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## Distance Technology on Good Government Governance

# Proceeding

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### FINDING THE EMPIRICAL EVIDENCE OF COMMUNICATION PERFORMANCE AND SERVICES QUALITY RELATIONSHIPS IN PUBLIC HEALTHCARE

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#### ABSTRACT

This study conducted a review methodology to find empirical evidence of the relationship between the performance of the communication with the quality of public healthcare in Indonesia. We offer a mixed method of both quantitative dan qualitative research methods to find a broader understanding about that relationship. We used a sample in North Sumatra, East Java, and South Sulawesi as a representation of the population in Indonesia.

**Keywords:** mixed methods, communication performance, services quality, healthcare

#### Introduction

Welfare according to Fitzpatrick (2001) has six components: *Happiness, Security, Preferences, Needs, Dessert, and Relative Comparisons*. The four components must be owned by a citizen with the same amount (equal) . Len Doyal and Ian Gough (1991) in Fitzpatrick (2001) argues that all human beings have certain basic needs, which indicates the existence of some form of common human nature, therefore citizens have the same rights as other citizens to obtain welfare or referred to Social Equality.

One of the steps that are generally carried out by the government to improve the welfare of the people is the healthcare program. In an effort to improve the performance of the healthcare program, it is necessary to examine the factors that have inhibited the government's efforts to achieve social equality.

Fitzpatrick (2001) revealed that the *Objective claritz, Red tape , Organization Culture, and Organization Size* can improve the performance of communication in the public sector.

While Aigbedo and Parameswaran (2004) found the influence of the operating manager's performance against *quality of service*. Therefore this study aimed to find explanations of relationships between *Objective clarity, Red tape, Organization Culture, and Organization Size* on the quality of health programs in Indonesia.

Indonesia with a sustainable economic growth is expected to help people out of poverty by trying to create more jobs and increase public spending on healthcare, education and infrastructure. Based on the information held by the TNP2K (National Board for Accelerating Poverty Reduction of Indonesia) the poverty rate in Indonesia since 1998 to 2013 continued to decline. The decline is not separated from the severe government through a variety of programs for the people.

Based on WorldFactBook, BPS (Statistical Data Center of Indonesia), and World Bank, decrease in the number of poor people in Indonesia is the fastest decline compared to other countries such as Cambodia, Thailand, Pakistan, Philippines, Mexico, India, China, and Brazil.

Despite efforts by the government so big, but it has yet to gain maximum results, because there is a disparity between provinces. There is a province that is able to reduce fastly, but there are also very slow.

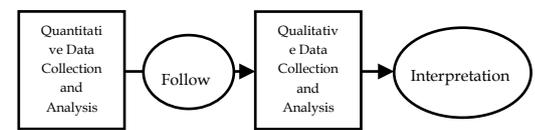
Based on such information, it can be concluded that despite the poverty alleviation programs the government has a positive effect on increasing the ability of communities to develop their basic rights, but there are still inequities therein. While one of the goals of the Republic of Indonesia, which is listed in the preface of the Indonesian Constitution of 1945 is the welfare of the nation.

Healthcare is one of the components of the construction of public welfare, it is necessary to research which specializes in the study of government policies relating to the health. Therefore, we offer this study in order to provide a road map for researchers who want to find the empirical evidence in the area of government healthcare policy.

### Research Design

We offer the use of a mixed methods for this study, which is implementing a combination of two approaches at once, quantitative and qualitative methods. The use of the combination of quantitative and qualitative methods with expect to provide a broader understanding of the research problems. This research chose to use a sequential explanatory design (sequential explanatory design) in a mixed method design.

**Figure 1. Sequential Explanatory Design**



Source: Creswell dan Plano Clark (2011).

Sequential explanatory design starts with building a quantitative phase and follow up on more specific results with qualitative stage to explain that more in-depth quantitative results (Creswell and Plano Clark, 2011). Furthermore, one of the advantages of sequential explanatory design according to Creswell and Plano Clark (2011) is straightforward for implementation as do the two methods in separate stages and only collect one type of data at a time.

### Variables

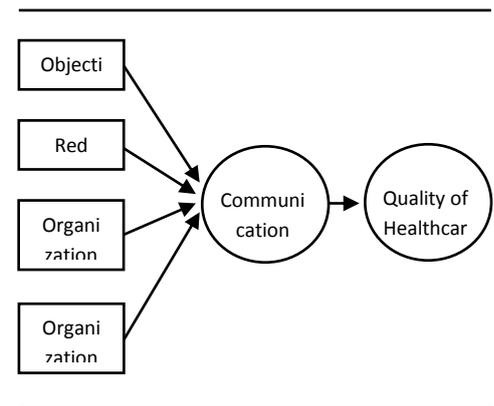
The dependent variable in this study is the *Healthcare Quality* and the *Communication Performance* which divided into three (3) dimensions; *interpersonal communications*, *external communications*, and *internal communications*. The independent variable in this study is the *Objective Clarity*, *Organization's Culture* and *Organization Size*. Objective Clarity is represented by *red tape* which divided into six (6) dimensions. They are *global red tape*, *personal red tape*, *red tape communication*, *procurement red tape*, *information systems red tape*, and *budget red tape*. Organization's Culture is divided into three (3) dimensions; *rational culture*, *development culture*, and *group cultural*. As the control variable, we use *gender*, *ethnicity*, and *age*.

### Population and Sample

The population in this study is local government (provincial/district/city) in some areas of Indonesia. We chose the provincial government of North Sumatera, East Java, and South Sulawesi. Java, Sumatera, and Sulawesi chosen because they are the three largest population island in Indonesia. Based on data from the Ministry of Health of the Republic of Indonesia, North Sumatera and South Sulawesi have the largest number of Puskesmas (public health centers) and hospitals in each island. Meanwhile, East Java has the second largest number of Puskesmas and hospitals in Java after West Java. However, based on assessment the Ministry of Administrative and Bureaucratic Reform, East Java was ranked first in the quality of public services.

The sample selection is based on *purposive sampling* that selected based on certain criteria. The criteria used is based on the researcher's consideration (judgment), so it called as *judgment sampling*. The criteria of sample is he or she as a Chief of Medical Officer who has the responsibility to provide the best healthcare services to the people. To measure *the communication performance* we use communication performance accomplishments and partly responsible for the achievement of the implementation of National Health Programs to implement of Undang-Undang (Indonesian Law) Number 25 of 2009 concerning Public Service. While the sample to measure the quality of health insurance are people who have used Jamkesmas, Askes, and Jamsostek (Social Security).

**Figure 2. The Research Construct**



### Data Collection

This study use data that collect trough a survey and an interview for both quantitative and qualitative approach. Quantitative approach for data survey conducted by using a questionnaire instrument. Meanwhile, qualitative approach for data interview conducted with respondents interviewed, face to face directly.

### Data Analysis

**Quantitative approach.** Unobservable variables (latent variables) is a complex relationship between variables, and test the overall fitness, then the appropriate statistical analysis tool used is the *Structural Equation Modeling* (Gudono, 2012). SEM analysis testing using Tetrad. Tetrad is SEM program that is used to simulate the data, estimating, testing, predicting, and look for causality in a statistical model (Southern and Gudono, 2012).

Tetrad program is rarely used for statistical analysis of SEM testing, especially in the field of accounting. Tetrad better than CB-SEM (Covariance-Based Structural Equation Modeling) and PLS-SEM (Partial Least Squares Path Modeling). Tetrad program used in this study, the Tetrad IV (version 4.3.9-18) due to better Graphical User Interface (GUI) (Liu, 2009) from the other Tetrad programs.