

Therapeutic Public Service Values at the Referral Hospital of East Nusa Tenggara Province

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Abstract

The aim of the research is to analyze the influence of: Commitment, Integrity, Transparency, Therapeutic Communication on Competence and Quality of Public Services; Therapeutic-Based Public Service Value Mapping Model in Referral Hospitals of East Nusa Tenggara Province. Type of quantitative research. The instrument uses a questionnaire given to 240 respondents, namely patients/patient families. Statistical test with Structural Equation Model Partial Least Square (SEM PLS). The research results show the influence of: Commitment to the Quality of Public Services with t statistic of 3.780 (p=0.000) and indirectly through Competency with t statistic of 1.277 (p=0.202); Integrity towards the Quality of Public Services with t statistic of 0.817 (p=0.414) and indirectly through Competency with t statistic of 2.571 (p=0.010); Transparency on the Quality of Public Services with t statistic of 0.892 (p=0.372) and indirectly through Competency with t statistic of 2.086 (p=0.037); Therapeutic Communication on the Quality of Public Services with t statistic of 6.661 (p=0.000) and indirectly through Competency with t statistic of 2.327 (p=0.020); Competence in the Quality of Public Services with t statistic of 2.664 (p=0.008) and the Promotion of the Therapeutic Public Service Values Model "Korke Bale" in Public Services at Referral Hospitals in East Nusa Tenggara Province.

Keywords: *Therapeutic Public Service Values; Quality of Public Service; Provincial Referral Hospital.*

Introduction

Public service activities carried out by the government for the community cover many things that relate to all community needs and must be accessible to all levels of society (Mulyadi, et al, 2018). People who should be able to access and obtain excellent public services are not being served well because of maladministrative behavior by officials (Ombudsman, 2017).

Data on Alleged Maladministration of Public Services in Indonesia states that public services in Indonesia are currently still characterized by maladministrative behavior and corrupt behavior, including (1) Protracted delays amounting to 31.2% of all reports (2818 reports), (2) Procedural irregularities amounting to 17.6% (1586 reports), (3) Not providing services 15.2% (1375 reports), Incompetent 10.8% (972 reports), Abuse of authority 10.6% (960 reports), Request compensation, money/services by 6.5% (583 reports), Inappropriate by 5.3% (475 reports), Discrimination by 1.5% (135 reports),

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Conflict of interest by 0.7% (66 reports) and Taking sides was 0.7% (60 reports) (Ombudsman, 2017).

Public value problems can be found in public service facilities such as hospitals. Meeting to discuss the 2018 Regional Revenue and Expenditure Budget Plan on Thursday, November 2, 2017 between William Zacharias Johannes Kupang Hospital with Commission V of the East Nusa Tenggara Regional People's Representative Assembly in the Commission V Meeting Room revealed that there was a council member who was sick and came to the William Zacharias Johannes Kupang Hospital Emergency Room at 02.00 AM, apparently he was only examined by a specialist at 04.00 PM. Another experience was also experienced by a constituent of one of the council members who suffered an injury and was taken to the emergency room at William Zacharias Johannes Kupang Regional Hospital. Before the action is carried out, the patient's family must pay three million rupiah. Pos Kupang on Thursday, 30 November 2017 reported that KK, as a member of the East Nusa Tenggara Regional People's Representative Assembly, did not want to carry out a complete examination (general check up) at William Zacharias Johannes Kupang hospital for fear of malpractice. The problems above are only a small part of the many problems that occur in health care facilities. Hospitals are institutions/organizations that are very vital in providing services to the public (wide community). Therefore, the service provided by the hospital to its patients must be maintained in good quality so that it can satisfy patients and all relevant stakeholders.

Public services need to pay attention to the framework of democratic values such as accountability, honesty, inclusion, integrity, social justice and transparency. These democratic values need to be considered and become the main priority in the services provided by public organizations (Molina & McKeown, 2012).

Problem Statement

Good or bad value of hospital public services is determined by the hospital actors, namely the administrators, directors/management and hospital owners. The existence of a hospital is an institution/organization that is very vital in providing services to the public (wide community). Therefore, the quality of the services provided by the hospital to its patients must be maintained in order to satisfy patients and all relevant stakeholders. Hospital owners, hospital management/directors and hospital service providers are required to continue to maintain and even improve the quality of hospital services. Facts show that the quality of one of the East Nusa Tenggara Province Referral Hospitals has not met expectations. This can be seen from empirical phenomena that have not been fulfilled. It is suspected that this is because therapeutic-based Public Service Values have not optimally inspired every hospital owner/director/implementer.

Objective of the Study

This research aims to analyze the influence of: Commitment, Integrity, Transparency, Therapeutic Communication on Competence and Quality of Public Services; Mapping the Therapeutic Public Service Values Model in Referral Hospitals in East Nusa Tenggara Province.

Research Questions

1. How big is the influence of the commitment of hospital actors (executors, directors/management, owners) on the expertise/competence of public services at referral hospitals in East Nusa Tenggara Province?
2. How big is the influence of the integrity of hospital actors (executors, directors/management, owners) on the expertise/competence of public services at referral hospitals in East Nusa Tenggara Province?

3. How big is the influence of transparency of hospital actors (executors, directors/management, owners) on the expertise/competence of public services in referral hospitals in East Nusa Tenggara Province?
4. How big is the influence of therapeutic communication between hospital actors (executors, directors/management, owners) on the expertise/competence of public services in referral hospitals in East Nusa Tenggara Province?
5. How big is the influence of the commitment of hospital actors (executors, directors/management, owners) on the quality of public services at referral hospitals in East Nusa Tenggara Province?
6. How big is the influence of the integrity of hospital actors (executors, directors/management, owners) on the quality of public services at referral hospitals in East Nusa Tenggara Province?
7. How big is the influence of transparency among hospital actors (executors, directors/management, owners) on the quality of public services at referral hospitals in East Nusa Tenggara Province?
8. How big is the influence of therapeutic communication between hospital actors (executors, directors/management, owners) on the quality of public services at referral hospitals in East Nusa Tenggara Province?
9. How big is the influence of the expertise/competence of hospital actors (executors, directors/management, owners) on the quality of public services at referral hospitals in East Nusa Tenggara Province?
10. What is the Therapeutic-Based Public Service Values Model in Public Services at Referral Hospitals in East Nusa Tenggara Province?

Literature Review and Previous Study

The public value approach in the strategic triangle for public sector organizations must fulfill three elements according to Moore (2017), namely:

1. **Legitimacy and Support (Legitimacy and Support):** To be politically legitimate and sustainable is to attract sufficient support and concurrent resources from the authorizing environment, that is to say from political and other stakeholders taken as a whole in recognition of their differential power.
2. **Operational Capabilities (Operational Capabilities):** It can be interpreted as operationally and administratively feasible, that is, it can be done with the organizational and external capabilities needed to produce it. In this case, namely attracting and managing operational resources to meet the desired results, namely "public value". The role of public managers is not only as passive employees who help the bureaucracy within the organization but also as active actors managing assets in the smartest combination to provide quality public services to citizens.
3. **Substantively Valuable (Substantial Value):** Aimed at creating something of substantial value (i.e. public value). The role of public administration in society is not only as a provider of services and social security but also as a potential creator of public value and a pro-active shaper in the general area (political, economic, social, cultural).

Kernaghan (2003) argues that the areas of public service values can be grouped into four categories including ethical, democratic, professional and human (human) values. Molina & McKeown (2012) state that acting based on these public service values (ethical, democratic, professional and human values), public administrators can maintain legitimacy by building their own personal credibility, demonstrating professional competence, demonstrating respect for the principles of democratic principles and

maintaining positive relationships with citizens and colleagues. The use of these values by administrators and their positive reinforcement will help administrators maintain legitimacy. There are 30 ranges of public service values, namely Accountability, Virtue, Togetherness, Courage, Dedication, Effectiveness, Efficiency, Expertise, Honesty, Humanity, Impartiality, Inclusivity, Non-corruption, Innovativeness, Integrity, Legitimacy, Compliance, Organizational Interest, Participation, Pluralism, Profitability, Public interest, Responsiveness, Self-interest, Ease of Service, Social justice, Sustainability, Transparency, Reliability and Representativeness. Parasuraman, Zeithmal, Berry (1985) and Nursalam, (2015) states that service quality consists of responsiveness, assurance, physical evidence, empathy and reliability. In addition, the expected service is greatly influenced by various perceptions of word of mouth communication, personal needs, past experiences and external communications.

Method

This research is quantitative research with a positivism methodology: non-experimental. Research variables include commitment, integrity, transparency, therapeutic communication, expertise/competence and quality of public services. The total sample was 240 respondents. Sample selection using Stratified Random Sampling technique. Data collection was carried out using a questionnaire. Structural Equation Model (SEM) analysis using Smart Partial Least Square (SmartPLS) Software.

Result and Discussion

Hypothesis 1: The Effect of Commitment on the Quality of Public Services

1. Direct Effect

Table 1: Influence of Commitment of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services in Referral Hospitals in East Nusa Tenggara Province

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Commitment -> Quality of Public Services	0,262	0,259	0,069	3,780	0,000

The results of table 1 above show that Commitment has a positive and significant direct effect on the Quality of Public Services with a t statistic of 3.780 ($p=0.000$). This means that the better the commitment of the hospital actors (executors, directors/management, owners) the better the quality of public services at the East Nusa Tenggara Province Referral Hospital.

2. Indirect Effect

Table 2: Influence of Commitment of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services Through Expertise/Competency at the East Nusa Tenggara Province Referral Hospital

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Commitment -> Competence -> Quality	0,008	0,008	0,007	1,277	0,202

 of Public Services

The results of table 2 above show that Commitment has a positive and significant effect on the Quality of Public Services through Competencies with t statistic of 1.277 ($p=0.202$). This means that the better the commitment of hospital actors (executors, directors/management, owners), the better the quality of public services will be if the competence is also good at the East Nusa Tenggara Province Referral Hospital. The results of this research answer the Research Hypothesis (H1) that there is an influence of the commitment of hospital actors (executors, directors/management, owners) on the quality of public services at the East Nusa Tenggara Province Referral Hospital.

The results of this research are in line with research by Prasetiyawati & Dirwan (2023) which states that there is an influence of commitment on service quality of 0.789, an influence of organizational culture on service quality of 0.121, an influence of commitment on patient satisfaction of 0.328, the influence of organizational culture on patient satisfaction of 0.281, and The influence of service quality on patient satisfaction is 0.389. Overall, this influence (path coefficient) is positive and significant.

According to Busro (2018), Prasetiyawati & Dirwan (2023) stated that commitment is the psychological and physical attachment of employees to always want to be involved, loyal and responsible in carrying out tasks in an organization, reflected in the dimensions: affective commitment, sustainable commitment and normative commitment. These dimensions are described by indicators of binding oneself to the values and norms of the organization as well as liking the organization's goals and being loyal to the organization.

According to researchers, commitment as a public service value in this research, if not implemented well by hospital actors (executors, directors/management, owners) will have an impact on the quality of public services in hospitals. Commitment must be the door for anyone who works in a hospital (owner, leader and service implementer). Quality of service will only become mere rhetoric if all components in the hospital (owners, leaders and service implementers) do not make the commitment to quality service a door in their thoughts/words/deeds in health services. Not a few hospitals are in decline or even destroyed due to weak commitment from all components in the hospital. They (owners, leaders and service implementers) work solely to carry out their duties as a routine. For government hospitals which tend to be bureaucratic, everything is determined by higher officials (governors/regents/mayors) so that they will face even greater obstacles because everyone who works in the hospital is trapped in the routine problems they face and results in helplessness in their work. Develop their knowledge and ideas. Commitment means sacrificing energy, thoughts and time for success in public service.

Hypothesis 2: The Effect of Integrity on the Quality of Public Services

1. Direct Effect

Table 3: Influence of Integrity of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services in Referral Hospitals in East Nusa Tenggara Province

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Integrity -> Quality of Public Services	-0,067	-0,068	0,082	0,817	0,414

The results of table 3 above show that Integrity has a positive and significant effect on the Quality of Public Services with t statistic of 0.817 ($p=0.414$). This means that the better the integrity of hospital actors (executors, directors/management, owners), the better the quality of public services at East Nusa Tenggara Province Referral Hospitals.

2. Indirect Effect

Table 4: Influence of the Integrity of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services Through Competency at the East Nusa Tenggara Province Referral Hospital

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Integrity -> Competence -> Quality of Public Services	0,103	0,103	0,040	2,571	0,010

The results of table 4 above show that Integrity has a positive and significant effect on the Quality of Public Services through Skills/Competencies with t statistic of 2.571 ($p=0.010$). This means that the better the integrity of hospital actors (executors, directors/management, owners), the better the quality of public services will be if the competence is also good at the East Nusa Tenggara Province Referral Hospital. The results of this research answer the Research Hypothesis (H2) that there is an influence of the integrity of hospital actors (executors, directors/management, owners) on the quality of public services at the East Nusa Tenggara Province Referral Hospital.

The results of this research are in line with the results of research by Edyanto (2017) which states that the integrity of front-line bureaucrats (street level bureaucrats) in outpatient services in the free health program which is seen based on Standard Operating Procedures and linked to service principles shows that it has been maximized. This can be seen from the implementation of good service principles, except the principle of honesty. Regarding the integrity of street level bureaucrats in inpatient services, the free health program, which is seen based on Standard Operating Procedures and linked to service principles, shows that service officers provide convenience in matters of free health service procedures. Gea's (2016) research results found that leader integrity is related to follower role performance and that this effect is fully mediated through followers' affective commitment to the organization.

Molina & McKeown (2012) argue that the field of public service values can be grouped into four categories, namely ethical, democratic, professional and human values. The need to maintain personal legitimacy and credibility as a public administrator in the eyes of stakeholders and the role of ethical values such as honesty, integrity and accountability in that regard. Edyanto (2017) states that integrity is a manifestation of self-identity that is consistently dedicated to applying its principles and acting with positive values that are known or adhered to. Integrity is the core of the manifestation of attitudes and behavior. Attitudes and behavior are a picture of a person's personality that is born through physical movements and mental responses to a situation or an object. In full, attitude is a person's tendency, view, opinion or stance to assess an object or problem and act in accordance with that assessment by being aware of positive and negative feelings in dealing with an object. Integrity in public services is very necessary to achieve service principles. Especially for front line bureaucrats who deal directly with the public (street level bureaucrats) they must have integrity in public services so that they are able to carry out their duties and responsibilities in accordance with applicable regulations.

According to researchers, integrity as a public service value in this research, if it is not implemented well by hospital actors (executors, directors/management, owners) will have an impact on the quality of public services in hospitals. Integrity is essential to acting in accordance with relevant moral values and norms, maintaining personal credibility as a public administrator and maintaining legitimacy in the eyes of stakeholders.

Hypothesis 3: The Effect of Transparency on the Quality of Public Services

1. Direct Effect

Table 5: Influence of Transparency of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services in Referral Hospitals in East Nusa Tenggara Province

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Transparency -> Quality of Public Services	0,062	0,066	0,069	0,892	0,372

The results of table 5 above show that transparency has a positive and significant effect on the quality of public services with t statistic of 0.892 ($p=0.372$). This means that the better the transparency of hospital actors (executors, directors/management, owners), the better the quality of public services at East Nusa Tenggara Province Referral Hospitals.

2. Indirect Effect

Table 6: The Influence of Transparency of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services Through Expertise/Competency in Referral Hospitals in East Nusa Tenggara Province

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Transparency -> Competence -> Quality of Public Services	0,024	0,023	0,011	2,086	0,037

The results of table 6 above show that transparency has a positive and significant effect on the quality of public services through expertise/competence with t statistic of 2.086 ($p=0.037$). This means that the better the transparency of hospital actors (executors, directors/management, owners), the better the quality of public services will be if the competence is also good at the East Nusa Tenggara Province Referral Hospital. The results of this research answer the Research Hypothesis (H3) that there is an influence of transparency among hospital actors (executors, directors/management, owners) on the quality of public services in referral hospitals in NTT Province.

The results of this research are in line with the research results of Durand, et al (2015) which stated that radiology as a field of science is still in the "middle" in terms of transparency quality. Therefore, there is a danger that radiology value transparency in its current form will stimulate price-based competition, erode service providers' profit margins and undermine quality. Actions that radiologists can take to ensure there is a more optimal balance between quality transparency and price transparency that will enable value-based competition among radiologists rather than commoditization. The research results of Durand, et al (2015) are different from the research results of Chen & Miraldo (2022) which stated that price and quality transparency in hospitals has not been as effective as expected.

Huang and Hirth (2016) stated that in less concentrated markets, hospital pricing and quality transparency tools can better influence marginal price costs and sort consumers based on their willingness to pay simultaneously. On the other hand, in highly concentrated markets, hospital price and quality transparency leads to increased price differentiation across higher and lower performing hospitals and this price differentiation

may reflect willingness to pay, not the marginal cost of health care production. In this case, the surplus is transferred from consumers to providers. Wu, et al (2014), Brown (2019), Chen & Miraldo (2022) stated that in the healthcare industry, service providers respond to price and quality transparency tools not only for competition but also for reputation.

According to researchers, transparency as a public service value in this research, if not implemented well by hospital actors (executors, directors/management, owners) will have an impact on the quality of public services in hospitals. Openness here is related to the density of a hospital, namely capital/financial intensive, labor intensive, technology intensive and problem intensive. Act in a manner that is open and visible to citizens, customers and other relevant stakeholders.

Hypothesis 4: The Effect of Therapeutic Communication on the Quality of Public Services

1. Direct Effect

Table 7: Influence of Therapeutic Communication of Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services in Referral Hospitals in East Nusa Tenggara Province

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Therapeutic Communication -> Quality of Public Services	0,436	0,433	0,065	6,661	0,000

The results of table 7 above show that Therapeutic Communication has a positive and significant effect on the Quality of Public Services with t statistic of 6.661 ($p=0.000$). This means that the better the therapeutic communication between hospital actors (executors, directors/management, owners), the better the quality of public services at the East Nusa Tenggara Province Referral Hospital.

2. Indirect Effect

Table 8: The Influence of Therapeutic Communication by Hospital Actors (Executors, Directors/Management, Owners) on the Quality of Public Services Through Skills/Competencies in Referral Hospitals in East Nusa Tenggara Province

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Therapeutic Communication -> Competence -> Quality of Public Services	0,047	0,048	0,020	2,327	0,020

The results of table 8 above show that Therapeutic Communication has a positive and significant effect on the Quality of Public Services through Skills/Competencies with t statistic of 2.327 ($p=0.020$). This means that the better the therapeutic communication of hospital actors (executors, directors/management, owners), the better the quality of public services will be if the expertise/competence is also good at the East Nusa Tenggara Province Referral Hospital. The results of this study answer the Research Hypothesis (H4) that there is an influence of therapeutic communication between hospital actors

(executors, directors/management, owners) on the quality of public services at East Nusa Tenggara Province Referral Hospitals.

The results of this study are similar to Nisa, Wulandari, Wahyanto (2022) who stated that 48.6% of nurses had carried out good therapeutic communication. Priyantini, Ayatulloh, Faradisa (2023) stated that the majority of nurses' therapeutic communication was good, namely 21 respondents (63.6%) while for patient satisfaction, 17 respondents (51.4%) stated they were satisfied. From the results of the Spearman Rho test, it was found that there was a relationship between therapeutic communication carried out by nurses and patient satisfaction while in hospital with a value of $p = 0.011$ ($p < 0.05$) and a coefficient value of 0.438.

Fry & Moore (2019), Mansaray (2019) state that patient satisfaction is an indicator of the quality of a hospital which is obtained from the services provided by health workers. Patient satisfaction is expected to always provide high value and make the hospital continue to exist in patient service. Van Roy & Zaman (2018); Van der Kolk, Van Veen-Dirks, Ter Bogt (2019) stated that communication carried out by health workers in hospitals is an indicator of patient satisfaction. Patients who feel that the hospital provides satisfaction according to their criteria will tend to return to the hospital for treatment. Trougakos, Chawla, McCarthy (2020) stated that therapeutic communication carried out by nurses in hospitals has always been synonymous with speaking softly, politely and with a smile, but the meaning of therapeutic communication is not only that, nurses use therapeutic communication as therapy to support the patient's recovery. Mahyana, et al (2020) state that therapeutic communication is a communication technique used by health workers, both verbal and non-verbal, which concentrates on the patient's needs and attempts to restore a person's health. Priyantini, Ayatulloh, Faradisa (2023) stated that good therapeutic communication will help speed up patient recovery and assist patients in making decisions in nursing procedures. The better the communication implemented, the more satisfied the patient will be in receiving it and in accordance with their expectations.

According to researchers, if therapeutic communication is a public service value in this research, if it is not implemented well by hospital actors (executors, directors/management, owners) it will have an impact on the quality of public services in hospitals. Open and therapeutic verbal and non-verbal communication between all components in the hospital, namely owners, leaders and service implementers. Make communication a window in overcoming all obstacles in health services.

Hypothesis 5: The Effect of Competence on the Quality of Public Services

Table 9: The Influence of Hospital Actors' Competencies (Executors, Directors/Management, Owners) on the Quality of Public Services at the East Nusa Tenggara Province Referral Hospital

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Competence -> Quality of Public Services	0,189	0,188	0,071	2,664	0,008

The results of table 9 above show that Competencies have a positive and significant effect on the Quality of Public Services with t statistic of 2.664 ($p=0.008$). This means that the better the competence of hospital actors (executors, directors/management, owners), the better the quality of public services at East Nusa Tenggara Province Referral Hospitals. The results of this research answer the Research Hypothesis (H5) that there is an influence of the competence of hospital actors (executors, directors/management, owners) on the quality of public services at East Nusa Tenggara Province Referral Hospitals.

The results of this research are in line with the research results of Jabri, Kvist & Turunen (2022) which stated that 1,078 health professionals (628 nurses and 450 doctors) represented 70% of the overall respondent level. Healthcare professionals understand very well their overall core competencies, safety is the highest and evidence-based research practice is the lowest. Multiple linear regression analysis revealed that ethnicity, gender and years of work experience were the characteristics that explained the overall core competencies, with senior expatriate professionals reporting higher levels of competency compared to their counterparts. Vaseghi, Yarmohammadian, Raeisi (2022) stated that competency has been explored in various fields of health services, especially in the clinical field. The competencies introduced were abstracted and categorized into six domains namely “patient-centered care”, “interprofessional communication”, “participative leadership”, “conflict resolution”, “transparency of tasks and responsibilities” and “teamwork”. The competency “transparency of tasks and responsibilities” is mentioned in all studies and is required for any collaboration.

The technical and functional competencies of nurses and physicians continue to evolve in line with evidence-based practice (EBP), technological developments and rising expectations, making it a major requirement to measure the level of core competencies that are fundamental to ensuring an expanded focus on value-based, efficiency-based and transformable healthcare systems (Flinkman et al., 2017). Professional core competencies have been proposed as one of the factors influencing patient safety and job satisfaction. These core competencies define a group of knowledge, skills and attitudes attributes that enable health professionals (HCPs) to perform tasks according to acceptable standards of care (Albarqouni et al., 2018). Health Professions core competencies include (1) quality improvement, (2) professionalism, (3) communication, (4) teamwork and collaboration, (5) patient-centered care, (6) research and EBP, (7) leadership and management, (8) personal and professional development, (9) ethical and legal practices, (10) safety, (11) health technology information.

Core competencies are defined as the skills, values, attitudes and beliefs that an organization stands for and that all Health Professionals must uphold and demonstrate every day (Albarqouni et al., 2018). Developing the core competencies of Health Professionals remains an important impetus to strengthen human resource capabilities and to maintain high quality patient care outcomes (Jabri, Kvist, Turunen, 2022).

According to researchers, expertise/competence as a public service value in this research, if not implemented well by hospital actors (executors, directors/management, owners) will have an impact on the quality of public services in hospitals. Do as soon as possible what is the task of: owners, leaders, implementers of health service facilities according to standard operating procedures (SOP) because it cannot be denied that currently public services are always and always monitored by health service users and other stakeholders. Act based on professional values.

Hypothesis 6: Mapped Therapeutic Public Service Values Model in Public Services in Referral Hospitals in East Nusa Tenggara Province

1. Outer Model Testing Stage

This is the measurement model testing stage which aims to prove the validity and estimate the reliability of indicators and constructs.

Table 10: Construct Reliability and Validity

	Cronbach's Alpha	Composite Reliability (rho_a)	Composite Reliability (rho_c)	Average Variance Extracted (AVE)
Commitment	0,724	0,733	0,845	0,645

Integrity	0,952	0,977	0,964	0,777
Transparency	0,859	0,914	0,899	0,609
Therapeutic Communication	0,945	0,958	0,951	0,585
Competence	0,859	0,866	0,899	0,641
Quality of Public Services	0,894	0,901	0,923	0,705

The results of table 10 above show that the 6 variables (commitment, integrity, transparency, therapeutic communication, competence, quality of public services) have good reliability estimates because all reliability measures exceed 0.7 and the validity is also good because all values AVE is more than 0.5.

2. Testing Phase Goodness of Fit Models

To see whether the model and data are suitable for testing the influence of variables. The condition is that SRMR must be less than 0.10..

Table 11: Fit Models

	Saturated model	Estimated model
SRMR	0,086	0,086
d_ ULS	6,407	6,407
d_ G	3,268	3,268
Chi-square	3521,873	3521,873
NFI	0,682	0,682

The results of table 11 above show that the SRMR value is 0.086 where the standard is less than 0.10.

3. Testing Phase Inner Model

To test the significance of the influence of exogenous variables on endogenous variables.

a. Direct Effect

Tabel 12: Path Coefficients

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T statistics (O/STDEV)	P values
Commitment -> Competence	0,044	0,042	0,030	1,447	0,148
Commitment -> Quality of Public Services	0,262	0,259	0,069	3,780	0,000
Integrity -> Competence	0,547	0,548	0,035	15,707	0,000
Integrity -> Quality of Public Services	-0,067	-0,068	0,082	0,817	0,414

Transparency -> Competence	0,125	0,124	0,036	3,514	0,000
Transparency -> Quality of Public Services	0,062	0,066	0,069	0,892	0,372
Therapeutic Communication -> Competence	0,251	0,255	0,039	6,426	0,000
Therapeutic Communication -> Quality of Public Services	0,436	0,433	0,065	6,661	0,000
Competence -> Quality of Public Services	0,189	0,188	0,071	2,664	0,008

The results of table 12 above show that: The Commitment variable has a positive and significant effect on Competency with t statistic of 1.447 ($p=0.148$) and Public Service Quality with t statistic of 3.780 ($p=0.000$); The Integrity variable has a positive and significant effect on Competency with t statistic of 15.707 ($p=0.000$) and Public Service Quality with t statistic of 0.817 ($p=0.414$); The Transparency variable has a positive and significant effect on Competency with t statistic of 3.514 ($p=0.000$) and Public Service Quality with t statistic of 0.892 ($p=0.372$); The Therapeutic Communication variable has a positive and significant effect on Competencies with t statistic of 6.426 ($p=0.000$) and Public Service Quality with a t statistic of 6.661 ($p=0.000$); The Competency variable has a positive and significant effect on the Quality of Public Services with t statistic of 2.664 ($p=0.008$).

b. Indirect Effect

Tabel 13: Total Indirect Effects

	Origin Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T statistics (O/STDEV)	P Values
Commitment -> Competence -> Quality of Public Services	0,008	0,008	0,007	1,277	0,202
Integrity -> Competence -> Quality of Public Services	0,103	0,103	0,040	2,571	0,010
Transparency -> Competence -> Quality of Public Services	0,024	0,023	0,011	2,086	0,037
Therapeutic Communication -> Competence -> Quality of Public Services	0,047	0,048	0,020	2,327	0,020

The results of table 13 above show that: The Commitment variable has a positive and significant effect on Competency with t statistic of 1.447 ($p=0.148$) and Public Service Quality with t statistic of 3.780 ($p=0.000$); The Integrity variable has a positive and significant effect on Competency with t statistic of 15.707 ($p=0.000$) and Public Service Quality with t statistic of 0.817 ($p=0.414$); The Transparency variable has a positive and significant effect on Competency with t statistic of 3.514 ($p=0.000$) and Public Service Quality with t statistic of 0.892 ($p=0.372$); The Therapeutic Communication variable has a positive and significant effect on Competencies with t statistic of 6.426 ($p=0.000$) and Public Service Quality with t statistic of 6.661 ($p=0.000$); The Skill/Competency variable has a positive and significant effect on the Quality of Public Services with t statistic of 2.664 ($p=0.008$).

The SEM PLS test results are as shown in the following image.

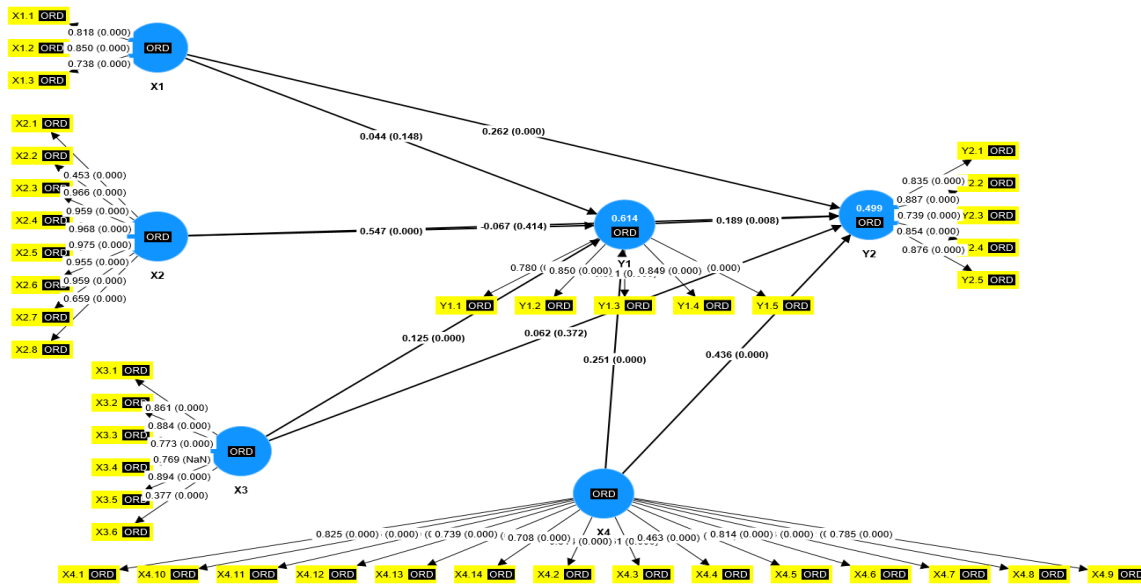


Figure 1: SEM PLS Test Results

From these findings, Therapeutic Public Service Values "Korke Bale" Model in Public Services at Referral Hospitals in East Nusa Tenggara Province can be promoted. "Korke Bale" can be interpreted as a therapeutic (healing) house as seen in Figure 2.

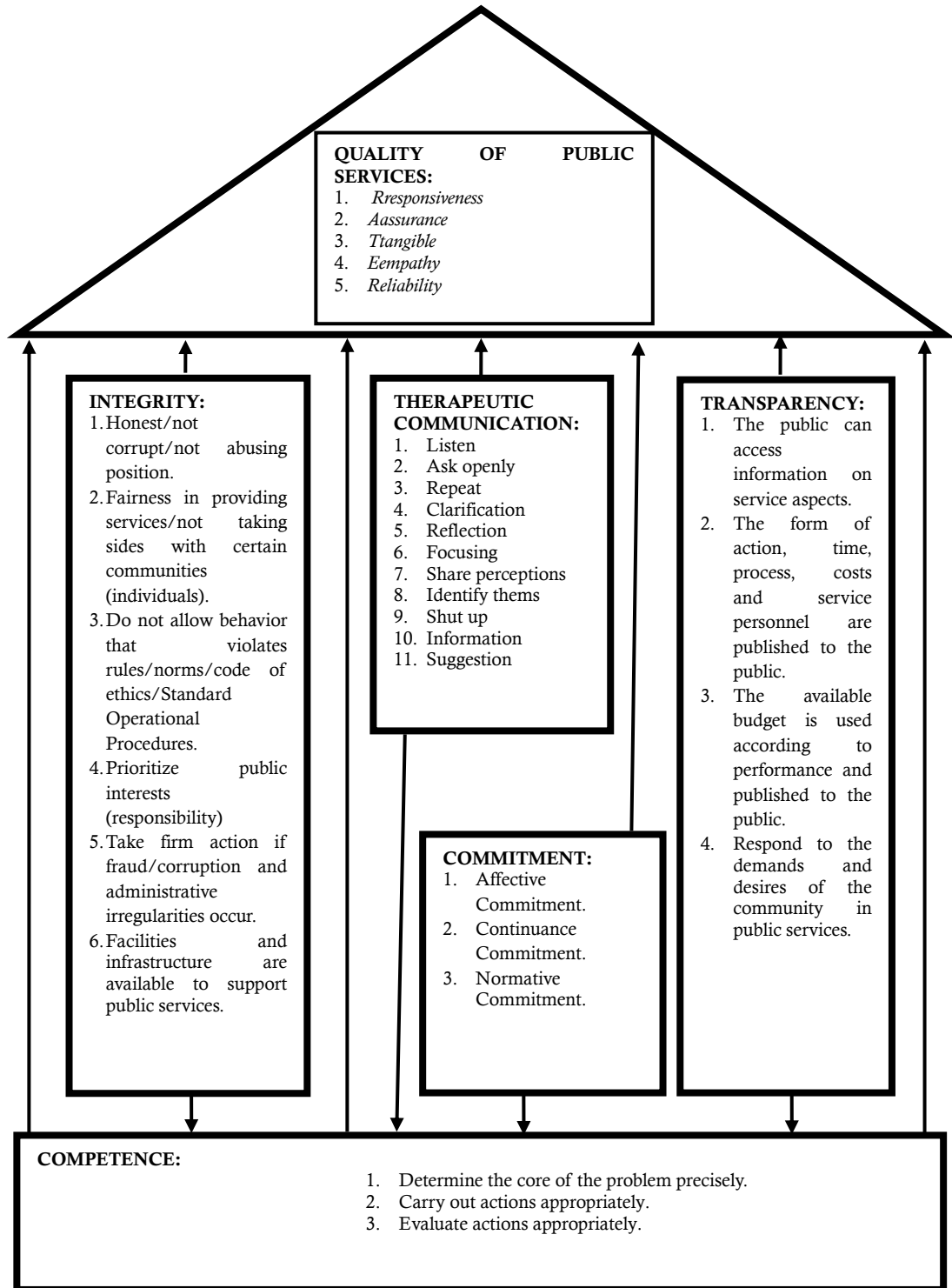


Figure 2: Therapeutic Public Service Values “Korke Bale” Model in Public Services at the Referral Hospital of East Nusa Tenggara Province

Competencies as the Foundation of the Korke Bale Model. The foundation is the strong base of a building, usually (found) below the surface of the land on which the building is built; fundamentals (Ministry of Education and Culture, 2017). Do as soon as possible the duties of: owners, leaders, implementers of health service facilities according to standard operating procedures (SOP). Act based on professional values. Jabri, Kvist, Turunen (2022) stated that developing the core competencies of Health Professionals remains an

important impetus for strengthening human resource capabilities and for maintaining high quality patient service outcomes.

Integrity as a Pillar of the Korke Bale Model. Poles are long posts to support or support (roofs, floors, bridges, etc.) (Ministry of National Education, 2017). If integrity is a public service value, if it is not implemented well by hospital actors (executors, directors/management, owners) it will have an impact on the quality of public services in hospitals. Edyanto (2017) states that integrity is a manifestation of self-identity that is consistently dedicated to applying its principles and acting with positive values that are known or adhered to. Integrity in public services is very necessary to achieve service principles. Especially for frontline bureaucrats who deal directly with the public (street level bureaucrats) they must have integrity in public services so that they are able to carry out their duties and responsibilities in accordance with applicable regulations.

Transparency as a Wall from the Korke Bale Model. Walls are side coverings (dividers) of rooms, houses, cubicles, etc. (made) from boards, woven bamboo, walls, etc. (Ministry of Education and Culture, 2017). Openness here must be related to the density of a hospital, namely capital/financial intensive, labor intensive, technology intensive and problem intensive. Wu, et al (2014), Brown (2019), Chen & Miraldo (2022) stated that in the healthcare industry, service providers respond to price and quality transparency tools not only for competition but also for reputation.

Commitment as the Door of the Korke Bale Model. The door is a place to enter and exit (Ministry of Education and Culture, 2017). Not a few hospitals are in decline or even destroyed due to weak commitment from all components in the hospital. Commitment means sacrificing energy, thoughts and time for success in public service. According to Gibson et al (2012), commitment is a feeling of identification, loyalty and involvement expressed by workers towards an organization or unit within an organization. Employees who are committed will involve themselves fully in achieving organizational goals.

Therapeutic Communication as a Window on the Korke Bale Model. A window is a hole that can be closed and functions as a place for air to come in and out (Ministry of Education and Culture, 2017). Open and therapeutic verbal and non-verbal communication between all components in the hospital, namely owners, leaders and service implementers. Make communication a window in overcoming all obstacles in health services. Priyantini, Ayatulloh, Faradisa (2023) stated that good therapeutic communication will help speed up patient recovery and assist patients in making decisions in nursing procedures. The better the communication implemented, the more satisfied the patient will be in receiving it and in accordance with their expectations.

Quality of service as a roof from the Korke Bale Model. The roof is the upper covering of the house (building); objects used to cover the top of a house (Ministry of Education and Culture, 2017). The roof (service quality) becomes strong if it is supported by the expertise/competence, integrity, transparency, commitment and therapeutic communication of hospital actors (executors, directors/management, owners) in public services at the hospital. According to Parasuraman, Zeithmal and Berry (1985) and Nursalam (2015) stated that the expected and perceived service quality is determined by five dimensions of service quality, namely responsiveness, guarantee, physical evidence, empathy and reliability. In addition, the expected service is greatly influenced by various perceptions of word of mouth communication, personal needs, past experiences and external communications. Supartiningsih (2017) said that the quality of health services refers to the level of perfection of health services in creating a sense of satisfaction in each patient.

Conclusion

Based on the results of the research and discussion, it can be concluded that there is a positive and significant influence from: Commitment, Integrity, Transparency, Therapeutic Communication on Competency and Quality of Public Services as well as the Mapping of the Korke Bale Therapeutic Public Service Values Model at the East Nusa Tenggara Province Referral Hospital.

The results of this research can be used by hospital actors (executors, directors/management, owners) in implementing therapeutic-based public service values in hospitals/other health service facilities; The Therapeutic Public Service Values (TPSV) model in East Nusa Tenggara Province Referral Hospitals to improve the quality of public services can be used throughout Indonesia and the world with the same public service characteristics.

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