Costs Certainty=0.343, Service Schedule Certainty=0.617, Environmental Comfort=0.424, and Service Safety=0.566. T results calculate all indicators greater than T table. According to Ghozali[22], indicators with factor loading of 0.5 to 0.6 can still be maintained, which is less than 0.5 removed. But if the T is greater than T table it is still called valid, even though the value of the loading factor is less than 0.5, so the indicator can be maintained. It was concluded that the indicator was declared valid and could be used for further analysis.

Table 2: Discriminant Validity

	Accreditation Status	Patient Satisfaction	Quality Services
Acreditation	**1.000**	0.335	0.490
PP1	0.348	**0.686**	0.262
PP2	0.239	**0.710**	0.268
PP3	0.280	**0.783**	0.296
PP4	0.103	**0.586**	0.212
PP5	0.000	**0.458**	0.104
PP6	0.306	**0.804**	0.288
PP7	0.262	**0.776**	0.352
PP8	0.342	**0.786**	0.287

Conted…

PP9	0.300	**0.814**	0.291
PP10	0.025	**0.348**	0.183
PP11	0.021	**0.343**	0.179
PP12	0.214	**0.617**	0.310
PP13	0.156	**0.424**	0.276
PP14	0.126	**0.566**	0.251
X1	0.373	0.299	**0.715**
X2	0.372	0.355	**0.814**
X3	0.442	0.310	**0.826**
X4	0.219	0.248	**0.706**
X5	0.432	0.305	**0.850**
X6	0.420	0.383	**0.872**
X7	0.322	0.306	**0.561**

The correlation coefficients between the indicators and the construct was greater than the correlation coefficient with other constructs. This showed good discriminant validity, meaning that the construct of latent variables predicts indicators on their blocks is better than indicators in other blocks, in other words the indicators used in this study have good discriminant validity in arranging their respective variables.

Table 3: Reliability Test

	Cronbach' Alpha	Rho A	Composite Reliability
Quality Services	0.881	0.893	0.909
Patient Satisfaction	0.880	0.897	0.902
Accreditation Status	1.000	1.000	1.000

From Cronbach's alpha and composite reliability test, each construct very reliable, because it had Cronbach's alpha and composite reliability that were high (>0.80).

Table 4: Path Coefficients

	Effects	Original Sample	T Statistics	P Value
Accreditation Status → Patient Satisfaction	Indirect	0.203	4.427	0.000
Accreditation Status → Quality Services	Direct	0.490	9.047	0.000
Quality Services → Patient Satisfaction	Direct	0.414	5.995	0.000

Assessment of the inner model, from the results of calculating path coefficients, for the hypothesis test, found a significant positive relationship at 0.05 (T table=1.96) between accreditation status and service quality with a path coefficient of 0.490, between service quality and patient satisfaction with path coefficient of 0.414, and indirectly between accreditation status and patient satisfaction with path coefficient 0.203. From this calculation the hypothesis can be accepted and proven significantly.

DISCUSSION

Quality of Service according to the patient's perspective is a service that can meet the needs felt and organized in a polite and polite manner, timely, responsive and able to heal complaints and prevent them from developing or expanding[23]. Service quality can be obtained from Accreditation Status due to status accreditation is beneficial for Service Improvement, Improvement in the Administration & Development Planning process of the Hospital[11], the Accreditation Process evaluates a health service place, so that accreditation status can be established[5],[24] to create a culture of safety and quality of the patient care process and results. The standard of accreditation is based on the principles of quality management and continuous quality improvement[5]. Accreditation status stimulates efforts to improve and improve sustainable quality. ditasi Hospital that is increasing protection for patients, the public, human resources hospitals and hospitals as an institution[2]. Customer satisfaction is the level of one's feelings after comparing perceived performance with expectations[20], customer satisfaction is Impact service, customer satisfaction is categorized as a high-level goal in the public service performance measurement system[17]. This research develops the service quality dimension indicator model of quality from Parasuraman, Zeithami & Berry[12] by adding indicators of culture of quality and safety culture, the results of which models can be applied.

CONCLUSION

Development of dimensions of service quality dimensions with a cultural perspective influences patient satisfaction in different hospitals with accreditation

status, with the main concern adding indicators of quality culture and safety culture into Dimensional Indicators Service quality is proven to be acceptable model, which is seen from the acceptance of the accreditation has a positive and significant relationship with Service Quality: Service Quality has a positive and significant relationship with Patient Satisfaction and there is a significant positive relationship indirectly between Accreditation Status and Patient Satisfaction.

Ethical Clearance: from Ethic Committee of Health Research, Faculty of Public Health, Airlangga University, Indonesia

Source of Fundings: Authors

Conflict of Interest: No

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