# PATIENT PERCEPTIONS ABOUT CUSTOMER-CENTRIC IN THE EXECUTIVE AMBULATORY POLYCLINICS IN HERMINA DEPOK HOSPITAL, INDONESIA

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#### **Abstract**

**Background:** Along with a higher demand for better quality services than primary care in hospitals, executive polyclinics also help achieve patient satisfaction. However, the lack of knowledge of patients' needs as customers will make executive polyclinics operate less optimally.

**Objective:** This study aims to specify the patients' perceptions about the customer-centric approach as a patient-centeredness in the executive ambulatory polyclinics of Hermina Depok Hospital in Indonesia.

**Material and Methods**: A quantitative survey was conducted to explore customer perceptions using structured, valid, and reliable questionnaires.

**Results:** This study showed that a market requires an executive polyclinic to align with the results of market segmentation in the Hermina Depok Hospital, but the target has not been reached because the majority of patients are unfamiliar with the facilities or advantages of the executive clinic. Among the respondents, 61.5% of the patients think that a customercentric approach in the executive polyclinic of Hermina Depok Hospital is important, while based on strategy indicators, 77.1% need the help of an officer in completing a procedural stage before an action is taken.

**Conclusion:** Involving patients in every decision and the stages of the service process until the flow of action is systematic and clear is essential in this approach. Further study is important to determine how to implement or influence marketing mix towards a customer-centric strategy in executive clinics.

**Keywords:** Patient-centeredness, Customer-centric, Executive care, Ambulatory, Indonesia

#### Introduction

Ambulatory care is a specialist outpatient service that may adopt hospitals' specifications (1). As hospitals' health care changes, ambulatory care develops services and integrates them with the main services, including specialist medicines, diagnostic tests, and minor operations that do not require hospitalization (2).

Currently, the need for medical services for ambulatory care has increased (3,4). Thus, it must be planned, designed, and managed properly to ensure optimal and efficient patient care. Furthermore, patients want to be more involved in the process of medical care (5,6). This allows them to decide the best hospital, the doctors who will treat them, and the costs they will incur; therefore, quality care at reasonable prices is necessary (7). The patient will choose a good hospital with competent doctors, complete equipment, a variety of one-stop services, quality care, and polite and attentive staff (8).

Various countries, including Indonesia that issued the Minister of Health Act No. 11/2016, have legitimized executive ambulatory care in hospitals to provide access to faster and more convenient outpatient health services to the public (9). Hospitals have guidelines to legitimize executive ambulatory care, but terms and conditions make opening the service difficult (10–12).

Some hospitals, including the executive polyclinic of Hermina Depok Hospital, have little awareness of health services implementing a customer-centric marketing strategy (13). This is indicated by the absence of an overview in the executive polyclinic about what customers need and want. The executive polyclinic is established not because of a customer's survey—so the marketer knows the needs and desires of the customer—but because of a programme of the management.

Based on a preliminary study, the executive polyclinic of Hermina Depok Hospital aimed to provide different services that prioritize short waiting times and one-stop services for regular outpatient care. However, since it was first inaugurated in December 2012, performance of the executive polyclinic has not reached the expected standard. Not all services at the executive polyclinic have a short waiting time; sometimes patients still experience long waiting periods because of unpunctual doctors or patients who are not informed about their estimated time of arrival. Moreover, the one-stop service has not been fully described. Clinics or rooms for additional therapies such as inhalation are still outside the executive area. Some action procedures still tend to be unsystematic, complicating the procedure for the patients. A health officer clearly and initially explaining the stages of the procedure will make the patient get an outline of further actions to be taken. Patients need this information to have a positive service experience. Therefore, this study aims to analyze the extent of perception of the patient, as a customer-centric approach at the executive polyclinic of Hermina Depok Hospital.

#### Material and Methods Study design

The research was conducted with a quantitative survey approach with structured interview methods (14,15). The research attempts to quantitatively describe the trends, attitudes, or opinions of a particular population by examining one respondent of the population in the executive polyclinic of Hermina Depok Hospital.

#### **Participants**

Respondents were taken from five polyclinics with the highest number of total visits. The respondent size of each polyclinic is based on the proportion of each polyclinic compared with the total number of the five populations. The respondent size for each clinic is as shown in Table 1.

#### Data measurement

Respondents were taken at the time of service for each polyclinic. After knowing the patients, the researcher would approach and inform them about the research. If the patient agreed to be a respondent, the researcher would give a questionnaire (informed consent). All the respondents, who were obtained in one day, were taken as primary data. Incomplete questionnaires were discarded and replaced with another respondent the following day. This respondent collecting method continued until there were 96 respondents (Table 1).

Table 1: Large Research Respondents

	Visit		Amount
Polyclinic	in 2016	Proportion	
	(Jan–		
	Sep)		
Child	5119	34.6%	33
Obstetric	4078	27.5%	26
Gynecology			
Orthodontal	2267	15.3%	14
Internist	1883	12.7%	13
Surgery	1468	9.9%	10
	14815	100%	96
	Child Obstetric Gynecology Orthodontal Internist	Polyclinic in 2016 (Jan—Sep) Child 5119 Obstetric 4078 Gynecology Orthodontal 2267 Internist 1883 Surgery 1468	Polyclinic         in 2016 (Jan—Sep)         Proportion           Child         5119         34.6%           Obstetric         4078         27.5%           Gynecology         0rthodontal         2267         15.3%           Internist         1883         12.7%           Surgery         1468         9.9%

#### **Variables**

"Customer-centric" means that a marketing design is based on customers' opinions, thus building relationships with customers. Respondents were asked on the level of customer-centric importance needed in the executive polyclinic of Hermina Depok Hospital.

#### Instruments and statistical analysis

The validity of the semi-structured questionnaire was tested by measuring the correlation of each item with a total score using the *Pearson correlation coefficient* or *Pearson's r*. Items with *r* values smaller than Pearson's *r* were invalidated and omitted from the questionnaire. The reliability was determined using the *Cronbach's alpha* with a value greater than 0.600 (16).

The descriptive analysis was performed to present the data set and describe its respective perception of the patients. This descriptive quantitative analysis presented by the categorical data of the frequency distribution

of the dependent variable that was informed by the independent variables.

#### Ethical consideration

To fulfill research ethics, the researchers obtained a letter of application for research permission to conduct research at Hermina Depok Hospital from the Director of Hermina Depok Hospital.

Before conducting in-depth interviews with the informants, the researchers always read the guidelines for in-depth interviews to the informants to obtain their informed consent. The data were confidential and only the researchers can have access to the data. This study also passed the Ethics Review from the Faculty of Public Health at the Universitas Indonesia.

#### Results Hospital Profile

Since its establishment in 2012, the executive polyclinic of Hermina Depok Hospital has never achieved its target of 100 patient visits per day. Efforts to increase the number of visits have been made, including adding specialist-subspecialty services; yet, their goals have still not been reached.

A previous study showed that markets required the executive polyclinic to align with the results of market segmentation in the Hermina Depok Hospital, but the target had not been achieved because the majority of the patients did not know the facilities or advantages of the executive polyclinic (13). Their most suitable target market is patients who live close to the hospital, work as private employees with upper-middle income, and are loyal to the executive polyclinic.

#### Customer-Centric Approach of the Hermina Depok Hospital

Based on the study results, 61.5% of the respondents thought that a customer-centric approach in the executive polyclinic of the Hermina Depok Hospital was important, whereas 38.5% felt otherwise. This means that most of the respondents feel that the hospital must be customer-centric to build relationships with the customers.

In this study, a customer-centric approach has four dimensions; namely, designing a business that understands customer needs, providing a positive and good customer experience at all times, maintaining active dialogue with customers, and fostering a culture that places customers in each decision.

Table 2 shows that all customer-centric dimensions importantly contribute in the executive polyclinic of the Hermina Depok Hospital (Table 2). "Fostering a culture that places customers in each decision" obtained the largest percentage (71.9%), indicating that most of the respondents needed their involvement in every decision of the executive staff regarding examinations, polyclinic treatments, or actions related to a problem at hand. "Providing a positive and good customer experience at all times" obtained the second largest percentage (69.8%), indicating that most of the respondents wanted a good experience in the availing of the executive polyclinic's services, from registration up to drug intake.

**Table 2:** Customer-Centric Dimension Distribution Results

Dimensions	Category	Amount (N)	Percentage (%)
	Important	49	51
	Not Important	47	49
	Important	67	69.8
	Not Important	29	30.2
	Important	67	69.8
	Not Important	29	30.2
	Important	63	65.6
	Not Important	33	34.4
		69	71.9
		27	28.1

"Maintaining active dialogue with customers" obtained the third largest percentage (65.6%), indicating that most of the respondents needed informative communication in every service of the executive polyclinic from both medical and the non-medical (administrative) personnel. "Designing a business that understands customer needs," the dimension with the smallest percentage (51%), showed that the respondents needed executive polyclinic services understood their problems; they should not only handle patients' diseases but also deal with every service well—from the waiting time to the explanation of the registration, payment, treatment, and action procedures.

The nine indicators of customer-centric variables are presented in the frequency distribution Table 3. Based on Table 3, the respondents needed the help of officers in completing the procedure stages before action could be taken, which obtained the biggest percentage (77.1%) (Table 3). When a patient gets advice from a doctor, several more procedures—from the administrative procedures to the supporting investigations must be done. Not all the patients or their families understand all the stages of the procedure. Most of them will continuously ask to ensure that the procedure is not wrong, thus delaying action. Therefore, patients hope that the polyclinic officer notifies, assists, or accompanies them for the step-by-step procedure.

Table 3: Results of Frequency Distribution Indicators Customer-Centric Strategies

Dimensions	Indicator	Category	Amount	Percentage
Designing a Business That Understands Customer Needs	There is no	Important	54	56.3
	need to queue.	Not important	42	43.8
	The procedure	Important	62	64.6
	is carried out	Not important	34	35.4
	systematically.			
	Information will	Important	69	71.9
Providing a Positive and Good Customer	come from the	Not important	27	28.1
	doctor.			
Experience at All	The patient was	Important	74	77.1
Times	assisted in the	Not important	22	22.9
	pre-action			
	stage.			
	The staff	Important	55	57.3
	confirmed the	Not important	41	42.7
Maintaining Active	patient's arrival			
Dialogue with	hours.			
Customers	The patient was	Important	47	49
Customers	asked again at	Not important	49	51
	the end of the			
	service.			
	The doctor	Important	51	53.1
	offered	Not important	45	46.9
	alternatives.			
Fostering a Culture	There was an	Important	72	75
that Places	approval of	Not important	24	25
Customers	drug			
in Each Decision	replacement.			
	There was an	Important	69	71.9
	"informed	Not important	27	28.1
	consent" form.			

## Discussion Designing a Business That Understands Customer Needs

The stages of service procedures that are carried out appropriately and systematically are considered important by 64.6% of the respondents. Patients will not be confused when the procedure is precise and systematic; they need a format of their stages whenever they visit the executive polyclinic (17,18). Finding out the flow of payment for patients who use private insurance or claims behind the office will be easier because each insurance and office may have different processes (19).

Moreover, creating a flowchart will allow the executive polyclinic patients to know more about the outline of getting services.

## Providing a Positive and Good Customer Experience at All Times

One of the advantages of executive polyclinics is that patients do not need to queue for examinations. In the executive polyclinic of the Hermina Depok Hospital, 56.3% of the respondents also considered not queuing important. The waiting time for the examination can be due to the doctor's delay.

However, telling the patients about the time the doctor will arrive, late or not, will help them calm and keep them from asking the officer (20). Most of the respondents (71.9%) in the executive polyclinic of the Hermina Depok Hospital needed the notification. Preventing a long waiting time can also estimate the time of arrival of patients approaching the examination, which 57.3% of the respondents needed.

#### **Maintaining Active Dialogue with Customers**

The relationship between health-care providers and patients is currently not the only service provider. Now patients are more willing to be involved in their treatment and its processes as seen in 71.9% of the respondents who thought that it was important for the doctor to always ask the patient to sign on each "informed consent" form before taking action.

Moreover, 75% of the respondents also expected the pharmacy department to seek patient approval if a replacement for medication is not aligned with the doctor's prescription. Even 53.1% stated that patients must be allowed to choose their own doctor.

Today marketing has shifted from product and sales to holistic marketing. Holistic marketing is customer relationship—oriented. A marketer must be able to engage the customer in the marketing process. Therefore, the value of a company arises from the value that comes from customers—the present and future contributors. The success of a business is obtained by reaching, maintaining, and developing customers. Customers are the only reason in establishing a company, recruiting employees, holding meetings, or engaging in any business activity. Without customers, there is no business (21).

## Fostering a Culture that Places Customers in Each Decision

Managers who still believe in the concept of traditional organizations will consider customers only as a source of profit (18). Meanwhile, managers with the concept of modern organizations will place customers as

the most important contributors in the company.

Marketing in health services includes all mechanisms activities and related to developing, packaging, pricing, and distributing service products. In health services, the customer, or the patient, uses products and services that solve their problems or complaints (22). Customers are reached through relationships with doctors, health plans, and other organizations that serve them. However, they will only respond well if they recognize what products from health services are effective and appropriate.

While other industries have long involved customers in the bidding and selling processes, the health services sector is still lagging in customer engagement strategies. This means that many important opportunities are lost in customer-centered creating services. customer-centric approach focuses customers, involving them in the service process. For example, a customer-centric approach encourages patients to collaborate with doctors to understand their own health risks and appropriate treatment options; thus, actively contributing in the decision-making process (23). In understanding the benefits of applying a customer-centric approach to health services, leaders must first recognize the current conditions in the health system (24).

Many health organizations struggle because they cannot offer transparency in price and service quality, target specific patient needs, or maximize service quality while minimizing costs (25). Health-service providers who can overcome increased competition consumerism will be successful in the future (22). Health services depend heavily on customers and their loyalty in supporting a service product to survive, grow, and prosper. Therefore, marketers must focus responding to and following up on customers' needs and desires through brilliant product solutions (26).

To achieve a customer-centric marketing strategy, a customer-focused marketing mix is necessary. The marketing mix approaches are based on what customers needed and what most non-health organizations used (27). As for health organizations, the marketing mix still needs to be customer-centric, and its attributes must be influential on customer-centric marketing strategies.

#### **Study limitation**

As of the methodology that was used, the oneshot time observation of patient perceptions may experience representativeness of the population as well as the uncontrolled misconducted bias. However, this research conducted the stratified random sampling as the sampling technique which was held to mitigate and maintain-the internal validity of the study to the population. The sampling frame was also obtained proportionately according to each of the ambulatory unit population that was available in the hospitals (28,29).

This study also described a customer-centric approach that was measured only in limited dimensions. This situation may have made several aspects to be unseen with regard to its influence to the matter that was indicated. However, this study presented the four dimensions of specifically regarding to the customer centric evaluation that is namely Designing a Business That Understands Customer Needs, Providing a Positive and Good Customer Experience at All Times, Maintaining Active Dialogue with Customers, and Fostering a Culture that Places Customers in Each Decision (30). These dimensions were justified as the most important indicators in reflecting the patient-centeredness in a customer centric approach at the elaboration literatures of several experiences.

### How does this paper make a difference to health care?

- The executive polyclinic needs to understand customer needs and desires for the provided services.
- Health-care providers such as executive polyclinics must know what the patient

- needs first so that they can provide feedback in the form of services that suit most patients' needs.
- A strategy involving the customers and their needs and desires, along with the appropriate marketing tools, is necessary.

#### **Conclusion**

Fostering a culture that puts customers in each decision is the main strategy in a customercentric approach in the Hermina Depok Hospital. Involving patients in decision-making on their service-process stage to a systematic course of action and clearly describing the stages are essential in this approach. A further study is important to determine how to implement or influence a marketing mix towards a customer-centric strategy in the executive clinics.

#### **Acknowledgement**

This study was part of a master's thesis in the Hospital Administration Study at the Faculty of Public Health, University of Indonesia that was funded by the Directorate of Research and Community Engagement, in the Universitas Indonesia (*DRPM-UI*). We would like to thank all parties: all of the staff in the Hermina Depok Hospital and all of the lecturers at the Graduate School of Hospital Administration Study at the Faculty of Public Health, Universitas Indonesia.

#### **Competing Interest**

The authors have no competing interests that exist.

#### References

- Ministry of Health Republic of Indonesia. Keputusan Menteri Kesehatan nomor 129 tahun 2008 tentang standar pelayanan minimal rawat jalan di rumah sakit. Jakarta: Ministry of Health Republic of Indonesia; 2008.
- Berendes S, Heywood P, Oliver S & Garner P. Quality of private and public ambulatory health care in low and middle income countries: systematic review of comparative studies. PLoS Med. 2011;8(4):e1000433.

- 3. Zulman DM, Chee CP, Ezeji-Okoye SC, Shaw JG, Holmes TH, Kahn JS, et al. Effect of an intensive outpatient program to augment primary care for high-need Veterans Affairs patients: a randomized clinical trial. JAMA Intern Med. 2017;177(2):166–75.
- 4. Etkind SN, Bone AE, Gomes B, Lovell N, Evans CJ, Higginson IJ, et al. How many people will need palliative care in 2040? Past trends, future projections and implications for services. BMC Med. 2017;15(1):102.
- Makkar N, Jain K, Siddharth V & Sarkar S. Patient involvement in decision-making: an important parameter for better patient experience - an observational study (STROBE Compliant). J Patient Exp. 2019;6(3):231-237.
- Vahdat S, Hamzehgardeshi L, Hessam S & Hamzehgardeshi Z. Patient involvement in health care decision making: a review. Iran Red Crescent Med J. 2014;16(1):e12454.
- 7. Wasetya D. Alur proses pelayanan unit rawat jalan dengan mengaplikasikan lean hospital di RS Marinir Cilandak tahun 2012. Jakarta: Faculty of Public Health, University of Indonesia; 2012.
- 8. Brett J, Staniszewska S, Mockford C, Herron-Marx S, Hughes J, Tysall C, et al. Mapping the impact of patient and public involvement on health and social care research: a systematic review. Heal Expect. 2014;17(5):637–50.
- Ministry of Health Republic of Indonesia. Peraturan Menteri Kesehatan nomor 11 Tahun 2016 tentang penyelenggaraan pelayanan rawat jalan eksekutif di rumah sakit. Jakarta: Ministry of Health Republic of Indonesia; 2016.
- 10. Greene JP, Kyaw-Tun LW, Rahman R, Che Othman E, Hassan A, Mohamed M, et al. Cost effectiveness of therapeutic clinical trials for the Irish Health Service Executive: a single centre analysis of hospital and state budget cost savings. Am Soc Clin Oncol. 2016;34(15):e18261.

- 11. Bel-Serrat S, Stanley I, Lawless A, O'Brien S, Kelleher CC & Murrin CM. Are vending snacks and beverages complying with the Healthier Vending Policy across Health Service Executive premises in the Republic of Ireland? Proc Nutr Soc. 2018;77(OCE3):e48.
- 12. Galvin P. An evaluation of the performance management of nurses and care staff who are responsible for caring for people with intellectual disabilities, who are employed in a specific care unit run by the Health Service Executive (HSE) in Ireland. Dublin: National College of Ireland; 2015.
- 13. Nurpeni EF. Rencana pemasaran klinik eksekutif Rumah Sakit Hermina Depok dengan pendekatan Balanced Scorecard. Indones J Hosp Adm. 2015;1(2):116–23.
- 14. Aira M, Kauhanen J, Larivaara P & Rautio P. Factors influencing inquiry about patients' alcohol consumption by primary health care physicians: qualitative semistructured interview study. Fam Pract. 2003;20(3):270–5.
- 15. Van Scheppingen C, Lettinga AT, Duipmans JC, Maathuis CGB & Jonkman MF. Main problems experienced by children with epidermolysis bullosa: a qualitative study with semi-structured interviews. Acta Derm Venereol. 2008;88(2):143–50.
- 16. Heale R & Twycross A. Validity and reliability in quantitative studies. Evid Based Nurs. 2015;18(3):66-67.
- 17. Mutingi M. Towards a customer-centric framework for evaluation of e-health service quality. In: E-Manufacturing and E-Service Strategies in Contemporary Organizations. United States of America: IGI Global. 2018;199–218.
- Seppänen K, Huiskonen J, Koivuniemi J & Karppinen H. Revealing customer dominant logic in healthcare services. Int J Serv Oper Manag. 2017;26(1):1–17.
- 19. Gallagher J, Chaney K & Kwon R. Designing a patient-centric healthcare facility using lean methodology. In: Planning and Designing Healthcare Facilities. Boca Raton: CRC Press. 2017;67–81.
- 20. Lim C. Peer-to-peer interactions for better customer experience. Int J Integr Care. 2019;19(4):437.

- 21. Kotler P & Keller KL. Marketing management. 14th Ed. New Jersey, USA: Pearson Education; 2012.
- 22. Thomas RK. Health services marketing: a practitioner's guide. New York, USA: Springer Science & Business Media; 2008.
- 23. Kossakowska K, Szczepanik M & Woszczak M. Factors of subjective assessment of the effectiveness of physiotherapy: a study on patients with degenerative disease of the spine. Fam Med Prim Care Rev. 2018;20(2):131–8. Available from: http://dx.doi.org/10.5114/fmpcr.2018.76 455
- 24. Ellis L. A roadmap to improve customercentricity in health care. Harvard T.H. Chan School of Public Health. 2016 [cited 2016 Nov 8]. Available from: https://www.hsph.harvard.edu/ecpe/aroadmap-to-improve-customer-centricityin-health-care/.
- 25. Barber SL, Gertler PJ & Harimurti P. Differences in access to high-quality outpatient care in Indonesia. Health Aff. 2007;26(3):w352–66.
- 26. Fortenberry Jr JL. Health care marketing: tools and techniques. New York, USA: Jones & Bartlett Publishers; 2009.
- 27. Ettenson R, Conrado E & Knowles J. Rethinking the 4 p's. Harv Bus Rev. 2013;91(1):26–7.
- 28. Queirós A, Faria D & Almeida F. Strengths and limitations of qualitative and quantitative research methods. Eur J Educ Stud. 2017;3(9):369-387.
- 29. Kowalski SC, Morgan RL, Falavigna M, Florez ID, Etxeandia-Ikobaltzeta I, Wiercioch W, et al. Development of rapid guidelines: 1. Systematic survey of current practices and methods. Heal Res policy Syst. 2018;16(1):61.
- 30. Park G, Kim Y, Park K & Agarwal A. Patient-centric quality assessment framework for healthcare services. Technol Forecast Soc Change. 2016;113:468–74.