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# EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA

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## Abstract

The presentation of public emergency clinics in West Kalimantan can't be supposed to be prevalent. This review expects to look at the impact of emergency clinic assets and clinic notoriety on medical clinic execution in West Kalimantan. The examination was directed utilizing quantitative exploration techniques. The unit of examination in study is a medical clinic in West Kalimantan - Indonesia. The unit of perception is medical clinic for executives. Perceptions were made in one shoot time skyline in particular 2021. The population was 36 general hospitals from various classes. Samples were taken as many as 30 hospitals. The examination procedure to answer the exploration targets utilizes partial least square. The experimental outcomes support the speculation that clinic assets and medical clinic notoriety significantly affect clinic execution either all the while or somewhat, where emergency clinic notoriety has a more prominent commitment to building emergency clinic execution, contrasted with emergency clinic assets. The consequences of this review are relied upon to give administrative ramifications to medical clinic the executives with an end goal to further develop emergency clinic execution with endeavors that depend on the improvement of organization's standing, and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trustworthiness, credibility and responsibility. Hospital resources development needs to be carried out by prioritizing organizational resources, which are upheld by the improvement of human resources and actual assets.

**Keywords:** hospital resources, hospital reputation, hospital performance

**JEL Classification:** M10, O10, L10

## INTRODUCTION

Hospitals have an important role in the function of providing health services to the community that provide inpatient, outpatient, emergency services, for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas that are far from the capital, the number is still small and there are even some provinces that do not yet have a special type of hospital, such as in West Kalimantan. Health care procedures play an important role in maintaining efficient treatment and improving the quality of care (Gu et al., 2021).

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as

Bed Occupancy Rate (BOR), for example the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world 60-85%. Bed Turn Over (BTO), in particular the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world the bed is utilized 40-50 times. Turn of Interval (TOI) which is the normal day wherein a bed isn't involved from being occupied to whenever it is filled arrives at 3.81 days, while in a perfect world the bed isn't involved in the scope of 1-3 days, and Length of stay (LOS) for example the normal length of stay for a patient arrives at 3.6 days, in a perfect world 6-9 days.

Clinics are needed to do accreditation with an end goal to work on the nature of administrations consistently every three a long time. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which expresses that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals for government hospitals as well as private hospitals or state-owned enterprises (BUMN). In 2018, in West Kalimantan Province have 67% hospitals spread across 14 cities and regencies were accredited. The data on the number of accredited hospitals in 2019 can be found in accompanying table.

Table 1. Number of Accredited Hospitals by Regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	-
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited located in Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached one hundred percent in Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement the performance of service operations, Schroeder (1993) measures performance through the results of the implementation of operations and business which are assessed from: quality, cost, delivery, flexibility, and innovation. While Renreng et al. (2016) measure operational performance with dimensions: production quality, production costs, delivery to the operations department, flexibility of the production system which is a mix of a progression of tasks created by creation exercises, and plan quality.

In view of the depiction above, one might say that the exhibition of public clinics in West Kalimantan can't be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al., (2017) found the effect of reputation on hospital performance. In addition, Hall Jr. & Lee (2014) found a positive corelation between organization execution and friends notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is an

important reason for organizations to beat the opposition, further develop market possibilities, and to work on monetary execution and economical presence. Meanwhile, the phenomenon shows the problem of the reputation of hospitals in West Kalimantan. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations, with the goal that numerous Indonesian residents trust emergency clinics abroad to treat specific infections. Especially in hospitals owned by local governments where the administrations gave are in some cases delayed in taking care of patients. According Fombrun & van Riel (1997) there are a few fundamental components that should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The literature also states that the organization's exhibition is connected to the resources owned by the company. Resource defined as something owned by the company and used to optimize the company's strategy in order to improve company performance (Hitt et al., 2015). On the other hand, the results of previous studies show the role of company resources on company performance. Wu & Wu (2013) found that the company's operating capabilities, technological capabilities and marketing capabilities that are getting stronger have an impact on performance.

Meanwhile, the results of observations illustrate the tendency of low ownership and management of resources in public hospital services in West Kalimantan. This is indicated, for example, the patient room facilities are not representative. In hospitals owned by local governments, for example, it is often found that there are piles of patients in a room so that it will disturb the patient. In addition, there are also problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system carried out. In view of this foundation, this review plans to analyse the impact of emergency clinic assets and clinic notoriety on clinic execution in West Kalimantan.

## **LITERATURE REVIEW**

Liu et al. (2011) stated that resources can be defined as something owned by the company and used to optimize the company's strategy in order to improve company performance, and valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel & Gulev (2011) take Fahl's opinion that internal resources can be converted into tangible and intangible assets, which then turn them into competencies. Hitt et al. (2015) divides resources into tangible resources, intangible resources, and capabilities. Wong et al. (2011) measure resources with dimensions of physical resources, human resources, and organizational resources. Adhikari & Gill (2016) measure resources with the dimensions of human resources and physical resources. While Omerzel & Gulev (2011) use the dimensions of tangible resources and intangible resources. Hospital resources required for hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). The hospital's primary resources may include critical care and facilities (Musajee et al., 2021).

A solid standing presents positive ramifications for business the executives. An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that the company's reputation as a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described Bourke (2009) where a decline in the company's reputation can have an impact on market share compliance through customer choice, buyer choice, and referrals from doctors. It is also mentioned by the Healthcare Collector article in 2006 that hospitals, marketing and hospital maintenance are important aspects. JD Power and Associates viewed as that 75% of patients use notoriety related data as the fundamental rule in medical clinic choice, so an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found. Reputation

management is able to show how reputation acts based on internal organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020).

The results of Bourke's research (2009) express that emergency clinics that are affected: pride related with the clinic, staff tell where they work, feel appended to champs and examples of overcoming adversity, advancement of medical clinics and offices, good insights shaped by the general population with undeniable degree of help for the emergency clinic, and the staff will feel pleased to work at the clinic. Concerning creating notoriety, Fombrun & van Riel (1997) clarifies, to assist organizations with framing a solid standing so it will have a positive and productive effect, there are a few principle components that need consideration, specifically in validity, unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun & van Riel (1997) to measure it, which include: validity, unwavering quality, dependability, and obligation.

With regard to the measurement of hospital performance, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical clinic execution has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps to determine the status of the hospital and is carried out based on criteria (Liao et al., 2019). As to readmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality, from the consequences of his exploration, it was observed that the readmission rate for low-performing emergency clinics in 2009 would in general work on in 2011, while for higher-performing medical clinics would in general crumble. Meanwhile, Downing et al. (2017) measure emergency clinic execution by applying large information investigation. Hospital performance and health information are influenced by the quality of health information technology (Naser et al., 2020). They fostered another way to deal with portraying emergency clinic execution that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic execution. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfillment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recuperation, portion of the overall industry, worker fulfillment, patients and their family fulfillment.

Based on the description of the literature, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR which is the level of beds involved in a specific time unit, estimated by the level of BOR in a specific timeframe. Administration activity execution, as estimated by the patient fulfillment list, the quantity of patients who recuperated. Productivity (benefit), is the capacity of an organization to acquire a (benefit) inside a specific period or at the end of the day the capacity of an organization to create benefits (benefit) at a specific degree of deals, resources, and offer capital. So generally Profitability is the organization's capacity to create benefits (benefit) which will be the reason for the appropriation of organization profits. Where for this situation it is estimated from the % ROA (Return on Assets) and % ROE (Return on Equity) of the clinic inside a specific timeframe. Development of a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide the best care for patients as part of efforts to improve hospital performance (Shortell et al., 2021).

Wu & Wu (2013) observed that the organization's working capacities, innovative abilities and showcasing abilities stronger affect execution. Karami et al. (2013) observed that HR rehearses affect organization execution. HassabElnaby et al. (2012) tracked down that the organization's capacity to accomplish hierarchical abilities and empower the organization to accomplish more significant levels of monetary execution. Past research additionally represents the connection among notoriety and friend execution. Hasanudin & Budianto (2013) show that organization

notoriety has positively affects organization execution. Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is a vital reason for organizations to further develop market possibilities and monetary execution just as an economical presence. What's more, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic execution. Ou & Hsu (2013) observed that firm standing conservatives the connection between human resources and creative execution.

## METHODS

This examination was directed utilizing quantitative exploration strategies. The unit of investigation in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic the board. Perceptions were made in a single shot time skyline specifically in 2021. The populace in this review was the hospital administration in West Kalimantan, which comprised of 36 general medical clinics from different classes. Tests were taken upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes Partial Least Square, which is a multivariate method that inspects a progression of reliance connections between inert factors. Based on the research paradigm previously described, the following hypotheses can be expressed.

H: hospital resources and hospital reputation affect hospital performance, either to some extent or all the while.

## RESULTS AND DISCUSSION

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle factors. Below is an image of the initial meal processed with the SmartPLS3.0 application.

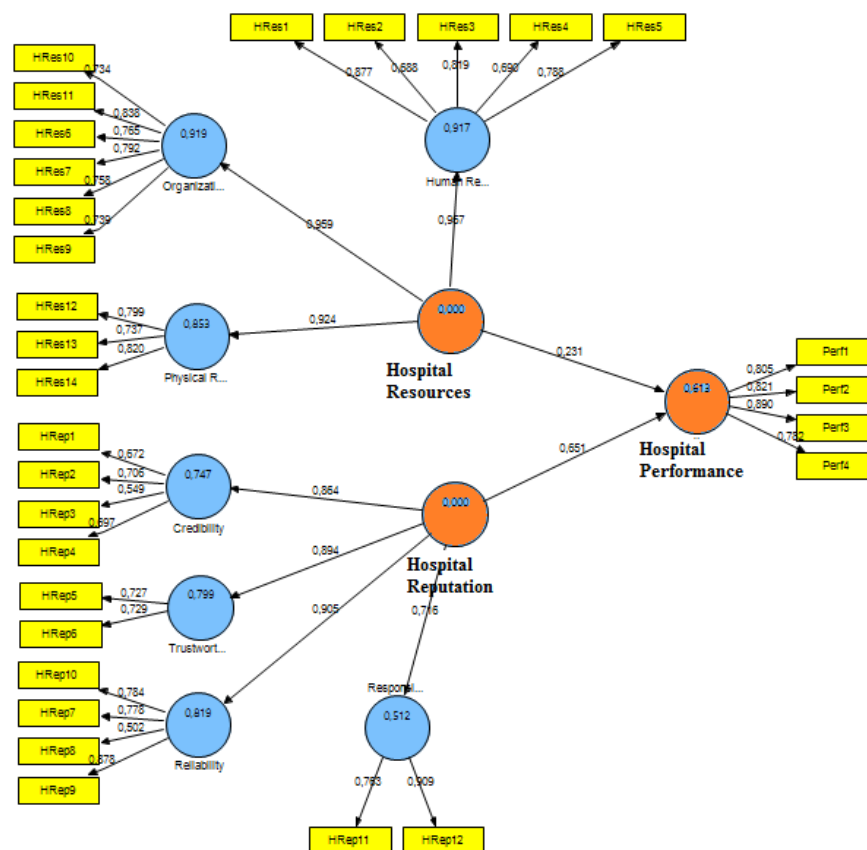


Figure 1. The path coefficient

Fig.1 the benefits of stacking factor are on the whole above 0.5, that every one of the signs of factors is legitimate and be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), composite unwavering quality and normal difference extricated (AVE). To trial of external model, testing the merged legitimacy of the intelligent model by benefit of stacking factor. Each noticed variable is considered substantial in case the worth of the stacking factor is above 0.5. The following are the stacking factor upsides of the noticed factors.

Table 2. Outer Model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)
Hospital Resources	Human Resources		0,957	87,991	0,602	0,882
		HRes1	0,877	34,680		
		HRes2	0,688	12,369		
		HRes3	0,819	22,185		
		HRes4	0,690	12,731		
	Organizational Resources		0,959	95,345	0,596	0,898
		HRes6	0,765	17,701		
		HRes7	0,792	19,740		
		HRes8	0,758	23,063		
		HRes9	0,739	15,565		
		HRes10	0,734	20,262		
	Physical Resources		0,924	54,349	0,618	0,829
		HRes12	0,799	21,765		
		HRes13	0,737	17,966		
HRes14		0,820	27,376			
Hospital Reputation	Credibility		0,864	27,984	0,534	0,753
		HRep1	0,672	7,312		
		HRep2	0,706	7,685		
		HRep3	0,549	4,061		
	Trustworthiness		0,894	35,433	0,530	0,693
		HRep5	0,727	10,729		
		HRep6	0,729	10,452		
	Reliability		0,905	50,294	0,561	0,831
		HRep7	0,778	15,493		
		HRep8	0,502	5,474		
		HRep9	0,878	34,076		
	Responsibility		0,784	16,366	0,704	0,825
HRep11		0,716	11,797			
HRep12		0,763	8,680			
Hospital Performance		0,909	50,028	0,682	0,895	
	Perf1	0,805	23,008			
	Perf2	0,821	25,375			
	Perf3	0,890	45,234			
		Perf4	0,782	20,319		

Table 2 clarify that all the stacking factor > 0.50 (substantial) that every one of the factors are sufficient to use in the model. The AVE esteems > 0.50 and the model has adequate joined legitimacy and can be tried further. Composite unwavering quality worth as each inactive variable has esteem above 0.7 that all models have high dependability.

The assessment of the model for the inward model was done utilizing R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated by Chin (1998) R-Square upsides of 0.67 are solid, 0.33 moderate and 0.19 are powerless. GOF is utilized to approve among



estimation and underlying models where esteems are 0 - 0.25 (little), 0.25-0.36 (moderate) and > 0.36 (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies. Assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium) and 0.02 (little).

Table 3. Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) Index
Hospital Resources		0,543		0,574
Hospital Reputation		0,389		
Hospital Performance	0,613	0,682	0,381	

Table 3 clarifies the co-productivity assurance on the Constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class and Q-Square is huge so that model is fit.

Table 4. Hypotheses testing

Structural Model	Path Coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources -> Hospital Performance	0,231*	0,066	3,478	0,121	Significant
Hospital Reputation -> Hospital Performance	0,651*	0,071	9,216	0,492	Significant

Hospital assets and Hospital Reputation have emphatically and huge direct impact on Hospital Performance, with at the same time R<sup>2</sup> = 61.3% and the prevailing impact from Hospital Reputation (49.2%)

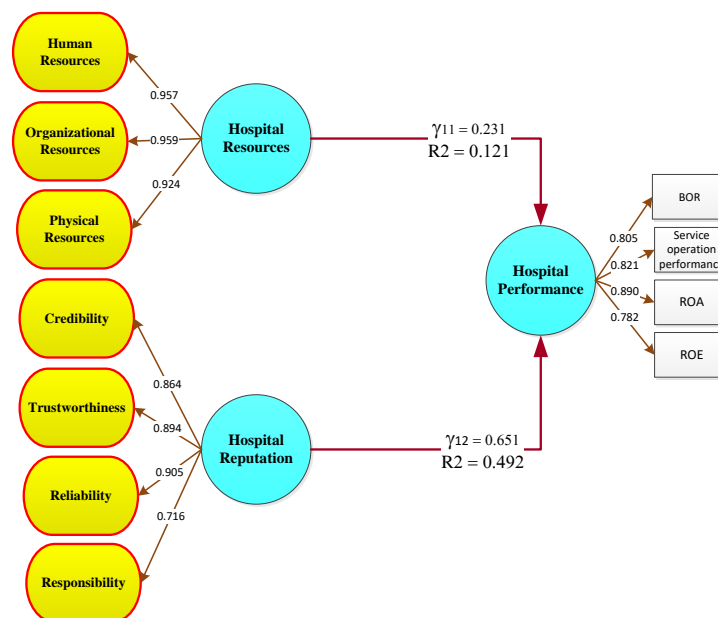


Figure 2. Finding Model

Theory testing brought about the tracking down that medical clinic assets and clinic notoriety significantly affected emergency clinic execution, either at the same time or somewhat. Partially, hospital reputation has a greater influence (49.2%) in building hospital performance, compared to

hospital resources (12.1%). Simultaneously, the influence of the two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from the reputation of the hospital, 12.1% from hospital resources, and the rest from other variables not examined in this study.

The consequences of testing this theory demonstrate the idea of Fombrun & van Riel (1997) that to assist organizations with shaping a solid standing so it will have a positive and beneficial effect, there are a few principle components that need consideration, to be specific: believability, unwavering quality, dependability, and obligation. Four aspects for reputation of the hospital are proven to have an influence on the performance of the hospital. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most important aspect in an effort to build a hospital's reputation which has an impact on increasing hospital performance. Other aspects also make a significant contribution in building the reputation of the hospital, namely trustworthiness, credibility, and responsibility.

This finding also supports the results of previous studies that reputation has an effect on company performance, such as the results of research by (Iwu-Egwuonwu, 2011), (Fachri et al., 2017), and (Hall Jr. & Lee, 2014). The hospital resources variable also makes a significant contribution to improving hospital performance. Of the three dimensions, hospital resources, the results show that organizational resources provide the highest contribution in building hospital resources which have an impact on hospital performance, with a coefficient of 0.959, followed by human resources (0.957), and physical resources (0.924). This illustrates that hospital resources especially need to be built in terms of organizational resources so that they can contribute to improving hospital performance.

The aftereffects of this review support the consequences of examination by Wu & Wu (2013) who observed that the organization's working abilities, innovative capacities and showcasing capacities stronger affect execution. Karami et al. (2013) observed that HR rehearses impact organization execution. These outcomes likewise support HassabElnaby et al. (2012) that the organization's capacity to accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution.

The aftereffects of this review are relied upon to give administrative ramifications to emergency clinic the board in West Kalimantan with an end goal to further develop emergency clinic execution. This can be done by prioritizing efforts to develop the hospital's reputation, especially in the aspect of reliability, and supported by increasing trustworthiness, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human resources and physical resources.

## **CONCLUSION**

In light of the current exploration foundation, this review intends to inspect the impact of emergency clinic assets and clinic notoriety on emergency clinic execution. The experimental outcomes support the speculation that medical clinic assets and emergency clinic notoriety significantly affect clinic execution either at the same time or to some degree, where emergency clinic notoriety has a more noteworthy commitment to building medical clinic execution, contrasted with emergency clinic assets. The aftereffects of this review are relied upon to give administrative ramifications to clinic the board in West Kalimantan with an end goal to further develop medical clinic execution. Improving hospital performance can be done through efforts that are based on the development of the company's reputation, and supported by the development of hospital resources. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trustworthiness, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources also needs to be

carried out by prioritizing organizational resources, which are supported by the development of human resources and physical resources.

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## 1. Paper Revised 1

Dear Sri Sarjana,

the manuscript EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA, submitted to Problems and Perspectives in Management Journal, needs to be revised.

Comments:

We ask you to align the manuscript following the Guidelines

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Please, pay attention to grammar and spelling. Also, we are using American English.

Please, pay attention that the research paper, which is a final report on the finished original experimental study, the structure is Abstract, Introduction, Literature review, Method, Results, Discussion, Conclusion.

Carefully divide text between sections. Do not divide sections into small subsections and do not involve additional sections.

The number of words in the paper may vary from 4000 to 6000. Considering the issue concerning the calculation of the number of words in the paper, the information about the authors, title, abstract and keywords, list of references and appendix (up to 5 pages) should not be included.

Clearly and concretely state the aim of the study. In the title of the article, do not emphasize a specific hospital (in the aim as well).

Write the Abstract according to the following algorithm: first two or three sentences indicate the relevance of the topic; the aim and object of the study; the methodology (methods) of the study (for theoretical studies – its theoretical basis) are described; the obtained results and their practical value are characterized. Dedicate most of the Abstract to the result. While demonstrating it, provide quantitative characteristics. The volume of the Abstract should be 150-250 words.

The keywords should reflect the area of the research. The number of keywords should be 5-10 in average. There should not be the sentences, but the words or word groups. There is no need to replicate words from the title of the manuscript.

Clarify JEL classification codes.

The Introduction (0,5-1 page) should be devoted exclusively to the relevance of the research topic and the formulation of the problem in general.

The Literature review (40-50 analyzed sources) should be completed by formulating the Aim. Then provide hypotheses (right here and all together, do not place the text between them). Then should be Methods.

The Result section is the main section of the article.

The Discussion section should discuss the results of the study, compare with previous ones, discuss why the authors have such results, determine future prospects.

The Conclusions were built incorrectly. There should be such logic in the Conclusions - indicate the aim of the research, briefly demonstrate the result, indicate what conclusions should be drawn from it. Do not refer to the sources here.

Sentences from the Conclusions should not be repeated in the Abstract.

The deadline for revisions is 2022-01-20

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Kind regards,

Katerina Maschenko  
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Journal Problems and Perspectives in Management

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JOURNAL	PHASE	STATUS	SUBMISSION DATE	LAST ACTION
Problems and Perspectives in Management	Initial Review	In progress	29.11.2021	20.01.2022

# PERFORMANCE EVALUATION THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA

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## Abstract

The presentation of public emergency clinics in West Kalimantan can't be supposed to be prevalent. This study aims to examine the impact of emergency clinic assets and clinic fame on the implementation of medical clinics in West Kalimantan. The examination was directed utilizing quantitative exploration techniques. The unit of examination in study is a medical clinic in West Kalimantan - Indonesia. The unit of perception is medical clinic for executives. Perceptions were made in one shoot time skyline in particular 2021. The population was 36 general hospitals from various classes. Samples were taken as many as 30 hospitals. The examination procedure to answer the exploration targets utilizes partial least square. The experimental outcomes support the speculation that clinic assets and medical clinic notoriety significantly affect clinic execution either all the while or somewhat, where emergency clinic notoriety has a more prominent commitment to building emergency clinic execution, contrasted with emergency clinic assets. The consequences of this review are relied upon to give administrative ramifications to medical clinic the executives with an end goal to further develop emergency clinic execution with endeavors that depend on the improvement of organization's standing, and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trustworthiness, credibility and responsibility. Hospital resources development needs to be carried out by prioritizing organizational resources, which are upheld by the improvement of human resources and actual assets.

**Keywords:** hospital resources, hospital reputation, hospital performance, physical resources, credibility

**JEL Classification:** M10, O10, L10

## INTRODUCTION

Hospitals have an important role in the function of providing health services to the community that provide inpatient, outpatient, emergency services, for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas that are far from the capital, the number is still small and there are even some provinces that do not yet have a special type of hospital, such as in West Kalimantan. Health care procedures play an important role in maintaining efficient treatment and improving the quality of care (Gu et al., 2021) (Jeffreys et al., 2020).



In view of the depiction above, one might say that the exhibition of public clinics in West Kalimantan can't be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al., (2017) found the effect of reputation on hospital performance. In addition, Hall Jr. & Lee (2014) found a positive correlation between organization execution and friends notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is an important reason for organizations to beat the opposition, further develop market possibilities, and to work on monetary execution and economical presence. Meanwhile, the phenomenon shows the problem of the reputation of hospitals in West Kalimantan. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations, with the goal that numerous Indonesian residents trust emergency clinics abroad to treat specific infections. Especially in hospitals owned by local governments where the administrations gave are in some cases delayed in taking care of patients. According Fombrun & van Riel (1997) there are a few fundamental components that should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The literature also states that the organization's exhibition is connected to the resources owned by the company. Resource defined as something owned by the company and used to optimize the company's strategy in order to improve company performance (Liu et al., 2011; Bunn et al., 2020). On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities and marketing capabilities that are getting stronger have an impact on performance (Wu & Wu, 2013), good vision and leadership are in an effort to improve the company's reputation (Sarjana et al., 2018).

Meanwhile, the results of observations illustrate the tendency of low ownership and management of resources in public hospital services in West Kalimantan. This is indicated, for example, the patient room facilities are not representative. In hospitals owned by local governments, for example, it is often found that there are piles of patients in a room so that it will disturb the patient. In addition, there are also problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system carried out. In view of this foundation, this review plans to analyse the impact of emergency clinic assets and clinic notoriety on clinic execution in West Kalimantan.

## **LITERATURE REVIEW**

Liu et al. (2011) stated that resources can be defined as something owned by the company and used to optimize the company's strategy in order to improve company performance, and valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel & Gulev (2011) take Fahl's opinion that internal resources can be converted into tangible and intangible assets, which then turn them into competencies. Hitt et al. (2015); Jancenelle (2021) divides resources into tangible resources, intangible resources, and capabilities. Wong et al. (2011) measure resources with dimensions of physical resources, human resources, and organizational resources. Adhikari & Gill (2016); Wang & Zhao (2020) measured resources with the dimensions of human resources and physical resources. While Omerzel & Gulev (2011) use the dimensions of tangible resources and intangible resources. Hospital resources required for hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). The hospital's primary resources may include critical care and facilities (Musajee et al., 2021).

A solid standing presents positive ramifications for business the executives. An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that the company's reputation as a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described Bourke

(2009) where a decline in the company's reputation can have an impact on market share compliance through customer choice, buyer choice, and referrals from doctors. It is also mentioned by the Healthcare Collector article in 2006 that hospitals, marketing and hospital maintenance are important aspects. JD Power and Associates viewed as that 75% of patients use notoriety related data as the fundamental rule in medical clinic choice, so an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found. Reputation management is able to show how reputation acts based on internal organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021).

The results of Bourke's research (2009) express that emergency clinics that an affect: pride related with the clinic, staff tell where they work, feel appended to champs and examples of overcoming adversity, advancement of medical clinics and offices, good insights shaped by the general population with undeniable degree of help for the emergency clinic, and the staff will feel pleased to work at the clinic. Concerning creating notoriety, Fombrun & van Riel (1997) clarifies, to assist organizations with framing a solid standing so it will have a positive and productive effect, there are a few principle components that need consideration, specifically in validity, unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun & van Riel (1997) to measure it, which include: validity, unwavering quality, dependability, and obligation.

With regard to the measurement of hospital performance, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical clinic execution has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps to determine the status of the hospital and is carried out based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to redmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality, from the consequences of his exploration, it was observed that the redmission rate for low-performing emergency clinics in 2009 would in general work on in 2011, while for higher-performing medical clinics would in general crumble. Meanwhile, Downing et al. (2017) measure emergency clinic execution by applying large information investigation. Hospital performance and health information are influenced by the quality of health information technology (Naser et al., 2020). They fostered another way to deal with portraying emergency clinic execution that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic execution. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfillment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recuperation, portion of the overall industry, worker fulfillment, patients and their family fulfillment.

Based on the description of the literature, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR which is the level of beds involved in a specific time unit, estimated by the level of BOR in a specific timeframe. Administration activity execution, as estimated by the patient fulfillment list, the quantity of patients who recuperated. Productivity (benefit), is the capacity of an organization to acquire a (benefit) inside a specific period or at the end of the day the capacity of an organization to create benefits (benefit) at a specific degree of deals, resources, and offer capital. So generally Profitability is the organization's capacity to create benefits (benefit) which will be the reason for the appropriation of organization profits. Where for this situation it is estimated from the % ROA (Return on Assets) and % ROE (Return on Equity) of the clinic inside a specific timeframe. Development of a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide

the best care for patients as part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

Wu & Wu (2013) observed that the organization's working capacities, innovative abilities and showcasing abilities stronger affect execution. Karami et al. (2013) observed that HR rehearses affect organization execution. HassabElnaby et al. (2012) tracked down that the organization's capacity to accomplish hierarchical abilities and empower the organization to accomplish more significant levels of monetary execution. Past research additionally represents the connection among notoriety and friend execution. Hasanudin & Budianto (2013) show that organization notoriety has positively affects organization execution. Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is a vital reason for organizations to further develop market possibilities and monetary execution just as an economical presence. What's more, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic execution. Ou & Hsu (2013) observed that firm standing conservatives the connection between human resources and creative execution.

## **METHODS**

This examination was directed utilizing quantitative exploration strategies. The unit of investigation in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic the board. Perceptions were made in a single shot time skyline specifically in 2021. The populace in this review was the hospital administration in West Kalimantan, which comprised of 36 general medical clinics from different classes. Tests were taken upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes Partial Least Square, which is a multivariate method that inspects a progression of reliance connections between inert factors. Based on the research paradigm previously described, the following hypotheses can be expressed.

H: hospital resources and hospital reputation affect hospital performance, either to some extent or all the while.

## **RESULTS AND DISCUSSION**

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world 60-85%. Bed Turn Over (BTO), in particular the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world the bed is utilized 40-50 times. Turn of Interval (TOI) which is the normal day wherein a bed isn't involved from being occupied to whenever it is filled arrives at 3.81 days, while in a perfect world the bed isn't involved in the scope of 1-3 days, and Length of stay (LOS) for example the normal length of stay for a patient arrives at 3.6 days, in a perfect world 6-9 days.

Clinics are needed to do accreditation with an end goal to work on the nature of administrations consistently every three a long time. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which expresses that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals for government hospitals as well as private hospitals or state-owned enterprises (BUMN). In 2018, in West Kalimantan Province have 67% hospitals spread across 14 cities and regencies were accredited. The data on the number of accredited hospitals in 2019 can be found in accompanying table.

Table 1. Number of Accredited Hospitals by Regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	-
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited located in Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached one hundred percent in Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement the performance of service operations, Schroeder (1993) measures performance through the results of the implementation of operations and business which are assessed from: quality, cost, delivery, flexibility, and innovation. While Renreng et al. (2016); Vrakas et al. (2021); Peron et al. (2022) measured operational performance with dimensions: production quality, production costs, delivery to the operations department, flexibility of the production system which is a mix of a progression of tasks created by creation exercises, and plan quality.

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle factors. Below is an image of the initial meal processed with the SmartPLS3.0 application.

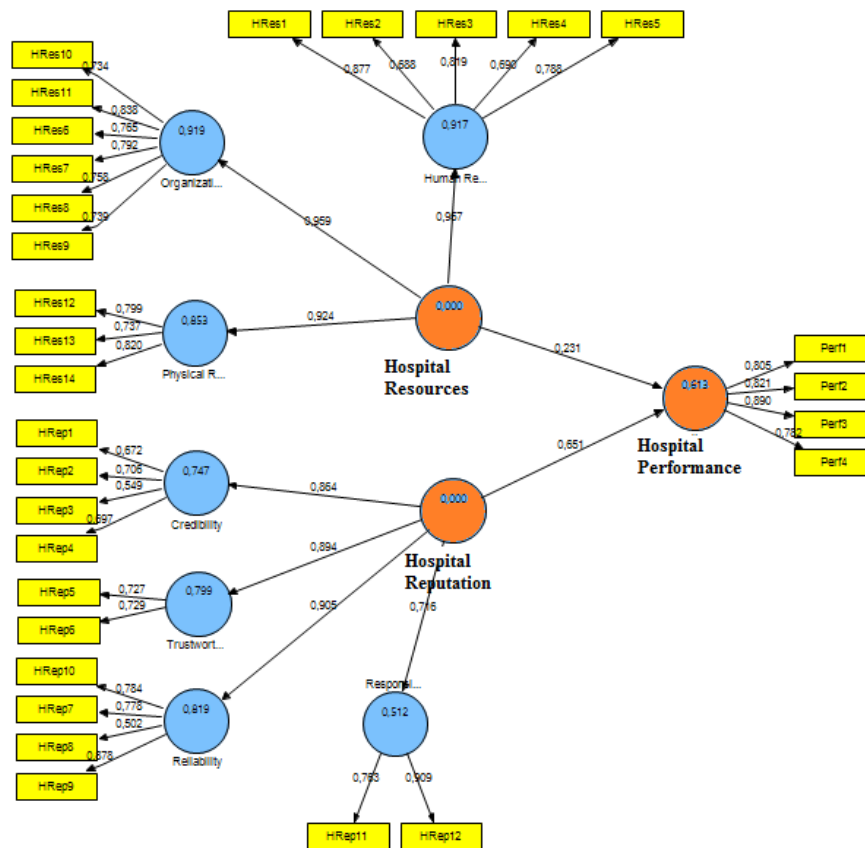


Figure 1. The path coefficient

Fig.1 the benefits of stacking factor are on the whole above 0.5, that every one of the signs of factors is legitimate and be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), composite unwavering quality and normal difference extricated (AVE). For testing the external model, a combined legitimacy test of the smart model was carried out by utilizing the stacking factor. Each noticed variable is considered substantial in case the worth of the stacking factor is above 0.5. The following are the stacking factor upsides of the noticed factors.

Table 2. Outer Model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)		
Hospital Resources	Human Resources		0,957	87,991	0,602	0,882		
		HRes1	0,877	34,680				
		HRes2	0,688	12,369				
		HRes3	0,819	22,185				
		HRes4	0,690	12,731				
	HRes5	0,788	16,954					
	Organizational Resources		0,959	95,345			0,596	0,898
		HRes6	0,765	17,701				
		HRes7	0,792	19,740				
		HRes8	0,758	23,063				
		HRes9	0,739	15,565				
HRes10		0,734	20,262					
Physical Resources		0,924	54,349	0,618	0,829			
	HRes12	0,799	21,765					
	HRes13	0,737	17,966					

		HRes14	0,820	27,376		
Hospital Reputation	Credibility		0,864	27,984	0,534	0,753
		HRep1	0,672	7,312		
		HRep2	0,706	7,685		
		HRep3	0,549	4,061		
		HRep4	0,697	7,980		
	Trustworthiness		0,894	35,433	0,530	0,693
		HRep5	0,727	10,729		
		HRep6	0,729	10,452		
	Reliability		0,905	50,294	0,561	0,831
		HRep7	0,778	15,493		
		HRep8	0,502	5,474		
		HRep9	0,878	34,076		
		HRep10	0,784	16,366		
	Responsibility		0,716	11,797	0,704	0,825
		HRep11	0,763	8,680		
		HRep12	0,909	50,028		
Hospital Performance		Perf1	0,805	23,008	0,682	0,895
		Perf2	0,821	25,375		
		Perf3	0,890	45,234		
		Perf4	0,782	20,319		

Table 2 clarify that all the stacking factor  $> 0.50$  (substantial) that every one of the factors are sufficient to use in the model. The AVE esteems  $> 0.50$  and the model has adequate joined legitimacy and can be tried further. Composite unwavering quality worth as each inactive variable has esteem above 0.7 that all models have high dependability.

The assessment of the model for the inward model was done utilizing R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated R-Square upsides of 0.67 are solid, 0.33 moderate and 0.19 are powerless. GOF is utilized to approve among estimation and underlying models where esteems are 0 - 0.25 (little), 0.25-0.36 (moderate) and  $> 0.36$  (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies. Assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium) and 0.02 (little).

Table 3. Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) Index
Hospital Resources		0,543		0,574
Hospital Reputation		0,389		
Hospital Performance	0,613	0,682	0,381	

Table 3 clarifies the co-productivity assurance on the Constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class and Q-Square is huge so that model is fit.

Table 4. Hypotheses testing

Structural Model	Path Coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources -> Hospital Performance	0,231*	0,066	3,478	0,121	Significant
Hospital Reputation -> Hospital Performance	0,651*	0,071	9,216	0,492	Significant

Hospital assets and Hospital Reputation have emphatically and huge direct impact on Hospital Performance, with at the same time  $R^2 = 61.3\%$  and the prevailing impact from Hospital Reputation (49.2%)

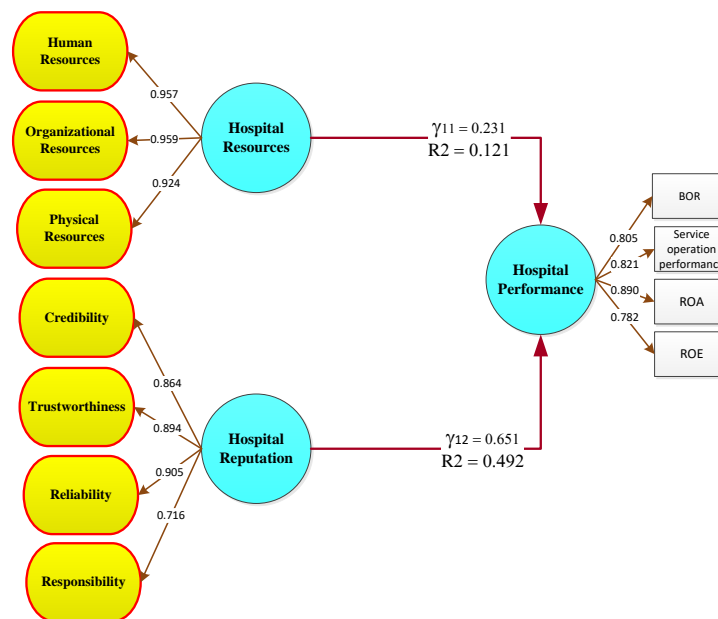


Figure 2. Finding Model

Theory testing brought about the tracking down that medical clinic assets and clinic notoriety significantly affected emergency clinic execution, either at the same time or somewhat. Partially, hospital reputation has a greater influence (49.2%) in building hospital performance, compared to hospital resources (12.1%). Simultaneously, the influence of two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from the reputation of hospital, 12.1% from hospital resources, and the rest from other variables not examined in this study.

The consequences of testing this theory demonstrate the idea of Fombrun & van Riel (1997) that to assist organizations with shaping a solid standing so it will have positive and beneficial effect, there are few principle components that need consideration, to be specific such as believability, unwavering quality, dependability, and obligation. Four aspects for reputation of the hospital are proven to have an influence on the performance of hospital. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most important aspect in effort to build hospital's reputation which has an impact on increasing hospital performance. Other aspects also make significant contribution in building the reputation of the hospital included trustworthiness, credibility, and responsibility.

This finding also supports the results of previous studies that reputation has effect on company performance such as the results of research by (Iwu-Egwuonwu, 2011), (Fachri et al., 2017), and (Hall Jr. & Lee, 2014). The hospital resources variable also makes significant contribution to improving hospital performance. Three dimensions, hospital resources, the results show that organizational resources provide the highest contribution in building hospital resources which have impact on hospital performance with coefficient of 0.959, followed by human resources (0.957), and physical resources (0.924). This illustrates that hospital resources especially need to be built in terms of organizational resources so that they can contribute to improving hospital performance.

The aftereffects of this review support the consequences of examination by Wu & Wu (2013) who observed that the organization's working abilities, innovative capacities and showcasing

capacities stronger affect execution. Karami et al. (2013) observed that HR rehearses impact organization execution. These outcomes likewise support HassabElnaby et al. (2012) that the organization's capacity to accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution.

The aftereffects of this review are relied upon to give administrative ramifications to emergency clinic the board in West Kalimantan with an end goal to further develop emergency clinic execution. This can be done by prioritizing efforts to develop the hospital's reputation, especially in the aspect of reliability, and supported by increasing trustworthiness, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human resources and physical resources.

## CONCLUSION

Referring to the current exploratory results, this study intends to examine the impact of emergency clinic assets and clinic fame on emergency clinic operations. The results of study stated that the medical clinic assets and the fame of the emergency clinic significantly affect the implementation of the clinic either at the same time or to a certain degree, where the fame of emergency clinic has a more important commitment to building the implementation of medical clinic, compared to the assets of emergency clinic. The follow-up effect of this study is to provide administrative consequences to clinical council in West Kalimantan with the aim of further developing better medical clinic implementation. Hospital performance improvement can be done through efforts that are based on the development of company's reputation, and supported by the development of hospital resources. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trust, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources needs to be carried out by prioritizing organizational resources that are supported by the development of human resources and physical resources.

## ACKNOWLEDGEMENT

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## 2. Paper Revisid 2

The screenshot shows a Gmail inbox with a notification email from k.maschenko@manuscript-adminsystem.com. The email is titled "MA5084: Notification on Submission" and is dated Feb 1, 2022, 9:18 PM. The content of the email is as follows:

Dear Sri Sarjana,

the manuscript EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA, submitted to Problems and Perspectives in Management Journal, needs to be revised.

**Comments:**

We emphasize **all formal requirements** and the need to comply with them. Please, check and fulfill the previous comments.

The deadline for revisions is 2022-02-08

To revise a manuscript please don't forget to log in to the system and to upload a revised manuscript!

Kind regards,

Katerina Maschenko  
Managing Editor  
Journal Problems and Perspectives in Management

Buttons for "Reply" and "Forward" are visible at the bottom of the email content.

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- Comments:** A comment from Sri Sarjana dated 29.11.2021: "Please consider this paper for processing and publication. Thank you".

The left sidebar contains the user's name "Sri Sarjana" and a "SUBMISSIONS" button. The bottom of the page shows a Windows taskbar with the date and time "7:53 AM 2/8/2022".

# PERFORMANCE EVALUATION THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA

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## Abstract

The presentation of public emergency clinics in West Kalimantan can't be supposed to be prevalent. This study aims to examine the impact of emergency clinic assets and clinic fame on the implementation of medical clinics in West Kalimantan. The examination was directed utilizing quantitative exploration techniques. The unit of examination in study is a medical clinic in West Kalimantan - Indonesia. The unit of perception is medical clinic for executives. Perceptions were made in one shoot time skyline in particular 2021. The population was 36 general hospitals from various classes. Samples were taken as many as 30 hospitals. The examination procedure to answer the exploration targets utilizes partial least square. The experimental outcomes support the speculation that clinic assets and medical clinic notoriety significantly affect clinic execution either all the while or somewhat, where emergency clinic notoriety has a more prominent commitment to building emergency clinic execution, contrasted with emergency clinic assets. The consequences of this review are relied upon to give administrative ramifications to medical clinic the executives with an end goal to further develop emergency clinic execution with endeavors that depend on the improvement of organization's standing, and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trustworthiness, credibility and responsibility. Hospital resources development needs to be carried out by prioritizing organizational resources, which are upheld by the improvement of human resources and actual assets.

**Keywords:** hospital resources, hospital reputation, hospital performance, physical resources, credibility

**JEL Classification:** M10, O10, L10

## INTRODUCTION

Hospitals have an important role in the function of providing health services to the community that provide inpatient, outpatient, emergency services, for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas that are far from the capital, the number is still small and there are even some provinces that do not yet have a special type of hospital, such as in West Kalimantan. Health care procedures play an important role in maintaining efficient treatment and improving the quality of care (Gu et al., 2021) (Jeffreys et al., 2020).

In view of the depiction above, one might say that the exhibition of public clinics in West Kalimantan can't be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al., (2017) found the effect of reputation on hospital performance. In addition, Hall Jr. & Lee (2014) found a positive correlation between organization execution and friends notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is an important reason for organizations to beat the opposition, further develop market possibilities, and to work on monetary execution and economical presence. Meanwhile, the phenomenon shows the problem of the reputation of hospitals in West Kalimantan. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations, with the goal that numerous Indonesian residents trust emergency clinics abroad to treat specific infections. Especially in hospitals owned by local governments where the administrations gave are in some cases delayed in taking care of patients. According Fombrun & van Riel (1997) there are a few fundamental components that should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The literature also states that the organization's exhibition is connected to the resources owned by the company. Resource defined as something owned by the company and used to optimize the company's strategy in order to improve company performance (Liu et al., 2011; Bunn et al., 2020). On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities and marketing capabilities that are getting stronger have an impact on performance (Wu & Wu, 2013), good vision and leadership are in an effort to improve the company's reputation (Sarjana et al., 2018).

Meanwhile, the results of observations illustrate the tendency of low ownership and management of resources in public hospital services in West Kalimantan. This is indicated, for example, the patient room facilities are not representative. In hospitals owned by local governments, for example, it is often found that there are piles of patients in a room so that it will disturb the patient. In addition, there are also problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system carried out. In view of this foundation, this review plans to analyse the impact of emergency clinic assets and clinic notoriety on clinic execution in West Kalimantan.

## **LITERATURE REVIEW**

Liu et al. (2011) stated that resources can be defined as something owned by the company and used to optimize the company's strategy in order to improve company performance, and valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel & Gulev (2011) take Fahl's opinion that internal resources can be converted into tangible and intangible assets, which then turn them into competencies. Hitt et al. (2015); Jancenelle (2021) divides resources into tangible resources, intangible resources, and capabilities. Wong et al. (2011) measure resources with dimensions of physical resources, human resources, and organizational resources. Adhikari & Gill (2016); Wang & Zhao (2020) measured resources with the dimensions of human resources and physical resources. While Omerzel & Gulev (2011) use the dimensions of tangible resources and intangible resources. Hospital resources required for hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). The hospital's primary resources may include critical care and facilities (Musajee et al., 2021).

A solid standing presents positive ramifications for business the executives. An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that the company's reputation as a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described Bourke

(2009) where a decline in the company's reputation can have an impact on market share compliance through customer choice, buyer choice, and referrals from doctors. It is also mentioned by the Healthcare Collector article in 2006 that hospitals, marketing and hospital maintenance are important aspects. JD Power and Associates viewed as that 75% of patients use notoriety related data as the fundamental rule in medical clinic choice, so an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found. Reputation management is able to show how reputation acts based on internal organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021).

The results of Bourke's research (2009) express that emergency clinics that an affect: pride related with the clinic, staff tell where they work, feel appended to champs and examples of overcoming adversity, advancement of medical clinics and offices, good insights shaped by the general population with undeniable degree of help for the emergency clinic, and the staff will feel pleased to work at the clinic. Concerning creating notoriety, Fombrun & van Riel (1997) clarifies, to assist organizations with framing a solid standing so it will have a positive and productive effect, there are a few principle components that need consideration, specifically in validity, unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun & van Riel (1997) to measure it, which include: validity, unwavering quality, dependability, and obligation.

With regard to the measurement of hospital performance, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical clinic execution has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps to determine the status of the hospital and is carried out based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to redmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality, from the consequences of his exploration, it was observed that the redmission rate for low-performing emergency clinics in 2009 would in general work on in 2011, while for higher-performing medical clinics would in general crumble. Meanwhile, Downing et al. (2017) measure emergency clinic execution by applying large information investigation. Hospital performance and health information are influenced by the quality of health information technology (Naser et al., 2020). They fostered another way to deal with portraying emergency clinic execution that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic execution. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfillment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recuperation, portion of the overall industry, worker fulfillment, patients and their family fulfillment.

Based on the description of the literature, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR which is the level of beds involved in a specific time unit, estimated by the level of BOR in a specific timeframe. Administration activity execution, as estimated by the patient fulfillment list, the quantity of patients who recuperated. Productivity (benefit), is the capacity of an organization to acquire a (benefit) inside a specific period or at the end of the day the capacity of an organization to create benefits (benefit) at a specific degree of deals, resources, and offer capital. So generally Profitability is the organization's capacity to create benefits (benefit) which will be the reason for the appropriation of organization profits. Where for this situation it is estimated from the % ROA (Return on Assets) and % ROE (Return on Equity) of the clinic inside a specific timeframe. Development of a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide

the best care for patients as part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

Wu & Wu (2013) observed that the organization's working capacities, innovative abilities and showcasing abilities stronger affect execution. Karami et al. (2013) observed that HR rehearses affect organization execution. HassabElnaby et al. (2012) tracked down that the organization's capacity to accomplish hierarchical abilities and empower the organization to accomplish more significant levels of monetary execution. Past research additionally represents the connection among notoriety and friend execution. Hasanudin & Budianto (2013) show that organization notoriety has positively affects organization execution. Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is a vital reason for organizations to further develop market possibilities and monetary execution just as an economical presence. What's more, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic execution. Ou & Hsu (2013) observed that firm standing conservatives the connection between human resources and creative execution.

## **METHODS**

This examination was directed utilizing quantitative exploration strategies. The unit of investigation in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic the board. Perceptions were made in a single shot time skyline specifically in 2021. The populace in this review was the hospital administration in West Kalimantan, which comprised of 36 general medical clinics from different classes. Tests were taken upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes Partial Least Square, which is a multivariate method that inspects a progression of reliance connections between inert factors. Based on the research paradigm previously described, the following hypotheses can be expressed.

H: hospital resources and hospital reputation affect hospital performance, either to some extent or all the while.

## **RESULTS AND DISCUSSION**

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world 60-85%. Bed Turn Over (BTO), in particular the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world the bed is utilized 40-50 times. Turn of Interval (TOI) which is the normal day wherein a bed isn't involved from being occupied to whenever it is filled arrives at 3.81 days, while in a perfect world the bed isn't involved in the scope of 1-3 days, and Length of stay (LOS) for example the normal length of stay for a patient arrives at 3.6 days, in a perfect world 6-9 days.

Clinics are needed to do accreditation with an end goal to work on the nature of administrations consistently every three a long time. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which expresses that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals for government hospitals as well as private hospitals or state-owned enterprises (BUMN). In 2018, in West Kalimantan Province have 67% hospitals spread across 14 cities and regencies were accredited. The data on the number of accredited hospitals in 2019 can be found in accompanying table.



Table 1. Number of Accredited Hospitals by Regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	-
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited located in Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached one hundred percent in Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement the performance of service operations, Schroeder (1993) measures performance through the results of the implementation of operations and business which are assessed from: quality, cost, delivery, flexibility, and innovation. While Renreng et al. (2016); Vrakas et al. (2021); Peron et al. (2022) measured operational performance with dimensions: production quality, production costs, delivery to the operations department, flexibility of the production system which is a mix of a progression of tasks created by creation exercises, and plan quality.

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle factors. Below is an image of the initial meal processed with the SmartPLS3.0 application.

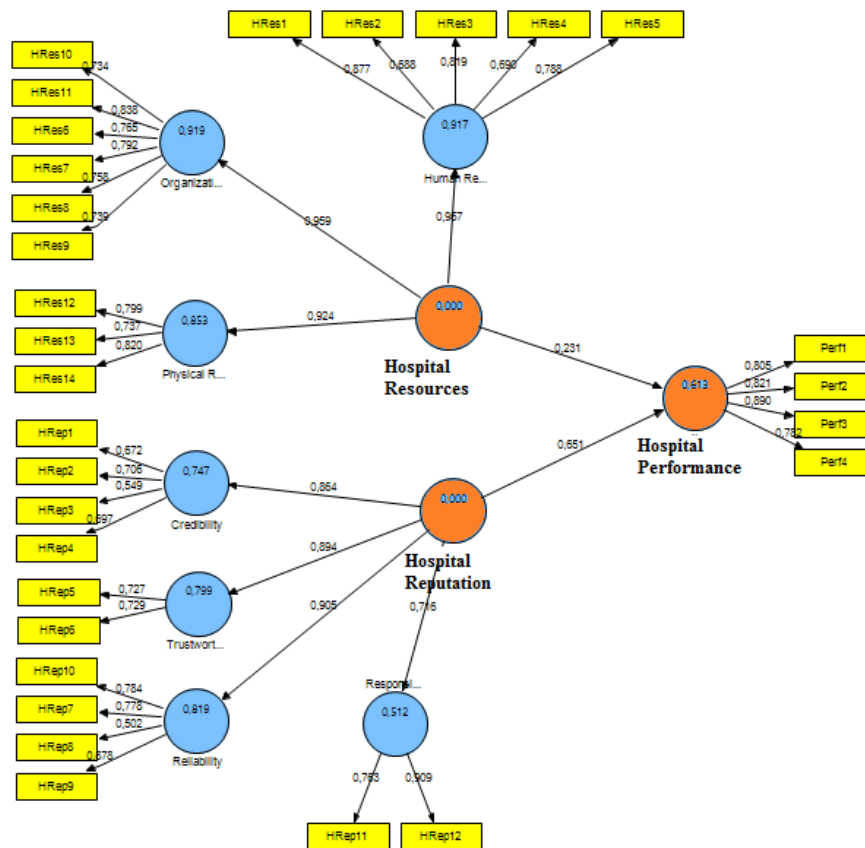


Figure 1. The path coefficient

Fig.1 the benefits of stacking factor are on the whole above 0.5, that every one of the signs of factors is legitimate and be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), composite unwavering quality and normal difference extricated (AVE). For testing the external model, a combined legitimacy test of the smart model was carried out by utilizing the stacking factor. Each noticed variable is considered substantial in case the worth of the stacking factor is above 0.5. The following are the stacking factor upsides of the noticed factors.

Table 2. Outer Model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)	
Hospital Resources	Human Resources		0,957	87,991	0,602	0,882	
		HRes1	0,877	34,680			
		HRes2	0,688	12,369			
		HRes3	0,819	22,185			
		HRes4	0,690	12,731			
	HRes5	0,788	16,954				
	Organizational Resources		0,959	95,345			0,596
		HRes6	0,765	17,701			
		HRes7	0,792	19,740			
		HRes8	0,758	23,063			
		HRes9	0,739	15,565			
HRes10		0,734	20,262				
Physical Resources		0,924	54,349	0,618	0,829		
	HRes12	0,799	21,765				
	HRes13	0,737	17,966				

		HRes14	0,820	27,376		
Hospital Reputation	Credibility		0,864	27,984	0,534	0,753
		HRep1	0,672	7,312		
		HRep2	0,706	7,685		
		HRep3	0,549	4,061		
		HRep4	0,697	7,980		
	Trustworthiness		0,894	35,433	0,530	0,693
		HRep5	0,727	10,729		
		HRep6	0,729	10,452		
	Reliability		0,905	50,294	0,561	0,831
		HRep7	0,778	15,493		
		HRep8	0,502	5,474		
		HRep9	0,878	34,076		
		HRep10	0,784	16,366		
	Responsibility		0,716	11,797	0,704	0,825
		HRep11	0,763	8,680		
		HRep12	0,909	50,028		
Hospital Performance		Perf1	0,805	23,008	0,682	0,895
		Perf2	0,821	25,375		
		Perf3	0,890	45,234		
		Perf4	0,782	20,319		

Table 2 clarify that all the stacking factor  $> 0.50$  (substantial) that every one of the factors are sufficient to use in the model. The AVE esteems  $> 0.50$  and the model has adequate joined legitimacy and can be tried further. Composite unwavering quality worth as each inactive variable has esteem above 0.7 that all models have high dependability.

The assessment of the model for the inward model was done utilizing R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated R-Square upsides of 0.67 are solid, 0.33 moderate and 0.19 are powerless. GOF is utilized to approve among estimation and underlying models where esteems are 0 - 0.25 (little), 0.25-0.36 (moderate) and  $> 0.36$  (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies. Assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium) and 0.02 (little).

Table 3. Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) Index
Hospital Resources		0,543		0,574
Hospital Reputation		0,389		
Hospital Performance	0,613	0,682	0,381	

Table 3 clarifies the co-productivity assurance on the Constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class and Q-Square is huge so that model is fit.

Table 4. Hypotheses testing

Structural Model	Path Coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources -> Hospital Performance	0,231*	0,066	3,478	0,121	Significant
Hospital Reputation -> Hospital Performance	0,651*	0,071	9,216	0,492	Significant

Hospital assets and Hospital Reputation have emphatically and huge direct impact on Hospital Performance, with at the same time  $R^2 = 61.3\%$  and the prevailing impact from Hospital Reputation (49.2%)

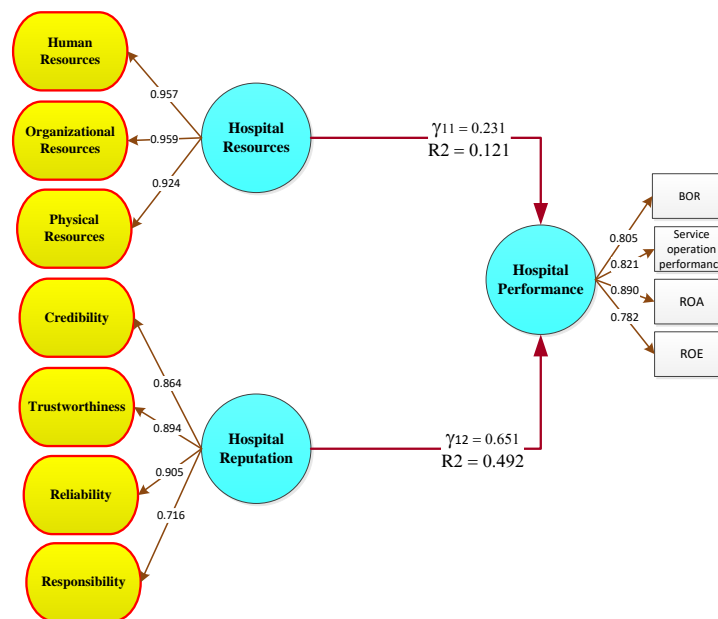


Figure 2. Finding Model

Theory testing brought about the tracking down that medical clinic assets and clinic notoriety significantly affected emergency clinic execution, either at the same time or somewhat. Partially, hospital reputation has a greater influence (49.2%) in building hospital performance, compared to hospital resources (12.1%). Simultaneously, the influence of two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from the reputation of hospital, 12.1% from hospital resources, and the rest from other variables not examined in this study.

The consequences of testing this theory demonstrate the idea of Fombrun & van Riel (1997) that to assist organizations with shaping a solid standing so it will have positive and beneficial effect, there are few principle components that need consideration, to be specific such as believability, unwavering quality, dependability, and obligation. Four aspects for reputation of the hospital are proven to have an influence on the performance of hospital. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most important aspect in effort to build hospital's reputation which has an impact on increasing hospital performance. Other aspects also make significant contribution in building the reputation of the hospital included trustworthiness, credibility, and responsibility.

This finding also supports the results of previous studies that reputation has effect on company performance such as the results of research by (Iwu-Egwuonwu, 2011), (Fachri et al., 2017), and (Hall Jr. & Lee, 2014). The hospital resources variable also makes significant contribution to improving hospital performance. Three dimensions, hospital resources, the results show that organizational resources provide the highest contribution in building hospital resources which have impact on hospital performance with coefficient of 0.959, followed by human resources (0.957), and physical resources (0.924). This illustrates that hospital resources especially need to be built in terms of organizational resources so that they can contribute to improving hospital performance.

The aftereffects of this review support the consequences of examination by Wu & Wu (2013) who observed that the organization's working abilities, innovative capacities and showcasing

capacities stronger affect execution. Karami et al. (2013) observed that HR rehearses impact organization execution. These outcomes likewise support HassabElnaby et al. (2012) that the organization's capacity to accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution.

The aftereffects of this review are relied upon to give administrative ramifications to emergency clinic the board in West Kalimantan with an end goal to further develop emergency clinic execution. This can be done by prioritizing efforts to develop the hospital's reputation, especially in the aspect of reliability, and supported by increasing trustworthiness, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human resources and physical resources.

## CONCLUSION

Referring to the current exploratory results, this study intends to examine the impact of emergency clinic assets and clinic fame on emergency clinic operations. The results of study stated that the medical clinic assets and the fame of the emergency clinic significantly affect the implementation of the clinic either at the same time or to a certain degree, where the fame of emergency clinic has a more important commitment to building the implementation of medical clinic, compared to the assets of emergency clinic. The follow-up effect of this study is to provide administrative consequences to clinical council in West Kalimantan with the aim of further developing better medical clinic implementation. Hospital performance improvement can be done through efforts that are based on the development of company's reputation, and supported by the development of hospital resources. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trust, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources needs to be carried out by prioritizing organizational resources that are supported by the development of human resources and physical resources.

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### 3. Paper Revised 3

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Dear Sri Sarjana,

the manuscript EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA, submitted to Problems and Perspectives in Management Journal, needs to be revised.

**Comments:**

- Remove the mention of WEST KALIMANTAN from the title.
- The Abstract cannot be started from a specific example - "The presentation of public emergency clinics in West Kalimantan cannot be supposed to be prevalent". This is just an example and do not exaggerate its role and do not focus all reader's attention on it.
- specify codes.
- Follow all the previous recommendations.

Please use clear, unambiguous, technically and grammatically correct English. The established norms of academic writing within the field should be followed.

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# PERFORMANCE EVALUATION THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA

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## Abstract

The presentation of public emergency clinics in West Kalimantan can't be supposed to be prevalent. This study aims to examine the impact of emergency clinic assets and clinic fame on the implementation of medical clinics in West Kalimantan. The examination was directed utilizing quantitative exploration techniques. The unit of examination in study is a medical clinic in West Kalimantan - Indonesia. The unit of perception is medical clinic for executives. Perceptions were made in one shoot time skyline in particular 2021. The population was 36 general hospitals from various classes. Samples were taken as many as 30 hospitals. The examination procedure to answer the exploration targets utilizes partial least square. The experimental outcomes support the speculation that clinic assets and medical clinic notoriety significantly affect clinic execution either all the while or somewhat, where emergency clinic notoriety has a more prominent commitment to building emergency clinic execution, contrasted with emergency clinic assets. The consequences of this review are relied upon to give administrative ramifications to medical clinic the executives with an end goal to further develop emergency clinic execution with endeavors that depend on the improvement of organization's standing, and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trustworthiness, credibility and responsibility. Hospital resources development needs to be carried out by prioritizing organizational resources, which are upheld by the improvement of human resources and actual assets.

**Keywords:** hospital resources, hospital reputation, hospital performance, physical resources, credibility

**JEL Classification:** M10, O10, L10

## INTRODUCTION

Hospitals have an important role in the function of providing health services to the community that provide inpatient, outpatient, emergency services, for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas that are far from the capital, the number is still small and there are even some provinces that do not yet have a special type of hospital, such as in West Kalimantan. Health care procedures play an important role in maintaining efficient treatment and improving the quality of care (Gu et al., 2021) (Jeffreys et al., 2020).

In view of the depiction above, one might say that the exhibition of public clinics in West Kalimantan can't be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al., (2017) found the effect of reputation on hospital performance. In addition, Hall Jr. & Lee (2014) found a positive correlation between organization execution and friends notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is an important reason for organizations to beat the opposition, further develop market possibilities, and to work on monetary execution and economical presence. Meanwhile, the phenomenon shows the problem of the reputation of hospitals in West Kalimantan. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations, with the goal that numerous Indonesian residents trust emergency clinics abroad to treat specific infections. Especially in hospitals owned by local governments where the administrations gave are in some cases delayed in taking care of patients. According Fombrun & van Riel (1997) there are a few fundamental components that should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The literature also states that the organization's exhibition is connected to the resources owned by the company. Resource defined as something owned by the company and used to optimize the company's strategy in order to improve company performance (Liu et al., 2011; Bunn et al., 2020). On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities and marketing capabilities that are getting stronger have an impact on performance (Wu & Wu, 2013), good vision and leadership are in an effort to improve the company's reputation (Sarjana et al., 2018).

Meanwhile, the results of observations illustrate the tendency of low ownership and management of resources in public hospital services in West Kalimantan. This is indicated, for example, the patient room facilities are not representative. In hospitals owned by local governments, for example, it is often found that there are piles of patients in a room so that it will disturb the patient. In addition, there are also problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system carried out. In view of this foundation, this review plans to analyse the impact of emergency clinic assets and clinic notoriety on clinic execution in West Kalimantan.

## **LITERATURE REVIEW**

Liu et al. (2011) stated that resources can be defined as something owned by the company and used to optimize the company's strategy in order to improve company performance, and valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel & Gulev (2011) take Fahl's opinion that internal resources can be converted into tangible and intangible assets, which then turn them into competencies. Hitt et al. (2015); Jancenelle (2021) divides resources into tangible resources, intangible resources, and capabilities. Wong et al. (2011) measure resources with dimensions of physical resources, human resources, and organizational resources. Adhikari & Gill (2016); Wang & Zhao (2020) measured resources with the dimensions of human resources and physical resources. While Omerzel & Gulev (2011) use the dimensions of tangible resources and intangible resources. Hospital resources required for hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). The hospital's primary resources may include critical care and facilities (Musajee et al., 2021).

A solid standing presents positive ramifications for business the executives. An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that the company's reputation as a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described Bourke

(2009) where a decline in the company's reputation can have an impact on market share compliance through customer choice, buyer choice, and referrals from doctors. It is also mentioned by the Healthcare Collector article in 2006 that hospitals, marketing and hospital maintenance are important aspects. JD Power and Associates viewed as that 75% of patients use notoriety related data as the fundamental rule in medical clinic choice, so an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found. Reputation management is able to show how reputation acts based on internal organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021).

The results of Bourke's research (2009) express that emergency clinics that are affected: pride related with the clinic, staff tell where they work, feel appended to champs and examples of overcoming adversity, advancement of medical clinics and offices, good insights shaped by the general population with undeniable degree of help for the emergency clinic, and the staff will feel pleased to work at the clinic. Concerning creating notoriety, Fombrun & van Riel (1997) clarifies, to assist organizations with framing a solid standing so it will have a positive and productive effect, there are a few principle components that need consideration, specifically in validity, unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun & van Riel (1997) to measure it, which include: validity, unwavering quality, dependability, and obligation.

With regard to the measurement of hospital performance, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical clinic execution has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps to determine the status of the hospital and is carried out based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to redmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality, from the consequences of his exploration, it was observed that the redmission rate for low-performing emergency clinics in 2009 would in general work on in 2011, while for higher-performing medical clinics would in general crumble. Meanwhile, Downing et al. (2017) measure emergency clinic execution by applying large information investigation. Hospital performance and health information are influenced by the quality of health information technology (Naser et al., 2020). They fostered another way to deal with portraying emergency clinic execution that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic execution. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfillment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recuperation, portion of the overall industry, worker fulfillment, patients and their family fulfillment.

Based on the description of the literature, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR which is the level of beds involved in a specific time unit, estimated by the level of BOR in a specific timeframe. Administration activity execution, as estimated by the patient fulfillment list, the quantity of patients who recuperated. Productivity (benefit), is the capacity of an organization to acquire a (benefit) inside a specific period or at the end of the day the capacity of an organization to create benefits (benefit) at a specific degree of deals, resources, and offer capital. So generally Profitability is the organization's capacity to create benefits (benefit) which will be the reason for the appropriation of organization profits. Where for this situation it is estimated from the % ROA (Return on Assets) and % ROE (Return on Equity) of the clinic inside a specific timeframe. Development of a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide

the best care for patients as part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

Wu & Wu (2013) observed that the organization's working capacities, innovative abilities and showcasing abilities stronger affect execution. Karami et al. (2013) observed that HR rehearses affect organization execution. HassabElnaby et al. (2012) tracked down that the organization's capacity to accomplish hierarchical abilities and empower the organization to accomplish more significant levels of monetary execution. Past research additionally represents the connection among notoriety and friend execution. Hasanudin & Budianto (2013) show that organization notoriety has positively affects organization execution. Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is a vital reason for organizations to further develop market possibilities and monetary execution just as an economical presence. What's more, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic execution. Ou & Hsu (2013) observed that firm standing conservatives the connection between human resources and creative execution.

## **METHODS**

This examination was directed utilizing quantitative exploration strategies. The unit of investigation in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic the board. Perceptions were made in a single shot time skyline specifically in 2021. The populace in this review was the hospital administration in West Kalimantan, which comprised of 36 general medical clinics from different classes. Tests were taken upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes Partial Least Square, which is a multivariate method that inspects a progression of reliance connections between inert factors. Based on the research paradigm previously described, the following hypotheses can be expressed.

H: hospital resources and hospital reputation affect hospital performance, either to some extent or all the while.

## **RESULTS AND DISCUSSION**

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world 60-85%. Bed Turn Over (BTO), in particular the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world the bed is utilized 40-50 times. Turn of Interval (TOI) which is the normal day wherein a bed isn't involved from being occupied to whenever it is filled arrives at 3.81 days, while in a perfect world the bed isn't involved in the scope of 1-3 days, and Length of stay (LOS) for example the normal length of stay for a patient arrives at 3.6 days, in a perfect world 6-9 days.

Clinics are needed to do accreditation with an end goal to work on the nature of administrations consistently every three a long time. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which expresses that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals for government hospitals as well as private hospitals or state-owned enterprises (BUMN). In 2018, in West Kalimantan Province have 67% hospitals spread across 14 cities and regencies were accredited. The data on the number of accredited hospitals in 2019 can be found in accompanying table.

Table 1. Number of Accredited Hospitals by Regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	-
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited located in Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached one hundred percent in Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement the performance of service operations, Schroeder (1993) measures performance through the results of the implementation of operations and business which are assessed from: quality, cost, delivery, flexibility, and innovation. While Renreng et al. (2016); Vrakas et al. (2021); Peron et al. (2022) measured operational performance with dimensions: production quality, production costs, delivery to the operations department, flexibility of the production system which is a mix of a progression of tasks created by creation exercises, and plan quality.

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle factors. Below is an image of the initial meal processed with the SmartPLS3.0 application.

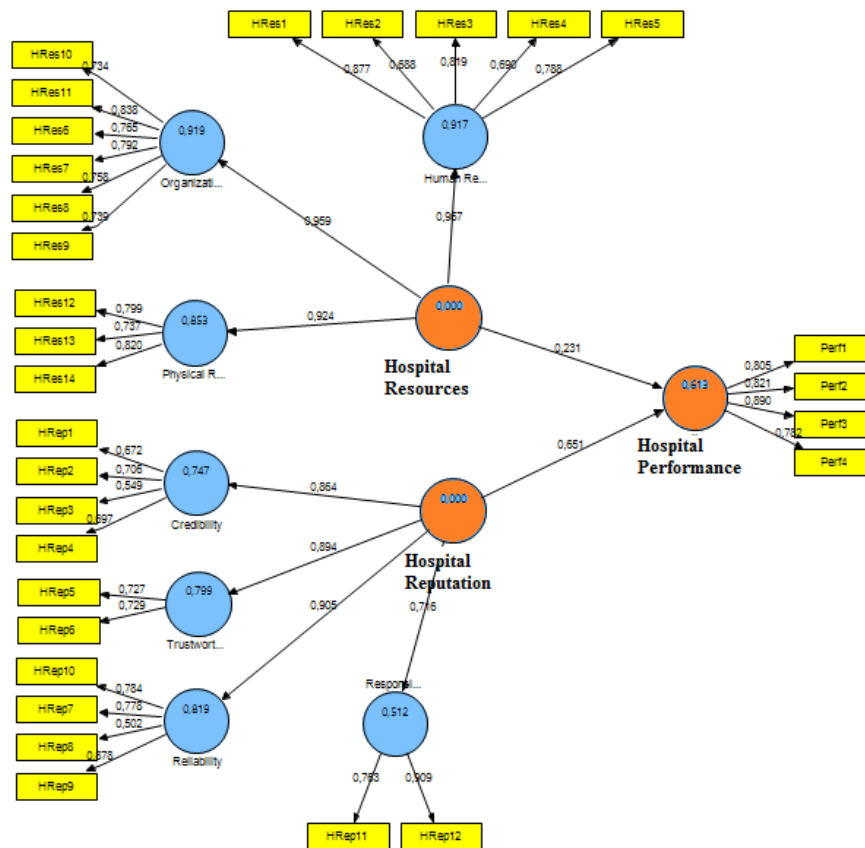


Figure 1. The path coefficient

Fig.1 the benefits of stacking factor are on the whole above 0.5, that every one of the signs of factors is legitimate and be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), composite unwavering quality and normal difference extricated (AVE). For testing the external model, a combined legitimacy test of the smart model was carried out by utilizing the stacking factor. Each noticed variable is considered substantial in case the worth of the stacking factor is above 0.5. The following are the stacking factor upsides of the noticed factors.

Table 2. Outer Model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)		
Hospital Resources	Human Resources		0,957	87,991	0,602	0,882		
		HRes1	0,877	34,680				
		HRes2	0,688	12,369				
		HRes3	0,819	22,185				
		HRes4	0,690	12,731				
	HRes5	0,788	16,954					
	Organizational Resources		0,959	95,345			0,596	0,898
		HRes6	0,765	17,701				
		HRes7	0,792	19,740				
		HRes8	0,758	23,063				
		HRes9	0,739	15,565				
HRes10		0,734	20,262					
Physical Resources		0,924	54,349	0,618	0,829			
	HRes12	0,799	21,765					
	HRes13	0,737	17,966					

		HRes14	0,820	27,376		
Hospital Reputation	Credibility		0,864	27,984	0,534	0,753
		HRep1	0,672	7,312		
		HRep2	0,706	7,685		
		HRep3	0,549	4,061		
		HRep4	0,697	7,980		
	Trustworthiness		0,894	35,433	0,530	0,693
		HRep5	0,727	10,729		
		HRep6	0,729	10,452		
	Reliability		0,905	50,294	0,561	0,831
		HRep7	0,778	15,493		
		HRep8	0,502	5,474		
		HRep9	0,878	34,076		
		HRep10	0,784	16,366		
	Responsibility		0,716	11,797	0,704	0,825
		HRep11	0,763	8,680		
		HRep12	0,909	50,028		
Hospital Performance		Perf1	0,805	23,008	0,682	0,895
		Perf2	0,821	25,375		
		Perf3	0,890	45,234		
		Perf4	0,782	20,319		

Table 2 clarify that all the stacking factor  $> 0.50$  (substantial) that every one of the factors are sufficient to use in the model. The AVE esteems  $> 0.50$  and the model has adequate joined legitimacy and can be tried further. Composite unwavering quality worth as each inactive variable has esteem above 0.7 that all models have high dependability.

The assessment of the model for the inward model was done utilizing R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated R-Square upsides of 0.67 are solid, 0.33 moderate and 0.19 are powerless. GOF is utilized to approve among estimation and underlying models where esteems are 0 - 0.25 (little), 0.25-0.36 (moderate) and  $> 0.36$  (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies. Assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium) and 0.02 (little).

Table 3. Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) Index
Hospital Resources		0,543		0,574
Hospital Reputation		0,389		
Hospital Performance	0,613	0,682	0,381	

Table 3 clarifies the co-productivity assurance on the Constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class and Q-Square is huge so that model is fit.

Table 4. Hypotheses testing

Structural Model	Path Coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources -> Hospital Performance	0,231*	0,066	3,478	0,121	Significant
Hospital Reputation -> Hospital Performance	0,651*	0,071	9,216	0,492	Significant



Hospital assets and Hospital Reputation have emphatically and huge direct impact on Hospital Performance, with at the same time  $R^2 = 61.3\%$  and the prevailing impact from Hospital Reputation (49.2%)

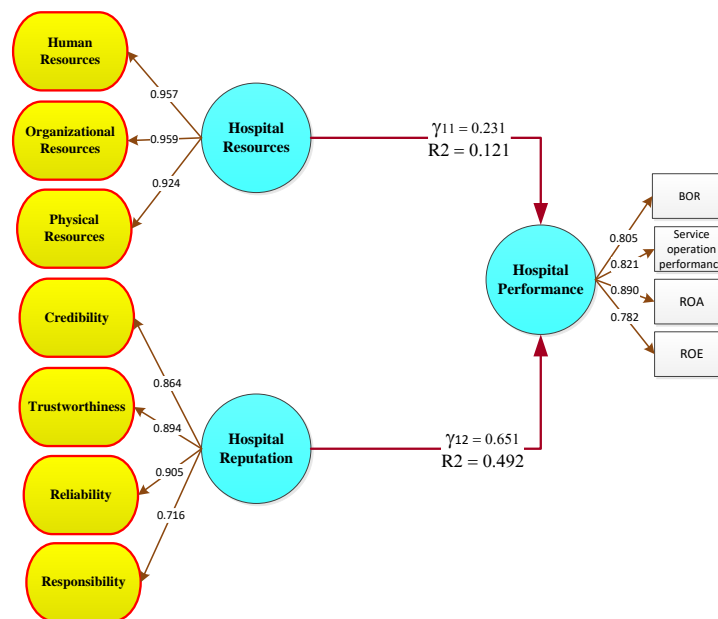


Figure 2. Finding Model

Theory testing brought about the tracking down that medical clinic assets and clinic notoriety significantly affected emergency clinic execution, either at the same time or somewhat. Partially, hospital reputation has a greater influence (49.2%) in building hospital performance, compared to hospital resources (12.1%). Simultaneously, the influence of two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from the reputation of hospital, 12.1% from hospital resources, and the rest from other variables not examined in this study.

The consequences of testing this theory demonstrate the idea of Fombrun & van Riel (1997) that to assist organizations with shaping a solid standing so it will have positive and beneficial effect, there are few principle components that need consideration, to be specific such as believability, unwavering quality, dependability, and obligation. Four aspects for reputation of the hospital are proven to have an influence on the performance of hospital. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most important aspect in effort to build hospital's reputation which has an impact on increasing hospital performance. Other aspects also make significant contribution in building the reputation of the hospital included trustworthiness, credibility, and responsibility.

This finding also supports the results of previous studies that reputation has effect on company performance such as the results of research by (Iwu-Egwuonwu, 2011), (Fachri et al., 2017), and (Hall Jr. & Lee, 2014). The hospital resources variable also makes significant contribution to improving hospital performance. Three dimensions, hospital resources, the results show that organizational resources provide the highest contribution in building hospital resources which have impact on hospital performance with coefficient of 0.959, followed by human resources (0.957), and physical resources (0.924). This illustrates that hospital resources especially need to be built in terms of organizational resources so that they can contribute to improving hospital performance.

The aftereffects of this review support the consequences of examination by Wu & Wu (2013) who observed that the organization's working abilities, innovative capacities and showcasing

capacities stronger affect execution. Karami et al. (2013) observed that HR rehearses impact organization execution. These outcomes likewise support HassabElnaby et al. (2012) that the organization's capacity to accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution.

The aftereffects of this review are relied upon to give administrative ramifications to emergency clinic the board in West Kalimantan with an end goal to further develop emergency clinic execution. This can be done by prioritizing efforts to develop the hospital's reputation, especially in the aspect of reliability, and supported by increasing trustworthiness, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human resources and physical resources.

## CONCLUSION

Referring to the current exploratory results, this study intends to examine the impact of emergency clinic assets and clinic fame on emergency clinic operations. The results of study stated that the medical clinic assets and the fame of the emergency clinic significantly affect the implementation of the clinic either at the same time or to a certain degree, where the fame of emergency clinic has a more important commitment to building the implementation of medical clinic, compared to the assets of emergency clinic. The follow-up effect of this study is to provide administrative consequences to clinical council in West Kalimantan with the aim of further developing better medical clinic implementation. Hospital performance improvement can be done through efforts that are based on the development of company's reputation, and supported by the development of hospital resources. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trust, credibility and responsibility. In addition, to support the improvement of hospital performance, the development of hospital resources needs to be carried out by prioritizing organizational resources that are supported by the development of human resources and physical resources.

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## 4. Paper Revised 4

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Please, pay attention that the research paper, which is a final report on the finished original experimental study, the structure is Abstract, Introduction, Literature review, Method, Results, Discussion, Conclusion.

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The Literature review (40-50 analyzed sources) should be completed by formulating the Aim. Then provide hypotheses (right here and all together, do not place the text between them). Then should be Methods.

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be carried out by prioritizing organizational resources which are upheld by the improvement of human resources and actual assets.

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# PERFORMANCE EVALUATION THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA

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## Abstract

This study examines the impact of emergency clinic assets and clinic fame on the implementation of medical clinics in West Kalimantan since public emergency clinics are prevalent. The examination utilized quantitative exploration techniques. The unit of analysis in this study is a medical clinic in West Kalimantan - Indonesia. The unit of perception is a medical clinic for executives. The perceptions were taken in one shoot time, particularly in 2021. The population covered 36 general hospitals from various classes, and the samples were taken from as many as 30 hospitals. The examination procedure for the exploration targets used partial least squares. The experimental outcomes support the speculation that clinic assets and medical clinic notoriety significantly affect clinic execution either all the while or somewhat, where emergency clinic notoriety has a more prominent commitment to building emergency clinic execution, contrasted with emergency clinic assets. The consequences of this review are relied upon to give administrative ramifications to the medical clinic executives with an end goal to further develop emergency clinic execution with endeavours that depend on the improvement of the organization's standing and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized, especially on reliability, and is supported by increasing trustworthiness, credibility and responsibility. Hospital resources development needs to be carried out by prioritizing organizational resources, which are upheld by improving human resources and tangible assets.

**Keywords:** hospital resources, hospital reputation, hospital performance, physical resources, credibility

**JEL Classification:** M10, O10, L10

## INTRODUCTION

Hospitals have an essential role in providing health services to the community that provide inpatient, outpatient, emergency services for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas far from the capital, the number is still small, and there are even some provinces do not yet have a particular type of hospital, such as in West Kalimantan. Health care procedures play an essential role in maintaining efficient treatment and improving the quality of care <sup>3 4</sup>.

In view of the depiction above, one might say that the exhibition of public clinics in West Kalimantan cannot be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al. (2017) found the effect of reputation on hospital performance. In addition, Hall Jr. & Lee (2014) found a positive correlation between organization execution and friends notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is essential for organizations to beat the opposition, develop market possibilities, and work on monetary execution and economic presence. Meanwhile, the phenomenon shows the problem of the reputation of hospitals in West Kalimantan. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations, with the goal that numerous Indonesian residents trust emergency clinics abroad to treat specific infections, especially in hospitals owned by local governments where the administrations are in some cases delayed in taking care of patients. According to Fombrun & van Riel (1997), a few fundamental components should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The literature also states that the organization's exhibition is connected to the resources owned by the company. The resource is defined as something owned by the company and used to optimize the company's strategy to improve company performance (Liu et al., 2011; Bunn et al., 2020). On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities, and marketing capabilities are getting more robust impact performance (Wu & Wu, 2013); good vision and leadership improve the company's reputation <sup>12</sup>.

Meanwhile, the observations illustrate the tendency of low ownership and management of resources in public hospital services in West Kalimantan. The indication is, for example, the patient room facilities are not representative. In hospitals owned by local governments, for example, there are piles of patients in a room to disturb the patient. In addition, there are also problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system carried out. Because of this foundation, this review analyzed the impact of emergency clinic assets and clinic notoriety on clinic execution in West Kalimantan.

## **1. Theoretical Analysis of Resources and Reputation**

Liu et al. (2011) stated that resources could be defined as something owned by the company and used to optimize the company's strategy to improve company performance, and valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel & Gulev (2011) take Fahl's opinion that internal resources can be converted into tangible and intangible assets, turning them into competencies. Hitt et al. (2015); Jancenelle (2021) divide resources into tangible, intangible, and capabilities. Wong et al. (2011) measure resources with physical resources, human resources, and organizational resources. Adhikari & Gill (2016); Wang & Zhao (2020) measured resources with the dimensions of human resources and physical resources. In comparison, Omerzel & Gulev (2011) use the dimensions of tangible resources and intangible resources. Hospital resources required for hospitalization of patients include the number of all hospital beds and nursing staff <sup>18</sup>. The hospital's primary resources may consist of critical care and facilities <sup>19</sup>.

A solid standing presents positive ramifications for business executives. An ideal authoritative standing is an essential asset for an organization's huge upper hand <sup>20</sup>. Meanwhile, Hsu (2012) stated that the company's reputation is a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described by Bourke (2009). A decline in the company's reputation can impact market share compliance through customer choice, buyer

choice, and referrals from doctors. It is also mentioned by the Healthcare Collector article in 2006 that hospitals, marketing and hospital maintenance are essential aspects. JD Power and Associates viewed that 75% of patients using notoriety-related data as the fundamental rule in medical clinic choice. Hence, an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found. Reputation management can show how reputation acts based on internal organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021).

The results of Bourke's research (2009) express that emergency clinic that an effect: pride related with the clinic, staff tell where they work, feel appended to champs and examples of overcoming adversity, advancement of medical clinics and offices, good insights shaped by the general population with an undeniable degree of help for the emergency clinic, and the staff will feel pleased to work at the clinic. Concerning creating notoriety, Fombrun & van Riel (1997) clarify that to assist organizations with framing a solid standing to have a positive and productive effect, a few principle components need consideration, specifically invalidity unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun & van Riel (1997) to measure it: validity, unwavering quality, dependability, and obligation.

Concerning hospital performance measurement, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical clinic execution has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps determine the hospital's status and is based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to the readmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality; from the consequences of his exploration, it was observed that the readmission rate for low-performing emergency clinics in 2009 would in general work on in 2011, while for higher-performing medical clinics would in the general crumble. Meanwhile, Downing et al. (2017) measure emergency clinic execution by applying considerable information investigation. Hospital performance and health information are influenced by the quality of health information technology<sup>30</sup>. They fostered another way to portray emergency clinic execution that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic execution. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfilment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recovery, a portion of the overall industry, worker fulfilment, patients and their family fulfilment.

Based on the literature description, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR is the level of beds involved in a specific time unit, estimated by BOR level within a particular timeframe. As estimated by the patient fulfilment list, administration activity execution is the number of recuperated patients. Productivity (benefit) is the capacity of an organization to acquire a (benefit) within a specific period or, at the end of the day, the ability of an organization to create benefits (benefit) at a particular degree of deals, resources, and offer capital. So generally, Profitability is the organization's capacity to create benefits (benefit) which will be the reason for the appropriation of organization profits. This situation is estimated from the clinic's % ROA (Return on Assets) and % ROE (Return on Equity) within a specific timeframe. Development of a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide the best care for patients as part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

Wu & Wu (2013) observed that the organization's working capacities, innovative abilities and showcasing abilities more vigorous affect execution. Karami et al. (2013) observed that HR rehearses affect organization execution. HassabElnaby et al. (2012) tracked down the organization's capacity to accomplish hierarchical abilities and empower the organization to achieve more significant levels of monetary execution. Past research additionally represents the connection between notoriety and friend execution. Hasanudin & Budianto (2013) show that organization notoriety has positively affected organization execution. Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is vital for organizations to develop further market possibilities and monetary execution just as an economic presence. What's more, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic execution. Ou & Hsu (2013) observed that firm-standing conservatives connect human resources and creative execution.

## 2. Research Methods

This examination employed quantitative exploration strategies. The investigation unit in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic of the board. Perceptions were made in a single shot time, specifically in 2021. The population in this review was the hospital administration in West Kalimantan, which comprised 36 general medical clinics from different classes. Tests were taken in upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes Partial Least Square, a multivariate method that inspects a progression of reliance connections between inert factors. Based on the research paradigm previously described, the following hypotheses can be expressed.

H: hospital resources and hospital reputation affect hospital performance, either to some extent or all the while.

## 3. Results

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example, the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world 60-85%. Bed Turn Over (BTO), in particular, the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world, the bed is used 40-50 times. Turn of Interval (TOI) which is the normal day wherein a bed isn't involved from being occupied to whenever it is filled arrives at 3.81 days, while in a perfect world, the bed isn't involved in the scope of 1-3 days, and length of stay (LOS) for example the normal length of stay for a patient arrives at 3.6 days, in a perfect world 6-9 days.

Clinics need accreditation with an end goal to work on the nature of administrations consistently every three a long times. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which represents that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals, government hospitals, and private or state-owned enterprises (BUMN). In 2018, West Kalimantan Province had 67% of hospitals spread across 14 cities and accredited regencies. The data on the number of accredited hospitals in 2019 can be found in the accompanying table.

Table 1. Number of Accredited Hospitals by Regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
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Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	-
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited located in the Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached one hundred per cent in Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement of the performance of service operations. Schroeder (1993) measures performance through the results of the implementation of operations and business, which are assessed from quality, cost, delivery, flexibility, and innovation. In contrast, Renreng et al. (2016); Vrakas et al. (2021); Peron et al. (2022) measured operational performance with dimensions: production quality, production costs, delivery to the operations department, the flexibility of the production system, which is a mix of a progression of tasks created by creation exercises and plan quality.

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle characteristics. Below is an image of the initial meal processed with the SmartPLS3.0 application.

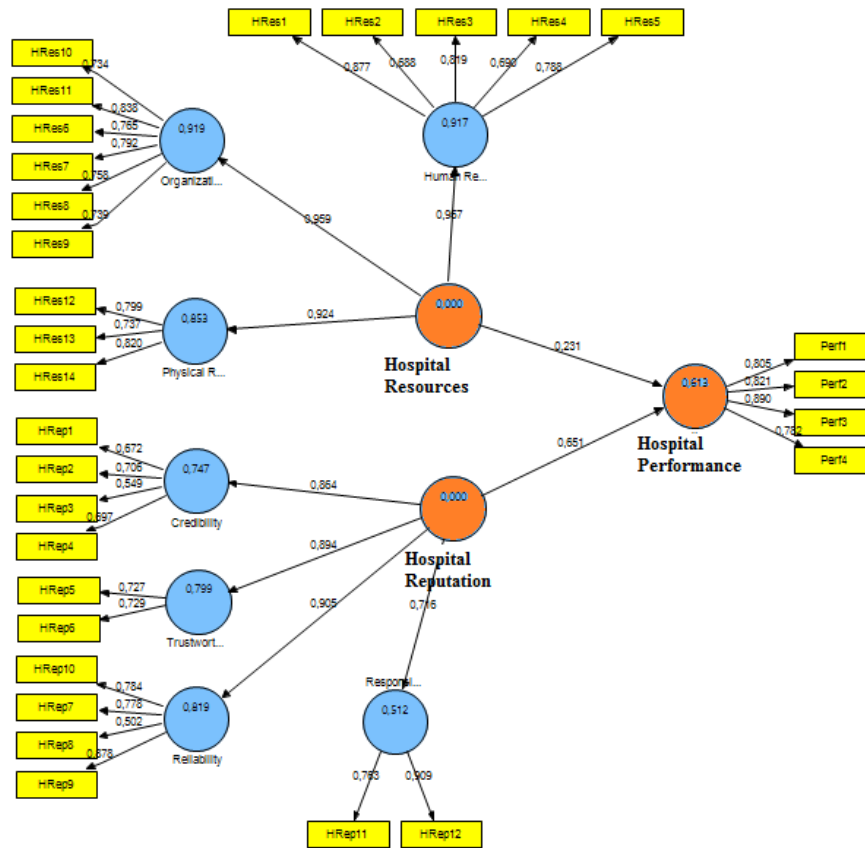


Figure 1. The path coefficient

Fig.1 the benefits of stacking factor are on the whole above 0.5, that every one of the signs of factors is legitimate and be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), unwavering composite quality and normal difference extricated (AVE). For testing the external model, a combined legitimacy test of the smart model was carried out by utilizing the stacking factor. Each noticed variable is considered substantial if the worth of the stacking factor is above 0.5. The following are the stacking factor upsides of the noticed factors.

Table 2. Outer Model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)
Hospital Resources	Human Resources	HRes1	0,877	34,680	0,602	0,882
		HRes2	0,688	12,369		
		HRes3	0,819	22,185		
		HRes4	0,690	12,731		
		HRes5	0,788	16,954		
	Organizational Resources	HRes6	0,765	17,701		
		HRes7	0,792	19,740		
		HRes8	0,758	23,063		
		HRes9	0,739	15,565		
		HRes10	0,734	20,262		
		HRes11	0,838	25,987		
Physical Resources	HRes12	0,799	21,765	0,618	0,829	
	HRes13	0,737	17,966			

		HRes14	0,820	27,376		
Hospital Reputation	Credibility		0,864	27,984	0,534	0,753
		HRep1	0,672	7,312		
		HRep2	0,706	7,685		
		HRep3	0,549	4,061		
		HRep4	0,697	7,980		
	Trustworthiness		0,894	35,433	0,530	0,693
		HRep5	0,727	10,729		
		HRep6	0,729	10,452		
	Reliability		0,905	50,294	0,561	0,831
		HRep7	0,778	15,493		
		HRep8	0,502	5,474		
		HRep9	0,878	34,076		
		HRep10	0,784	16,366		
	Responsibility		0,716	11,797	0,704	0,825
		HRep11	0,763	8,680		
		HRep12	0,909	50,028		
Hospital Performance		Perf1	0,805	23,008	0,682	0,895
		Perf2	0,821	25,375		
		Perf3	0,890	45,234		
		Perf4	0,782	20,319		

Table 2 clarifies that all the stacking factors > 0.50 (substantial) that every one of the factors is sufficient to use in the model. The AVE esteems > 0.50, and the model has adequate joined legitimacy and can be tried further. The composite unwavering quality worth as each static variable has esteem above 0.7 that all models have high dependability.

The inward model assessment was done utilizing R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated, R-Square upsides of 0.67 are solid, 0.33 moderate and 0.19 are powerless. GOF is utilized to approve among estimation and underlying models where esteems are 0 - 0.25 (little), 0.25-0.36 (moderate) and > 0.36 (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies. Assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium) and 0.02 (little).

Table 3. Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) Index
Hospital Resources		0,543		0,574
Hospital Reputation		0,389		
Hospital Performance	0,613	0,682	0,381	

Table 3 clarifies the co-productivity assurance on the Constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class, and Q-Square is huge, so that model is fit.

Table 4. Hypotheses testing

Structural Model	Path Coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources -> Hospital Performance	0,231*	0,066	3,478	0,121	Significant
Hospital Reputation -> Hospital Performance	0,651*	0,071	9,216	0,492	Significant

Hospital assets and Hospital Reputation have emphatically and substantial direct impact on Hospital Performance, with at the same time  $R^2 = 61.3\%$  and the prevailing impact from Hospital Reputation (49.2%)

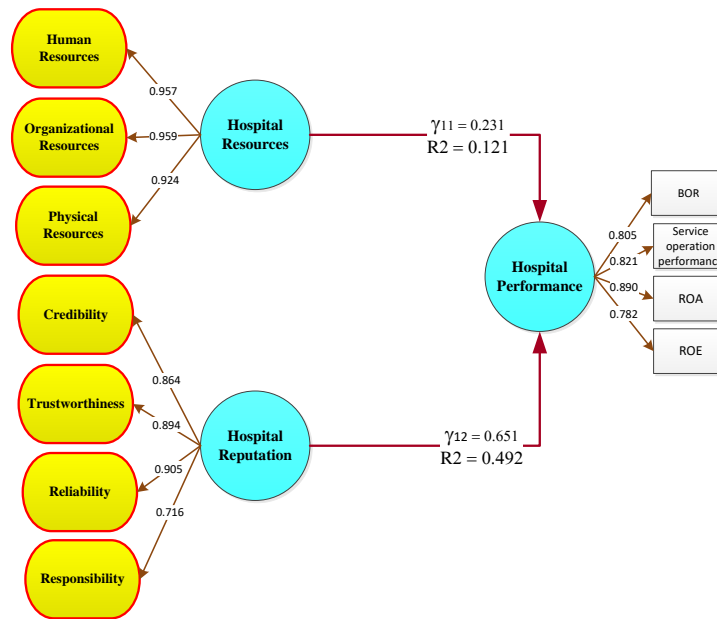


Figure 2. Finding Model

Theory testing brought about the tracking down that medical clinic assets, and clinic notoriety significantly affected emergency clinic execution, either at the same time or somewhat. Hospital reputation has a greater influence (49.2%) in building hospital performance than hospital resources (12.1%). Simultaneously, the effect of the two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from the reputation of hospital, 12.1% from hospital resources, and the rest from other variables not examined in this study.

#### 4. Discussion

The consequences of testing this theory demonstrate the idea of Fombrun & van Riel (1997) that to assist organizations with shaping a solid standing so it will have a positive and beneficial effect, a few principle components need consideration, to be specific such as believability, unwavering quality, dependability, and obligation. Four aspects of reputation of the hospital are proven to influence the performance of the hospital. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most important aspect in an effort to build a hospital's reputation, which impacts hospital performance. Other aspects also make significant contributions in building the hospital's reputation, including trustworthiness, credibility, and responsibility.

This finding also supports the results of previous studies that reputation affects company performance, such as the results of research by <sup>7</sup>, <sup>5</sup>, and <sup>6</sup>. The hospital resources variable also makes a significant contribution to improving hospital performance. Three dimensions, hospital resources, the results show that organizational resources provide the highest contribution in building hospital resources, which impact hospital performance with a coefficient of 0.959, followed by human resources (0.957), and physical resources (0.924). This illustrates that hospital resources



especially need to be built in terms of organizational resources to contribute to improving hospital performance.

The aftereffects of this review support the consequences of examination by Wu & Wu (2013), who observed that the organization's working abilities, innovative capacities and showcasing capacities more robust affect execution. Karami et al. (2013) observed that HR rehearses impact organization execution. These outcomes likewise support HassabElnaby et al. (2012) that the organization's capacity to accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution.

The aftereffects of this review are relied upon to give administrative ramifications to the emergency clinic the board in West Kalimantan with an end goal to develop emergency clinic execution further. This can be done by prioritizing efforts to develop the hospital's reputation, especially in the aspect of reliability, and supported by increasing trustworthiness, credibility and responsibility. In addition, to support hospital performance improvement, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human resources and physical resources.

## CONCLUSIONS

Referring to the current exploratory results, this study examined the impact of emergency clinic assets and clinic fame on emergency clinic operations. The results of the study stated that the medical clinic assets and the fame of the emergency clinic significantly affect the implementation of the clinic either at the same time or to a certain degree, where the fame of emergency clinic has a more meaningful commitment to building the implementation of medical clinic, compared to the assets of the emergency clinic. The follow-up effect of this study is to provide administrative consequences to the clinical council in West Kalimantan to further develop better medical clinic implementation. Hospital performance improvement can be made through efforts based on the development of the company's reputation and supported by the development of hospital resources. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trust, credibility and responsibility. In addition, to support hospital performance improvement, the development of hospital resources needs to be carried out by prioritizing organizational resources supported by human and physical resources development.

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## 5. Paper Revised 5

Dear Sri Sarjana,

the manuscript EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA, submitted to Problems and Perspectives in Management Journal, needs to be revised.

Comments:

The keywords should reflect the area of the research. The number of keywords should be 5-10 in average. There should not be the sentences, but the words or word groups. There is no need to replicate words from the title of the manuscript.

The Introduction (0,5-1 page) should be devoted exclusively to the relevance of the research topic and the formulation of the problem in general.

The Literature review should be completed with 2-3 generalizing sentences and then formulating the aim of the study. Then provide hypotheses (right here and all together, do not place the text between them). Then should be Methods. Significantly strengthen it.

The Discussion section should discuss the results of the study, compare with previous ones, discuss why the authors have such results, determine future prospects.

The Conclusions were built incorrectly. There should be such logic in the Conclusions - indicate the aim of the research, briefly demonstrate the result, indicate what conclusions should be drawn from it.

Sentences from the Conclusions should not be repeated in the Abstract.

The deadline for revisions is 2022-02-28

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Kind regards,

Katerina Maschenko  
Managing Editor  
Journal Problems and Perspectives in Management

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### General

**TITLE**  
EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA

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# PERFORMANCE EVALUATION THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN INDONESIA

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## Abstract

This study examines the impact of emergency clinic assets and clinic fame on the operation of health clinics in helping to provide health facilities for the community. The examination utilized quantitative exploration techniques. The unit of analysis in this study is a medical clinic in West Kalimantan - Indonesia. The unit of perception is a medical clinic for executives. The perceptions were taken in one shoot time, particularly in 2021. The population covered 36 general hospitals from various classes, and the samples were taken from as many as 30 hospitals. The examination procedure for the exploration targets used partial least squares. The experimental outcomes support the speculation that clinic assets and medical clinic notoriety significantly affect clinic execution either all the while or somewhat, where emergency clinic notoriety has a more prominent commitment to building emergency clinic execution, contrasted with emergency clinic assets. The consequences of this review are relied upon to give administrative ramifications to the medical clinic executives with an end goal to further develop emergency clinic execution with endeavours that depend on the improvement of the organization's standing and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized, especially on reliability, and is supported by increasing trustworthiness, credibility and responsibility. Hospital resources development needs to be carried out by prioritizing organizational resources, which are upheld by improving human resources and tangible assets.

**Keywords:** hospital resources, hospital reputation, hospital performance, physical resources, hospital credibility, bed occupancy rate, bed turn over

**JEL Classification:** L80, M21, O49

## INTRODUCTION

Hospitals have an essential role in providing health services to the community that provide inpatient, outpatient, emergency services for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas far from the capital, the number is still small, and there are even some provinces do not yet have a particular type of hospital. Health care procedures play an essential role in maintaining efficient treatment and improving the quality of care (Gu et al., 2021) (Jeffreys et al., 2020). The phenomenon often occurs in the performance of hospitals in various regions of the world that experience performance errors,

financing mismatches, missed deadlines, quality problems, and disappointing results (Love & Ika, 2021).

In view of the depiction above, one might say that the exhibition of public clinics cannot be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al. (2017) found the effect of reputation on hospital performance. In addition, Hall Jr. & Lee (2014) found a positive correlation between organization execution and friends notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is essential for organizations to beat the opposition, develop market possibilities, and work on monetary execution and economic presence. Meanwhile, the phenomenon shows the problem of the reputation of hospitals. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations, with the goal that numerous Indonesian residents trust emergency clinics abroad to treat specific infections, especially in hospitals owned by local governments where the administrations are in some cases delayed in taking care of patients. According to Fombrun & van Riel (1997), a few fundamental components should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The resource is defined as something owned by the company and used to optimize the company's strategy to improve company performance (Liu et al., 2011; Bunn et al., 2020). On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities, and marketing capabilities are getting more robust impact performance (Wu & Wu, 2013); good vision and leadership improve the company's reputation (Sarjana et al., 2018). The need to utilize digital channels in health care to increase the perspective of trust and continuity of medical services in building better performance (H. Wu et al., 2021).

Meanwhile, the observations illustrate the tendency of low ownership and management of resources in public hospital services. The indication is, for example, the patient room facilities are not representative. In hospitals owned by local governments, for example, there are piles of patients in a room to disturb the patient. In addition, there are also problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system carried out. Because of this foundation, this review analyzed the impact of emergency clinic assets and clinic notoriety on clinic execution in West Kalimantan.

## **1. Theoretical Analysis of Resources and Reputation**

Liu et al. (2011) stated that resources could be defined as something owned by the company and used to optimize the company's strategy to improve company performance, and valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel & Gulev (2011) take Fahl's opinion that internal resources can be converted into tangible and intangible assets, turning them into competencies. Hitt et al. (2015); Jancenelle (2021) divide resources into tangible, intangible, and capabilities. Wong et al. (2011) measure resources with physical resources, human resources, and organizational resources. Adhikari & Gill (2016); Wang & Zhao (2020) measured resources with the dimensions of human resources and physical resources. In comparison, Omerzel & Gulev (2011) use the dimensions of tangible resources and intangible resources. Hospital resources required for hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). The hospital's primary resources may consist of critical care and facilities (Musajee et al., 2021).

An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that the company's reputation is a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described by Bourke (2009). Reputation management can show how reputation acts based on internal

organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021). The results of Bourke's research (2009) express that emergency clinic that an effect: pride related with the clinic, staff tell where they work, feel appended to champs and examples of overcoming adversity, advancement of medical clinics and offices, good insights shaped by the general population with an undeniable degree of help for the emergency clinic, and the staff will feel pleased to work at the clinic. Concerning creating notoriety, Fombrun & van Riel (1997) clarify that to assist organizations with framing a solid standing to have a positive and productive effect, a few principle components need consideration, specifically invalidity unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun & van Riel (1997) to measure it: validity, unwavering quality, dependability, and obligation.

Concerning hospital performance measurement, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical clinic execution has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps determine the hospital's status and is based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to the readmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality; from the consequences of his exploration, it was observed that the readmission rate for low-performing emergency clinics in 2009 would in general work on in 2011, while for higher-performing medical clinics would in the general crumble. Meanwhile, Downing et al. (2017) measure emergency clinic execution by applying considerable information investigation. Hospital performance and health information are influenced by the quality of health information technology (Naser et al., 2020), and they fostered another way to portray emergency clinic execution that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic execution. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfilment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recovery, a portion of the overall industry, worker fulfilment, patients and their family fulfilment. Development of a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide the best care for patients as part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

Wu & Wu (2013) observed that the organization's working capacities, innovative abilities and showcasing abilities more vigorous affect execution. Karami et al. (2013) observed that HR rehearses affect organization execution. HassabElnaby et al. (2012) tracked down the organization's capacity to accomplish hierarchical abilities and empower the organization to achieve more significant levels of monetary execution. Hasanudin & Budianto (2013) show that organization notoriety has positively affected organization execution. Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is vital for organizations to develop further market possibilities and monetary execution just as an economic presence. What's more, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic execution. Ou & Hsu (2013) observed that firm-standing conservatives connect human resources and creative execution.

A decline in the company's reputation can impact market share compliance through customer choice, buyer choice, and referrals from doctors. It is also mentioned by the Healthcare Collector article in 2006 that hospitals, marketing and hospital maintenance are essential aspects. JD Power and Associates viewed that 75% of patients using notoriety-related data as the fundamental rule in medical clinic choice. Hence, an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found. Based on the literature description, the



performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR is the level of beds involved in a specific time unit, estimated by BOR level within a particular timeframe. As estimated by the patient fulfillment list, administration activity execution is the number of recuperated patients. Productivity (benefit) is the capacity of an organization to acquire a (benefit) within a specific period or, at the end of the day, the ability of an organization to create benefits (benefit) at a particular degree of deals, resources, and offer capital. So generally, Profitability is the organization's capacity to create benefits (benefit) which will be the reason for the appropriation of organization profits. This situation is estimated from the clinic's % ROA (Return on Assets) and % ROE (Return on Equity) within a specific timeframe. This study aims to determine the effect of hospital resources and hospital reputation on hospital performance in West Kalimantan.

H: hospital resources and hospital reputation affect hospital performance, either to some extent or all the while.

## **2. Research Methods**

This examination employed quantitative exploration strategies. A quantitative approach was applied to examine the variables used in the study which included hospital resources, hospital reputation and hospital performance. The investigation unit in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic of the board. Perceptions were made in a single shot time, specifically in 2021. The population in this review was the hospital administration in West Kalimantan, which comprised 36 general medical clinics from different classes. Tests were taken in upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes Partial Least Square, a multivariate method that inspects a progression of reliance connections between inert factors. Based on the research paradigm previously described, the following hypotheses can be expressed.

## **3. Results**

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example, the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world 60-85%. Bed Turn Over (BTO), in particular, the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world, the bed is used 40-50 times. Turn of Interval (TOI) which is the normal day wherein a bed isn't involved from being occupied to whenever it is filled arrives at 3.81 days, while in a perfect world, the bed isn't involved in the scope of 1-3 days, and length of stay (LOS) for example the normal length of stay for a patient arrives at 3.6 days, in a perfect world 6-9 days.

Clinics need accreditation with an end goal to work on the nature of administrations consistently every three a long times. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which represents that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals, government hospitals, and private or state-owned enterprises (BUMN). In 2018, West Kalimantan Province had 67% of hospitals spread across 14 cities and accredited regencies. The data on the number of accredited hospitals in 2019 can be found in the accompanying table.

Table 1. Number of Accredited Hospitals by Regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	-
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited located in the Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached one hundred per cent in Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement of the performance of service operations. Schroeder (1993) measures performance through the results of the implementation of operations and business, which are assessed from quality, cost, delivery, flexibility, and innovation. In contrast, Renreng et al. (2016); Vrakas et al. (2021); Peron et al. (2022) measured operational performance with dimensions: production quality, production costs, delivery to the operations department, the flexibility of the production system, which is a mix of a progression of tasks created by creation exercises and plan quality.

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle characteristics. Below is an image of the initial meal processed with the SmartPLS3.0 application.

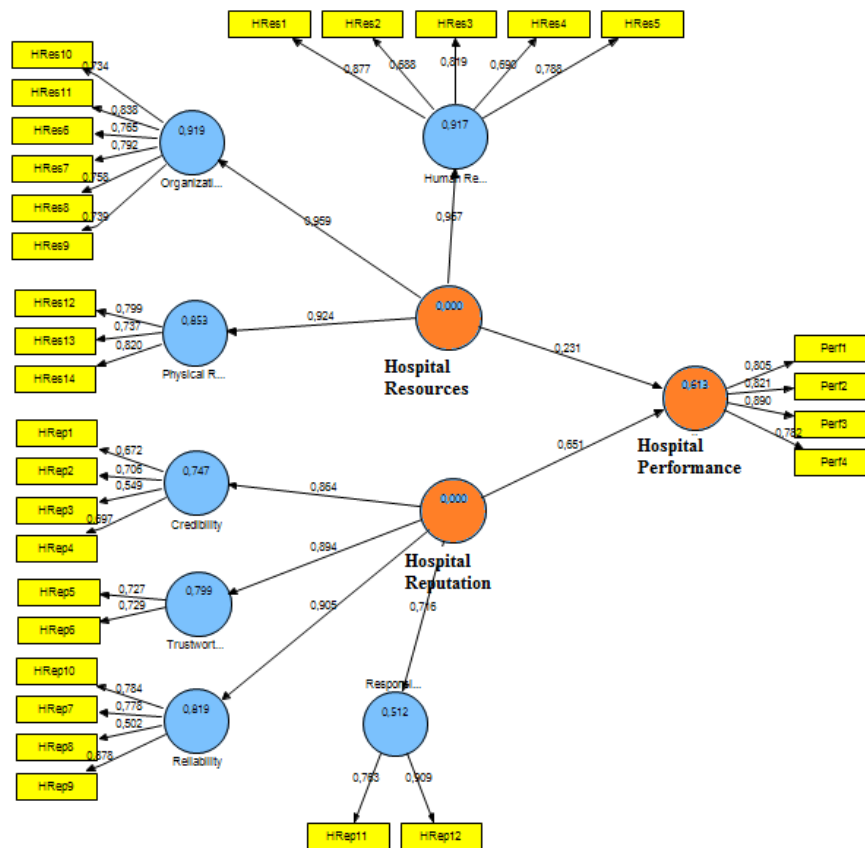


Figure 1. The path coefficient

Fig.1 the benefits of stacking factor are on the whole above 0.5, that every one of the signs of factors is legitimate and be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), unwavering composite quality and normal difference extricated (AVE). For testing the external model, a combined legitimacy test of the smart model was carried out by utilizing the stacking factor. Each noticed variable is considered substantial if the worth of the stacking factor is above 0.5. The following are the stacking factor upsides of the noticed factors.

Table 2. Outer Model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)
Hospital Resources	Human Resources	HRes1	0,877	34,680	0,602	0,882
		HRes2	0,688	12,369		
		HRes3	0,819	22,185		
		HRes4	0,690	12,731		
		HRes5	0,788	16,954		
	Organizational Resources	HRes6	0,765	17,701		
		HRes7	0,792	19,740		
		HRes8	0,758	23,063		
		HRes9	0,739	15,565		
		HRes10	0,734	20,262		
		HRes11	0,838	25,987		
Physical Resources	HRes12	0,799	21,765			
	HRes13	0,737	17,966			

		HRes14	0,820	27,376		
Hospital Reputation	Credibility		0,864	27,984	0,534	0,753
		HRep1	0,672	7,312		
		HRep2	0,706	7,685		
		HRep3	0,549	4,061		
		HRep4	0,697	7,980		
	Trustworthiness		0,894	35,433	0,530	0,693
		HRep5	0,727	10,729		
		HRep6	0,729	10,452		
	Reliability		0,905	50,294	0,561	0,831
		HRep7	0,778	15,493		
		HRep8	0,502	5,474		
		HRep9	0,878	34,076		
		HRep10	0,784	16,366		
	Responsibility		0,716	11,797	0,704	0,825
		HRep11	0,763	8,680		
		HRep12	0,909	50,028		
Hospital Performance		Perf1	0,805	23,008	0,682	0,895
		Perf2	0,821	25,375		
		Perf3	0,890	45,234		
		Perf4	0,782	20,319		

Table 2 clarifies that all the stacking factors > 0.50 (substantial) that every one of the factors is sufficient to use in the model. The AVE esteems > 0.50, and the model has adequate joined legitimacy and can be tried further. The composite unwavering quality worth as each static variable has esteem above 0.7 that all models have high dependability.

The inward model assessment was done utilizing R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated, R-Square upsides of 0.67 are solid, 0.33 moderate and 0.19 are powerless. GOF is utilized to approve among estimation and underlying models where esteems are 0 - 0.25 (little), 0.25-0.36 (moderate) and > 0.36 (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies. Assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium) and 0.02 (little).

Table 3. Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) Index
Hospital Resources		0,543		0,574
Hospital Reputation		0,389		
Hospital Performance	0,613	0,682	0,381	

Table 3 clarifies the co-productivity assurance on the constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class, and Q-Square is huge, so that model is fit.

Table 4. Hypotheses testing

Structural Model	Path Coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources -> Hospital Performance	0,231*	0,066	3,478	0,121	Significant
Hospital Reputation -> Hospital Performance	0,651*	0,071	9,216	0,492	Significant

Hospital assets and Hospital Reputation have emphatically and substantial direct impact on Hospital Performance, with at the same time R<sup>2</sup> = 61.3% and the prevailing impact from Hospital

Reputation (49.2%). The important role of core elements in the integrated resources can strengthen the perspective of a better performance (Shan et al., 2020).

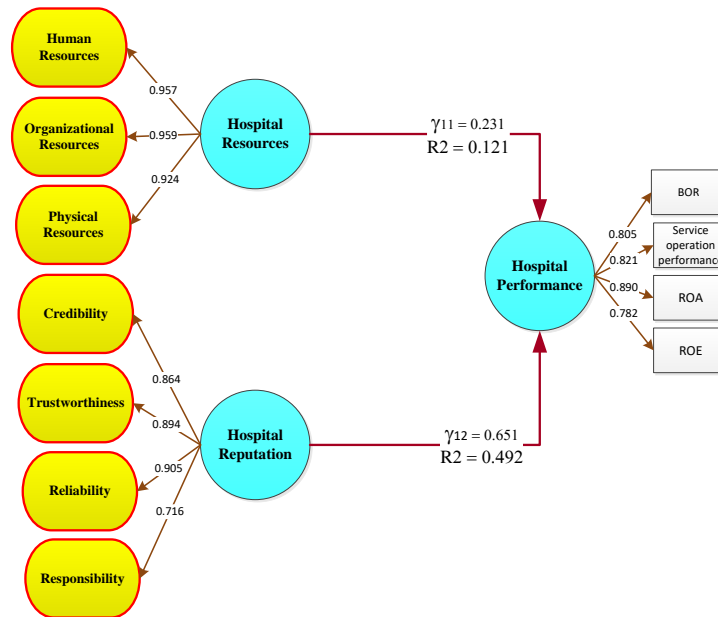


Figure 2. Finding Model

Theory testing brought about the tracking down that medical clinic assets, and clinic notoriety significantly affected emergency clinic execution, either at the same time or somewhat. Hospital reputation has a greater influence (49.2%) in building hospital performance than hospital resources (12.1%). Simultaneously, the effect of the two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from the reputation of hospital, 12.1% from hospital resources, and the rest from other variables not examined in this study. Reputation effectively affects organizational performance linkages (Singh & Misra, 2021), positive reputation can strengthen the company's performance consistently (Y. F. Liu et al., 2022).

#### 4. Discussion

The consequences of testing this theory demonstrate the idea of Fombrun & van Riel (1997) that to assist organizations with shaping a solid standing so it will have a positive and beneficial effect, a few principle components need consideration, to be specific such as believability, unwavering quality, dependability, and obligation. Four aspects of reputation of the hospital are proven to influence the performance of the hospital. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most important aspect in an effort to build a hospital's reputation, which impacts hospital performance. Other aspects also make significant contributions in building the hospital's reputation, including trustworthiness, credibility, and responsibility. Based on the results of the analysis, it shows that there is a relationship between the variables being tested. This is shown in the findings of model where hospital resources have significant effect on hospital performance, besides that hospital reputation also has significant effect on hospital performance. In this study, it is shown that there is an influence obtained, especially on the operation of hospitals in West Kalimantan.

This finding also supports the results of previous studies that reputation affects company performance, such as the results of research by (Iwu-Egwuonwu, 2011), (Fachri et al., 2017), and

(Hall Jr. & Lee, 2014). The hospital resources variable also makes a significant contribution to improving hospital performance. Three dimensions, hospital resources, the results show that organizational resources provide the highest contribution in building hospital resources, which impact hospital performance with a coefficient of 0.959, followed by human resources (0.957), and physical resources (0.924). This illustrates that hospital resources especially need to be built in terms of organizational resources to contribute to improving hospital performance.

The aftereffects of this review support the consequences of examination by Wu & Wu (2013), who observed that the organization's working abilities, innovative capacities and showcasing capacities more robust affect execution. Karami et al. (2013) observed that HR rehearses impact organization execution. These outcomes likewise support HassabElnaby et al. (2012) that the organization's capacity to accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution. The aftereffects of this review are relied upon to give administrative ramifications to the emergency clinic the board in West Kalimantan with an end goal to develop emergency clinic execution further. This can be done by prioritizing efforts to develop the hospital's reputation, especially in the aspect of reliability, and supported by increasing trustworthiness, credibility and responsibility. In addition, to support hospital performance improvement, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human resources and physical resources.

## **CONCLUSION**

Referring to the current exploration results, this study examines the impact of hospital resources and hospital reputation on hospital performance in emergency clinic operations. The results of the study state that hospital resources and hospital reputation in the management of emergency clinics have a significant effect on hospital performance in the operation of emergency clinics both at the same time and at a certain level, where the fame of emergency clinics has a more meaningful commitment in building hospitals. The follow-up effect of this study is to provide administrative consequences to the clinical council in West Kalimantan to further develop better medical clinic implementation. Hospital performance improvement can be made through efforts based on the development of the company's reputation and supported by the development of hospital resources. Hospital reputation development needs to be prioritized, especially on the aspect of reliability, and is supported by increasing trust, credibility and responsibility. In addition, to support hospital performance improvement, the development of hospital resources needs to be carried out by prioritizing organizational resources supported by human and physical resources development.

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The left sidebar contains the user name "Sri Sarjana" and a "SUBMISSIONS" button. The bottom of the page shows a Windows taskbar with the date "3/10/2022" and time "10:04 PM".

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Decision Making	27.03.2022
Author	27.03.2022

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SYSTEM

EVALUATION OF HOSPITAL PERFORMANCE THROUGH EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN WEST KALIMANTAN, INDONESIA	Sri Sarjana, ...	Problems and Perspectives in Management	Publishing Process	Publication Process	20
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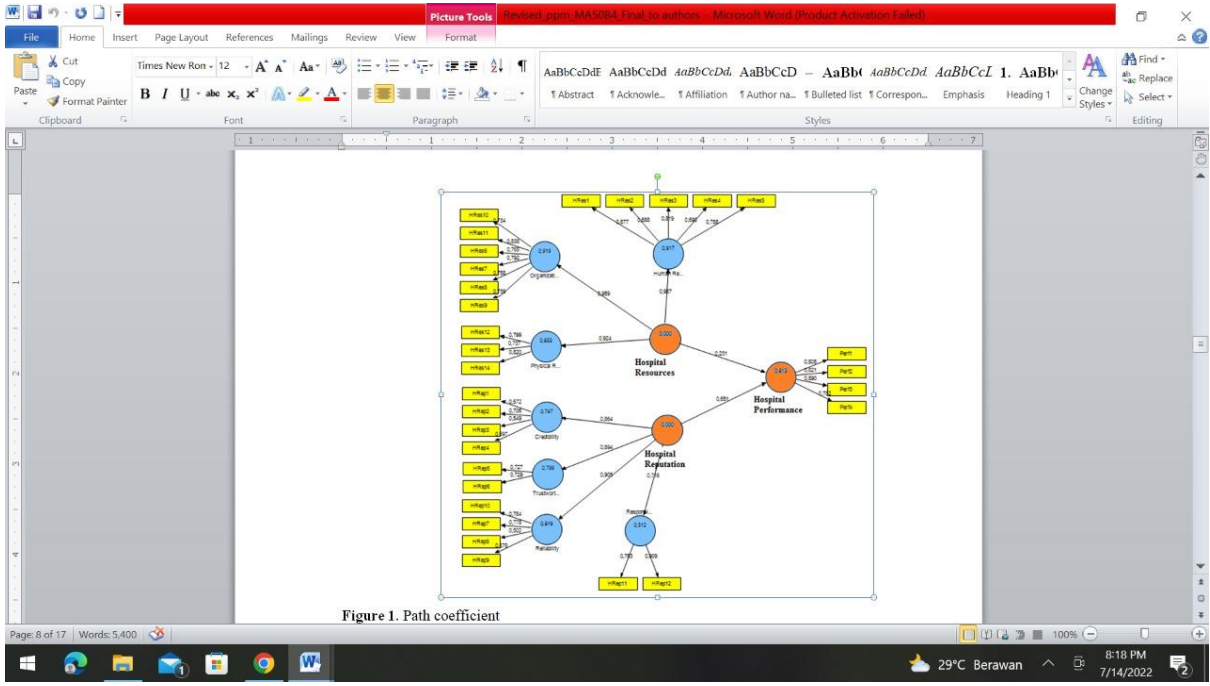


Figure 1. Path coefficient



## 9. Final Author

## **Performance evaluation through the effectiveness of resources and reputation: A case study of hospitals in Indonesia**

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Helman Fachri, Sri Sarjana, 2022

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### **Abstract**

This study **aims to examine** the impact of emergency clinic assets and its reputation on the operation of health clinics that provide health facilities for the community. ~~The examination utilized quantitative exploration techniques.~~ The unit of analysis in this study is a medical clinic in West Kalimantan, Indonesia. The unit of perception is executives of a medical clinic ~~for~~. The perceptions were taken in one shoot time, particularly in 2021. The population covered 36 general hospitals from various classes, and the samples were taken from as many as 30 hospitals. The examination procedure for the exploration targets in this study used partial least squares. The experimental outcomes support the speculation that clinic assets and medical clinic reputation significantly affect clinic performance either all the while or somewhat. However, emergency clinic reputation has a more prominent commitment to emergency clinic performance, contrasted with emergency clinic assets. The findings of this review provide administrative ramifications to the medical clinic executives with an end goal to further develop emergency clinic performance with endeavors that depend on the improvement of the organization's standing and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized and supported, especially hospital reliability aspect, as well as trustworthiness, credibility, and responsibility should be increased. Hospital resource development needs to be carried out by prioritizing organizational resources, which are upheld by improving human resources and tangible assets.

**Keywords:** hospital resources, hospital reputation, hospital performance, physical resources, hospital credibility, bed occupancy rate, bed turnover

**JEL Classification:** L80, M21, ~~049~~

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## **Introduction**

Hospitals have an essential role in providing health services to the community that provides inpatient, outpatient, and emergency services for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas far from the capital, the number is still tiny, and some provinces do not yet have a particular type of hospitals. Health care procedures play an essential role in maintaining efficient treatment and improving the quality of this care (Gu et al., 2021; Jeffreys et al., 2020). The phenomenon often occurs in the performance of hospitals in various world regions that experience performance errors, financing mismatches, missed deadlines, quality problems, and disappointing results (Love & Ika, 2021).

Given the depiction above, one might say that the exhibition of public clinics cannot be supposed to be predominant. Previous research has shown that performance is influenced by reputation. Fachri et al. (2017) found the effect of reputation on hospital performance. In addition, Hall and Lee (2014) found a positive correlation between organization performance and friends' notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is essential for organizations to beat the opposition, develop market possibilities, and work on monetary execution and economic presence.

Meanwhile, the phenomenon shows the problem of the reputation of hospitals. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations. For example, numerous Indonesian residents trust emergency clinics abroad to treat specific infections, especially in hospitals owned by local governments where the administrations are, in some cases, delayed in taking care of patients. According to Fombrun and van Riel (1997), a few fundamental components should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The resource is defined as something owned by the company and used to optimize the company's strategy to improve company performance (Liu et al., 2011; Bunn et al., 2020).

On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities, and marketing capabilities are getting more robust impact performance (J. Wu & Z. Wu, 2013); good vision and leadership improve company reputation (Sarjana et al., 2018). It is vital to utilize digital channels in health care to increase the perspective of trust and continuity of medical services, leading to better performance (Wu et al., 2021).

Meanwhile, the observations illustrate the tendency of low ownership and management of resources in public hospital services. The indication is, for example, that the patient room facilities are not representative. In hospitals owned by local governments, for example, there are piles of patients in a room to disturb the patient. In addition, there are problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system. ~~Because of this foundation,~~ this review paper analyzed the impact of emergency clinic assets and clinic reputation on clinic performance in West Kalimantan.

## **1. Literature review and hypotheses**

### **1.1. Resources and reputation**

Liu et al. (2011) stated that resources could be defined as something owned by a company and used to optimize the company's strategy to improve company performance. Valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel and Gulev (2011) take Fahl's (year not mentioned in the references) opinion that internal resources can be converted into tangible and intangible assets, turning them into competencies.

Hitt et al. (2015 not mentioned in the references) and Jancenelle (2021) divide resources into tangible, intangible, and capabilities. Wong et al. (2011) measured resources with physical resources, human resources, and organizational resources. Adhikari and Gill (2016) and Wang and Zhao (2020) measured resources with the dimensions of human resources and physical resources. In comparison, Omerzel and Gulev (2011) use the dimensions of tangible and intangible resources. Hospital resources required for the hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). In addition, the hospital's primary resources may include critical care and facilities (Musajee et al., 2021).

An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that company reputation is a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described by Bourke (2009). Reputation management can show how reputation acts based on internal organizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021).

Bourke (2009) expressed that emergency clinic reputation is affected by the pride related to the clinic (staff is eager to tell where they work, feel appended to champs and examples of overcoming adversity). Moreover, advancement of medical clinics and offices, good insights shaped by the general population with an undeniable degree of help for the emergency clinic are vital; thus, the staff will feel pleased to work at this clinic. Concerning creating notoriety, Fombrun

and van Riel (1997) clarify that to assist organizations with framing a solid standing to have a positive and productive effect, a few principle components need consideration, specifically invalidity, unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun and van Riel (1997) to measure it: validity, unwavering quality, dependability, and obligation.

Concerning hospital performance measurement, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical performance has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps to determine the hospital's status and is based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to the readmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality. From the consequences of his exploration, it was observed that the readmission rate for low-performing emergency clinics in 2009 would be in general work, while for higher-performing medical clinics, it would be in the general crumble.

Meanwhile, Downing et al. (2017) measure emergency clinic performance by applying considerable information investigation. Hospital performance and health information are influenced by the quality of health information technology (Alolayyan et al., 2020). They fostered another way to portray emergency clinic performance that featured likenesses and contrasts among medical clinics and recognized general examples of medical clinic performance. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfillment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recovery, a portion of the overall industry, worker fulfillment, patients and their family fulfillment. Developing a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide the best care for patients is a part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

J. Wu and Z. Wu (2013) observed that the organization's working capacities, innovative abilities, and showcasing abilities more vigorously affect performance. Karami et al. (2013) observed that HR rehearses affect organization performance. HassabElnaby et al. (2012) tracked down the organization's capacity to accomplish hierarchical abilities and empower the organization to achieve more significant levels of monetary execution. Finally, Hasanudin and Budianto (2013) show that organization notoriety has positively affected organization performance.

Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is vital for organizations to develop further market possibilities and monetary execution just as an economic presence. Moreover, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic performance. Ou and Hsu (2013) observed that firm-standing conservatives connect human resources and creative execution.

A decline in the company's reputation can affect market share compliance through customer choice, buyer choice, and referrals from doctors. It is also mentioned by the **Healthcare Collector (2006 not mentioned in the references)** article that hospitals, marketing, and hospital maintenance are essential aspects. JD Power and Associates viewed that 75% of patients use notoriety-related data as the fundamental rule in medical clinic choice. Hence, an investigation of notoriety in the medical care industry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found.

Based on the literature description, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR is the level of beds involved in a specific time unit, estimated by BOR level within a particular timeframe. As estimated by the patient fulfillment list, administration activity performance is the number of recuperated patients. Productivity (benefit) is the capacity of an organization to acquire a benefit within a specific period or the ability of an organization to create benefits (benefit) at a particular degree of deals, resources, and offer capital.

Thus, generally, profitability is the organization's capacity to create benefits (benefit) which will be the reason for appropriating organization profits. This situation is estimated from the clinic's ROA % (Return on Assets) and ROE % (Return on Equity) within a specific timeframe. This study aims to determine the effect of hospital resources and reputation on hospital performance in West Kalimantan. Thus, the following hypotheses are elaborated:

**H1:** Hospital resources affect hospital performance, either to some extent or all the while.

**H2:** Hospital reputation affects hospital performance, either to some extent or all the while.

## **2. Research methods and data**

This **examination study** employed quantitative exploration strategies. A quantitative approach was applied to examine the variables used in the study, which included hospital resources, hospital reputation, and hospital performance. The investigation unit in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic of the board. Perceptions were made in a single shot time, specifically in 2021. The population in this

review was the hospital administration in West Kalimantan, which comprised 36 general medical clinics from different classes. Tests were taken in upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes partial least squares, as well as a multivariate method that inspects a progression of reliance connections between inert factors.

**Методи слабо!**

### 3. Results

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example, the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world – 60-85%. Bed Turnover (BTO), in particular, the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world the bed is used 40-50 times. Turn of Interval (TOI) is the normal day wherein a bed is not involved from being occupied to whenever it is filled, arrives at 3.81 days. On the contrary, in a perfect world, the bed is not involved in the scope of 1-3 days, and the length of stay (LOS) (for example, the normal length of stay) for a patient arrives at 3.6 days, in a perfect world – 6-9 days.

Clinics need accreditation with an end goal to work on the nature of administrations consistently every three a long time. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which represents that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals, government hospitals, and private or state-owned enterprises (BUMN). In 2018, West Kalimantan Province had 67% hospitals spread across 14 cities and accredited regencies. The data on the number of accredited hospitals in 2019 can be found in Table 1.

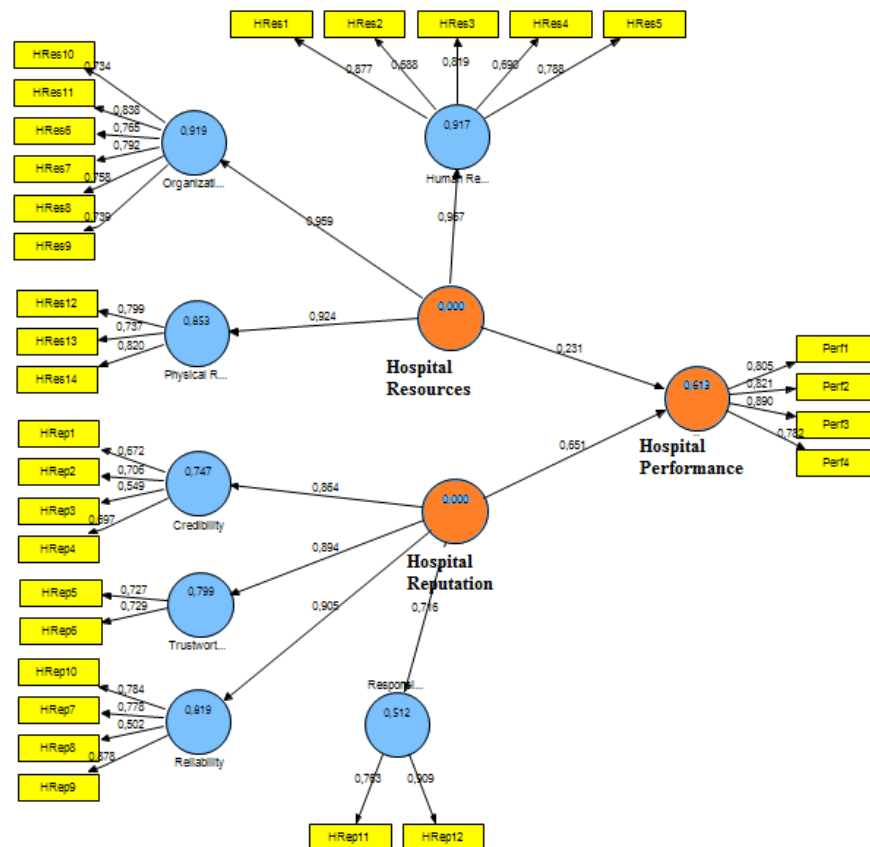
**Table 1.** Accredited hospitals by regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	–

Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited in the Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached 100%: Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement of the performance of service operations. Schroeder (1993) measures performance through the implementation of operations and business, which are assessed from quality, cost, delivery, flexibility, and innovation. In contrast, Renreng et al. (2016), Vrakas et al. (2021), and Peron et al. (2022) measured operational performance with production quality, production costs, delivery to the operations department, the flexibility of the production system, which is a mix of a progression of tasks created by creation exercises and plan quality.

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle characteristics. Figure 1 shows the initial model processed with the SmartPLS3.0 application.



**Figure 1.** Path coefficient



Figure 1 shows that the benefits of the stacking factor are, on the whole, above 0.5. Thus, every one of the factors is legitimate and can be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), unwavering composite quality, and normal difference extricated (AVE). Finally, a combined legitimacy test of the smart model was carried out for testing the external model by utilizing the stacking factor. Each noticed variable is considered substantial if the worth of the stacking factor is above 0.5. Table 2 shows the stacking factor upsides of the noticed factors.

**Table 2. Outer model**

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)
Hospital Resources	Human Resources		0.957	87.991	0.602	0.882
		HRes1	0.877	34.680	?	?
		HRes2	0.688	12.369	?	?
		HRes3	0.819	22.185	?	?
		HRes4	0.690	12.731	?	?
		HRes5	0.788	16.954	?	?
	Organizational Resources		0.959	95.345	0.596	0.898
		HRes6	0.765	17.701	?	?
		HRes7	0.792	19.740	?	?
		HRes8	0.758	23.063	?	?
		HRes9	0.739	15.565	?	?
		HRes10	0.734	20.262	?	?
		HRes11	0.838	25.987	?	?
	Physical Resources		0.924	54.349	0.618	0.829
	?	HRes12	0.799	21.765	?	?
?	HRes13	0.737	17.966	?	?	
?	HRes14	0.820	27.376	?	?	
Hospital Reputation	Credibility		0.864	27.984	0.534	0.753
	?	HRep1	0.672	7.312	?	?
	?	HRep2	0.706	7.685	?	?
	?	HRep3	0.549	4.061	?	?
	?	HRep4	0.697	7.980	?	?
	Trustworthiness		0.894	35.433	0.530	0.693
	?	HRep5	0.727	10.729	?	?
	?	HRep6	0.729	10.452	?	?
	Reliability		0.905	50.294	0.561	0.831
	?	HRep7	0.778	15.493	?	?
	?	HRep8	0.502	5.474	?	?
	?	HRep9	0.878	34.076	?	?
	?	HRep10	0.784	16.366	?	?
	Responsibility		0.716	11.797	0.704	0.825
?	HRep11	0.763	8.680	?	?	
?	HRep12	0.909	50.028	?	?	
	Perf1	0.805	23.008	0.682	0.895	

Hospital Performance	?	Perf2	0.821	25.375	?	?
	?	Perf3	0.890	45.234	?	?
	?	Perf4	0.782	20.319	?	?

Table 2 clarifies that all the stacking factors  $> 0.50$  (substantial) that every one of the factors is sufficient to use in the model. The AVE esteems  $> 0.50$ , and the model has adequate joined legitimacy and can be tried further. The composite unwavering quality worth as each static variable has esteem above 0.7; all models have high dependability.

The inward model assessment utilized R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated, R-Square upsides of 0.67 are solid, 0.33 – moderate, and 0.19 are powerless. GOF is utilized to approve among estimation, as well as underlying models where esteems are 0-0.25 (little), 0.25-0.36 (moderate), and  $> 0.36$  (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies, assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium), and 0.02 (little).

**Table 3.** Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) index
Hospital resources	–	0.543	–	0.574
Hospital reputation	–	0.389	–	–
Hospital performance	0.613	0.682	0.381	–

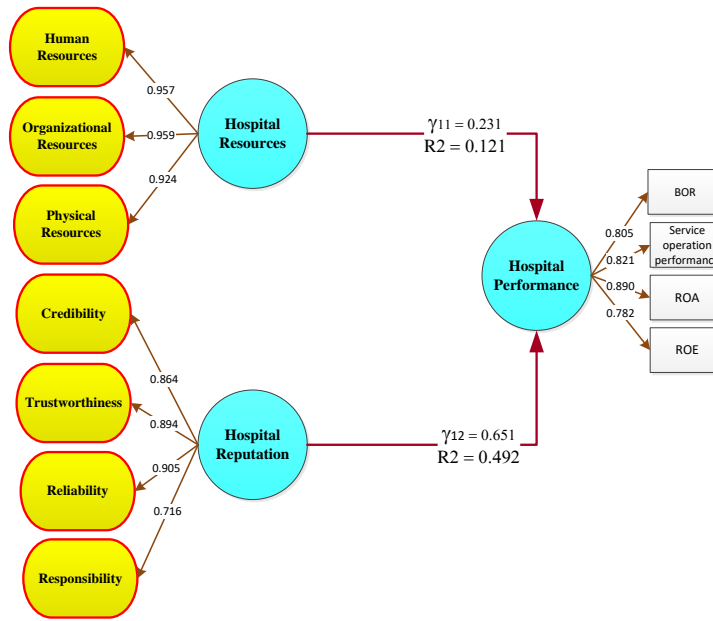
Table 3 clarifies the co-productivity assurance on the constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class, and Q-Square is huge, so that model is fit.

**Table 4.** Hypotheses testing

Structural model	Path coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources → Hospital performance	0.231*	0.066	3.478	0.121	Significant
Hospital reputation → Hospital performance	0.651*	0.071	9.216	0.492	Significant

Note: \* –??

Hospital assets and hospital reputation have an emphatically and substantial direct impact on hospital performance, with at the same time  $R^2 = 61.3\%$  and the prevailing impact from hospital reputation (49.2%). The critical role of core elements in the integrated resources can strengthen the prospect of better performance (Shan et al., 2020).



**Figure 2.** Finding model

Theory testing tracked down that medical clinic assets and clinic reputation significantly affected emergency clinic performance, either at the same time or somewhat. Hospital reputation has a more significant influence (49.2%) in building hospital performance than hospital resources (12.1%). Simultaneously, the effect of the two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from hospital reputation, 12.1% from hospital resources, and the rest from other variables not examined in this study. Reputation effectively affects organizational performance linkages (Singh & Misra, 2021), and a positive reputation can strengthen company performance consistently (Liu et al., 2022).

#### 4. Discussion

The consequences of testing this theory demonstrate the idea of Fombrun and van Riel (1997) that to assist organizations with shaping a solid standing so it will have a positive and beneficial effect, a few principle components need consideration. They include believability, unwavering quality, dependability, and obligation. Four aspects of hospital reputation are proven to influence hospital performance. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most crucial aspect in an effort to build hospital reputation, which affects hospital performance.

Other aspects also significantly contribute to building hospital reputation, including trustworthiness, credibility, and responsibility. Based on the results of the analysis, there is a relationship between the variables being tested. This is shown in the model's findings, where hospital resources significantly affect hospital performance. Besides, hospital reputation also has

a significant effect on hospital performance. This study shows that there is an influence obtained, especially on the operation of hospitals in West Kalimantan.

This finding also supports the results of previous studies that reputation affects company performance, such as Iwu-Egwuonwu (2011), Fachri et al. (2017), and Hall and Lee (2014). The hospital resources variable also makes a significant contribution to improving hospital performance. The results show that organizational resources provide the highest contribution to building hospital resources, which affect hospital performance with a coefficient of 0.959, followed by human resources (0.957) and physical resources (0.924). This illustrates that hospital resources need to be built in terms of organizational resources to improve hospital performance.

The aftereffects of this review support the consequences of examination by J. Wu and Z. Wu (2013), who observed that organizational working abilities, innovative capacities, and showcasing capacities affect performance. Karami et al. (2013) observed that HR rehearses impact organization performance. These outcomes likewise support HassabElnaby et al. (2012) that organizational capacities accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution. The aftereffects of this review are relied upon to give administrative ramifications to the emergency clinics' boards in West Kalimantan with an end goal to develop emergency clinic performance further. This can be done by prioritizing efforts to develop hospital reputation, especially regarding reliability, and increasing trustworthiness, credibility, and responsibility. In addition, to support hospital performance improvement, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human and physical resources.

## **Conclusion**

Referring to the current exploration results, this study examines the impact of hospital resources and hospital reputation on hospital performance in emergency clinic operations. The results of the study state that hospital resources and hospital reputation in the management of emergency clinics have a significant effect on hospital performance both at the same time and at a certain level, where the reputation of emergency clinics has a more meaningful commitment in building hospitals. The follow-up effect of this study is to provide administrative consequences to the clinical councils in West Kalimantan to further develop better performance.

Hospital performance improvement can be made through efforts based on the development of company reputation and supported by the development of hospital resources. Therefore, hospital reputation development needs to be prioritized, especially on the aspect of reliability. Moreover, it should be promoted by increasing trust, credibility, and responsibility. In addition, to support hospital performance improvement, the development of hospital resources needs to be carried out by prioritizing organizational resources supported by human and physical resources development.

## Author Contributions

Conceptualization: Helman Fachri.  
Data curation: Helman Fachri.  
Formal analysis: Helman Fachri.  
Funding acquisition: Helman Fachri.  
Investigation: Helman Fachri.  
Methodology: Helman Fachri.  
Project administration: Helman Fachri.  
Resources: Helman Fachri.  
Software: Sri Sarjana.  
Supervision: Sri Sarjana.  
Validation: Sri Sarjana.  
Visualization: Sri Sarjana.  
Writing – original draft: Sri Sarjana.  
Writing – review & editing: Helman Fachri, Sri Sarjana.

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# PERFORMANCE EVALUATION THROUGH THE EFFECTIVENESS OF RESOURCES AND REPUTATION: A CASE STUDY OF HOSPITALS IN INDONESIA

## Abstract

This study aims to examine the impact of emergency clinic assets and its reputation on the operation of health clinics that provide health facilities for the community. The unit of analysis in this study is a medical clinic in West Kalimantan, Indonesia. The unit of perception is executives of a medical clinic. The perceptions were taken in one shoot time, particularly in 2021. The population covered 36 general hospitals from various classes, and the samples were taken from as many as 30 hospitals. The examination procedure for the exploration targets in this study used partial least squares. The experimental outcomes support the speculation that clinic assets and medical clinic reputation significantly affect clinic performance either all the while or somewhat. However, emergency clinic reputation has a more prominent commitment to emergency clinic performance, contrasted with emergency clinic assets. The findings of this review provide administrative ramifications to the medical clinic executives with an end goal to further develop emergency clinic performance with endeavors that depend on the improvement of the organization's standing and upheld by the advancement of emergency clinic assets. Hospital reputation development needs to be prioritized and supported, especially hospital reliability aspect, as well as trustworthiness, credibility, and responsibility should be increased. Hospital resource development needs to be carried out by prioritizing organizational resources, which are upheld by improving human resources and tangible assets.

## Keywords

hospital resources, hospital reputation, hospital performance, physical resources, hospital credibility, bed occupancy rate, bed turnover

## JEL Classification

L80, M21

## INTRODUCTION

Hospitals have an essential role in providing health services to the community that provides inpatient, outpatient, and emergency services for the purpose of healing, treatment, and prevention of a disease, as well as central for biological-social research training. Hospital services aim to provide medical services and ensure that patients receive good service (Fei et al., 2020; Bastani et al., 2021). The distribution of hospitals in Indonesia is still concentrated in big cities. Meanwhile, in some areas far from the capital, the number is still tiny, and some provinces do not yet have a particular type of hospitals. Health care procedures play an essential role in maintaining efficient treatment and improving the quality of this care (Gu et al., 2021; Jeffreys et al., 2020). The phenomenon often occurs in the performance of hospitals in various world regions that experience performance errors, financing mismatches, missed deadlines, quality problems, and disappointing results (Love & Ika, 2021).

Given the depiction above, one might say that the exhibition of public clinics cannot be supposed to be predominant. Previous research has

shown that performance is influenced by reputation. Fachri et al. (2017) found the effect of reputation on hospital performance. In addition, Hall and Lee (2014) found a positive correlation between organization performance and friends' notoriety. Iwu-Egwuonwu (2011) found that fostering a solid standing is essential for organizations to beat the opposition, develop market possibilities, and work on monetary execution and economic presence.

Meanwhile, the phenomenon shows the problem of the reputation of hospitals. This is demonstrated by the absence of public confidence in the validity of emergency clinic administrations. For example, numerous Indonesian residents trust emergency clinics abroad to treat specific infections, especially in hospitals owned by local governments where the administrations are, in some cases, delayed in taking care of patients. According to Fombrun and van Riel (1997), a few fundamental components should be the focal point of consideration, specifically: validity, dependability, reliability, and obligation. The resource is defined as something owned by the company and used to optimize the company's strategy to improve company performance (Liu et al., 2011; Bunn et al., 2020).

On the other hand, the results of previous studies show the role of company resources on company performance. The company's operating capabilities, technological capabilities, and marketing capabilities are getting more robust impact performance (J. Wu & Z. Wu, 2013); good vision and leadership improve company reputation (Sarjana et al., 2018). It is vital to utilize digital channels in health care to increase the perspective of trust and continuity of medical services, leading to better performance (Wu et al., 2021).

Meanwhile, the observations illustrate the tendency of low ownership and management of resources in public hospital services. The indication is, for example, that the patient room facilities are not representative. In hospitals owned by local governments, for example, there are piles of patients in a room to disturb the patient. In addition, there are problems in the development of organizational resources related to financial resources, capabilities in service operations, capabilities in marketing, information systems owned, research and development, and there are still weaknesses in the control system. This paper analyzed the impact of emergency clinic assets and clinic reputation on clinic performance in West Kalimantan.

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## 1. LITERATURE REVIEW

### 1.1. Resources and reputation

Liu et al. (2011) stated that resources could be defined as something owned by a company and used to optimize the company's strategy to improve company performance. Valuable resources can be in the form of tangible assets such as physical assets, in addition to intangible assets such as intellectual property or corporate culture. Omerzel and Gulev (2011) take opinion that internal resources can be converted into tangible and intangible assets, turning them into competencies.

Jancenelle (2021) divide resources into tangible, intangible, and capabilities. Wong et al. (2011) measured resources with physical resources, human resources, and organizational resources. Adhikari

and Gill (2016) and Wang and Zhao (2020) measured resources with the dimensions of human resources and physical resources. In comparison, Omerzel and Gulev (2011) use the dimensions of tangible and intangible resources. Hospital resources required for the hospitalization of patients include the number of all hospital beds and nursing staff (Amiri, 2021). In addition, the hospital's primary resources may include critical care and facilities (Musajee et al., 2021).

An ideal authoritative standing is an essential asset for an organization's huge upper hand (Karami et al., 2013). Meanwhile, Hsu (2012) stated that company reputation is a mechanism to provide attractive features to stakeholders. The importance of reputation for hospitals is described by Bourke (2009). Reputation management can show how reputation acts based on internal or-

ganizing principles that prioritize strategies, practices, and control systems (Wæraas & Dahle, 2020; Shehada et al., 2021).

Bourke (2009) expressed that emergency clinic reputation is affected by the pride related to the clinic (staff is eager to tell where they work, feel appended to champs and examples of overcoming adversity). Moreover, advancement of medical clinics and offices, good insights shaped by the general population with an undeniable degree of help for the emergency clinic are vital; thus, the staff will feel pleased to work at this clinic. Concerning creating notoriety, Fombrun and van Riel (1997) clarify that to assist organizations with framing a solid standing to have a positive and productive effect, a few principle components need consideration, specifically invalidity, unwavering quality, reliability, and obligation. Karami et al. (2013) used the dimensions of customer trust, customer loyalty, customer commitment, and service quality. Regarding the reputation of hospitals in West Kalimantan, this study used dimensions from Fombrun and van Riel (1997) to measure it: validity, unwavering quality, dependability, and obligation.

Concerning hospital performance measurement, Markazi-Moghaddam et al. (2016) note that the quantity of studies on medical performance has expanded fundamentally over the most recent twenty years. Hospital performance evaluation helps determine the hospital's status and is based on criteria (Liao et al., 2019; Yamamoto et al., 2021). As to the readmission rate aspect, Press et al. (2013) utilized this action to gauge emergency clinic quality. From the consequences of his exploration, it was observed that the readmission rate for low-performing emergency clinics in 2009 would be in general work, while for higher-performing medical clinics, it would be in the general crumble.

Meanwhile, Downing et al. (2017) measure emergency clinic performance by applying considerable information investigation. Hospital performance and health information are influenced by the quality of health information technology (Alolayyan et al., 2020). They fostered another way to portray emergency clinic performance that featured likenesses and contrasts among

medical clinics and recognized general examples of medical clinic performance. According to Sabarguna (2004), the nature of clinic administrations can be found as far as clinical perspectives such as administrations for specialists, nurture and related clinical details, parts of administration productivity and viability, patient wellbeing, and patient fulfillment. Kamalia et al. (2016) estimated the presentation of General Hospitals in Southeast Sulawesi dependent on the elements of Bed Occupancy Ratio (BOR), cost recovery, a portion of the overall industry, worker fulfillment, patients and their family fulfillment. Developing a culture of continuous improvement that empowers the frontline healthcare workforce with problem-solving tools and processes to provide the best care for patients is a part of efforts to improve hospital performance (Shortell et al., 2021; Alolayyan et al., 2020).

J. Wu and Z. Wu (2013) observed that the organization's working capacities, innovative abilities, and showcasing abilities more vigorously affect performance. Karami et al. (2013) observed that HR rehearses affect organization performance. HassabElnaby et al. (2012) tracked down the organization's capacity to accomplish hierarchical abilities and empower the organization to achieve more significant levels of monetary execution. Finally, Hasanudin and Budianto (2013) show that organization notoriety has positively affected organization performance.

Furthermore, Iwu-Egwuonwu (2011) observed that the advancement of a solid standing is vital for organizations to develop further market possibilities and monetary execution just as an economic presence. Moreover, the consequences of Fachri et al. (2017) tracked down the impact of notoriety on emergency clinic performance. Ou and Hsu (2013) observed that firm-standing conservatives connect human resources and creative execution.

A decline in the company's reputation can affect market share compliance through customer choice, buyer choice, and referrals from doctors. JD Power and Associates viewed that 75% of patients use notoriety-related data as the fundamental rule in medical clinic choice. Hence, an investigation of notoriety in the medical care in-

dustry is vital. Emergency clinics need to work on the nature of patient consideration by successfully conveying their presentation to the local area where they are found.

Based on the literature description, the performance dimensions of General Hospitals that tend to be suitable and will be examined in this study include BOR, service operation performance, and hospital profitability. BOR is the level of beds involved in a specific time unit, estimated by BOR level within a particular timeframe. As estimated by the patient fulfillment list, administration activity performance is the number of recuperated patients. Productivity (benefit) is the capacity of an organization to acquire a benefit within a specific period or the ability of an organization to create benefits (benefit) at a particular degree of deals, resources, and offer capital.

Thus, generally, profitability is the organization's capacity to create benefits (benefit) which will be the reason for appropriating organization profits. This situation is estimated from the clinic's ROA % (Return on Assets) and ROE % (Return on Equity) within a specific timeframe. This study aims to determine the effect of hospital resources and reputation on hospital performance in West Kalimantan. Thus, the following hypotheses are elaborated:

*H1: Hospital resources affect hospital performance, either to some extent or all the while.*

*H2: Hospital reputation affects hospital performance, either to some extent or all the while.*

## 2. RESEARCH METHODS

This study employed quantitative exploration strategies. A quantitative approach was applied to examine the variables used in the study, which included hospital resources, hospital reputation, and hospital performance. The investigation unit in this review is an emergency clinic in West Kalimantan. The unit of perception is the emergency clinic of the board. Perceptions were made in a single shot time, specifically in 2021. The population in this review was the hospital adminis-

tration in West Kalimantan, which comprised 36 general medical clinics from different classes. Tests were taken in upwards of 30 hospitals. The logical procedure to answer the examination goals utilizes partial least squares, as well as a multivariate method that inspects a progression of reliance connections between inert factors. The analytical technique developed in this study is by applying structural equation modeling using a partial least squares (PLS) approach. PLS was developed as part of multivariate statistical analysis utilizing covariance analysis.

## 3. RESULTS

In view of information from the West Kalimantan Provincial Health Office in 2017, it was uncovered that the degree of accomplishment of clinic administration norms incorporates such as Bed Occupancy Rate (BOR), for example, the level of beds occupied in a specific time unit has just reached 55.68%, in a perfect world – 60-85%. Bed Turnover (BTO), in particular, the recurrence of bed use in one period, the occasions a bed is utilized in a specific time unit has just arrived at 32.92 occasions, while in a perfect world the bed is used 40-50 times. Turn of Interval (TOI) is the normal day wherein a bed is not involved from being occupied to whenever it is filled, arrives at 3.81 days. On the contrary, in a perfect world, the bed is not involved in the scope of 1-3 days, and the length of stay (LOS) (for example, the normal length of stay) for a patient arrives at 3.6 days, in a perfect world – 6-9 days.

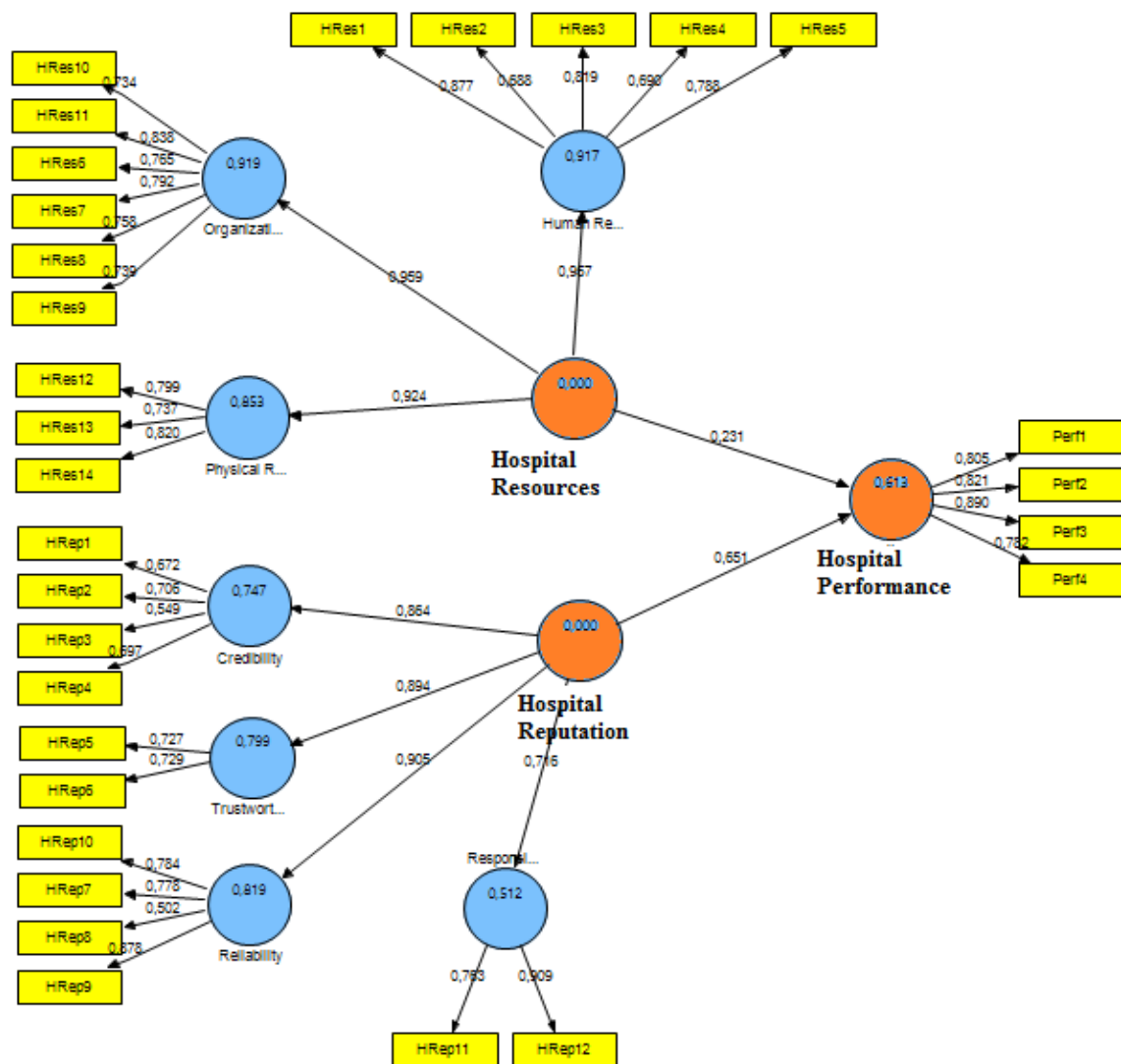
Clinics need accreditation with an end goal to work on the nature of administrations consistently every three a long time. This is expressed in Law Number 44 of 2009 concerning Hospitals, article 40 passage 1, which represents that, with an end goal to work on the nature of clinic administrations, accreditation should be completed intermittently once every three a long time. Accreditation is required for all hospitals, government hospitals, and private or state-owned enterprises (BUMN). In 2018, West Kalimantan Province had 67% hospitals spread across 14 cities and accredited regencies. The data on the number of accredited hospitals in 2019 can be found in Table 1.



**Table 1.** Accredited hospitals by regency in West Kalimantan in 2019

Regency	Hospital	Accredited	% Accredited
Sambas	4	3	75
Bengkayang	2	2	100
Landak	1	1	100
Mempawah	1	1	100
Sanggau	5	3	100
Ketapang	3	3	60
Sintang	4	2	100
Kapuas Hulu	3	3	50
Sekadau	1	1	100
Melawi	3	3	100
Kayong Utara	1	1	–
Kubu Raya	3	2	67
Pontianak	13	13	100
Singkawang	7	7	100
Total	51	45	88

In 2019, there are still hospitals that have not been accredited in the Kapuas Hulu district. In addition, there are regencies whose accreditation level has not yet reached 100%: Sambas Regency (75%), Ketapang Regency (60%), Kapuas Hulu Regency (50%), and Kayong Utara Regency (67%). In the service sector, there is a measurement of the performance of service operations. Schroeder (1993) measures performance through the implementation of operations and business, which are assessed from quality, cost, delivery, flexibility, and innovation. In contrast, Renreng et al. (2016), Vrakas et al. (2021), and Peron et al. (2022) measured operational performance with production quality, production costs, delivery to the operations department, the flexibility of the production system, which is a mix of a progression of tasks created by creation exercises and plan quality.



**Figure 1.** Path coefficient

**Table 2.** Outer model

Variable	Dimension	Indicator	Loading Factor (I)	t value	Average Variance Extracted	Composite Reliability (CR)
Hospital Resources	Human Resources		0.957	87.991	0.602	0.882
	HRes1		0.877	34.680		
	HRes2		0.688	12.369		
	HRes3		0.819	22.185		
	HRes4		0.690	12.731		
	HRes5		0.788	16.954		
	Organizational Resources		0.959	95.345	0.596	0.898
	HRes6		0.765	17.701		
	HRes7		0.792	19.740		
	HRes8		0.758	23.063		
	HRes9		0.739	15.565		
	HRes10		0.734	20.262		
	HRes11		0.838	25.987		
	Physical Resources		0.924	54.349	0.618	0.829
HRes12		0.799	21.765			
HRes13		0.737	17.966			
Hospital Reputation	HRes14		0.820	27.376	0.534	0.753
	Credibility		0.864	27.984		
	HRep1		0.672	7.312		
	HRep2		0.706	7.685		
	HRep3		0.549	4.061		
	HRep4		0.697	7.980		
	Trustworthiness		0.894	35.433	0.530	0.693
	HRep5		0.727	10.729		
	HRep6		0.729	10.452	0.561	0.831
	Reliability		0.905	50.294		
	HRep7		0.778	15.493		
	HRep8		0.502	5.474		
HRep9		0.878	34.076	0.704	0.825	
HRep10		0.784	16.366			
Responsibility		0.716	11.797			
HRep11		0.763	8.680	0.682	0.895	
HRep12		0.909	50.028			
Hospital	Perf1		0.805	23.008	0.682	0.895
	Perf2		0.821	25.375		
	Perf3		0.890	45.234		
	Perf4		0.782	20.319		

The estimation model (external model) distinguishes the connection among factors and their pointers by showing how markers measure idle characteristics. Figure 1 shows the initial model processed with the SmartPLS3.0 application.

testing the external model by utilizing the stacking factor. Each noticed variable is considered substantial if the worth of the stacking factor is above 0.5. Table 2 shows the stacking factor upsides of the noticed factors.

Figure 1 shows that the benefits of the stacking factor are, on the whole, above 0.5. Thus, every one of the factors is legitimate and can be utilized in the examination. Then, at that point, the external model is tried, which covers the merged legitimacy (stacking factor), unwavering composite quality, and normal difference extricated (AVE). Finally, a combined legitimacy test of the smart model was carried out for

Table 2 clarifies that all the stacking factors > 0.50 (substantial) that every one of the factors is sufficient to use in the model. The AVE esteems > 0.50, and the model has adequate joined legitimacy and can be tried further. The composite unwavering quality worth as each static variable has esteem above 0.7; all models have high dependability.



**Table 3.** Evaluation of R-Square value and GOF

Variable	R-Square	Communality	Q-square	Goodness of Fit (GOF) index
Hospital resources	–	0.543	–	0.574
Hospital reputation	–	0.389	–	–
Hospital performance	0.613	0.682	0.381	–

**Table 4.** Hypotheses testing

Structural model	Path coefficient	SE	t-value	R <sup>2</sup>	Conclusion
Hospital resources → Hospital performance	0.231	0.066	3.478*	0.121	Significant
Hospital reputation → Hospital performance	0.651	0.071	9.216*	0.492	Significant

Note: \*The results of testing the influence between variables are significant

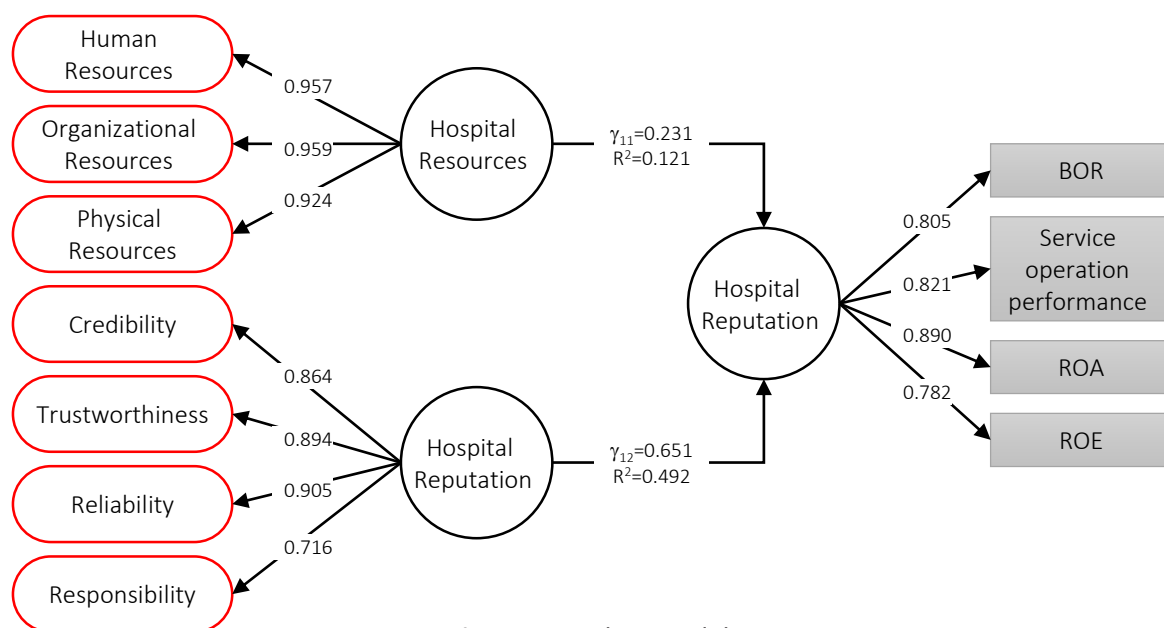
The inward model assessment utilized R-square, prescient importance (Q-square worth), and Goodness of Fit (GOF). As indicated, R-Square up-sides of 0.67 are solid, 0.33 – moderate, and 0.19 are powerless. GOF is utilized to approve among estimation, as well as underlying models where esteems are 0-0.25 (little), 0.25-0.36 (moderate), and > 0.36 (huge). Expectation Relevance (Q-Square) is a test to decide the abilities of forecasts with blindfolding strategies, assuming that the worth of Q-Square is 0.35 (huge), 0.15 (medium), and 0.02 (little).

Table 3 clarifies the co-productivity assurance on the constructs endogen. The worth of R-square is moderate to solid, GOF is enormous class, and Q-Square is huge, so that model is fit.

Hospital assets and hospital reputation have an emphatically and substantial direct impact on hospital performance, with at the same time R2 = 61.3%

and the prevailing impact from hospital reputation (49.2%). The critical role of core elements in the integrated resources can strengthen the prospect of better performance (Shan et al., 2020).

Theory testing tracked down that medical clinic assets and clinic reputation significantly affected emergency clinic performance, either at the same time or somewhat. Hospital reputation has a more significant influence (49.2%) in building hospital performance than hospital resources (12.1%). Simultaneously, the effect of the two variables is 61.3%. This means that 49.2% of changes in hospital performance were obtained from hospital reputation, 12.1% from hospital resources, and the rest from other variables not examined in this study. Reputation effectively affects organizational performance linkages (Singh & Misra, 2021), and a positive reputation can strengthen company performance consistently (Liu et al., 2022).



**Figure 2.** Finding model

## 4. DISCUSSION

The consequences of testing this theory demonstrate the idea of Fombrun and van Riel (1997) that to assist organizations with shaping a solid standing so it will have a positive and beneficial effect, a few principle components need consideration. They include believability, unwavering quality, dependability, and obligation. Four aspects of hospital reputation are proven to influence hospital performance. Four dimensions of reliability provide the highest contribution with a coefficient of 0.905, followed by trustworthiness (0.894), credibility (0.864), and responsibility (0.716). This illustrates that reliability in hospital services is the most crucial aspect in an effort to build hospital reputation, which affects hospital performance.

Other aspects also significantly contribute to building hospital reputation, including trustworthiness, credibility, and responsibility. Based on the results of the analysis, there is a relationship between the variables being tested. This is shown in the model's findings, where hospital resources significantly affect hospital performance. Besides, hospital reputation also has a significant effect on hospital performance. This study shows that there is an influence obtained, especially on the operation of hospitals in West Kalimantan.

This finding also supports the results of previous studies that reputation affects company performance, such as Iwu-Egwuonwu (2011), Fachri et

al. (2017), and Hall and Lee (2014). The hospital resources variable also makes a significant contribution to improving hospital performance. The results show that organizational resources provide the highest contribution to building hospital resources, which affect hospital performance with a coefficient of 0.959, followed by human resources (0.957) and physical resources (0.924). This illustrates that hospital resources need to be built in terms of organizational resources to improve hospital performance.

The aftereffects of this review support the consequences of examination by J. Wu and Z. Wu (2013), who observed that organizational working abilities, innovative capacities, and showcasing capacities affect performance. Karami et al. (2013) observed that HR rehearses impact organization performance. These outcomes likewise support HassabElnaby et al. (2012) that organizational capacities accomplish hierarchical abilities and empower organizations to accomplish more significant levels of monetary execution. The aftereffects of this review are relied upon to give administrative ramifications to the emergency clinics' boards in West Kalimantan with an end goal to develop emergency clinic performance further. This can be done by prioritizing efforts to develop hospital reputation, especially regarding reliability, and increasing trustworthiness, credibility, and responsibility. In addition, to support hospital performance improvement, the development of hospital resources also needs to be pursued by prioritizing organizational resources, supported by the development of human and physical resources.

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## CONCLUSION

Referring to the current exploration results, this study examines the impact of hospital resources and hospital reputation on hospital performance in emergency clinic operations. The results of the study state that hospital resources and hospital reputation in the management of emergency clinics have a significant effect on hospital performance both at the same time and at a certain level, where the reputation of emergency clinics has a more meaningful commitment in building hospitals. The follow-up effect of this study is to provide administrative consequences to the clinical councils in West Kalimantan to further develop better performance.

Hospital performance improvement can be made through efforts based on the development of company reputation and supported by the development of hospital resources. Therefore, hospital reputation development needs to be prioritized, especially on the aspect of reliability. Moreover, it should be promoted by increasing trust, credibility, and responsibility. In addition, to support hospital performance improvement, the development of hospital resources needs to be carried out by prioritizing organizational resources supported by human and physical resources development.

## AUTHOR CONTRIBUTIONS

Conceptualization: Helman Fachri.  
 Data curation: Helman Fachri.  
 Formal analysis: Helman Fachri.  
 Funding acquisition: Helman Fachri.  
 Investigation: Helman Fachri.  
 Methodology: Helman Fachri.  
 Project administration: Helman Fachri.  
 Resources: Helman Fachri.  
 Software: Sri Sarjana.  
 Supervision: Sri Sarjana.  
 Validation: Sri Sarjana.  
 Visualization: Sri Sarjana.  
 Writing – original draft: Sri Sarjana.  
 Writing – review & editing: Helman Fachri, Sri Sarjana.

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