

Isomorphic Coersive As Part Of Institutional Theory And Affect On Hospital Service Quality

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Abstract:- Institutional theory developed by Dimaggio and Powell becomes necessary and relevant to the present especially in organizations engaged in health or government-owned hospitals. Among the three main components in institutional theory, one of which is isomorphic coersive which is defined as the ability of organizations adopting policies and systems of other organizations that are considered positive and bring benefits to the organization that would ensure the sustainability of the organization to be more optimal. Isomorphic Coersive as a variable in this study emphasizes three main things that conflicts of interest in management, organizational support and the image / perception of large or small an organization. Objectively, this study empirically analyze and investigate the links between components isomorphic coersive developed by DiMaggio and Powell on the quality of the services developed by Parasuraman et al which consists of five major components such as: assurance, reliability, responsiveness, tangible and empathy. This study analyzed 30 responden by doctors and nurses at the government hospital in Makassar were then tested through analysis of test equipment analysis partial least square (PLS). The study states that all components of isomorphic coersive positive and significant impact on service quality.

Keywords:- Institutional Theory, SERVQUAL, Isomorphic Coersive,

I. INTRODUCTION

The core idea of institutional theory is the establishment of an organization by the pressure of the institutional environment that leads to institutionalization. (DiMaggio, 1988) in his research stated that the idea or ideas in institutional environments that make up the language and symbols to explain the existence of the organization and accepted (taken for granted) as norms in the concept of the organization. The existence of the organization occurred in broad organizational scope in which each organization affect each other organizational forms through the process of adoption or institutionalization. Di Maggio stated it a process of imitation or adoption mimetic an element of organization to another organization. According to Di Maggio and Powell, an organization formed by the institutional environment that exists around them. The ideas were influential later in institutional and deemed valid and accepted as a way of thinking in the style of the organization. Legitimation process is often done by the organization through pressure states and statements. Institutional theory known for his assertion on the organization only as a symbol and ritual. Another perspective proposed by Meyer and Scott in his research in 1986 which claimed that the organization is under pressure from various

social forces in order to complement and harmonize a structure, an organization must make compromises and maintain operational structure separately, because the organizational structure is not determined by the environmental situation tasks, but it is more affected by the general public situations where an organization is determined by the shape of the legitimacy, effectiveness and rationality in society Institutional theory known for his assertion on the organization only as a symbol and ritual. Another perspective proposed by Meyer and Scott in his research in 1986 which claimed that the organization is under pressure from various social forces in order to complement and harmonize a structure, an organization must make compromises and maintain operational structure separately, because the organizational structure is not determined by the environmental situation tasks, but it is more affected by the general public situations where an organization is determined by the shape of the legitimacy, effectiveness and rationality in society Institutional theory known for his assertion on the organization only as a symbol and ritual. Another perspective proposed by Meyer and Scott in his research in 1986 which claimed that the organization is under pressure from various social forces in order to complement and harmonize a structure, an organization must make compromises and maintain operational structure separately, because the organizational structure is not determined by the environmental situation tasks, but it is more affected by the general public situations where an organization is determined by the shape of the legitimacy, effectiveness and rationality in society (Meyer, 1986),

Specificity of institutional theory lies in the paradigm of norms and legitimacy, ways of thinking and all the socio-cultural phenomena that are consistent with the organization's technical instruments. DiMaggio and Powell see that the organization is formed due to forces outside the organization formed by a process of mimicry or imitation and compliance. Other contributors to this theory is Meyer and Scott (1986), states that organizations are under pressure to create social forms are only formed by the approach of conformity and contain separate structures at the operational level. DiMaggio and Powell, saw three formations isomorphis institutional nature, such us: coersive isomorphis indicate the organization take some form or adoption to other organizations because of the pressures of other countries and organizations or the wider community. Isomorphis mimesis is imitation of an organization by another organization. Normative isomorphis, for their professional demands. While others on the concept of institutional theory according to Meyer and Scott (1986) is a loose-coupling that institutional theory takes its place as an open system. Coersive isomorphism (when the organization was forced to adopt the structure or rules). Mimetic isomorphism (when organizations copy or imitate other

organizations, usually because of uncertainty). Institutional theory gives a deep concern and earnest in the social structure. It looks at how the structure theory, such a scheme, the rules and norms into a form that is authoritative for the occurrence of social behavior (Dobbin, Sutton, Meyer, & Scott, 1993) So in this case the institution is not only include rules, values, certain habits but also to be seen that there is action going on and how the action is repeated. A process resulted in an organizational change as a result of pressure from regulations issued by the government is one of the implementation of institutional theory. Institutions dealing with health care have occurred previously Askes into BPJS. The transformation into a legal entity public is very fundamental, because it involves changes in the culture of shareholder profit pro nonprofit by broader public interest to carry out the mission set out in the constitution and legislation.

One form of reform in Indonesian health programs is a national health insurance program (JKN) which is part of the national social security system is done through a mechanism of social health insurance which is mandatory. In the development of the implementation of the national health insurance program (JKN) appeared a few problems complained of by the patient associated with the services provided include a decline in the quality of service. Increased public awareness of the health result in lawsuits against health care improvement is also increasingly complex. While the issues and some outstanding cases resulted the society perception that there are differences in service to BPJS participants and Non BPJS participants. Quality of service is a powerful weapon in organizational excellence primarily a service company which includes the hospital. Profit Impact of research at Market Strategy shows the correlation between the quality of services received by users (Tucker & Adams, 2001), In other words, one of the factors that boost the user desires for goods and services is to improve the quality (Purcărea, Gheorghie, & Petrescu, 2013), The advantages of a service depends on the uniqueness and quality shown by these services, thus the specific services must meet the needs and desires of users, because the services are perceived and enjoyed directly by sikonsumen will immediately receive an assessment of whether appropriate or not in accordance with expectations and reality received.

Parasuraman, Valarie, Leonard (1985) said that if the service received as expected, then the quality of service perceived good and satisfactory, if the services received exceed the expectations of consumers, the quality of service perceived ideal, otherwise if the services received lower than expected , then the perceived poor service quality (Chui, Ahmad, Bassim, & Zaimi, 2016), (Ramlawati & Aditya, 2018). The concept of quality of service (service quality) is

oriented to the customer (consumer oriented) is always working to satisfy the desires of customers based on their expectations (Putra, Said, and Hasan, 2017), (Aditya, 2012), (Putra 2018). Kotler (2012) stated that if the manufacturing company known for zero defects (flawless) then the service providers, including clinics is zero customer defection (Kotler, 2012), To that for service providers need to recognize the customer's expectations of quality of service, and the use of effort into service in line with expectations and even exceed customer expectations. The development of the conceptualization of service quality and consumer behavior has involved a variety of factors eligible analyzed, such as the terms of factors of an organization's image of desire to have a good image to the target public begins proper understanding of the image as their stimulus efforts need to be undertaken the decisions (Ardila, 2013), The accuracy of image understanding an organization can assign an attempt to realize it on the object and encourages the implementation of the priorities. According to Kotler (2012) The image is a set of beliefs, ideas, and one has the impression of an object.

Ester according to Saranga, 2000 Quality in health services consist of consumer quality (relating to whether service is provided in accordance with what is desired patient), professional quality and quality management. Thus concluded that the quality must meet the expectations of consumers and satisfy their needs. Objectively, this study is to measure an indicator of institutional theory to the satisfaction of hospital patients that Coersif Isomorphic variables introduced by (Mukesh Chawla and Ramesh Govindaraj, 1996) which states that the concept of organizational change is due to the organization taking some form or adoption to other organizations due to pressure other countries and organizations involves a series of conflicts of interest management factor dimensions of organizational support factor and the size and type of hospital. While service quality refers to the concept introduced by Parasuraman et al (1985) which states about the level of service excellence teridir of tangible, assets, assurance, reliability and responsiveness.

II. METHODOLOGY

This study is a survey research in the form of explanatory (explanatory research) Analysis of the data in this study using the Partial Least Square (PLS) data used in this study are primary data that data collection is based on a questionnaire with a scale of measurement using a scale of 1-5 liqueur (Strongly disagree - Strongly agree). The location of this research is in the Hospital Pelamonia Makassar. The respondents came from doctors and nurses who numbered 30 people. Therefore, based on the description on the background of the conceptual framework of this study are as follows:

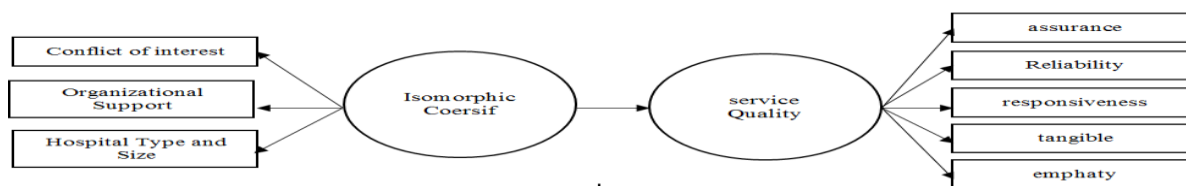


Fig 1:- Research Framework

variables	Dimension	Indicator
<i>Isomorphic Coersif</i>	<ul style="list-style-type: none"> Conflict of interest 	<ul style="list-style-type: none"> Optimizing the management relationship The necessity of health care quality
	<ul style="list-style-type: none"> Organizational support 	<ul style="list-style-type: none"> Support hospital director Support medical board support unit head
	<ul style="list-style-type: none"> Hospital type and size 	<ul style="list-style-type: none"> affect the quality Make different demands Applying different norms
<i>service Quality</i>	<ul style="list-style-type: none"> Assurance 	<ul style="list-style-type: none"> The ability of officers in the field Suitability call sequence patients Comfort during treatment Patient safety items The security of the patient's family stuff Knowledge physicians in patient information Knowledge of medical doctors in action knowledge of nurses
	<ul style="list-style-type: none"> Reliability 	<ul style="list-style-type: none"> Speed officer services The accuracy of service Timeliness of service skills clerk knowledge officer Timeliness doctor airport Skills doctor airport Suitability knowledge of doctors
	<ul style="list-style-type: none"> responsiveness 	<ul style="list-style-type: none"> Responsiveness medical personnel Responsiveness to the patient's problem friendliness doctor Friendliness of health workers courtesy doctor courtesy clerk Offer assistance in the airport Offer assistance in providing information Responding to complaints of patients Timely delivery of services
	<ul style="list-style-type: none"> tangible 	<ul style="list-style-type: none"> Conditions park Building adequate physical The waiting room pasein Amenities Neatness Cleanliness
	<ul style="list-style-type: none"> emphaty 	<ul style="list-style-type: none"> Ease of administration Friendliness serve patients Patience in the face pasein Communications are easy to understand Offers solutions for patients Clarity of information for patients

Table 1:- The operational definition of variables

III. RESULT AND DISCUSSION

Based on the results of the feasibility analysis of the value model Composite Reliability (CR) for Isomorphic Coersive independepn variables shows that the dimensions Conflic of interest (0750), Hospital Size and Type (0793), Organization support (0909). Variable service quality with the dimensions of Assurance (0660), Empathy (0780), Relability (0694), Responsiveness (0889) and tangible dimension (0851). SRMR = 0.167, d_ULS = 1.004, d_G = 0569, chi-square (= 75 303 and NFI = 0401. Overall average value

perception and the answers of respondents to the questionnaire is 4 (agree). $\chi(\mu)$

Value Average Variance Extracted (AVE) Coersive Isomorphic variable (X) = 0744 while the variable service quality (Y) = 0721. Cronbach alpha value (α) variable Isomorphic Coersive (X) = 0742, and variable service quality (Y) = 0766.

coefficient(β) the effect of variable dimensions isomorphic coersive (X) such as dimensions: Conflict of

interest (3638), Hospital Size and Type (1554), Organizational support (5.190). Variable service quality by measuring dimensions such as: Assurance (1330), Empathy (4135), reliability (2509), Responsiveness (4622), Tangible (4814). Coersive isomorphic influence on service quality is

equal to 0560 or 56% and significant at the level of $0:00 < 0:01$ remaining balance of 46% service quality is affected in addition to the variable coersif isomorphic. The results of the analysis of data collected on PLS is as below:

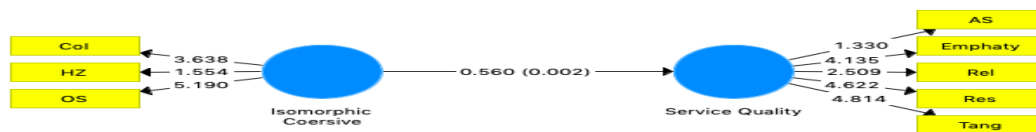


Figure 2. Analysis bootstrapping T-test and P-Value Coefisient

IV. DISCUSSION

Isomorphic Coersive as part of the institutional theory that emphasizes the aspects of doing becoming increasingly common, regulations and policies of other organizations for the betterment of an institution or the Institute, especially those in the health aspect in this regard is the hospital said that the three components of the isomorphic coersive real impact and significant improving the quality of services in health aspects, especially in the hospital. Isomorphic coersive also may be one in terms of strategy and innovation to sustain the organization through improved quality of service. Support the organization of the system of hospital care are the main build coersive isomorphic components. It can be concluded that one of them without the support of the organization, institutional theory will have a limp so the impact on the poor quality of service. In addition to the management of conflicts of interest on health care systems also have a significant impact. All forms of organizational changes and policy direction will have an effect on the quality of service in the future. The interesting thing about this discussion is the size of a hospital does not provide very significant effect on the quality of services provided. By why the continuity between the organization and also support the management of conflicts of interest synergize positively strived to be able together choose and make decisions that are certainly pros against the existence of the organization.

V. CONCLUSION

Support the organization and management of conflicts of interest were positively be decisive in making the strategy, especially for the health sector or government or private hospitals. Conflicts of interest management pro on health care systems and is fully supported by the organization then makes the quality of service increasingly becomes optimal.

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