

“Comparison Between The Roles Of Medical And Nursing Committees In The Marketing System To Improve Regional General Hospital Performance In Muna Regency, Southeast Sulawesi Province”

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ABSTRACT

Background. Based on the Health Profile from 2012 to 2019, the performance of Regional General Hospitals (RSUD) in Indonesia, especially in Muna Regency, Southeast Sulawesi Province as measured by the Bed Occupancy Rate (BOR) is below 60%. Similarly, the marketing implementation is relatively weak, while the roles and functions of the medical and nursing committees in accordance with Law No. 44 of 2009 concerning Hospitals, are also not optimal. Therefore, this study aims to develop and examine the role of professional committees (medical and nursing) in the marketing system to improve hospital performance.

Method. This study was conducted using a pre-experimental design, namely pre-test before treatment, and further post-test on 30 respondents. The population was 32 members of the Professional Committee (Medical and Nursing) determined using the Yamane Slovin Uma Sekaran formula (2013) and probability sampling technique. Furthermore, SEM (Structural Equation Modeling) analysis was used based on Partial Least Square (PLS) variance to determine the magnitude of the Medical and Nursing Committees' roles. A t-test was also performed to assess the difference between the roles of these Committees in the marketing system to improve hospital performance before and after the intervention.

Result. The inferential statistical analysis proved that the medical and nursing committees play significant roles which directly affect the marketing system (orientation and marketing strategy) and improve hospital performance.

Conclusion. Based on the results, the medical and nursing committees play an important role in improving the marketing system and hospital performance. Therefore, it is recommended that the local governments through the Director of RSUD empower these committees to play a role in the marketing system and improve the hospital performance in the future.

Keywords: Medical and Nursing Committees, Market Orientation, Marketing Mix Strategy, and Hospital Performance

INTRODUCTION

The number and quality of hospitals in Indonesia, including the Central, Provincial, and Regency/City government-owned, as well as private entities are increasing and becoming competitive every year. In Southeast Sulawesi Province, before regional autonomy in 2000, there were 5 regional general and 1 mental hospital unit owned by the central government with 1 unit belonging to the Indonesian National Army (TNI), 1 for the Indonesian National Police (POLRI), 1 State-Owned Enterprise (BUMN), and 1 private-owned unit. However, at the end of 2018, it increased to 28 units, consisting of 2 provincial regional and 17 regional general hospital units, 1 TNI unit, 1 POLRI unit, 1 BUMN, and 6 Private hospital units.

The average main performance of Regional General Hospitals (RSUD) in Southeast Sulawesi as measured by the Bed Occupancy Rate (BOR) from 2012 to 2017, is below 60%¹⁾. Meanwhile, at the Muna Regional Hospital, the BOR reached 61%, but the average length of stay (ALOS) was 1 day²⁾. This implies that the accountability of local governments in the field of health services to the community is still relatively low. Hence, there is a potential for community distrust towards the local and central governments.

The low indicators of hospital performance as explained above, indicate that the productivity is still relatively low as well as the implementation of a market-oriented marketing system and strategy. Buckley Patrick T (2009) reported that Health care marketing is a self-education aimed at meeting the desires and needs of potential customers³⁾. Furthermore, Chen Chuan Biau & Nanhua, (2011) stated that Hospital marketing is the promotion of high-quality medical services that satisfy consumers, or patients, and families. Meanwhile, Johnson & Johnson (1996) defined hospital marketing as a social and managerial process to create, provide, introduce, offer, or exchange products of value or professional services to users in an appropriate, hence mutually satisfying manner with numerous benefits in line with the norms of the health care profession. In addition, it is divided into 3 parts, namely internal, external, and interactive marketing⁵⁾.

Various theories and marketing concepts have been developed in the hospital service industry sector to improve achievement and performance as a measure of hospital leadership and optimum management success with theoretical and empirical approaches. Presumably, the theoretical and conceptual market orientation and strategy require the role of medical and nursing committees as an integrated approach in the hospital marketing system to improve performance.

Based on the results, it was found that there was a significant effect between market orientation and marketing strategy on hospital performance^{6.7.8.9)}. As a professional organization, performance is largely determined by the role of medical and nursing committees, hence these individuals are needed in the marketing system to improve hospital performance. Furthermore, the hospital performance is internally and externally determined by the role of the medical and nursing committees respectively¹⁰⁾. Therefore, the role of the medical committee is strengthened by Law No. 44 of 2009 concerning Hospitals, while the nursing committee is strengthened by the Regulation issued by the Minister of Health No. 49 of 2013 as a non-structural forum expected to function properly by improving good clinical governance^{11.12 . 6.7.8.9. 10). 11.12)}.

At the Muna Regional Hospital, it was observed that the marketing system is relatively weak and professional committees play a role in the low hospital performance. This suggests that the decentralization of the local government has not improved overall hospital performance. Meanwhile, in line with the law and regulation of the Minister of Health, professional committees have been formed but its main duties and functions have not been properly realized.

Therefore, the role of the medical and nursing committees is still weak as a trigger for the low performance of the Muna Regional Hospital, Southeast Sulawesi Province. However, it is also necessary to pay attention to the phenomena in hospitals where the medical profession is "highlighted" while nursing is "ruled out". This triggers different roles in the marketing system and affects hospital performance. Nevertheless, this phenomenon needs to be proven through research aimed at finding alternative solutions to improve the performance of the regional hospital in the future.

Therefore, this study aims to examine: **"Comparison between the Roles of the Medical and Nursing Committees in the Marketing System to Improve the Regional General Hospital Performance of Muna Regency, Southeast Sulawesi Province"**

The problems and objectives include: What are the roles of the Medical and Nursing Committees before and after intervention in the Marketing System and Hospital Performance? Is there any effect of implementing the role of the Medical and Nursing Committees on the Marketing System to improve hospital performance before and after the intervention? Is there a difference in implementing the roles of the Medical and the Nursing Committees in the Marketing System to improve hospital Performance before and after the intervention?

The results from this study are expected to guide the formulation of local government policies as hospital owners to implement a hospital marketing management system and improve performance. Theoretically, this study is also expected to become a learning material in health management education and hospital management, as well as information for further researchers to develop appropriate variables.

RESEARCH METHODS

This is a quantitative study with a pre-experimental approach consisting of pre and post-test design to determine differences in the role of the medical and nursing committees in the marketing system to improve hospital performance. It was carried out at the Muna Regional Hospital for 3 months and was divided into 2 (two) stages. The first stage was carried out as pre-test in April 2019 with treatment, while stage II was carried out post-test in June 2019.

The study population was 32 individuals registered as the Medical and Nursing Committees²⁾. A total of 30 respondents were then selected as the sample because 2 members were absent. Nevertheless, this number still met the requirements obtained using the formulation from Yamane¹³⁾. Furthermore, statistical analysis was performed using SEM (Structural Equation Modeling) based on Partial Least Square (PLS) variance, while the effect and differences were tested by the *r* and *t*-test, as well as the determination test (*R*) or (*r*²).

RESULTS

Table 1 shows that the respondents consist of 23 females (76.7%) and 7 males (23.33%). Based on the age, 13 (43.02%) were between 21-30 years while 10 (33.72%) were between 31-40 years. Furthermore, majority have a higher education level, namely bachelor's degree up to 23 respondents (76.67%). Based on the position in the health sector, 15 were medical personnel (50.00%) while 15 were nursing staff (50.00%). Also, majority (59.30%) belonged to the third class in terms of rank or class. This condition indicates that the respondents have an adequate level of understanding and knowledge to assess the study objectives because the gender, age, education, position, and rank/class were in line with the study requirement. Therefore, the information obtained is relevant to the study objectives.

Table 2 demonstrates that there was a difference in the results of the pre and post-test measurements regarding the role of the medical committee after the intervention, or education, and training with an average increase of 33.33%. Furthermore, in all the indicators regarding the role of the medical committee, there was an increase from 16.66% to 42.22%. The medical service indicator is still weak because the increase is only 16.66% after the intervention of the nursing committee.

Table 3 shows that there is a difference in the pre and post-test results regarding the role of the nursing committee after the intervention or education and training with an average increase of 50.00%. In all the indicators regarding the role of this committee, there was an increase from 35.00% to 66.67%. Nursing service indicators improved by 35%, while ethics and discipline were considered to have experienced a high increase by 66.67% after sharing knowledge and experience with the Committee.

Table 4 presents the difference in the pre and post-test results regarding market orientation after intervention or education and training with an average increase of 25.02%. In all the market orientation indicators, there was an increase from 11.11% to 57.78%. Furthermore, competitor orientation increased sharply, amounting to 57.78% before intervention in the form of sharing knowledge and experience of hospital marketing.

Table 5 presents the difference in the pre and post-test results on marketing strategies after intervention or education and training with an average increase of 21.36%. In all the indicators of the Marketing Mix Strategy, there was an increase from 2.22% to 40.00%, while the process strategy increased only by 2% after the intervention of the Nursing Committee's role.

Table 6 presents the difference in the pre and post-test results on the hospital performance after intervention or education and training with an average increase of 27.23%. In all hospital performance indicators, there was an increase or positive difference from 25.33% to 60.00%. However, the market share performance indicator showed no differences between the pre and post-test. The indicator of patient and family satisfaction showed a slight increase after the intervention, namely 25.33%.

Table 7 presents the results of the statistical t-test. It shows that all variables have significant differences on the marketing system to improve the hospital performance before and after the intervention at the Muna Regional Hospital.

Table 8 shows the results of (r) and (R) test on the Effect and Contribution analysis of the Medical and Nursing Committees' role in the Marketing System on Hospital Performance, as follows:

- a. The role of Medical Committee before the intervention (KMo) had an effect of $r = 0.808$ (Sig.0.000) and after the intervention (KM1);
- b. The role of Nursing Committee before the intervention (KKo) had an effect of $r = 0.944$ (Sig.0.000) and after the intervention (KK1);
- c. The Market Orientation before intervention (OPo) had an effect of $r = 0.750$ (Sig.0.000) on and after intervention (OP1);
- d. The Marketing Mix Strategy before the intervention (SMo) had an effect of $r = 0.910$ (Sig.0.000) and after the intervention (SM1);
- e. The hospital performance before intervention (KRSo) had an effect of $r = 0.891$ (Sig.0.000) and after the intervention (KRS1).
- f. The role of the Medical Committee before the intervention (KMo) had an effect of $r = 0.527$ (Sig.0.003) on the Hospital Performance after the intervention (KRS1).

g. The role of the Nursing Committee before intervention (KKo) had an effect of $r = 0.446$ (Sig.0.013) on Hospital Performance after intervention (KRS1).

The variable contribution (R) before and after the intervention, namely $(r)^2 \times 100\%$, indicates that the role of the Medical and Nursing Committees had a significant effect on the Hospital Marketing System after the intervention by contributing (R) namely: KMo to KM1 of 0.6529 (65.29%), KKo to KK1 of 0.8911 (89.11%), OPo to OP1 of 0.5625 (56.25%), SMo to SM1 of 0.8281 (82.81%), KRSo to KRS1 of 0.7939 (79.39%), KMo to KRS1 of 0.2777 (27.77%), and KCo to KRS1 of 0.1989 (19.89%)

Table 1 Distribution of Respondent Characteristics in Muna Regional Hospital

Respondent Characteristics		Frequency (people)	Percentage(%)
1. Gender	a. Male	7	23.3
	b. Female	23	76.7
	Total	30	100
2. Age (Years)	a. 21-30	13	43.02
	b. 31-40	10	33.72
	c. 41-50	4	12.79
	c. 51-57	3	10.47
	Total	30	100
3. Education	a. Master/ S2/Sp.	5	16,67
	b. Doctor	10	33,33
	c. Nurse	8	26,67
	d. Diploma III in Nursing/ Midwife	7	23,33
	Total	30	100
4. Rank/Class	a. II	9	30.23
	b. III	18	59.30
	c. IV	3	10.47
	Total	30	100
5. Type of Personnel	a. Medical personnel	15	50,00
	b. Nursing personnel	10	33.33
	c. Midwifery	5	16,67
	Total	30	100

Source: Processed primary data; (n=30).

Table 12 Differences in the Frequency Distribution of Pre and Post Test Results of the Medical Committee Role (in Percent)

No .	Variable Indicator	Number of Subjects (n)	Pre-Test Results (%)	Number of Subjects (n)	Post-Test Results (%)	Differences (%) (+)(-)
1	Credentialing	9	31,11	22	73,33	42,22
2	Professional Quality	5	16,67	16	51,67	35,00
3	Ethics and Discipline	13	42,22	24	80,00	37,78
4	Medical Services	20	66,67	25	83,33	16,66
	Total (Average)	12	40,00	22	73,33	33,33

Source: The Result of Frequently Distribution Analysis With Excel Program.

Table 13 Differences in the Frequency Distribution of Pre and Post-Test Results in the Role of the Nursing Committee (In Percent)

No .	Variable Indicator	Number of Subjects (n)	Pre-Test Results (%)	Number of Subjects (n)	Post-Test Results (%)	Differences (%) (+)(-)
1	Credentialing	6	20,00	22	73,33	53,33
2	Professional Quality	7	21,67	22	73,33	51,66
3	Ethics and Discipline	4	13,33	24	80,00	66,67
4	Medical Services	13	41,67	23	76,67	35,00
	Total (Average)	8	26,67	23	76,67	50,00

Source: The Result of Frequently Distribution Analysed With Excel Program.

Table 14 Differences in the Frequency Distribution of Pre and Post-Test Results of Health Services Market Orientation (In Percent)

No.	Variable Indicator	Number of Subjects(n)	Pre-Test Results(%)	Number of Subjects(n)	Post-Test Results (%)	Differences(%) (+)(-)
1	Customer Orientation	22	73,33	27	88,89	15,56
2	Competitor Orientation	5	17,78	23	75,56	57,78
3	Interfunctional Coordination	23	75,56	26	86,67	11,11
4	Growth Orientation	15	48,89	26	86,67	37,78
5	Environmental Health Orientation	22	73,33	27	89,33	16,00
6	Referral System Orientation	18	59,05	24	80,95	21,90
7	Accreditation Orientation	22	73,33	27	88,33	15,00
	Total (Average)	18	60,18	26	85,20	25,02

Source: The Result of Frequently Distribution Analysed With Excel Program.

Table 15 Differences in the Frequency Distribution of Pre and Post-Test Results of Health Services Marketing Mix Strategy (in Percent)

No .	Variable Indicator	Number of Subjecs (n)	Pre-Test Results (%)	Number of Subjects (n)	Post-Test Results (%)	Differences (%) (+)(-)
1	Service Strategy (Product)	9	31,11	16	52,22	21,11
2	Price Strategy	17	56,67	23	77,78	21,11

3	Place Strategy	13	44,44	25	84,44	40,00
4	Promotion Strategy	9	28,89	15	51,11	22,22
5	People Strategy	14	47,62	23	75,24	27,62
6	Physical Evidence Strategy	10	32,59	18	58,52	25,93
7	Process Strategy	19	62,22	19	64,44	2,22
8	Patient Safety Strategy	21	71,11	26	87,78	16,67
	Total (Average)	14	46,67	20	66,67	21,36

Source: The Result of Frequently Distribution Analysed With Excel Program.

Table 16 Differences in the Frequency Distribution of Pre and Post-Test Results of Performance in Muna Regional Hospital (in Percent)

No .	Variable Indicator	Number of Subjects (n)	Pre Test Resus (%)	Number of Subjects (n)	Post Test Results (%)	Differences (%) (+)(-)
1	BOR	14	46,67	22	73,33	26,66
2	Cost Recovery	14	46,67	24	80,00	33,33
3	Market Share	20	66,67	20	66,67	0,00
4	Employee Satisfaction	6	20,00	24	80,00	60,00
5	Patient and Family Satisfaction	16	52,00	23	77,33	25,33
	Total (Average)	14	49,44	23	76,67	27,23

Source: The Result of Frequently Distribution Analysed With Excel Program.

Table 17
Comparison of T-Test Results on the Role of Medical and Nursing Committees in the Application of the Marketing System at Muna Regional Hospital (One-Sample Test)

Variable	Test Value = 0					
	T	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Market O. (0)	15.446	29	.000	17.20000	14.9225	19.4775
Marketing S. (0)	9.891	29	.000	21.93333	17.3981	26.4685
Medical Committee P.(0)	7.133	29	.000	5.53333	3.9469	7.1198
Nursing Committee P.(0)	3.853	29	.001	3.53333	1.6580	5.4087
Hospital Performance(0)	6.649	29	.000	5.26667	3.6466	6.8867
Market O. (1)	72.872	29	.000	23.80000	23.1320	24.4680
Marketing S. (1)	39.111	29	.000	33.06667	31.3375	34.7958
Medical Committee P. (1)	28.382	29	.000	10.00000	9.2794	10.7206
Nursing Committee P. (1)	30.197	29	.000	10.60000	9.8821	11.3179
Hospital Performance (1)	20.291	29	.000	8.46667	7.6133	9.3200

Source: The Result of Test Value With Used SPSS Program in Version 19.

Table 18 Results of (r) and (R) Test on The Value of the Effect and Contribution of the Medical and the Nursing Committees' Role in the Marketing System on the Improvement of Hospital Performance After Intervention

No.	Variable Effect	The Value of Effect(r)	Significant	Variable Coefficient of Determination(R)	Contribution Value (%)
1	KMo ----- KM1	0.808	0.000	0.6529	65.29
2	KKo ----- KK1	0.944	0.000	0.8911	n89.11
3	OPo ----- OP1	0.750	0.000	0.5625	56.25
4	SMo ----- SM1	0.910	0.000	0.8281	82.81
5	KRSo -----	0.891	0.000	0.7939	79.39

	KRS1				
6	KMo ----- KRS1	0.527	0.003	0.2777	27.77
7	KKo ----- KRS1	0.446	0.013	0.1989	19.89

Source: The Result of Correlation (r) and Determinant (R) Analysed With Uses by Multiregreton (SEM or PLS) in SPSS Program, Version 19.

DISCUSSION

Description of the Improvement After Intervention on Market Orientation, Marketing Mix Strategy, and Performance of the Muna Regional Hospital.

The pre and post-test results showed that there was an increase in the role of the Medical and Nursing Committee before and after the intervention by 33.33 and 50.00% respectively. This occurred due to the increase in the indicators of the Committees' role after the intervention, namely implementation of credentialing, professional quality, ethics and professional discipline, and the quality of services for the medical and the nursing profession.

Market orientation before and after the intervention showed an average increase of 25.02%. This occurred due to the increase in indicators of the variable after the intervention, namely customer and competitor orientation, interfunctional coordination, as well as growth, environmental health, referral system, and accreditation orientation.

The Marketing Mix Strategy before and after the intervention showed an average increase of 21.36%. This occurred due to the increase in place, people, physical evidence, promotion, service (product), price, patient safety, and process strategy. In addition, there was also an elevation in the role of the Medical and Nursing Committees, as well as Market Orientation, and Marketing Mix Strategy before and after the intervention. This indicates an improvement in the performance of the Muna Regional Hospital before and after the intervention on the variables of the Medical and Nursing Committees.

The Effect of Intervention in the Hospital Marketing System on the Improvement of the Muna Regional Hospital Performance.

Based on the analysis and statistical tests, the role of the Medical and Nursing Committees on Market Orientation, Marketing Mix Strategy, and Hospital Performance was very significant before and after the intervention. This is evidenced by the statistical tests which showed a significant effect by the Medical Committee namely ($r = 0.808$), Nursing ($r = 0.944$), market orientation ($r = 0.750$), Marketing Mix Strategy ($r = 0.910$) and performance after the intervention ($r = 0.891$).

Based on the results described above, when the coefficient of determination (R or r^2) was measured as the contribution of each variable, it showed that the contribution of the Medical Committee was $R = (r^2) \times 100\% = 0.652864 \times 100\% = 65.29\%$, Nursing $R = (r^2) \times 100\% = 0.891136 \times 100\% = 89.11\%$, Market Orientation $R = (r^2) \times 100\% = 0.5625 \times 100\% = 56.25\%$, Marketing Mix Strategy $R = (r^2) \times 100\% = 0.8281 \times 100\% = 82.81\%$, and Hospital Performance $R = (r^2) \times 100\% = 0.793881 \times 100\% = 79.39\%$.

Each unit of the intervention increased the role of the variable by the coefficient of determination expressed in percent. Hence, the role of Medical and Nursing Committees on Market Orientation, and Marketing Mix Strategy is important to improve hospital performance, when all variable indicators are implemented consistently.

Therefore, based on the results, it is expected that the Director of the Hospital as the person in charge of services and authorized according to Law-RI No.: 44 of 2009 concerning Hospitals to appoint and dismiss the Medical Committee (Kemenkes RI. 2009) and the Minister of Health No.: 755/Menkes/Per/IV/2011 concerning the Implementation of Medical Committees in Hospitals (Kemenkes RI, 2011), Minister of Health, No.: 49 of 2013 concerning Nursing Committees (Kemenkes RI, 2013), provide rewards and punishment for the two committees accordance with the laws and regulations.

Differences Before and After Intervention in the Role of the Medical and Nursing Committees in the Hospital Marketing System on the Improvements of the Muna Regional Hospital Performance.

The comparative results were obtained based on the statistical t-test using the SPSS version 19 program. Table 5.17 shows the differences before and after the intervention of the Committees in the marketing system at the Regional General Hospital. Based on the results, all variables, namely the role of the Medical and Nursing Committee, Market Orientation, Marketing Mix Strategy, and the Hospital Performance were significantly different before intervention compared to after.

This difference shows that the roles of the Medical and Nursing Committees were not optimal in carrying out the main duties and functions of each Sub Committee, including Credentialing, Professional Quality, as well as Ethics and Professional Discipline. Moreover, it is also related to the implementation of the marketing system, which affects the performance of hospitals. Due to the inconsistency of the Medical and Nursing Committees, all professions automatically also failed to properly carry out respective duties and roles, therefore, the hospital performance has not improved.

After the intervention, there was a change in the value of the Medical and Nursing Committees' role. All Sub Committees properly carried out respective main duties and functions, this suggests that all professions, both the medical (SMF) and the nursing (SKF) have fully implemented all indicators of the Market Orientation and Marketing Mix strategy variables. Market Orientation indicators include customer and competitor orientation, interfunctional coordination, as well as growth, environmental health, referral system, and accreditation orientation. Meanwhile, the indicators of the Marketing Mix Strategy include service(product), price, place, promotion, physical evidence, people, process, and patient safety strategy. Consequently, the Hospital performance as measured by indicators of BOR, Cost Recovery, as well as Employee, Patient, and Family Satisfaction increased before the intervention, but the Market Share did not change as shown by the interview results which show that there was a lack of understanding of the aims and objectives, although this needs further study.

The role of the Medical and Nursing Committees after intervention produced significantly different results compared to before. Therefore, the Director of the Muna Regional Hospital is expected to pay serious attention to improve hospital performance in the future.

CONCLUSIONS AND SUGGESTION

The role of the medical and nursing committees in the marketing system showed a significant effect on the improvements of the Muna Regional Hospital performance before and after the intervention. The result shows a large contribution (determination) (R) or (r^2) to improve the hospital performance. Therefore, hospital leaders and local governments as owners are expected to use these results as a basis for formulating policies to improve the service quality and hospital performance in the future.

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