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QUALITY OF SERVICE OF OUTPATIENT UNIT IN BA HOSPITAL, INDONESIA

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ABSTRACT

Background: *The quality of healthcare services is crucial in the healthcare service organization to encourage every healthcare service organization to improve their healthcare service quality. This study aims to identify the description of the service quality of outpatient department in RSBA, East Jakarta, DKI Jakarta, Indonesia using the criteria of Malcolm Baldridge.*

Method: *This research was a descriptive analytical study with cross-sectional study combined with qualitative and quantitative approaches (mix method). About 110 respondents were selected as sample. The data analysis employed were univariate, bivariate and multivariate analysis of multiple logistic regression test conducted by using SPSS statistic software for Windows.*

Result : *There was a significatt influence of on workforce, and last focus on process and focus on the service quality of outpatient department of RSBA with p-value of < 0.05 and 9. In multiple logistic regression tests, the factors that had strong closeness were the leadership and the measurement analysis and knowledge management.*

Conclusion : *The Healthcare quality of the outpatient department of RSBA needed improvement, especially on the focus on the customers and the process. The commitment of all elements in the hospital was requried. The well and correct service customers, appropriate to the medical treatment according to the standard operating procedures, the excellent service and the effort to meet the completeness of the hospital infrastructure were important aspects that should be undergone by RSAB to improve the hospital's service quality.*

Keywords: *Healthcare service quality, management, performance evaluation, hospital, outpatient department.*

INTRODUCTION

Various efforts need to be made by hospital managers to create a service quality through a quality management mechanism as well as through a good and appropriate service delivery of medical treatment. [1]

The Malcolm Baldridge Criteria for Performance Excellence is essentially a number of questions about the fundamental aspects of an organization management in the context of achieving excellent performance. These questions are grouped into seven categories: leadership, strategic planning, focus on customers, measurement, analysis, and knowledge management, focus on workforce, focus on operation, and the result. [2,3,4] The Malcolm Baldridge Criteria for Performance Excellence is one method to capture the condition of a company or institution at present, which can be used to improve the performance of the company or institution. [5, 6]

Arief Sabda PMS and Febriana W (2015), in their study at Jemursari Islamic Hospital, Surabaya, found that the criteria of Malcolm Baldridge were proven to have positive and significant effects on the hospital's business performance. Jemursari Islamic Hospital applied the criteria of focus on customer, management process, leadership, strategic planning and business results. [7] Uud Cahyono (2012), in his study, found that four variables in the Baldridge criteria required higher attention priority, i.e.

leadership, strategic planning, measurement, analysis and knowledge management, and organizational performance outcomes. [8]

The reason for selection of RSBA as the research site is because it was one of the major hospitals of regional referral hospital in East Jakarta region, categorized as type B hospital. Based on the results from a survey of community satisfaction on the services of departments in RSBA for the period of 2013-2016, it was found there was a gap between the consumers' expectations and the service performance in the outpatient department of RSBA that required improvement in all elements of the service. [9]

RESEARCH METHOD

This study was conducted in the outpatient department of RSBA during April-May 2018 by using primary data and secondary data. The research type was cross-sectional descriptive analytic research with quantitative approach by survey and qualitative approach by interviews. The sampling technique employed was purposive sampling. The authors only chose respondents with high competence in this topic, i.e. the staff who worked in the outpatient department of RSBA. The sample number was determined by using sample size table that created by Isaac and Michael. This table suggested that a total of 110 samples were required for a population of 167 people with a 5% error rate. [10,11]

The research instrument was questionnaire that assess the respondents' perception by using Likert scale 1-5 (from very inappropriate to very appropriate) that was categorized into excellent and poor (the result was categorized as excellent if it reached above the overall rating and categorized as poor if it reached below the overall rating). The quantitative data was obtained from survey using questionnaire that was conducted through 'door to door' method to all respondents. The reason of using this technique is because the data was considered to be more valid. [12,13] The validity and reliability of the employed questionnaire had been tested which was then processed by using univariate, bivariate and multivariate analysis (multiple logistic regression) by using SPSS statistical software for Windows.

The respondents were the management of hospital (director, vice CEO and finance director, vice director of medical services, the chairman of the support division, the chairman of general affairs and marketing, the chairman of the workforces department, the chairman of the maintenance, the chairman of the medical service, the chairman of the finance and planning division, the head of the outpatient department, the doctors practicing in the outpatient department, the nurses at the outpatient department, laboratory personnel; radiology operator, and medical record staff.

The qualitative data was obtained by conducting key informants in-depth interview. The authors were using interview guideline as the research instrument, and using voice recorder to record the interviews. Qualitative data from in-depth interviews were used to support and triangulate the quantitative data [12].

RESEARCH RESULT

Table.1 The Assessment Results of Malcolm Baldridge Criteria

Criteria Malcolm Baldridge	Excellent	%	Poor	%	n	%
Leadership	67	60.9	43	39.1	110	100
Strategic Planning	72	65.5	38	34.5	110	100
Focus on Customers	46	41.8	64	58.2	110	100
Measurement, Analysis, and Knowledge Management	65	59.1	45	40.9	110	100
Focus on Workforce	64	58.2	46	41.8	110	100
Focus on Process	34	30.9	76	69.1	110	100

The assessment results indicated that the categories of leadership (60.9%), strategic planning (65.5%), measurement, analysis, and knowledge management (59.1%) and focus on workforce (58.2%) were categorized as excellent. On the other hand, the categories of focus on customers (41.8%) and focus on process (69.1%) were categorized as poor.

The results of the leadership criteria assessment indicated that 60.9% of the respondents were considered as excellent. Therefore, it could be concluded that, on average, the employees agreed that the leadership of RSBA management was excellent. The strategic planning assessment result indicated that the employees tended to agree with the strategic plan in the outpatient department of RSBA. This was supported by the percentage of strategic planning criteria was 65.5% which categorized as excellent. The result of the assessment from the aspect of focus on customer indicated that 58.2% of the employees conveyed bad perception on this aspect. The results of the measurement assessment, analysis, and knowledge management was 59.1% which means participants tended to have a good perception of this aspect. The analysis result suggested that the employees tended to agree that RSBA focused on the workforce. This was supported by the percentage of 58.2% on the excellent category. The results indicated that 69.1% of employees tended to have bad perceptions on the process focused aspect.

Table 2. The Correlation between Leadership, Strategic Planning, Focus on Customers, Measurement, Analysis, and Knowledge Management, Focus On the Workforce, and Focus On Process

Criteria Malcolm Baldridge		Service Quality						OR (95% CI)	P-value
		Poor		Excellent		Total			
		n	%	n	%	n	%		
Leadership	Poor	37	86	6	14	43	100	31. 394 (10.684-92.252)	0.000
	Excellent	11	16.4	56	83.6	67	100		
	Total	48	43.6	62	56.4	110	100		
Strategic Planning	Poor	30	78.9	8	21.1	38	100	11.250 (4.373-28.940)	0.000
	Excellent	18	25	54	75	72	100		
	Total	48	43.6	62	56.4	110	100		
Focus on Customers	Poor	39	60.9	25	39.1	64	100	6.413 (2.647-15.536)	0.000
	Excellent	9	19.6	37	80.4	46	100		
	Total	48	43.6	62	56.4	110	100		
Measurement, Analysis, and Knowledge Management	Poor	40	88.9	5	11.1	45	100	57.000 (17.371-187.033)	0.000
	Excellent	8	12.3	57	87.7	65	100		
	Total	48	43.6	62	56.4	110	100		
Focus on Workforce	Poor	38	82.6	8	17.4	46	100	25. 650 (9, 267-70, 998)	0.000
	Excellent	10	15.6	54	84.4	64	100		
	Total	48	43.6	62	56.4	110	100		
Focus on Process	Poor	44	57.9	32	42.1	76	100	10,313 (3, 304-32. 191)	0. 000
	Excellent	4	11.8	30	88.2	34	100		
	Total	48	43.6	62	56.4	110	100		

From this research, it was found that good leadership in the outpatient department of RSBA would improve the service quality by 31 times greater than poor leadership (OR= 31.394; 95% CI= 10.684-92.252). The p-value of 0.000 meant that the leadership had a significant influence on the perception of the service quality at the outpatient department of RSBA.

From the data, it was found that there was a good strategic planning in the outpatient department of RSBA which tended to provide good perception of service quality by 11 times greater than the poor strategic planning (OR = 11.250; 95% CI = 4.373-28.940). The p-value of 0. 000 meant that strategic planning had a significant influence on the perception of the service quality of the outpatient department of RSBA.

The data indicated that focus on customer had a significant influence on the good perception of service quality of the outpatient department of RSBA (p = 0.000). OR= 6.413 (95% CI = 2.647-15.536) means that if the focus on customers were better, it will tend to improve better service quality by 6.4 times.

The analysis suggested that the aspects of measurement, analysis, and knowledge management had a significant influence on the perception of the service quality of the outpatient department of RSBA (p = 0.000). OR= 57. 000 (95% CI = 17.371-187.033). It meant that the good aspects of measurement, analysis, and knowledge management in RSBA would tend to improve good service quality by 57 times.

Based on the results, it was shown that good focus on workforce would tend to give good perception service quality by 25.7 times (OR= 25.650; 95% CI = 9.267-70,998). The p-value of 0. 000 meant that the focus on workforce had a significant influence on the service quality of the outpatient department of RSBA.

Based on the analysis results, it was found that good focus on the process tended to improve the perception of good service quality by 10 times greater than when the focus of the work process was poor (OR = 10.313; 95% CI = 3.304-32.191). The p-value of 0.000 meant that focus on process had a significant influence on the perception of the service quality of the outpatient department of RSBA.

Based on the results of the respondents' perception through a questionnaire, it was found that 56.4% stated that the healthcare service quality of the outpatient department of RSBA could be categorized as excellent.

Healthcare quality predictors

The association of the six aspects that existed in this study of the service quality was further analyzed to ensure which aspects consisted the main factors of the service quality. The variables included in the multivariable analysis were those with a p-value of <0.25 in the bivariate analysis. The variables included were six aspects (leadership, strategic planning, focus on customers, measurement, analysis and knowledge management, focus on workforce, and last focus on process). The multivariate test by using multiple logistic regression test was done to further analyze the correlation of the whole variables to the dependent variable, i.e. the healthcare service quality at the outpatient department of RSBA.

1. Full Model

Table 3. Full Model

Independent Variables	Adjusted Odds Ratio	95% CI		P-value
		Lower	Upper	
Leadership	25.468	4.925	131.707	0.000
Measurement, Analysis, and Knowledge Management	57.489	7.267	454.801	0.000

Independent Variables	Adjusted Odds Ratio	95% CI		P-value
		Lower	Upper	
Strategic Planning	0.375	0.050	2.796	0.339
Focus to Customers	1.824	0.378	8.796	0.454
Focus on Workforce	1.118	0.132	9.481	0.919
Focus on Process	0.985	0.157	6.192	0.987

The Full Model was a model that illustrated the correlation of all independent variables to the dependent variable when simultaneously analyzed.

2. Confounding Test

In the full model arrangement, there were several variables with a significance value of more than 0.05. The confounding test was completed by gradually removing the variables starting from the greatest significance value. The confounding test was performed to identify which independent variables constituted as the confounders. The confounder was a risk factor of the Y variable which was correlated to other independent variables.

From the analysis, the variables of 'focus on process' and 'focus on workforce' were excluded from the model since the significant value reached more than 0.05 and did not change the OR value more than 10%. Meanwhile, two variables were found to be the confounders i.e. the variables of 'focus on customers' and 'strategic planning'. Both of these variables were the confounders. They were not excluded and remained in the model despite the significant value of more than 0.05.

3. Final Model

Table 4. Final Model

Independent Variables	Adjusted Odds Ratio	95% CI		P-value
		Lower	Upper	
Leadership	25.536	5.092	128.048	0.000
Measurement, Analysis, and Knowledge Management	60.963	10.826	343.277	0.000
Strategic Planning	0.391	0.063	2.436	0.314
Focus to Customers	1.824	0.418	7.970	0.424

The table displayed the final model after two variables of focus on workforce and focus on process were excluded. Based on the analysis through multiple logistic regression, it could be concluded that the factors related to the service quality included the leadership and the measurement, analysis, and knowledge management once being controlled by the variables of 'focus on customers' and 'strategic planning'. This means that these two factors were the most influential factors and had a highly strong relation with service quality.

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From the results of the quantitative research, it could be concluded that the service quality of RSBA can be categorized as excellent. The aspects of focus on customers and focus on process were categorized as poor. All the criteria of Malcolm Baldridge held a significant influence on the result of the service quality of the outpatient department of RSBA. In the multiple logistic regression, the factors that were closely related to the service quality were leadership and measurement, analysis and knowledge management.

The interviews and the document review indicated that the hospital organization profile was excellent where RSBA already had the vision, missions, and values that adapted to the vision of the Health Office. RSBA also had a five-year strategic planning. The outpatient department had a performance achievement program tailored to the Minimum Service Standards of the outpatient department where all the programs had been achieved except the patient waiting time. Each year, RSBA conducts a community satisfaction survey to assess its service quality. The results indicated that there was still a gap between the reality and the patients' expectations.

DISCUSSION

RSBA is a non-education type B hospital that is located in East Jakarta, DKI Jakarta, Indonesia. The assessment of the service quality of the outpatient department of RSBA by using the Malcolm Baldridge criteria was very useful for RSBA because it could identify the required improvement of the criteria. The results of the analysis indicated that the results of the 'focus on customers' and 'focus on process' were poor and, thus, the management needed to pay more attention to both criteria. This could be implemented through the commitment of RSBA's workforces to serve the customer, and to perform the right medical assessment for the patients in accordance with the standard operating procedure, excellent service and the effort to meet the fulfillment of the hospital infrastructure facilities.

This research also found a significant effect in all Malcolm Baldridge criteria on the service quality of RSBA. This research found that the factors that were closely related to the service quality were leadership and analysis, measurement and knowledge management. The leadership factor has high influence on RSBA where the leaders should always remind the staff about the vision, missions, and values of the hospital as well as effective communication required to supervise and control the achievement of the hospital's vision and missions. The leadership at RSBA was categorized as excellent which was in accordance with the management and staff interview result claiming that the leaders of RSBA highly concerned about their staff and the encouraged their employees to move forward, become smarter, grow and develop. RSBA highly concerned about its staff where training for staff were often held, the workspace was set as comfortable as possible, and family gathering was held at least once a year.

The variable of 'measurement, analysis, and management knowledge' were related to how well the information was used and known by the entire organization. Assessing organizational thinking, the management and the use of data and information for performance measurement and analysis in support of organizational planning and performance improvement was essential. The information delivered in RSBA flowed well because RSBA routinely held meeting where information would be easily conveyed to the workforce which was regularly held monthly for each section. The monitoring of RSBA was also highly facilitated as RSBA already employed an integrated hospital management information system.

The attention to the patients can be seen from the ability of the staff to know what patients need, staff provide comfortable patient rooms and listen to patient complaints through many mediums. Nevertheless, the long waiting time was still not standardized and remained a problem in RSBA which required further analysis to know the root cause. The focus on patients was poor as seen from the results of the RSBA community satisfaction survey for five years which remained to indicate a gap between expectation and reality. Therefore, the management needed to pay more attention to the patient's needs.

The policy options that could be taken by RSBA included:

1. Influence the workers to be committed in the service quality improvement of the outpatient department in RSBA, especially in terms of the application of hospital accreditation;
2. Put efforts to continuously and sustainably focus on the workforce to improve the quality and quantity of the RSBA workforce;
3. Influence the workers to be committed in standard operational procedure of RSBA as an effort to focus on the process;
4. Perfecting the strategic planning of the outpatient department of RSBA;
5. Preparing the commitment to cultivate the service focused on the patients;
6. Sustainably socializing all information and policy;

The identification of constraints on the policy implementation at RSBA included:
1. Those related to the workforce and their diverse characters as a challenge for the management of RSBA;
2. Funding constraints (for the training of the workforce, infrastructure, marketing, etc.);
3. Poor communication and coordination for workers;
4. Lack of understanding and agreement to achieve goals;
5. Lack of sustainable socialization;

For further planning, the policy implementation needs to be monitored and evaluated. To identify whether a policy is excellent or in need of improvement, the following data are required:
1. Sustainable community satisfaction survey;
2. Sustainable assessment of continuous accreditation;
3. Internal audit and external audit;
4. Data on the hospital's workforce in terms of their quality and quantity; and
5. Patient's complain data.

CONCLUSION

The healthcare quality of RSBA needs an improvement, particularly their focus on the customers and the process. This could be conducted through the commitment of RSBA's workforce to serve the consumers well, providing the right medical action for the patients in accordance with the standard operating procedure, providing excellent service and trying to meet the fulfillment of the hospital infrastructure facilities. There was a significant influence of 'leadership', 'strategic planning', 'focus on customers', 'measurement, analysis, and knowledge management', 'focus on workforce', and 'focus on process' on the outcomes of service quality of the outpatient department of RSBA. The variable that had strong correlation were 'leadership' and 'measurement analysis and knowledge management'.

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