THE INFLUENCE OF HEALTH PERSONNEL AND NON-HEALTH PERSONNEL ON LOYALTY WITH EFFICIENCY VARIABLE AS AN INTERVENING VARIABLE

Aldy Agustian[1*], Herni Justiana Astuti[1], Pujiharto[1], Eko Hariyanto[1]

[1]Master of Management, Faculty of Economics and Business, Universitas Muhammadiyah Purwokerto, Indonesia

***Correspondent Email :** aldyagustian872@gmail.com*

Abstract

This study aims to determine the effect of health workers and non-medical workers on loyalty with efficiency as an intervening variable. The strategy in this research uses associative with a quantitative approach, with a sample of 219 respondents. The sampling technique in this research uses the Non Probability Sampling technique with an approachAccidental Sampling , namely the researcher takes a sample of the sampling technique based on chance. The type of data used is quantitative. Quantitative data in this study is data sourced directly from respondents presented in the form of a Likert scale. Data collection techniques used by distributing questionnaires or questionnaires. The data statistical method used is descriptive statistics andPartial Least Square (PLS) with the SmartPLS version 4.0 program. The research results obtained from the 7 hypotheses, there are 2 hypotheses that are not significant, namely, health workers to loyalty and non-health workers to loyalty.

Keywords: Health workers, efficiency, loyalty

1. Introduction

One of the health services provided to the community is a hospital, where the existence of a hospital as a health service institution has been regulated in Law No. 44 of 2009 Article 1 that a hospital is a health service institution that organizes individual health services in a plenary manner that provides services inpatient, outpatient and emergency care. Increasing public knowledge of health services, especially hospitals and increasingly fierce business competition, means that health services in hospitals must be able to provide the best to customers regarding health services. Other factors related to the problems obtained, patient satisfaction is a level of patient feeling that arises as a result of the performance of the health services obtained after the patient compares with what he expects

Service quality provides an impetus to service users to establish a bond relationship with service providers. In the long term, such a bond allows service providers to understand customer expectations. Loyalty itself can be interpreted as a person's loyalty to a particular product or service which is a manifestation and continuation of patient satisfaction in using the facilities and services

provided by the hospital and to remain a customer of the hospital. In fulfilling the patient's expectations, the hospital management cannot act according to its own will in deciding all operational policies, besides that it must be able to realize service. Loyalty itself can be interpreted as a person's loyalty to a particular product or service which is a manifestation and continuation of patient satisfaction. in using the facilities and services provided by the hospital and to remain a customer of the hospital. In fulfilling the expectations of patients, the hospital management cannot act according to its own will in deciding all operational policies, besides that it must be able to realize services,

The increasing demands of the community for quality and affordable health facilities, various efforts have been taken to fulfill these expectations. Health services are required to provide satisfaction to patients. The services provided by the hospital must be of good quality and meet the five main quality dimensions in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 129 / Menkes / SK / II / 2008, namely: Technical Competence, Service Continuity, Access, Safety, Convenience, Effectiveness and Efficiency.

.Research conducted by Xesfingi, Karamanis et al. (2017), Among demographic factors, it was only positively related to patient satisfaction in both groups, while health status played a positive and significant role in shaping inpatient satisfaction, while education and insurance were significantly related to outpatient satisfaction. Research by Amrina Rosada, Anita Rahmiwati, Rini Mutahar (2013) shows patient perceptions that service quality affects patient satisfaction at the internal medicine polyclinic at the DR Rivai Abdullah leprosy hospital Palembang.

However, the study by Behrouz Pouragha and Ehsan Zarei (2015) showed that the majority of patients had positive outpatient experiences at Iranian teaching hospitals and thus the service evaluation was good. Perceived service cost, doctor consultation, physical environment, and information to patient were found to be the most important determinants of outpatient satisfaction. Research Shan, L. et al. (2016) showed that patient satisfaction was positively associated with higher levels of trust, lower levels of hospital medical expenses. Compared to hospital expenses, good staff attitude and good environment.

2. Research Method

The research method is basically a scientific way to obtain data with specific purposes and uses (Sugiyono, 2017: 2). In accordance with the aim of this study, namely to obtain an objective explanation of the influence of labor, non-health workers on loyalty with efficiency as an intervening variable, the type of research used is an associative research strategy with a quantitative approach. The quantitative research method is a research method based on the philosophy of positivism, used to examine certain populations or samples, data collection uses research instruments, data analysis is quantitative or statistical, with the aim of testing established hypotheses (Sugiyono, 2017: 35).

Data collection methods are used to collect data according to research procedures so that the required data is obtained. The research method used in this research is a questionnaire. According to Sugiyno (2017: 199) suggests a questionnaire is a data collection technique that is

carried out by giving a set of questions or written statements to respondents to answer. In this study the researchers distributed questionnaires to respondents

Data analysis is an activity after data from all respondents or data sources has been collected. Data analysis activities are grouping data based on variables from all respondents, presenting data from each variable studied, performing calculations to answer the problem formulation and performing calculations to test the hypotheses that have been proposed (Sugiyono, 2017: 232).

The analysis used is Partial Least Square Analysis (PLS) aimed at helping researchers to obtain latent variables for prediction purposes (Ghozali 2014: 31.) In this study three stages were carried out, namely:

    a. Outer Model Analysis
    b. Inner Model Analysis
    c. Hypothesis Testing.

3. Results and Discussion

Descriptive Statistics

The description of the respondents in the study can be described in the following table:

Table 1 Characteristics of respondents

Characteristics		Amount	Percentage
Gender	Man	56	26%
	Woman	163	74%
	Total	219	100%
Age	18 – 34 Years	68	31%
	35 – 54 Years	110	50%
	55 – 74 Years	37	17%
	75+ Years	2	1%
	Total	219	100%
Last education	SD	31	14%
	junior high school	44	20%
	high school	84	38%
	D1 – D4	7	3%

	S1	30	14%
	S2	3	1%
	Total	219	100%

Source: Data Processed Results (2023)

Measurement Model Analysis

This measurement model analysis aims to determine which research indicators can be used as a measuring tool according to the latent results that are reliable and valid. After that, the model is calculated based on the existing PLS algorithm in the SmartPls program. The following criteria are used to form an opinion about the model:

Outer Model Evaluation

There are several criteria in carrying out data analysis techniques with the SmartPLS application, to assess the outer model including convergent validity, internal consistency reliability and discriminant validity (Hair, 2010). Convergent validity is a measurement that is carried out to determine the extent to which a measure is positively correlated with alternative measures in the same construct. Internal consistency reliability is an estimation of reliability based on the intercorrelation of an indicator variable that is observed or studied. Internal consistency reliability is often called i composite reliability . Discriminant validity looks at the extent to which a construct can really differ from other constructs from an existing empirical standard.
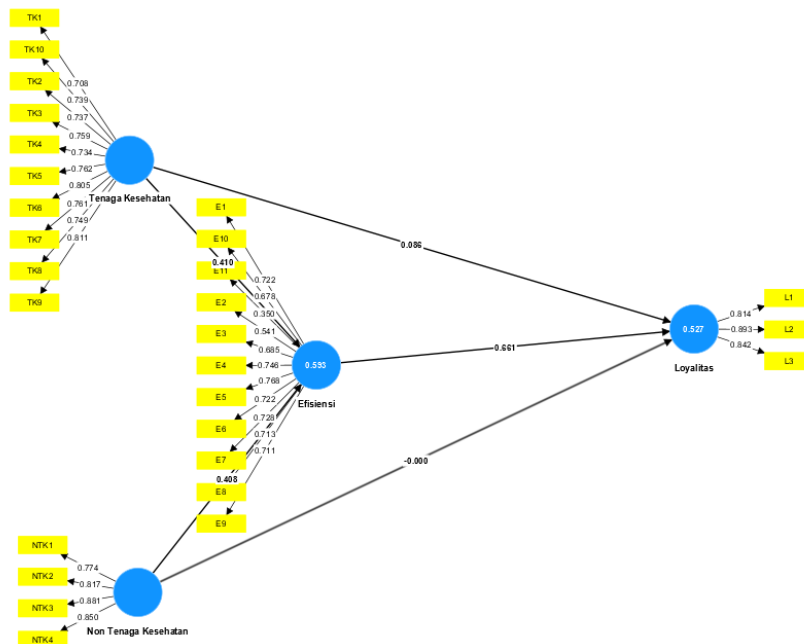

Figure 4.1 Outer Model Construct Test Results

Convergent Validity Test

The first stage in evaluating the outer model can be started by looking at the results of the convergent validity test through the factor loading. Individual reflexive measures with the construct being measured can be said to be high if the correlation is more than 0.70. According to Chin (1998) in Ghozali (2018) to conduct research at an early stage, the development of a loading value measurement scale of 0.5 to 0.6 is a sufficient value. In this study used a loading factor limit of 0.50. At the beginning of the data analysis process this research will eliminate indicators that have a loading factor below 0.5. Then the data is modified by re-executing the model. The results of the convergent validity test can be seen in the following table:

Table 2 Convergent Validity Test Before Elimination

	Efficiency	Loyalty	Non Health Workers	Health workers
E1	0.722			
E10	0.678			
E11	0.350			
E2	0.541			
E3	0.685			
E4	0.746			
E5	0.768			
E6	0.722			
E7	0.728			
E8	0.713			
E9	0.711			
L1		0.814		
L2		0.893		
L3		0.842		
NTK1			0.774	
NTK2			0.817	
NTK3			0.881	
NTK4			0.850	
tk1				0.708
TK10				0.739
tk2				0.737
tk3				0.759
TK4				0.734
TK5				0.762
TK6				0.805
TK7				0.761
TK8				0.749

TK9				0811

convergent validity test is calculated based on valid loading factor or outer loading values , that is, if the outer loading value is > 0.5. Thus, the results in Table 2 show that 1 variable is below <0.5 so that it is excluded from the model.

Convergent Validity Test After Elimination

	Efficiency	Loyalty	Non Health Workers	Health workers
E1	0.724			
E10	0.672			
E2	0.542			
E3	0.688			
E4	0.750			
E5	0.766			
E6	0.734			
E7	0.726			
E8	0.722			
E9	0.708			
L1		0.812		
L2		0.893		
L3		0.843		
NTK1			0.773	
NTK2			0.817	
NTK3			0.881	
NTK4			0.850	
tk1				0.709
TK10				0.739
tk2				0.737
tk3				0.759
TK4				0.734
TK5				0.762
TK6				0.805
TK7				0.761
TK8				0.749
TK9				0.811

In the table above it is known that the valid loading factor or outer loading value is if the outer loading value is > 0.5. Thus, the results in Table 3 for all statement items > 0.5. This means

that all indicators are valid or feasible in the first order and second order constructs in the SEM model construct. Convergent validity test, aims to see the correlation between the indicators used in a construct. A study is said to meet the requirements of convergent validity if the indicators used in a construct are correlated and all outer loading of these indicators must be statistically significant to ensure the feasibility of the model, and the standard used for outer loading is 0.5-0.6 (Ghozali, 2016).

Inner Model Analysis

the path coefficient test , goodness of fit test and hypothesis testing will be explained .
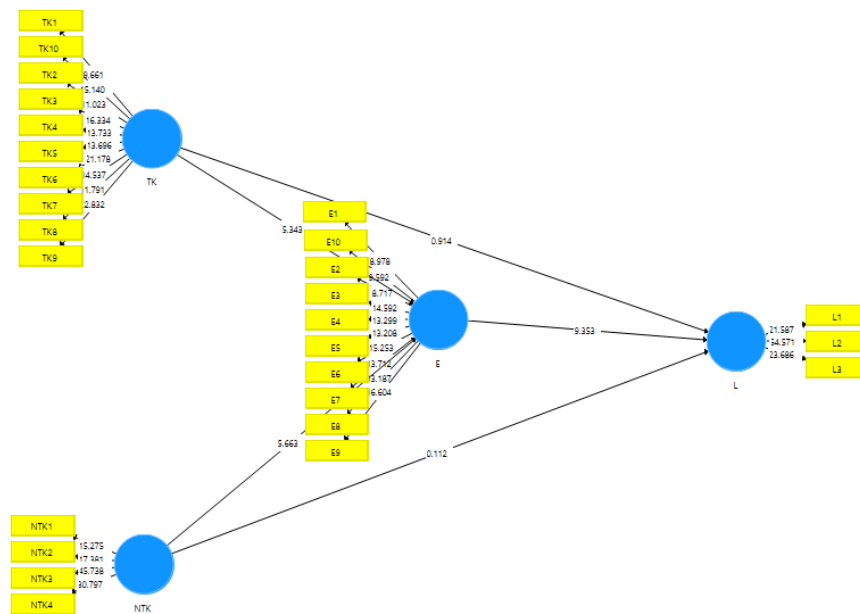
Inner Model Construct Test Results

Hypothesis test

After assessing the inner model, the next thing is to evaluate the relationship between latent constructs as hypothesized in this study. Hypothesis testing in this study was carried out by looking at the T - Statistics and P-Values . The hypothesis is declared accepted if the T-Statistics value is > 1.96 and the P-Values are <0.05. The following are the results of the Path Coefficients of direct influence:

Table 4 Hypothesis Testing

hypothesis	Variable	T statistics (|O/STDEV|)	P values
H1	Health Workers -> Loyalty	0914	0.361
H2	Health Workforce -> Efficiency	5,343	0.000
H3	Non Health Workers -> Loyalty	0.112	0991
H4	Non Health Workers -> Efficiency	5,663	0.000
H5	Efficiency -> Loyalty	9,353	0.000
H6	Health Workers -> Efficiency -> Loyalty	4,608	0.000
H7	Non Health Workers -> Efficiency -> Loyalty	4,614	0.000

Discussion

a. The Effect of Health Workers on Loyalty

Based on data processing it is known that the value of t in the table above is 0.836 . The results of this value provide information that there is no influence of health workers on loyalty , because they do not meet the prerequisites where the t value is above 1.96 (0.914 <1.96), thus it can be said that the hypothesis **is rejected**

b. Effect of Health Workers on Efficiency

Based on data processing, it is known that the value of t in the table above is 5.369 . The results of this value provide information that there is an influence of health workers on efficiency , because it meets the prerequisites where the t value is above 1.96 (5.343 > 1.96), thus it can be said that the hypothesis **is accepted**

c. Influence of Non-Health Workers on Loyalty

Based on data processing it is known that the value of t in the table above is 0.002 . The results of this value provide information that there is no influence of non-health workers on loyalty , because they do not meet the prerequisites where the t value is below 1.96 (0.112 <1.96), thus it can be said that the hypothesis **is rejected**

d. Influence of Non-Health Workers on Efficiency

Based on data processing it is known that the value of t in the table above is 5.891 . The results of this value provide information that there is an influence of non-health workers on efficiency , because it fulfills the prerequisites where the t value is above 1.96 (5.663 > 1.96), thus it can be said that the hypothesis **is accepted**

e. Effect of Efficiency on Loyalty

Based on data processing it is known that the value of t in the table above is 9.923 . The results of this value provide information that there is an effect of efficiency on loyalty , because it fulfills the prerequisites where the t value is above 1.96 (9.353 > 1.96), thus it can be said that the hypothesis **is accepted**

f. Indirect Effect of Health Workers on Loyalty Through Efficiency

Based on data processing it is known that the value of t in the table above is 4.689 . The results of this value provide information that there is an indirect effect of health workers on loyalty

through efficiency , because it meets the prerequisites where the t value is above 1.96 (4.608 > 1.96), thus it can be said that the hypothesis **is accepted**

g. Indirect Effect of Health Workers on Loyalty Through Efficiency

Based on data processing it is known that the value of t in the table above is 4.864 . The results of this value provide information that there is an indirect effect of non-health workers on loyalty through efficiency , because it fulfills the prerequisites where the t value is above 1.96 (4.614 > 1.96), so it can be said that the hypothesis **is accepted.**

4. Conclusion

Based on the results of the research that has been done and the analysis of the data as described in the previous chapter, the following conclusions are drawn from the results of the research as follows:

a. There is no positive and significant effect of health workers on loyalty.
b. There is a positive and significant influence of health workers on efficiency.
c. There is no positive and significant influence of non-health workers on loyalty.
d. There is a positive and significant influence of non-health workers on efficiency.
e. There is a positive and significant effect of efficiency on loyalty.
f. There is an indirect effect of health workers on loyalty through efficiency
g. There is an indirect effect of non-health workers on loyalty through efficiency

References

Behrouz Pouragha and Ehsan Zarei, 2016. The Effect of Outpatient Service Quality on Patient Satisfaction in Teaching Hospitals in Iran. *Journal of the Academy of Medical Sciences of Bosnia and Herzegovina*. 2016 Feb; 28(1): 21–25.

Ghozali, I. 2013. *Application of Multivariate Analysis with IBM SPSS 23*. Semarang: Diponegoro University.

Shan, L., et al. 2016. "Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care." *Plos One 11*(10): e0164366.

Sugiyono. 2017. *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta

Undang-Undang Republik Indonesia No. 44 Tahun 2009 Tentang Rumah sakit.

Xesfingi, S., et al. (2017). "Patient Satisfaction at Tertiary Level Healthcare Services in Greece: Inpatient vs Outpatient Healthcare Services Assessment." *International Journal of Health Economics and Policy* 2(3): 125.