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Perceived External Prestige: Meta-perception of Nurses and Customers' Opinion in Hospital, Makassar City



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Abstract



Keywords

nurses;
metaperception;
perceived external
prestige;
customer's opinion;
hospital;

This study aims to measure the accuracy of nursing meta-perception on the prestige of the hospital based on customers (perceived external prestige). The research was conducted at five locations; Hospitals A, B, C, D and E in Makassar City. The locations of the study were determined by the trend of the turnover rate at those five hospitals in the last three years. The population was nurses with non-permanent status (freelance, honorary, contract, and intern permanent) for all hospitals as many as 214 people. As a control on the assessment of the accuracy of nurses' meta perception, a survey was conducted on customers at each study site. In general, there is a similar perception between nurses and customers, although the nurse's perceived value is higher than customers. This means that nurses have high optimism than the actual customer's perceptions. There was no correlation between nurses' perceived external prestige with customers' opinions. Therefore, the hospital should always be active and continuous in seeking information needs and desires of the customer in an effort to provide the best service.

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1 Introduction

Several types of research, one's basic prediction, groups, or communities can be applied to value an organization. wellbeing values, cooperative professionalism values, external integration practices and interpersonal relationship promotion practices were correlated to increased pleasure and decreased suffering at work (Garcia et al., 2017). Organizational performance was a sign of quality and competence (Podolny, 1993). Data from Outpatient visits (OV) and Bed Occupation Rate (BOR) were among the indicators of hospital performance. The prediction within prestige perception can be seen from the data between users of health services in Makassar hospitals which were sourced from OV and BOR. Image, service quality, and satisfaction affect the patient's interest in returning to the RSUD city of Makassar (Basalamah et al., 2021). Who defined prestige as "a reputation arising from success". Some unfilled data were due to the unwillingness of data publication from some hospitals. Perceptions of organizational prestige according to (Carmeli & Freund, 2009) was defined as the image of the organization. Image is a person's initial assessment (brief) of an organization. Assessment can be done even though the individual had no experience of direct interaction with the organization (Whetten & Mackey, 2002). Good image of the organization was prestige on its own, while good prestige in the organization, with high employee commitment and high satisfaction, led to low intention to leave the organization, Research conducted by Muchlis et al. (2017), aims to determine the perception of the image of hospitals in Makassar by nurses or the intern nurses.

One theory that can explain the predictions of individual behaviour that arise as a result of its assessment in the group was the theory of Cooperative Behavior in Group specifically on influence on behaviour (*intention to stay or leave*) (Tyler & Blader, 2001). This theory explained that the behaviour of group cooperation was divided into 2 (two) forms, which were; individuals engage in groups according to mandatory cooperative behaviour and individuals engage in groups caused by indirect requests of rules or group norms (discretionary cooperative behaviour). Tyler (1999), explained that discretionary behaviour was a major factor that builds or shapes attitudes and internal values held by individuals. Therefore, the identity of the individual in the organization became important. The stronger the individual identity in the group, the easier it would be to behave according to the needs and the group's demand. Pride and respect were the most important factors in building the identification and identity of individuals with their organization (McDonald & Ahern, 2000; O'Boyle et al., 2001).

The perception of one's organizational identity was based on two assessments, namely the assessment of the status of the group (pride) and its status in the group (respect) (Tyler, 1999). Pride referred to an individual's assessment of the status of an organization while respect referred to an assessment of the status of the individual within the organization. Positive evaluation results will enhance the identity (group). The term pride was replaced by Smidts et al. (2001), and Carmeli (2005), with perceived external prestige (PEP), while the term respect by Fuller et al. (2006), was replaced with perceived internal respect (PIR) by (Dutton et al., 1994). Pride was termed as a construed external image. In this research, the term used was PEP and PIR. According to King et al. (2008), meta perception was a person's perception of another's the perception of himself. Several factors cause different metaperception in each individual. Metaperception can be affected by the characteristics of groups, social groups, identity differences as well as differences in characteristic situation factors. Metaperceptions can also be explained based on the input-process-output (IPO) model. It was explained that the results meta perception consisted of the accuracy level of perception, problem-solving, and innovation generated depending on the process of metaperception itself. The model of the ongoing meta-perception process was influenced by cohesion, conflicts, coordination, cooperation and communication. The better the meta-perception process occurred, the better it was for the level of perception accuracy, problem-solving ability, and the resulting innovation (Donnelly et al., 2022; Jackson & Beauchamp, 2010).

According to King et al. (2008), meta perception referred to the assessment of how others see themselves. Metaperception limitations, according to Laing et al. was more narrow. Metaperceptions only involved interpersonal relationships. Frey & Tropp (2006) on the other hand, extensively explained metaperceptions. Metaperception was not only related to interpersonal or how individual self-assessment in the perception of other group members (intra group) but also involved intergroup. The Intergroup in question was people outside the group to assess ourselves and our group, also developed inter-group mathematics theory which was a perception of

a group's assessment of the other group's assessment against them (Carmeli et al., 2011; Mignonac et al., 2006). The accuracy of the perceptual truths of meta-perception was referred to as meta-accuracy (Kenny & DePaulo, 1993). Kenny & DePaulo (1993) discussed the problem of meta-accuracy, i.e. the extent to which we can provide an accurate assessment of how others see us. The meta-accuracy question was closely related to people's perception problems and self-presentation (DePaulo et al., 1987).

This study aims to measure the accuracy of nursing meta-perception on the prestige of the hospital based on customers (perceived external prestige). Meta-accuracy is done by measuring the correlation and the different tests (T-test) on the customers. Each value of the perception of nurses, and customers also is grouped by the hospital, so the correlated and comparable values were the values of each of the same hospitals.

2 Materials and Methods

The research was conducted at five locations; Hospitals A, B, C, D and E in Makassar City. The locations of the study were determined by the trend of the turnover rate at those five hospitals in the last three years. Three hospitals of public-private hospitals with an increasing trend of turnover rate each year, while one represents a public-private hospital with a trend of declining turnover rates in the last three years. In this study, the study population was considered to be lacking, so an addition of 1 hospital was decided because of the closest similarity in location and sample characteristics with the other four research sites. The last hospital was selected as an additional research site. The population was nurses with non-permanent status (freelance, honorary, contract, and intern permanent) for all hospitals as many as 214 people. As a control on the assessment of the accuracy of nurses' meta perception, a survey was conducted on customers at each study site. The measuring instrument used was the same as the PEP measurement for the nurse. The purpose of the survey was to know the level of PEP by individuals outside the hospital, which was then compared with the results of PEP measurements by nurses in each hospital. The PEP control was followed by meta-accurate measurements of the nurse's metasepsy outcomes with customers through correlation tests. The correlation test was performed between PEP nurses with the prestige perception of customers. The PEP meter used referred to Mael & Ashforth (1992), of Perceived Organizational Prestige. The sample of this research was a nurse in a hospital that fulfilled the sample criterion. The sample criteria used were nurses at five research sites who served in all nursing units and were non-permanent employees.

3 Results and Discussions

Table 1
Characteristics of Respondents

Characteristics of Respondents	%	M	(SD)
1. Nurses			
Age		27	(2,75)
Gender (female)	92,4		
Level of Education (Moderate)	71,3		
Married (unmarried)	56,7		
2. Customers			
Age		35	(14,57)
Gender (female)	58,7		
Level of Education (Moderate)	54,28		
Married (have married)	58,7		

Note: M= means, SD= Standard Deviations, for the customers (N=234) and nurses (N=171) groups.

The percentage value of good category prestige perception on the nurse is still higher than the customers' perception and the actual society. The results of the nurse's metaperseps show optimism about the hospital's prestige status (higher value than the value held by customers). This is because the percentage of hospital prestige status perceived by nurses is higher than the perception of the customers.

Meta-accuracy

After correlation for each hospital, there was no correlation between the perception of the nurse with the customers. It is following some opinions of authors that what we perceive may be appropriate can also not the following reality. Meta-accuracy results indicate that there is a difference between the prestige perceptions of nurse care hospitals with customers. The level of perceived external prestige is influenced by many factors. According to King et al. in Phillips (2008), metaperseps can be affected by the characteristics of groups, social groups, identity differences as well as differences in characteristic situation factors. Based on T-test results showed no difference between nurse perception and perception of customers. This is because of the number of similarities to the characteristics of nurses and customers (El-Diraby et al., 2019; Hennig-Thurau et al., 2004).

The level of accuracy of perception can be caused by the level of intensity and quality of interaction between nurses with individuals or groups or communities outside the organization. Therefore, the results of perceived external prestige measures against nurses may not be following the perception of individuals or groups or actual communities. This is explained also by Kenny & DePaulo (1993), results of metaperspsi. Nurses and customers were two different individuals. Of course, such perceptions may be appropriate, but may also be inconsistent with the perception of the customers.

Perceptions built by each individual (nurse and customers) are highly dependent on their characteristics. Most non-permanent nurses are new employees in the hospital (1 to 5 years). Information and experience on hospital prestige assessment are still relatively low. Table 2 have explained the results of perceived external prestige meta-perception of nurses and prestige perception of hospitals by customers by meta-accuracy. Each hospital was correlated based on PEP nurses and hospital prestige perceptions by customers. The value of PEP nurses was taken entirely (PEP hospital and PEP medical personnel). Similarly, the perception of hospital prestige by customers was also taken entirely (perception of prestige to hospital and perception of prestige on medical personnel).

Table 2
Meta-Accuracy PEP of nurses toward prestige perception of customers

Hospitals	Meta-accuracy		T-Test (<i>p-value</i>)
	PEP of Nurses		
	Mean	(SD)	
Hospital A	50,42	(6,640)	0,06
Hospital B	46,77	(6,999)	
Hospital C	49,66	(6,347)	
Hospital D	52,81	(7,088)	
Hospital E	53,11	(7,026)	

The results of statistical test obtained value of significance of 0.778 for $\alpha = 0.05$ with $r = 0.175$. This suggested that there was no relationship between PEP nurses with a prestige perception of the hospital by the actual customers. Continued on T-test for total mean PEP nurses and total mean prestige perception of the hospital by customers. The results of statistical tests showed no difference between PEP nurses and hospital prestige perceptions by actual customers, with a $p\text{-value} = 0.06$ ($\alpha = 0.05$). This means that the nurse's valid meta perception of the customer was higher. A survey conducted on customers as control of hospital prestige assessment provided information that customers have a poor perception of the prestige status of the hospital. Customers' perception of the prestige of hospitals and medical personnel was still low (Bawaningtyas et al.,

2021; Suwananta et al., 2021). The same information resulted from the perceived external prestige nurse survey. Nurses also perceived hospital prestige status (based on customers' perception) as low. The percentage value of good prestige perception from nurses was higher than the perception from customers. The results of the nurse's meta perception showed optimism about the prestige status of the hospital (Muchlis et al., 2017). This was because the percentage of hospital prestige status perceived by nurses was higher than the perception from customers.

After connecting the correlation of each hospital, there was no correlation between the perception of the nurse with the customers. It was following some opinions of authors that what we perceive may be right but can also not the following reality (Bjelland et al., 2002; Rahman & Plummer, 2020). There were varying mean values for each item that measures perceived external prestige against the hospital according to the nurse's perception. The lowest mean value was a reward system based on performance by the hospitals. The highest mean value was the perception that the hospital they were in had a higher status compared to other hospitals. The level of perceived external prestige was influenced by many factors. According to King et al. in Phillips (2008), metaperseps can be affected by the characteristics of groups, social groups, identity differences as well as differences in the characteristic situation. It also included the intensity and quality of interaction between nurses with individuals or groups or communities outside the organization. Meta-accuracy results indicate that there was the same between the prestige perceptions of the nurse with customers, but there was no correlation. This was also explained by Kenny & DePaulo (1993), about the results of metaperception. Nurses and customers were two different individuals. Of course, such perceptions may be appropriate, but may also be inconsistent with the perception of the customers. Perceptions built by each individual (nurse and customers) are highly dependent on their characteristics. Most non-permanent nurses were new employees in the hospital (1 to 5 years). Information and experience on hospital prestige assessment were still relatively lower.

The nurse sampled in the study was only one of several other health care professionals in the hospital. Whereas the number and types of professions that exist in the hospital are very varied. The degree of accuracy in meta-accuracy needs to be done in other professions. In addition, customers who serve as evaluators metapersepsi nurses should be more specific. Involves information on the number of visits to the hospital, duration of treatment or domicile of residence and so forth (Okhabska et al., 2022). The focus of attention is, if that the value perceived by the nurse is much higher than the perceived value of the customers. This means that a gap should be an evaluation for the hospital to get to know its customers. Conversely, it is a success for the hospital if the perceived value of the customer were higher than the value perceived by the hospital. This explains that the hospital has a good performance but behind it is the need to improve information accurately by the assessment of customers against the hospital. One of the efforts to grow customer trust is to improve service quality and the intention to stay (ITS) must be maintained (Muchlis et al., 2018; Nasrudin, 2020; Muchlis et al., 2017).

4 Conclusion

In general, there is a similar perception between nurses and customers, although the nurse's perceived value is higher than customers. This means that nurses have high optimism than the actual customer's perceptions. The hospital should make a stronger effort in knowing and understanding its customers. Further studies must be undertaken to ensure the accuracy of hospital staff metaphysics. This is important as the basis of the hospital in understanding and knowing its customers. The study found that there is generally a similarity between the nurse's perception and the actual customer's perception of hospital prestige. Nevertheless, the nurse's perception of the dominant outcome is higher than the perception of the customers. This is not good for hospitals, because nurses higher rate the hospital compared to the perceived customers. Therefore, the hospital should always be active and continuous in seeking information needs and desires of the customer to provide the best service. It is expected that the hospitals conduct regular and structured surveys to explore information about the wishes and expectations of the community, especially hospital customers.

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