Strategy for the Development of Patient Services at the YAPIDA Primary Clinic in Gunung Putri, Bogor Regency

Achmad Mustafa Kamal[1], Musa Hubeis[2], Mukhammad Najib[3]

[1,2,3] Department of Management, Institut Pertanian Bogor
E-mail: achmad.mustafakamal@gmail.com

ABSTRACT

The change in the service system from the general customer category to the BPJS Health participant category resulted in a decrease in the number of visits by general participants and an increase in visits by BPJS Health participants. This research aims to formulate a strategy for the development of the Klinik Pratama YAPIDA, Gunung Putri, Kabupaten Bogor based on an analysis of patient service's satisfaction. Research data was collected through a service quality questionnaire as developed, which consists of 5 (five) dimensions: tangible, reliability, responsiveness, assurance, and empathy. The data analysis technique uses a combination of Servqual analysis approach, Importance Performance Analysis (IPA) approach, and Structural Equation Model (SEM). The research's result shows that based by the use of the combination of the three analytical approaches, there is a linearity in the strategic direction of the Klinik Pratama YAPIDA development to maintain sustainability and increase the grade of the Clinic, which is improving service quality in aspects of 1) Nurse's responsiveness, 2) responsiveness of the pharmacist, and 3) clinical service officer. Based on this analysis, the managerial implications require the YAPIDA Primary Clinic Management to formulate a service quality development strategy by improving the three service attributes.

Keywords: development strategy, IPA, Service Quality, SEM, ServQual

INTRODUCTION

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation. According to the 1945 Constitution, Article 28h paragraph 1 mandates health services as a basic right for all Indonesian citizens. Every activity and effort to maintain and improve the health status of the community as high as possible is carried out with the principles of non-discrimination, participation, and sustainability. This is in line with Law no. 40 of 2004 which states that every citizen has fair access to quality and affordable health services (Kalijogo, 2019). Increasing the degree of public health plays an important role in the formation of Indonesian human resources (HR), increasing the nation's resilience and competitiveness to support national development (Islami et al., 2018; Oetari & Herdwiani, 2021).

Health service facility is a tool and/or place used to carry out health service efforts, whether promotive, preventive, curative or rehabilitative carried out by the Central Government, Regional Government and/or the community (Salam, 2020). Anything that causes health problems for the people of Indonesia can cause huge economic losses for the country and efforts to improve the health status of the people can mean an investment for the country's development. In Indonesia, health care facilities consist of hospitals, health centers, private clinics and individual physician practices (Kaunang et al., 2020). Private and individual clinics were established on the basis of the government's limitations in dealing with patients and the needs of

the community. In certain conditions, the community feels the need to establish a private/individual clinic for medical treatment or treatment. Generally, private clinics have three treatment functions, namely preventive, curative and rehabilitative treatment. The function of preventive/preventive treatment is carried out by medical personnel from the clinic who provide counseling, put up posters or provide a warm atmosphere in the clinic (Natsir et al., 2020).

The definition of clinic according to the Regulation of the Minister of Health No. 28 of 2011 and Regulation of the Minister of Health No. 9 of 2014, a clinic is a health service facility that organizes individual health services that provide basic and/or specialist medical services, organized by more than one type of health worker (nurse and/or midwife) and led by a medical professional, general practitioner, doctor, specialist, and dentist. Based on the type of service, the clinic is divided into Primary Clinic and Main Clinic (Harijanto, 2018). The Primary Clinic is a clinic that provides basic medical services, while the Main Clinic is a clinic that provides specialist medical services or basic and specialist medical services. The nature of the health services provided by the two types of clinics can be in the form of outpatient, one day care, inpatient care and/or home care.

Clinic is a service organization that has different characteristics from other service industries. The difference lies in the expertise of human resources, the facilities and equipment used are relatively expensive, so the clinic is said to be a capital-intensive business organization, human-intensive, technology-intensive and scientific-intensive, as well as regulation-intensive. These various factors can affect the continuity of a clinic's business. Economic factors are often the biggest obstacle to the continuity of the clinic's business (Pakdil & Harwood, 2005). However, the uncertain condition of economic factors often poses a threat to clinical businesses, but there are opportunities that can be taken for business development. Good health service management arrangements must be prepared based on a strategic plan, in order to achieve the expected goals (Budiyanti et al., 2020). To gain a competitive advantage and have products in accordance with the wishes and needs of customers based on optimal support from all the resources owned by the clinic. Situation analysis from the internal and external sides of a company is needed as the first step in making a business plan (Hunger & Wheelen, 2001).

Yapida Clinic is a private First-level health facilities located in Gunung Putri Subdistrict, Bogor Regency which seeks to provide health services for the community. Internal data of the YAPIDA Pratama Clinic shows that there were 20,147 customers with BPJS Health membership in April 2020, even though the membership capacity of the YAPIDA Primary Clinic BPJS membership was at 30,000 participants. Based on the Clinic's internal data, there was a significant increase in the number of patient complaints in the period January 2019-April 2020. The increasing number of complaints during that period, as one of the contributing factors was the change in the service system from the general customer category to the BPJS Health participant category, which had an impact on the length of service waiting time. While other factors are related to the services of doctors and paramedics. This data indicates that there is a discrepancy between the wishes and expectations of customers regarding the quality of service at the YAPIDA Pratama Clinic which has the opportunity to become a problem in the future, so it is necessary to evaluate it as an effort to improve the quality of clinical services (M. Haeruddin, 2017).

This study devised a strategy for developing patient services by analyzing customer satisfaction using a combination of Service Quality (ServQual) and Importance Performance Analysis (IPA) analysis approaches which were re-tested with the Structural Equation Model

(SEM) technique (Akib & Salam, 2016). The change in the service system from the general customer category to the BPJS Health participant category has resulted in a decrease in the number of visits by general participants and an increase in visits by BPJS Health participants (Mardiati et al., 2018). Changes in the BPJS service system have an impact on the length of service waiting time. So there is a mismatch between the wishes and expectations of customers (Anwar et al., 2019).

METHOD

Data obtained through questionnaires according to five dimensions of satisfaction arranged in categories: Expectations/Levels of Interest and Perception of Performance in the columns provided, then processed and analyzed based on Servqual, IPA, and SEM. The data collected is primary and secondary data. Primary data was obtained through a questionnaire which was developed according to the five dimensions of service quality. Parasuraman et al. (1995). Secondary data were obtained from literature studies and internal clinic data. The selection of respondents using inclusion and exclusion criteria, namely 150 people. Based on the research objectives, the research model is formulated as shown in the following figure:
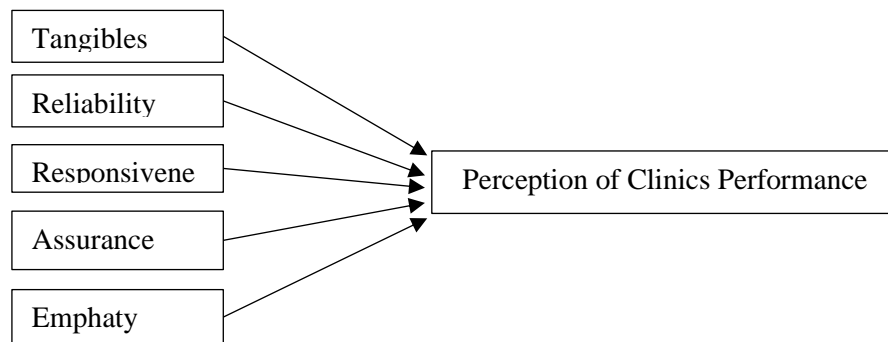

Figure 1. Research model

RESULT AND DISCUSSION

Instrument Test Results

Based on the results of the calculation of the validity of the instrument with the Pearson product moment correlation formula and the standard r table (30.0.05) = 0.361, it was obtained 25 items per questionnaire statement to measure the expectations/level of interest of the Clinic patient, item number 1 of the clinic building as a physical attribute of the clinic resulted in a number r count=0.24 < r table, then it is excluded from the calculation. On the other hand, the 25 item questionnaire statements to measure the performance of the clinic according to the patient's perception of the clinic are valid. To provide a balance of measurement between expectations/level of importance and performance, item number 1 attributes of clinical buildings on the physical dimensions (tangibles) on the performance questionnaire were excluded from the calculation. The calculation of the reliability test using the Cronbach alpha formula gives the result that the questionnaire that measures the expectation/level of importance has a reliability level of 0.936, and the one that measures performance is 0.969, so the reliability of the questionnaire is very high.

Service Quality Analysis

Calculations in the Servqual analysis use interval measurement units based on the patient's respondents' answers. All respondents' answers are in the form of 1-5 Likert Scale interval units, then tabulated and calculated the average value. The mean value of each "expected" attribute is then reduced by the mean value of the same attribute on "perceived performance". This difference in value is known as the gap score. Theoretically, the negative value of the gap score indicates the large difference between the patient's expectations and the perceived and accepted performance of the service attributes provided (Parasuraman, 1990; Parasuraman et al., 1988).

The results of calculations using the Servqual analysis approach are:

1. The General/Paid/Non-BPJS patient category gave the highest gap score on the nurse's responsiveness attributes (-0.8800), Inpatient Room facilities (-0.8600), the accuracy of the Doctor's examination schedule (-0.8600), the responsiveness of the Pharmacist (-0.8400), and Nurse Assistance in informing before the service is provided (-0.8000).
2. The BPJS patient category gave the highest gap score on the attributes of the responsiveness of the pharmacist (-0.7800), clinical service officer (-7300), and drug availability (-0.7000).
3. The combined category gives the highest gap score on the attributes of responsiveness of the pharmacist (-0.8000), clinical service staff (-0.6800), nurse responsiveness (-0.6600), and drug availability (-0.6600).

Importance Performance Analysis (IPA Analysis)

Calculations in the IPA analysis use interval measurement units based on the patient's respondents' answers. All respondents' answers are in the form of 1-5 Likert Scale interval units, then tabulated and calculated the average value (mean). 5. The mean value for each attribute is then tabulated in the IPA analysis preparation table. The data that is processed in the IPA analysis comes from the combined data in the Servqual analysis. Science analysis was carried out with the help of Statistical Paxkage for Social Sciences (SPSS) software version 20 to describe the Cartesian quadrant in Figure 2.
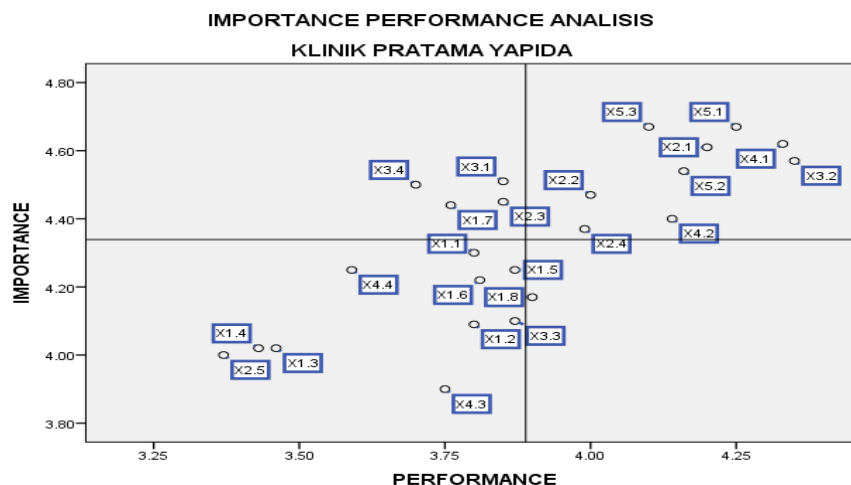

Figure 2. IPA Analysis Cartesian Quadrant

Based on Figure 2, four aspects are in Quadrant A (Concentrate Here) or concentration here, which means that it requires immediate improvement, because there is a high level of importance for YAPIDA Clinic Patients that has not been met by the actual performance of the Clinic according to the patient's perception, namely: (1) responsiveness of the drug department officer (pharmacist) (X3.4), (2) clinical service officer (X1.7), (3) nurse response (X3.1), and (4) nurse assistance in providing information before the service is provided (X2 .3).

Structural Equation Model

SEM analysis was carried out with the help of SmartPLS version 3.0 software. The processed data is research data that is tailored to the needs of SmartPLS processing, ie each attribute of Expectancy/Level of Interest is grouped according to its indicator, namely (X1-X5) and marked according to the attribute number. Meanwhile, the Performance attributes are grouped into one, and labeled Y (Y1-Y24).

The results of calculations with SEM analysis:

1. The results of the Confirmatory Factor Analysis calculation show attributes that have a lower loading factor (< 0.7: PLS standard), so they must be excluded from the calculation, namely: X1.1, X1.7, X1.8, X2.5, X3 .4, X4.3, Y1, Y13, Y21, Y24, and Y8.
2. Confirmatory Factor Analysis calculation results after being repaired show that all attributes meet the standard > 0.7.
3. Cronbach's Alpha reliability test shows the numbers: 0.898 (X1), 0.920 (X2), 0.809 (X3), 0.797 (X4), 0.912 (X5), and 0.970 (Y).
4. Model Fit Testing is shown in Table 1.

Table 1
Test Results of Fit Model

	Saturated Model	*Estimated Model*
SRMR	**0.077**	**0.077**
d_ULS	4.173	4.173
d_G	4.414	4.414
Chi-Square	2.775.187	2.775.187
NFI	**0.619**	**0.619**

The results of the Fit Model test that are used as a reference in the SEM analysis are SRMR and NFI with the following standards:

    a) SRMR = < 0.10
    b) NFI = 0 - 1, the closer to 1, the more fit the model used

Based on these standards, the model is declared Fit, because the SRMR value = 0.077 and the NFI value = 0.619.

5. The results of the R Square calculation are shown in Table 2.

Table 2.
R-Square Test Results

	R *Square*	R *Square Adjusted*
Y	0.643	0.630

The result of the calculation of R Square is 0.643, it means that the perception of performance (Y) is influenced by 64.3% by the Expectation / Level of Interest of Clinical Patients.

6.   The level of significance is shown in Table 3.

Table 3.
Significance Test Results

	Original Sample (O)	*Sample Mean* (M)	*Standard Deviation* STDEV)	*t Statistics* (|O/STDEV|)	P *Values*
X_1 -> Y	0.174	0.173	0.070	2.472	0.014
X_2 -> Y	0.116	0.120	0.080	1.455	0.146
X_3 -> Y	0.188	0.188	0.068	2.763	0.006
X_4 -> Y	0.170	0.173	0.071	2.412	0.016
X_5 -> Y	0.293	0.288	0.072	4.043	0.000

From the results of the above calculation, it is concluded that the significance of X5 (empathy) provides the largest contribution with the smallest p-value (0.293; 0.000), while X2 (Clinical reliability) provides the smallest contribution with the largest p-value (0.146) and is outside the acceptance limit. (0.05), so it is not significant (Mendoza, 2018).

The significance of the influence of the variable X on Y, can be seen from the magnitude of the value of tcount with the standard value of ttable = 1.96. From Table 3, it can be seen that the relationship between X2 and Y with a value of tcount=1.455 is smaller than ttable¬. All the results of the calculation of research data using the SEM method are shown in Figure 3.
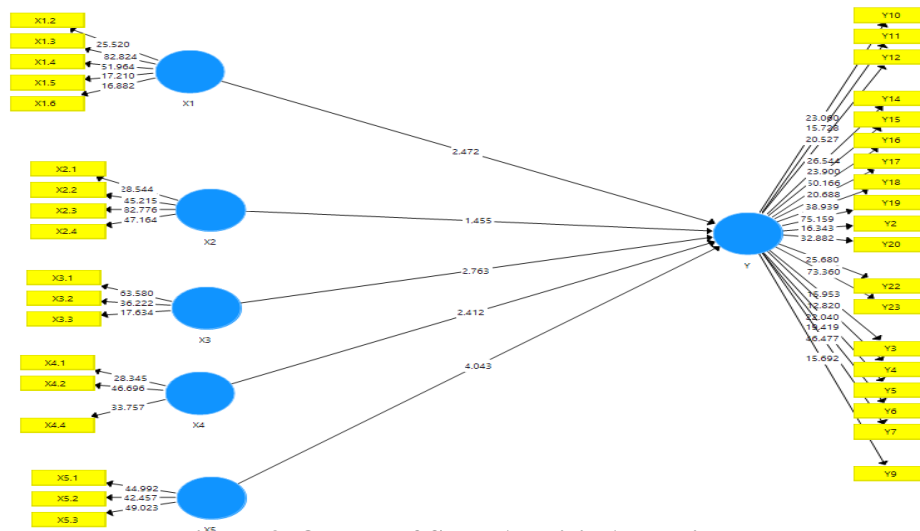

Figure 3. Output of SEM Analisis Analysis

By referring to the SEM analysis, it can be concluded that SEM improves the recommendation for the formulation of the YAPIDA Primary Clinic service quality improvement strategy based on the IPA analysis, namely the YAPIDA Primary Clinic service quality improvement strategy is directed at the four service attributes contained in three dimensions (Nangaro et al., 2019). According to the SEM analysis, the improvement strategy for factor X2 includes "nurse assistance in informing before the service is provided" (X2.3), does not significantly affect Clinical Performance (Erlangga et al., 2020; Musa et al., 2019; Yuliati et al., 2016; Zun et al., 2018).

DISCUSSION

Service aspects which are included in Quadrant B (Keep up with the Good Work) or maintain achievement, namely aspects that show actual performance according to the expectations of Clinical Patients, namely aspects of courtesy and friendliness of Doctor-Nurses (X5.3), Doctor's willingness to listen to patient complaints (X5.1), Doctor's examination accuracy (X2.1), Doctor's ability and expertise (X4.1), Doctor's response (X3.2), Nurse's willingness to listen to Patient's complaints (X5.2), Nurse's assistance in the first treatment of the patient (X2.2), the ability and expertise of the nurse (X4.2), and the nurse's assistance in providing information about the type of disease, the correct medical treatment method, and the right time to take medicine (X2.4).

Service aspects that are included in Quadrant C (Low Priority) or low priority, namely low actual performance, but are perceived as not very important, namely aspects: inpatient room facilities (X1.1), Clinical Doctors (X1.5), drug availability (X4.4), clinical nurse (X1.6), clinic waiting room (X1.2), Front Office service staff responsiveness (X3.3), toilet facilities (X1.4), prayer room facilities (X1.3), the accuracy of the doctor's examination schedule in the inpatient room (X2.5), and the patient's medical record (X4.3). The service aspect is included in Quadrant D (Possibly Overkill) or too much, namely the aspect of high performance, but actually it is not too expected as an aspect of quality service, namely the aspect of Clinic parking facilities (X1.8). There are two aspects to be improved according to the Servqual method and the IPA method, namely the responsiveness of the drug department officer (pharmacist) and the responsiveness of the nurse. Thus, it is concluded that the analysis of the IPA method provides a sharpening of the aspects of improvement to improve the service quality of the YAPIDA Primary Clinic (Mpehle et al., 2021).

In addition, the results of the SEM analysis strengthen recommendations for improvement based on Servqual analysis, namely Clinical Management should focus on the value with the highest gap score, so it is concluded that the use of the three analytical methods provides linear recommendations to YAPIDA Primary Clinic Management in developing strategies for developing service quality, so that the Clinic can compete in providing the best service according to the patient's perception (M. I. W. Haeruddin & Haeruddin, 2020). This strategy is useful for the Clinic to maintain the continuity of its service business or increase its grade towards achieving primary clinic status (Musa et al., 2019).

CONCLUSION

To conclude, the use of the Servqual analysis approach, IPA analysis, and SEM analysis can help develop a strategy for developing YAPIDA Primary Clinic services to maintain sustainability and improve clinical grade. Moreover, there is a uniformity of service quality improvement on three attributes of clinical service quality, namely: responsiveness of nurses, responsiveness of drug department officers, and quality of clinical service personnel. Along similar lines, the management of the YAPIDA Primary Clinic can develop a service quality development strategy by improving the three service attributes. In order to address the future directions, there are several suggestions for improvement for YAPIDA Primary Clinic Management which may include but not limited to by improve monitoring and improvement of the patient queuing system, reviewing the entire service system on a regular basis, and also upgrade all clinic resources to reduce work stress which has an impact on service quality.

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