Justice-Based Health Care Service and Repatronage Intention of Poor Patient

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Justice-Based Health Care Service and Repatronage Intention of Poor Patient

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ABSTRACT

The purpose of this research is to develop a model of justice-based health care for poor people and examine its effect on patient satisfaction and repatronage intention. There were 234 participants, namely hospital patients from poor families, in the final sample for this study. The results found that interactional justice and information have significant effect on patient satisfaction. Lack of good communication and knowledge of poor patients were the two main reasons cited by patients in this study for their dissatisfaction with the hospital service. All dimensions related to justice-based health care and patient satisfaction have no effect on repatronage intention. Hospitals need to create a standard operating procedure (SOP) as part of their work culture to improve interaction between doctors, nurses and non-medical personnel with patients, especially the poor ones.

Keywords: Justice-based Health Care, Patient Satisfaction, Repatronage Intention, Hospital

INTRODUCTION

Poverty is still a major problem in Indonesia. The government under its National Medium Term Development Plan (RPJMN) 2015-2019 has set several priority areas, one of them is poverty alleviation. The Indonesian government under the RPJMN plans to decrease poverty rate to 6.5% - 8% of the population through justice-based development. According to the Indonesian Central Statistics Agency (BPS), as of September 2013, the poverty rate in Indonesia was11.47% or 28.55 million people.

Poverty is a complex problem that can affect various aspects of one's life including one's health. According to Nurhasim (2009), poor people tend to have a lower health status and are more susceptible to diseases, especially infectious diseases.

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This is due to the fact that poor people are less likely to have access to good nutrition, live in dirty neighbourhoods, and have difficulty accessing health services. Poor health makes people lose their capacity to work; they will often find difficulty in coping with their problems without the assistance from others. If this situation is not resolved, then the goals of Millennium Development Goals (MDGs) will likely not be achieved (Juliastutik, 2011).

The BPS record shows that East Java has the largest number of poor people in absolute terms in 2013, although still below the relative poverty rates of other provinces. Its socio-economic survey results in September 2013 shows there are 4.86 million (12.73%) poor people in East Java, with 1.62 million of them concentrated in urban areas and the rest in rural areas. According to Statistical Information System of Rural Development Ministry in 2012, there are five (5) districts in East Java known as poverty pockets and categorised as disadvantaged areas: Sampang with a poverty rate of 27.87%, Bangkalan with a poverty rate of 24.61%, Pamekasan with a poverty rate of 19.53%, Bondowoso with a poverty rate of 15.75% and Situbondo with a poverty rate of 14.29%. Health conditions of the poor are worse than the non-poor ones. Infant mortality in poor families is three times higher than non-poor families. The mortality rate of toddlers under five in a poor family is five times higher than non-poor families. On other hand, a good health service delivery for poor people will prevent eight million deaths annually. In addition, economic growth in countries with better health levels are 37 times higher than in countries with poorer health.

To ensure poor people's access to health services, since 1998, the Government has implemented various poverty reduction efforts. It introduced Social Safety Net - Health Division (JPS-BK) programme from 1998 to 2001, Energy Subsidy Reduction Programme (PDPSE) in 2001 and Fuel Subsidy Reduction Compensation Programme (PKPS-BBM) from 2002-2004. The Ministry of Health since 2005 has been implementing social health insurance programme, which has undergone changes over time. The programme was originally known as the Health Insurance for Poor people (JPKMM), or more popularly known as the Askeskin programme. From 2008 to 2013 the programme came to be known as Community Health Insurance. Beginning January 1, 2014, the government renamed its social security system National Health Insurance (JKN) and Social Health Security Agency (BPJS) whereby JKN premiums for poor people are paid by the government.

The programmes launched by the government are a testament to its commitment to provide health coverage for poor people. But the reality shows that health care for poor people often does not match expectations. Dalinjong and Laar (2012) reported that poor families often face discrimination in accessing health care services as hospitals prefer to serve patients who pay cash for their -treatment. This distinction can be seen in the way

bureaucracy serves them, including the right to obtain information; the poor who more often than not are shabbily dressed and considered belonging to a lower class. In addition to hospitals, health centres often provide inferior services to poor patients. Budiarto et al. (2007) found that that the poor's public perception of service responsiveness at health centre's in East Java is still not good scoring an average of 2.08 (a score of 1 is poor and a score of 5 is excellent). Thus, the poor have a bad impression of health services which appear to be unjust and discriminatory towards them. The less-than-acceptable services the poor receive from the hospital services only makes it more difficult for them to escape poverty (Juliastutik, 2011).

The model of justice-based health services in this research also relates to repatronage intention. Wang (2008) showed a positive effect of distributive, procedural, and interactional justice on positive recommendation. Dayan et al. (2008) concluded that distributive and interactional justice have positive effect on customer loyalty. Meanwhile, Ting and Yu (2010) highlight the distributive and procedural justice effect on repatronage intention, whereas interactional justice does not have an effect on repatronage intention. Nikbin et al. (2012) reported that better informational justice can decrease customer's intention to switch to other providers. This research is conducted with objective to develop a model of health care for poor people based on justice and analyse the effect of justice-based health care on patient satisfaction and repatronage intention.

THEORETICAL REVIEW

Fair Services

There is a paradigm shift in service assessment of a organisation by customers. The tendency to evaluate organisational service by consumers does not depart from the assessment of service quality developed by Parasuraman et al. (1988) with a ServQual model and later developed by other researchers, but also assesses the aspect of organisational justice to deliver these services to all customers. According to Ting and Yu (2010), justice theory comes from the social psychology literature based on an individual's perception of justice in a situation or decision. Palmer et al. (2000) developed a conceptual framework based on justice theory to analyse the effect of failure and services repairmen to restaurant patrons. Their results show that justice-based service has a significant effect on intensity of repeat visits. In other words, consumers want a fair service.

The justice concept was first used in marketing management relating to negligence of services provider and customer complaints (Tax et al., 1998). According to Whiteman and Mamen (2002), justice is ensured to the public in all aspects of life without compromise and reason. Justice is also interpreted as an evaluation of fair treatment of a person against another (Huang & Lin, 2005).

An explanation of the concept of justice concept will beneficial to describe the public reaction to conflict situations (Tax et al., 1998). This is because of differences in justice for service will affect the person's emotional state. The conflict begins when a party feels that goals, values, attitudes, behaviours and beliefs do not conform to the others, because justice application in life can reduce the conflict potential (Whiteman & Mamen, 2002).

Aryee et al. (2002) show that distributive and procedural justice can affect consumer's satisfaction. Meanwhile, Kwun and Alshare (2007) and Tax et al. (1998) show that interpersonal justice has a better effect than distributive and procedural justice. Therefore, distributive, procedural, interpersonal and informational justice have a positive effect on patient satisfaction. The dimensions of justice also have a positive effect on public interest to behave positively or provide recommendations (Wang, 2008). Meanwhile Dayan et al. (2008) prove that distributive and interpersonal justice have positive effects on people loyalty's to ensure repatonage (to use the services of the same organisation). Ting and Yu (2010) reported that distributive and procedural justice have a positive effect on repatronage intention of hospital patients. Therefore, it can be stated that service justice has a positive effect on repatronage intention of hospital patients.

Patient Satisfaction

According to Chang and Tu (2005), customer satisfaction is a customer evaluation after behaving in a certain time and place. Tian-Cole et al. (2002) explain satisfaction as a result of a customer psychological assessment of direct experience. The satisfaction can be measured directly, for example through a pleasant/not pleasant feeling or satisfied/dissatisfied.

Customer satisfaction is an emotional response to service attributes and service information is the basis to retain customers (Spreng et al., 1996). Satisfaction can be seen as a psychological state that is generated when customer's expectation is fulfilled or exceeds his or expectations and dispel the preconceived negative feelings about the consumption experience (Alam & Khalifa, 2009). When consumers feel a sense of gratification, their loyalty will increase and they are more likely to make repeat purchases (Hicks et al., 2005).

Repatronage Intention

Repatronage intention refers to customer's wanting to maintain a relationship with a service provider and make subsequent purchases (Jones & Taylor, 2007). Repatronage intention at this time is an important concern because of cost to get new customers is usually greater than costs to retain existing customers (Spreng et al., 1996). Repatronage intention is a consequence of satisfaction or dissatisfaction which will affect the future customer relationship with the organisation, profitability and business success (Nikbin et al., 2011). Therefore, research framework is presented in Figure 1.

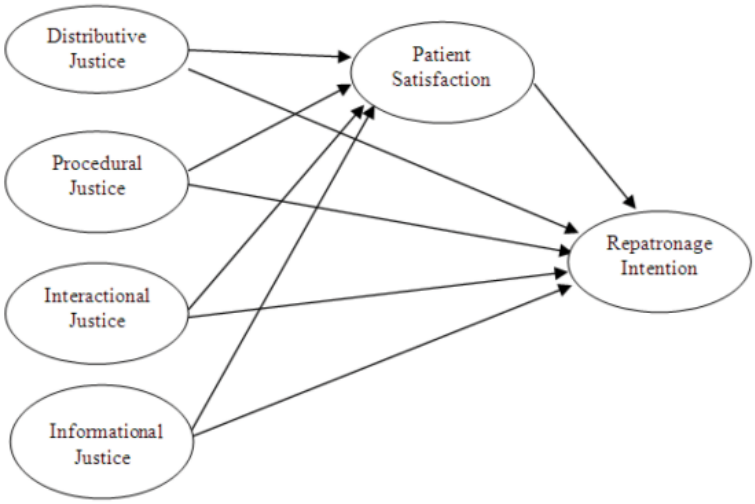

Figure 1. Conceptual Framework

Based on the conceptual framework, nine research hypotheses can be formulated. First, distributive justice has a significant positive effect on patient satisfaction. Second, procedural justice has a significant positive effect on patient satisfaction. Third, interactional justice has significant positive effect on patient satisfaction. Fourth, informational justice has a significant positive effect on patient satisfaction. Fifth, distributive justice has a significant positive effect on repatronage intention. Sixth, procedural justice has a significant positive effect on repatronage intention. Seventh, interactional justice has a significant positive effect on repatronage intention. Eighth, informational justice has a significant positive effect on repatronage intention. Ninth, patient satisfaction has a positive effect on repatronage intention.

RESEARCH METHODS

The poor people in this study sample were selected based on purposive sampling of poor people who are listed as Contribution Beneficiary Acceptor (PBI) of Social Security Administering Agency (BPJS) Health, cardholders of Jamkesmas, or Poor Certificate (SKM) who become Hospital inpatients in Sampang, Bangkalan, Pamekasan, Bondowoso and Situbondo who receive inpatient treatment for at least two days.

Data is collected through questionnaires and interviews. The questionnaire is consists of written questions or statements related to study variables. All statements are measured using the five point Likert-scale. Interviews were conducted with the aim to complete data obtained from the questionnaire. The informants were the Hospital Heads of Classrooms III

in Sampang, Bangkalan, Pamekasan, Bondowoso and Situbondo as care areas of poor families.

This study used quantitative analysis techniques. Quantitative analysis is done by quantifying research data to produce information needed for data analysis. Data was refined to evaluate their validity and reliability construct based on their level of abstraction by assessing convergent validity and discriminant validity and to evaluate goodness of fit model. This was carried out using the software Smart PLS 2.0.

RESULT AND DISCUSSION

There were 234 respondents: 45 from Sampang hospital, 38 from Bangkalan, 51 from Pamekasan, 50 from Bondowoso, and 50 from Situbondo. The respondents' characteristics are shown in Table 1.

Table 1
Respondents Characteristics

Description	Total (people)	Percent
Sex		
Male	100	42.74
Female	134	57.26
Civil Status		
Married	211	90.17
Single	23	9.83

Source. Primary data processed (2015)

Determination coefficient value of goodness of fit using PLS model can be known from the Q-square value of predictive relevance. The higher the Q-square value, it can be said that model fits the data. The results show the Q^2 value is 68.78%. This means that model can explain repatronage intention of patients and patient satisfaction by 68.78%. Therefore, it is a good model, or the model has a good predictive value.

The hypothesis testing results can be obtained by comparing the t statistic value with t table value of 1.96. If the t statistic is greater than 1.96 then the hypothesis is accepted.

Table 2
Path Coefficients

	original sample estimate	Mean of subsamples	Standard deviation	T-Statistic
Distr. Justice->Patient Satisfc.	0.032	0.005	0.129	0.251
Procdr.Justice ->Patient Satisfc.	0.190	0.244	0.143	1.330
Informt.Justice -> Patient Satisfc.	0.391	0.380	0.172	2.277
Interact.Justice->Patient Satisfc	0.296	0.294	0.100	2.952
Distr.Justice -> Repatron.Intention	0.018	0.084	0.238	0.075
Procdr.Justice -> Repatron.Intention	-0.098	-0.063	0.302	0.324
Informt.Justice-> Repatron.Intention	0.129	0.151	0.166	0.774
Interact.Justice-> Repatron.Intention	0.129	0.232	0.199	0.649
Patient Satisfc.-> Repatron.Intention	0.260	0.225	0.243	1.070

Source. Primary Data Processed (2015)

Hypothesis testing show that:

1. Distributive justice has no effect on patient satisfaction. It is indicated by path coefficient of 0.032 and t statistic value of 0.251 is less than 1.96. These results indicate that the distributive justice changes in health care cannot affect on patient satisfaction of poor people of PBI members. For poor of PBI members, hospitals health care has not shown good service and inconsistent with expectations.

2. Procedural justice has no effect on patient satisfaction. Path coefficient value of 0.190 and t statistic value of 1.330 is lower than 1.96. This finding suggests that what has been done by hospitals about healthcare related procedural justice does not directly affect patient satisfaction. Health services designed by the hospitals already meet existing standards and comply with rules and procedures. However, the poor patients' behaviour do not reflect this.

3. Interactional justice has a significant positive effect on poor patient satisfaction as a PBI member, as indicated by path coefficient of 0.296 and t statistic value of 2,952 is greater than 1.96. These findings indicate that poor patients are satisfied with their interaction with the doctors and nurses which had made an impression on them. Thus, the presence of doctors and nurses as medical personnel have an important role in health care.

4. Informational justice has a significant positive effect on poor patients' satisfaction as PBI members, as indicated by path coefficient of 0.391 and t statistic value of 2.277 is greater than 1.96. These results show that the hospital provided information

to patients who are PBI members in accordance with patient expectations. Patients who are PBI members were satisfied with provision of such information. Doctors provide good explanation to poor patients about their illness in detail and in a timely manner. Information about their illnesses or diseases encourages patients to be more careful their health, especially information related to diet and life style.

5. Hypothesis testing shows that distributive justice has no effect on repatronage intention, as indicated by path coefficient of 0.018 and t statistic value of 0.075 is less than 1.96. These results indicate that health care changes based on distributive justice does not affect repatronage intention of poor patients who are PBI members. These findings prove that repatronage intention of poor patients does not depend on good health care services which match expectations even if they are given the same treatment as other patients with appropriate services.

6. Procedural justice has no effect on repatronage intention. This is shown by path coefficient value of -0.098 and t statistic value of 0.324 is less than 1.96. This finding suggests that procedural justice in health care does not directly affect patient loyalty. Poor patients who are PBI members believe health services must follow the procedures. Thus, procedural justice, similar to distributive justice, does not have any effect on repatronage intention of the patients.

7. Interactional justice does not have any effect on repatronage intention. This is shown by path coefficient of 0.129 and t statistic value of 0.649 is less than 1.96. These results indicate that interaction of nurses and doctors in hospitals to serve poor people do not affect a poor patient's repatronage intention. Previous hypothesis test showed that interactional justice has an effect on patient satisfaction. This means that the services of doctors and nurses to serve poor patients exceed patient expectations. Poor patients are impressed with their interactions with physicians and nurses. But when interactional justice is related with repatronage intention, it has no effect. This indicates that increase in politeness, closeness and familiarity with doctors and nurses do not increase repatronage intention.

8. Informational justice does not affect repatronage intention. This is shown by path coefficient of 0.129 and t statistic value of 0.774 is less than 1.96. These findings indicate that information services provided by doctors and nurses to poor patients with regard to patient illness had no effect on patient loyalty to hospital. Poor patients seeking medical help in hospitals are not affected by doctors and nurses giving them information in detail and in a timely manner about their diseases.

9. Satisfaction has no effect on repatronage intention. This is shown by path coefficient of 0.260 and t statistic value of 1.070 is smaller than 1.96. These findings suggest that loyalty and commitment of poor patient to seek medical treatment at hospitals are not determined by their satisfaction with justice-based healthcare. Patient satisfaction does not relate to repatronage intention.

CONCLUSION

Hypothesis test shows that interactional justice can improve poor patient satisfaction with PBI-BPJS, JAMKESMAS and SKM Cardholder. Services provided doctors and nurses with modesty, intimacy and sincerity makes a good impression vis a vis the patients. Poor patients feel well treated by doctors and nurses. This shows that doctors and nurses as medical personnel have an important role in health care. These findings reinforce the results of studies by Tomar and Dhiman (2013) and Wibowo (2013) that doctors and nurses play a role in encouraging a patient's recovery using their hospitality and attention.

The results also show that informational justice has significant positive effect on poor patients' satisfaction level. This is because doctors provide the poor patients with good information on their illness and in a timely manner. Acquiring information on their disease from their doctors helps patient to be more careful in taking care of their health, especially the former's advice related to diet and lifestyle. Generally, hospitals provide good information and has good communication with patients which increases the latter's satisfaction level. These results confirm the findings of Nikbin et al. (2012) who reported a strong relationship between informational justice and switching intention.

Other hypothesis testing show that distributive and procedural justice had no effect on patient satisfaction. Other findings indicate that repatronage intention behaviour does not depend on health care justice and poor patient satisfaction. This illustrates the use health care services in hospitals by poor patients as a logical consequence of PBI-BPJS, JAMKESMAS or SKM cardholder that "willing or unwilling" they have to visit hospital when they are ill.

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