CHAPTER I

INTRODUCTION

1.1 Background

Navigating the complexity of pediatric care poses unique challenges, demanding a comprehensive set of quality indicators. From preventive measures to acute treatments and long-term care, the well-rounded metrics must also represent and reflect the perspectives of both the child and caregiver. Guided by WHO principles, these indicators serve as direction for healthcare facilities, leading them toward child- and family-centered practices (WHO, 2019). Newly introduced benchmarks, such as satisfaction with decision-making, awareness of child rights, and understanding of treatment plans, pave the way for interventions that elevate the quality of care for both children and families. (Muzigaba, 2022). Therefore, the instrument used to measure satisfaction in the pediatric care setting is required for continuous improvement in providing pediatric health care and service.

Health is one of the fundamental human rights, and specifically, a basic right of every child that must be fulfilled and safeguarded (UNICEF, 2017). Many say the children uphold the future of a nation and it represents the nation's health status. A child with good health status can engage in productive activities, ultimately serving as an investment in human capital with high-quality outcomes in the future. According to the Central Statistics Agency (BPS, 2022), health complaints encompass disruptions to both physical and mental well-being, including those arising from accidents or other factors that interfere with daily activities.

Primary care has always become the foundation of pediatric care (AAP, 2004). Indonesia has exercised many programs related to newborns and child care. However, in Indonesia health-seeking behavior is highly correlated with socio-economic and cultural background, as well as belief (Ekawati et al., 2017). As Indonesia is also diverse in many areas, urban and sub-urban health-seeking behaviour varies. Perceptions about medical services also influence health-seeking behavior (Widayanti et al., 2020). Many people were reluctant to go to public health facilities as they experienced complex administrative procedures, a one-sided communication style of health professionals, and long waiting times. Thus, many people choose to go to private health providers.(Larson et al., 2019, Strong et al., 2021).

Indonesia, with a land area of 1,916,906.77 square kilometres (Central Statistics Agency, 2022), has a population of 272,682,515 people (Interim Population Projection 2020-2023, BPS 2021). Out of this population, 79,486,424 (29.15%) individuals are children (0-17 years old). The percentage of children experiencing health complaints by province varies. The analysis results indicate that the percentage of health complaints among children in East Java Province, amounted to 26.36%, while the mean value for Indonesia was 24.68%. East Java province is the second largest province in Indonesia. Indonesia has implemented hierarchical health care services. Healthcare services span from primary care to hospitals categorized based on types as stipulated by the regulations of the Indonesian Ministry of Health. There is a need for support from private healthcare services to streamline the referral process, particularly those equipped with facilities and infrastructure providing extensive health services, encompassing

medical professionals, specialists, and health centers, including specialized hospitals. Private healthcare services, in collaboration with corporations, can enhance healthcare provisions through social responsibility initiatives and community development, spanning from community healthcare to government hospitals at the city/district and provincial levels. With the perceived advantage of parents, the expectation remains high when parents bring their children to private hospital. It is interesting and challenging to study what areas of improvement Considering the raise in referral rate and the number of private hospitals that provide pediatric care, there is a need to focus and explore further about pediatric service in private hospital. Figures below show the hospital number and its classification in East Java Province and Surabaya.

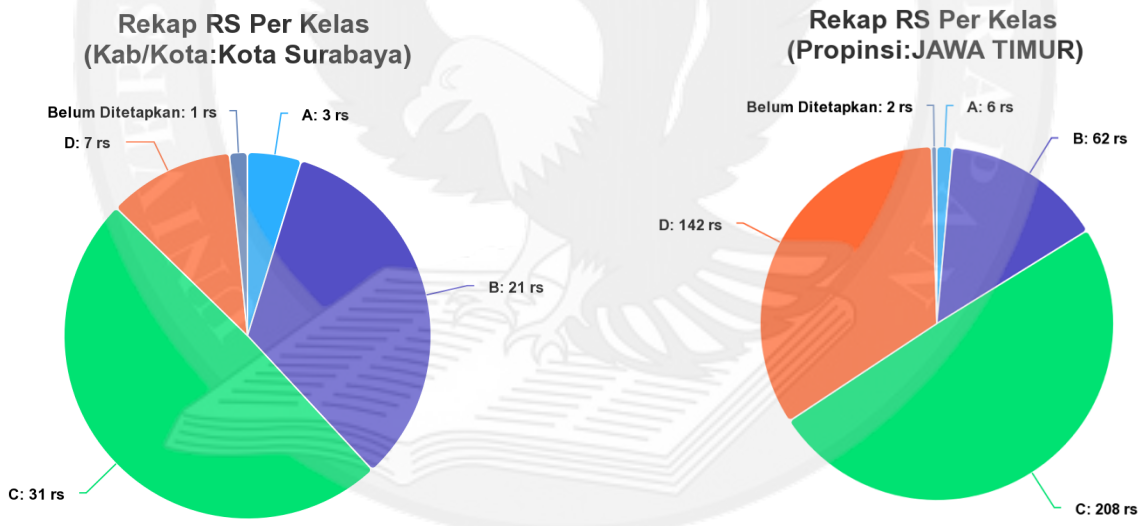

Figure. 1 Number of Hospital in East Java Province and Surabaya Based on Types

The classification of hospitals involves grouping them based on facilities and service capabilities. In Surabaya, there are 46 private hospitals, and among them, 21 are classified as type B hospitals. Type B hospitals frequently receive referrals from lower-tier hospitals and healthcare facilities. They attract a higher number of visits due to their superior facilities, equipment, and a notable presence of specialists. Given the accredited status and proximity to the Mother and Child Hospital, Hospital X finds itself in a competitive position. To stand out, Hospital X must excel in service provision. The goal is to see an increase or retention in the number of pediatric patients by offering outstanding service. This positions Hospital X as an example of implementing pediatric care, with a focus on evaluating how such services for children align with the competitive capabilities of the hospital. At the pediatric outpatient clinic of Hospital X, the satisfaction data hasn't been categorized yet, which could provide some valuable insights. Secondly, data on complaints in the pediatric outpatient clinic has not yet been monitored closely. In order to measure the performance of the service provider, the Net Promoter Score (NPS) was utilized. The Net Promoter Score was introduced by a researcher from Harvard in 2003. Created in 2003, NPS has been used in a variety of industries around the world, including banking, insurance and technology.(Krol et al., 2015) In recent years, NPS has been adopted into healthcare settings, frequently for the purpose of system-level benchmarking. It has become a popular surveying method that is used globally and has been dubbed ‘the ultimate question. The NPS is based on a single question: How likely is it that you would recommend our company to a friend or colleague? Participants can give an answer ranging from 0 (‘not at all likely’) to 10 (‘extremely likely’). The assumption is that individuals

scoring a 9 or a 10 will give positive word-of mouth advertising; they are called ‘promoters’. Individuals answering 7 or 8 are considered indifferent (‘passives’). Finally, individuals answering 0–6 are likely to be dissatisfied customers and are labelled as ‘detractors’. The NPS is then calculated as the percentage of ‘promoters’ minus the percentage of ‘detractors’. To calculate the NPS, all the scores given by the respondents are converted to percentages. The interpretation of the NPS score depends on the industry in which it is used. Each industry has different stages, such as forming, maturing, establishing, or having current turbulence. Therefore, the NPS score should be considered in the context of the industry it is being used. NPS has been utilized in the hospital or healthcare industry.(Reichheld F F, 2003) From the preliminary study that was performed, 200 respondents were included in which only 180 met the inclusion criteria and 150 gave back their responses.

Table 1.1 Preliminary Study with NPS

Response	Promotor	Detractor	NPS
Amount	90	32	38%
Percentage	59%	21%	

Source: research processed data (2023)

Based on the NPS calculation a score of 38 % was obtained, compared to the average score of 58% in the industry. The NPS score shown indicates that there is a problem of parental dissatisfaction with the healthcare services provided by doctors in the pediatric outpatient care of Hospital X. From the two aforementioned phenomena, it can be indicated that there is an issue that needs to be addressed by the management, particularly in enhancing the healthcare services provided by pediatric specialists. To find solutions to these services, it is imperative to examine

them from the perspective of parents of pediatric patients, as ultimately, the attitudes and intentions displayed by these parents will determine a favourable outcome for the hospital. In the academic context, a favorable outcome for the hospital is known as positive behavioural intention. According to social science theory, positive behaviour can be predicted through behavioural intention (Ajzen, 1991). In this study, behavioural intention is the dependent variable that will be predicted its corresponding independent variables.

A number of previous studies have reported and included parent's satisfaction with predicting and evaluating pediatric quality of care which influence the change in policy or operational practice. (Alemu et al., 2020; Bitzer et al., 2012; Byczkowski et al., 2010; Chesney et al., 2005; Hoodbhoy et al., 2020; Jones et al., 2022; Loureiro & Antunes, 2022; Schaffer et al., 2000; Solheim & Garratt, 2013; Weissenstein et al., 2011; B. M. Ygge & Arnetz, 2004; B.-M. Ygge & Arnetz, 2001; Ygge R N & Arnetz M P H, 2004). Pediatric patients make frequent visits to outpatient clinics or primary healthcare providers in ambulatory settings, averaging up to 31 times from birth to age 21 for general growth and development assessments (Lerwick, 2016). Due to limited cognitive development corresponding to their various developmental stages, children interact with healthcare professionals differently during care episodes, often experiencing anxiety and potential trauma. Research indicates that healthcare-induced anxiety in childhood may escalate into significant mental health issues over time. On the other hand, hospital staff are in a more dominant position, with their uniforms. Hospital management is responsible for quality improvement and has begun to recognize that patients and parents perceptions of quality of care should be part of the process of delivering a high-

quality of care. The patient's experience in health care institutions should be considered and incorporated into every stage of the healthcare process. Only the patients themselves can authentically report their perceptions of healthcare processes and outcomes. Patient input is a valuable source of information needed for a patient-oriented organization of health care. Since the patients' major concern is to receive treatment and care that satisfies their needs, health care providers are interested in improving the quality of their services, not least regarding market competition and accountability. Current quality management and certification procedures throughout health care sectors. (Bitzer et al., 2012). Patient satisfaction has become an acceptable indicator measuring patient satisfaction. However, methods or instruments to measure patient satisfaction may not be well-applied in certain populations such as children who may have difficulties expressing their views.

When children are put in a situation where they have to adapt to new environments and undergo various procedures without preparation, medical professionals must take the time to explain the purpose of the procedure or treatment in a way that is appropriate for their age. Giving children as much control and choice as possible can help reduce anxiety once they have been informed. The hospital can be an unfamiliar and intimidating place for both the child and the parents. They are put in a vulnerable situation due to the child's illness, which can lead to anxiety for parents. Any emotional responses upon arrival to the healthcare setting might delay essential medical treatment, thus reducing parent satisfaction.

Evaluating the satisfaction of parents of hospitalized children with nursing care is essential to assure quality of care. The aspects that influence satisfaction

with care from parents' point-of-view are not clear or consensual in the literature. There is a variety of instruments to evaluate parent satisfaction with care with valid psychometric properties and sensitivity to different hospital setting characteristics. The partnership between health professionals, children, and parents is fundamental for the effective application of Family Centred Care (FCC). Evaluation of parent's satisfaction leads to the identification of key aspects to improve the quality of care provided.(Loureiro & Antunes, 2022). According to Brock (1989), a well-known ethics expert who focused on children's issues, adults have a responsibility to provide children with increasing opportunities to make healthcare choices and decisions as they develop their capacities for judgment. This fosters their ability to exercise self-determination as adults. Effective communication between healthcare providers and pediatric patients lays the foundation for helping children take more responsibility for their own healthcare. In Dokken's (2001) opinion, healthcare providers should communicate with children and ask for their opinions more often. Unfortunately, children and teens have rarely been asked about their own experiences with healthcare. Most pediatric patient satisfaction research is based on studies of parents' perceptions of their children's care, and only a small number of studies have included children's and adolescents' ratings of care (Margaret et al, 2022; Naar-King et al, 2000).

Dimensions of patient satisfaction have been described lately including the shared decision-making between parent-child and doctor. The German ZAP outpatient satisfaction questionnaire is a standardized instrument to assess process-related patient satisfaction in outpatient settings and was developed in 1999. The ZAP (the German acronym for "*Zufriedenheit in der Arztpraxis*") was used in

pediatric care and has become a psychometrically sound instrument to address the processes of care from the patient's perspective. This instrument considers two perspectives, the parent's assessment of the child-physician interaction (proxy report) and the parent's assessment of their own interaction with the physician (Self-report). To date, instruments measuring the satisfaction of parents and/or children within pediatric and adolescent healthcare setting has not yet been established nor used in the Indonesian language. Health care professionals continually rely on parents to make decisions and evaluate care on behalf of their children; yet, research is lacking to answer questions about whether parents truly capture and accurately represent children's and teens' fears, needs, preferences, or satisfaction with health care experiences. The Child ZAP was selected among other instruments as it evaluates how parents perceive the relationship and communication established between the pediatrician and the child during their encounter, and how parents perceive the relationship established with the pediatrician.

Therefore, this study aims to analyze and test the proposed model that was developed from the instrument of Child ZAP which consists of 7 dimensions (Child-Interaction, Child-Information, Child-Decision Making, Parents-Information, Parents-Decision Making and Parents-Organization Facilities). and its influence on overall parents satisfaction and further its impact on behavioural intention. The dimensionality of Child ZAP will be assessed as the High Order Construct (HOC), while all dimensions will become the Low Order Construct (LOC) In addition, the child's age and mother's age were tested as moderator in the model. This model will be empirically tested on the population target of mothers with child aged 5 – 18 years, in acute outpatient setting. Prior to analyzing the

structural model, a confirmatory factor analysis was performed on 7 dimensions of the Child ZAP.

There are two new contributions of this study that provide new insight to healthcare management. Firstly, this study is the first to validate the Child ZAP instrument in Indonesian context, hence this instrument can also be utilized in other hospitals providing pediatric care and service in Indonesia. Secondly, it integrates Child ZAP with the seven dimensions reflected in a model that predicts behavioral intention, so it provides evidence that if the domain of Child ZAP is implemented, it will be impactful to hospital outcomes and positively support the business outcome.

1.2 Research Question

From the description of the variables that will be used and analyzed in this research model, a research question can be formulated as follows:

1. Does Parent's Satisfaction on Child's Examination (Child ZAP) have a positive influence on Overall Parent Satisfaction?
2. Does Parent's Satisfaction on Child's Examination (Child ZAP) have a positive influence on Behavioural Intention?
3. Does Overall Parent Satisfaction on Child's Examination have a positive influence as a mediator on behavioral intention?
4. Does Overall Parent Satisfaction have a positive influence as a mediator of Parents Satisfaction on Child's Examination on Behavioural Intention?

5. Does the child's age have a positive moderating effect of Parent's Satisfaction on Child's Examination (Child ZAP) on Overall Parent Satisfaction?
6. Does the mother's age have a positive moderating effect of Parents Satisfaction on Child's Examination on Behavioural intention?

1.3 Research Objectives

After listing the research questions, each objective of this quantitative research is elaborated. The research objectives describe the design of this study, which is quantitative research with a survey method. The research objectives are outlined as follows:

1. To test and analyze the positive influence of Parents Satisfaction on Child's Examination on Overall Parent Satisfaction.
2. To test and analyze the positive influence of Parents Satisfaction on Child's Examination on Behavioral Intention.
3. To test and analyze the positive impact of Overall Parent Satisfaction on Child's Examination on Behavioral Intention.
4. To test and analyze the positive effect of Overall Parent Satisfaction as a mediator of Parents Satisfaction on Child's Examination on Behavioral Intention.
5. To test and analyze the positive effect of child's age as the moderator of Parents Satisfaction on Child's Examination on Overall Parent Satisfaction
6. To test and analyze the positive effect of mother's age as the moderator of Parents Satisfaction on Child's Examination on Behavioral Intention.

1.4. Research Benefits

Benefits for Academics: This study provides valuable input for researchers and scholars regarding the implementation of theory and the use of instruments in pediatric clinic services within a hospital setting. It introduces a fresh perspective by identifying instruments that prove to be more effective than others, thereby offering alternatives for measuring the satisfaction of parents of pediatric patients.

Benefits for Practitioners: This study offers guidance and insights for hospital management practitioners to enhance the quality of services in pediatric clinics, aligning them more closely with the expectations of parents of pediatric patients. Patient satisfaction is correlated with an increase in Net Promoter Score (NPS), signifying that if parents trust the services provided by the hospital, patients are likely to return when in need of such services. Furthermore, they may recommend the services through both online and offline platforms, reinforcing the positive reputation of the hospital.

1.5. Systematic of Writing

CHAPTER I: INTRODUCTION

This chapter contains an explanation of the background of the research, particularly in a general hospital setting. Furthermore, it provides an explanation of the research topic and the reasons why it is relevant. In the background sub-chapter, there is an argumentation on why this research is important, along with a brief explanation related to the conceptual framework and variables that will be used in the research model. Following this, the research questions are elaborated based on the selected

research variables, followed by the research objectives, research benefits, and concluding with an explanation of the writing structure.

CHAPTER II: LITERATURE REVIEW

This chapter consists of a review of the theoretical foundations and concepts used in constructing the conceptual framework of the research. It explains the definitions of variables along with their measurements, as well as a study of previous empirical research relevant to the topic and focus of this research. Additionally, this chapter outlines the sequential development of research hypotheses based on references from previous research publications. At the end of this chapter, a conceptual framework diagram and its accompanying hypotheses that will be empirically tested are presented.

CHAPTER III: RESEARCH METHODOLOGY

In this chapter, an explanation is provided regarding the research paradigm, research object, explanation of the unit of analysis, the type of research employed, measurement of research variables, population and determination of sample size, the technique used for sample selection or sampling, as well as the method of data collection. This chapter concludes with an explanation of inferential statistics and a description of the stages of multivariate analysis method with CB-SEM and PLS-SEM.

CHAPTER IV: RESEARCH-RESULT

Chapter 4 presents the outcomes of the data analysis process in this study. It encompasses the profiles and characteristics of the respondents, their behavioral

intentions, and the analysis of all research variables. The inferential analysis was conducted using CB-SEM and PLS-SEM, followed by a discussion of the findings.

CHAPTER V: CONCLUSION AND RECOMMENDATION

Chapter 5 covers the conclusions drawn from the analyzed results and hypotheses that answer the research questions. It also explains the relevant implications of the study in both academic and managerial aspects, while taking note of the study's limitations and providing suggestions for future studies.