

Effect of Service Stigmatization to Patients Loyalty Moderated by Service Quality

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Abstract: Leprosy is considered a terrible disease and discriminated by society. Dr Sitanala Leprosy Hospital Tangerang also suffered the impact of stigmatization. The purpose of this research was to obtain empirical evidence of the effect of service stigmatization on patient loyalty moderated by the quality of service in inpatient service of Dr Sitanala Leprosy Hospital Tangerang. The study was conducted in the inpatient wards. The research was using casualty design with survey methods. It was conducted in January 2018. Samples were 92 respondents by random. Variables were health service stigmatization, service quality as a moderation variable and patient loyalty. Instruments used questionnaires with Likert Scale. The analysis used a moderate regression analysis. The result of the research shown: that health service stigmatization had a significant negative effect on patient loyalty, that service quality influenced to patient loyalty, that service quality was moderating influence of health service stigmatization to patient loyalty. Quality of service was moderating health service stigmatization hence increased patient loyalty. The dominant dimension of stigmatization was fear of disclosure, quality dimension was empathy and loyalty was recommend a friend. Health promotion improvement strategies can be done related to individual and institutional stigmatization, thus lowering the stigmatization rate. A strategy is required on the dimension of tangibility by completing high-tech facilities according to public health needs and strengthening the empathy dimension by improving competence. Efforts to reduce stigmatization by paying attention to perceived service quality as a strategy mechanism to increase patient loyalty.

1 INTRODUCTION

The ability of hospitals to meet service standards will provide satisfaction for patients as users of the service, thereby generating a feeling of reusing services and patients will be loyal to the services provided by the hospital. Customer loyalty is a condition in which the customer has a positive attitude towards a product, is committed to the product and intends to repurchase in the future. The creation of customer loyalty allows companies to develop long-term relationships with customers. Also, the cost required to attract new customers is also greater than the cost of maintaining a loyal customer in the company (Kotler et al., 2016)

The hallmark of patient loyalty and attitudes in the hospital is based on the patient's attachment to the services provided by the hospital that is cross-linked with the pattern of repeated use of services. As for the presence of patients with loyal attitudes and

attitudes, they are not only willing to use services when the patient is sick, but also willing to suggest the product or service to others, friends, or relatives, and their family members and colleagues. Long-term and cumulative loyalty profits, which increased patient loyalty can lead to increased sources of income or profits, higher employee retention, and a more stable financial base. Besides other advantages of loyalty are to lower marketing costs, shorten the time and transaction costs, lower turn over costs, and positive word of mouth (Tjiptono, 2011). By providing quality services and meet customer expectations it will create a positive brand image in the minds of consumers, so the brand can be more trusted and able to increase customer loyalty. Quality of service is a benchmark in determining the quality or quality of the service provided in accordance with customer expectations (Lewis and Boom, 2005). Consumers assess quality based on five factors: reliability (reliable and accurate); responsiveness

(helpful, timely); assurance/trust/confidence (competence, trust); empathy (caring, individual); and tangible (presentation, appearance) (Lupiyoadi and Hamdani, 2009).

Dr. Sitanala Leprosy HospitalTangerang has developed services and qualities in public services in various fields of specialization. Dr. Sitanala Leprosy HospitalTangerang has an integrated service building which also serves general non-leprosy patients with general inpatient care facilities, ER, ICU, surgical services, rehabilitation services and other support services. Improving the quality of services are expected to provide customer satisfaction, in this case, is the patient of leprosy or general health service.

Research on Patient Service Quality and Loyalty (Study at Private General Hospital in Singaraja City-Bali) which aims to find out the influence of patient loyalty service quality dimension at private hospital in Singaraja-Bali, shows that service quality consists of tangible, reliability, responsiveness, assurance, and empathy have a significant influence on patient loyalty not only partially but also simultaneously; and the dimensions of reliability have a dominant influence on patient loyalty (Gunawan, 2011)

Research on Factors Underlying Perception of Patients to Stigma of Leprosy with respondents (leprosy patients) amounted to 8 people of 14 - 51 years. The results have shown leprosy patients perceived, the community around the residence and his friends do not know that the patient is experiencing leprosy, the patient assumes that neighbors and friends suspect other diseased patients. Patients with leprosy perceived, self-limiting attitude, covering the deficiency/disability are actions to reduce/overcome bad stamp. Leprosy patients perceived that leprosy is a dangerous and serious disease can cause death or disability for life. Lepers perceived, behave negatively such as not wanting to seek treatment because it is disgraceful, isolating themselves, and feeling despair (Soedarjatmi et al., 2009)

Leprosy speciality hospitals are impacted by the stigmatization of individuals and communities on the health services provided. The inherent stigma that Dr. Sitanala Leprosy HospitalTangerang only provides services to leprosy patients. People also tend to seek general health services outside the hospital can be caused because they do not want to be stigmatized as a leper. It can also be said that Dr. Sitanala Leprosy HospitalTangerang already has a branding as a special service provider for leprosy patients.

When consumers feel satisfied with the services

provided, it will create loyalty and can make consumers use the product again. Furthermore, consumers recommend this to others with pleasure. The results of research in the communications industry in Australia that by providing a consistent service and focus on consumer needs and provide added value to consumers, it will create loyalty to the company (Dean, et al., 2007) It is expected that the improvement of services conducted by Dr. Sitanala Leprosy Hospital can replace negative stigma with positive stigma formed from experience in its ministry.

The contribution of research to analyze the influence of stigmatization of service to patient loyalty moderated service quality at inpatient service Dr. Sitanala Leprosy HospitalTangerang.

2 METHOD

This research is a type of hypothesis testing on the effect of service stigmatization on patient loyalty Dr. Sitanala Leprosy HospitalTangerang. THE Type of research conducted in this research is causality research with survey method.

The study population were all patients treated in general health service at Bougenville, Mawar, Anyelir, Asoka, Melati, Wijaya Kusuma and Tulip Dr. Sitanala Leprosy HospitalTangerang with 120 patients. Sampling by Proportionated Stratified random sampling.

Independent variable is service stigmatization, the dependent variable is patient loyalty and moderation variable is service quality. The data analysis use moderate regression analysis. Researchers prepared instruments by developing the theory of Brouard & Willis (2006), Parasuraman, (2009), and Zeithmml, (1986).

3 RESULT AND DISCUSSION

3.1 Descriptive Analysis

The sample is adjusted to the situation and the inclusion of respondents in the specified inclusion criteria so that the disseminated is obtained from 92 respondents who meet the criteria specified with the characteristics of the sample in table 1.

Descriptive distribution of respondents' answers is used to evaluate the responses of respondents to the variables studied, by looking at the minimum value, maximum value, average value, and standard deviation.

Table 1: Characteristic of Respondents at Dr. Sitanala Leprosy Hospital Tangerang in 2018

Respondent Criteria	Frequency	Percentage (%)
Age (years)		
15-20	3	3,3
21-40	45	48,9
41-59	32	34,8
60-74	8	8,7
≥75	4	4,3
Sex		
Female	54	58,7
Male	38	41,3
Educational Level		
SD	32	34,8
SMP	12	13,0
SLTA	28	30,4
University	19	20,7
Uneducated	1	1,1
Job		
Private employees	16	17,4
Civil servant	7	7,6
Entrepreneur	16	17,4
Student	6	6,5
Unemployed	38	41,3
Others	9	9,8

Table 2. Range at Dr. Sitanala Leprosy Hospital Tangerang in 2018

Variables	Range	Mean	Actual Range	Actual Mean	Deviation Standard
Stigmatization of Services	5-25	15	11-25	17,29	3,022
Service quality	18-90	54	61-90	76,07	6,771
Patient loyalty	10-50	30	27-50	40,59	4,227

Source: Results of Data

Based on these descriptive statistics then determined the proportion of values for research

variables stigmatization services, service quality and patient loyalty.

Table 3: Stigmatization Categoric Descriptive at Dr. Sitanala Leprosy Hospital Tangerang in 2018

Dimension	Intervals	Frequency	Percentage (%)
<i>Perception of self</i>	1,00-3,00	80	86,9
	3,01-5,00	12	13,1
<i>Self-Exclusion</i>	1,00-3,00	82	89,1
	3,01-5,00	10	10,9
<i>Subterfuge</i>	1,00-3,00	73	79,3
	3,01-5,00	19	20,7
<i>Over compensation</i>	1,00-3,00	42	45,6
	3,01-5,00	50	54,4
<i>Fear of disclosure</i>	1,00-3,00	87	94,5
	3,01-5,00	5	5,4

Source: Results of Data

In the stigmatization of service variables (table 3), the majority showed high stigma in service with the fear of disclosure dimension having the highest score, as many as 87 respondents (94.5%).

This indicates the respondent conceals that he or she is treated in a leprosy hospital by telling others that the respondent is being treated in another hospital and does not need to visit the respondent.

Table 4: Service Quality Categoric Descriptive at Dr. Sitanala Leprosy Hospital Tangerang in 2018

Dimension	Intervals	Frequency	Percentage (%)
<i>Reliability</i>	0,00-4,00	0	0,0
	4,01-8,00	1	1,1
	8,01-12,00	2	2,2
	12,01-16,00	58	63,0
	16,01-20,00	31	33,7
<i>Responsiveness</i>	0,00-4,00	0	0,0
	4,01-8,00	0	0,0
	8,01-12,00	1	1,1
	12,01-16,00	43	46,7
	16,01-20,00	48	52,2
<i>Assurance</i>	0,00-3,00	0	0,0
	3,01-6,00	0	0,0
	6,01-9,00	1	1,1
	9,01-12,00	56	60,9
	12,01-15,00	35	38,0
<i>Emphaty</i>	0,00-4,00	0	0,0
	4,01-8,00	0	0,0
	8,01-12,00	0	0,0
	12,01-16,00	47	51,1
	16,01-20,00	45	48,9
<i>Tangible</i>	0,00-3,00	0	0,0
	3,01-6,00	0	0,0
	6,01-9,00	3	3,3
	9,01-12,00	47	51,1
	12,01-15,00	42	45,7

In the variable of service quality (table 4), the majority shown high respondent's recognition of service quality with empathy dimension with the biggest value between 12,01-16,00 of 47 respondents (51,1%). This shows that Dr. Sitanala Leprosy Hospital Tangerang provides individual

services, trying to understand the wishes of respondents. The dimension of empathy is the dominant dimension in this study, evidenced by no respondents showing a negative response to this dimension (all values above 12.01).

Table 5: Patient Loyalty Categoric Descriptive at Dr. Sitanala Leprosy Hospital Tangerang in 2018

Dimension	Intervals	Frequency	Percentage (%)
Say Positive Thing	0,00-3,00	0	0,0
	3,01-6,00	0	0,0
	6,01-9,00	5	5,4
	9,01-12,00	56	60,9
	12,01-15,00	31	33,7
Recommend friend	0,00-4,00	0	0,0
	4,01-8,00	0	0,0
	8,01-12,00	1	1,1
	12,01-16,00	55	59,8
	16,01-20,00	36	39,1
Continue purchasing	0,00-3,00	0	0,0

Dimension	Intervals	Frequency	Percentage (%)
	3,01-6,00	0	0,0
	6,01-9,00	6	6,5
	9,01-12,00	53	57,6
	12,01-15,00	33	35,9

In the variable of patient loyalty (table 5), the majority indicate high respondent's loyalty with the highest score on indicator recommend friends, the majority of respondents be in the range of values

between 12.01-16,00 of 55 respondents (59,8%). This shown that respondents do not hesitate and recommend the service of Dr. Sitanala Leprosy Hospital Tangerang.

3.2 Hypothesis Test

Table 6: Results of Multiple Linear Regression Stigmatization Interaction Services and Service Quality

Variable	Regression Coefficient	t _{count}	Sig t
Konstanta	91,205		
Stigmatisasi Pelayanan (X ₁)	-4,442	-3,712	0,000
Kualitas Pelayanan (X ₂)	-0,651	-2,217	0,029
Moderasi (X ₁ .X ₂)	0,057	3,623	0,000
R ²	0,474		
F _{hitung}	28,291		
Sig F	0,000		

Source: Results of Data

Table 6 stated that the formula of the interaction regression equation as follows:

$$Y = 91,205 - 4,442X_1 - 0,651X_2 + 0,057X_3$$

4 DISCUSSION

4.1 Effect Health Service of Stigmatization on Patient Loyalty

Research shown Service Stigmatization had an average value of 17.29, means that the average patient treated in Public Inpatient Service stigmatization of public services or can be saidstigmatization of services inpatient is high. The dominant dimension determines whether the patient gives negativestigmatization of the service appears to the dimension of fear of disclosure states that the respondent informs others that the respondent is treated in another hospital and no need to visit the respondent. Respondents tend to be afraid to tell other people that the respondents are hospitalized for leprosy patients while the respondents are people with other diseases.

Stigmatization had a significant effect on patient loyalty, indicated by a significant level (p-value) of 0.00 which was smaller than 0.05. This indicated that Service Stigmatization had a significant effect on Patient Loyalty of Dr. Sitanala Leprosy Hospital Tangerang.

Dr. Sitanala Leprosy Hospital Tangerangdoes not regard Leprosy Hospital as a hospital that is marginalized because of the stigma of this disease. This may be due to increased knowledge of the patient both about leprosy disease and also other services provided by Leprosy Hospital. Judging from the number of visits in 2016,76% of general service patients compared with 24% of leprosy patients. For inpatient services, 84% of general service patients and 16% of leprosy patients. This number indicates that leprosy patients have decreased more than in previous years. Number of general service patients who seek treatment at Dr.Sitanala Leprosy Hospital Tangerang can gradually eliminate the stigma against leprosy patients.

This supported by research on Community attitudes towards leprosy affected persons in Pokhara municipality of western Nepal. A sample of 281 people in the community, the median stigma score perceived was 12 ranging from 0-30. People who lack information about leprosy have higher stigma scores than those who have information about leprosy (p = 0.002). Well informed people had lower stigma compared to people with leprosy, so do not hesitate to use the service in Dr. Sitanala Leprosy Hospital, for understanding the transmission of leprosy and the separation of services in hospitalization.

Leprosy-related stigma, including those in health care systems and among health care providers, creates serious barriers to quality access and care. It is also a major concern of health practitioners themselves, both as a cultural issue, a workplace and a barrier to seeking health assistance.

4.2 Effect of Service Quality on Patient Loyalty

Based on the hypothesis that good or low stigmatization increased the loyalty of patients to use general inpatient services moderated by service quality. In this study, the moderation between Service Stigmatization and Service Quality had a positive effect on Patient Loyalty, with a regression coefficient of 0,024. Based on the test with simple linear regression and moderation regression that the coefficient of determination (R^2) in simple linear regression had a value of 0.016 which its value smaller than the coefficient of determination of 0.474. Its meant that the quality of service was a moderation variable that strengthens the influence of service stigmatization on patient loyalty. Based on the R^2 value that was equal to 0,474 or 47,4% shown the effect of stigmatization service, service quality, and interaction between stigmatization of service and quality of service to patient loyalty was 0,474 or 47,4% and the rest equal to 52,6% influenced by other variables outside the research model. Based on a significance value of 0.000 ($p < 0.05$) indicates that the effect was significant. Its meant that the hypothesis stated that quality of service was able to moderate stigmatization of services to patient loyalty on inpatient general in Dr. Sitanala Leprosy Hospital Tangerang was proved.

Research on the stigma of addiction and mental illness in healthcare: the case of patients' experiences in dental settings explored how stigma experienced in health care and dental care by patients with a history of addiction and mental illness. The method used audio-taped and semi-structured interviews with samples from two community-care centers in Vancouver, Canada. The interview guide contained questions about the experience while seeking health care and dental care and was based on the existing labeling, stereotyping, exclusion, discrimination, and imbalance patterns of strength. Interviews were verbatim for coding and thematic analysis. 25 respondents aged 23- 67 years were interviewed; 17 is male. Most had a history of depression with alcohol and cocaine use; Most only seek dental treatment for emergency purposes. A textual analysis of over 300 pages of written interviews

revealed that respondents felt stigmatized when they were stereotypically 'inappropriate', labeled 'different', excluded from the decision-making process, discriminated against, 'treated unfairly' and felt helpless when interacting in health care systems. When associated with stigma, mental illness and addiction had negative implications for accessing health care and dental care. Likewise, leprosy patients had negative access to health care.¹¹

Dr. Sitanala Leprosy Hospital already had integrating a general health service into their provided services by not distinguishing the quality improvement between the two services. Integration of leprosy health services into general health services had considered as core strategies. Leprosy services should be provided with the same quality (no more and no less) as general health problems, to ensure the similarity of quality of care for leprosy patients.¹² This integration reduced the level of stigmatization of leprosy patients and health services. Hoped that improved service quality for leprosy patients and other health problems will decrease stigmatization and increase patient loyalty to reuse services provided by Dr. Sitanala Leprosy Hospital Tangerang.

4.3 Findings

Stigmatization of health service had a negative effect on patient loyalty, meant that the higher stigmatization of service would decrease loyalty patients. Health service Stigmatization had a significant effect on patient loyalty at Dr. Sitanala Leprosy Hospital of Tangerang. Service quality had a negative effect on patient loyalty, meant that if the quality of service decreased, patient loyalty tends to decline. Service Quality had a significant effect on patient loyalty at Dr. Sitanala Leprosy Hospital Tangerang. Moderation between service stigmatization and service quality had a positive effect on patient loyalty. Service quality was able to moderate the influence of health service stigmatization to patient loyalty.

Stigmatization of health service, quality of service, and moderation of service stigmatization with the quality of service jointly affected patient loyalty of Dr. Sitanala Leprosy Hospital Tangerang. The influence of stigmatization service, service quality, and moderation of service stigmatization-service quality to patient loyalty was 0.474 or 47,4% and the rest 52,6% influenced by other variables outside the research model. Based on the coefficient of determination (R^2) value, quality of service was a moderation variable that will strengthen the

influence of stigmatization of service to patient loyalty.

5 CONCLUSIONS

Based on the research, service stigmatization had a significant effect on patient loyalty at Dr. Sitanala Leprosy Hospital Tangerang. Stigmatization service had a negative effect on patient loyalty, meant that the more stigmatization of service, the more decreasing patient loyalty.

Service quality had a significant effect on the patient loyalty of Dr. Sitanala Leprosy Hospital Tangerang. Service quality had a negative effect on patient loyalty, meant that the less quality of service, the more decreasing patient loyalty.

Service quality was able to moderate the influence of stigmatization of service to patient loyalty. Moderation between service stigmatization and service quality had a positive effect on patient loyalty. Based on the coefficient of determination (R^2) value, quality of service was a moderation variable that strengthens the influence of stigmatization of service to patient loyalty.

Results confirm that the stigmatization of services had a significant negative effect on patient loyalty. This means that stigmatization can lead to the increased loyalty of patients in using services in hospitals. Patients who are leprosy stigmatized can affect their perspective on a health institution that specializes in treating the disease. Efforts that can be done by the hospital was to promote hospital services either locally or nationally. A promotion such as community-centered real activities, enhancing the promotion of superior services and reducing stigma by directly educating and advertising community service related to leprosy negative stigma and services.

Quality of service had a significant effect on patient loyalty. This means improving the quality of service can increase patient loyalty. The implication is that patient loyalty can be improved by improving service quality. Efforts are to improve the services of the five aspects of quality, tangible, reliability, responsiveness, assurance, and empathy, either by equipping facilities and equipment with high technology and in accordance with the public health needs, make improvements and increase the competence of employees, especially the professional carers through education and training.

Quality of hospital services moderates the effect of service stigmatization on patient loyalty. Overall service quality weakens service stigmatization.

Patients pay more attention to the overall service dimension than the stigmatization that occurs in their service. Service quality dimensions play an important role in moderating stigmatization of services in general inpatients. The patient will change his stigmatization view on the services and bring a feeling of loyalty to hospital services. Patient loyalty is based on the willingness to recommend hospitals to others, willingness to inform about hospital benefits and to consider the same hospital as the first choice in future medical care. In this study, empathy is the most dominant factor in service quality. The hospital should maintain good relationships between patients and staff, improve communication skills and provide motivation to provide good service to patients so they can work efficiently, especially in the treatment of patients.

Furthermore, another important aspect is tangible regarding facilities, such as equipment and facilities. A better understanding of patient loyalty building will improve the manager's knowledge of how to improve patient loyalty. The strategy of reducing stigmatization by paying attention to perceived service quality as a mechanism that will increase patient loyalty.

The hospital needs to re-develop information programs on leprosy to further reduce the level of stigmatization of individuals and hospital services. The high stigmatization of services can be reduced by providing quality service quality. Patients will return to use services that show improvement of patient loyalty to the service of Dr. Sitanala Leprosy Hospital Tangerang. So Hospitals need to continuously improve and maintain the quality of service so that the Hospital Bed Occupation Rate will increase, along with lesser stigmatization to service.

This study only examines the concept of stigmatization of hospital services, service quality and patient loyalty from a patient perspective. However, this study does not explore from a service provider's perspective. Results are limited to considering the patient's point of view, which may differ from the view of the service provider. It is, therefore, necessary to develop research that measures both from the perspective of patients and service providers so that the implications of the research are more described and become inputs for service providers developing strategies for improving patient loyalty.

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