

# Efforts to Increase Visits Patients In Primary Level Health Facilities in The Era of National Health Insurance Based Analysis Brand Equity in Banyuwangi East Java Indonesia

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**Abstract:** *The purpose of this study is to formulate recommendations on improving the patient visits the Primary Level Health Facilities in Banyuwangi in East Java is based on the analysis of brand equity. This study was an observational study with a design of the data shortly. The location study was conducted in Banyuwangi. Collecting data using questionnaires distributed to the service user respondents in Primary Level Health Facilities were hospitalized with the number of respondents, 134 respondents. The results based on brand equity analysis showed that the association of the brand image is the Primary Level Health Facilities service procedure easy, fast service, fare less affordable and less environmental comfort. Perceptions of perceived quality is mostly good customer shows that 126 respondents (94.02%), while the primary level health facilities customers who have loyalty to both brands are as many as 74 respondents (55.2%). Based on the analysis of the brand equity of the efforts made by the Primary Level Health Facilities is to increase the utilization or patient visits, maintaining a strong brand association in the minds of customers, maintaining the perception of quality remains good and improve customer brand loyalty.*

**Keywords:** Brand equity: Brand Association, Perceived Quality, Brand Loyalty, Visit of patients

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## I. Introduction

Since enacted health care National Health Insurance Era and entering the Asean Economic Community motivate developing this new perspective, the more rapidly changing business environment, competition is getting sharper, and only a quality service that is produced by qualified human resources are able to survive. Therefore the achievement of quality products and services to be the center of attention of health care providers. Good quality service becomes the benchmark for customer satisfaction and loyalty in return. A service is considered satisfactory if the service can meet the needs, desires and expectations of customers. If the customer was not satisfied with a service that is provided it will impact on the patient visit.

The development of current conditions, health care institutions both public and private (hospitals, health centers, Women's and Children's Hospital, Primary Level Health Facilities) tend to be moving towards services that are entrepreneurial. So it is not only social services but also services a profit-oriented. As for the challenges of the most complex of these changes is the aspect of managerial capacity in the management of health services and the most important is the ability of human resources, where what is needed is an entrepreneurial mindset, are able to see opportunities in their environment. According to Geoffrey in Lupiyoadi (2004), explains that the ability to think entrepreneurship is a person's ability to see and assess opportunities, action-oriented and results, dare to take risks in the pursuit of its objectives, independence and optimistic character. All of which will facilitate the anticipation of changes in management, including marketing management.

The development trend of the future of health care will be a competition among health care institutions, which is a competition for dominance of the brand, as the brand will become a valuable corporate asset. Therefore, the brand needs to be managed, developed, strengthened and increase the quality so as to provide a sustainable competitive advantage (Rangkuti, 2009). According Kertajaya (2009), brand equity is an asset that creates value for customers by increasing satisfaction and appreciate the quality. There are three theories used in brand equity. The brand equity that is tied to the value of money, brand equity associated with the expansion of the brand and brand equity as measured from the customer's perspective, this third theory more berubungan with psychological issues and consumer behavior. By looking at the behavior of the purchase decision or user of the product, the marketing department can determine how much the perception of the brand equity that is owned by the customer to a brand. Brand equity analysis used are brand loyalty, brand association, perceived quality, and brand awareness as a component of brand equity.

Based on the data that the Primary Level Health Facilities in Banyuwangi there are as many as 54 but who had hospitalization only 9. Primary Level Health Facilities and based on the assessment that the number of visits at the level of Primary Health Care Facilities in Banyuwangi 2010-2014 there is a tendency to decrease per year. In the year 2010-2011 still show tends to rise but begin 2011-2012 fell by 14.44%. In 2012-2013

decreased 11.25%. In 2013-2014 decreased 6.72%. If calculated based on the average drop in traffic, then decreased visits of 10.80% per year. Therefore researchers interested in studying about the brand equity at Primary Level Health Service in Banyuwangi.

## II. Research Method

This study uses an observational approach with design studies for a moment, where the collection of data without intervention on the samples and performed once at a time in which each subject of study only observed once. The location study was conducted at 9 in Primary Level Health Facilities in Banyuwangi. When the study was conducted for 6 months, starting in July 2014. The implementation of data collection conducted by researchers with the help of data counters that are local people who understand relating to the implementation of this study. The population in this study is that treatment to the community at Primary Level Health Facilities in Banyuwangi in 2014. The sample in this study is that people undergoing inpatient treatment at Primary Level Health Facilities Banyuwangi July to December 2014, 134 patients who had or is currently hospitalized. Sampling using accidental sampling method. Measurement factors customer characteristics and brand equity analysis using questionnaire assistance while infrastructure and human resources through observation and secondary data at Primary Level Health Facilities. The workings of this research operation which begins with identifying the customer and psychographic factors include age, gender, education, employment and income. While the psychographic factors include the perception and motivation. Factors presence of Primary Level Health Facilities include a means of infrastructures and human resources. After that, identify the components of brand equity includes Brand Association, Perceived Quality, Brand Loyalty. The next step is to formulate the strategic issues related to the development of brand equity as an effort to increase the utilization of patients in Primary Level Health Facilities Banyuwangi. After finding strategic issues, the next step is a discussion group to find the root of the problems and solutions solution. Strategic issues identified as a result of research results there is a gap of normative standards, used as material for the discussion group to provide recommendations on improving the visit Primary Level Health Facilities Banyuwangi. From these results, the researchers conducted a study to develop recommendations on the patient's efforts to increase the utilization rate of the Primary Health Care Facility Banyuwangi.

## III. Result

The following are the categories of assessment on the perception of respondents in the Primary Level Health Facilities In Banyuwangi, can be seen in Table 1.

**Tabel.1: Distribution of Respondents Perception Based Assessment in Health Care Facilities in the Primary Level In Banyuwangi December 2014.**

No	Assessment Services	Value		Cumulative %
		n	%	
1	Not good	0	0,0	0,00
2	Pretty good	118	88,1	88,1
3	good	15	11,2	99,3
4	Very good	1	0,7	100
<b>Total</b>		134	100	

Source: Data processed in 2014.

From the above table it can be seen that the respondents' assessment of the service at the Primary Level Health Facilities mostly have a pretty good assessment in the amount of 118 (88.1%), and only a small fraction showed poor judgment in the amount of 15 (11.2%).

Here are the respondents' experience in utilizing health services in health facilities at the Primary Level In Banyuwangi, can be seen in Table 2.

**Table 2: Experience of respondents in the utilization of health care services in December, 2014.**

No	Experience in addressing health problems	Frequency	
		n	%
1	Treating independently	15	11,1
	a. Treat yourself	4	2,9
	b. Traditional medicine	3	2,2
	c. Buying drugs to Pharmacies	8	5,9
2	Went to the practice of health care workers	26	19,4
	a. Treatment to nurses	13	9,7
	b. Seeing a midwife	3	2,2

	c. Went to the doctor practice	10	7,4
4	Treatment to the government-owned health services	39	29,1
	a. Went to the Community Health Center	23	17,2
	b. to the Regional General Hospital	16	11,9
5	Went to the Private-owned health care	54	40,2
	a. Went to the Primary Level Health Facilities	35	26,1
	b. Treated to a Private Hospital	19	14,2
Total		134	100

Source: Data processed in 2014.

From the table above can be obtained information that the majority of respondents' experience in addressing health problems prefer to private health care and a small part of the action to treat yourself or seek alternative treatment. Based on the above data can also be obtained information that the majority of respondents chose to place service of Primary Level Health Facilities 26.1% 17.2% Community Health Center, go to Private Hospital 14.2%, as well as the Government Hospital for treatment to as many as 11 , 9%. Meaning that respondents are still many who never or experience of seeing a private service rather than choosing to government health services.

Here are the respondents to the brand association on health services in Primary Level Health Facilities that can be seen in Table 3.

**Table 3: Respondents Against Trademark Association on health care at Primary Level Health Facilities In Banyuwangi December 2014.**

No	Against impression service Primary Level Health Facilities	Appraisal	
		n	%
1	Rates / low cost	99	73,88
2	Easy service procedures	108	80,60
3	Complete infrastructure	75	55,97
4	Strategically place and easy to reach	101	75,37
5	Fast service	107	79,85
6	Skilled health workers	84	62,69
7	Security service guaranteed	53	39,55
8	Discipline health workers (there is always a place)	76	56,72
9	Physical appearance attractive building	72	53,73
10	Officers friendly	70	52,24
11	Clean and comfortable environment	47	35,07
12	Appropriate choice of middle class	87	64,93

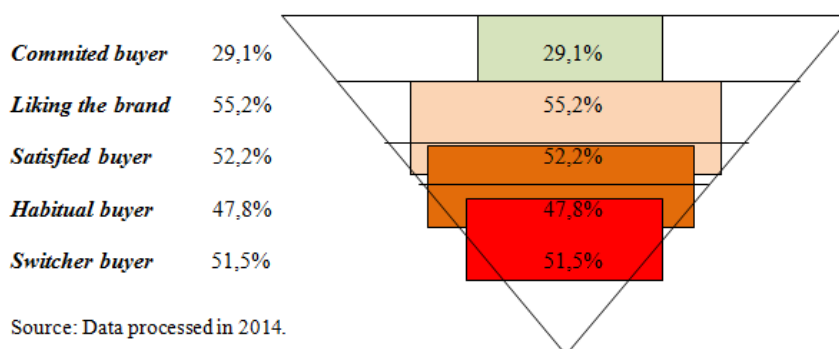
Source: Data processed in 2014.

From Table 3, the above can be obtained information that on 12 attributes of association or perceived impression of respondents to the Primary Level Health Facilities services is easy ministry procedures as much as 80.60% of the respondents, 79.85% faster service, affordable rates and associates 73.88% strategic place and easy to reach by 75.37% as well as the appropriate choice of middle class as much as 64.93%. While the perceived impression is still lacking in service Primary Level Health Facilities is the existence of a less environmentally clean and comfortable which is as much as 35.07%.

**Analysis of Brand Loyalty Pyramid Primary Level Health Facilities In Banyuwangi**

Pyramid of brand loyalty is an arrangement drawing level of brand loyalty. The pyramid is based on the calculation results of the analysis switcher, habitual buyer, satisfied buyer, liking the brand and committed buyer. Interpretation pyramid of brand loyalty that will either show the shape of an inverted pyramid that is increasingly on the widening. Pyramid of brand loyalty Primary Level Health Facilities in Banyuwangi can be seen in the following figure 1.

Figure 1: Pyramid Of Brand Loyalty



Based on Figure 1, can be explained that the shape of a pyramid of brand loyalty Primary Level Health Facilities In Banyuwangi does not show the shape of an inverted pyramid. This shows that brand loyalty is owned by Primary Level Health Facilities In Banyuwangi not strong or poor. From the figure above shows that the shape of a pyramid to shrink to the level of habitual buyer, satisfied buyer and committed buyer, therefore, these three components must be immediately corrected by the Primary Level Health Facilities In Banyuwangi. **Primary Level Health Facilities In Banyuwangi must be able to demonstrate the quality of quality excellence in order to avoid a number of customers who move because of unsatisfactory service or a more powerful competitor.** Here are the respondents' assessment of the brand loyalty in Primary Level Health Facilities that can be seen in Table 4.

Tabel.4: Distribution of respondents based on assessment of the level of brand loyalty in Primary Level Health Facilities at In Banyuwangi December 2014

No	Brand Loyalty	Value		Cumulative %
		n	%	
1	Less well loyalty	0	0,0	0,00
2	Loyalty Pretty good	57	42,5	42,5
3	Loyalty good	74	55,2	97,8
4	Loyalty is very good	3	2,2	100
<b>Total</b>		134	100	

Source: Data processed in 2014.

From table 10 shows that in general that brand loyalty is mostly good 74 (97.8%). And a fraction which has a very good loyalty as well as no loyalty respondents are less or not loyal. Because most respondents Primary Level Health Facilities has shown good loyalty then this group should also receive good attention so that the service felt better and become a loyal customer or commitment.

### Strategic Issues

From the above results we then formulated a strategic issue for clarification and a solution found in a focus group discussion (FGD) that efforts to increase utilization at Primary Level Health Facilities In Banyuwangi can be improved. Strategic issues that need to be followed up, is lifted from the research results can be seen as follows:

1. Human Resources: from the observation it was concluded human resources are still not according to the standard requirements of Health Care Facilities Primary Level: Total nurses less, laboratory personnel not educational background analyst, officer malnutrition meet the criteria of a nutritionist and a parking attendant unfavorable in serve.
2. Facilities include building infrastructure Primary Level Health Facilities, room and medical and non-medical support still exist that do not meet the standards, which are: Space Pharmacies, Laboratories, Administration, shower room / WC. While non-medical support that standard is not appropriate ambulance facility.
3. Quality of the respondent's perception of good health care workers, physicians, nurses and administration is still lacking.
4. Services Administration (speed of service, the clarity of details of costs) is less well perceived.
5. Hospitality workers include nurses and administrators hospitality is still less while the dispensary staff friendliness and service has been good perceived physician.
6. Timeliness of respondents felt the service was lacking.

7. Comfort care environment in Primary Level Health Facilities (waiting room, patient wards, less extensive parking, cleanliness of the bathroom / WC) felt still lacking.
8. 8 54.5% of respondents had Assessment dislike (not in accordance) with the services of nutrition officer.
9. 46.3% of respondents did not like the assessment of the parking attendant service.
10. 51.5% of the respondents tend to have the desire to move treatment (Switcher buyer) if there are additional expensive rates and services when there are other better places.
11. 29.1% of respondents stated commitment to want to recommend to others to utilize the Primary Level Health Facilities, meaning there are 70.9% of respondents who lack even the commitment to reuse or recommend others to go to the Primary Level Health Facilities.

#### **Focus Group Discussion (FGD)**

The next stage of the research is done focus group discussion (FGD), in order to obtain input from parties related to the research that has been carried out. Aims to find the cause of the problem and alternative dispute resolution will then be combined with study peneti to produce recommendations for improving the service quality of Primary Level Health Facilities In Banyuwangidi Primary Level Health Facilities. The discussion then emphasized on strategic issues. FGD and researchers study written priorities based on things that are most important and recommendations are as follows:

- 1) The need to improve and develop strong brand equity so that customers feel confident and loyal to the service of Primary Level Health Facilities in Banyuwangi, through service quality improvement program.
- 2) The need for environmental assessment and completeness of infrastructure to support the convenience of the service in Primary Level Health Facilities.
- 3) Should the Chairman of the Foundation together Leader Primary Level Health Facilities create policies to improve the quality and quantity of human resources services mainly doctors, nurses and other supporting staff so that services become more optimal.
- 4) The management need to meet the completeness of facilities and infrastructure necessary to support the inpatient services.
- 5) Conduct evaluation of service quality on a regular basis monthly and three monthly and make planning programs to improve the quality of health facilities so that the brand Equity Primary Level Primary Level Health Facilities, the better minds of consumers.
- 6) **Do the promotion of inpatient care in health facilities Primary Level in the more varied that include information, persuasion and reminding the public good that resides in the target area as well as those outside the target area by utilizing a variety of media and is performed continuously by all parties Management Facility at Primary Level Health in Banyuwangi, for example by holding free medical, mass circumcision, mobile health care / schools through the school health program, Providing a home visit (home care).**
- 7) Using the CRM concept approach to retain existing customers and increase the number of consumers who are loyal or disloyal since there are no customers who were satisfied with the service at the Primary Level Health Facilities.
- 8) The need to provide training on human resources Primary Level Health Facilities mainly in nurses, administrative and other personnel on training excellent service that aim to improve soft skills and hard skills that can affect the service quality improvement in Primary Level Health Facilities.

#### **IV. Conclusion**

1. Customer service users at Primary Level Health Facilities Banyuwangi is most respondents productive age group, have a male gender, having a job as a farmer, mostly secondary level of education and income were in the group of middle-level economy.
2. Perception or portrait respondents' assessment that the existing services at the Primary Level Health Facilities mostly like people. This is shown as much as 53.7% of respondents said like services performed Primary Level Health Facilities officials either doctors, nurses and other support personnel.
3. Factors Primary Level Health Facilities in Banyuwangi Primary Level Health Facilities include:
  - a. Physical conditions do not meet the standard of the treatment room, while the condition of the inpatient unit is in conformity with the standards, but for the completeness of medical and non medical facilities in Primary Level Health Facilities Banyuwangi not meet the standards.
  - b. The quantity and quality of human resources in charge of medical inpatient unit already meet the standard, but for the number of nurses, administration, parking attendants and officials still do not meet the nutrition standards.
4. Analysis of Brand Equity respondents on health services in Primary Level Health Facilities Banyuwangi.
  - a. Brand Association

**Brand Association is a strong impression felt by the public in using the service at Primary Level Health Facilities Banyuwangi.** Association or impression perceived user service in health facilities Primary Rate is based on 10 attributes of the association there are five attributes that have the impression of the most powerful minds of the Health Facilities Primary Rate is the procedure the service is easy, fast service, affordable rates, where strategically appropriate choice middle class.

b. Perceived Quality

Based on the research results can be obtained information about Perceived quality or the quality of service perceived respondents from twelve (12) items perceived quality can be explained that there is a quality of service that the respondents perceived good and there are some items perceived quality that is still less well.

c. Brand Loyalty

Most respondents who tapped Primary Level Health Facilities Banyuwangi who have a desire to move into other health services are as much as 69 respondents (51.5%). Thus the vast majority of customers Primary Level Health Facilities still opt for treatment elsewhere than at Primary Level Health Facilities Banyuwangi. Results of research on committed buyer also obtained most of 81 (61.04%) of respondents were less even no commitment to reuse or recommend others to go to the Primary Level Health Facilities.

## V. Recommendation

1. The need to improve and develop strong brand equity so that customers feel confident and loyal to the service of Primary Level Health Facilities in Banyuwangi, through service quality improvement program.
2. The need for environmental assessment and completeness of infrastructure to support the convenience of the service in Primary Level Health Facilities.
3. The Parties management needs to meet the completeness of facilities and infrastructure necessary to support the inpatient services.
4. To evaluate the quality of service on a regular basis monthly and three monthly and make planning programs to improve the quality of health facilities so that brand equity Primary Level Primary Level Health Facilities, the better minds of consumers.
5. Promotion of inpatient services at Primary Level Health Facilities with a more varied that include informing, persuasive and reminding the public good that resides in the target area as well as those outside the target area by utilizing a variety of media and is performed continuously by the entire management? Health Facilities Primary level Banyuwangi, for example by holding free medical, mass circumcision, mobile health care / schools through the School Health Unit program, providing home care visits.
6. Using CRM concept approach to retain existing customers and increase the number of consumers who are loyal or disloyal since there are no customers who were satisfied with the service at the Primary Level Health Facilities.
7. The need to provide training on human resources Primary Level Health Facilities mainly in nurses, administrative and other personnel about the excellent service training or training that aim to improve soft skills and hard skills that can affect the service quality improvement in Primary Level Health Facilities.
8. Promotion to introduce themselves to the public by putting up banners, social activities, and other activities that have an impact on efforts to introduce the Primary Level Health Facilities in the community at large.
9. For the next researcher to conduct research on Brand Equity with a wider variable and based on other aspects of the study that evaluated from the perspective of the organization eg Financial value and brand extension.

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