3. Performance evaluation through the effectiveness of resources and reputation A case study of hospitals in Indonesia

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Submission date: 14-Jun-2023 05:28PM (UTC+0700)

Submission ID: 2115876273

File name: 3. Performance evaluation through the effectiveness of resources and reputation A case study of hospitals in Indonesia.pdf (471.14K)

Word count: 6638

Character count: 36878

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

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ARTICLE INFO	Helman Fachri and Sri Sarjana (2022). Performance evaluation through the effectiveness of resources and reputation: A case study of hospitals in Indonesia. *Problems and Perspectives in Management*, *20*(3), 72-82. doi:10.21511/ppm.20(3).2022.06
DOI	http://dx.doi.org/10.21511/ppm.20(3).2022.06
RELEASED ON	Friday, 15 July 2022
RECEIVED ON	Monday, 29 November 2021
ACCEPTED ON	Wednesday, 30 March 2022

JOURNAL	"Problems and Perspectives in Management"
ISSN PRINT	1727-7051
ISSN ONLINE	1810-5467
PUBLISHER	LLC “Consulting Publishing Company “Business Perspectives”
FOUNDER	LLC “Consulting Publishing Company “Business Perspectives”

NUMBER OF REFERENCES	NUMBER OF FIGURES	NUMBER OF TABLES
45	2	4

BUSINESS PERSPECTIVES

LLC "CPC "Business Perspectives"
Hryhorii Skovoroda lane, 10,
Sumy, 40022, Ukraine

www.businessperspectives.org

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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

Received on: 29th of November, 2021
Accepted on: 30th of March, 2022
Published on: 15th of July, 2022

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Conflict of interest statement:
Author(s) reported no conflict of interest

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

http://dx.doi.org/10.21511/ppm.20(3).2022.06

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.

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-

http://dx.doi.org/10.21511/ppm.20(3).2022.06

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 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. 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.

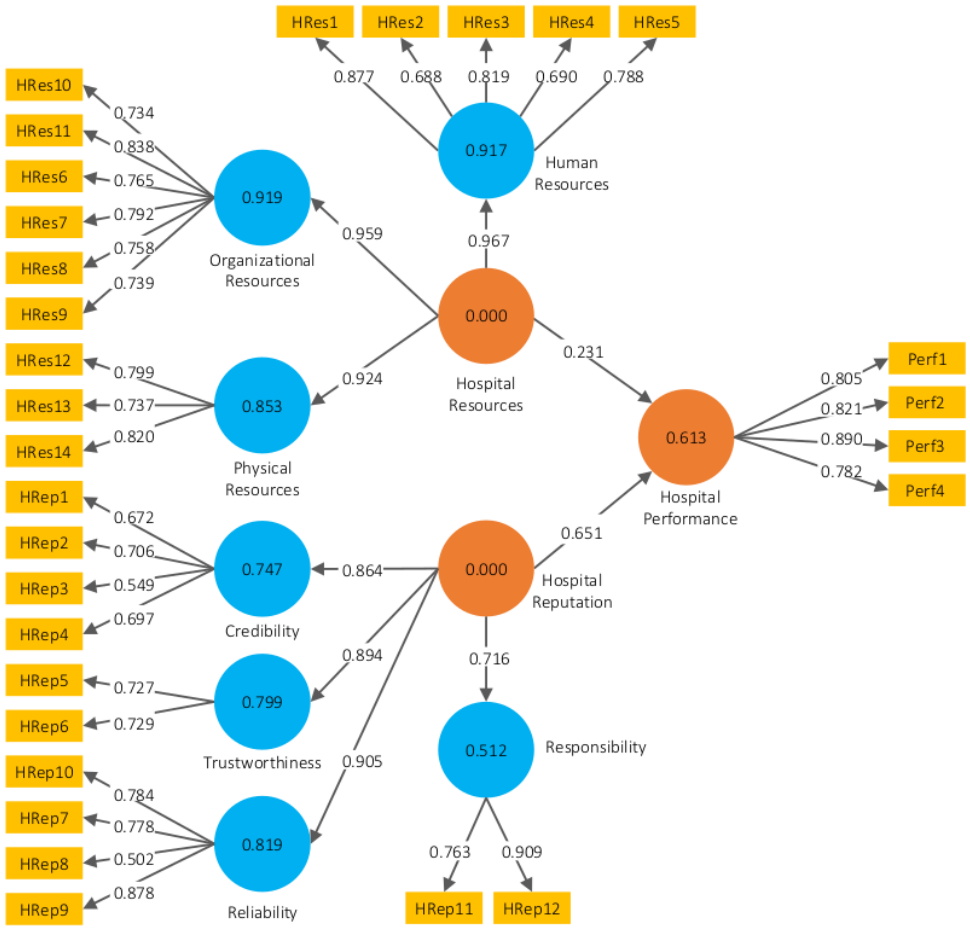

Figure 1. Path coefficient

http://dx.doi.org/10.21511/ppm.20(3).2022.06

Table 2. Outer model

Variable	Dimension	Indicator	Loading Factor (l)	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		
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		

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 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 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^2	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 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 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).

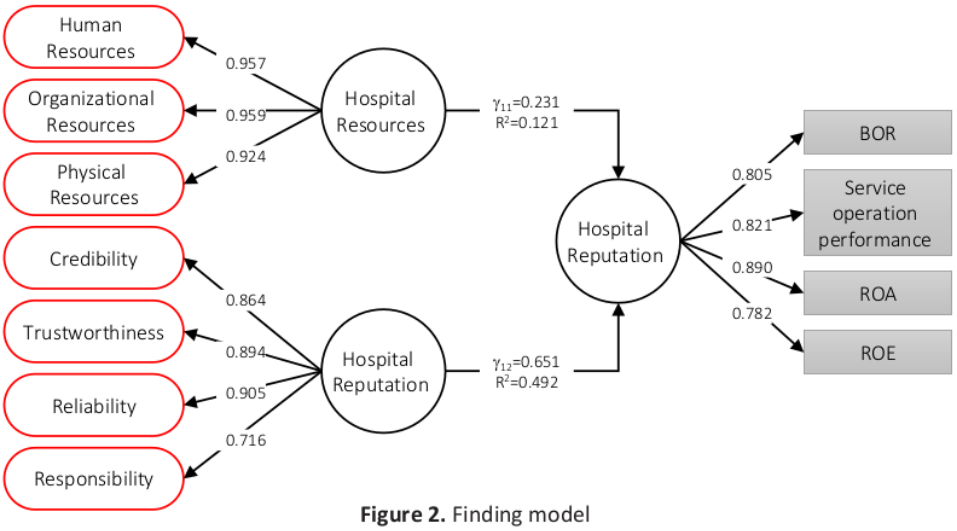

Figure 2. Finding model

http://dx.doi.org/10.21511/ppm.20(3).2022.06

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.

ACKNOWLEDGMENT

The authors would like to thank the health administrations in several hospitals as officers in charge of hospital management in West Kalimantan helped complete the various data and information needed.

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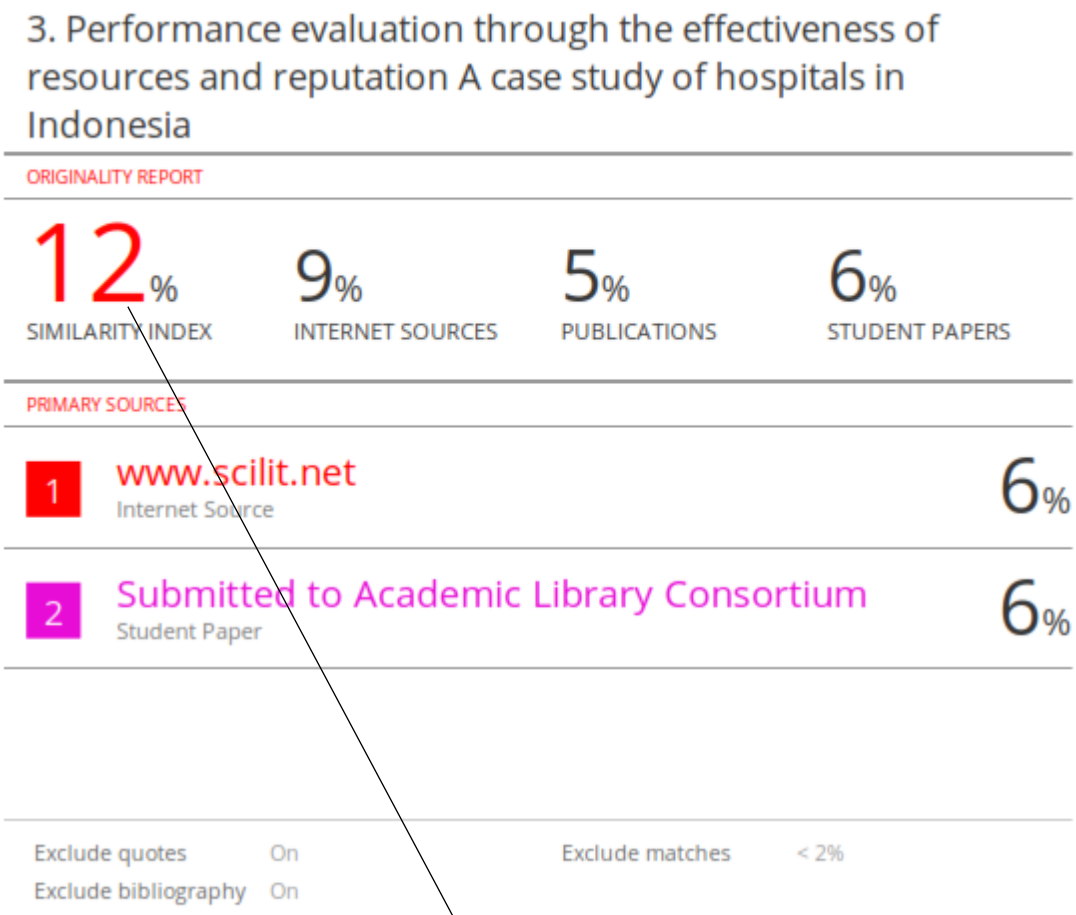

Klarifikasi Jurdul terdeteksi di Scilit sama dengan judul dan pengarang yang sama. Karil sudah di Accepted March 30, 2022 (businessperspectives, Problems and Perspectives in Management, Volume 20 2022, Issue #3, pp. 72-82) untuk diterbikan tanggal Published July 15, 2022 dan terdeteksi di Scilit tanggal 1 July 2022, dengan judul dan penulis yang sama.