Service Quality, Patient Satisfaction, and Types of Medical Insurance towards The Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia

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คุณภาพการบริการ ความพึงพอใจของผู้ป่วย และชนิดของประกันสุขภาพต่อความตั้งใจกลับไปใช้บริการซ้ำที่โรงพยาบาลเอกชนของผู้ป่วยนอก ในเมืองตันเกอรังใต้ ประเทศอินโดนีเซีย

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เฟนา อมาเลีย อันตาริ : คุณภาพการบริการ ความพึงพอใจของผู้ป่วย และชนิดของประกันสุขภาพต่อความตั้งใจกลับไปใช้บริการซ้ำที่โรงพยาบาลเอกชนของผู้ป่วยนอกในเมืองตันเกอรังใต้ ประเทศอินโดนีเซีย. (Service Quality, Patient Satisfaction, and Types of Medical Insurance towards The Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia) อ.ที่ปรึกษาหลัก : ประมณฑ์ วิวัฒนกุลวานิช

องค์การเพื่อความร่วมมือและการพัฒนาทางเศรษฐกิจ(OECD)ได้ประมาณการเติบโตของอุตสาหกรรมการดูแลสุขภาพทั่วโลกว่าจะมีแนวโน้มสูงมากกว่า20%ของผลิตภัณฑ์มวลรวมภายในประเทศภายในปีพ.ศ.2593ซึ่งส่งผลต่อผู้ประกอบธุรกิจโรงพยาบาลที่ต้องตอบสนองแนวคิด“สุขภาพสำหรับทุกคน”และความคาดหวังของผู้ป่วยทั้งนี้ประเทศอินโดนีเซียมีโรงพยาบาลเอกชน1,787แห่งที่ให้การสนับสนุนในการพัฒนาโรงพยาบาลซึ่งแสดงให้เห็นถึงความต้องการการดูแลสุขภาพที่มีคุณภาพงานวิจัยนี้มีจุดมุ่งหมายเพื่อศึกษาความสัมพันธ์ของสถานภาพทางสังคมคุณภาพการบริการความพึงพอใจของผู้ป่วยและประเภทของประกันสุขภาพต่อความตั้งใจกลับไปใช้บริการซ้ำที่โรงพยาบาลเอกชนของผู้ป่วยนอกในเมืองตันเกอรังใต้ประเทศอินโดนีเซีย การศึกษานี้เป็นการสำรวจภาคตัดขวางเดือนพฤษภาคม2563โดยใช้แบบสอบถามแบบออนไลนโดยใช้การสุ่มตัวอย่างแบบสะดวกเพื่อได้กลุ่มตัวอย่างที่เป็นผู้ป่วยนอกอายุระหว่าง20-65ปีซึ่งเป็นที่ตั้งของหนึ่งใน7ตำบลในเมืองตันเกอรังใต้และได้ใช้บริการจากแผนกผู้ป่วยนอกจากโรงพยาบาลแห่งใดแห่งหนึ่งจากโรงพยาบาลเอกชนทั้งหมด 17 แห่ง โดยการศึกษานี้มีผู้เข้าร่วมวิจัยทั้งสิ้น 215 คน อายุระหว่าง 20-61ปีโดยส่วนใหญ่เป็นผู้หญิง(75.3%)มีรายได้ประจำเดือนน้อยกว่าค่าแรงขั้นต่ำของเมือง(50.7%)และส่วนใหญ่ได้รับการรักษาจากคลินิกพิเศษผลงานวิจัยพบว่าสัดส่วนความตั้งใจกลับไปใช้บริการซ้ำของโรงพยาบาลเอกชนในเมืองตันเกอรังใต้มีมากถึง76.3%มีคุณภาพการบริการอยู่ในระดับดี(51.2%)และมีความพึงพอใจระดับปานกลาง(54.4%)โดยมีการใช้หลักประกันสุขภาพของในกลุ่มคนรับเงินเดือน(JKN-PPPU)(34.9%)จากการวิเคราะห์การถดถอยโลจิสติกพบว่าปัจจัยสำคัญที่มีผลต่อความตั้งใจกลับไปใช้บริการซ้ำในโรงพยาบาลเอกชนได้แก่อายุ(OR(95%CI):0.960(0.924-0.998)p=0.041)คุณภาพการบริการ(OR(95%CI):1.050(1.013-1.088)p=0.008)ความพึงพอใจของผู้ป่วย(OR(95%CI):1.079(1.024-1.137)p=0.005).ผลการศึกษานี้แนะนำให้โรงพยาบาลเอกชนในเมืองตันเกอรังใต้ให้ปรับปรุงและพัฒนาโรงพยาบาลด้วยสิ่งอำนวยความสะดวกรูปลักษณ์ความสม่ำเสมอและสร้างความน่าเชื่อถือของการให้บริการทางการแพทย์เพื่อสร้างความไว้วางใจความเอาใจใส่ซึ่งกันและกันการพัฒนาอย่างยั่งยืนเพื่อการยอมรับการใช้บริการของผู้ป่วยในอนาคต

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Organization for Economic Co-operation and Development (OECD) estimated global health care growth will be higher than 20% of Gross Domestic Product (GDP) by 2050 which impacts the hospital providers to implement the concept of *health for all* and to ensure it meets the patient's expectation. In Indonesia, 1,787 private hospitals are operating and being encouraged to involve in developing hospitals. As it reflects the need of excellent quality healthcare, this study aimed to assess the association between socio-demographic characteristics, service quality, patient satisfaction and types of medical insurance towards the revisit intention to private hospitals among outpatients in South Tangerang City, Indonesia. Cross-sectional survey using standardized questionnaires conducted through online platform during May 2020. Convenience sampling used to select outpatients aged between 20–65 years who domiciled in one of 7 sub-districts in South Tangerang, and had received OPD services in one of 17 private hospitals involved. This study enrolled 215 new outpatients aged 20-61 years, were mostly female (75.3%) with monthly income less than the City's minimum wage (50.7%) and mostly received specialist clinics treatment (24%). Results indicated that the revisit intention's proportion among outpatients in South Tangerang was relatively high at 76.3%, have good service quality (51.2%), gave medium satisfaction (54.4%), by using Salary Beneficiary Workers (JKN-PPPU) scheme (34.9%). Binary logistic regression analysis found that age (OR (95%CI): 0.960 (0.924-0.998) p=0.041), service quality (OR (95%CI): 1.050 (1.013-1.088) p=0.008), patient satisfaction (OR (95%CI): 1.079 (1.024-1.137) p=0.005) were significant predictors of the revisit intention. Through the findings, this study unraveled the current manifestation to recommend private hospitals in South Tangerang City to keep improving and maintain their institutions with sufficient facilities and appearance, consistent and dependable medical providers, to build trusts and empathic encounter, for sustainability, greater loyalty or even better tolerance of affordability among patients in the future.

Field of Study:	Public Health	Student's Signature .....
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CHAPTER I
INTRODUCTION

1.1 Background and Rationale

The demand for health care comes from the desire to gain health. It is a part of a system that will go through changes due to the demand's growth and patient needs (Karim & Adnan, 2016). Providers who can deliver systems and population-based chronic illness management, including individual care, has been portrayed to be cost-effective, to improve quality of care and quality of life, as well as reducing morbidity and mortality associated with chronic diseases (Hass & Milton, 2008).

In accordance to that, individuals have their own preferences for health, as for in health care. In the past, health care is valued to improve health. At present, demand for health and the services itself, can be observed and quantified (Jack, 1999). The current estimation on health care growth from most Organization for Economic Co-operation and Development (OECD) countries will be higher than 20 percent of Gross Domestic Product (GDP) by 2050. It is due to the escalating prevalence of largely preventable chronic conditions and suboptimal use of health care resources which contributed consequentially. These conditions are strongly affected by the behavioral choices that patient makes (Dixon-Fyle & Kowalik, 2010).

Whereas people often seek an alternative treatment rather than health care nowadays, it leads the uplifting burden of chronic illness' prevalence (Dixon-Fyle & Kowalik, 2010). Bridging these gaps, a good quality health care is essential to represent the investment in health for an individual as well as attaining a long-lasting effects for those who consumes it (Jack, 1999). According to European consumer survey, only 13% of people stated to deal with their behavioral changes in gaining good health, instead of managing their long-term health (Dixon-Fyle & Kowalik, 2010). Thereupon, sufficient knowledge is needed to drive certain changes in behavior, yet in most cases, the lack of knowledge during these processes still occurs. Take example from some extensive messages about the

disadvantages of smoking, high alcohol intake, physical inactivity, and more, yet people will keep on engaging risky behaviors which may accelerate the burden of chronic diseases corresponds to premature deaths (Dixon-Fyle & Kowalik, 2010).

Health care system is established to fulfill the needs of certain population in communities. A well-functioning health care system requires a financing scheme or mechanism, well-trained and adequately paid workforce, reliable information to make decisions and develop policies, and well-maintained facilities in regards to deliver sufficient medicines with quality technologies (WHO[e], 2010). Nowadays, a large recognition of service quality for a critical determinant may indicate the success and viability of organization, as goes for health care. Despite a lot of factors affecting the consumers' intention and attitude, perception of the received services plays key role in the systems (Aliman & Mohamad, 2016).

According to the International Standard Industrial Classification, Health Care is one of the sectors that includes the provision of health and social work activities, incorporates several sectors in providing health services as well as products in health (UnitedNations, 2008). It consists of medical and dental practices including Hospital activities. In 1989, the World Health Organization (WHO) estimated that hospital has spent 40% of United States' health system resources which shows that one of the effort to achieve health outcome is by increasing efficiency of these resources (Rives & Yousefi, 1997). In modern era, to manage the level of demand in health care, individual satisfaction towards their preferences of health can be measured (Jack, 1999).

Hospital has become a leading role in health systems, until today, it uses tremendous amount of spending. It certainly led to the government's, health professionals', communities', and stakeholders' concerns towards how the hospitals are being directed and performed (Bogue, Hall, & Forgia, 2007). Hospital often placed a central point into people's lives, coordinating health systems and supporting other health-care services, as well as reaching communities and home-based services. It delivers services to individuals, and also provides education to the professionals and becomes a critical base for clinical

research. Hospitals are bound to be resilient and capable in maintaining and scaling up services in emergency situations (WHO[b], 2020).

An investigation study on Private Health Center in Malaysia found that dimensions of service quality positively affected the intention behaviors of the patients. It also had stronger positive association with patients' satisfaction (Aliman & Mohamad, 2016). As previously introduced in the Theory of Planned Behavior (TPB) by Ajzen (1991), different kinds of behavioral intentions can be predicted by the constructs in TPB, including its application in many studies of different industries such as healthcare.

As the adoption of TPB in research studies are widely used to investigate various customers' behavioral control or perform, along with the marketing theory by Philip Kotler (2003), to target a new market, the cost of health care would be higher than to maintain the ones that have already gotten (P. Kotler, 2003), one of its term could be measured through the people's intention in re-utilizing services in hospital. Supported by previous findings stated that an inappropriate infrequent revisit might somehow compromise the clinical care performance (Asao, McEwen, Crosson, Waitzfelder, & Herman, 2014).

The associated factors including sociodemographic characteristics and disease severity in the study among diabetic patients, where participants who met HbA1c (<9.5%) and LDL-cholesterol (<130 mg/dL) treatment goals, was found to be higher among those with higher revisit (Asao et al., 2014). The determinants of satisfaction which includes the variable of overall satisfaction, satisfactory level of facilities, medical fee, and quality of ward life were all found to have significant effects on the level of revisit intention to oriental medical hospitals among 268 inpatients respondents in Chungnam Province, South Korea (Park & Seo, 2014). A case study in Balimed Hospital also found that the dimensions of service quality have positive and significant influence toward customer satisfaction which leads to positive and significant influence to the revisit intention. Other indirect significant influence toward revisit intention also found between dimensions of service quality (including reliability, assurance, and empathy) which considered as unique findings (Pidada & Wandebori, 2016).

The lack of availability or capacity in hospitals now became the major issues both in technical, managerial, and policy terms. It occurs around the globe, especially in developing countries. It is expected for a quality hospital to be safe, effective and people-centered, by providing a timely, equitable, integrated and efficient services (WHO[a], 2019). One of the efforts to address these criteria is in the implementation of Universal Health Coverage by World Health Organization to achieve health for all, allowing individuals and communities to have access to a high-quality health service, to maintain their health and the health of their families. The program was adopted all over the states, including one of middle-income countries with nearly 30 million population like Indonesia.

Indonesia's universal health care coverage, BPJS-Kesehatan (re: JKN for *Jaminan Kesehatan Nasional* or National Health Security Insurance), was launched in 2014 and expected to cover close to 49% of the Indonesian population to receive primary health care services in the coming years (as much as 121.4 million participants). By the year of its establishment, the index of satisfaction of participants has surpassed 78.6% and their satisfaction towards health facilities exceeded to over 76%, which surpassed the target (75%d and 65% simultaneously) (BPJS, 2016). In 2019, the sustainable operation was being encouraged and it has contributed significantly to the growth of hospital and clinic installation as the program has increasing the number of patients by far.

According to the report from Social Security Administrative Body (*BPJS*), as per May 2019, 221 million Indonesians were covered under JKN (83.94% of the total population) (MOH-Indonesia, 2019). Based on the official website of the Social Security Administrative Body (BPJS[2], 2020), the number of participants of JKN program (NHI) per February 2020 already reached over 223 million Indonesian (81.79% of total population per March 2020). It covers approximately 27,075 health facilities which 2,291 of it are hospital services. The highest number of health facilities covered under JKN program is Community Health Center, which reached over ten thousand units within the country.

Since its implementation, many research studies putting interests on assessing various perspectives of communities towards the program. Majority of

people stated that a high-quality hospital needs to ensure that it can inform and empower them to take decisions in choosing health care (WHO[a], 2019). A study in Indonesia found that there's an effect on service quality to patients' intention to revisit which mediated by their satisfaction to health care in Yogyakarta (Helmawati & Handayani, 2012). Likewise the finding at PHC in Java resulted with relation between service quality dimensions with the intention to revisit in inpatient department of Tambak primary health center (Istiqomah, 2015).

Furthermore, the gate of services in the hospital, that would be the 'face' of other services, reflected in the outpatient department (Hamidiyah, 2013). And to choose it, proven that it took a complicated decision process, with numerous variety of factors, including patients' and providers' characteristics (Luo, Luo, Zhang, & He, 2017). Thus, to determine a great significance of the services provided by physician or any healthcare providers, patient satisfaction could be one of the wise choices. It is considerable to notice the lack of the systems, analyze the intervenable aspects, in order to address the changes or any improvements that meet the patient's expectations (Anthony Janahan Thayaparan & Eamon Mahdi, 2013).

The number of hospitals and clinics in Indonesia also tends to grow gradually, both the public and private ones, it is reported to reach 0.43 per 100,000 population in 2013 according to the Global Health Observatory data. However, it is the lowest country compared to its neighbors including Malaysia, Singapore, and Thailand which shows 0.47, 0.50, and 1.84 per 100,000 population in the same year (WHO[c], 2016). Since the consumers spent has begun to slide, reflecting the need of excellent quality of healthcare services in Indonesia, the government encourages private sector involvement in developing hospitals.

According to the Indonesian Hospital Association, the country currently has a total of 2,820 hospitals per April 2018, which 1,804 were privately managed and 1,016 managed by the public sector (PERSI, 2018). Estimated to reach 7% grow among private hospitals, it leads faster than the grow of public hospitals (3%) in Indonesia. The region to lead these numbers were still among Java island, which includes Jakarta Capital City, West Java, Central Java, Yogyakarta, East

Java, and Banten. However, in terms of hospital coverage area, Indonesia still lagged far behind its ASEAN neighboring countries until now (WHO[h], 2017).

One of the westernmost provinces in Java island, called Banten province, proclaimed in 20 years ago. There are almost 13 million population by the middle of 2019, this province ranked 5th as the highest population in Indonesia with 112 hospitals have been installed and 234 physicians are provided in the area (LocalGovernment-Banten, 2020). Banten province was also recorded as the highest Consumer Confidence Index (CCI=108.55) for 2018 compared to all province in Java (CCI < 101) and National level (CCI=101.23), however, the health expenditure in this province remains lower than other spending such as food, education, fast food and beverages, etc (BPS-Tangsel, 2018).

One of the cities in Banten province, which just separated from Tangerang regency in 2008 and stand on their own with almost 1.5 million inhabitants, is South Tangerang City. It is located 30 km on the southwestern border of Jakarta capital city of Indonesia, and developed more rapidly compared to other cities in Banten province. With its motto of "*Smart, Modern and Religious city",* South Tangerang ensure the communities' health is protected under the universal coverage scheme, following the central government's program, JKN-KIS (National Health Insurance). Following the President Law No. 82 in 2018 about Universal Health Coverage, approximately 62.46% of total population in South Tangerang already enlisted in JKN-KIS program in November 2018, which previously targeted to reach 95% by the end of 2018 (BPJS[4], 2018). It can be utilized in 19 private hospitals, one public hospital and other primary health services in South Tangerang City.

The report in 2019 estimated that individual using JKN (INHI) to receive outpatient treatment in South Tangerang City has reached approximately 62.11%. The highest use of this scheme was shown among male population (68.08%) and high expenditure population group (62.69%) (BPS-Tangsel[b], 2019). Per 1 January 2019, South Tangerang City Mayor regulated the more affordable and quality health care throughout the city to achieve the target of UHC, collaborated with all 28 private hospitals and 1 public hospital in the city.

Refer to all the information above, Solomon (1985) stated that the behavior of consumer can be used as the fundamental guidelines connecting service quality and represent individual's intention to use the same service. A few studies appealed to alternate framework in selecting determinants of a formal behavioral model in the way economists see any characteristics correlated with health care use. It is intuitively logical to indicate that there are links created by higher quality of services, level of patient satisfaction and utilization of medical insurance resulted in a greater loyalty and future visitation, or even better tolerance of price escalation and improved reputation for the involved institution.

Therefore, by estimating the important influencing factors of patients' revisit intention, the results will let us understand the role of service quality, patient satisfaction and types of medical insurance among outpatients in private hospital to recommend more structured and sustainable health care implementation. With expectations, the hospitals could retain their existence in the middle of tough competition, gain and sustain their recognition, as well as secured profitability. Through this study, the new perspectives in managing health care facilities, particularly in OPD services, will be generated to contribute in giving reference to influence the policy decisions at local or national level.

1.2 Research Questions

1. What is the proportion of revisit intention to private hospitals among outpatients in South Tangerang City?
2. What are the socio-demographic characteristics, service quality, patient satisfaction and types of medical insurance among outpatients of private hospitals in South Tangerang City?
3. Is there any association between socio-demographic characteristics, service quality, patient satisfaction and types of medical insurance towards the revisit intention to private hospitals among outpatients in South Tangerang City?

1.3 Research Objectives

1) To find the proportion of revisit intention to private hospitals among outpatients in South Tangerang City;

2) To assess the socio-demographic characteristics, service quality, patient satisfaction and types of medical insurance among outpatients of private hospitals in South Tangerang City;
3) To examine the association between socio-demographic characteristics, service quality, patient satisfaction and types of medical insurance towards the revisit intention to private hospitals among outpatients in South Tangerang City.

1.4 Research Hypothesis

H1: There is an association between socio-demographic characteristics and the revisit intention to private hospitals among outpatients in South Tangerang City, Indonesia

H2: There is an association between service quality and the revisit intention to private hospitals among outpatients in South Tangerang City, Indonesia

H3: There is an association between patient satisfaction and the revisit intention to private hospitals among outpatients in South Tangerang City, Indonesia

H4: There is an association between types of medical insurance and the revisit intention to private hospitals among outpatients in South Tangerang City, Indonesia

1.5 Conceptual Frameworks

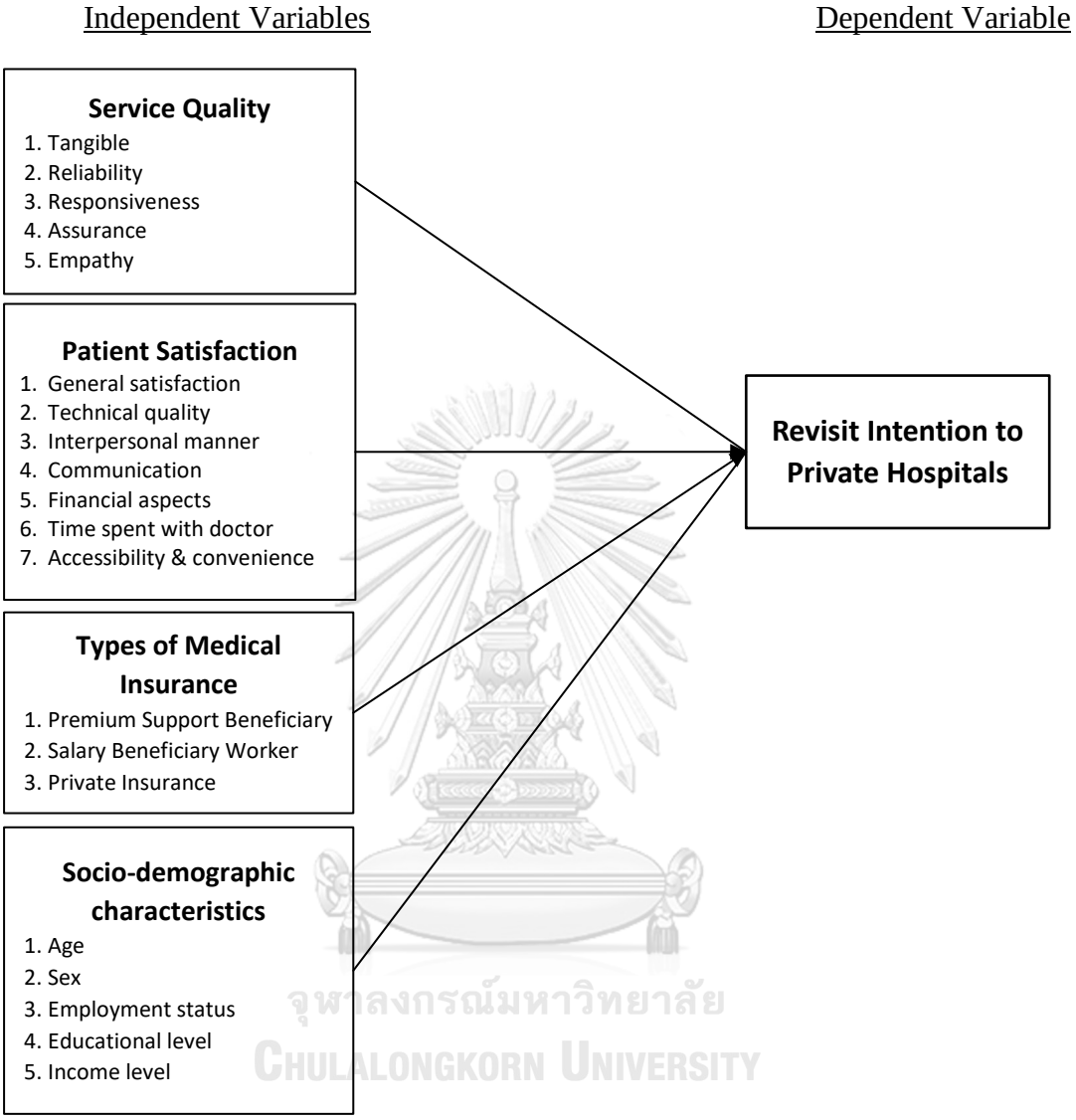


Figure 1. Conceptual Framework of Service quality, Patients' Satisfaction, Type of Medical Insurance and Socio-demographic characteristics with the Patients' Revisit Intention to Private Hospitals in South Tangerang City, Indonesia

1.6 Operational Definition

Table 1. Operational Definition for the study of Service Quality, Patient Satisfaction and Types of Medical Insurance towards the Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia

Variables	Operational definition
Dependent variable	
Revisit intention to Private Hospitals	Patient's desire to return and select the same service in the future, based on their excellence experience from previous satisfying visit by a good quality of services from the same private hospital visited in South Tangerang City, Indonesia.
Independent variable	
1. **Service quality**	*(Parasuraman, Zeithaml, & Berry, 1988a)*
a. Tangible	Appearance of physical facilities, equipment, personnel, and communication materials;
b. Reliability	Ability to perform the promised service dependably and accurately;
c. Responsiveness	Willingness to help customers and provide prompt service;
d. Assurance	Knowledge and courtesy of employees and their ability to convey trust and confidence;
e. Empathy	Caring, individualized attention the firm provides its customers.
2. **Patient Satisfaction**	The desirable psychometric properties which extent to which different delivery systems satisfy patients in this highly competitive environment, provides support for a hierarchical conceptualization of satisfaction with medical care (Marshall & Hays, 1994).
3. **Types of Medical Insurance**	Insurance that covers the cost of an insured individual's medical expenses (Jack, 1999), including Indonesia National Health Security (Public Insurance) and/or Private-owned Insurance System.

4.	**Socio-demographic characteristics**	
	a. Age	Respondent's age (by years of the last birthday) [1]
	b. Sex	Respondent's biological characteristics at birth (female/ male)[2]
	c. Employment Status	Refer to respondent's occupational status whether or not being engaged in any types of employment, specifically in South Tangerang business fields.
	d. Educational level	Respondent's highest educational attainment which have completed[3]
	e. Income level	Respondent's economic wellbeing (per month) which includes the unemployed and employed population group, and based on South Tangerang average wage/salary.

[1,2,3]Australian Bureau of Statistics.

CHAPTER 2
LITERATURE REVIEW

In this chapter, each factor introduced in the previous chapter which related to the revisit intention and its influencing factors (including service quality, patient satisfaction and types of medical insurance) will be explained and supported with reviews from previous findings. The topics that will be discussed consists as below:

- Demand of Health Services
- Hospital management and Implementation
  - Public and Private Hospital
  - Inpatient and outpatient department in hospital
  - The importance of outpatient care in hospital
  - Demand of outpatient care in hospital
- Revisit intention to hospital outpatient department (OPD)
  - Importance of revisit in hospital OPD
  - Factors influences the revisit intention
    - Service quality
    - Patient satisfaction
    - Medical insurance
- Revisit intention to hospital in developed and developing countries
- Revisit intention to private hospital in Indonesia
  - Factors influences revisit intention to OPD care in Indonesia
  - Visitation number to private hospitals in South Tangerang
  - Situation of private hospitals in South Tangerang
  - Importance of revisit intention to hospitals in South Tangerang

2.1 Demand of Health Services

It has known globally that the demand for healthcare has become a general pattern of foreign products and services' consumption, notably among Asian countries (Cham, Aik, & Lim, 2015). Some developing countries including India, Malaysia, Vietnam, Thailand have succeeded to place their achievement in taking advantage and compete in this new market era (Cham et al., 2015). The

growth and rapid expansion of private healthcare sector due to high number of world class specialists which capable to answer the demand of global standard health care, might cause individual to act accordingly with their preferences in choosing health care and treatment facilities.

Currently, in the more developed era, a person can make choices towards the health care they need. Some of them will decide to visit a doctor when they got sick, or deciding to get surgery, choosing whether to give immunization for their children, even to do routine medical checkups. This process will take such a complicated pattern that might involve collecting advices from significant others of that individual (Jack, 1999). To weigh the chance of getting risk or benefit by the previously received treatment, can be one of simple tools to describe how the choices are made.

To simplify this concept, assuming that individual has their own preferences for health care services directly is the good example. According to the health needs, these preferences might also change through times and other involving factors, thus it needs the health provider to see that utilization of health care as state dependent. These preferences will later be seen as the independent factors that could flexibly follow the underlying factors related to the health status, and the demand will change accordingly as the onset of illness altered the way as medical care improve health (Jack, 1999). However, the change in demand towards health care necessities would mostly be inelastic, since the needs of health for an individual themselves is absolute (Mankiw, 2003). It means that the change of prices in health care services would tend to not change the amount of demand in the communities itself.

Based on the estimation of health care demand elasticities from 2008 until 2014, the demand elasticities for 26 health care service categories within-year among 171 million person-months ranged from -0.02 for prevention to -0.44 for pharmacy. These demands are lower for children, in larger firms, among hourly waged employees, and also the sicker people (Ellis, Martins, & Zhu, 2017). Another study found indicates that approximately 72.5% of 423 participants demanded modern health care services. It includes factors from the perceived

severity of illness, being educated household, quality of treatment, distance to health facility, until cost of treatment were all significantly and statistically associated with demand for health care services (Wellay et al., 2018).

Study of health care service demand among adults under 65 on utilizing health care showed that the increase in the demand for medical services among non-insured population are not associated with the increase in the total quantity of physician services supplied (Glied & Hong, 2018). And over the medium and long-term, health care demand probably expressed mostly without asserting right to treatment by the patients, it might be motivated more by the 'duty' of staying healthy by doing everything possible. The concept of health might have shifted from a "right" to a "duty" as it becomes a logical extension of various movements observed in the health care sector (Gille & Houy, 2014).

As the demand for health-care is expected to provide information that can be the reference for policy makers or other relevant sectors use to improve health of the population, it needs to identify the determinants of health-care utilization. By estimating it, the ways to design policies in improving access to health facilities will be addressed (Mwabu, 2017). To fulfill the evidence on health-care demand in implementing policies and utilization of health care in improving health status, this research will chronologically review the concepts which related to the demands of health care in the frame of individual behavioral intentions.

Out of all the involving sectors in the health systems categorized in the International Standard Industrial Classification, the health care industry is one that incorporates several sectors to provide health products and services. It includes medical and dental practices, as well as hospital activities.

2.2 Hospital Management and Implementation

As the leading role in the health systems, both regional or globally, hospital had spent almost two-third of the resources in the system (Rives & Yousefi, 1997). Therefore, not only it expected to deliver services to individual as community, but hospital also bound to be resilient and capable to maintain and scale up services in any emergency situations (WHO[b], 2020). To counter the concerns by government, health professionals and other related actors, of how

hospitals are being directed and performed to cope with the changing situation of health, some concepts and findings about hospital will further be provided in the review below.

2.2.1 Hospital

Hospital experience often marking a central point in individuals' lives. It becomes the fundamental part of hospital to coordinate and be integrated with other supporting health-care providers (including primary health care/PHC) and to reach the community and home-based services. Hospital provides education for the doctors, nurses and other health-care professionals as it is also the base of clinical research (WHO[b], 2020). The hospital has its relative importance and varied in the operationalization according to their health-care delivery systems. The hospitals have complex infrastructures consist of many types of assets that should be available and appropriate to support the health care professionals in improving people's health status (WHO[g], 2020).

In the management study, hospitals are classified as public and private hospitals. The government, local government, and legal entities that are nonprofit oriented are running the *public hospitals* (Andayani & Satibi, 2016), and for those who oriented in the surplus of services and products they offer, and ruled by non-government or private-owned company, runs the *private hospitals.* According to its level of care, hospital also classified into general and specialized hospitals regarding the facilities and capabilities of the services (Andayani & Satibi, 2016). Based on the type of treatments and services, the hospital services divided into inpatient and outpatient care, the duration of stay determines the patients' status according to this (St.George's-University, 2019).

2.2.2 Inpatient and Outpatient Department in Hospital

To understand the distinction of these two types treatment in hospital, we can differ distinguish some aspects of care in health. Those who admitted in the inpatient care are people who need weeks to recover from their health issues or condition (St.George's-University, 2019), such as complicated

surgery or under observation (supervision) of their doctor. Whereas outpatient care or known as ambulatory care is the kind of non-hospitalized treatment. It includes annual check by primary care physician and/or consultation with neurologist, sometimes derived to some emergence cases as well.

The main concept of the outpatient care is when the patient leaves the treatment or medical care department the same day they arrive. The appointment at a clinic or specialist doctors also categorized as the outpatient care in hospital (St.George's-University, 2019). Meanwhile for the inpatient care, it also includes patients after delivering their baby or any rehabilitation services for some psychiatric conditions, drug or substances abuse, or severe injuries. According to guidelines of Universal Health Care by Medicare, the coverage of inpatients care will be through physicians 24-hour period benchmark whether their patients should be admitted (or needed) hospital care for 24 hours and more by considering a number of factors, including the patient's medical history and current medical needs, types of facilities availability, hospital's by-laws and admission policies, also the relative appropriateness of treatment in each setting (UnitedHealthcare, 2019).

In short, the highlight in differentiate these two types of care is by how long a patient must remain in the health facility after they received the procedure of treatments done. By the development in medical techniques and technology for any treatments including physical rehabilitation, the outpatient care is sufficient for an individual treatment procedure, even surgeries (PeconicBay-MedicalCenter, 2018). Therefore, many people refer to use this type of treatment as it benefits them in respect to times and costs they spent. As well the patients who have good medical insurance, to choose outpatient care will allow them save a lot instead of being hospitalized for days or weeks.

2.2.3 The Importance of Outpatient Care in Hospital

It is widely known that the cost of outpatient care will somehow be lower than inpatient care, though some specific medical procedures may cost way higher in one-day treatment. It consists of fees related to the doctor and the tests performed. Meanwhile, in inpatient care estimation cost, it consists of

facility-based fees as its highest existing expenses which cost are ranged from a few thousand dollars up to tens of thousands of dollars, depends on the length of stay and treatments done (St.George's-University, 2019). Opposite to that, the cost of outpatient care includes the fees related to the doctor and tests that are given to the patients.

Other advantages that might be achieved by receiving outpatient care are instead of staying in an uncomfortable bed and sterile room at hospital, the patient is able to recover with comfort at home and enjoying food rather than hospital's menu (unless there's restrictions given by the health provider related to patient's conditions). Ultimately, the cost that will be spent by using outpatient care will be way lesser compared to inpatient procedures. Even the insured patients may save some money by choosing outpatient procedure (PeconicBay-MedicalCenter, 2018), noted that the patients shall firstly being aware of their conditions (through consideration of health care provider's) whether they could undergo self-treatment at home as recovery.

2.2.4 Demand of Outpatient Care in Hospital

A study assessed the factors that influence the demand of health services by also determining the association between outpatient service volume, its availability, prices of other substitutional sources of treatment, and hospital inpatient services. It was found that level of OPD services in hospital were related both towards its availability and price of other alternative sources of care. It also showed that insurance coverage and other factors mentioned above associated with demand for hospital outpatient care (Gold, 1984).

For the last 15 years, the number of hospital outpatient visits has doubled (Gold, 1984), especially at the hospital facility. The aggregate hospital revenue from outpatient services has grown from 30% in 1995 became approximately 47% in 2016. It is due to the changes driven by patients' preferences in health supported by clinical and technological advances nowadays which allow minimization of invasion in surgical procedures including new anesthesia techniques in reducing complications (Modern-

Healthcare, 2018). It also allows the patient to receive home-based treatment without the needs of being hospitalized using inpatient care anymore.

Other findings showed that the people tends to utilize the hospital outpatient care based on the reimbursement level for office-based physician care, the higher Medicaid reimbursement appears to the decrease of use to outpatient care in hospital (Gold, 1984). This also involved national holidays and variability in demand and capacity, affect bigger influence on the outpatient clinic (van Bussel, van der Voort, Wessel, & van Merode, 2018). It is recommended to evaluate the demand of outpatient care based on its quality of care and patient safety, overall national health security costs in providing new services, as well as overall effect on demand for care (SDO, 2007).

2.3 Revisit Intention to Hospital Outpatient Department

The study of revisit intention mostly conducted for tourism sites, travelers' attraction places, or any other organization beside health industry. The revisit intention derived from an individual's decision-making process and regarded as an extension of satisfaction. Some independent variables, related to perceived quality of performance during its process or after purchasing periods including destination's distinctive nature has found to contribute the likelihood of individual's revisit intention (Um, Chon, & Ro, 2006).

Study used data mining (DM) models showed that the association between overall satisfaction with hospital services and outpatients' revisit intention (along with word-of-mouth recommendation as underlying factor), has developed into a nonlinear relationship (K. Lee, 2005) which depicted that satisfaction could be the predictor of revisit intention in hospital setting. To identify the determinants of patients' intention to revisit the OPD service, it will represent the implications of marketing strategies of hospitals and to construct the explanation for how good is the service performance can meet the needs of communities in delivering health care.

2.3.1 Importance of Revisit in Hospital OPD

Along with the social contexts, many kinds of behavior are originated by the presence of intention. By understanding this concept (intention), we

will be able to interpret the social contexts within it. To grasp the fundamental concept of motives behind people's attitude or action, it will allow us to identify the way to communicate and predict the plan of actions onward (Tomasello, Carpenter, Call, Behne, & Moll, 2005). The concept of intention can be seen by observing actions, which later will be estimated, whether it is intentional or unintentionally being done. The internal mental states – or known as intention – cannot being understood directly through the observation of movements from the subject, it is acceptable to hypothesize that these inferred actions are based on someone's own stored representation of those movements (Blakemore & Decety, 2001).

In the earlier studies by Ajzen (1991), the Theory of Planned Behavior (TPB) was introduced to allow researcher predicting various kinds of behavioral intentions using the construct built in this theory (TPB). It is also applicable in different industries, including health care institution, as it is found to have high accuracy from attitudes toward behavior, subjective norms, and perceived behavioral control accounting for considerable variance of actual behavior. Later on the theory of reasoned action, the intention is also proven to be influenced by individual's attitude towards their performance which triggered by their behavior or subjective norms (Albarracin, Johnson, Fishbein, & Muellerleile, 2001; Eagly & Chaiken, 1993).

Bowen and Chen (2001) stated that the intention to revisit is possibly triggered by the excellence and memorable service experience by the customer themselves, that it may leave satisfying feelings which defines that their past or previous experience met their expectations. Furthermore, these cycles might also urge them to come or visit the same place often or at least more than once (Baker & Crompton, 2000). According to the earlier study about intention to revisit in health care facilities, the consumer's desire to purchase the same services in the future continually, is caused by their past experience which made it become the reference for a good quality service (Sia et al., 2018). The importance of applicating this concept in the health services such as hospital,

is to create a sustained relationship between patients and the service provider as well as estimating the customer's next decision in utilizing health services.

One study in South Korea, furthermore, found that there is a causal relationship between service quality and satisfaction of health care environment across three different outpatient groups. However, this study also recommends to identify further discrete findings regarding the patient's conditions and care situation to interpret patient satisfaction, since repeated visits to hospital do not necessarily reflect patient loyalty (Cho, Lee, Kim, Lee, & Choi, 2004). Another thing that might affect intention to revisit oriental medical hospitals are including satisfaction, medical fee, and quality of ward life have significant effects on the inpatient respondents' level of intent to revisit (Park & Seo, 2014)

Revisit intention considered as one of the key concepts in contemporary marketing whereas influenced by the increasing customer satisfaction. In other hand, the customer satisfaction derived from the corporate image perception by the customers, which later could affect their revisit intentions as well. The corporate image by customers also found defining the perceived service quality that they received (Wu, Ai, Yang, & Li, 2015). However, this study did not find the direct relation between satisfaction and perceived service quality directly to their revisit intention. There are also few studies that use the types of medical insurance might affect simultaneously into these associations.

2.3.2 Factors Influences the Revisit Intention to Hospital OPD

To understand the individual's intention is fundamental for it provides the interpretative reference of deciding precisely what will someone does in the first place. This will also be seen as how much it depends on the goals and intentions (Tomasello et al., 2005). Tomasello et al. (1993) stated and enlighten the evidence in which two dimensions of human expertise it is to read intentions and interact with others culturally, particularly the way they understand the intentional actions and perceptions of others that might create

species-unique forms of cultural learning and engagement and processing cultural cognition and evolution (Tomasello et al., 2005).

There is significant evidence that health care utilization is lower in rural area rather than in urban. As the number of possible explanations for its differences, including number of physicians available, individual characteristics, the distances with few transportation options available, any factors can be significant factors towards it (Mattson, 2010a). Another finding indicated that satisfaction was found to be the strongest predictor of individual's revisit intentions, it also followed by social identity, subjective norms and group norms (Choo, 2016). As for the visit to hospital, these factors have found to influence the likelihood of an individual to come to their decision, the further explanations will be explained below.

i. Service Quality

From the investigation study about consumer choices in hospital, the out of pocket costs, physician referral and quality ratings were mainly influenced their choices of hospital. Up to 30% of consumers shifted from Academic Medical Centers to community hospitals if they offered higher quality ratings with lower copays or physician referral. In other words, it shows that patients might prioritize quality over cost as perceived risk increases (Koch-Weser, Chui, Hijaz, Lischko, & Auerbach, 2019).

The perceived service quality has widely known to have both direct and indirect effect toward individual's behavioral intentions (Cham et al., 2015), including their decision in choosing health care and whether to use it again as it meets their preferences of quality care. It later will reflect the individual's intention to act a given behavior as well (Ajzen & Fishbein, 1977; Cham et al., 2015). To define and measure the quality have become widespread by the products and services sector.

Started by the concept of "*zero defects*" – doing it right the first time, was introduced by prevailing Japanese philosophy. The service

quality later known as the “conformance to requirements” by Crosby (1979) and to estimate the incidence of ‘internal’ and ‘external’ failures which defines quality introduced by Garvin in 1983. But since the knowledge about good quality isn’t always define the service quality – services characteristics are intangibility, heterogeneity, and inseparability – therefore, this concept should be understood as a whole (Parasuraman, Zeithaml, & Berry, 1985).

To define how far the difference between reality and expectations of a service, based on the customer’s sights or values, it is called the service quality (Philip Kotler, Keller, Brady, Goodman, & Hansen, 2009). The level of quality of a product or service can only be measured after it is given or being acquired by the receiver, in this term is the customer themselves, or in health service context, they are the patients. In healthcare facilities, the service quality is the fundamental aspect of customer responses for the case of pure service including: health care, financial services, and education (Zeithaml, Bitner, & Gremler, 2006).

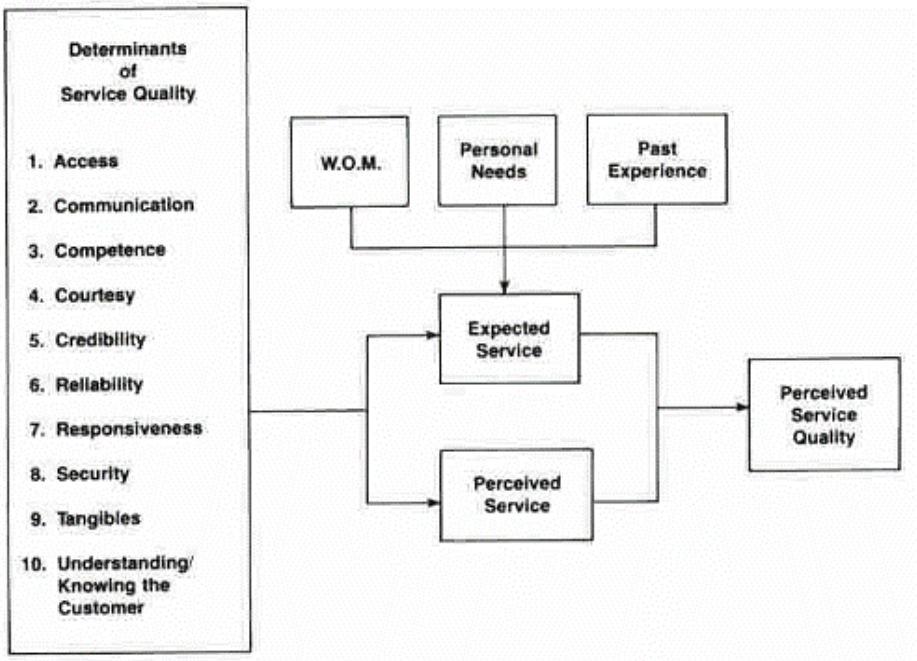
Three underlying themes that might highlight the concept of service quality is that (1) the service quality is rather difficult to evaluate that goods quality by the consumers’ perspectives; (2) service quality perceptions achieved by the comparison of consumer’s expectations with the actual performance (they received), and; (3) quality evaluations are not made solely on the outcome of a service, it involves evaluations of the process in delivering services (Parasuraman et al., 1985).

There are two main concepts – or perspectives – regarding the evaluation and estimation of service quality, it involves the *consumer expectations* and *management perceptions* in the model that obtained from several investigation. In term of this study, to narrow down the focus of service quality that will be identified and estimated are fully by the perspectives of consumer, which may explain the gaps between

individual expectations towards the preferable services, towards the performance of services they received.

The figure below shows the main concept of service quality through consumer's perspectives which widely introduced in the marketing study, including health marketing concept, it shows the comparison between the expected service and perceived services.

Figure 2. Determinants of Perceived Service Quality by Parasuraman et al. (1985)



The concept of measuring the service quality is to define the gap between expectations and perception of service that's received with the service that's expected. The figure above recaps the main points regarding the gaps between service marketer's perspectives and presents propositions implied by those gaps, including word of mouth communications, personal needs and past experience of consumers, that may impact on their evaluation of service quality. This concept suggests what consumers expect in a service towards the marketers, or in this study involving the private hospitals setting (Parasuraman et al., 1985). This concept delivers a consistent insight related to which features of services shall meet the needs of consumers (patients).

It originally includes 10 dimensions within the measurements (Parasuraman et al., 1985), but from the later studies after its first introduction, it's shown that these factors might be potentially overlapped towards others. So, nowadays, the researcher often use the 5 dimensions of service quality, including: *tangible, reliability, responsiveness, assurance, and empathy* (Parasuraman et al., 1985; Pidada & Wandebori, 2016).

- **Tangible**: include the physical evidence of the services such as physical facilities, appearance of personnel, instruments or equipment in providing service, physical representations of the service, and other customers in the service facility;
- **Reliability**: involves consistency of performance and dependability, which means the firm performs services right the first time (re: health care/hospital). It also involves their honor towards promises such as accuracy in billing, keeping records properly, performing services at the designated time'
- **Responsiveness**: focus on the willingness or readiness of employees to provide services, involving timeliness of the service such as mailing a transaction slip immediately, calling back customer as soon as possible, and giving prompt service including setting appointments;
- **Assurance**: involving the employees' knowledge and courteous that encourage confidence and trust for their customers as prime elements of assurance;
- **Empathy**: the caring and personalized attention that the firm (health care/hospital) give to its customers through employee's personal attention and convenient operating hours with customers or people in majority.

The factors above, especially the *empathy,* might leads to the customer acceptance or rejection towards the service encounter, it also might link with patient satisfaction as several previous study have

mentioned about (Pidada & Wandebori, 2016). Previous study also mentioned that quality of medical services might affect the patients' satisfaction which leads to their intention to revisit (Park & Seo, 2014).

In differentiating satisfaction with service quality, some agreements modified from several studies previously stated that customer satisfaction is a transitory judgment which made on the bases of a specific service encounter, meanwhile service quality is a global assessment based on a long-term attitude. And it is suggested that satisfaction may lead to service quality – indicate a causal relationship – but in other side, it could be the service quality that causes customer satisfaction (Bowen & Chen, 2001).

ii. Patient Satisfaction

Many health care organizations or institution now under fire as the patient satisfaction remains low, and this may depict that holistic patient treatment is fundamental. As the development of knowledge and technology, people are now more detail in observing health care to meet their needs. Thus now, not only the quality that needed to provide but also to make them satisfied after receiving services (A. J. Thayaparan & E. Mahdi, 2013).

The psychological state which summarized the achievement of when expectations are conquered with the prior feelings after consuming something, whether products or services, it is indicated as the customer satisfaction (Oliver & Linda, 1981). It is the response by consumer when they're feeling fulfilled as they judge that a product or services feature – or the product/services itself – have met their preferences and expectations in enhancing their values (Owusu-Frimpong et al, 2010 in Aliman and Mohamad (2016). Corresponds to that, the patient satisfaction may depict a multidimensional concept which includes dimensions that related to the major characteristics by the provider consists of technical, functional, infrastructure, interaction,

atmosphere and services (Zineldine, 2006; Elleuch, 2008; in Aliman and Mohamad (2016)).

This concept has built a critical outcome of medical care due to the increase on medical marketplace (Davies & Ware, 1988 in Marshall and Hays (1994). Patient satisfaction is known to be associated with their adherence to medical recommendations, willingness to initiate malpractice litigation, doctor shopping, and disenrollment from prepaid health plans (Marshall & Hays, 1994). It is recommended that recognizing and assessing the quality of medical care in order to achieve patient satisfaction. And to recognize the importance of patient satisfaction in examining health care quality, Patient Satisfaction Questionnaire has been developed and widely used in general population studies to plan, administer and evaluate health services delivery systems. This instrument had previously tested towards 2,197 patients with average 55.8 years age, 40% were male and 57% were married. Most of the participants are White people (80%), 14% were Black, and the rests were Hispanic (3%), Asian or Pacific Islander (1%), and other ethnic groups.

This instrument has depicted critical outcomes of medical care which differently delivered through systems in the effort to satisfy patients as major determinant of viability in this tough competition and environment among health care facilities. It helps to recognize the importance of patient satisfaction to assess other aspects including quality of services itself. As the short-form of previous full length PSQ-III instruments, the PSQ-18 is possibly appropriate for use in situations where more brevity evaluation is needed by keeping the key predictors of patient satisfaction, considering the SERVQUAL questionnaire also being used in this study.

Satisfaction also built a fundamental role of repurchase intention experience by an individual. When their preferences and expectations is fulfilled and nurtured, they will show whether they feel

happy or upset towards it (Phillip Kotler & Keller, 2007). It is emerged after comparing the performance or results, which had been expected beforehand. The results will tell 3 kinds of assumption, includes: (1) when the performance is below their expectations, they will feel unsatisfied; (2) when performance meets expectations, they will feel satisfied; (3) if performance exceeds expectations, the customer feels very satisfied or pleased (Phillip Kotler & Keller, 2007).

In the health perspectives, patient satisfaction could be defined as the post-purchasing evaluation where the patient's prior feelings about the selected service they chose, at least provide the results (outcomes) in an equal or exceed their expectation (Oliver & Linda, 1981; Pagiola, Engel, & Wunder, 2008). Previous studies found that the more satisfied patients are with medical service provided, the higher patients intended to revisit the same medical institution (Park & Seo, 2014). The satisfaction had also a strong positive effect on intention behavior among patients to visit private healthcare in Malaysia. It even showed a stronger relationship compared to the relation between service quality with the intentions behavior (Aliman & Mohamad, 2016).

iii. Medical Insurance

People are often don't know when they will get sick or kinds of medical treatments they will need, therefore the needs of healthcare is unpredictable. The key reason for health institutions to establish health insurances is to answer this uncertainty and how people responds to it. The insurance would give people options to this spending of health. One of the features that are offered to an insurance system is that a person would have to pay fee (*premium*) to an insurance company, which later be promised to exchange that person's treatment by the *'agreed percentage'* when they get the disease (Mankiw, 2017).

In the United States, the majority of people have a private health insurance through their employers, with a slight certain amount

of government interference. Such as Medicare which provides health insurance for the 65 and above, Medicaid which provides the poor, Veterans Health Administration which offers health care to former military members, and Affordable Care Act which subsidize many lower-income households. These schemes often viewed as a human right which obliged the government to continue their big role in the system (Mankiw, 2017).

Take example back to 2002 in Thailand, the Universal Health Care Coverage (UC) Program provided affordable access to health care services for only 30 baht per visit (for the uninsured Thais). It was later found that the program has successfully increasing the outpatient demand for health care, particularly among elderly and the poor. Though this change was not occurred for long and the number of outpatient demand got uplifted again in the first year of progress, the number of inpatient visits and its days for which the inpatients were admitted at hospitals got decreased by the launch of UC program (Panpiemras, Puttitanun, Samphantharak, & Thampanishvong, 2011).

The implementation of medical insurance in developing country like Indonesia has begun as the establishment of *Jaminan Kesehatan Nasional (JKN)* program which adopted the universal health coverage scheme by the WHO. According to the Law Number 40 in 2004 about National Social Security System (*Sistem Jaminan Sosial Nasional)*, the health insurance program implemented to assure all participants achieve the benefit of health care and to protect the fulfillment of basic needs in health. In short, this effort is actualized as government delivers the quality and sustainable social protection for citizen. Through its progress, some obstacles were surfaced, as the premium which needed to be paid by participants has not yet sufficient to fulfill the estimation and the proper actuaries (BPJS, 2016). Indeed, this occurrence leads to the issues of underfunded program that will affect the program's sustainability as the growing deficit each year.

By the year of its establishment, the index of satisfaction of participants surpassed 78.6% and their satisfaction towards health facilities exceeded to over 76% beyond their target (75% and 65% simultaneously) (BPJS, 2016). This year forward, the program is reaching for more sustainable operation and implement more efficient coverage for utilization as its contribution to the growth of health care facilities in Indonesia. The more levelized referral systems, fraud prevention and claim auditing will also be the focus of JKN, as well as emphasizing the quality and equal health facilities also under the maintenance of this program as it is targeting stronger primary health simultaneously (BPJS, 2016).

The membership of this scheme divided into: (1) Recipient of Premium Support Beneficiary (*PBI/Penerima Bantuan Iuran*) which health security premium are paid by the government and is aimed to protect the poor and vulnerable in accordance with the law and regulation; and (2) Salary Beneficiary Workers members (*PPPU/Peserta Pekerja Penerima Upah*) for those who works in State Institutions including Civil Servants, members of Indonesian National Army and Indonesian Police, State Officers, Non-Civil Servant State Officers to pay premium about 5% of the monthly salary with 4% employer party and 1% by the members provision. This provision also applied for any State-owned Enterprises, Regional-owned Enterprises, and private sectors at most on the 10th date of the month (BPJS^{2}, 2020).

The premium for Veteran, Freedom Fighters, and widow, widower or orphan of Veteran or Freedom Fighters is about 5% from 45% of the monthly Civil Servant Rank III/a Salary with 14 (fourteen) length of service, paid by the government. Furthermore, premium health security for the additional family members of the Salary Beneficiary Workers with fourth child and so on, parents, and parents-in-law, 1% of the monthly salary per-person will be taken. The premium for other relatives of this SBW member including

biological/siblings-in-law, domestic assistant, etc, will be classified as Premium Support Beneficiary with these 3 different categories will be applied, as below:

a. Rp.42,000,- (forty two thousand rupiah) per-person per-month with Class III treatment service benefit;
b. Rp.100,000,- (one hundred ten thousand rupiah) per-person per-month with Class II treatment service benefit;
c. Rp.150,000,- (one hundred ten thousand rupiah) per-person per-month with Class I treatment service benefit.

(*)According to newly proposed President Law Number 66 in 2020, second (2nd) amendment from President Law Number 82 in 2018 about Health Security, Indonesia.

Numerous studies in Indonesia are now putting more interests to identify various perspectives of health care utilization, such as communities' perspectives towards health services they received. The number of patient visited Maria Walanda Maramis General Hospital is increased by the realization of JKN in Manado, Indonesia (Nayoan, 2014). Other findings said that the cost in utilizing East-Ciputat Health Center has found to affected someone's intention to revisit the services in the future, as well as distance and access factor in reaching health center (Halimatusa'diah, 2015). Thus, there is an indication that the insurance system influences the demand that individual makes for health care utilization, especially towards private hospital, which is known for its relatively costly.

As the targeted area of this study, the previous report shown the total proportion of individual using *Jaminan Kesehatan Nasional* (Indonesian health security program) to receive outpatient treatment in South Tangerang City within 2019 reached 62.11% with the highest spent by male population (68.08%). However, the high expenditure population group spent the greatest use of this scheme (62.69%), followed with the middle and low expenditure population group (BPS-Tangsel[b], 2019).

Theoretically, besides its usefulness in reducing risk of health, the medical insurance might impede its ability to do fully and efficiently. First problem that interferes these operations is moral hazard. When people are given the access to health by payless, they might tend to go hastily to health care even just experiencing minor symptoms (i.e. heavy sneezing, or minor toothache). The insurance company should cleverly charge patients as the co-payer of each visit (example: $20 per visit) to encourage their responsibilities of act (Mankiw, 2017), and the rest would be covered.

Another thing that might hinder this operation is adverse selection, it is when customers mixed as those with relevant attributes (whether they have a chronic disease) and those who are not observable by insurers, may be resulted in the expensiveness to insure. In the other hand, when the customers with greater hidden health problems decided to insure themselves, and causing price of health insurance increased higher than the needs of other healthier people, this will fail the purpose of eliminating financial risk from illness (Mankiw, 2017). As these processes continue, more people would drop their coverage, the insured pool gets less healthy by the steadily increasing price. In the end, the disappearance of insurance company towards this situation, the less people would intend to visit healthcare even when they are the ones with acute or chronic diseases, and are in needs to seek for health services.

2.4 Revisit Intention to Hospital in Developed and Developing Countries

Study of integrated model related to revisit intentions indicated that satisfaction was found to be strongest predictor of visitors' revisit intentions, as well as social identity, subjective norms and group norms following by (Choo, 2016). It is also revealed that there are 4 primary dimensions and 13 subdimensions of service quality that affected emotions on customer satisfaction which later results the individual's revisit intentions along with corporate image (Wu et al., 2015). Found that revisit intention was being influenced by service

credibility, it was also affected by the individual's decision convenience and affective commitment which can be considered as mediators in the relationship between service credibility and patient's revisit intention (Sia et al., 2018).

Five of the strongest predictors of individual's intention to revisit were included the overall satisfaction, intention to recommend others, awareness of hospital promotion, satisfaction with physician's kindness, and satisfaction with treatment level (K. Lee, 2005). As for developing country cases, the intention of repurchasing health service was found to be associated and affected by quality of medical services. The patients and medical equipment technology did not significantly have influence both on the intention to recommend health services or the intention to repurchase health services (Ratnasari, 2019).

An investigation of demand and supply-side levers reported a great influence from out of pocket costs, physician referral and quality ratings towards the choices of hospital, but mostly it influenced by consumer choice of provider (Koch-Weser et al., 2019). By the regulation in Law No. 44 in 2009 about Hospital in Indonesia, hospital is categorized by its type of treatment, which divided in two types: General Hospital and Specialized Hospital (*article* 1). And based on its operation (or management) the hospital in Indonesia divided into Public and Private hospital which still operate by the law and differed by its orientation of profit in contrast (RI, 2009).

The average of hospital both public and private ones, has begun to increase by 5.2% in the last decade. Particularly, the growth of profit-oriented private hospital is somehow more aggressive which reached up to 17.3% of development. The highest growth of private hospital in Indonesia categorized by the province showed that East Java scored 4 times for the last 6 years. Followed by West Java and Jakarta increased by 2 times or as much as 19% and 8% simultaneously (Trisnantoro & Listyani, 2018).

Supporting the growth of the hospital in Indonesia which ease the access to health care nowadays, the establishment of Indonesia National Health Security Insurance known as *Jaminan Kesehatan Nasional (JKN)* which organized by *Badan Penyelenggara Jaminan Sosial* (*BPJS,* or Social Insurance Administration

Body), affected the number of visit to hospital to slide (BPJS, 2016). Lack of supervision for excellent services between hospital registered with *BPJS* than other hospitals, can easily be found in rural areas in Indonesia. It sometimes also followed by the lack of access to health care and referral system regulation which also affected the communities' intention of utilizing health care facilities.

2.5 Revisit Intention to Private Hospital in Indonesia

2.5.1 Factors influences revisit intention to OPD care in Indonesia

The study conducted at Sultan Agung Islam Hospital in Semarang showed that service quality and customer value gave positive influence toward patient's satisfaction which this factor itself gave a positive influence towards their intention to revisit (Kusniati, Farida, & Sudiro, 2016). Other case study in Balimed hospital found that the dimensions of service quality (assurance and empathy) have positive and significant influence toward customer satisfaction that leads to the individual's revisit intention. The same study also found that other dimensions (reliability, assurance and empathy) have an indirect significant influence toward revisit intention as the unique findings (Pidada & Wandebori, 2016).

The similar study among Obstetrics and Gynecology specialist department in dr. Pirngadi Hospital Medan, the patient's interest to revisit the clinic was only 22.2%, which directly associated by dimensions of service quality including responsiveness, reliability, assurance and empathy. It didn't find that tangible dimension have relation towards patient's interest to do return visit in the future (Henny, 2016). Similarly, the research in Rumah Zakat Yogyakarta Clinics, responsiveness and assurance dimensions (of service quality) influenced the patient satisfaction, meanwhile the tangible, reliability and assurance dimensions proved to have no effect towards it. It also found that patient satisfaction have directly affected individual's interest to revisit the clinics, thus the effect of service quality to the revisit intention known to be mediated by the patient satisfaction at clinic Rumah Zakat Yogyakarta (Helmawati & Handayani, 2014).

Nonetheless, different results found that the revisit intention among patients in antenatal care services at Sunan Kudus Islamic Hospital was shown to be less expressed, although the perception of doctor, affordability of treatment and easiness to access the ANC mostly high. It was found that patient's perception of doctor and access to places did not influence their intention to revisit, unlike their perception of cost (Suhendro, Kartasurya, & Arso, 2014). Yet and still, other study in the specialist polyclinic of Sumatera province found that patient attitudes, brand image, perceived value and perceived quality significantly affected the interest in repurchase intention (Faaghna, Lita, & Semiarty, 2019).

Various studies have been done on the association between perceived service quality, patient satisfaction and health insurance towards the revisit intention in Indonesia. However, it majorly conducted in the primary care unit or inpatient unit in health care. In this study, the association between those 3 factors will be determined towards the revisit intention in the outpatient department among outpatients in the private hospital around suburban area known as South Tangerang, Indonesia. The marketing strategy in private health care was seen to be more incessant than any public or governmental institution, particularly hospital. Therefore, this study will be conducted to prove the clearer association among the perceived service quality, patient satisfaction, and types of medical insurance toward the revisit intention to private hospitals among outpatient participants.

2.5.2 Visitation Number to Private Hospitals in South Tangerang

Based on Government Performance Report of South Tangerang City within 2019 (Dinkes-Tangsel, 2020) towards 484 Private-owned Primary Referral Health Care, 29 Hospitals, and 29 Technical Implementation Unit, the proportion of treated individuals in secondary referral health care unit achieved higher than the target (80%), showed 125% services performance measured from 2,116 patients referred to secondary and tertiary health care. It increased from the previous year which 104% of services performance achieved.

Based on the Summary of South Tangerang City Performance Program for 2011-2015, it was also found that the implementation of Local Health Security Insurance to the poor and vulnerable group have gradually decreased the number of visits to government (public) health care facilities overall. From 25,762 patients in 2011, reached its spike to 42,186 patients in 2013, and end with 8,217 patients in 2015 (Dinkes-Tangsel[b], 2016). This scheme will later be registered and integrated as the recipient of JKN-PIB (Premium Support Beneficiary) following the Government Regulation No. 101 in 2012 about Premium Support Beneficiary of National Health Security, through documents validation and verification by the Local Government.

One of the efforts from South Tangerang local government is to manage a free-of-charge treatment for all individuals to improve life expectancy. Moreover, the average achievement of communicable and non-communicable disease control has aligned with national target, with 104.01% achieved in 2019, it showed increasing percentage from 2018 (101.48%). Overall 10 programs that has actualized, 352,581 communicable disease patients got treated in 2019, representing 100% performance achieved which increased from 2017 (69%). As well as non-communicable disease treatment, 301,336 patients have been 100% from 12 different cases in health care facilities of South Tangerang (Dinkes-Tangsel, 2020).

It was also proven by the total proportion of individual using *JKN* (Indonesian health security insurance) to receive outpatient treatment in South Tangerang within 2019 has reached over 60 percent. It also found that the 20% population group of high expenditure showed the highest user of this insurance (62.69%) rather than 40% of both middle and low expenditure population group (BPS-Tangsel[b], 2019). According to South Tangerang Health Department's Workplan in 2019, among 5 strategic issues that are targeted, to achieve the Universal Health Coverage listed in. It was to widen the coverage of JKN-KIS participants through local government intervention regarding its budgeting system, as well as encouraging private sectors to register their employees and so on (Dinkes-Tangsel, 2020).

Supporting factors of these achievements is also from the optimization of supervision towards the primary care units, hospitals, clinics, and multi-sectoral programs involved. The good surveillance and annual feedback, as well as monitoring and evaluation to all PCU and Hospital is the main factors to enable the city's development in health. Furthermore, the human resources development program that organized by each health facilities also define the success of these targets. Among 29 hospitals installed in this city, only 1 public hospital provided which means the rests of it are private-owned hospitals. As the city's dependency to the private hospitals relatively high to manage medical treatment of the communities, it is important to ensure the people's preferences towards the hospital performance in order to maintain its sustainability.

After the implementation of National Health Security in South Tangerang, the number of patients visit to health facilities tend to decrease gradually among the low-income communities. From over 25,000 patient visitation in 2011, more than 37,000 visits in 2012, and reached its peak in 2013 with 42,186 visits to health facilities, the number went downward on 2015 with only 8,217 visits from low-income patients (Dinkes-Tangsel[b], 2016). These findings indicated that people seek utilization of health services might began to slide, whether influenced by the cost of healthcare services or because their increasing expectation towards better quality health services which can meet their perception and fulfill their satisfaction.

Thus, per 1 January 2019 the Mayor of South Tangerang regulated the more affordable and quality health care services throughout the city in order to reach the target of Universal Health Coverage in the area. Collaborated with all 28 private hospitals Type C and B including one public hospital, the number of registered hospitals in this regulation is 16 private hospitals with 1 public hospital in the meantime. However, further report regarding the trends of visit until this year has yet to be reported, but the real actions that were implemented by the government showed their seriousness to cooperate with

the national program of UHC as also improving the community's health and life expectancy.

2.5.3 Situation of Private Hospitals in South Tangerang

According to the Local Health Department of South Tangerang, twenty-seven hospital services already installed and registered to fulfill health care facilities in 7 (seven) sub-districts of South Tangerang, which are owned by the government and private sectors. As the most populated sub-district, Pamulang provided by 4 hospitals, while other areas averagely consist of 2 or 3 hospitals operating (Dinkes-Tangsel, 2020). Refers to the National Health Human Resources Information data, among 29 hospitals operating in South Tangerang, 18 of them are general hospitals (providing general practices and clinics), and the rests are mother and child hospitals, or subspecialist hospital (IMH, 2020). Among those, only one government-owned hospital in the area.

Refers to the Ministry of Health Indonesia's Law, number 986/Menkes/Per/11/1992 about types of hospital in Indonesia, most of the hospitals in South Tangerang are now classified as Type C hospitals, some general hospitals also classified as Type B. These will differentiate the facilities and medical support services, especially during the inpatient treatment. These differences also noticeable for the patients using public insurance (JKN/BPJS) for inpatient treatment. Even though they can propose a higher level/class for inpatient room than their insurance's category, they will due the remaining payments that insurances didn't cover.

According to South Tangerang Health Providers ratio to 100,000 population, Midwives placed the highest with ratio 17.57 per 100,000 and followed by Nurses with ratio 12.80. Followed by the ratio of 8.03 per 100,000 for General Practitioners and 3.14 per 100,000 for Dentists. Other health providers including Dentist Nurses, Pharmacists, Pharmacist Assistants, Nutritionists, Sanitarian, Physiotherapists, Public Health, Medical Record and Specialist Doctors also available in the city, fulfilling the ratio of 56.22 per 100,000 population in South Tangerang. However, based on the performance

analysis by Local Health Department, some health issues still surfaced while achieving the City's health degree target.

Some of the issues regarding the health care services in South Tangerang including the number of morbidities still relatively high, the lack of accessibility for quality care among low income population, low awareness of hygiene and health behavior, until low participation among stakeholders towards the health programs. The Local Health Department of South Tangerang also focused on achieving the Universal Coverage target for JKN (INHS) program by 2019 (Dinkes-Tangsel[b], 2018). Although the approach of the report was mostly focused on the primary health care services, to improve and maintain a quality health care while reaching for Universal Coverage target shall simultaneously be implemented to overall health facilities, including hospitals.

However, known as the city of trade and industrial businesses, South Tangerang divided into two areas including local/city area and services area. Based on the Economic Census in 2016, the total of 105,774 businesses occupied by 350,609 workers reported in South Tangerang City, including health services as much as 987 units, and occupied around 8,576 workers in the city. This also possible as South Tangerang located strategically close to the Indonesia's Capital City and potentially become the base of economic development as it connected the good living places like Banten province, with Jakarta Capital City.

Along with these situations, South Tangerang City is encouraged to implement the best quality of health care services to ensure its communities' health degree as well as the city's development and sustainability. In 2010, the number of poor and vulnerable population in South Tangerang City has reached to over 21,000 individuals, fluctuated in 2011 until 2013, the trend keeps rising until 2016 reached over 26,000 individuals.

To address these growing population with adequate amount of health care facilities, under the JKN scheme, BPJS Health will take responsibility to pay the contracted primary care providers by capitation for outpatient services,

excluding some of services such as: obstetric and neonatal services which managed by reimbursement system. Thus, the primary care providers in the JKN took important role as gatekeepers of access to specialty and hospital services, as well as encouraging BPJS Health to improve quality of services and well-being of their registered members by reducing the frequency of visits. It is implied that this also requires the gatekeepers to ensure that promotive and preventive measures are in the frontline of the system (WHO[h], 2017). In additional, the patients who seeks further treatment in hospitals/specialist clinics will be allowed by bringing a referral letter when they used this insurance scheme.

During an emergency situation, the JKN patients are allowed to directly visit any hospitals, even the ones that are not in collaboration with BPJS Health, but when their condition allows, the patients will be transferred to BPJS Health-registered hospitals after (WHO[h], 2017). This also arose the issues among participants who visits health care facilities, especially public hospitals, which are limited in the Country. The private hospitals that are also collaborated with BPJS Health, however, are struggled to access those services.

Contrarily, non-JKN patients may go directly to their chosen treatment both from primary health care facilities or specialists, whether public or private hospitals, though they are obliged to pay their own fees. Some privileges including bypassing queues, or being prioritized in the hospital inpatient beds, could be obtained for these group of individuals.

2.5.4 Importance of Revisit Intention to Private Hospital

With the increase of life expectancy from 63 years in 1990 to 71 years in 2012, Indonesia's health status seemed to have significant improvement over recent decades. The decrease of mortality rate also defined the development in health of this country. However, in the midst of large long-term social and economic transitions recently, it forms challenges to the health and health system in Indonesia, including the disparities between more rapid developing central areas of Java-Bali and large cities, whilst the poorer areas of eastern Indonesia and rural/remote areas are also increasing.

Although Indonesia is known to have a well-developed and extensive network of public health facilities, the low level of government spending in health have resulted in poor quality of health infrastructure, shortages of personnel and low levels of utilization. This led to the growing development of private sector facilities and increasing use of the private sector, arising more complex or mixed public-private health system in Indonesia (APO, 2017).

Estimated to be in the top ten economies in the world by 2030, Indonesia has made its rapid strides in improving health of the communities and reducing maternal mortality by over than 50% for these last decades (Fountaine, Lembong, Nair, & Sussmuth-Dyckerhoff, 2018). By the introduction of world's largest single-payer health insurance scheme, Indonesia provides universal healthcare coverage for approximately 270 million individuals within the country. Yet again, among over 70% of all deaths in Indonesia, approximately 35% of it was taken by cardiovascular diseases (WHO[i], 2018). The cost estimated from 2012 to 2030 to tackle the NCDs has reached around $2.8 trillion, it is 3 times greater than Indonesia's GDP in 2014 and 107 times than the health spending in the same year (Fountaine et al., 2018).

On the other side, by the increasing investment in health services which also have associated with an increase in public financing for health, the government focus on health insurance mechanism has led to fund principally addressing curative services. In result, it relatively neglected and underfunded public health services, health promotion and preventive programs. Moreover, despite the growing investment by government and private funding towards health infrastructure (including primary and referral health facilities), the ratio of both hospital beds and primary health care facilities to population remains below WHO standards and lags far behind neighbors (APO, 2017).

Various conditions related to quality of services issues which results in geographical disparities between regions also consequently occurring due to this mechanism. Even the growth of human resources for health in the last 2 decades still can't reach the internationally recommended figure and

geographical disparities for Indonesia. Thus, it seems relatively logical when higher service quality, level of patient satisfaction and being insured in health could lead to an increase loyalty and future visitation, better tolerance of price escalation or even enhancing the institution's reputation. If didn't get prioritized earlier, the more critical ways to attract new patients through positive promotion, word-of-mouth or media acclaims will due tougher.

Therefore, it is essential to conduct the identification towards factors that influence people to revisit hospital in Indonesia, particularly to private hospital in rapid developing city like South Tangerang City, to understand and evaluate whether the socio-demographic, service quality, patient satisfaction and types of medical insurance have contributed to this health system gaps.

CHAPTER 3
RESEARCH METHOD

3.1 Study Design

This study is a cross-sectional survey study through online platform. It is to examine the association between the independent variables including socio-demographic characteristics, service quality, patient satisfaction and types of medical insurance, towards the dependent variables which is the revisit intention to private hospitals among outpatients in South Tangerang City. The data collection conducted in a single point in time and is aimed to examine the relationship between two variables in a defined population.

3.2 Study Area

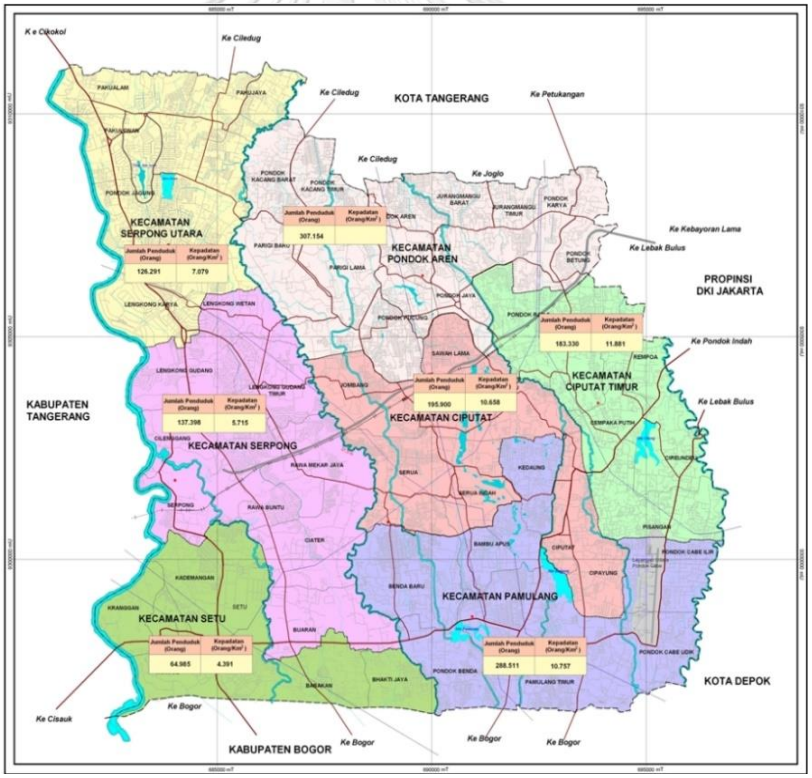


Figure 3. Map of South Tangerang City (*source: BKPP Tangsel, 2020*)

South Tangerang is one of the developing regions in Indonesia consists of various household from different background, including knowledge and awareness of health. The choice of using between public and private hospital of this area still depends a lot on the communities' capability, not only in financial

aspects, but also their belief, behavior, and other subjective norms. With total area of 147.19 Km^2, South Tangerang was divided into 7 sub-districts, including: Setu, Serpong, Pamulang, Ciputat, Ciputat Timur, Pondok Aren and Serpong Utara, occupying approximately 1.7 million population in 2019. This city is providing 29 hospitals including general, specialist and sub-specialist hospitals which owned by government and private sectors. Most of the operating hospitals in this city are classified as C and D level hospitals.

Currently, 17 general hospitals are private-owned and 1 general hospital is under the Local Health Administrator supervision. With the most potential place to trade and industrial sectors, this city will be chosen to represent how are the communities' intention to revisit private hospitals after received outpatient treatment in one of private hospitals in South Tangerang City.

3.3 Study Population

The target population of this study consists of all new patients throughout 7 sub-districts of South Tangerang, which received services from outpatient department (OPD) among one of 17 private hospitals in South Tangerang City, including:

1. Bhineka Bakti Husada Hospital
2. Ichsan Medical Center Hospital
3. Omni Hospital
4. Permata Pamulang Hospital
5. Sari Asih Ciputat Hospital
6. Syarif Hidayatullah Hospital
7. Hermina Ciputat Hospital
8. Aria Sentra Medika Hospital
9. Bunda Dalima Hospital
10. Hermina Serpong Hospital
11. Insan Permata Hospital
12. Pondok Indah Bintaro Jaya Hospital
13. Islam Asshobirin Hospital
14. Premier Bintaro Hospital
15. Eka Hospital
16. Medika BSD Hospital
17. Buah Hati Ciputat Hospital

3.4 Duration of the Study

The study conducted in May 2020 during day times (from 08.00 am to 07.00 pm). The estimated times to fill each online questionnaire which contains 57 questions will be around 15-20 minutes by self-administered online questionnaire via Google Forms, a widely used survey application that facilitates online surveys.

3.5 Inclusion and Exclusion Criteria

To get the participant that are representative for the population, the researcher had decided the inclusion and exclusion criteria for this study, as below:

- ***Inclusion criteria:***
  - The outpatients from a private hospital in South Tangerang City;
  - Outpatients aged between 20-65 years old, that has already received services from one of private hospital in South Tangerang;
  - Participants who has access (smartphone/tablet/PC) to the online survey (Google Forms).
- ***Exclusion criteria:***
  - Subject is suffering critical condition or disability that they are unable to answer the questionnaire by themselves;
  - Subject has no access to online survey during data collection period.

3.6 Sample Size

Based on the developing prediction models for a binary outcome, in the medical literature an EPV of 10 sample size considerations is widely used (van Smeden et al., 2019). For logistic regression analysis, sample size will be expressed in terms of events per variable (EPV), defined by the ratio of the number of events. Thus, the formulations of this study would be (Peduzzi, Concato, Kemper, Holford, & Feinstein, 1996):

$$N = \frac{1}{P_{event}} \times n_{events} = \frac{(10 \times 10)}{0.541} = 185 \text{ …. (add 15\% missing rate = 28)}$$

$$= 185 + 28 = 213 \text{ minimum sample size.}$$

N = estimated number of subjects needed

n_{events} = $n_{\text{predictors}} \times 10$ events per variable (10 EPV = 10 x 10 = 100 events)

P = 0.541 prevalence of revisit intention (Helmawati & Handayani, 2014)

$n_{predictors}$ = 10*

(Note: *$n_{predictors}$ was calculated based on the parameters in the independent variables, (a) Service Quality=1; (b) Patient Satisfaction=1; (c) Types of Medical Insurance=[4-1]=3; (d) Age=1; (e) Sex=[2-1]=1; (f) Employment Status=[2-1]=1; (g) Education Level=[2-1]=1; and (h) Income Level=[2-1]=1) → $n_{predictors}$ = 1 + 1 + 3 + 1 + 1 + 1 + 1 + 1 = 10.

Thus, as much as 213 minimum respondents will be required to detect the significant of this study.

3.7 Sampling Technique

This study used convenience sampling technique to collect the data from participants. The researcher purposively conducted South Tangerang City as this target area is one of the developing cities in Banten province, projected with over 1.7 million population in mid-2019 consists of the most productive ages (between 20-64 years old) populated in the area (Municipal-Government-of-South-Tangerang, 2020).

Table 2. Distribution of Population, Percentage, and Population Density by Subdistrict of South Tangerang City, 2019

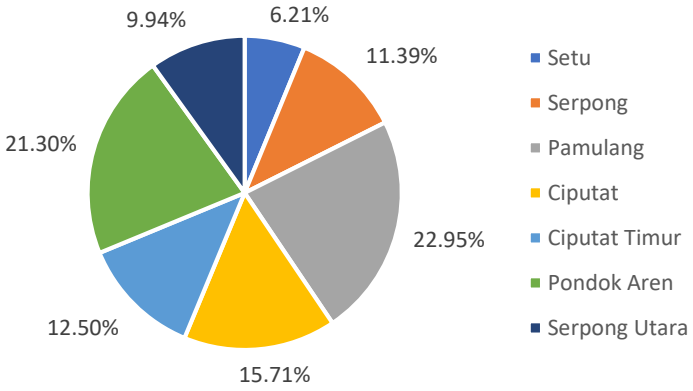
Sub-district	***Population (thousand)***	***Percentages***	***Population Density per sq.km***
Setu	79,432	6.21	5.367
Serpong	145,654	11.39	6.059
Pamulang	293,560	22.95	10.946
Ciputat	200,960	15.71	10.934
Ciputat Timur	159,933	12.50	10.365
Pondok Aren	272,428	21.30	9.117
Serpong Utara	127,085	9.94	7.124
Registration Result	**1,279,052**	**100.0**	**8.690**
Projection Result	**1,747,906**	**100.0**	**11.875**

Source: (BPS-Tangsel, 2020)

Based on the Table 2. the proportion of each sub-district that included in the study were done according to that information, as shown on Figure 4. However, due to the lack of feasibility to conduct the data collection during COVID-19 pandemic in the involving hospitals, the collected responses

(participants) were slightly not proportionally obtained from every sub-district. However, the representativeness of data has been maintained to ensure the quantity as well as quality of the data.

Figure 4. Proportion of Population in South Tangerang based on Sub-district



With the vision of the City's Health Department is "*to implement the quality, modern and affordable community health services in South Tangerang City"* (DOH, 2017), it is now approximately 28 private hospitals and 1 public hospital installed in the city, which assumed to be the only city that has greater number of hospital than primary health care services in Indonesia (BPS-Tangsel[b], 2019). The gaps of health services between South Tangerang with other cities or district in the province (Banten), might rise the people's concern on how the hospital being managed and optimized.

Moreover, the gaps within the community that came from various socio-demographic background might influence the perceived quality of services' level and quantity of patients utilized hospital services nowadays. Studies on how are the communities' interest to re-utilize hospital is remain unclear and still limited in South Tangerang City, thus this targeted population may provide the information regarding factors that this study will assess.

3.8 Measurement Tools

In this study, the questionnaires will be used to collect the data, which includes 5 parts:

1. Socio-demographic characteristics
2. Types of medical insurance

3. Service quality
4. Patient satisfaction
5. Revisit intention

which are prepared, adopted and modified from numbers of institutional sources, publications, and literature reviews. (Anida, 2011; Kurniawati & Singgih, 2015; Marshall & Hays, 1994; Mattson, 2010b; Parasuraman et al., 1988a; Pramanik, Puspitasari, Rahayu, & Suwantika, 2018; SPKP, 2009; A. J. Thayaparan & E. Mahdi, 2013; Utari, 2018).

3.9.1 Socio-demographic Data

This part of questionnaire consists of 9 questions required for the respondents' information to characterize them, including 'Age', 'Sex', 'Employment status, 'Educational Level', and 'Income per month'. The result will be coded according to the number of options provided to see the frequencies and proportions of respondents included in this study.

3.9.2 Patient satisfaction (PSQ-18)

To assess this factor, Patient Satisfaction Questionnaire Short Form (PSQ-18) has been validated for use in different settings. It was developed thoroughly by research and being summarized from larger questionnaires, to maintain its internal consistency and reliability. Likert scale questionnaire included in seven dimensions of patient satisfaction towards patients scoring for doctors, interpersonal manner, communication, financial aspects, time spent with doctor, as well as the accessibility and convenience of the healthcare (Anthony Janahan Thayaparan & Eamon Mahdi, 2013).

This questionnaire consists of 18 questions related to the satisfaction of patient after utilizing services in hospital. Each domain is tested through different related questions, which is substantial benefit to identify a particular area to improve on. This questionnaire may also be used to differentiate various interventions and definitely been adapted for use in primary care and the outpatient's department. The PSQ-18 is a valid, reproducible questionnaire which beneficial in diverse settings (Marshall & Hays, 1994).

The PSQ-18 yields separate scores for each of seven different subscales including General Satisfaction (C3, C17); Technical Quality (C2, C4, C6, and C14); Interpersonal Manner (C10, C11); Communication (C1, C13); Financial Aspects (C5, C7); Time Spent with Doctor (C12, C15); Accessibility & Convenience (C8, C9, C16 and C18). Some items are worded to reflect an agreement of being satisfied with medical care, and other items are worded to reflect an agreement of dissatisfaction with medical care. The total result will be scored based on the Table 3.1, and items within the same subscale will be averaged together to create the 5 subscale scores (Table 3).

Table 3. Scoring Items

Item Numbers	Original Response Value	Scored Value
1, 2, 3, 5, 6, 8, 11, 15, 18	1 ---------->	5
	2 ---------->	4
	3 ---------->	3
	4 ---------->	2
	5 ---------->	1
4, 7, 9, 10, 12, 13, 14, 16, 17	1 ---------->	1
	2 ---------->	2
	3 ---------->	3
	4 ---------->	4
	5 ---------->	5

According to the PSQ-18 scoring system, respondents answer will result from 1 point (strongly disagree) to 5 points (strongly agree) which means the lowest to the highest point of satisfaction. The lowest sum score of all subscales will be 18 and the highest will be 90, which will be interpreted into three ranks (Kavalnienė et al., 2018; Rahman, Ngadan, & Arif, 2016):

90 – 66 = Good Satisfaction

65 – 42 = Medium Satisfaction

41 – 18 = Poor Satisfaction

Table 4. Creating Scale Scores

Scale	Average These Items
General Satisfaction	3, 17
Technical Quality	2, 4, 6, 14

Interpersonal Manner	10, 11
Communication	1, 13
Financial Aspects	5, 7
Time Spent with Doctor	12, 15
Accessibility and Convenience	8, 9, 16, 18

The Patient Satisfaction Questionnaire Short Form (PSQ-18) has been validated for use in different setting which developed through studies as thoroughly and abbreviated from the larger questionnaires, in order to maintain its internal consistency and reliability. It consists of proposed seven dimensions of patient satisfaction directed toward their doctors including general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with doctor, and accessibility & convenience (A. J. Thayaparan & E. Mahdi, 2013).

3.9.3 Service quality (SERVQUAL questionnaire)

Based on the experiences as a patient in hospital or clinic, the patients are allowed to deliver their thoughts of such health services which give the excellent quality of service. From the SERVQUAL questionnaire, the level of excellency may expand to more details as whether it is absolutely essential or not essential at all, to define the excellency of such services. The values that's recorded would not be judged whether it's right or wrong, yet to reflect their true feelings regarding the health services in delivering their excellent quality of service (Zeithaml et al, 2006).

It is a standardized questionnaire which initially includes 22 questions measuring the perceived (existing) level of service quality by the institution or organization (Anbari & Tabarale, 2013). It consists of statements which categorized in 5 dimensions in service quality as below:

Statements	**1-4**	Tangibles
Statements	**5-9**	Reliability
Statements	**10-13**	Responsiveness
Statements	**14-17**	Assurance
Statements	**18-22**	Empathy

The respondents answer will result from 1 point (strongly disagree) to 5 points (strongly agree) which means the lowest to the highest point of satisfaction consecutively. The total score of the questionnaire will be obtained from range 22 (lowest score) until 110 (highest score), thus it will be interpreted as percentile 75% with the range as follows (Pernanda & Rokhnawati, 2010):

75% of 110 = 82.5 ≈ 83, Therefore:

Score ≤ 83 = Low quality of service

Score > 83 = Good quality of service

3.9.4 Types of Medical insurance (semi-structured questions)

Consist of 1-mark (✓) question related to participant's type of medical insurance which is registered and being used for his/her access to healthcare. The options will be interpreted as:

0 = Non-insurance

1 = Private Insurance

2 = Premium Support Beneficiary NHS / *JKN (PBI)*

3 = Salary Beneficiary Workers NHS / *JKN (PPPU)*

3.9.5 Revisit Intention (semi-structured questions)

Consist of 7 "Yes" or "No" questions related to the patients' likeliness to revisit or re-use the services provided by the *chosen* hospital that they previously visited (Anida, 2011). It consists of question items referring (D1 and D5) attitude towards the received services and/or towards the place; (D2 and D6) to recommend others; and (D3 and D4) perceived behavioral towards the services they received. The result will be interpreted as follows (Utari, 2018):

Score ≤ 4 = Not intent to revisit

Score > 4 = Intent to revisit

The information of revisit intention also completed by the questions including 'Private hospital visited', 'first reason in choosing hospital', 'types of OPD services visited', and 'number(s) of visit' to private hospital in the "A" section of questionnaire.

3.9 Validity and Reliability

The content validity of all questionnaires that will be used in the study have already been calculated by previous studies and organization, as below:

a) Socio-demographic questionnaire

According to the manual of Indonesia Health Care and Education Survey questionnaire, the socio-demographic information of respondents will include the information of individual's sage, sex, marital status, main occupation (activities), highest educational background, and more (SPKP, 2009). For this study, other information required to identify the respondents including the reasons to healthcare, types of insurance for treatment (types of healthcare payment) and the visited services in health care also mentioned for conducting outpatients survey (SPKP, 2009). Therefore, questions A1 to A9 will be included according to the guidelines to be in accordance with South Tangerang socio-demographic statuses.

b) Service Quality (SERVQUAL questionnaire)

SERVQUAL questionnaire included 22 pairs of questions measuring perceived and expected level of service quality by the institution or organization, which reflected into 5 different categories in service quality (tangibles, reliability, responsiveness, assurance and empathy). It is a standardized questionnaire introduced by Parasuraman, Zeithaml, and Berry (1988b) which have been introduced to many fields of study, including bank, credit card company, repair and maintenance company, or long-distance telephone company. With total-scale reliability 0.92, the questionnaire represents its consistent factor structures across several independent samples providing support for its trait validity.

Adopted in the Indonesian version, the SERVQUAL questionnaire mainly used in wider fields of research study, which usually focus on marketing management, some others using this tool for assessing the health care management study. Previous study integrating service quality with customer satisfaction using SERVQUAL questionnaire measured the validity with *Pearson product moment* test towards 109 respondents

(n=109) with 10% significant level, resulted *r-score* > *r-table* (0.1584) for all 22 items, representing it is a valid instrument to conduct further study. The score of its construct reliability ranged from 0.6 – 0.9 which is higher than 0.6 coefficient *Cronbach's alpha* (Kurniawati & Singgih, 2015).

c) Patient Satisfaction (PSQ-18 questionnaire)

The PSQ-18 is a valid, reproducible questionnaire which could benefit in various settings to identify weaknesses in systems to aid improvement through patient's perspectives. It was introduced by Santa Monica, California's RAND Corporation research organization previously as Patient Satisfaction Questionnaire III with 47 items included. In this study, the other simpler version of PSQ III known as PSQ-18 will be used which previously introduced by Marshall and Hays (1994). It has been validated and developed through studies as thoroughly and abbreviated from the larger questionnaires as to maintain its internal consistency and reliability which had been calculated using Cronbach's coefficient alpha. The score of reliability test for PSQ-18 was resulted in range between 0.64 to 0.77 for its internal consistency reliabilities after pilot study conducted with 2,917 respondents.

The adopted version translated to Indonesian language conducted to 28 participants (n=28) from inpatient department in Hasan Sadikin Bandung General Hospital for a pilot test. With 5% of significant level, *bivariate correlation Pearson* conducted to test the validity of the questionnaire and resulted T-score > T-table (0.374) which showed all the items are valid and the construct of each dimensions also reliable to use for further study (Pramanik et al., 2018).

d) Types of Medical Insurance

This type of question is the part of Health Belief Model's modeling for health care utilization introduced by Andersen (1995). While predisposing factors include demographic characteristics such as age, gender, social structure (education, occupation and ethnicity), meanwhile, the health insurance included in the enabling factors of this theory. The enabling

factors consist of the health personnel and facilities availability, income, health insurance, regular source of care, travel and waiting times, as well as social relationships (Andersen, 1995; Mattson, 2010c).

For this questionnaire, the types of medical insurance will be categorized according to the types of health insurances provided in Indonesia, as formulized in the manual of health care and education survey questionnaire by Health Care and Education Survey or SPKP (2009) for outpatient services' type of financial coverage to ease the patient's cost of health care *(health insurance).*

e) Revisit Intention

The Indonesian version of this questionnaire already tested using *Pearson product moment* test which resulted *r-score* > 0.9 for all items, which showed it is valid to use for further study (Utari, 2018). And the questionnaire used in this study also adopted from the other previous study using the similar items for different settings with the same score for its validity and reliability test by Anida (2011).

Therefore, the pilot test conducted in the general population of South Tangerang as much as 32 subjects. The test used SPSS 22.0 software to see each variable's score of Cronbach's Alpha. The score above cutoff point (0.7) will be accepted to use in the study, as below:

Table 5. Reliability Test Result for study of Service Quality, Patient Satisfaction and Types of Medical Insurance towards The Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia

Variables	N of Items	Mean±SD	Cronbach's α (n=32)	Reliability
Service Quality	22	82.50±15.48	.968	Reliable
Patient Satisfaction	18	66.44±10.75	.923	Reliable
Revisit Intention	6	7.25±1.59	.739	Reliable

3.10 Data Collection

The data collected within May 2020 using online questionnaire platform (Google forms), which was shared through social media and chat messenger platforms. The targeted population received their personal message during the day

from 08.00 am to 07.00 pm to make sure that they receive and responsive to the broadcast. All the responses from respondents were automatically received by the researcher in Excel form (.xlsx) for further cleaning and coding steps before entry. The detail procedures of data collection are described as follows:

1) The approval of study proposal (on March 16th, 2020);
2) The IRB obtained from University of Muhammadiyah Jakarta's Institutional Review Board (IRB) in Department of Public Health (KEPK FKM UMJ) (Appendix A – Ethical Approval letter Number: 10.004.B/KEPK-FKMUMJ/IV/2020);
3) Using the standardized questionnaire which already available in Bahasa Indonesia version, the researcher conducted the pilot study to 32 respondents domiciled in South Tangerang;
4) The corrected questionnaire with few words and statements revised (based on responses obtained from pilot test), was later be spread to the larger community via social media platform (Appendix B & C);
5) The online survey was shared through the social media platform (personal messages) to the official account of South Tangerang communities or administrators, Student Executive Body's chairman in Universities (to share it to their colleagues and relatives domiciled in South Tangerang), and family's friends and relatives who domiciled in South Tangerang and had ever obtained treatment in one of 17 private hospitals in South Tangerang City;
6) The survey was monitored in every hour and accumulated per day to see the rate of responses which gained around 40 to 50 responses in the first week to around 20 to 30 responses per day in the last three weeks (total weeks spent to obtain the minimum sample was 4 weeks);
7) The final responses were received in .xlsx format file from Google Forms (as much as 311 responses) which were being cleaned and coded according to the inclusion criteria before the entry steps by using SPSS 22.0 for statistical analysis and interpretation.

3.11 Data Entry and Analysis

The entry of all responses was stored in the Microsoft Excel format which went through the cleaning and coding process after the data collection period closed. This study is analyzed in two major steps using SPSS 22.0 software. Descriptive statistics used to analyze the demographic characteristics of the participants and define the number and frequencies of each variables. The categorical data will be presented in the distribution of frequencies (n) and proportion (%), while continuous data will be presented its mean, standard deviation, range, frequencies (n) and percentages (%).

The inferential statistics performed to see the association between each independent variable towards the dependent variable using the binary logistic regression. It is aimed accordingly with the research objectives; it is to find important factors associated with dependent variable (with α=0.05) and to build a predictive model for revisit intention based on each independent variable included.

3.12 Ethical Considerations

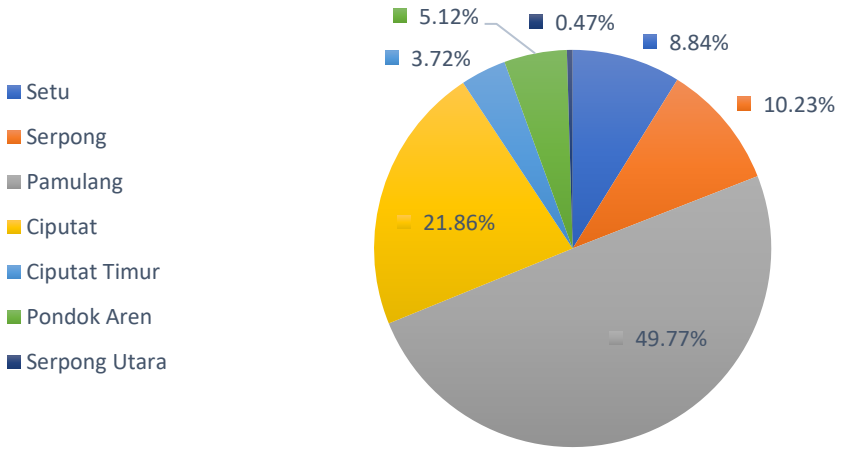
To keep the confidentiality of participants, ensure the safety of both parties, and also to thoroughly adhere the ethical aspects of research, this study also provided by documents below:

- Approval of University of Muhammadiyah Jakarta's Institutional Review Board (IRB) in Department of Public Health (KEPK FKM UMJ) which released Ethical Approval letter Number: 10.004.B/KEPK-FKMUMJ/IV/2020;
- Informed consent: providing the information of study's benefit and objectives for respondents, to accept their willingness in participating voluntarily to be the subject of study after understanding the agreement.

CHAPTER 4
RESULTS

4.1 Socio-demographic Characteristics among Outpatients of Private Hospitals in South Tangerang City

Figure 5. Proportion of respondents' domiciles based on Sub-district in South Tangerang



This study enrolled 215 participants among outpatients from 17 private hospitals located in 7 different sub-districts of South Tangerang City, Banten province. Almost half of the respondents (49.8%) live in Pamulang sub-district as the largest populated sub-district of South Tangerang (BPS-Tangsel, 2020) and the central of local government activities. The distribution of respondents included in the study domiciled in Ciputat and Serpong sub-district, as the two areas are also the more populated and more developed areas consisted of other local administrative places of South Tangerang City.

As shown in Table 6, most of the participants in this study were female (75.3%) around 20-29 years old (80%) with average years of 27 years old (26.81±9.66) who already finished the Bachelor's Degree (45.1%). Other educational background including Secondary High School (38.6%), Diploma (8.4%) and Master Degree (6%) also participated as the subject of this study. Only 6% of all respondents participated in this study who are unemployed, yet the majority of participants were currently college students (34.9%), private company employee (34.4%), and the rests including businessmen or

entrepreneur, civil servant, labor, or others. The included socio-demographic characteristics of respondents shown at Table 6. as below:

Table 6. Socio-Demographic Characteristics of Respondents

Characteristics	**Categories**	**n**	**%**
Age (26.81±9.66)	20-29	172	80.0
	30-39	12	5.6
	40-49	19	8.8
	50-59	11	5.1
	>60	1	0.5
Sex	Male	53	24.7
	Female	162	75.3
Educational Level	Below Bachelor's degree	104	48.4
	Bachelor's degree or higher	111	51.6
Occupational Status	Unemployed	13	6.0
	Employed	202	94.0
Income* per Month	≤Rp.3,500,000	109	50.7
	>Rp.3,500,000	106	49.3
Total		**215**	**100.0**

(*Currency rate on 13th, June 2020: Rp.1,000 = 2.19 Thai Baht)

And according to the average income/salary of individuals living in South Tangerang, it showed a slightly different proportion between those who earn less than Rp.3,500,000 per month (50.7%) compare to those who gets more than Rp.3,500,000 per month.

4.2 Proportion of Revisit Intention among Outpatients of Private Hospitals in South Tangerang City

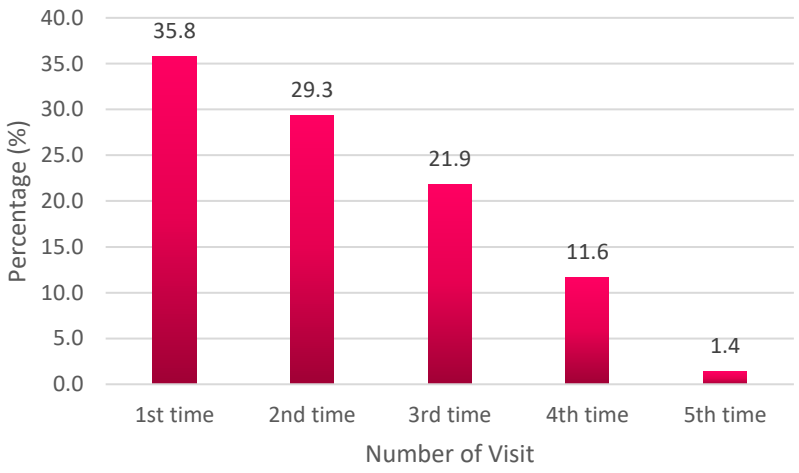
Based on the data collected from 17 private hospitals new outpatients in 7 sub-districts of South Tangerang City, according to the total score of 6 items of questionnaire regarding patient's revisit intention, 76.3% over 215 respondents were shown to have intention for future visitation to the hospital they received the treatment from, as shown in Table 7. below:

Table 7. Proportion of Revisit Intention among Outpatients of Private Hospitals in South Tangerang City

Characteristics	Categories	n	%
Revisit intention	Not intent to revisit	51	23.7
	Intent to revisit	164	76.3
Total		**215**	**100.0**

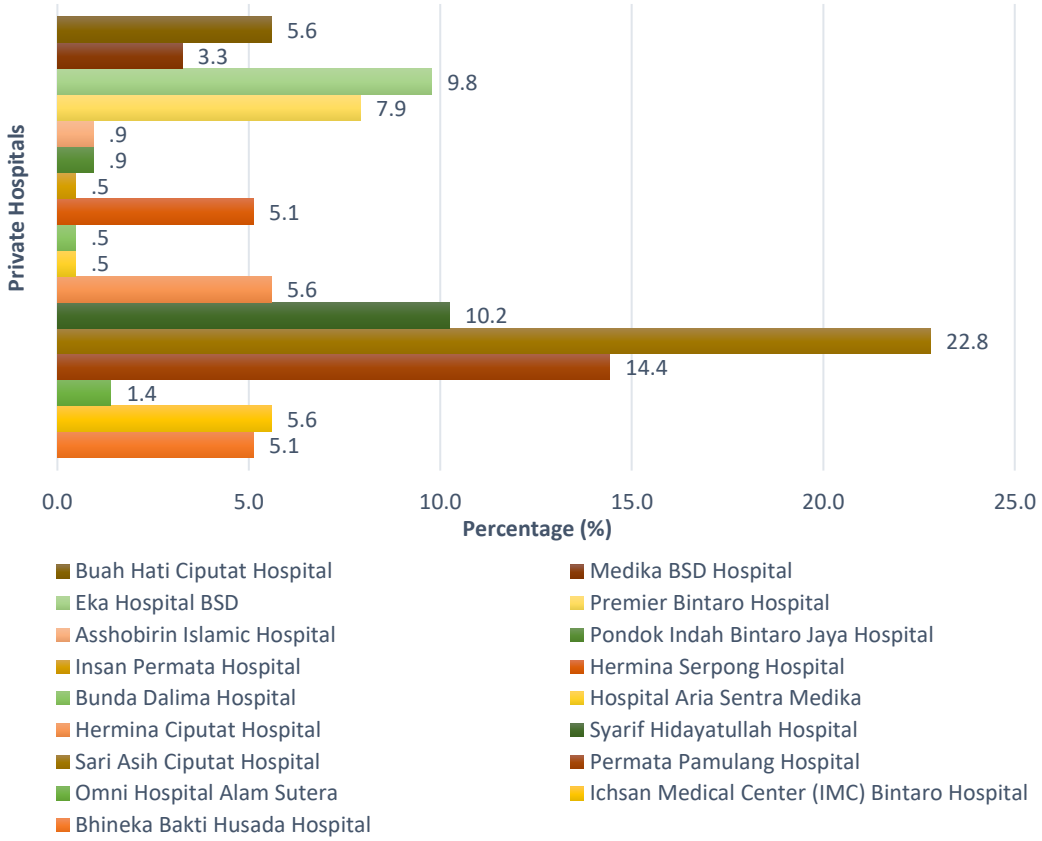
Most of the respondents were the first-timer visitor in the outpatient department of private hospitals in South Tangerang (35.8%). Other new outpatients claimed to have visited the mentioned hospital for their second times (29.3%), third times (21.9%), fourth and fifth times (11.6% and 1.4%) respectively, as shown on the Figure 6. below:

Figure 6. Number of Visit among Outpatients to Private Hospitals in South Tangerang



The outpatients who participated in the study mostly have received their OPD treatments in Sari Asih Ciputat Hospital (22.8%), followed with outpatients from Permata Pamulang Hospital (14.4%) and Syarif Hidayatullah Hospital (10.2%), which are located in Pamulang and Ciputat sub-district as the two of greatest populated sub-districts in South Tangerang City. Other private hospitals which shown to be less visited in this data might be because the distribution of respondents' domiciles was not thoroughly covered.

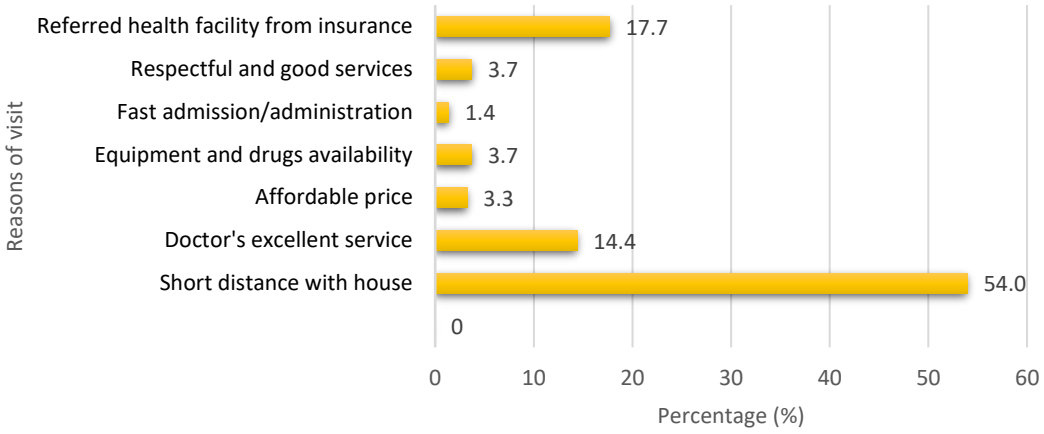
Figure 7. Distribution of Visited Private Hospitals among outpatients in South Tangerang



However, other findings showed that around 54% of respondents claimed that the short distance of the private hospitals to their living places is the first reason they chose to get OPD treatment from. Another finding is that they chose the hospital because it is the referral health facility from insurance scheme they used. Since Indonesia Health Security Scheme (BPJS-JKN) is primarily aimed to promote the utilization of primary health care facilities as it is the first referral system of health program, so that the secondary referral facility would be the registered hospitals with this JKN scheme.

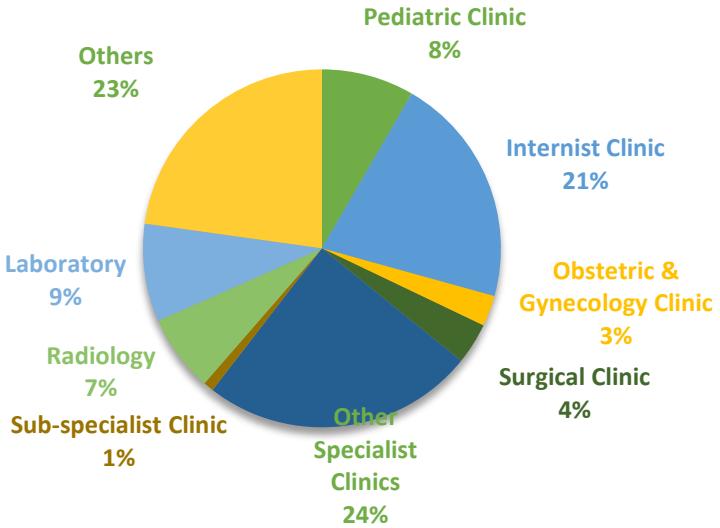
On the contrary, the lowest reason of outpatients to choose their one specific private hospital was because its fast admission or administration services (1.4%) and affordable price (3.3%) which might arise the assumption that it might be related with the quality of services they received from previous treatment.

Figure 8. First reason of respondents to choose private hospitals in South Tangerang



Furthermore, the visited OPD treatment in South Tangerang private hospitals included internist clinics (21%), pediatric clinics (8%), radiology (7%) and other specialist clinics (24%) and other OPD clinics (23%), which included general practitioners (10.7%), ophthalmologist (3.3%), dentist, dermatologists, and emergency unit (1.9% similarly), and others as shown in Figure 9. and Figure 10. respectively.

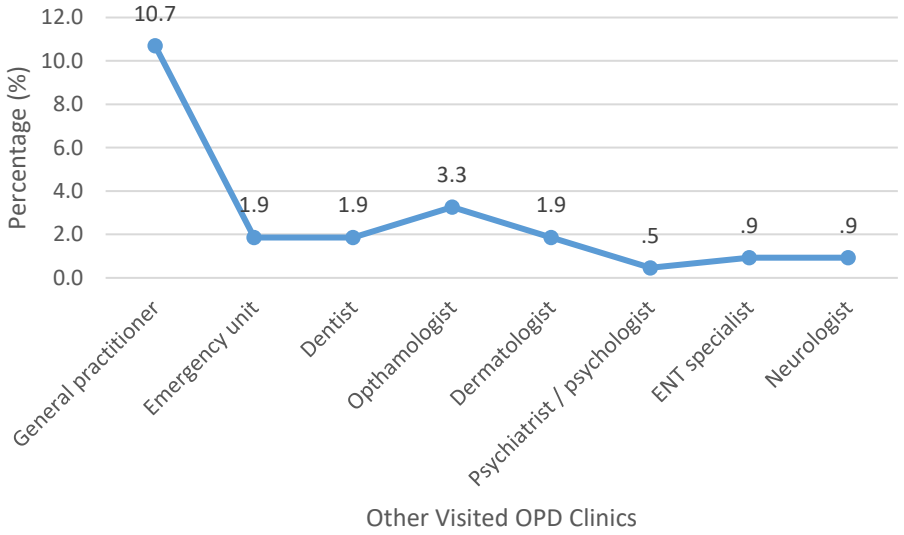
Figure 9. Distribution of visited OPD clinics among outpatients in South Tangerang



According to Figure 9. above, only 1% of the respondents have ever visited sub-specialist clinic in OPD treatment, which also in fact, not all the outpatient department of private hospitals in South Tangerang provided by this

clinic, only certain hospital has. As well as the obstetrics and gynecology clinic with 3% of respondents had ever visited, reflected that people may prefer the mother and child hospitals or go to general hospital registered in the National Insurance Program, so the whole facilities and medical procedures could be reimbursed or under the coverage of this scheme.

Figure 10. Other visited OPD clinics among outpatients to private hospitals in South Tangerang



4.3 Proportion of Service Quality, Patient Satisfaction, and Types of Medical Insurance among Outpatients of Private Hospitals in South Tangerang

After 215 respondents expressed the facts and their perception towards the received OPD services in the chosen private hospital through the questionnaires, the results are categorized as shown on Table 8. Based on the total score of 22 questions that represented the dimensions of tangible, reliability, responsiveness, assurance and empathy, interpreted in percentage, this study found that 48.8% respondents showed to have received some lacks of service quality in the private hospital they visited. Nevertheless, more than half of them (51.2%) have experienced good quality services from the OPD services in South Tangerang private hospital.

Furthermore, the study found that most of the respondents experienced medium satisfaction (54.4%) after receiving services from OPD clinics in

private hospital, and only 1 respondent experienced a low satisfaction towards the services given. Although almost half of the respondents showed their good satisfaction (45.6%) towards OPD services in South Tangerang private hospitals, it's still be a considerable action to improve and maintain OPD services thoroughly in the near future for sustainability of the institution.

Table 8. Proportion of Service Quality, Patient Satisfaction and Types of Medical Insurance among Outpatients to Private Hospitals in South Tangerang

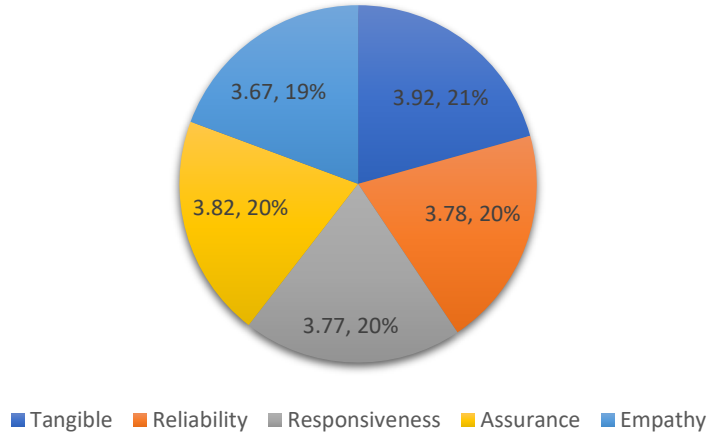
Categories	n	%
Service Quality		
Low quality	105	48.8
Good quality	110	51.2
Patient Satisfaction		
Low satisfaction	1	00.5
Medium satisfaction	116	54.4
Good satisfaction	98	45.6
Types of Medical Insurance		
No insurance	51	23.7
Premium Support Beneficiary *(PBI)*	31	14.4
Salary Beneficiary Workers *(PPPU)*	75	34.9
Private Insurance	58	27.0
Total	**215**	**100.0**

The study also found that the majority of respondents were using the Salary Beneficiary Workers (PPPU) insurance program (34.9%) which is one of the National Health Security Program by the Government of Indonesia for those who works and earning constant salaries. The second most used insurance scheme among the respondents were those using private insurance (27%), and followed by those who weren't using any medical insurance (23.7%) during their treatment in OPD clinics of private hospitals.

Furthermore, the internal dimensions of service quality that was found to show the lowest score representing service quality delivered to the outpatients was 'empathy'. This proportion gained after each dimension's score divided by the number of each items to see the average of each dimension's item. The highest representation of service quality was shown by

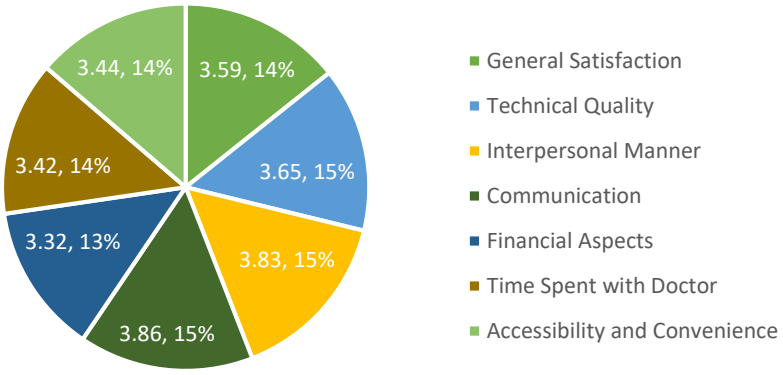
the ‘tangible’ of the services provided in the private hospitals OPD in South Tangerang among outpatients.

Figure 11. Distribution of service quality internal dimensions



In addition, the internal dimensions of patient satisfaction that showed lesser score among other dimensions was related to the ‘financial aspects’ after divided (weighed) by the number of items of each dimension. Followed by ‘time spent with doctor’ and ‘accessibility & convenience’ aspects, the patient satisfaction showed to be represented less there.

Figure 12. Distribution of patient satisfaction internal dimensions



Nonetheless, the ‘communication’ and ‘interpersonal manner’ aspects showed to be the highest ones to represent the patient satisfaction among outpatients in the private hospitals OPD in South Tangerang City. The distribution of patient satisfaction internal dimension’s proportion also interpreted more detail in the Table 9. below.

Table 9. Proportion of Service Quality and Patient Satisfaction internal dimensions among Outpatients to Private Hospitals in South Tangerang

Categories	No. of items	mean	SD	95%CI
Service Quality				
Tangible	4	15.66	2.33	15.35 - 15.97
Reliability	5	18.91	3.15	18.48 - 19.33
Responsiveness	4	15.07	2.55	14.72 - 15.41
Assurance	4	15.28	2.54	14.94 - 15.63
Empathy	5	18.33	3.11	17.91 - 18.75
Patient Satisfaction				
General satisfaction	2	7.18	1.41	6.99 - 7.37
Technical quality	4	14.59	2.12	14.30 - 14.87
Interpersonal manner	2	7.67	1.32	7.49 - 7.85
Communication	2	7.73	1.33	7.55 - 7.90
Financial aspects	2	6.63	1.48	6.43 - 6.83
Time spent with doctor	2	6.84	1.46	6.64 - 7.03
Accessibility & convenience	4	13.77	2.20	13.47 - 14.06

4.4 Association between Socio-demographic characteristics, Service Quality, Patient Satisfaction and Types of Medical Insurance towards the Revisit Intention to Private Hospitals among Outpatients in South Tangerang

After conducting the binary logistics regression analysis with Enter method, the study indicated that the proportion of revisit intention among outpatients in South Tangerang private hospitals was relatively high at 79.5% over 215 respondents involved. The findings of the study indicated that three significant predictors of the revisit intention were age, service quality, and patient satisfaction after holding other variables in the model constant.

For one-year increase of age, the odds of having the revisit intention decrease 4% (OR (95%CI): 0.960 (0.924-0.998) p=0.041). For 1 unit increase of service quality, the odds of having the revisit intention increase 5% (OR (95%CI): 1.050 (1.013-1.088) p=0.008). And for 1 unit increase of patient satisfaction, the odds of having the revisit intention increase 8% (OR (95%CI): 1.079 (1.024-1.137) p=0.005).

Table 10. The Influencing Factors towards the Revisit Intention among Outpatients to Private Hospitals in South Tangerang City

Variables	B	SE	$\widehat{OR}$	*p*-value	95%CI of OR
Age	-0.041	.020	0.960	0.041*	0.924-0.998
Sex (Male [ref])	0.434	.408	1.543	0.288	0.693-3.433
Educational background (Low Education [ref])	-0.525	.393	0.591	0.181	0.274-1.278
Occupational status (Unemployed [ref])	0.064	.789	1.066	0.936	0.227-5.000
Income level (Low income level [ref])	0.614	.431	1.847	0.154	0.794-4.295
Service quality	0.048	.018	1.050	0.008*	1.013-1.088
Patient satisfaction	0.076	.027	1.079	0.005*	1.024-1.137
Types of medical insurance					
PBI	-0.016	.562	0.984	0.977	0.327-2.963
PPPU	0.462	.481	1.587	0.337	0.618-4.078
Private insurance (No insurance [ref])	0.102	.532	1.107	0.848	0.390-3.143

*Statistically significant at *p*-value<0.05

However, there was no statistically significant association found between types of medical insurance towards the revisit intention among outpatients in South Tangerang private hospitals. Other socio-demographic status including sex, education background, occupational status and income level also showed no statistically significant association towards the revisit intention to private hospitals in South Tangerang. The further discussion of these findings will be explained on the Chapter 5.

CHAPTER 5
DISCUSSION, STRENGTH AND LIMITATION

5.1 The proportion of revisit intention to private hospitals among outpatients in South Tangerang City, Indonesia

According to the total scoring from 6 item questions related to respondents' intention to revisit the OPD services in their preferable hospitals, it was indicated that 76.3% of 215 respondents intended to do it. This proportion were collected from the new outpatients within 7 different sub-districts in South Tangerang who received their treatments in one of 17 private hospitals included in this study. This proportion was seemed to be relatively high as it was found that the 1st and 2nd time visitors were the most outpatients to participate in this study (at 35.8% and 29.3% respectively).

The high proportion of revisit intention gained in this study might also be supported by the reasons that the majority of respondents chose their preferable hospitals based on its short distance with their living places. Approximately about 54% of all participants agreed to this first reason. As the number of hospitals per population in South Tangerang is relatively high compared to other cities in Indonesia, this reason could be considerable. They mostly came to obtain treatment from specialist clinics or general practitioners to South Tangerang private hospitals, with or without insurances.

Seeing that the number of registered private hospitals by the National Health Security (NHS) program have progressively regulated in this city, it is proved that most of the respondents were those using Salary Beneficiary Workers/*PPPU* scheme (34.9%) and some others were using private insurance program (27%). It is relatable with the findings that most of the respondents in this study were employee group (94%), with various amounts of monthly income. And it is possible that the respondents are differed to various groups of NHS insurance participants, since SBW (*PPPU*) premium amounts are differed based on the occupation and income level per individuals.

5.2 Association between socio-demographic characteristics towards the revisit intention to private hospitals among outpatients in South Tangerang City

The further objectives of this study were to assess the association between socio-demographic characteristics with the revisit intention to private hospitals OPD services. According to the statistical analysis conducted to see the role of socio-demographic factors towards the revisit intention, it was found that among outpatients from 7 different sub-district in South Tangerang City who had already received OPD services from one of 17 private hospitals, the age was one of significant predictor for the revisit intention (p=0.041). Moreover, the odds of having revisit intention decrease by 4% every one-year increase among respondents.

It is in contrast with other socio-demographic characteristics findings in this study, including sex, educational background, occupational status and income level, the study found no association towards the revisit intention among outpatients in South Tangerang City. This results were contradicted with the study among diabetic patients which indicated that participants' sex, education, household income, treatment modality, and other characteristics were associated with revisit frequency (Asao et al., 2014).

Nonetheless, the socio-demographic characteristics were shown to highly influence the revisit frequency correspondingly with the disease severity factor (Asao et al., 2014). Thus, this factor might not stand alone to affect the revisit intention in this study, as the socio-demographic factors needed to specifically represent the respondent's possible association with behavioral intentions concept. Other findings related to the socio-demographic characteristics with healthcare utilization were seemed to identify the first gate of individual's step to obtain treatment. The study seeing the demand of modern health care services was conducted among community in Northern Ethiopia and found that perceived severity of illness, being educated household head, quality of treatment, distance to health facility, and cost of treatment were all significantly and statistically associated with demand for modern health care service (Wellay et al., 2018).

This again, showed that the socio-demographic characteristics might see the association towards the demand of health care but not as far as predicting their re-utilizing health care intentions. Therefore, for further research, this factor may be useful to see the first or earlier stage of behavioral intentions within an individual, such as to predict its role towards demand for modern private hospitals, towards the primary health care services utilization, and other study interests.

5.3 Association between service quality towards the revisit intention to private hospitals among outpatients in South Tangerang City

Another objective of this study is to assess the association between service quality towards the revisit intention to private hospitals among outpatients in South Tangerang City. Using binary logistic regression, the perceived service quality showed to be another significant predictor of the revisit intention. For every 1 unit increase in service quality, which consists of 5 dimensions including tangible, reliability, responsiveness, empathy and assurance, the odds of having revisit intention will increase at 5% (OR (95%CI): 1.050 (1.013-1.088) p=0.008). This result may also be achieved as the proportion of respondents' total score of perceptions were at 51.2% indicated the good quality of services.

In addition, the number of first-time visitors who seek OPD treatment in South Tangerang private hospitals were relatively high (35.8%), it signifies that the quality of services of South Tangerang private hospitals have achieved the least aspects to meet patient's expectations. However, the weak increases of revisit intention by the increase (5%) in one-unit change of service quality in this study might due to the specific yet complex differences between hospitals in this study. Although most of the hospitals in South Tangerang categorized in Level B and C hospital, the gaps in each standard of performances might differed the respondents' ways to value their previous experiences while receiving treatment in their preferable hospital.

It is considerably suggested for the private hospitals, which are now holding bigger roles in developing hospitals in Indonesia, to maintain the

greater excellence for the more sustainable health care system. As the implementation of *JKN* program (national health security) still being progressively optimized, especially in South Tangerang, thus, to deliver effective and efficient services which meet both provider and patient expectations, shall be prioritized.

Additionally, the aspect of 'empathy' of service quality internal dimensions showed to gain lowest proportion (19%) among 5 dimensions representing the quality of services the participants received. It might have related to the personal attentions towards patients individually or convenient operating hours of outpatient treatments. Nonetheless, the 'tangible' dimension showed to have highest proportion represented service quality of private hospitals in South Tangerang City (21%), indicating the physical facilities, appearance of health providers, or other physical representations of services in the private hospitals were mostly good and impressing.

The revisit intention previously found to be explained for approximately 23.8% by the factors of medical service from physician, visiting routes and responsiveness of medical service quality in Korean hospitals among 152 UAE government sponsored patients survey study (Lee & Kim, 2017).The findings of study in corporate hospitals in India among 500 in-patients, one of the dimensions in health care service quality (HCSQ) concept "empathy" and patient satisfaction have direct affects towards patients' behavioral intentions to revisit the hospitals. Based on its structural equation modelling result, the empathy dimension also affects other dimensions of HCSQ including responsiveness, assurance and tangibles, which in turn, gave an indirect effect to behavioral intention through patient satisfaction (Jandavath & Byram, 2016).

Other earlier study among medical travelers' intention formation also found that perceived quality, satisfaction, and trust to the staff and clinic have significant associations affecting intentions to revisit clinics, which satisfaction and trust acted as significant mediators towards the formation of intention among participants (Han & Hyun, 2015). In the marketing study, a

structural equations model hypothesized that perceived performance quality would also have a stronger total effect on behavioral intentions. It is also considerably useful as a measure to evaluate or identify the behavioral intentions among consumers, besides the satisfaction measurement (Baker & Crompton, 2000). This concept is also recommended to be applied in the hospital setting, especially those owned by private sectors, which notably required consideration of the surplus from services they continuously provide.

5.4 Association between patient satisfaction towards the revisit intention to private hospitals among outpatients in South Tangerang City

The next objective is to assess the association between patient satisfaction towards the revisit intention to private hospitals among outpatients in South Tangerang City. It is found that patient satisfaction is the other significant predictor for the revisit intention to private hospitals in South Tangerang (p=0.005). The increase of revisit intention by 8% for every unit increase in patient satisfaction was identified after the logistic regression analysis was run. It is relatable with the findings of this study that majority of respondents agreed to have medium and good satisfying experiences after received OPD services in their preferred private hospitals in South Tangerang as much as 54.4% and 45.6% respectively.

Further, the highest score to represent patient satisfaction was ‘communication’ aspect among participants, approximately 15% of seven dimensions representing patient satisfaction. It represents the physician’s satisfying services in explaining medical procedures to outpatients in South Tangerang private hospitals. However, the lowest representation of patient satisfaction showed in ‘financial aspects’ among outpatients in South Tangerang private hospitals (13%). It was indicated to be related with the affordability and costs of treatment among outpatients.

Similar with the study among 169 patients visiting provincial emergency departments (EDs) using SEM, it was found that overall satisfaction took roles as mediator between perceived service quality and patients’ behavioral intentions. The overall satisfaction was identified to be

strongly influenced by perceived service quality factor, which also gives positive effects on patient behavioral intentions to ED in hospitals (Amarantou, Chatzoudes, Kechagia, & Chatzoglou, 2019).

This result also supported by the previous study towards patients' perceptions of public secondary hospitals in Greece which indicated that several factors are pivotal attributes to create patient satisfactions which affect positively to the revisiting behavioral intentions (Vassiliadis, Fotiadis, & Tavlaridou, 2014). Furthermore, the earlier research in hospital setting towards 906 outpatients showed that the five strongest predictors of revisit intention were overall satisfaction, intention to recommend to others, awareness of hospital promotion, satisfaction with physician's kindness, and satisfaction with treatment level (K. J. Lee, 2005).

Contrarily, previous study in South Korea which discovered a causal relationship between service quality and satisfaction of health care environment across three different outpatient groups, however, recommends to identify further discrete findings regarding the patient's conditions and care situation to interpret patient satisfaction, since repeated visits to hospital do not necessarily reflect patient loyalty (Cho et al., 2004). Other findings in the survey study towards UAE government sponsored patients who visited Korean hospitals to identify the factors affected the revisit intention of the participants discovered that medical service quality and satisfaction, medical service quality and revisit intention, as well as satisfaction and revisit intention were positively correlated (Lee & Kim, 2017).

Though it was depicted that the medium satisfaction was gained among outpatients after they received OPD services from private hospitals in South Tangerang, it is immensely suggested to keep improve the level of satisfaction for the future patient visitation. From this study, it is evinced that the dimension of patient satisfaction including General Satisfaction, Technical Quality, Interpersonal Manner, Communication, Financial Aspects, Time Spent with Doctor, and Accessibility & Convenience, have been reflected to satisfy most of the patients through medical care in the private hospital setting.

Nevertheless, the increase in revisit intention by one unit of increase in patient satisfaction still categorized as too weak as a predictor. A holistic implementation among involving actors (including physician, nurses, and other health professionals) in any health care facilities will still be fundamental. To build trust and empathic approach personally to the patients through communication, interpersonal manner and other aspects will be useful for both providers and patients' proximity during treatments. It is suggested for the hospital management division to organize annual team building or personal training to health professional and other employees to ensure the quality of performance they deliver continuously. It is also due to the growth and development of information, knowledge and technology could interfere various ways of thinking among patients to adjust and determine their level of satisfaction.

5.5 Association between types of medical insurance towards the revisit intention to private hospitals among outpatients in South Tangerang City

This study did not find any association between types of medical insurance, which included the categorization from Indonesian's National Health Security program, towards the revisit intention to private hospitals among outpatients in South Tangerang City. Nonetheless, the number of outpatients seek for treatment in OPD services to private hospitals in South Tangerang using the NHS shown to mostly are Salary Beneficiary Workers (*PPPU*) participants (34.9%). It portrayed that the accessibility of NHS program in South Tangerang's private hospitals have relatively optimized. As the report shown previously, to actualize the more affordable and quality health care throughout the city while achieving the target of UHC, South Tangerang have planned to collaborate with all 28 private hospitals and 1 public hospital in the city (BPS-Tangsel[b], 2019).

One to be emphasized on, almost half of the participants (49.3%) are those who earns monthly income more than the average income of workers in South Tangerang, hence the utilization of this UHC program shall be monitored and evaluated thoroughly to ensure the *health for all* have actually

managed. Referring back the main goal of this implementation, it is to assure all participants achieve the benefit of health care and to protect the fulfillment of their basic need in health, as the government delivers the quality and sustainable social protection for citizen (BPJS, 2016). These recommendations are also based on the reported unpaid premium by some registered participants to fulfill the sufficient estimation and proper actuaries, which may cause issues of underfunded program and affect the program's sustainability by the growing deficit every year.

Regarding the influences of medical insurance towards the revisit intention, as previously discussed in the Chapter 2, the concept of intention itself cannot being understood in an instant (or directly). It is rather by hypothesizing some inferred actions which are based on the individual's own stored representation of one subject or action (Blakemore & Decety, 2001). It is generally identified that the revisit intention is possibly formed by the excellence and memorable experience towards services or products, and leave satisfying feelings defining the met expectations within an individual self (Baker & Crompton, 2000).

It was rarely found that the medical insurance can directly affect individual's intention to future re-utilization in health care facilities or specifically in hospital settings. However, the role of medical insurance which may ease the user to afford the medical treatment or health consultation they seek for, have widely known to cause an indirect effect or complementary factor through satisfaction, individual perception or other behavioral aspects in communities (Halimatusa'diah, 2015). The perception of expenses in health and the accessibility of utilized insurance itself, could as well become the indirect factor rather than perceived performance quality in several healthcare-related researches (Suhendro et al., 2014).

5.6 Strength and Limitations

This study revealed and confirmed the concept of intention within the health marketing study that one's mechanism intent to actions might rely on simulating the observed action, which includes the performed service quality

and patients' satisfaction. These findings also be the first study conducted in all private hospitals in South Tangerang which may provide further insight to hospital marketing division to improve and gain patient's revisit frequency and enhance the communities' interest to obtain treatment from their preferred hospitals in South Tangerang City, Indonesia.

Based on this study's objective which was focused only on the community's (patient) perspectives towards the service quality and previous satisfying experience received in the hospitals towards their intention to revisit hospitals, which also included the performances of health professional, the provision of medical equipment and facilities, or other completing elements, for the further researches regarding the provider's perspectives can be observed and analyzed to represent both side's expectation and reality. Thus, the findings will be a useful feedback to the hospital or other health care facilities, stakeholders, or decision makers to re-organize, maintain and/or develop more effective and efficient ways of delivering health care.

This study was conducted using online survey due to the feasibility of research during Covid-19 pandemic which unallowed a survey in the hospital settings or any direct interaction with people in the hospitals, it is to reduce the spread of viruses. Thus, this study needed to be modified to conduct among communities in South Tangerang City and could raise possibilities that the data and information were less quality than if the field study for data collection conducted. Even so, the researcher ensured the quality of the data with specified inclusion criteria and specific operational definition of each variables, to obtain the best possible representation of data and information to achieve the objectives and hypothesis of this research.

CHAPTER 6
CONCLUSION AND POLICY RECOMMENDATION

6.1 Conclusion

From the objective of this study, the following summary of results were found, as below:

1. The proportion of revisit intention to private hospitals among outpatients in South Tangerang is approximately 76.3% among 215 respondents enrolled in this study. The majority were female around their 20-29 years old and have Bachelor's Degree education background with monthly income above the average of population earnings in the city;
2. Most of the outpatients in South Tangerang showed to experience good quality services and got medium satisfaction from OPD services in their preferable private hospitals. They were mostly using Salary Beneficiary Workers (*PPPU*) insurance program and were the first-time visitors to OPD clinics in South Tangerang private hospitals, who obtained treatments from specialist clinics or general practitioners;
3. According to the conducted statistical analysis, this study indicated that three significant predictors of the revisit intention were age, service quality and patient satisfaction.

As the study found the significant association between service quality, patient satisfaction and age of respondents towards the revisit intention among outpatients in South Tangerang to obtain medical treatment in OPD services, there showed the needs for medical providers to enhance and sustain their excellent services, including their skills and knowledge, to the patients. That could be done with the annual team building, educational event or seminars, and quarterly or yearly training, to ensure that the consistency and dependability of medical services (treatment), the providers' immediate respond, the built trust with patients, could be achieved properly and

continuously in order to acquire their expressed satisfaction which may as well encourage their intention to re-utilizing the hospital.

Further, it is necessary for the hospitals to have alternative plans in providing OPD clinic services with high-skilled medical providers which simultaneously got facilitated with sufficient medical equipment and other physical set and appearance, in consideration of the Indonesian culture to ensure that health providers' competencies are not undervalued.

6.2 Policy Recommendation

It is recommended for the local health administrator to monitor and evaluate the roles of private hospitals in South Tangerang City, as the numbers of population kept rising every year with the numbers of hospitals operated shall be sufficient to cover all the estimated needs among population. The efforts to achieve Universal Health Coverage in the city should simultaneously be prioritized along with the improvement and maintenance in the quality and quantity of services provided in the respective hospitals, in order to minimize the social gaps between the insured participants and non-insured ones.

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VITA

NAME	Fena Amalia Untari
DATE OF BIRTH	27 August 1997
PLACE OF BIRTH	Jakarta
INSTITUTIONS ATTENDED	Chulalongkorn University
HOME ADDRESS	9, Diana Court, Petchaburi soi 6, Ratchathewi, Bangkok 10400

APPENDIX A – Ethical Approval Letter

KOMITE ETIK PENELITIAN KESEHATAN
HEALTH RESEARCH ETHICS COMMITTEE
FAKULTAS KESEHATAN MASYARAKAT UNIVERSITAS MUHAMMADIYAH JAKARTA
FAKULTAS KESEHATAN MASYARAKAT UNIVERSITAS MUHAMMADIYAH JAKARTA

KETERANGAN LAYAK ETIK
DESCRIPTION OF ETHICAL APPROVAL
"ETHICAL APPROVAL"

No.10.004.B/KEPK-FKMUMJ/IV/2020

Protokol penelitian yang diusulkan oleh :
The research protocol proposed by

Peneliti utama : Fena Amalia Untari, SKM
Principal In Investigator

Nama Institusi : Chulalongkorn University
Name of the Institution

Dengan judul:
Title

"Kualitas Pelayanan, Kepuasan Pasien dan Jenis-jenis Asuransi Kesehatan terhadap Minat Kunjungan Ulang ke Rumah Sakit Swasta pada Pasien Rawat Jalan di Kota Tangerang Selatan, Indonesia"

"Service Quality, Patient Satisfaction and Types of Medical Insurance towards the Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia"

Dinyatakan layak etik sesuai 7 (tujuh) Standar WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment and Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Concent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 30 April 2020 sampai dengan tanggal 30 April 2021.

This declaration of ethics applies during the period April 30, 2020 until April 30, 2021.

April 30, 2020
Professor and Chairperson,

Dadang Hardiansyah, SKM, M.Epid.

APPENDIX B – Questionnaire (ENGLISH)

INFORMATION SHEET AND CONSENT FORM

With respect,

My name is Fena Amalia Untari, a Master of Public Health student in Chulalongkorn University, Thailand. I currently conduct a study titled *"Service Quality, Patient Satisfaction and Types of Medical Insurance Towards the Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia."* to assess each factor's association towards the revisit intention to private hospitals in South Tangerang. This study will need at least 185 participants aged 20 years old or above, who have ever received treatment in any outpatient clinics in one of private hospital in South Tangerang City. Each subject will need around 15 minutes to fill the questionnaire.

As the subject of this research, You will be able to contribute in giving references based on community perspectives that may improve, maintain, or manage the quality of health services and patient satisfaction, as well as evaluating the use of health insurance in increasing patient loyalty and their intention to revisit or re-utilize the same service in a hospital. The result of this study will also be considerable to make decisions or regulations in state of District/City or even Country, related with the implementation of more effective and efficient health care system in Indonesia.

Your participation in this study is voluntary. You have all the rights to deny and/or withdraw from the study at any time. All the information related to the subject (participant) will be kept confidential and will be kept as anonymous by researcher.

By typing your e-mail address and pressing *'Next'* (at below), You have stated your understanding and willingness to participate in this research, and the next procedures as below:

1. You will be asked to fill 4 sections of questionnaire which consists of Personal Information (Socio-demographic data), Service Quality, Patient Satisfaction and Revisit Intention part;
2. Every question and/or statement shown below has its own specific value and will require one (1) answer in every column available.

If you have any question or would like to obtain more information, the researcher can be reached at all time (Fena Amalia Untari) via e-mail: fenauntari@gmail.com or line id:fenauntari. Any further information regarding this research study can be reassured to Public Health Department's Health Research Ethics Committee of University of Muhammadiyah Jakarta (e-mail: sekretariatkepk.fkm@umj.ac.id)

Service Quality, Patient Satisfaction and Types of Medical Insurance towards the Revisit Intention to Private Hospitals among Outpatients in South Tangerang City, Indonesia

Instructions:

Please kindly answer all the questions based on your true information.

A. Respondents Information

A1. Age : ……..……... years old

A2. Sex : ❑ Male ❑ Female

A3. Sub-district :
- ❍ Setu
- ❍ Serpong
- ❍ Pamulang
- ❍ Ciputat
- ❍ Ciputat Timur
- ❍ Pondok Aren
- ❍ Serpong Utara

A4. Employment status :
- ❍ Unemployed
- ❍ Students/college
- ❍ Labor
- ❍ Businessman/Entrepreneur
- ❍ Civil Servant
- ❍ Private Employee
- ❍ Lawyer
- ❍ Others

A5. Educational level :
- ❍ None
- ❍ Elementary School
- ❍ Primary High School
- ❍ Secondary High School
- ❍ Diploma
- ❍ Bachelor Degree
- ❍ Master Degree
- ❍ Doctoral Degree

A6. Income per month :
- ❍ Lower than (≤) Rp.3.500.000
- ❍ More than (>) Rp. 3.500.000

A7. Private Hospital Visited :
- ❍ Bhineka Bakti Husada Hospital
- ❍ Ichsan Medical Center Hospital
- ❍ Omni Hospital
- ❍ Permata Pamulang Hospital
- ❍ Sari Asih Ciputat Hospital
- ❍ Syarif Hidayatullah Hospital

- ❍ Hermina Ciputat Hospital
- ❍ Aria Sentra Medika Hospital
- ❍ Bunda Dalima Hospital
- ❍ Hermina Serpong Hospital
- ❍ Insan Permata Hospital
- ❍ Pondok Indah Bintaro Jaya Hospital
- ❍ Islam Asshobirin Hospital
- ❍ Premier Bintaro Hospital
- ❍ Eka Hospital
- ❍ Medika BSD Hospital
- ❍ Buah Hati Ciputat Hospital

A8. First reason in choosing hospital :

- ❍ Short distance with house
- ❍ Doctor's excellent service
- ❍ Affordable price
- ❍ Equipment and drugs availability
- ❍ Fast admission / administration
- ❍ Respectful and good services
- ❍ Referred health facility from insurance
- ❍ Others (drug efficacy, fast recovery)

A9. Types of OPD service :

- ❍ Pediatric Clinic
- ❍ Internist Clinic
- ❍ Obstetrics & Gynecology Clinic
- ❍ Surgical Clinic
- ❍ Specialist Clinic
- ❍ Sub-specialist Clinic
- ❍ Radiology
- ❍ Laboratory
- ❍ Others, mention: ……

A10. Types of Medical Insurance :

- ❍ Premium Support Beneficiary (*JKN-PBI)*
- ❍ Salary Beneficiary Workers *(JKN-PPPU)*
- ❍ Private Insurance
- ❍ None

A11. Numbers of visit :

- ❍ First time
- ❍ Second time
- ❍ Third time
- ❍ Fourth time
- ❍ Fifth time
- ❍ More than 5 times

B. Service Quality

Based on your experiences as a patient, please think about services delivered by your chosen hospital (A7) by giving responds to the statements below.

Please fill each column (●) according to your opinion with the following criteria:

SD – Strongly Disagree
D – Disagree
N – Neutral (No Opinions)
A – Agree
SA – Strongly Agree

***

The following set of statements are related to your feelings about the hospital you have visited. For each statement, please show the extent to which you believe the hospital has the feature described by the statement.

	Statements	SD	D	N	A	SA
B1.	The hospital has modern-looking equipment	❍	❍	❍	❍	❍
B2.	The physical facilities in the hospital are visually appealing	❍	❍	❍	❍	❍
B3.	Personnel in the hospital are neat in appearance	❍	❍	❍	❍	❍
B4.	Materials associated with the service (such as pamphlets or statements) are visually appealing	❍	❍	❍	❍	❍
B5.	When the hospital promises to do something by a certain time, it does so	❍	❍	❍	❍	❍
B6.	When I have a problem, the hospital shows a sincere interest in solving it	❍	❍	❍	❍	❍
B7.	The hospital gets thing right the first time	❍	❍	❍	❍	❍
B8.	The hospital provides its services at the time it promises to do so	❍	❍	❍	❍	❍
B9.	The hospital insists on error-free records	❍	❍	❍	❍	❍

Statements	SD	D	N	A	SA
B10. The personnel in the hospital tell you exactly when services will be performed	❍	❍	❍	❍	❍
B11. Personnel in the hospital give patients the prompt services	❍	❍	❍	❍	❍
B12. Personnel in the hospital are always willing to help me	❍	❍	❍	❍	❍
B13. Personnel in the hospital are never be too busy to respond to my requests	❍	❍	❍	❍	❍
B14. The behavior of personnel in the hospital instils confidence in me	❍	❍	❍	❍	❍
B15. I feel safe in my dealings with the hospital	❍	❍	❍	❍	❍
B16. Personnel in the hospital are consistently courteous with me	❍	❍	❍	❍	❍
B17. Personnel in the hospital have the knowledge to answer my questions	❍	❍	❍	❍	❍
B18. The hospital gives me individual attention	❍	❍	❍	❍	❍
B19. The hospital has operating hours convenient to all its patients	❍	❍	❍	❍	❍
B20. The hospital has personnel who can give me personal attention	❍	❍	❍	❍	❍
B21. The hospital has my best interests at heart	❍	❍	❍	❍	❍
B22. The personnel of the hospital understand my specific needs	❍	❍	❍	❍	❍

C. Patient Satisfaction

How strongly do you AGREE or DISAGREE with each of the following statements?

	Statements	SD	D	N	A	SA
C1.	Doctors are good about explaining the reason for my medical tests	❍	❍	❍	❍	❍
C2.	I think my doctor's office has everything needed to provide complete medical care for patients	❍	❍	❍	❍	❍
C3.	The medical care I have been receiving is just about perfect	❍	❍	❍	❍	❍
C4.	Sometimes doctors make me wonder if their diagnosis is correct	❍	❍	❍	❍	❍
C5.	I feel confident that I can get the medical care I need without being set back financially	❍	❍	❍	❍	❍
C6.	When I go for medical care, they are careful to check everything when treating and examining me	❍	❍	❍	❍	❍
C7.	I have to pay for more of my medical care than I can afford	❍	❍	❍	❍	❍
C8.	I have easy access to the medical specialists I need	❍	❍	❍	❍	❍
C9.	Where I get medical care, people have to wait too long for emergency treatment	❍	❍	❍	❍	❍
C10.	Doctors act too businesslike and impersonal toward me	❍	❍	❍	❍	❍
C11.	My doctors treat me in a very friendly and courteous manner	❍	❍	❍	❍	❍
C12.	Those who provide my medical care sometimes hurry too much when they treat me	❍	❍	❍	❍	❍
C13.	Doctors sometimes ignore what I tell them	❍	❍	❍	❍	❍
C14.	I have some doubts about the ability of the doctors who treat me	❍	❍	❍	❍	❍
C15.	Doctors usually spend plenty of time with me	❍	❍	❍	❍	❍
C16.	I find it hard to get an appointment for medical care right away	❍	❍	❍	❍	❍
C17.	I am dissatisfied with some things about the medical care I receive	❍	❍	❍	❍	❍
C18.	I am able to get medical care whenever I need it	❍	❍	❍	❍	❍

D. Revisit Intention

Please answer the questions by fill **(●)** the available column based on your most favorable answer.

	Questions	Yes	No
D1.	If you/your family get sick, will you re-use the services from This Hospital again?	❍	❍
D2.	Will you recommend other people to utilize This Hospital services?	❍	❍
D3.	Do you feel assured that This Hospital could solve your health issues?	❍	❍
D4.	Do you feel assured that This Hospital will give the best services?	❍	❍
D5.	Will you re-utilize the outpatient department services in This Hospital when you are in need?	❍	❍
D6.	Will you tell your friends/families about the quality of services in This Hospital?	❍	❍

***

Thank you for the time you have spent in completing this questionnaire. The results will help us to provide you with the best possible service in the future.

APPENDIX C – Questionnaire (BAHASA INDONESIA)

LEMBAR PENJELASAN KEPADA CALON SUBJEK

Salam Hormat,

Perkenalkan, Saya Fena Amalia Untari, Mahasiswi S2 Master of Public Health Chulalongkorn University, Thailand. Saat ini Saya sedang meneliti hubungan antara faktor kualitas pelayanan rumah sakit, kepuasan pasien dan jenis asuransi kesehatan terhadap minat kunjungan ulang ke rumah sakit swasta di Kota Tangerang Selatan. Penelitian ini membutuhkan 185 partisipan berusia 20 tahun keatas dan sudah pernah memperoleh layanan kesehatan Rawat Jalan di Rumah Sakit Swasta wilayah Kota Tangerang Selatan. Masing-masing subjek penelitian akan membutuhkan sekitar 15 menit untuk mengisi seluruh laman pertanyaan/pernyataan dalam kuesioner berikut.

Kuesioner penelitian ini berisi pernyataan dan pertanyaan yang memiliki kriteria nilai tertentu berdasarkan pengalaman Anda sebenar-benarnya sebagai pasien rawat jalan di rumah sakit yang Anda kunjungi. Pada setiap pernyataan dan pertanyaan yang tersedia, berikanlah penilaian sejauh mana Anda percaya bahwa rumah sakit memenuhi kriteria yang dijelaskan dan paling mewakili persepsi Anda.

Dengan menjadi subjek penelitian ini, Bapak/Ibu/Saudara/i akan berkontribusi memberikan referensi atau bahan acuan guna meningkatkan, mempertahankan, atau mengendalikan kualitas layanan kesehatan, kepuasan pasien, serta mengevaluasi cakupan asuransi pelayanan kesehatan yang mampu menambah loyalitas pasien untuk melakukan pemanfaatan kembali ke rumah sakit terkait. Hasil studi ini juga akan menjadi bahan pertimbangan keputusan atau kebijakan tingkat Kabupaten/Kota maupun tingkat Nasional, terkait penyelenggaraan pelayanan kesehatan yang lebih efektif dan efisien di Indonesia.

Keikutsertaan Bapak/Ibu/Saudara/i dalam penelitian ini bersifat sukarela. Bapak/Ibu/Saudara/i memiliki hak penuh untuk mengundurkan diri atau menyatakan batal dalam berpartisipasi kapan saja. Subjek dalam penelitian ini merupakan anonim dan semua informasi yang bersifat pribadi akan dijamin kerahasiaannya oleh peneliti.

Dengan mengisi alamat e-mail dan menekan tombol selanjutnya (dibawah ini), Bapak/Ibu/Saudara/i menyatakan bersedia menjadi subjek penelitian dan berikut prosedur selanjutnya:

1. Bapak/Ibu/Saudara/I akan mengisi 4 bagian kuesioner terdiri dari Data Diri (informasi sosio-demografi), Kualitas Pelayanan, Kepuasan Pasien, dan Minat Kunjungan Ulang;
2. Setiap pertanyaan dan/atau pernyataan yang dicantumkan memiliki nilai tertentu dan membutuhkan 1 jawaban pada setiap butir kolom yang tersedia.

Apabila terdapat hal-hal yang belum jelas sehubungan dengan penelitian ini, Bapak/Ibu/Saudara/i dapat menghubungi peneliti (Fena Amalia Untari) melalui e-mail: fenauntari@gmail.com atau line id:fenauntari. Bapak/ ibu/ saudara juga dapat menanyakan tentang penelitian kepada Komite Etik Penelitian Kesehatan Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Jakarta (e-mail: sekretariatkepk.fkm@umj.ac.id).

Kualitas Pelayanan, Kepuasan Pasien dan Jenis-jenis Asuransi Kesehatan Terhadap Minat Kunjungan Ulang ke Rumah Sakit Swasta pada Pasien Rawat Jalan di Tangerang Selatan, Indonesia

Petunjuk:

Mohon berikan jawaban pada seluruh pertanyaan sesuai dengan keadaan Anda sebenar-benarnya.

A. Data Responden

A1. Usia : ……..…. tahun

A2. Jenis Kelamin : ❑ Laki-laki ❑ Perempuan

A3. Wilayah tempat tinggal :
- ❍ Setu
- ❍ Serpong
- ❍ Pamulang
- ❍ Ciputat
- ❍ Ciputat Timur
- ❍ Pondok Aren
- ❍ Serpong Utara

A4. Status pekerjaan :
- ❍ Tidak Bekerja
- ❍ Buruh
- ❍ Pelajar/Mahasiswa
- ❍ Pengusaha/wiraswasta
- ❍ PNS (Pegawai Negeri Sipil)
- ❍ Pegawai Swasta
- ❍ Ahli hukum
- ❍ Lainnya

A5. Tingkat Pendidikan :
- ❍ Tidak ada
- ❍ SD
- ❍ SMP
- ❍ SMA/SMK
- ❍ Diploma
- ❍ Sarjana (S1)
- ❍ Pascasarjana (S2)
- ❍ Doktor (S3)

A6. Pendapatan per Bulan :
- ❍ Kurang dari (≤) Rp.3.500.000
- ❍ Lebih dari (>) Rp.3.500.000

A7. Rumah Sakit yang di kunjungi :
- ❍ RS Bhineka Bakti Husada
- ❍ RS Ichsan Medical Center
- ❍ RS Omni
- ❍ RS Permata Pamulang
- ❍ RS Sari Asih Ciputat
- ❍ RS Syarif Hidayatullah

- ❍ RS Hermina Ciputat
- ❍ RS Aria Sentra Medika
- ❍ RS Bunda Dalima
- ❍ RS Hermina Serpong
- ❍ RS Insan Permata
- ❍ RS Pondok Indah Bintaro Jaya
- ❍ RS Islam Asshobirin
- ❍ RS Premier Bintaro
- ❍ RS Eka
- ❍ RS Medika BSD
- ❍ RS Buah Hati Ciputat

A8. Alasan utama memilih rumah sakit tersebut :

- ❍ Jarak dekat dengan tempat tinggal
- ❍ Dokter dengan layanan terbaik
- ❍ Biaya yang terjangkau
- ❍ Ketersediaan Obat dan Alat Medis
- ❍ Pendaftaran/administrasi yang cepat
- ❍ Pelayanan yang ramah dan baik
- ❍ Lainnya (Obat yang manjur, pemulihan cepat)

A9. Jenis layanan rawat jalan yang dikunjungi :

- ❍ Klinik Anak
- ❍ Klinik Penyakit Dalam
- ❍ Klinik Kebidanan
- ❍ Klinik Bedah
- ❍ Klinik Spesialis
- ❍ Klinik Sub-spesialis
- ❍ Radiologi
- ❍ Laboratorium
- ❍ Lainnya, sebutkan: ……..

A10. Jenis asuransi kesehatan :

- ❍ Penerima Bantuan Iuran (JKN-PBI)
- ❍ Peserta Pekerja Penerima Upah (JKN-PPPU)
- ❍ Asuransi Swasta
- ❍ Tidak Ada

A11. Jumlah kunjungan ke RS terpilih diatas :

- ❍ Pertama kali
- ❍ Kedua kali
- ❍ Ketiga kali
- ❍ Keempat kali
- ❍ Kelima kali
- ❍ Lebih dari 5 kali

B.