Maintaining the Quality of Health Services in the New Normal Era: From Visit to Virtual

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Abstract
The COVID-19 pandemic has forced hospitals to implement innovative steps to support the Indonesian government's large-scale social restriction program by moving from visits to virtual services via telemedicine. This study aims to analyze and explore the quality of telemedicine-based health services in the new normal era and explore other unique aspects of it. This study uses a qualitative research design with a phenomenological approach focusing on HaloKIH telemedicine services at Kasih Ibu Saba Hospital. Data collection techniques through interviews with data analysis technique used are the interactive model, namely data conduction, data display, and verification. The results showed that the quality of HaloKIH's telemedicine service was considered very good because it had been able to adapt the criteria from the E-ServQual dimension, namely efficiency, fulfillment of needs, reliability, privacy, responsiveness, compensation, and contact. The new unique dimension that emerges is the adaptation of the local wisdom of the surrounding culture.

Keywords: E-Service Quality, Health Service Quality, Telemedicine, New Normal

Merawat Kualitas Pelayanan Kesehatan di Era New Normal: Dari Kunjungan ke Virtual

Abstrak
Kondisi pandemi COVID-19 membuat rumah sakit menerapkan langkah inovatif untuk mendukung program pembatasan sosial berskala besar milik pemerintah Indonesia dengan berpindah dari layanan visit ke virtual melalui telemedicine. Penelitian ini bertujuan untuk menganalisa dan mengeksplorasi kualitas pelayanan kesehatan berbasis telemedicine di era new normal serta mengeksplorasi dimensi unik lain di dalamnya. Penelitian ini menggunakan desain penelitian kualitatif dengan pendekatan fenomenologi. Terfokus pada layanan telemedicine HaloKIH di RSU Kasih Ibu Saba. Teknik pengumpulan data melalui wawancara dengan teknik analisis data yang digunakan adalah model interaktif yaitu reduksi data, display data, dan verifikasi. Hasil penelitian menunjukan bahwa kualitas layanan telemedicine HaloKIH dinilai cukup baik karena telah mampu mengadaptasi kriteria dari dimensi E-ServQual yaitu efisiensi, pemenuhan kebutuhan, reliabilitas, privasi, daya tanggap, kompensasi, serta kontak. Dimensi unik baru yang muncul adalah adaptasi dari kearifan lokal budaya sekitar.

Kata Kunci: E-Service Quality, Kualitas Pelayanan Kesehatan, Telemedicine, New Normal

INTRODUCTION

The COVID-19 pandemic condition requires the Indonesian government to implement large-scale social restrictions aimed at reducing people's mobility to leave the house,

including to go to health service facilities including hospitals if the complaint of illness is felt not to be an emergency. An innovative step taken by the hospital to support this program is to switch from visits to virtual services through telemedicine services. Telemedicine has been defined as the delivery of health care services by all health care professionals, where distance is a critical factor, using information and communication technologies to exchange valid information for the diagnosis, treatment and prevention of illness and injury.

Telemedicine-based services in Indonesia have currently been considered to be growing rapidly. Telemedicine possesses the capacity to fundamentally transform healthcare delivery, enhancing accessibility, providing clinical support, and being efficient because it overcomes geographic barriers, offers various types of communication devices, and improves healthcare services to patients (Alvandi, 2017; Kruse, et al, 2018). This is evident from the rise in the number of applications across providers, users, and healthcare service providers, all leveraging digital health technology (Katadata, 2020). According to Inventure's survey with Alvara, there were 95.4% of respondents agreed that hospitals should provide telemedicine services and while 71% of respondents stated more trust in digital health services owned by hospitals or clinics than owned by health startups (Katadata, 2020)

Electronic Service Quality (E-ServQual) focuses on two main elements, namely core online services (ES-Qual) and online service recovery (E-RecS-Qual) (Parasuraman et al, 2005). The ES-Qual dimensions consist of efficiency, fulfillment of requirements, system availability, and privacy. The dimensions of E-RecS-Qual consist of responsiveness, compensation, and contact. The two elements combined will produce seven dimensions for E-ServQual which can be used as a basis for measuring the quality of online services, especially in the health sector.

This study aims to analyze and explore the quality of telemedicine-based health services, focusing on its unique dimensions to better understand the quality of these services in the context of the new normal era.

Theoretical Review
Electronic Service Quality
In the new normal era like today, the use of information technology has become more optimal. Through the use of information technology in the form of delivering information via websites and social media, services can be carried out without having direct face-to-face contact between service providers and those being served (Kurdi, 2020). The dimension of service quality that is conventionally used to measure service quality in various sectors as described above is known as ServQual. This method is considered inappropriate when used to measure the quality of electronic services (electronic service quality). This distinction arises from three key aspects of electronic services: the absence of sales staff, the lack of tangible goods, and the self-service nature of customer interactions (Kumar, 2011).

Electronic service quality better known as electronic service quality (E-ServQual) is a new model of service quality (ServQual). This new model was developed to provide evaluation and assessment of the quality of virtual-based services through electronic systems

or the Internet. Aquilano et al (2006) define E-ServQual as an extension of the ability of a site to facilitate shopping, purchasing, and distribution activities effectively and efficiently. The quality of e-services can offer numerous advantages for companies, including reduced operational costs, enhanced productivity, and increased profitability.

The quality of electronic service (E-ServQual) has various dimensions that are explained through the different views of researchers. In general, there are four main dimensions, namely: This has been explained differently according to Parasuraman et al (2005) where the dimensions of electronic service quality could be divided into two, namely E-S-Qual (e-service quality) and E-RecS-Qual (e-recovery service quality) which have seven complete and comprehensive dimensions. To evaluate the core of ES-Qual, the seven dimensions are:

1. Efficiency is the customer's ability to access the website, search for the desired product and information related to that product, and leave the site with minimal effort.
2. Fulfillment is the actualization of the company's performance in contrast to what was promised through the website, including the accuracy of service promises, such as product stock availability and product delivery within the time frame promised.
3. Reliability is usually more related to system availability, is the technical functionality of the site in question, functioning as it should
4. Privacy is a guarantee of security and the company's ability to maintain the integrity of data from customers.
5. Responsiveness refers to a company's ability to effectively address and resolve issues by providing accurate information to customers and utilizing appropriate mechanisms for product returns, guarantees, and other related processes.
6. Compensation serves as a means to address customer issues, encompassing measures such as delivery services and monetary refunds.
7. Contact, namely meeting consumer needs through the Internet online, or by telephone.

Telemedicine

Telemedicine is the provision of long-distance health services by health professionals using information and communication technology, including the exchange of information on diagnosis, treatment, prevention of disease and injury, research and evaluation, and continuing education of health service providers for the benefit of improving individual and community health (Minister of Health Regulation No.20 of 2019). According to WHO, telemedicine has been defined as the delivery of health care services by all health care professionals, for whom distance is a critical factor, who use information and communication technologies to exchange valid information for diagnosis, treatment and prevention of disease and injury, sustainable research and evaluation for education providers, for the betterment of the health of individuals and their communities (WHO Observatory for eHealth, 2010). According to Hamilton (2013), four elements are closely related to telemedicine, namely:

1. The goal is to provide clinical support.
2. It is intended to overcome geographic barriers, connecting users who are not in the same physical location.
3. Involves the use of various types of technology, information and communication (ICT)
4. The goal is to improve health outcomes.

Local wisdom

Local wisdom is a view of life and knowledge as well as various life strategies in the form of activities carried out by local communities to answer various problems in meeting their needs (Fajarini, 2014). Local wisdom is an unwritten rule that becomes a reference for a society that covers all aspects of life. Local wisdom concerning the presence of telemedicine is the belief that with direct therapeutic touch, service recipients especially patients, feel that they have been "examined by a doctor" compared to just an examination through screens and telecommunications equipment without direct touch. This dimension that analyzes or explores the unique application of digitalized telemedicine services is customized and applied to areas or regions that have traditional diversity of trust.

METHOD
Types of research

The type of research used in this research is qualitative with a phenomenological approach. The phenomenological approach was chosen because this approach examines directly an awareness of experience, namely a situation that provides a first-person point of view of experience (Kuswarno, 2009). The research data is presented in the form of a description or description using words. This research will provide an overview of the quality of health services in the new normal era based on telemedicine as well as an exploration of the unique dimensions in it.

Research sites

This research was conducted at Kasih Ibu Saba Hospital, Gianyar Regency, Bali Province. Focused on HaloKIH telemedicine services. Kasih Ibu Saba Hospital is the only hospital that has implemented telemedicine services and has a special website for telemedicine. In addition, the location of the hospital in the Saba Village area is also part of the Gianyar Regency which incidentally still has a strict and strong local culture or wisdom.

Data collection technique

Data collection techniques used in this study include observation, documentation, and in-depth interviews. In-depth interviews are a method of collecting information or data by meeting with informants face-to-face to obtain complete and detailed data (Sugiyono, 2016). Research informants are categorized into three groups: Group A, Group B, and Group C. Each group consists of two individuals, representing patients, doctors, and hospital management staff at Kasih Ibu Saba Hospital. The names of the informants from each group are coded according to the order of the number of informants, for example, group A has

two informants, and the participants will be referred to as informants A1 and A2. Informants were selected through the purposive sampling method and combined with accidental sampling.

Data analysis technique

Qualitative data analysis is inductive, namely an analysis based on the data obtained, then a certain relationship is developed or becomes a hypothesis (Sugiyono, 2016). The data analysis model used in this study is the Miles and Huberman Model (Sugiyono, 2016). The analysis steps are:

1. Data collection
   The collection is done through observation, documentation, and in-depth interviews.
2. Data reduction
   Summarizing, choosing the main things, focusing on the important things, looking for themes and patterns
3. Data Presentation
   Data is presented in narrative form accompanied by graphs, tables, and charts to complete the narrative explanation.
4. Withdrawal of Conclusions or Verification
   Conclusions in qualitative research are new findings that have never existed before. If the data presented has been supported by complete data, credible conclusions can be drawn.

Data Validity Check

Examination of the validity of the research results was carried out using the triangulation method, namely triangulation of techniques and data sources. Technique triangulation is done by using interview, observation, and documentation methods. Triangulation of data sources is done by exploring the truth of information through various data sources, namely data from telemedicine patients, interviewing more than one source who is considered to have different views.

FINDING AND DISCUSSION

Efficiency

This study shows that the user's ability to access the website and obtain information about HaloKIH's telemedicine service is said to be quite good. This can be seen from the positive response of the informants to the way access to HaloKIH services is said to be quite easy so that it provides its satisfaction for the user experience. These findings are in line with Theophilus' (2016) theory on e-commerce applications that efficiency has a significant influence on consumer satisfaction. Other informants also expressed the perspective that HaloKIH's service has demonstrated its efficiency, but that informant stated to treat the satisfaction and loyalty of users, especially patients and the medical team need to be re-enhanced about the telemedicine service through digital ads or attached to the homecare program post-hospital treatment (Informant-B1).

Fulfillment

The results showed that the informants gave a positive response to the fulfillment of their health needs. This telemedicine service has been stated to be able to more quickly and effectively meet the health needs of the community, especially those in remote or far from healthcare facilities. Fulfillment of health needs, especially in terms of consultation if the complaint is felt not to be an emergency, is also felt to be greatly simplified through telemedicine services. This is in line with the results of research from Restuti et al (2014) which also explains the fulfillment of needs, or the realization of promises and the accuracy of the display displayed by the site is considered sufficient to satisfy service users.

Reliability

This dimension is more related to the availability of the system which is the technical functionality of the site in question, functioning properly regarding programs, internet network connections, infrastructure suggestions, and obstacles that can occur in the system. The results of research findings on informants on average state that the availability of systems such as internet networks and connections are all still capable. The shortcoming that can be acknowledged by one of the informants is that there is no special room for telemedicine, where so far this service has been carried out only in the polyclinic room of the respective doctor's practice, and sometimes the internet connection can also drop suddenly (Informant-B2 and Informant -C2). Consistent with Supriyatini et al (2014), this study underscores the positive influence of system availability on e-satisfaction. Therefore, regular system maintenance and repairs are crucial to ensure optimal user experience.

Privacy

The results of research findings on informants indicate that most of the informants already know that all information provided regarding complaints and illnesses has been stored in medical record evidence which does have a legal force and cannot be disseminated just like that except at the request or attorney of the patient. In line with this, in Indonesia, the medical record information system has also been supported by the protection law that regulates manual and electronic medical records which are a guarantee of patient confidentiality, namely PMK No. 4 of 2018 concerning Hospital Obligations and Patient Obligations and Minister of Health Regulation No. 269/MENKES/PER/III/2018 concerning Medical Records. The hospital will have a quality of service, especially for privacy if the hospital could apply rules of the law.

Responsiveness

Outpatient care delivery adheres to the regulations established by the Ministry of Health No.129/Menkes/SK/II/2008 regarding the waiting time for outpatient service indicators, which is 60 minutes starting from the patient registering until being received or served by a general practitioner or specialist. Judging from these indicators, it is hoped that by changing services from conventional to telemedicine, waiting times can also be shortened because

most of them are by agreement. This study shows that the informants agree that the HaloKIH telemedicine services provided are quite good, understand what the patient's wishes and requests are, and the health-related information provided through telemedicine is also clearly conveyed to users. Although there was an informant's perspective associated with experience in the process of making an appointment with the time that has been scheduled, which is sometimes the time is delayed or changing due to the activities of the doctors, changes in the practice schedule, or indeed because the patient has other needs (Informant-A2). However, the solution given is to give an extra time of approximately fifteen minutes for the users' preparation before HaloKIH's being accessed.

Compensation

Compensation is part of the E-ServQual dimension which aims to address complaints from users of electronic services, especially telemedicine. Compensation is physical and non-physical. It was identified that physical compensation from HaloKIH was given in the form of a money refund if the patient requested a cancellation of the agreement with his doctor for personal reasons. Non-physical compensation is given in the form of rescheduling the schedule which is also given if the patient or doctor is unable to attend the service. The findings state that to overcome existing complaints, which are usually related to the availability of the intended doctor's schedule, the recipients, providers, and service providers reschedule the telemedicine schedule carried out.

Contact

The contact dimension is also used to meet consumer needs to be able to talk directly to service staff, such as through a 24-hour call center and to serve complaints better and faster. The research findings indicate that HaloKIH now operates a 24-hour call center at its holding company, which is directly connected to the customer service and guest relations officer (GRO) at Kasih Ibu Saba Hospital. This system ensures that patients can readily contact the GRO to file a complaint or promptly schedule an appointment with their preferred doctor. These findings are also in line with Widyanita's (2017) theory which states that contact has a positive influence on consumer satisfaction especially the perception and assessment of respondents to the availability of a call center 24 hours to serve consumers.

Local Wisdom (New Unique Dimension)

The dimension of local wisdom is a new and unique dimension that is examined in this study. This dimension relates to there is belief that with direct therapeutic touch, service recipients, especially patients, feel that they have been "examined by a doctor" compared to just an examination through screens and telecommunications equipment without direct touch. The findings of this study stated that the informant who received the service, namely the patient, did prefer to be given a direct therapeutic touch. This is due to a strong belief, especially in the rural community closest to the Kasih Ibu Saba Hospital, that if the patient or sick person has not been touched or given face-to-face therapy directly between the doctor and patient, it is stated that the patient has not been fully treated or treated.

All local wisdom in order to keep up with the times and maintain local identity must pay attention to and maintain social systems (Yunus, 2014). Four important functions are needed for all social systems, especially local wisdom to survive, namely AGIL which consists of adaptation, goal attainment, integration, and latency (Jhonson, 1986 in Yunus, 2014). Referring to the research perspective above, the development of culture should always be in its sociocultural context of material and non-material, so that a way to maintain the quality of digital health-based services like telemedicine could be done by providing continuous introduction or sustainable socialization from the time patients are still in hospital care (hospitalized) or when patients come to polyclinic, by applying the theory of adaptation, goal attainment, integrated, latency as described above.

CONCLUSION

The quality of HaloKIH telemedicine-based health services so far has been running quite well under applicable standards and when compared, it is following the dimensions of the quality of electronic services. Shifting services from visit to virtual requires adaptation, integration, and elaboration. Ways that can be done to improve the quality of services in terms of efficiency, fulfillment of needs, reliability, and privacy are increasing socialization or introduction for outpatients (outpatients) or post-treatment patients (inpatients) in this telemedicine program, either digitally marketing or word of mouth. In addition, it is necessary to do the timeliness and conformity of the schedule between the doctor and the patient so that there are no complaints. The methods that can be used for responsiveness, compensation, and contact are by improving response speeds and contacts, particularly about patient appointments.

In this new normal era, many disruptions have occurred across various fields. Given the importance of local wisdom, a gradual adjustment approach is necessary for local residents, particularly those who uphold traditional values. Integrating digital and conventional services is essential to ensure the nation is not overshadowed by the progress of modern times.

Limitations and Future Research

This research is limited to telemedicine services provided by only one hospital, namely HaloKIH, so it cannot be generalized to all telemedicine services that exist in all healthcare facilities in Bali and Indonesia. Further development of the object of research still needs to be done. Future research should consider expanding the coverage of healthcare providers and adding other unique variables or phenomena so that they are expected to provide more accurate information.

REFERENCES

Alvandi, M., & Mhs (2017). Telemedicine and its Role in Revolutionizing Healthcare Delivery. *The American Journal of Managed Care, 5.*

Aquilano, NJ (2006). *Operations Management for Competitive Advantage with Global Cases - 11/E.* McGraw Hill Irwin.

Fajarini, U. (2014). The Role of Local Wisdom in Character Education. *SOCIO DIDACTICA: Social Science Education Journal*, *1(2)*. https://doi.org/10.15408/sd.v1i2.1225

https://databoks.katadata.co.id/search/cse/telemedicine

Kumar, N. (2011). Measurement of e-service quality: An empirical study on online railway ticket reservation website service. *Sri Krishna International Research & Educational Consortium*, *2*(1).

Kurdi, M. (2020). Initiating Excellent Service during the Covid 19 Pandemic. *Journal of Widyaiswara Circle, 04, 4–9.*https://docplayer.info/198685155-Mengagas-pelayan-prima-di-masa-pandemic-covid-19.html

Kuswarno, E. (2009). *Phenomenology.* Bandung: Widya Padjadjaran.

Parasuraman, A Parsu & Zeithaml, Valarie & Malhotra, Arvind. (2005). ES-Qual: A Multiple-Item Scale for Assessing Electronic Service Quality. *Journal of Service Research*. 7. 213-233. 10.1177/1094670504271156.

PERMENKES RI No. 269/MENKES/PER/III/2008. (2008). *Minister of Health RI 269/MENKES/PER/III/2008.* In Permenkes RI No. 269/Menkes/Per/III/2008 (Vol. 2008, p. 7).

Rasid, Y. (2014). *Local Wisdom Values (Local Genius) As Strengthening National Character*. Deepublish Publishers, 1–141.

Restuti, S., & Musfar, TF (2014). Analysis of Consumer Satisfaction on the Quality of Electronic Ticketing Services in Purchasing Airplane Tickets in Tanjungpinang City. *PEKBIS (Journal of Economics and Business Education), 6(2)*, 94-104.

Ryu, S. (2012). Telemedicine: Opportunities and Developments in Member States: Report on the Second Global Survey on eHealth 2009 (Global Observatory for eHealth Series, Volume 2). *Healthcare Informatics Research, 18(2), 153.* https://doi.org/10.4258/hir.2012.18.2.153

Scott Kruse, C., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of telemedicine and telecare, 24(1), 4–12.* https://doi.org/10.1177/1357633X16674087

Sugiyono. (2016). *Quantitative, Qualitative and R&D Research Methods*. Bandung: ALFABETA

Theophilus, T., & Trisya, R. (2016). The Effect of Electronic Service Quality Dimensions on the Value of Services Received and Consumer Satisfaction (Empirical Study: GO-JEK Application). *Journal of Entrepreneur and Entrepreneurship, 5(1), 33-44.*

World Health Organization (WHO). 2010

Widyanita, F. A. (2018). *Analisis Pengaruh Kualitas Pelayanan E-Commerce Shopee Terhadap Kepuasan Konsumen Shopee Indonesia Pada Mahasiswa Fe Uii Pengguna Shopee. Skripsi*. Universitas Islam Indonesia. Available at: https://dspace.uii.ac.id/bitstream/handle/123456789/7821/SKRIPSI%20Fika%20Ayu%20Widyanita.pdf? sequence=1&isAllowed=y.