

Hospital Service Quality on Public Health Assurance Program

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Abstract: *This study aims to determine the hospital service quality and several factors affecting the public health assurance program. Data collected through direct observation and interviews. The data in this study were qualitatively analyzed. The results showed that the quality of public health services is below the standard of quality assurance. Communities in Central Sulawesi reveal that hospital services are satisfactory from the aspect of behavior or attitude and how to convey information to hospital officials to the public. As for time of service and hospitality are still unsatisfactory based on data by communities who experience both aspects of this hospital service.*

Keywords: Service Quality, Public Health Assurance

1. Introduction

During the middle ages, the hospital serves many functions, such as shelter to the poor or for the travelers. The term hospital derived from the Latin word, "host," which is also the root of the word "hotel" and "hospitality." Some patients may only come to light for diagnosis or therapy, or can also ask for hospitalization in a matter of days, weeks, or months. The hospital distinguished from other health institutions from the ability to provide diagnosis and thorough medical care to patients. The hospital is also a center for the training of health workers and biosocial research [1].

The public hospital serves as the center of health development and health care. The public hospital serves through several activities, an integrated and sustainable service [2]. The role and position of the General Hospital as a means of leading health is considerably responsible for administering health services, especially for health services to the community in a region. One of the roles of the service that the Ministry of Health provides is the public health insurance program. This program is subject to provide health coverage to the poor, children and displaced persons. The program helps the community regarding health financing guaranteed by the government. Health insurance that is a legal entity formed to administer the health insurance program.

The central principle of quality improvement and the performance of health services is customer care. Customers become the focus of service. Patients as external customers not only want the healing of the illness that is the outcome of the service, but also senses and assesses how it treated in the service process. When asked if health care providers care about customers, they answer they care to customers

Four things need to be considered in the approach to achieve excellent service through service quality improvement [3], [4], as follows:

a) Customers and expectations

Customer expectations encourage efforts to improve the quality of service. Healthcare organizations have many potential customers. Their hopes must be identified and

prioritized and then make the criteria for assessing success.

b) Performance improvements

When customer expectations have identified, the next step is to identify and implement the performance of staff and physicians to achieve counseling, recognition, and reward.

c) Process improvement

The repair process is also essential. Often the performance is blamed for service issues and customer dissatisfaction when the process itself is not well designed to support the service. By involving staff in the service process, a process problem can identify that may affect customer satisfaction, diagnose the cause, determine, and test solutions

d) Culture that supports continuous improvement

To achieve excellent service is needed an orderly organization. That is why it is necessary to strengthen organizational culture so that it can help quality improvement. To be able to do so, must be in line with the encouragement of continuous service quality improvement. To improve health services to be more quality and affordable by the community, it is necessary to implement various efforts. This effort should be made systematically, consistently and continuously.

In addition to having clear and comprehensive goals, health services should focus on violations. The patient and community experience of being a healthcare customer should be given primary attention so that the healthcare organization can meet the needs, expectations, and customer values [5].

Improving the quality of sustainable services has become an essential key in facing globalization era which implies that service must be done according to standard and fulfill quality norms oriented to consumer interest, meaning service provider must continuously adapt to consumer needs [6]. For the function of the officers, namely the speed of service, the appearance of the officer, the trust and communication, the patient's expectation is still not fulfilled because there is not yet in accordance with the ethics of medical services because sometimes the doctor leave the duty on working hours in first-rate health services free of charge, when compared with

service at the hospital that charges [7]. It means that the service in the first level of health services that frees up the cost of service not qualified by the opinion that the quality service if the application of the medical code of ethics and service standard can satisfy the patient [8]. Patients on payments, for the category of patient service costs, expect no need to rise. For the cost-free hospitals, 6 out of six interviewed patients said that this policy should not stop because in difficult economic situations it can help the patient, as long as the quality of this service can be improved. But some of the patients suggest the re-enforcement of the cost of return not to burden the community, and the quality of services improved again because there is no improvement in service quality after the exemption of the fee.

The study concerns on public's experiences related to the provision of services of public health insurance. Some people might complaints as service users for services provided activities by the hospital staff over the years. When providing the services, some hospital staff might show the unfriendly, unfair, and irresponsible attitude or lack of caring response to customer complaints. These phenomena contrast on government liability that should present public servants.

2. Method

This study used explorative by using qualitative analysis design that aims to provide an overview of the object studied on service quality assurance program [9]. This study conducted in public hospital in the area of Central Sulawesi, Indonesia. The data collection in this study was primary data and secondary data through observation and interviews.

3. Result and Discussion

The local public hospital is one of the local government agencies in the field of healthcare. Local public hospitals were expected to provide general health care insurance program to needy citizens. Health insurance services aim to provide health insurance service satisfaction. In this case, the comfort depends on the quality of service of the hospital health care workers in providing functions of public health insurance program. Moreover, officers' local public hospitals are required to perform the duties of service to the low-income citizens when they come to deal with their health problems. Some of the issues revealed by the participants based on their experiences discussed in this study.

3.1 Behavioral Health Officer

An activity that is serving from one person to another is very closely related to the attitude or appearance that would be disclosed by the person who would help them [4]. Services considered good if someone would help to served ably to demonstrate a new attitude and courteous. A total thirty-four research subjects who interviewed said that the hospital staff showed a new attitude and courteous when providing services. However, a small portion of patients still was not satisfied that require the attention of the hospital.

3.2 The Way of Health Officer Offers Public Health Insurance Program

For the low-income citizens who take the public health insurance indeed require good service [10]. The way of health officers provides information about the public health insurance program is expected by the community to use easily understandable language. The idea of delivering the news would contribute to the hospital. This study also reveals how health officers provide information about the public health insurance program. Services for patients and their families who take care of public health insurance is considerably good. However, there was also research subject who said that the way of health officers provide information is reasonably good. Thus, it can conclude that the way health officers provide information about public health insurance programs to the low-income citizens require improvement.

3.3 The time needed by low-income citizens to access public health insurance

How long it does take for low-income citizens to obtain services of public health insurance program. Without sincerity of health officers in providing services mainly to the consistency of working time by the provisions applicable, would only lead to a horrific reflection for the hospital itself. Many communities revealed that the time required to get the health care is weak, so it needs the enhancement as well [11].

3.4 Health Officer Hospitality

Hospitality is how the comfort received by the public at the time of receiving health care [12]. When the poor people feel comfortable with health officers in providing health services, would bring a positive assessment to the hospital itself. The study reveals that from the perspective of the comfort receiving health care call for an advanced change.

Service quality of public health insurance programs provided by health officers to needy citizens in the hospital necessitates step up. Reflected in interview results. This study demonstrates community dissatisfaction with service quality of public health insurance program at the hospital. Some poor people experienced that the leadership is everything for a health officer who would be able to change the behavior of her/his subordinates because a leader is considerably responsible for all activities carried out by the hospital. However, the paternalism cultural factors influence public hospitals service. Also, general control of public health insurance program services at the hospital requires culture establishment.

Research conducted by [13], shows that in general, participants or non-participants are satisfied with the services provided by the provider. However, the increased utilization of healthcare facilities by health insurance participants leads to a high level of provider workload. As a result, some healthcare participants must have long waiting times, verbal abuse, no physical examination and discrimination compared to wealthy patients or non-participant health care patients. Also, due to the existence of this national health insurance scheme, claims payments are pending. Affects the operation

of health facilities and even affects provider behavior. As a result, providers prefer to serve patients who can pay cash immediately after treatment. The results of this study became evidence that both patients and providers should be equally satisfied.

The magnitude of capacity for providers is a sensitive issue in the current implementation of health insurance in Indonesia. The same is true in Burkina Faso. In research conducted by [13], it known that low capitation giving, can decrease provider motivation to provide quality health service to health insurance participant. To avoid similar things, happen, Indonesia can also adopt research proposals that are by improving the method of payment to the provider. First, to increase the amount of capitation. The magnitude of this capitation should ensure that the provider receives sufficient resources to provide comprehensive services to health insurance participants. Second, introducing a direct incentive method to providers based on quantity or quality of service to health insurance participants. Third, adding the process of awarding bonuses to health facilities associated with the output of services within the area of the health facility coverage.

4. Conclusions

This study reveals a program service quality of public health insurance in the local general hospital. Poor people experienced that health officers showed a new attitude and courteous when serving. Subsequently, health officers provide information about the federal health insurance program in the local general hospital. Poor people said that the time required obtaining health services already satisfy. Participant revealed that comfort in receiving health care was less satisfied in accepting the support of health services. Paternalism culture and public control are two factors that affect the quality of service of public health insurance programs.

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