

Creating Value Model Based on Sipakatau Bugis Philosophy through Experience of Regional Public Hospital Services in South Sulawesi, Indonesia

Armin¹, Alimin Maidin², Indahwaty Sidin³, Fridawati Rivai³, Harun Achmad⁴

¹Doctoral Program Student of Faculty of Public Health, Hasanuddin University, Makassar Indonesia

²Professor, Department of Hospital Management Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

³Senior Lecturer, Department of Hospital Management Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

⁴Professor, Department of Dentistry, Hasanuddin University, Makassar, Indonesia

Abstract: *This study aims to build a model of creating value based on philosophical values through the experience of Bugis through increasing the equity of regional public hospital services in South Sulawesi. The chosen research locations were AndiMakkasau Regional Public Hospital in Pare Pare, Siwa Regional Public Hospital in Wajo District, Lamadukelleng Regional Public Hospital in Wajo District, and Tenriawaru Regional Hospital in Bone District. The type of this research is qualitative and quantitative and the respondents in this study were inpatients from four hospitals in South Sulawesi above. The results of this study are the formation of the Sipakatau Experience model. The Sipakatau Experience model as a creating value of patients based on the Bugis philosophy illustrates the importance of culture in daily implementation of service delivery in hospitals, because patients as humans want to respected according to their dignity.*

Keywords: Creating value, Sipakatau, Experience, Bugis philosophy, Regional public hospital

1. Background

In a highly competitive and dynamic service industry, service providers are currently developing various strategies to ensure customer satisfaction (Geissler& Rucks, 2011; Wu & Liang, 2009). Patients now have the ability to seek services and market trends, thus they have high expectations and require a good health care, consistency, sensitivity and extraordinary affection (Ndubisi 2014 in Borishade, 2017). Hospital patients are quite skeptical and alert. *Service experience* is more important, varied, complex, and personal to health services and consumers demand proof of hospital competence and service, especially in a competitive environment (Berry et al., 2006; Borishade, 2017).

The initiation of *creating value* these days is to generate revenue and to build market share for businesses, therefore it is an important part of the relationship management strategies with the company's customers. Patients' perceptions of value and satisfaction begin with an initial purchase and continue for the entire service experience, patient's thoughts and desires will influence what is provided by the hospital, and hospitals must maintain a healthy relationship with its patients (Talib & Rahman, 2015)

The existence of cultural characteristics affect the value and perception of customers. Customer value has long been considered a source of competitive advantage for service organizations (lihat Woodruff1997 , Helkkula, Kelleher, & Pihlström, 2012), therefore hospitals also need to create local

culture-based value on their customers in providing service experience.

Hospitals in Sulawesi Island, especially South Sulawesi, have rapid growth and the majority of customers are Buginese. The perception of service desired by consumers in the development of the hospital is politeness, empathy and assistance, which almost all of them exist in Bugisphilosophy The purpose of this study is to build a customer experience model based on the BugisPhilosophy to improve the Equity of Health Services on Regional Public Hospitals in South Sulawesi.

2. Methods

1) Qualitative methods

This study initially applied a qualitative data collection through observation, FGD, indept interview, document collection,

2) Quantitative Method

The second phase of the research aims to verify the conceptual model of creating value through the patient's *Experience* of the Regional Public Hospital so that a quantitative approach with multivariate analysis is used, therefore this study analyzes several variables (Tatham and Black 1998).

Through *confirmatory factor analysis*, researchers can assess the contribution of each indicator or some good level of confidence in an indicator of the measured concept. In other words, it is to inform whether the variable indicator used can inform a factor (Ferdinand 2005).

Research Location

The study was carried out at the inpatient room of four Regional Public Hospitals in three (3) districts with the majority population of Bugis tribe namely Tenriawaru Regional Public Hospital in Bone District, Andi Makkasau Regional Public Hospital in Pare Pare, Lamadukkelleng Regional Public Hospital in Wajo District and Siwa Regional Public Hospital in Wajo District.

Sample

The sample at the qualitative research stage was carried out by an indept interview with the Bugis culture, the director of the hospital where the study was, and the inpatients. The quantitative stage used a sample of 400 in new inpatients with a minimum of three (3) days or recurring patients at four (4) Regional Public Hospitals namely Tenriawaru Regional Public Hospital in Bone District, Andi Makkasau Regional Public Hospital in Pare Pare District, Lamadukkelleng Regional Public Hospital in Wajo District and Siwa Regional Public Hospital in Wajo District, South Sulawesi.

3. Results and Discussion

SIPAKATAU

Sipakatau means in the sense of treating people like human being. As in *adanagauk* ideology, *sipakatau* ideology is part of *paseng* which is frequently spoken by the parents to their children so that it becomes a living ideology. It is derived from the word 'tau' which means 'people', added by the prefix 'sipaka-' becoming *sipakatau* which means humanity.

a) Patient's characteristics

1) Sex

Table 4.1: Patient's Characteristics Based on Sex in Regional Public Hospitals in South Sulawesi, 2019

Sex	Frequency (n)	Percentage (%)
Male	158	39,5
Female	242	60,5
Total	400	100,0

Source: Primary Data

Based on table 4.1 above, female is higher with a frequency of 242 people (60.5%) compared to male with a frequency of 158 people (39.5%).

2) Age

Table 4.2: Patient's Characteristics Based on Age in Regional Public Hospitals in South Sulawesi, 2019

Age (year)	Frequency (n)	Percentage (%)
<10	2	0,5
11-15	4	1,0
16-20	27	6,8
21-25	25	6,3
26-30	40	10,0
31-35	32	8,0
36-40	41	10,3
41-45	24	6,0

46-50	51	12,8
51-55	46	11,5
>56	108	27,0
Total	400	100,0

Source: Primary Data

Based on table 4.2 above, the highest age group of patients is >56 years with a frequency of 108 patients (27%), while the least is the age group of <10 years with a frequency of 2 patients (0.5%).

3) Medical Treatment Class

Table 4.3 Patient's Characteristics Based on Treatment Class in Regional Public Hospitals in South Sulawesi, 2019

Treatment Class	Frequency (n)	Percentage (%)
Class 1	112	28,0
Class 2	86	21,5
Class 3	144	36,0
VIP	58	14,5
Total	400	100,0

Source: Primary Data

Based on table 4.3 above, the third class treatment have the highest patients with a frequency of 144 patients (36%), while least number of patients is the VIP class with a frequency of 58 patients (14.5%).

4) Sipakatau Experience

Table 4.4: Patient's Characteristics Based on Bugis Philosophy of Sipakatau Experience at the Inpatients Room in Regional Public Hospitals in South Sulawesi, 2019

Sipakatau Experience	Frequency (n)	Percentage (%)
Poor	179	44,8
Good	221	55,3
Total	400	100,0

Based on table 4.4 above, it shows that from 400 respondents, good sipakatau experience became a domain with a total of 221 patients (55.3%) and poor sipakatau experience is 179 patients (44.8%).

Cross Tabulation of Patients with Bugis Philosophical Values of Sipakatau Experience at Inpatients Room of Regional Public Hospitals in in South Sulawesi, 2019

Variable	Sipakatau Experience				Total	
	Poor		Good		N	%
	N	%	N	%		
Sex						
Male	72	45,6	86	54,5	158	100
Female	107	44,2	135	55,8	242	100
Age						
Old	102	44,5	127	55,5	229	100
Young	77	45,0	94	55,0	171	100
Education Level						
Low-Educated	178	44,7	220	55,3	398	100
High-Educated	1	50	1	50	2	100
Occupation						

Unemployed	100	50,3	99	49,7	199	100
Employed	79	39,3	122	60,7	201	100
Income						
Below RMW*	144	50,7	140	49,3	284	100
AboveRMW*	35	30,2	81	69,8	116	100
Type of Patient						
Old	79	53,4	69	46,6	148	100
New	100	39,7	152	60,3	252	100
Class						
Class 1-3	156	45,6	186	57,9	342	100
VIP	23	39,7	35	63,8	58	100
Visit						
<4 visits	170	45,7	202	54,3	372	100
≥4 visits	9	32,1	19	67,9	28	100

*RMW: Regional Minimum Wage

The table above shows that in the sex variable, the highest value of Bugis philosophy of Sipakatauexperience is on the good category with the female category of 135 patients (55.8%) and the smallest value of Sipakatauexperience is on the poor category with the female category of 107 patients (44.2%).

In the age variable, the highest value of Bugisphilosophy of Sipakatauexperience is on the good category with the old category of 127 patients (55.5%) and the smallest Sipakatauexperience is on poor category with the old age category of 102 patients (44.5%).

At the education level variable, the highest value of Sipakatau Experience is on the good category with the variable of low education on 220 patients (55.3%), and the smallest Sipakatau Experience is both on poor and good category with variable of one (1) patient (50%).

At the occupation variable, the highest value of Sipakatau Experience is on the good category with unemployed variable of 122 patients (60.7%), whereas the smallest is on the poor category of Sipakatau Experience with employed variable of 79 patients (39.3%).

At the income variable, the highest value of Sipakatau Experience is on the good category with above the RMW variable of 81 patients (69.8%) and the smallest is on the poor category of Sipakatau Experience with the income category of above the RMW, with a frequency of 35 patients (30.2%).

In the variable type of patient, the highest value of Sipakatau Experience is on the good category with old type of patient variable of 152 patients (60.3%) and the smallest value is on the poor category of Sipakatau Experience with old type of patient variable of 100 patients (39.7%).

Sipakatau Model

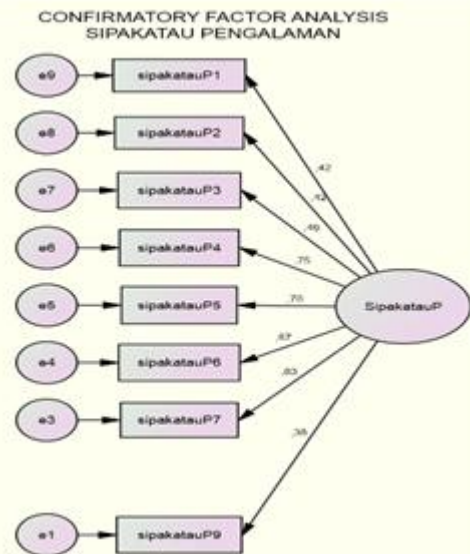


Figure 4.6: Confirmatory Factor Analysis of Sipakatauexperience

Figure 4.6 explains that from the nine indicators of Sipakatau Experience, there is one invalid indicator, namely the Sipakatau indicator 8 (there are differences terms of healthcare between general patients and Social Security Administration (BPJS) patients during hospitalization). The figure above also shows the most influential indicator, which is the sipakatau indicator 6 (respect from the doctors according to human dignity) with a loading factor of 0.86.

4. Conclusion

The Sipakatau Experience model as patient’s *creating value* based on the Bugis philosophy illustrates the importance of culture in daily implementation of service delivery in hospitals, because patients as humans need to be respected, according to their dignity

5. Suggestion

- 1) To make a *creating value* based on Bugis philosophy as a model of service in hospitals to increase the equity.
- 2) To make the Sipakatau philosophy as a value in daily services at Regional Public Hospitals in South Sulawesi.

References

[1] Armin, Indahwatysidin,Indrianti sudirman, Harun Achmad, exploration of patients value as in accordance with Bugis Phylosophy in Public Hospital at the south Sulawesi , Indonesia, *Indian Journal of Public health Research and development, vol10,no7,july 2019*

[2] Ali, F., Amin, M., & Cobanoglu, C. (2016). An integrated model of service experience, emotions, satisfaction, and price acceptance: an empirical analysis in the Chinese hospitality industry. *Journal of Hospitality Marketing & Management, 25(4), 449-475.*

- [3] Amin, F.K, dkk.(2015). The Ideology of Buginese in Indonesia (Study of Culture and Local Wisdom). *Journal of Language Teaching and Research*, Vol. 6, No. 4, pp. 758-765
- [4] Berry, L. L., & Lampo, S. K. (2000). Teaching an old service new tricks: The promise of service redesign. *Journal of Service Research*, 2(3), 265-275.
- [5] Borishade, T. T. (2017). *CUSTOMER EXPERIENCE MANAGEMENT AND LOYALTY IN HEALTHCARE SECTOR: A STUDY OF SELECTED PRIVATE HOSPITALS IN LAGOS STATE, NIGERIA*. Covenant University, Ota, Nigeria.
- [6] Helkkula, A. (2011). Characterising the concept of service experience. *Journal of Service Management*, 22(3), 367-389.