



**Regional General Hospital Public Service
(Case study: Kendari City, Southeast Sulawesi, Indonesia)**

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ABSTRACT

Health has an important role in improving the quality of human resources and is the main component for measuring the human development index besides income and education. This study explicitly analyzes community satisfaction with public services at the Kendari City regional general hospital. The determination of research respondents was determined by purposive sampling with the accidental sampling technique or by waiting for respondents in the hospital service room. The results of the interviews were tabulated and analyzed using the Government Guidelines of the Republic of Indonesia Number 14 of 2017 concerning public services. The results of the study found that public services at the Kendari City general hospital were in the unfavorable category. From this study, it can be concluded that to improve human resources in the health sector, the government of Southeast Sulawesi and the city of Kendari must always evaluate the performance of public services in each unit of the general hospital to ensure patient satisfaction.

Keywords: Services, Hospitals, Kendari City

INTRODUCTION

Service is the process of assisting others in a certain way so that an individual relationship is built between the servant and the recipient of the service. Public services aim to give satisfaction to customers regardless of their social status. Human life continues to experience increasingly complicated, hard, and stringent problems, including in the field of health services.

Quality public health services must be fair and equitable by health development policies and strategies. The World Health Organization (WHO) notes that out of 7.9 billion people on earth in 2021, around 62.52 million people will die every day. The highest death rate was recorded in Bulgaria (2.23%), Vatican (2.19%), Monaco (2.13%), Latvia (1.92%), Serbia (1.89%), Lithuania (1.83%), and Indonesia (1.01%).

Indonesia, with a mortality rate of 1.01%, is caused by various problems, one of which is the poor level of service. The poor public service in Indonesia is no longer a secret and seems to complicate service. Such mindsets and attitudes are certainly not in line with the current reform era, namely, improving conditions, including public services.

Public services in the health sector are not only administrative matters but also costs (Kelly & Kuhn, 2022), does not limit the needs of the patient (Sutherland et al., 2016), expand community access to services (Kuhn & Prettnner, 2016), and objectively compile the problems faced by the community (Hosseini et al., 2022). Indonesian public health problems can be effectively managed if the government can improve services.

Public services in the health sector are divided into three parts, namely administrative, goods, and services with the mission of improving public health status (Girma et al., 2021; Bulhões et al., 2022; Abate et al., 2022; Johnson et al., 2022; Anderson et al., 2022). Therefore, the government is obliged to provide services according to the needs of the community so that there is a shift in the paradigm of public service from the traditional public administration model to a new public management model (Irani et al., 2023).

Southeast Sulawesi is the 29th province in Indonesia with a total of 33 regional general hospitals spread across 17 provinces and cities, with the highest number in Kendari City, totaling 4 units with the mission of being a leading hospital in education, research, and health services to the community. The trust given by the community to the local government for the general hospital is an honor as well as a mandate that it must always provide health services to patients.

The number of disease cases handled by Kendari City General Hospital is generally divided into ten sections, including Gastritis (6.612 cases), Influenza (6.404 cases), Hypertension (4.239 cases), Dermatitis (2.600 cases), Vulnus (2.510 cases), Acute Pharyngitis (2.043 cases), Diabetes Mellitus (2.030 cases), Tension Headache (997 cases), Pulp and Peripheral Tissue Disease (640 cases), and Rheumatoid Arthritis (594 cases) for a total of 28.669 disease cases (Kendari City Statistics Agency, 2022).

Cases of disease management based on data from the Kendari City statistical agency in 2022 were mostly at the Bahteramas general hospital, Abunawas general hospital, Bhayangkara general hospital, and Santa Anna general hospital. The Kendari City regional general hospital, which has 4 units, and the high rate of disease management which continues to increase, has not been studied explicitly, especially regarding public sector services.

Improving the quality of good public services does not only come from the point of view of the regional general hospital; it must also come from the patient's point of view to know the patient's wants and needs. This study is expected to be a guideline for the Kendari City and Southeast Sulawesi governments in improving the quality of public services at each regional general hospital unit.

METHOD

The research was carried out at four regional general hospitals in Bahteramas, Abunawas, Bhayangkara, and Santa Anna, Kendari City, Southeast Sulawesi Province in 2022. The location of the study was determined by purposive sampling for the following reasons: (1) four general hospitals in Kendari City are places for treating diseases the largest in Southeast Sulawesi; (2) high handling of patients with disease; (3) Kendari City is the capital of Southeast Sulawesi Province; and (4) the number of diseases handled reached 28.669 cases.

The determination of respondents is done by accidental sampling or by waiting for the patient or the patient's family, who will carry out administrative arrangements, use of goods, and requests for care services. Research respondents were asked questions about the elements of public service referring to the Regulation of the Minister of the Republic of Indonesia No. 14 of 2017 concerning nine elements of public service with the help of a questionnaire and Microsoft Excel 2019 as data entry for the study. The elements in this study have the same considerations, namely as follows:

$$\text{Weight Value} = \frac{\text{Total Weight}}{\text{Total Elements}} = \frac{1}{x} = n$$

If there are nine (9) elements studied, then the weighted average value is 0.11. Facilitate interpretation of the assessment using a number between 25-100, and then the results of the assessment are conserved with a base value of 25. Perceived value, conversion interval, service quality, and service performance are presented in Table 1.

Table 1. Interval Value, Conversion Interval, Service Quality, and Service Performance

Perceived Value	Mark intervals	Conversion Interval Value	Service Quality	Performance Service
1	1,00-2,596	25,00- 64,99	D	Bad
2	2,60-3,064	65,00-76,60	C	Not good
3	3,064-3,532	76,61-88,30	B	Good
4	3,532-4,00	88,31-100	A	Very good

Furthermore, to find out the value of the service survey unit is calculated using the method:

$$(1 \times 0,11) + (2 \times 0,11) + (3 \times 0,11) + (4 \times 0,11) + (5 \times 0,11) + (6 \times 0,11) + (7 \times 0,11) + (8 \times 0,11) + (9 \times 0,11) = X.$$

RESULTS AND DISCUSSION

Characteristics of Respondents

Public services at the Kendari City public hospital are inseparable from the characteristics of the respondents. This study comprehensively reviews the characteristics of respondents based on age, gender, level of education, and occupation. Bruckmeier et al.,

(2015) revealed that the majority of interviewers agreed that the characteristics of the respondents consisted of age, gender, work experience, and level of education, Nedelec, (2017) also reported that the survey method used for social research should be as designed as possible because it will affect the quality of the data.

The results of the study found that respondents with an age range of 18–30 years (Figure 1) had a higher percentage than those with an age range of 31–40 years. The high percentage in the age range of 18–30 years is caused by the majority suffering from fever and shortness of breath. These findings may illustrate that the majority of Kendari City residents who are treated at the Kendari City regional general hospital, aged 18–30 years, are susceptible to fever. It is possible that this was caused by the influence of erratic weather, irregular eating patterns, and an unhealthy lifestyle.

According to the results of discussions with the regional general hospital of Kendari City, the majority of people who suffer from shortness of breath are caused by the poor air quality in Kendari City, which has begun to deteriorate along with mining activities, which quite massive in almost all lines of mining materials such as nickel and gold. However, this research specifically examines the public services provided by the Kendari City regional general hospital.

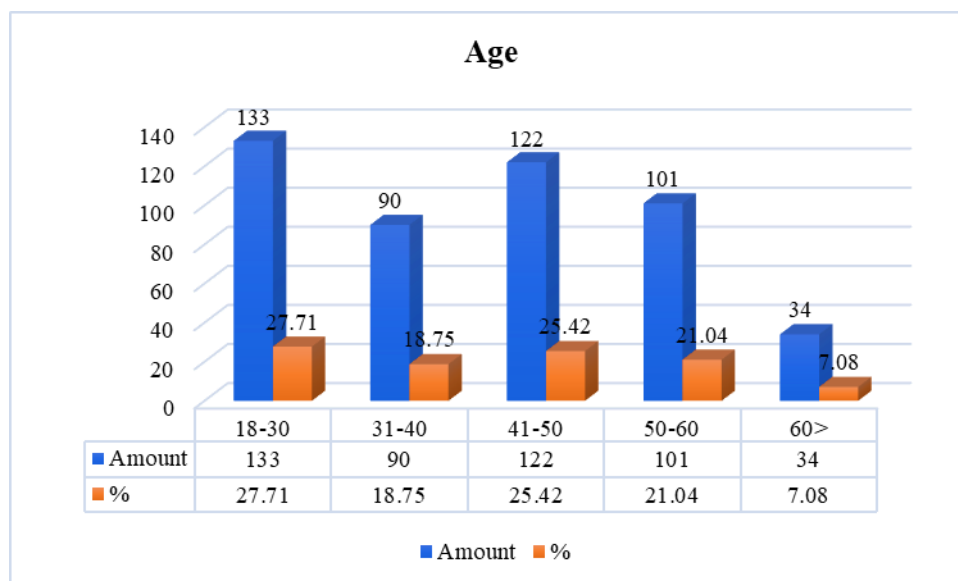


Figure 1. Age of Respondents

The next finding is that the majority of respondents with an age range of 41–50 years suffer from gastroenteritis or inflammation of the stomach caused by irregular eating patterns and that among respondents with an age range of 50–60 years, the majority suffer from dermatitis, which is an itchy disease caused by deteriorating air and water quality. Diabetes mellitus is a disease suffered by most respondents aged 60 and over and caused by a metabolic disorder characterized by high blood sugar levels.

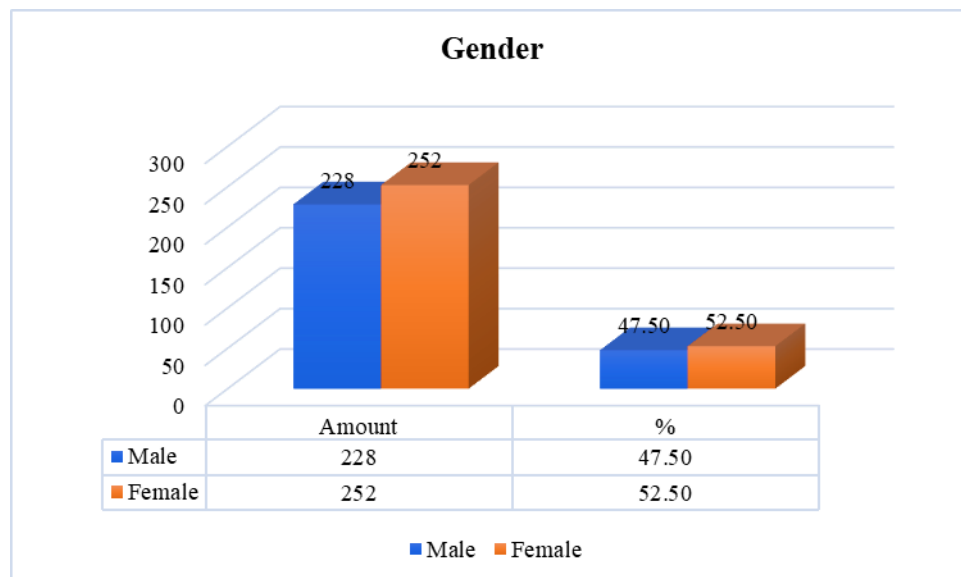


Figure 2. Gender of Respondents

The high level of disease handling at the Kendari City regional general hospital is dominated by women. This is evident from the percentage value (Figure 2), which reached 52.50%, while for men it reached 47.50%. These findings illustrate that the health level of women in Kendari City is susceptible to disease, possibly due to the high level of unhealthy food consumption. This was confirmed by the Kendari City regional general hospital that the women who entered received treatment mostly for gastroenteritis and diabetes mellitus.

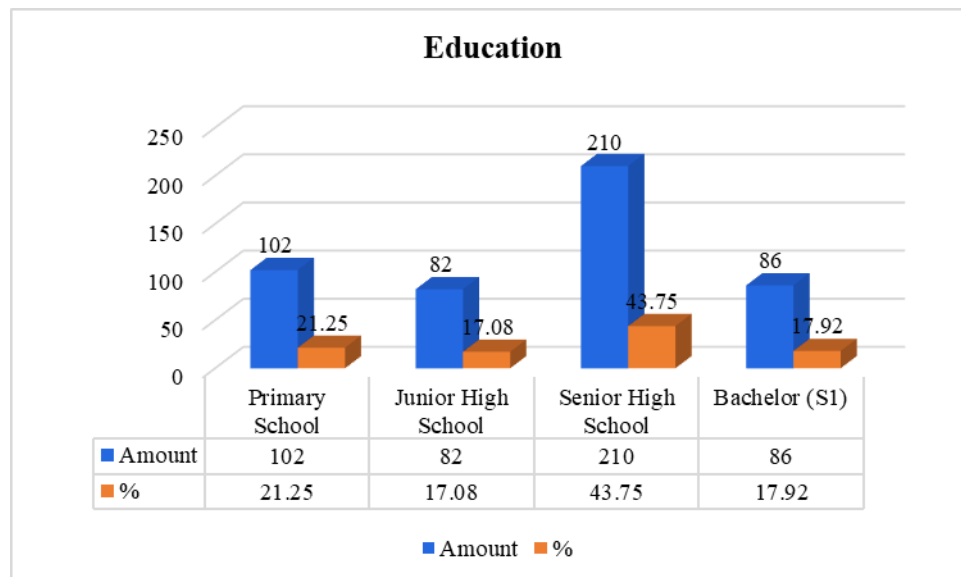


Figure 3. Respondents Education Level

The education level (Figure 3) of respondents was dominated by high school graduates which reached 43.75%. Astriyani et al., (2021) education level has relevance to work, as well as attitudes, skills, and job performance (Maringan et al., 2016).

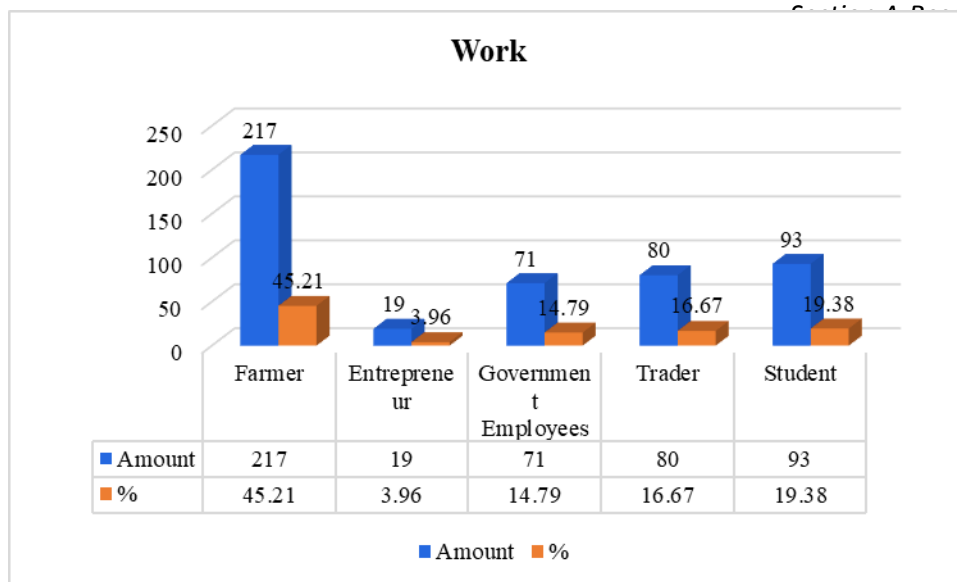


Figure 4. Respondent's Occupation

The results of the survey showed that the majority of patients at the Kendari City regional general hospital had jobs as farmers, reaching 45.21%. The results of these findings indicate that most of the patients at the Kendari City general hospital work as farmers. The high percentage is because patients not only come from Kendari City but also come from outside Kendari City, such as from Konawe Regency, South Konawe Regency, Konawe Kepulauan Regency, and North Konawe Regency, which are all directly adjacent to Kendari City.

Kendari City General Hospital Public Service

Government and public services, along with the times, continue to experience modernization in various aspects, be it the administration system, costs, or services. Albury, (2005) public services require innovation as a form of public service, avoiding obstacles in the process of implementing innovation (Cinar et al., 2018), and collaborating from various sectors without neglecting the public interest (Chen et al., 2019).

The public's interest in public services at the Bahteramas general hospital illustrates that service innovation for patients is in the unfavorable category. The results of these findings can be used as a basis for consideration by the Kendari City government in making policies to improve public sector services. Service innovation and mechanisms should be a basic consideration, but the findings at the time of the research did not match reality.

Table 2. Bahteramas Regional General Hospital

No	Service Elements	Service Element Value	Service Element Value Conversion
1	Condition	2.955	73.884
2	Mechanisms and Procedures	2.982	74.554
3	Service Time	2.509	62.723
4	Cost	3.304	82.589
5	Service Products	3.089	77.232
6	Executor Competency	3.018	75.446
7	Executing Behavior	3.348	83.705
8	Facilities and infrastructure	2.723	68.080
9	Handling Complaints, Suggestions, and Feedback	3.464	86.607
Total Weighted Service Average			3.041
Service Satisfaction Survey (%)			76.015
Community Satisfaction Quality Performance			C
			Not Good

Source: Data Analysis Results, 2022

The findings from the average value of weighted services (Table 2) Bahteramas regional general hospital scored 3.041 with a service satisfaction value of 76.015%, or is included in the quality index category C. Service policies in the government's public sector should play an important role in providing solutions to every problem that occurs. Cutler, (2002) explained that for public services in the health sector, government policies influence the behavior of service providers.

The elements of service that are used as an assessment of respondents are four elements for patients who meet satisfactory criteria such as affordable costs, type of service, competency of the implementer, and behavior of the implementer. The high value of the cost-service element reached 3.304 points because most of the respondents used the social security administration card, as well as because of the attitude and behavior of some service providers towards some patients who were very friendly.

The findings in Table 3 are different from what happened at the Abunawas regional general hospital in that the value of the service element in the cost sector scored 2.883 points because most of the patients who came for treatment and used the service did not have a social security administration card as well as convoluted service mechanisms and procedures.

Table 3. Abunawas Regional Public Hospital

No	Service Elements	Service Element Value	Service Element Value Conversion
1	Condition	3.075	76.875
2	Mechanisms and Procedures	2.992	74.792
3	Service Time	3.117	77.917
4	Cost	2.883	72.083
5	Service Products	3.017	75.417
6	Executor Competency	2.608	65.208
7	Executing Behavior	2.700	67.500
8	Facilities and infrastructure	3.333	83.333
9	Handling Complaints, Suggestions, and Feedback	3.008	75.208
Total Weighted Service Average			2.970
Service Satisfaction Survey (%)			74.259
Community Satisfaction Quality			C
Performance			Not Good

Source: Data Analysis Results, 2022

The results of the conversion value of the balanced service element at the Abunawas regional general hospital averaged 2.970 points with a percentage value of 74.259% and were entered at an unfavorable value. The low value of service elements is caused by mechanisms and procedures, costs, executor competence, and executor behavior. Camilleri & O'Callaghan, (1998) Private hospitals have better facilities and services. This research illustrates that public services in the private sector are still better than those owned by the government. Minvielle et al., (2008) give the view that a good hospital must prioritize the human dimension, organizational climate, and professional interests in public service.

Public services in the health sector should be very important, especially in Indonesia, which is included as a developing country, but on the other hand, some problems can hinder services, such as facilities, nursing staff, and the competence of implementers. Jabnoun & Chaker, (2003) revealed that most people choose to seek treatment at private hospitals because they expect a better quality of service, as well as the results of research by Rose et al., (2004) that public service providers in the health sector should better understand the aims and objectives of customers.

Public services at the Bhayangkara regional general hospital are not much different from the conditions at the Bahteramas and Abunawas general hospitals. The low value of community satisfaction is caused by mechanisms and procedures, costs, executor competence, and executor behavior. Mechanisms and service procedures that take up a lot of

time make the community, patients, and patient's families feel bored, as well as the costs, which for some respondents are quite high so families or patients have to pay high costs.

Table 4. Bhayangkara Regional General Hospital

No	Service Elements	Service Element Value	Service Element Value Conversion
1	Condition	3.275	81.875
2	Mechanisms and Procedures	2.775	69.375
3	Service Time	3.183	79.583
4	Cost	2.592	64.792
5	Service Products	3.125	78.125
6	Executor Competency	2.708	67.708
7	Executing Behavior	2.442	61.042
8	Facilities and infrastructure	3.325	83.125
9	Handling Complaints, Suggestions, and Feedback	3.200	80.000
Total Weighted Service Average			2.958
Service Satisfaction Survey (%)			73.958
Community Satisfaction Quality			C
Performance			Not Good

Source: Data Analysis Results, 2022

Good public services must also be supported by the competence of service providers because in general, public services at general hospitals must be faster, more responsive, and more time efficient because they involve the needs of many people and must also be supported by good, polite, and courteous behavior. However, the findings during the implementation of the study were that most respondents were dissatisfied with the services of the Bhayangkara regional general hospital, especially for patients using social security administrative body cards.

Bøgh & Serritzlew, (2012) revealed that behavior can affect performance results and even be seen as detrimental to society, Bøgh & Holm, (2012) good performance is of course supported by the behavior of service providers, Miao et al., (2019) of course, it is deemed necessary for the party to be able to identify all the problems faced by public service providers.

The poor public services in the health sector in Indonesia are no longer a secret. There are many examples of cases involving health services, such as in the Province of Bali on October 6, 2022, when the Wangaya and Manuaba regional general hospitals refused patients, causing the patient to die. Examples of cases, as already mentioned, are a reason why people prefer to seek treatment at private hospitals over government-owned hospitals.

Cases of poor public services in the health sector in Indonesia have been frequent for a long time. This illustrates that regional hospitals spread across Indonesia should frequently evaluate the performance of public services. The findings (Table 5) show that public services at the Santa Anna regional general hospital are also in the unfavorable category. This is caused by mechanisms and procedures, service time, cost, service type specifications, and treatment infrastructure.

Table 5. Santa Anna General Hospital

No	Service Elements	Service Element Value	Service Element Value Conversion
1	Condition	3.015	75.385
2	Mechanisms and Procedures	2.831	70.769
3	Service Time	2.785	69.615
4	Cost	2.815	70.385
5	Service Products	2.985	74.615
6	Executor Competency	3.046	76.154
7	Executing Behavior	3.138	78.462
8	Facilities and infrastructure	2.938	73.462
9	Handling Complaints, Suggestions, and Feedback	3.415	85.385
Total Weighted Service Average			2.994
Service Satisfaction Survey (%)			74.840
Community Satisfaction Quality			C
Performance			Not Good

Source: Data Analysis Results, 2022

The low service mechanisms, procedures, and service times at the Santa Anna regional general hospital are a problem that is often encountered by various government agencies, not only in Kendari City but almost throughout Indonesia. This gives the meaning that public services in Indonesia are not as good as those in developed countries. Good public service innovation should be able to provide satisfaction in all aspects of people's lives.

People's lives are full of activities that, of course, cannot be separated from health factors, so efforts to fulfill health are very important. Kirby, (2023) health services for the community must be by the needs of the community. This is confirmed by the results of the study by Ma & Zhu, (2012) that public health is the key to a country's reform, Hasniati et al., (2020) although there are still many patients or people who need wisdom treatment, Farmer et al., (2012) because public health is key in supporting a social order that is free from disease.

CONCLUSION

The results of the study found that the public services of the Kendari City regional general hospitals, such as the Bahteramas, Abunawas, Bhayangkara, and Santa Anna hospitals, were in the unfavorable category. The low value of public services at the Bahteramas regional general hospital is caused by four factors: service, service mechanisms and procedures, service time, and facilities and infrastructure; at the Abunawas regional general hospital, it is influenced by service mechanisms and procedures, costs, the competency of implementers, and the behavior of implementers. Public services that are not good at the Bhayangkara regional general hospital are caused by mechanisms and procedures, costs, the competence of implementers, and the behavior of implementers, while at the Santa Anna regional general hospital, they are influenced by mechanisms and procedures, service time, costs, specifications for types of services, and facilities and infrastructure. The main problems faced by the four regional public hospitals in Kendari City are service mechanisms, procedures, and costs. Thus, to maximize public services at the Kendari City general hospital, simple service mechanisms, and procedures are needed at a more affordable cost.

AUTHOR CONTRIBUTIONS

AT (Surveys, Data Analysis, Research Ideas), LM (Survey, Translate, Licensing, Administration)

REFERENCES

- Abate, M., Tadesse, N., & Mitiku, K. 2022. Level of compassionate health care service provision and its associated factors among health professionals working in public hospitals of Addis Ababa: health professionals' perspective. *Heliyon*, 8(3), e09160. <https://doi.org/10.1016/J.HELIYON.2022.E09160>
- Albury, D. 2005. Fostering innovation in public services. *Public Money and Management*, 25(1). <https://doi.org/10.1111/J.1467-9302.2005.00450.X>
- Anderson, R., Williams, A., Emdadul Hoque, D. M., Jess, N., Shahjahan, F., Hossain, A., & Bogren, M. 2022. Implementing midwifery services in public tertiary medical college hospitals in Bangladesh: A longitudinal study. *Women and Birth*. <https://doi.org/10.1016/J.WOMBI.2022.09.006>
- Astriyani, N. P., Sessu, A., & Yusuf, B. P. 2021. Pengaruh Tingkat Pendidikan Dan Pengalaman Kerja Terhadap Kinerja Karyawan Pt Jasamarga Tollroad Operator. *Kreatif: Jurnal Ilmiah Prodi Manajemen Universitas Pamulang*, 9(1), 79–85. <https://doi.org/10.32493/JK.V9I1.Y2021.P79-85>
- Badan Statistik Sulawesi Tenggara. 2022. Jumlah Rumah Sakit Umum Daerah Sulawesi Tenggara. Kendari. Indonesia.
- Badan Statistik Kota Kendari. 2022. Jumlah Kasus Penanganan Penyakit Rumah Sakit Umum Daerah Kota Kendari. Kendari. Indonesia.
- Bøgh Andersen, L., & Holm Pedersen, L. 2012. Public Service Motivation and

- Professionalism. *International Journal of Public Administration*, 35(1), 46–57. <https://doi.org/10.1080/01900692.2011.635278>
- Bøgh Andersen, L., & Serritzlew, S. 2012. Does Public Service Motivation Affect the Behavior of Professionals? *International Journal of Public Administration*, 35(1), 19–29. <https://doi.org/10.1080/01900692.2011.635277>
- Bruckmeier, K., Müller, G., & Riphahn, R. T. 2015. Survey misreporting of welfare receipt—Respondent, interviewer, and interview characteristics. *Economics Letters*, 129, 103–107. <https://doi.org/10.1016/J.ECONLET.2015.02.006>
- Bulhões, B., Bellas, H., Arcuri, R., de Carvalho, P. V. R., & Jatobá, A. 2022. Shifting the management model of Brazilian health services: perceptions of major stakeholders on the participation of the private sector in public hospital administration. *Dialogues in Health*, 1, 100011. <https://doi.org/10.1016/J.DIALOG.2022.100011>
- Camilleri, D., & O’Callaghan, M. 1998. Comparing public and private hospital care service quality. *International Journal of Health Care Quality Assurance*, 11(4), 127–133. <https://doi.org/10.1108/09526869810216052/FULL/XML>
- Chen, J., Walker, R. M., & Sawhney, M. 2019. Public service innovation: a typology. *Public Management Review*, 22(11), 1674–1695. doi. 10.1080/14719037.2019.1645874
- Cinar, E., Trott, P., & Simms, C. 2018. A systematic review of barriers to public sector innovation process. *Public Management Review*, 21(2), 264–290. <https://doi.org/10.1080/14719037.2018.1473477>
- Cutler, D. M. 2002. Chapter 31 Health care and the public sector. In *Handbook of Public Economics* (Vol. 4, pp. 2143–2243). Elsevier. [https://doi.org/10.1016/S1573-4420\(02\)80010-6](https://doi.org/10.1016/S1573-4420(02)80010-6)
- Farmer, J., Prior, M., & Taylor, J. 2012. A theory of how rural health services contribute to community sustainability. *Social Science & Medicine*, 75(10), 1903–1911. <https://doi.org/10.1016/J.SOCSCIMED.2012.06.035>
- Girma, F., Abeje, Y., & Tamrat, G. 2021. The effectiveness of private services in public hospitals: The case of St. Paul Hospital, Addis Ababa, Ethiopia. *Journal of Healthcare Quality Research*, 36(6), 333–339. <https://doi.org/10.1016/J.JHQR.2021.06.005>
- Hasniati, Hasanah, N. U., Ahmad, B., Hidayat, A. R., Hans, A., & Yani, A. A. 2020. Discretion in health service delivery: A case study of the Kassi-Kassi Health Community Centre in Makassar. *Enfermería Clínica*, 30, 130–132. <https://doi.org/10.1016/J.ENFCLI.2019.07.062>
- Hosseini, R., Kopecky, K. A., & Zhao, K. 2022. The evolution of health over the life cycle. *Review of Economic Dynamics*, 45, 237–263. <https://doi.org/10.1016/j.red.2021.07.001>
- Irani, Z., Abril, R. M., Weerakkody, V., Omar, A., & Sivarajah, U. 2023. The impact of legacy systems on digital transformation in European public administration: Lesson learned from a multi-case analysis. *Government Information Quarterly*, 40(1), 101784. <https://doi.org/10.1016/J.GIQ.2022.101784>
- Jabnoun, N., & Chaker, M. 2003. Comparing the quality of private and public hospitals. *Managing Service Quality: An International Journal*, 13(4), 290–299. <https://doi.org/10.1108/09604520310484707/FULL/XML>
- Johnson, J. L., Blefari, C., Ware, R. S., Clayson-Fisher, T., Dettwiller, P., & Marotti, S. 2022. Evaluation of research capacity and culture of hospital pharmacists and pharmacy

- technicians in a state-wide Australian public health service: A cross-sectional survey. *Research in Social and Administrative Pharmacy*, 18(10), 3775–3781. <https://doi.org/10.1016/J.SAPHARM.2022.05.001>
- Kelly, M., & Kuhn, M. 2022. Congestion in a public health service: A macro approach. *Journal of Macroeconomics*, 74, 103451. <https://doi.org/10.1016/j.jmacro.2022.103451>
- Kirby, T. 2023. Delivering health services in the community for the community. *The Lancet Respiratory Medicine*, 11(3), 230–231. [https://doi.org/10.1016/S2213-2600\(23\)00039-5](https://doi.org/10.1016/S2213-2600(23)00039-5)
- Kuhn, M., & Prettner, K. 2016. Growth and welfare effects of health care in knowledge-based economies. *Journal of Health Economics*, 46, 100–119. <https://doi.org/10.1016/j.jhealeco.2016.01.009>
- Ma, Z., & Zhu, Y. 2012. A Tentative Study on the Evaluation of Community Health Service Quality. *Physics Procedia*, 24, 1628–1634. doi.10.1016/J.PHPRO.2012.02.240
- Maringan, K., Pongtuluran, Y., & Maria, S. 2016. Pengaruh tingkat pendidikan, sikap kerja dan keterampilan kerja terhadap prestasi kerja karyawan pt. wahana sumber lestari samarinda. *AKUNTABEL*, 13(2), 135–150. <https://doi.org/10.30872/JAKT.V13I2.1180>
- Miao, Q., Eva, N., Newman, A., & Schwarz, G. 2019. Public service motivation and performance: The role of organizational identification. *Public Money & Management*, 39(2), 77–85. <https://doi.org/10.1080/09540962.2018.1556004>
- Minvielle, E., Sicotte, C., Champagne, F., Contandriopoulos, A. P., Jeantet, M., Préaubert, N., Bourdil, A., & Richard, C. 2008. Hospital performance: Competing or shared values? *Health Policy*, 87(1), 8–19. <https://doi.org/10.1016/J.HEALTHPOL.2007.09.017>
- Nedelec, J. L. 2017. A multi-level analysis of the effect of interviewer characteristics on survey respondents' reports of sensitive topics. *Personality and Individual Differences*, 107, 96–101. <https://doi.org/10.1016/J.PAID.2016.11.036>
- Rose, R. C., Uli, J., Abdul, M., & Ng, K. L. 2004. Hospital service quality: A managerial challenge. *International Journal of Health Care Quality Assurance*, 17(3), 146–159. <https://doi.org/10.1108/09526860410532784/FULL/XML>
- Sutherland, J. M., Crump, R. T., Chan, A., Liu, G., Yue, E., & Bair, M. 2016. The health of patients on the waiting list: Opportunity to improve health in Canada? *Health Policy*, 120(7), 749–757. <https://doi.org/10.1016/j.healthpol.2016.04.017>
- World Health Organization. 2022. The Death Rate of a Country's Population.