Conference Paper

Determinants of Patient Experience At 'X' Private Hospital in Tangerang Selatan – Indonesia

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Abstract

Measurement of patients' experience has an important role in providing a comprehensive information regarding service performance and could be a medium to enhance a hospital service quality. This study has objectives to identify the patient characteristic, correlated factors and the most significant factors on the patient experience in one Private Hospital in South Tangerang City, Indonesia. The determinant variables are communication, focus on the patient care, patient safety, competency of medical staff, participation of patient and environmental condition. The dependent variable is comprehensive evaluation of patient experience. The age, gender, level of education, type of employment, status of payment, time of hospitalization, marital status, also the type of hospital room class are considered as confounding variables. This study is a cross-sectional study using quantitative approach. The study was conducted from November 2015 until February 2016. Data were collected from one private hospital in South Tangerang. The samples are hospitalized patient who were selected using Simple Random Sampling Method with a total of 67 samples. The instrument of the study is a questionnaire adopted from Hospital Inpatient Survey 2010: Measuring the Patient's Experience of Hospital Services with some adjustment. Data analysis was conducted using descriptive analysis, bivariate analysis, multivariate analysis and testing of confounding variables. The majority of patients are 35–68-year old patients, female, most of whom are Senior High School level graduate, working in a private company and having out-of-pocket method. In the patient experience aspects, result showed that every aspect of patient experience deemed as a good experience. However, there are 23.9% of patients who considered that staff competency is still inadequate. And the comprehensive evaluation of patient experience also has a good score. Nevertheless, there is no correlation between patient experience variables upon comprehensive evaluation variable. Management should perform a specific measurement on staff competency in order to obtain staff performance data so that the management could offer a specific training based on the evidence found.

Keywords: patient experience, private hospital, quantitative analysis, hospital quality

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1. Introduction

Hospital business has increased number in Indonesia. This can be seen from the increasing number of hospitals every year. Hospitals in Indonesia has been increasing in terms of number of every year. From the data of Health Ministry, the total number of hospitals both of private and public hospitals in 2011 were 1,523, in 2012 were 1,721 and in 2013 were 2,228 [7].

With the increasing of access to health care, it can has impact to increasing of the use of hospital service by the community. Increasing of health service utilization has an impact to improving workload medical workers, Length of Stay (LOS) and costs [3]. Increasing in hospital services quality is an important aspect given that the quality of health service affecting the satisfaction of patients which will affecting the positive behavior of patient such as loyalty [9].

The important of study on the satisfaction of health system is an identification way to improve the health status, reducing costs of care and reforms implementation [1].

One of the tool to measure the satisfaction of health service users is by measure the experience of patients. The concept developed by WHO recommended measuring the health response by asking people about their experiences of health system [10]. The condition when people get health service is an essential component of the quality of care [11]. Measurement of patients experience can also be considered as an important strategy to change the practices of services and to provide information of comprehensive services performance [6].

The surveys on the patient experience have conducted in some countries. The survey of 927 hospitals implemented in United States highlight that high experience rating of hospital care by the majority of survey respondents [13]. The Irish Society for Quality and Safety (ISQSH), an agency in Ireland also take measurements of patient experience against the hospital services in 2010. The key findings from the survey are the services related by the provision of respect, privacy, security, effective services, participation of patients, sufficiency of communication and information given, increasing in health status, accountability, accessibility, hospital facilities and comprehensive evaluation. Generally the result of study that is 91.2% of respondents agree that they would prefer to return to the hospital [5]. In Indonesia, there is no study on experience of certain patient that has been conducted.

This study has objectives to identify the patients characteristic, correlated factors and the most significant factors on the patient experience in one Private in South Tangerang City. The study also report which component with good performance and

which component that required improvement. This study using the framework of patient experience same as that used by the ISQSH.

2. Method

This study is a cross sectional study using quantitative approach. The study was conducted within November 2015 until February 2016. Data collected from one private hospital in South Tangerang. South Tangerang is a city located in Java Islands, Banten Province, Indonesia. The participant involved in this study were eighteen years old and the older. Participants were included in this study were aged eighteen years and older. The population in this study was Inpatient of Private Hospital in South Tangerang. Patients who are not included in this study were: patients with psychiatric disorders, detoxification and patients who have recently given birth.

The independent variables of this study area communication, patient-centered care, patient safety, medical staff competency, patient participation and environmental condition. The free/independent variable is patient experience. Age, gender, education level, occupation type, payment status, hospitalization time, marital status, hospital room class types are considered as confounding variables.

The number of samples is calculated using formula with unknown total population. Total sample number is 67 samples. Sample was collected using method of Simple Random Sampling. By this method, the sample is collected by random without regard to population strata.

The data was collected by questionnaire. The questionnaire was designed to easier the respondent to answer the question. In addition, researcher also provide stationery such as pens, eraser and board making it easier for respondents when filling out the questionnaire.

Before filling in the questionnaire, respondents were asked to fill out informed consent relevant to determine the willingness to participate in this study. The informed consent will explain the purpose of study, the anonymity of respondents, data security, and respondent contact.

The study instrument was taken from the Hospital Inpatient Survey 2010: Measuring the Patient's Experience of Hospital Services with some adjustments. The instrument consisted of 142 items votes patient perception on some units, including registration, information and communication, and the waiting time for out of the hospital. The questionnaire also included open and closed questions. Most of the parts, is designed with a Likert scale to measure a broader view of the respondents.

In this study, the number of questions on the questionnaire is 43 statements consisting of seven dimensions of patient perception on the hospital services. Feedback on five-point Likert scale ranging from Strongly Agree (1) to Strongly Disagree (4), with an additional neutral response category of do not know.

Validity test in this study was performed to 30 respondents in accordance with sample criteria in private hospital in Depok City, West Java. Value of r TABLE for 30 respondents was calculated with formula df = n – 2, df = 30 – 2 = 28, with significant level 5% is 0.361. Based on the validity test using SPSS, then obtained three invalid questions that have value of corrected item-total correlation less than the value of r Table. However, because the question is an important question in this study then, the question remains included in the study. Data analysis in this study consists of descriptive, bivariate and multivariate analysis.

3. Result and Discussion

The characteristic of private hospital patient, in this study is described in Table 1. On the group of age, showed that the majority of patient are 35–68 years old patient with percentage of 61.2%. While in gender group, the female patient is higher than the male, where the female has percentage of 67.2% and male has percentage of 32.8%. For education status, the most patients have Senior High School level with percentage of 37.3% and then followed by Bachelor degree level with percentage of 25.4% and the lowest is patient with Junior High School level with percentage of 7.5%.

For the occupation status, no patient who worked as government employee. The patient as private firm employee have percentage of 28.4%. For the payment status, no patient using national health insurance. While the highest percentage for payment status is out of pocket method which is 62.7% and followed by private insurance with percentage of 32.8% for payment method used by the patient.

Based on the hospitalization time, the most patients are hospitalized within 4–7 days with percentage of 50.7% and the lowest patients are hospitalized for more than 8 days with percentage of 9.0%. Based on the marital status, the married group has the highest percentage as 68.7% and followed by single group with percentage of 26.9%. For hospital room class, dominant group is patient of class 2 with percentage of 53.7% and the second is patient of class 1 with percentage of 37.3%.

The categorization of good and inadequate has purpose to make data analysis easier, where the good category obtained if all questions in one variable has a value of 3 or more. From this categorization on the patient experience, it can be showed that the

TABLE 1: Characteristics of respondent.

Variable	Frequency (n = 67)	Percentage (%)
Age		
- 18–34 years old	22	32.8
- 35–68 years old	41	61.2
- > 69 years old	4	6.0
Gender		
- Male	22	32.8
- Female	45	67.2
Education level		
- Primary School	10	14.9
- Junior High School	5	7.5
- Senior High School	25	37.3
- Bachelor Degree	17	25.4
- Other	10	14.9
Occupation status		
- Government employee	–	–
- Entrepreneur	5	7.5
- Private firm employee	19	28.4
- Other	43	64.2
Status of payment		
- BPJS	–	–
- KTM/JAMKESDA	2	3.0
- Private insurance	22	32.8
- Out of pocket	42	62.7
- Other	1	1.5
Time of hospitalization		
- 0–3 days	27	40.3
- 4–7 days	34	50.7
- > 8 days	6	9.0
Marital status		
- Married	46	68.7
- Divorced	3	4.5
- Single	18	26.9
Hospital room class		
- Class 1 Class 2	25 36	37.3 53.7
- Class 3	6	9.0

good category percentage has value more than 75% and the highest variable is comprehensive evaluation where 98.5% stated that they have good experience and the lowest is staff competency variable with percentage of 76.1%. The staff competency variable described the perception of the patient against some competency of the staff

TABLE 2: Patient experience in a private hospital.

Variables	Inadequate		Good	
	Frequency (n = 67)	Percentage (%)	Frequency (n = 67)	Percentage (%)
Communication	8	11.9	59	88.1
Patient-centered	8	11.9	59	88.1
Patient safety	7	10.4	60	89.6
Staff competency	16	23.9	51	76.1
Patient participation	11	16.4	56	83.6
Environment	14	20.9	53	79.1
Comprehensive evaluation	1	1.5	66	98.5

including the relation of patient and service provider as well as the trust of patient. The test of patient experience and patient characteristics on the comprehensive evaluation variable can be showed in Table 3. From the Table can be showed that there is no variable has relation to the comprehensive evaluation.

The patient experience on the private hospital environment stated that the majority of respondents evaluated that the hospital have good and clean environment, tolerable noise level and qualified meal. Only around less than 10% deemed disagree of that statement. Other study stated that the environmental aspect regarding hospital facility condition such as a bed, treatment room, ward, bath room, toilet, noise level and meal was significantly affecting the patient satisfaction. Respondents who satisfied with the environment aspect were 67.2%. The environment of hospital has an important role for healing patients and their families as for healthcare staff. For patient families, an issue such reducing of medical error, safety and security such as reducing falls and infection, hygiene, accessibility, indoor quality, the privacy and comfortable become a significant issue of hospital environment [4].

The aspect of communication also assessed in this study. Communication aspect includes an adequacy of given information, information delivery process, and ability for understanding the information. The patient experience on the staff communication for private is categorized as good. The majority of respondent agreed that the information provided by the hospital for the patient is sufficient in many aspects.

The study conducted in public hospital in Cyprus reveals that patients were more satisfied with the technical aspect of care (Mean = 4.20, SD = 0.62) and less satisfied

TABLE 3: Relationship between patient experience, characteristics and overall evaluation.

Variable	Category	Patient experience		p-value
		Inadequate n (%)	Good n (%)	
Environmental condition	Inadequate	1 (100.0)	13 (19.7)	0.209[a]
	Good	0 (0.0)	53 (80.3)	
Patient-centered care	Inadequate	0 (0.0)	8 (12.1)	1.000[a]
	Good	1 (100.0)	58 (87.9)	
Staff competency	Inadequate	1 (100.0)	15 (22.7)	0.239[a]
	Good	0 (0.00)	51 (77.3)	
Communication	Inadequate	0 (0.0)	8 (12.1)	1.000[a]
	Good	1 (100.0)	58 (87.9)	
Patient participation	Inadequate	1 (100.0)	10 (15.2)	0.164[a]
	Good	0 (0.0)	56 (84.8)	
Patient safety	Inadequate	0 (0.00)	7 (10.6)	1.000[a]
	Good	1 (100.0)	59 (89.4)	
Age	18–34	1 (100.0)	21 (31.8)	0.323[b]
	35–68	0 (0.0)	41 (62.1)	
	> 69	0 (0.0)	4 (6.1)	
Gender	Male	1 (100.0)	21 (31.8)	0.328[a]
	Female	0 (0.0)	45 (68.2)	
Education status	Primary School	0 (0.0)	10 (15.2)	0.736[b]
	Junior High School	0 (0.0)	5 (7.6)	
	Senior High School	1 (100.0)	24 (36.4)	
	Bachelor degree	0 (0.0)	17 (25.8)	
	Other	0 (0.0)	10 (15.2)	
Occupation status	Entrepreneur	0 (0.0)	5 (7.6)	0.278[b]
	Private firm employee	1 (100.0)	18 (27.3)	
	Other	0 (0.0)	43 (65.2)	
Payment status	Jamkesda	0 (0.0)	2 (3.0)	0.815[b]
	Private insurance	0 (0.0)	22 (33.3)	
	Out of pocket	1 (100.0)	41 (62.1)	
	Other	0 (0.0)	1 (1.5)	
Hospitalization time	0–3 days	1 (100.0)	26 (39.4)	0.398[b]
	4–7 days	0 (0.0)	34 (51.5)	
	> 8 days	0 (0.0)	6 (9.1)	
Marital status	Married	0 (0.0)	46 (69.7)	0.263[b]
	Divorced	0 (0.0)	3 (4.5)	
	Single	1 (100.0)	17 (25.8)	
Hospital room class	Class 1	0 (0.0)	25 (37.9)	0.534[b]
	Class 2	1 (100.0)	35 (53.0)	
	Class 3	0 (0.0)	(9.1)	

with the provision of information (Mean = 3.71, SD = 0.92) and hospitalization (Mean = 3.84, SD = 0.70) and most particularly with food and resting time residency [8].

The result of study showed that the majority of private patients agreed that the service provided is focused on the patient. The existence of medical staff for a patient needs as well as the attention to the needs of patients are measured in this aspect. Almost 100% patients answered agree on each given question. Relationship between medical staff and patient family become an important thing considering their family role in both short term and long term patient care. Brian Boyle in his article mention some things to do while communicating with patient family such as make a point of contact, make website to spread information related to patient and their family and friend, review information related to the hospital procedure, reviewing information regarding hospital, visits hour and key contacts of hospital, give attention to what and how to deliver it, mention the officer name and the name of the patient, build mutual trust with the patient, speaks in accordance with the type of family, providing realistic expectations and if cannot answer the questions then try to listen to what the patients say [2].

In private hospitals, the majority of patients express that the service provided have concern to the aspect of patient safety where only less than 10% do not agree that the hospital have concern to the aspect of patient safety in the services provided. In the patient safety aspect, an explanation about medication effect and treatment and patient identification before giving treatment were examined. In a hospital care, safety and satisfaction are likely linked because both are manifestations of an underlying hospital culture that is committed to patient welfare. It also seems reasonable to hypothesize that an effort of hospital to take patient safety practice will ultimately result in improvements in patient satisfaction [15].

In the aspect of staff competency, for private hospital, the majority of patients stated that the hospital staff competency is good except on questions related to the similarity of services provided to patients between day time and night. A study conducted in Madhya Pradesh district, India states that 90% of the respondents who received ultrasonography services and nearly 70% of the investigative patients who have utilized ECG facility found the overcrowding problem. However, 67.3% and 76% of the patients reported that the test facility was good who availed the services of laboratory and X-Ray. More than 80% of the total investigative patients reported the behavior of the technicians as good and nearly 50% of the respondents who received laboratory and X-ray services reported that privacy and confidentiality was good whereas rest found it satisfactory [12].

In the aspect of patient participation, the majority of private hospital patients agree that the hospital have concern to the aspect of patient participation in providing services. The patient participation is an important aspect to create a good experience for the patient. As quoted by Press Ganey in the article of Kathy Torpie mentioned that *"Patients have very basic needs. They want to feel as if they are the most important people on the staff's mind. They want to be kept informed, talked to (not at) and to be active participants in their own treatment"* [14]. Therefore, patients prioritize actions and involve patients in each care actions to be performed is very important.

4. Conclusion

The patient experience of private hospital showed that more than 75% of patient experience are good for all aspects which are the environment, communication, patient-centered, patient participation, patient safety, staff competency and the comprehensive evaluation. Based on the bivariate analysis, there is no variable of patient experience that has correlation with variable of comprehensive evaluation. From the logistic test performed, found that no variable has influence to the comprehensive evaluation which is the value of alpha of each variable is more than 5%. The study also showed that the characteristic of patient is not a confounding variable.

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