CULTURAL-PSYCHOLOGICAL ELEMENTS AND ACHIEVEMENT OF MINIMUM SERVICE STANDARDS IN ISLAMIC HOSPITAL SURABAYA

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Abstract

Background: Patient satisfaction is an important indicator for the quality of health services. Inpatient satisfaction (72%-77%) and outpatient (75%%-57%) and net death rate (0-85%) in the Islamic Hospital Surabaya from 2015-2017 has not fulfilled the minimum service standards from the Health Minister Act No.129/2008. The observational study using a cross sectional design was deployed for this finding. A survey was conducted at 15 work units over a three month period, namely emergency, outpatient, inpatient, radiology, laboratory, pharmacy and special care.

Objective: This study aims to identify the cultural-psychological element and examine the factors that influence the achievement of the minimum service standards.

Method: a survey was conducted in 15 work units, distributed in the emergency department, outpatient, inpatient, radiology, laboratory, pharmacy and special care. 179 staff were involved as the source of information.

Results: Only nine work units reached the minimum service standards category. The cultural-psychological element was categorized as the highest cause. Value and belief on the quality of service resulted to 73.3%, while expectations had a 53.3%. All the cultural-psychological elements of the values and beliefs have shown tosignificantly affect the quality of the services positively.

Conclusion: This study recommends the preparation of the minimum service standards, specifically for certain units in order to assess the quality of service that can be measured properly.

Keywords: *Cultural-psychological elements, Health service quality, Minimum service standards*

Introduction

The public demand for quality health services is growing in line with the increasing levels of education and income of the community. This is responded by conducting various reforms in hospitals that constantly strive to improve the quality of its services by utilizing its various resources. Human resources, infrastructure, service facilities, organizational structure and culture, hospital policy and finance are some of the resources owned by the hospital.

Quality culture is part of the culture of an organization because it reflects the general approach, value and orientation towards pervasive qualities in the organizational movement (1). This is in line with Goetsch and Davis' assertion that a quality culture is an organizational value system that produces an environment which is conducive to the formation and continuous improvement of quality, consisting of values, traditions, procedures and expectations. (2).

Parasuraman stated that the quality of service is measured between the reality and the patient's expectation of the service received (3). Total Quality Management (TQM) is a way to continuously improve the performance in every process, every functional area of the organization, using all the available human and capital resources (4). Culture, communication and commitment are sources of strength from the TQM model (5).

Table 1 shows that the quality of the hospital services that has not met the minimum service standard based on the Minister of Health Act No. 129/2008 (≥ 90%). The average of patient satisfaction in outpatient unit was 72.77% and hospitalization was 75.57%. The average mortality rate of patients > 48 hours was 0.85%, whereas the height of the minimum service standard was (≤ 0.24%). This condition proves that the quality of health care service is still not optimal. This study aims to identify the cultural-psychological elements and examine the factors that influences the achievement of the minimum service standards.

Methods
The observational study using a cross sectional design was deployed for this study. A survey was conducted at the 15 work units over a 3 month period, namely in the emergency, outpatient, inpatient, radiology, laboratory, pharmacy and special care units. 179 staff were involved as the source of information. The independent variable of culture-psychology includes values, beliefs and expectations and the dependent variable is to achieve the minimum service standards. The study instrument was a questionnaire adopted from diagnostic statements drawn from the National Organizational Culture of Quality Self Assessment Tool (SAT) and the National Association of County and City Health Officials (NACCHO). There were modifications of up to 81 questions. Analytical studies are carried out only by cross tab study. by comparing values and beliefs with strong and weak categories.

Table 1: Profile of health services quality Source: Data from public relation and medical record in 2017

Work Unit	Quality Dimension	Achievements			Minimal Service Standards
		2015	2016	2017	
Outpatient	Comfortable	70.33	66.33	81.67	≥ 90%
Inpatient	Comfortable	71.89	74.16	80.67	≥ 90%
Dead of patient > 48 hours	Safety Effectiveness	1.19	0.74	0.61	≤ 0,24%

Study limitation
The sample of this study was minimal, due to a lack of respondents who could meet the inclusion criteria and there are confounding factors which may affect the dependent variable.

Results
Cultural-Psychological Elements
Cultural-psychological elements consist of values, beliefs and expectations of the quality of health services. The strengths and weaknesses of the cultural-psychological elements are shown in Table 2.

Table 2: Mapping values, beliefs and expectations within the cultural-psychological elements

Elements	Weak		Strong	
	n	%	n	%
Value				
Exactly and quickly	3	1.7	176	98.3
Safety and quality	4	2.2	175	97.8
Patient priority	4	2.2	175	97.8
Responsibility	2	1.1	177	98.9
Reaching the community	5	2.8	174	97.2
Healthy environment	0	0.0	179	100.0
Islamic relationship	2	1.1	177	98.9
Beliefs				
Exactly and quickly value supports the quality of tasks and work	4	2.2	175	97.8
Safety and quality values support the quality of task and work	5	2.8	174	97.2
Patient priority value supports the quality of tasks and work	2	1.1	177	98.9
Responsibility value supports the quality of tasks and work	3	1.7	176	98.3
Reach of the community supports the quality of tasks and work	6	3.4	173	96.6
Healthy environment supports the quality of tasks and work	3	1.7	176	98.3
Responsibility supports the quality of tasks and work	2	1.1	177	98.9
Expectations				
Exactly and quickly value supports the quality of tasks and work	0	0.0	179	100.0
Safety and quality values support the quality of task and work	4	2.2	175	97.8
Patient priority value supports the quality of tasks and work	5	2.8	174	97.2
Responsibility value supports the quality of tasks and work	7	3.9	172	96.1
Reach of the community supports the quality of tasks and work	6	3.4	173	96.6
Healthy environment supports the quality of tasks and work	4	2.2	175	97.8
Responsibility supports the quality of tasks and work	2	1.1	177	98.9

Table 2 describes the value of the respondents being dominant to determine and achieve the desired quality. The beliefs of the respondents are strong, and they have a clear mind-set and this is proven when he/she understands and is convinced of the quality that is expected. Expectations of the value from the respondents are clear and believe that quality traits brings goodness.

Table 3 shows all the element of psychological culture including the strong categories. Value and beliefs on the quality of health services are considered strong at 73.7% whileexpectations are rated at 53.3%.

Table 3: Distribution of cultural-psychological elements

Sub-Variable of Cultural-Psychological Elements	Category			
	Weak		Strong	
	n	%	n	%
Values	4	26.7	11	73.3
Beliefs	4	26.7	11	73.3
Expectations	7	46.7	8	53.3

The Influence of Cultural-Psychological Elements to the Achievement of Minimum Service Standards
The influence of cultural-psychological elements on the achievement of minimum service standard of work units can be seen in Table 4.

Table 4 shows the values of achieving the minimum service standards at the Surabaya Islamic Hospital. The difference between the value categories against the minimum service standard is 20.5%, which significantly affects the achievement of the minimum service standards. The confidence of the health workers in the Surabaya Islamic Hospital Working Unit is low; however, they have still attained the minimum service standard of work unit in the Surabaya Islamic Hospital. The expectations of the health workers in the Surabaya Islamic Hospital Working Unit are

weak;, however, they have achieved the minimum service standard of the work unit. The difference between the category of expectation towards the minimum service standard is 21. 4%;, hence, the expectations of the health worker in the work unit of the Surabaya Islamic Hospital have a significant influence on the variable of achievingthe minimum service standard.

Table 4: Cross tabulation of cultural-psychologicalelements in achieving the minimum service standards

Elements	Achievement Minimum Service Standards			
	Failed		Success	
	n	%	n	%
Values				
Weak	1	25.0	3	75.0
Strong	5	45.5	6	54.5
Beliefs				
Weak	1	25.0	3	75.0
Strong	5	45.5	6	54.5
Expectations				
Weak	2	28.6	5	71.4
Strong	4	50.0	4	50.0

Discussion
A quality culture is an organizational value system that produces an environment which is conducive to the continuous formation and quality improvement. According to Loukkola and Zhang, the culture of quality leads to an organizational culture that aims to improve the quality permanently and consists of two distinct characteristics, the first cultural-psychological element, consisting of values, beliefs and expectations of the quality of each individual and the entire individual in the organization , the two formal-structural elements, consisting of several tools and processes for defining, measuring, evaluating, assuring and improving quality (6).

Values are elements to the culture and ethics of the organization. At the organizational level there is a general agreement that the organizational culture involves a set of cognitions distributed to its members. The cognition is obtained through social learning and the socialization process and consists of values, general understanding, and patterns of beliefs and expectations (7). Kouzes and Posner debate that value is a very specific mode of conduct or an end-state of choice and existence (8). Some studies mention aspects of the organizational culture, especially cultural values (values) that can have an impact on the performance, productivity and service quality (9). The result of the research shows that staff perception towards TAWADLU Working Culture Value influences the achievement of the minimun service standards by 20.6%. The value contained in one's soul can have a positive impact on one's performance. The importance of strengthening the existing values in the Surabaya Islamic Hospital is needed by the staff so that the achievement of the minimum service standard can be increased. The results of the research were supported by Locke's research which states that the performance has an effect on the achievement of the organizational goals and values which will then increase the job satisfaction (10). Job satisfaction also has a positive and a significant influence on the staff performance variables (11). With the improvement of one's performance. it can improve the quality of achievement of the minimum service standards in an organization including in the Surabaya Islamic Hospital. The value of the organization is a standard that is created as a reference to assess the behaviour relevant to the organization. Such behaviour may be accepted by the organization because of the interaction with the external environment and the norms of the individual behaviour within the organization (12).

Belief, an attitude that is shown by a human being when he quite knows about the quality culture and concludes that he is right (13). The results showed that staff confidence related to the service quality had a significant effect on the RSIS service quality which was measured using the achievement of the minimum service standard at the Islamic Hospital Surabaya. According to Aziz's research, self-confidence has a positive effect on the motivation of staff of the Vateriner Wates Yogyakarta (14). This is reinforced by research on the success beliefs of the organizational members contributing significantly to the level of motivation (15). Research conducted by Sibuea associated with the organizational culture resulting in the organizational culture and self-efficiency has an effect of 38.2% on the employee performance in PT. PLN (Persero). Confidence is part of the organizational culture. Confidence can be interpreted to affect the performance as well as the quality of the services of Rumah Sakit Islam Surabaya.

Expectations, the basic form of a quality culture will be something that brings Goetsch and Davis' goodness (16). The result of the research shows that expectations have an effect on the quality of the service at the Surabaya Islamic Hospital. One's expectation is a benchmark that can be used to determine one's suitability. The quality of health services is the degree of perfection or level of the perfection appearance in the health services while t meeting the needs and expectations of the clients (17). As such, there is an increaseof the staff's expectation for quality service at the Surabaya Islamic Hospital which ultimately raises the existing potential of a staff's performance. An individual's performance can play a major role in improving the achievement of the organization's quality. Therefore, the expectation of staff must be fully maximized in accordance to Surabaya Islamic Hospital's capability.

Conclusion
This study summarizes the values, beliefs and expectations on the quality of healthcare services, and according to hospital staff, is compelling. All of the Cultural-Psychological elements that include values and beliefs affect the quality of service positively, while the expectations indicate otherwise. The hospital management needs to set a specific minimum service standard for a particular unit so that the service assessment is measurable.

Accurate measurement through the waiting time using the information management system can be exercised for this purpose.

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