THE EFFECT OF SERVICE QUALITY TOWARD THE EMOTION APPRAISAL AT PRIVATE HOSPITALS IN SURABAYA

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ABSTRACT

The improvement of health service quality can be done in various aspects. Hospitals need to manage the emotion of patients to create positive emotions and reduce negative emotions. This study aimed to analyse the effect of service quality toward the emotion appraisal. It is an explanatory research intended to explain the relationship between service quality and emotion appraisal variables. The population of this research was all inpatients using hospital service and being hospitalized at least three days at the Private Hospital in Surabaya. Total population used was 162 patients and the sample used was 140 patients taken by using proportional random sampling. The instrument used in this study was questionnaire. The result of variables parameter estimation of Core Service Quality to the Emotion Appraisal based on the indicators showed significant result, CR 5.044 and this value was greater than 1.96. The significance level acquired was of 0.000 (P <0.05). Thus, the Core Service Quality significantly affected to the Emotion Appraisal. Patients' perception to the core service quality applied by private hospitals type Bin Surabaya was better (positive) day by day. Furthermore, the emotion appraisal of patients in the private hospitals type B will increase by providing additional new and modern medical devices that will provide patients with better care.

Keywords: service quality, emotion appraisal, hospital

INTRODUCTION

According to Keiningham (2006: 211), the quality of hospital services and patient satisfaction are only two factors that ultimately have an impact to patient loyalty. Bailey and Dandrade (1995) and Johnson (1966) reinforce that opinion by stating that if the company is a customer-oriented service and puts the customer in the important position, thus they become satisfied.

As a provider of health services, hospital provides health care to the whole society without any discrimination, because health is a fundamental right that every people will receive medical care in a fair, equitable, and good quality that will reach all Indonesian. In line with the above statements and by the implementation of Law No. 32 of 2004 about local governments as well as Law No. 35 of 2004 about Financial Balance between Central and Local Government, thus the various efforts of the local government are held to improve health services so that people can improve the access quality of health services (MOH, 2004).

Quality is core/central viability of an institution. The revolutionary movement quality through integrated quality management approach becomes the demand that should not be ignored if the institution wants to stay good and develop. The strict competition these days requires providers of services that provide the best service to the patients (Assauri 2003).

The improvement of services quality can be done in various aspects such as improving the health facilities, upgrading the quality of human resource professionalism, and improving the quality of hospital management. A quality service should be maintained by performing

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continuous measurements in order to know the strengths and weaknesses of the services provided and make a follow-up of priority problems.

In accordance to the quality of core services and the quality of support services, (Hume et al.2010) suggests that there is a significant relationship between the quality of core services and the quality of supporting services to the emotion appraisal. Emotion appraisal is the result of emotional consequences such as feeling of happiness and pleasure, because the performance has to meet the desires and expectations (Arora, Singer 2006, Bagozzi et al. 1999). Emotion is divided into positive emotion and negative emotion. Positive emotions such as happiness and pleasure likely relate to his/her decision to continue what has been done. Negative emotions such as anger and disappointment tend to relate to the opposite decision, such as stop involving to something (Bagozzi et al, 1999). Patients' emotions affect the value perceived.

Hospitals need to manage the emotions of patients in order to create positive emotions and reducing negative emotions. Patients' emotion appraisal may include many kind of feeling such as angry, happy, scared, anxious, unhappy, dissatisfied and bored. Patients having positive emotions tend to give a good evaluation while patients who are dissatisfied tend to give a bad evaluation.

This research was conducted in private hospitals because the sample taken was quite representative. It is also because the management applied in private hospital and public hospital is different. In private hospital, the income got depends on the number of patients who come or be in care, more patients come and be treated means more income will be made. It makes the quality of services will always be paid attention.

The aim of this study is to prove and analyze the effect of service quality to the emotion appraisal.

METHOD

It is an explanatory study intended to explain the relationship between the variables of service quality and emotional appraisal of patients at Private Hospitals in Surabaya. The population of this research was all inpatients using hospital service and being hospitalized at least three days in the Private Hospitals in Surabaya. Total population used was 162 patients and the sample used was 140 patients that meet the requirement of SEM. The sample was taken by using proportional random sampling

Data analysis techniques in this study used Structural Equation Model (SEM) through multi-group or multi-sample analysis approach to test the influence of exogenous and endogenous variables.

RESULTS

The Description of Core Service Quality Variable (X1)

The respondents' assessment on core service quality variable is described as follows:

Table1.The Descriptive Statistics ofCore Service Quality Variable

No	*Statement Items*	*Mean*	*SD*
1	The Doctor (in the hospital) is kind	4,510	0,543
2	The Doctor (in the hospital) gives much attention	4,610	0,519

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3	The doctor (in the hospital) is competent	4,540	0,555
4	The doctor (in the hospital) is polite	4,560	0,552
5	The Nurse (in the hospital) is kind	4,590	0,548
6	The Nurse (in the hospital) gives much attention	4,460	0,605
7	The Nurse (in the hospital) is skilled	4,530	0,593
8	The Nurse (in the hospital) is polite	4,550	0,592
9	The medical tools used are clean	4,510	0,543
10	The medical tools are still new	4,290	0,651
11	The medical tools used works well	4,440	0,626
12	The medical tools (in the hospital) are complete	4,340	0,774
	Mean	4,494	0,592

Source: Appendix3

The Description of Peripheral ServiceVariable (X2)

Respondents' assessment on peripheral service variabledescribed as follows:

Table2. The Descriptive Statistics ofPeripheral Service Variable

No	*Statement Items*	*Mean*	*SD*
1	The inpatients' room has good circulation	4,580	0,576
2	The inpatients' room is clean	4,460	0,628
3	The inpatients' room is tidy	4,570	0,625
4	The inpatients' room is comfortable	4,420	0,624
5	The inpatients' eating menu served is various	4,440	0,638
6	The inpatients' eating menuserved is delicious	4,420	0,624
7	The inpatients' eating menuserved is nutritious	4,570	0,589
8	The inpatients' eating menuserved in a good portion	4,440	0,638
	Total Mean	4,488	0,615

Source: Appendix 3

The Description of Emotion Appraisal Variable (Y1)

Respondents' appraisal based on the emotion appraisal variable is described as follows:

Table 3.The Descriptive Statistics of Appraisal Emotion Variable(Y1)

No	Statement Items	Mean	SD
1	I am happy when I got Doctor's care	4,560	0,602
2	I am happy when I got Nurse's care	4,450	0,650
3	I am happy when I was taken care in the room (inpatients)	4,540	0,580
4	I am satisfied to the eating menu served	4,550	0,579
5	I am scared when I got Doctor's care	4,610	0,519
6	I am scared when I got Nurse's care	4,610	0,608
7	I am afraid to live in inpatients' room alone	4,610	0,559
8	I am afraid to medical tools used	4,620	0,556
9	I am fury to the Doctor's care	4,670	0,515
10	I am fury to the Nurse's care	4,660	0,545
11	I am fury to the condition of inpatients' room	4,690	0,507
12	I am fury to the medical tools used by the Nurse	4,610	0,531
	Total Mean	4,598	0,563

Source: Appendix 3

Confirmatory Factor Analysis (CFA)

CFA test results in the Core Service Quality variables using AMOS 19software is as follows:

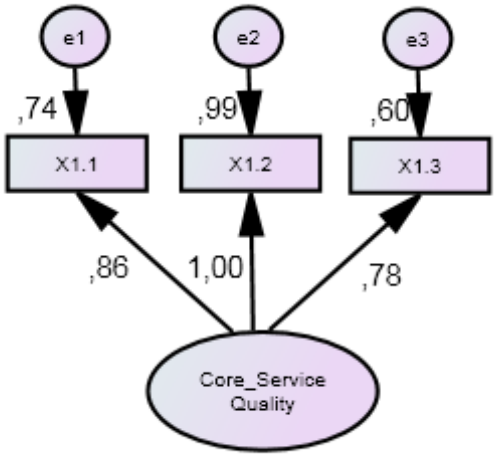

Figure 1. The results of CFA on the Core Service QualityVariable

Source: Appendix 6

Figure 1 displays the output of CFA toward the Core Service Quality variables. The score of loading factor for each indicator required to be reached was ≥ 0.5. If the loading factor is

lower than 0.5, this indicator is considered as not the same dimension with other indicators in explaining latent variable. Figure 1 shows that all indicators had loading factor values higher than 0.50 that means all indicators in the Core Service Quality variable are valid and can be used for further analysis.

Test results of CFA in the Emotion Appraisal variables using AMOS 19 software is as follows:

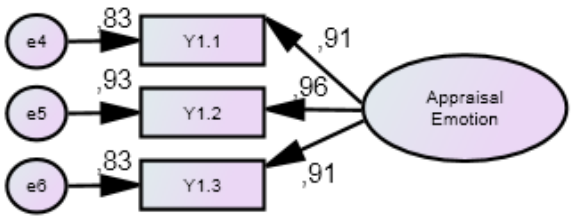

Figure 2. The results of CFAon Appraisal EmotionVariable

(Source: Attachment 6)

Figure 2 displaysthe output of CFA to the Emotion Appraisalvariables. The score of loading factor of each indicator thatrequired to be reached was ≥ 0.5. If the loading factor is lower than 0.5, it means that this indicator is not considered as the same dimension with other indicators in explaining latent variable. Figure 2 shows that all the indicators had loadingfactorvaluesgreater than 0.50, so that all indicators in theEmotion Appraisal variable is valid and can be used for further analysis.

Hypothesis Testing

Here are Regression Weight and Standardized Regression Weight of structural equation models that have been modified:

Tabel 4.Causality Testing ofRegression Weight

Path			*Standardized Estimate*	*Unstandardized Estimate*	*Standart Error (S.E.)*	*Critical Ratio (C.R.)*	*P-value (P)*
Core Service Quality (X1)	→	Appraisal Emotion (Y1)	0,366	0,436	0,073	5,044	0,000
Peripheral Service Quality (X2)	→		0,579	0,602	0,077	7,548	0,000

Based on table 4, variable parameter estimation of Core Service Quality toward the Emotion Appraisal based on the indicators showed a significant result, CR 5.044. This value is higher than 1.96. The significance level obtained was 0.000 (P <0.05). Thus, the Hypothesis stated that Core Service Quality influenced significantly to the Emotion Appraisal was true.

DISCUSSION

The Discussion of The Resultof Study

Based on the descriptive statistics of core service quality variable, items that have score lower than the total mean is nurses' attention, new medical instruments, function of medical devices, and completeness of medical equipment. It means that the majority of inpatients at

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the private hospitals in Surabaya who become respondents in this study consider that the nurses' attention and the hospital equipment like renewing and completing the equipment and their function still need to be improved. Based on the observation concerning to the items of core service quality, the values below the average. The value of core service quality presumed by the result of Confirmatory Factor Analysis (CFA) in construct of core service quality are known that indicator having the greatest loading factor is nurse (X1. 2). It means that nurses' hospitality, nurses' attention, nursing skills, and politeness of nurses to the patients are the greatest indicators in forming the quality of core services in private hospitals compared to doctors and medical equipment.

Based on the descriptive statistics of peripherals service quality variable, the items having score below the total mean was the cleanliness of inpatients' room, the comfort of hospitalization, the diet/eating menu variation, and the suitability of eating portion for patients. It is clear that the majority of inpatients at the private hospitals in Surabaya who become the respondents in this study considered that the cleanliness and comfort of inpatients' room, variation and the portion of the menu at private hospitals in Surabaya needs to be improved. Based on the observation related to the items of peripherals service quality having score below the average, the value of peripheral service quality based on the Confirmatory Factor Analysis (CFA) in a construct peripheral service quality are known that the indicators having the greatest loading factor was patient rooms (X2 .1). It means that the patient's room in terms of cleanliness, comfort, tidy and good air circulation were the greatest indicators in forming peripheral service quality of private hospitals compared to diet/eating menu.

Based on the descriptive statistics of emotion appraisal variables, the items that have score below the total mean are the feeling of receiving doctor's care, nurses' care, inpatient rooms occupied, and diet menu. It is clear that the majority of inpatients at the private hospitals in Surabaya who become the respondents in this study considered that the patients' emotion in terms of doctor services, nurse services, room occupied, and diet menu for inpatient care at the private hospitals in Surabaya needs to be improved. Based on the observation related to emotion appraisal item that was below the average, the emotion appraisal value presumed by Confirmatory Factor Analysis (CFA) on emotion appraisal construct was known that the indicators having the greatest loading factor was fear (Y1.2). It means that the fear of patients in receiving doctor and nurse services, and medical equipment were the greatest indicators in forming emotion appraisal in the private hospital compared to feeling happy and angry.

Discussion of Validity

Service Quality variable.

Based on figure 1 of test validity about Core Service Quality Variable (X1), it shows that the core service quality variable is an exogenous variable/independent variable measured by three indicators: doctors, nurses, and medical devices. To know whether core service quality included as variables that the level of validity can be accepted or not, Confirmatory Factor Analysis (CFA) can be used. The test result shows that the value of loading factor on the three indicators were≥0.5. Each of these can be explained as follows:

a. Value of loading was 0.860 for X1.1 that means statistically significant in measuring X1 = 0.860.It can be seen from the value of p = 0.000 which is lower than α = 0.05 in regression weight (see Appendix 6).

b. Value of loading was 0.966 for X1.2 that means statistically significant in measuring X1 = 0.966.It can be seen from the value of p = 0.000 which is lower than α = 0.05 in regression weight (see Appendix 6).

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c. Value of loading was 0.777 for X1.3 that means statistically significant in measuring X1 =0.777.It can be seen from the value of p = 0.000 which is lower than α = 0.05 in regression weight (see Appendix 6).

Thus, there are three indicators that can be used to measure core service quality: doctors, nurses, and medical instrument. Based on the validity of the core service quality variables, it can be used as a benchmark to the accuracy of the use of this variable on the object medical and paramedical personnel at the private hospitals in Surabaya type B which is positioned as unit of analysis in this study.

Emotion Appraisal variables.

Based on figure 2 of validity test about emotion appraisal (Y1), it shows that emotion appraisal variables are endogenous/dependent variables or latent variables measured by three indicators: happiness, fear, and anger. To know whether the emotion appraisal is a variable that the level of validity is acceptable or not, Confirmatory Factor Analysis (CFA) can be used.The test result shows that the value of the loading factor on those three indicators was ≥ 0.5. Each of these can be explained as follows:

a. Value of loading was 0.913 for Y1.1 that means statistically significant in measuring Y1 = 0.913. It can be seen from the value of p = 0.000 which is lower than α = 0.05 in regression weight (see Appendix 6).

b. Value of loading was 0.963 for Y1.2 that means statistically significant in measuring Y1 = 0.963. It can be seen from the value of p = 0.000 which is lower than α = 0.05 in regression weight (see Appendix 6).

c. Value of loading was 0.914 for Y1.3 that means statistically significant in measuring X1 = 0.914.It can be seen from the value of p = 0.000 which is lower than α = 0.05 in regression weight (see Appendix 6).

Thus there are three indicators that can be used to measure emotion appraisal that are happy, scared, and angry. Based on the validity of emotion appraisal variable, it can be used as a benchmark to the accuracy of the use of this variable on the medical object and paramedical personnel in the private hospitals in Surabaya type B positioned as an analysis unit that will be examined in this study.

The Influence of Core Service Quality (X1) toward the Appraisal Emotion (Y1)

Based on the result of the Hypothesis testingg, the coefficient of core service quality variable (X1) applied by the private hospital in Surabaya type B to the emotion appraisal variable (Y1) = 0.366 and P <0.05. The Hypothesis is accepted. It stated that the core service quality significantly influenced the emotion appraisal of patients at private hospitals in Surabaya type B. Positive coefficient way in this aspect means that theoretically the relationship between the core service quality and the emotion appraisal is one way. It showed that when the patient's perception of the core service quality applied by private hospitals in Surabaya type B increased (positive), then the emotion appraisal of patients at the private hospitals in Surabaya type B will increase. On the other hand, if the patient's perception of the core service quality applied by private hospitals in Surabaya type B decreased (negative), then the emotion appraisal of patients at the private hospitals in Surabaya type B will be even lower.

The finding of this study is to support the studies presented by Hume et al. (2010).The result of this study indicated that there was a relationship between the core service quality and emotion appraisal by using the measurements of doctors, nurses, and medical instrument.The higher core service quality the more positive emotion appraisal of patients at the hospital. This result study are in line with (Liljander and Strandvik, 1997). The results of that

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evaluation will produce positive emotion feeling such as happiness and pleasure or will even produce negative emotion feeling such as anger, upset, and disappointed toward the service offered by the service provider. The better the core service quality of doctors and nurses supported by good and complete equipments the more comfortable the patient will be. It is because the patient's needs are met and make patients emotions became positive. Thus, it shows that there is a relationship between the core service quality and positive emotion appraisal. The study implies that the core service quality is measured by using the care of doctors and nurses, and medical sufficient equipment being able to have significant influence to the emotion appraisal.

The care of doctors and nurses, and sufficient medical equipment is very important to improve the quality of core services at the hospital. This will make the patients' emotion appraisal become positive. Thus, it can be used as a basis to test and analyze the influence between those two variables.

The care of doctors and nurses which are friendly, attentive, skilled, and polite can influence patients' emotion appraisal so it corresponds to their expectations about private hospitals in Surabaya. Complete, modern, and fully functional medical devices become the supporting aspect of the core service quality resulting the positive emotional appraisal on private hospitals services in Surabaya. The higher the core service quality, the higher positive emotion appraisal of patients in Surabaya private hospitals.

The results of this study support the previous studies from Hume et al. (2010) and (Liljander and Strandvik, 1997). The Hypothesis (H1) stated that the core service quality had significant influence to the emotion appraisal.

CONCLUSION

Core service quality (X1) has significant and positive effect to the emotion appraisal (Y1) at private hospitals type B in Surabaya. It means that the better patient's perception to the core service quality of private hospitals in Surabaya type B, the better (positive) the emotion appraisal of patients. Then, the emotion appraisal of the patients at private hospitals in Surabaya type B will increase. Thus, medical instruments should be improved as well, such as providing new and modern medical equipment. By doing that, it will provide patients with better care.

SUGGESTION

Implementation of managerial related to this study is the management of private hospitals in Surabaya should maintain and improve both the quality of core services and supporting services that will create positive emotion appraisal from patients.

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REFERENCES

[1]. Arora, R., & Joe, S. (2006), Cognitive and Affective Service Marketing Strategies for Fine Dining Restaurant Managers. *Journal of Small Business Strategy.*

[2]. Assauri, S. (2003). *Ekonomidan Keuangan Indonesia, Volume 50,* USA: Penerbit Universitas Michigan.

[3]. Bagozzi, R. P., Gopinath, M., & Nyer, P. U. (1999). "The role of Emotion in Marketing"*, Journal of Academy of Marketing Science, Vol. 27*(2), pp. 184 – 206.

[4]. Bailey & Dandrade, (1995). Employee satisfaction and customer satisfaction equals sustained profitability, *Center for Quality Management Journal*, *4*(3): 3-11, Fall

[5]. Departeman Kesehatan RI, (2004), *Buku Pedoman Upaya Peningkatan Mutu Pelayanan Rumah Sakit.* Jakarta: Depkes RI.

[6]. Hume, M., & Mort, G. S. (2010). The Consequence of Appraisal Emotion, Service Quality, Perceived Volue and Customer Satisfaction on Repurchase Intent in the Performing Arts. *Journal of Services Marketing, 24*/2 (2010).

[7]. Johnson, (1966).*The Theory and Management ofsystem.* New York: McGraw-Hill.

[8]. Keininghame*t al.*(2006). *The Role of Customer Delight in Achieving Loyalty*, (Online),(www. Ipsosloyalty.com).

[9]. Liljander, V., & Strandvik, T., (1997).Emotions in service Satisfaction, *International of Service Industry Management, Vol. 8*(2), pp. 148 – 69

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