

IMPLICATIONS OF HEALTHCARE SYSTEM IN SINGAPORE AND MALAYSIA AS INTERESTING LESSONS TOWARDS PRIMARY SERVICE INNOVATION FOR INDONESIA

by Annisa Purwatiningsih, Asih Widi Lestari, Lisa Dhuhaniyati

Submission date: 08-Aug-2022 02:43PM (UTC+0700)

Submission ID: 1880189239

File name: Jurnal_17_Asih_Annisa_ASKETIK.pdf (285.73K)

Word count: 4822

Character count: 27615

4

IMPLICATIONS OF HEALTHCARE SYSTEM IN SINGAPORE AND MALAYSIA AS INTERESTING LESSONS TOWARDS PRIMARY SERVICE INNOVATION FOR INDONESIA

^{*1}Annisa Purwatiningsih, ² Asih Widi Lestari, ³ Lisa Dhuhaniyati

^{1 2} University of Tribhuwana Tungadewi

³ Doctor Clinic in Probolinggo

*lestariwidi263@gmail.com

Artikel History

Submit: 20 Januari 2022

Review: 14 Februari 2022

Revised: 26 April 2022

Accepted: 28 Mei 2022

Abstract: Excellent service of health become a necessity for the community, even as a promising business opportunity today. Hospitals in Indonesia and hospitals abroad are competing to provide the best service for their patients. The comparison of the health care system and the quality of medical services in Indonesia is very different from that of Singapore and Malaysia. So that many patients from Indonesia go to Singapore and Malaysia for treatment. The causative factor is the perception of hospital services, medical personnel, doctors, and the quality of hospital services. Service innovation becomes excellent service that changes from time to time, lifestyle and life expectancy, so that the Quality Adjusted Life Year approach becomes the focus of prime quality health outcomes.

Keywords: Excellent Service, Health Care System, Quality of Hospital Services

Introduction

Indonesia and Singapore are listed as the eight healthiest countries according to Bloomberg in 2019 (Giovani, 2019). However, from the healthcare system, Singapore is positioning itself as a destination country for treatment in Asia, apart from Malaysia and Thailand. For more than ten years, the healthcare system in Singapore has grown to a leading position in medical services for overseas patients, in Asia and around the world.

The World Health Organization (WHO) places Singapore in the 6th position in the world for the Best Health-Care System category for several years in a row. Singapore was more successful than other countries, such as Austria (9th position), Germany (25th position), and Israel (28th position). Research by Bloomberg (2014), shows that Singapore is in the first position of the country with the most efficient health services. Access to health uses costs obtained from salary cuts, subsidies and price controls by the government. "Singapore is one of the countries that applies to a universal health system".

Healthcare system is implemented in Malaysia and Singapore. Malaysia, which is well known to the public, has achieved the **Malaysia Healthcare Travel Council (MHTC)** program **under the ministry of** health, allowing patients from foreign countries to enter Malaysia for medical treatment (Ministry of Health Malaysia, April 8, 2020). Since then it has grown exponentially, with a compound annual growth of 15% since 2011. Medical tourism emphasizes treatment activities to cure a disease accompanied by tourism activities (Hunter, 2007) Malaysia estimates that income from medical tourism reaches US\$590 million per year in time per five years (Heung et al, 2010). The state of Singapore also implements a healthcare system through medical tourism with a target to bring in about 1 million foreign patients per year who will contribute to Singapore's Gross Domestic Product (GDP) of US \$ 1.6 billion (Heung et al. 2010).

Position	Country	MTI Overall	Country Environment	Medical Tourism Industry	Facility & Services
1	Canada	76.62	78.69	74.14	77.01
2	United Kingdom	74.87	77.3	70.38	76.94
3	Israel	73.91	67.56	72.58	81.6
4	Singapore	73.56	73.26	70.79	76.63
5	India	72.10	63.26	75.94	77.1

Data from the World Bank 1% of Indonesians go to Malaysia for treatment, while 2% go to Singapore (World Bank, 2018). The potential loss of foreign exchange for Indonesia is around IDR 80-90 trillion per year (Ministry of Health, 2020). In 2016 the number of Indonesians seeking treatment abroad increased by almost 100% during the last 10 years of the Indonesia Services Dialogue (ISD), 2019). It is known that in 2006 there were 350,000 patients from Indonesia seeking treatment abroad, and the number increased to 600,000 in 2018. According to data compiled by MHTC, there were more than 670,000 Indonesian citizens from the middle and upper classes (middle and high class) seeking treatment in Malaysia throughout 2018, due to cultural similarities and geographical proximity,” (Nik Yazmin Nik Azman, Chief Commercial Officer, 2018).

Excellent service (excellence service) is a service provided to patients based on quality standards to meet the needs and desires of patients so that patients can get satisfaction which can ultimately increase their trust in the hospital. Zeithaml (1990) the

best service is "in such a short supply" as a community need. Zeithmal (1990) "with service excellence, everyone wins". Zeithmal, Parasuraman & Berry (1990), specification of the best service quality, there are similarities in management perceptions and consumer expectations. Excellent service (excellent service) is synonymous with high quality, the best service for service users, which exceeds customer expectations (Steven Tjong, 2018). The elements of serving excellently for Indonesia as meant by public services, according to the decision of the Minister of Administrative and Bureaucratic Reform No. 81/1993, namely simplicity, clarity and certainty, security, openness, efficiency, economy, equitable justice, timeliness. The general perspective of the best service for customers (patients) includes ability, attitude, appearance, attention, action and accountability (Padma & Wagenseil, 2018).

The dimensions of excellent service quality include the quality of hospital services including the number of officers, responsiveness, reliability, availability and completeness of facilities (Burhanuddin Gamrin, and M. Joeharno, 2020). aspects related to the physical appearance of the hospital (tangible), aspects of reliability (reability), responsiveness (responsiveness), certainty (assurance), and aspects of empathy (empathy) (Parasuraman, ZA, and Berry, 2006). The principle of excellent service is prioritizing customers (patients), an effective system, the value of the spirit of serving with heart, continuous improvement, empowering customers, service according to development priorities, (Saut Pakpahan, 2019) Excellent service behavior in hospitals; self-esteem, exceed expectations, recovery, vision; corporate culture and quality culture), Improve, care, empower (Bates, K., Bates, H., & Johnston, 2003). Human resources as a key factor in service orientation. Excellent service in a hospital with a philosophy-patient centered care, risk management, and patient safety, integrated soft skills and hard skills (Abdelkader Benmansour, N, 2018).

Method

The method used in this study uses descriptive and verification research methods. The descriptive method (Sugiyono, 2012:380) is stating that the descriptive method is a method that aims to describe or analyze a company's research results and then systematically arranged to be used as a conclusion. The verification method is a method used to test the truth of the hypothesis with a certain population or sample and use the statistical calculations shown to answer the questions in the formulation. The population includes patients who live in Surabaya and Malang who get

recommendations from government and private hospitals in Surabaya and Malang for treatment to Singapore and Malaysia. Snowball sampling technique, with a sample of 50 patients. 80% of patients are Chinese/Chinese and 20% are native Indonesians.

Result and Discussion

The Factors Driving Indonesian Patients to Go to Singapore and Malaysia

1. Hospital Services

The perception (62% of respondents) of patients seeking treatment in Singapore and Malaysia is due to the hope of recovery, the certainty of being cured is greater than in domestic hospitals. This can be seen from the measurable outcomes. Patients who seek treatment abroad generally get heart disease, cancer, nerves and spinal (spine),” (CEO of Penang Adventist Hospital, Ronald Koh, Tempo, 2019), So that they do not consider the amount of costs, for respondents 59% who are classified as high class economy. Meanwhile, 41% of respondents belonging to the middle and lower class stated that they did not seek treatment abroad, patients use BPJS because they think that their treatment at home is good, as good as hospitals in Singapore and Malaysia. Consideration of additional travel costs, passports, housing and other costs makes it an option to continue treatment in Indonesia. If you need medical services with better facilities and better technology, he stated that he would turn to the government-owned and private hospitals.

Even though, health facilities and technology in Indonesia are adequate for treatment. However, the stigma that is already embedded in most people is that treatment abroad is much better (dr. Fiona Amelia MPH, General Physician Clinic Jakarta, 19/2/2020). Because of this stigma, 45% of respondents still stated that services at Indonesian hospitals were still less than optimal compared to services provided by hospitals abroad.

The driving factor for patients to seek treatment abroad is public perception (35% of respondents) stating that hospitals often refuse their patients because there is no place to treat patients with their illnesses, inadequate technology, and not keeping up with technological developments for medical devices.

Patients (24% of respondents) will always compare or ask for recommendations from others for treatment instructions at hospitals in Singapore or in Malaysia, supported Easier access to information. On average, overseas hospital sites, especially

Malaysia, and Singapore, are quite responsive in responding to questions from prospective patients. Hospitals in both countries are able to combine hospital services with patient tour packages. So, people feel they get more complete information about procedures and treatment costs, this is stated by 24% of respondents. This is something that most hospitals in Indonesia do not pay attention to.

2. Human Resources

Hospital human resources are medical doctors and hospital medical staff. Factors driving people to seek treatment abroad include 65% of respondents stating that they have patient confidence in the doctor's ability to overcome the disease or problem suffered by the patient, the patient's level of confidence in the certainty of an accurate diagnosis given by a foreign doctor, transparent diagnosis results delivered by medical personnel to their patients. , there is a need for excellent service, and suggestions that if you seek treatment abroad you will recover faster.

The majority of respondents are patients with college education and 25% are medical doctors and 20% of patients are from doctors' families belonging to the middle and high class. Respondents belonging to the high economic class (high class) 42% prefer treatment to Singapore because they prioritize the professionalism of medical personnel (doctors) and the quality in terms of technological sophistication and the quality of expertise of medical personnel, and services that support the recovery of their patients. Patients (24% of these respondents) were given recommendations from private hospitals by specialist doctors in Indonesia, especially internal medicine specialists including heart specialists, surgeons and other specialists for the purpose of healing patients by undergoing treatment in Singapore or Malaysia. 35% of respondents from medical education and family physicians know information about treatment in Singapore and the advantages of medical experts in Singapore. Singapore is known as one of the medical tourism destinations that has quality and modern health services. A number of medical experts in Singapore are always trying to update their health methods. For example, Singapore continues to develop cancer treatment methods that are not available in other countries. Quality doctors and medical staff Singapore has highly skilled medical personnel. There are more than 11,500 doctors in Singapore who have undergone international training in the United States and in Western European countries (<http://www.hospitals-singapore.com>). Likewise, nurses are given special training so that they have competent abilities. Starting from using medical equipment with the latest technology to training in providing psychological support to patients and

16

families. All doctors, nurses and medical personnel are registered with the Singapore's Medical Council, Singapore Pharmacy Board, Singapore Dental Council, and Singapore Nursing Board (Singapore Business Review, 2020). Currently, Singapore has 12,459 doctors and 29,894 nurses (Singapore Business Review, 2020). Singapore has a good healthcare system, which includes personnel, practitioners and health facilities institutions. In terms of practitioners, Singapore has 13,766 doctors for its 5.5 million population, or the equivalent of 1 doctor treating 400 people (Singapore Ministry of Health data, 2019). Singapore also has 42,125 registered nurses, 2,363 dentists, 3,216 pharmacists (Singapore Ministry of Health data, 2019) . So that in terms of the number of human resources (HR) medical is superior to Indonesia. This is the main factor that makes Singapore the Center of ASEAN Medical Tourism.

In terms of communication and hospitality in Singapore and Malaysia, it is open and intensive between doctors and patients (38% of respondents). With these advantages, Singapore and Malaysia make patients feel cared for maximally. In this case, it is acknowledged that doctors in Indonesia are still weak. In terms of the behavior of doctors and care providers, this is what is being forgotten. Hospitals in Indonesia need to improve their services to be better, so that patients prefer to seek treatment in hospitals in Indonesia. The government also needs to adopt a health service policy with the State of Malaysia and the State of Singapore so that health services in Indonesian hospitals increase

3. Hospital Service Quality

The aspect of service quality affects the intention of a patient to seek treatment and choose a hospital in Singapore and Malaysia. Patients' perceptions (38% of respondents) on the quality of hospital services in foreign countries are better than in the country. This perception has a very significant effect in increasing the number of Indonesian patients seeking treatment in Singapore and Malaysia. Indonesian citizens actually go for treatment in Malaysia and Singapore by spending around US\$2-3 billion for treatment at government and private hospitals (Excel International Journal of Multidisciplinary Management Studies (in Rahman, 2019). If repatriated, the cost of medical tourism for residents Indonesia is worth US\$1.5 billion or about 0.5% of

8

5

Indonesia's GDP. The high mobility of Indonesian citizens seeking treatment in other countries is an opportunity cost that must be borne by Indonesia.

Hospital services in Singapore have modern medical technology equipment, have followed the latest technological developments. Under the Singapore Health Act, it is imperative that medical technology updates in a number of hospitals in Singapore be carried out as often as possible (<http://www.hospital-singapore.com>). The hospital there is equipped with the latest medical technology equipment and treatment systems. Singapore's medical infrastructure is continuously improving. Currently, Singapore has 28 hospitals with international standard medical facilities and equipment (Ministry of Health Singapore, 2019).

Respondents 38% who believe that the quality of hospital services abroad is better, including quality and safety control. This can be seen from the International Accreditation of Hospitals. Most hospitals in the destination countries for treatment, Singapore and Malaysia, have accreditation through the agency that oversees the quality of hospital health services.

Respondents 58% said they chose treatment at a Singapore hospital, through medical tourism. They get information very easily in terms of hospitals, medical equipment facilities, medical personnel, including costs. such as Singapore having The Best Hospital in The World facilities, Singapore General Hospital (SGH) as the third best hospital in the world beating John Hopkins and Tokyo University Hospital (Singapore Hospitals, 2019). Hospitals in Singapore with complete and modern medical facilities and equipments. For example Mount Elizabeth Hospital which is ranked 4th nationally with complete facilities ranging from general surgery, neurosurgery to plastic surgery (Mount Elizabeth Hospital, 2020). Of the respondents 58% easily get information on health care costs easily. The following is an estimate of the cost of medical treatment in Singapore for the procedures most frequently undertaken by Indonesian patients in Singapore.

Table 1 Singapore Medical Cost Estimate

Disease Name	Medical Treatment	Doctor Fee	Hospital Costs
Carpal tunnel syndrome	Hand surgery to reduce pressure on the patient's (median) nerve	¹⁴ SGD 2,180 – 4,334	SGD 1,172 – 2,166

Multiple sclerosis	Treatment per month	SGD 2,200	
Scoliosis	Corrective surgery for spinal deformities	SGD 16,585 – 24,000	SGD 8,082 – 13,368
Cervical cancer	Surgical removal of the lump (<2cm)	SGD 3,595 – 5,350	SGD 2,681 – 4,105
Womb cancer	Surgical removal of (partial) uterus due to benign tumor	SGD 5,000 – 9,299	SGD 2,609 – 4,896
Breast cancer	Surgical removal of (partial) breast due to benign tumor	SGD 3,210 – 5,487	SGD 2,798 – 3,747
Heart disease	Cardiac catheterization	SGD 3,900 – 5,350	SGD 4,359 – 7,283
	Angioplasty surgery (non-emergency)	SGD 8,100 – 14,761	SGD 5,791 – 10,544
	Bypass graft operation	SGD 16,401 – 27,772	SGD 15,044 – 23,517
Cataract	Surgery (both eyes)	SGD 4,120 – 8,025	SGD 1,665 – 2,168
	Knee replacement surgery (both knees)	SGD 16,050 – 25,760	SGD 6,409 – 10,587
Orthopedics	Hip replacement surgery (partial)	SGD 7,000 – 10,700	SGD 4,131 – 6,206
	Hip replacement surgery (partial)	SGD 9,630 – 16,050	SGD 5,349 – 7,840

Note. According to the patient's condition

Source: Ministry of Health And Private Hospital In Singapore, 2019.

The quality of services that are trusted by the international community at lower costs with guaranteed facilities, complete health facilities in both public and private hospitals, Malaysia is still implementing savings in 2020-present between 42%-92% compared to surgery in America (<http://www.malaysiameditravel.com>). It is different in Indonesia, in terms of public hospital services, the cost is still expensive because the facilities are not maximized. In 2019-present, coronary angioplasty bypass graft (CABG) heart surgery costs in the range of 63-130 million or around USD \$ 4500-9400,

(Hospital Harapan Kita, Jakarta 2020). With good quality, judging by the estimated cost of cardiac catheterization, RM25,000 , Stenting & angioplasty surgery RM20,000, Heart bypass surgery RM80,000 (calculation RM1 = Rp3,973.15 in April 2020) (HSC Medical Centre, 2020). The increase in Indonesia's medical expenses in 2019 was 12.6%, more than the increase in medical costs in Malaysia by 12.5%, Singapore 9.1%, and the average for countries in Asia of around 10% (WHO, 2019).

Respondents 35% said that treatment in hospitals in Malaysia is cheaper with good quality. Malaysia is one of the countries with the cheapest medical costs for Indonesian citizens compared to other countries such as Singapore, in terms of the quality dimension. This is also influenced by population growth that is not too high and followed by fairly stable economic growth. The public is not burdened with high costs, because Malaysian public hospitals have implemented fee waivers for their people, more than 95% of the costs are borne by the government (Ministry of Health Malaysia, 2019). This shows the welfare of the community in terms of health. Malaysia's medical tourism revenue from hospital admissions alone more than tripled in a decade, reaching 1.05 million with revenue of RM 1.3 billion (Rp. 4.5 trillion) in 2017, RM 1, 7 billion (S\$ 550 million) in 2019, and contributed RM8 billion to the economy (Ministry of Health Malaysia, 2019).

Health Service Innovation Towards Excellent Service For Indonesia

The healthcare system in Malaysia consists of public services funded by taxes and administered by the government; as well as the private sector. Public sector health services are managed centrally by the Malaysian Ministry of Health, which also regulates the pharmaceutical and food safety industries. The public sector (MOH) provides a comprehensive range of services such as health promotion, disease prevention, curative care and rehabilitation provided through clinics and hospitals. Meanwhile, the private sector is funded by taxes, business ownership, insurance, and medical treatment. The private health sector provides healthcare services focused on urban areas, through private clinics and hospitals with specialized care for curative care. According to Tjiptono (2009:34), service quality is the level of expected advantage and control over the level of excellence to fulfill customer desires. Service quality according to Goesh and Devis (in Tjiptono, 2007:15) are: "A condition that dynamics related to products, services, people, environmental processes that meets or exceeds customer expectations"

This service system can be used as a reference for excellent service in Indonesia. The Indonesian health service system as a strengthening of the health financial system is through the National Health Insurance (JKN) which has provided health services for the entire community of 143 million people in order to achieve universal health coverage 2017. (Menkes Indonesia, Geneva Switzerland, 2017), needs to be carried out continuously. Achievement of Healthy Indonesia 2019, carried out the transformation and reform of primary health services, strengthening the health system through an effective referral system, optimizing strong health services in hospitals and visionary research for medical science to realize fair and inclusive health services for all levels of society.

Public health services (Public Health) in Indonesia are sought to balance the distribution of knowledge and health workforce, as well as protection of foreign medical personnel in Indonesia against population growth, changing patterns of disease spread, and economic trends. The government is increasing foreign medical personnel and specialist doctors to encourage competition for the quality of doctor services in Indonesia. To promote health promotion programs that prevention is better than treatment, balanced nutritious diet, smoking cessation, environmental health, the fiscal capacity supported by maximum funds by the Government/Local Government needs to be implemented as health services from promotive to rehabilitative.

Reducing the intensity of Indonesian patients for treatment abroad, as stated by the Deputy Minister of BUMN, Budi Gunadi Sadikin (10/2/2020) "A lot of money goes out because we don't have a good health industry.", the Indonesian health industry is not independent, because 90% raw materials for medicines and medical devices are still imported. In 2014, for example, imports of medical devices reached 750 million US dollars. While pharmaceutical raw materials 1.3 billion US dollars imported from China and India. Then increase the transformation to form a state-owned holding hospital by increasing hospital facilities.

Hospitals in Indonesia are lacking human resources. "The number of specialist doctors in Indonesia is the lowest in Southeast Asia, there are only five specialist doctors for 1,000 people, "Far from the WHO ideal value, 23 doctors for 100 people," (Indonesian Ministry of Health, 2019). Indonesia in 2019 only had 4,000 surgeons Of this number, 1800 people are general surgeons. Of the 1800 general practitioners, there

are 1250 people who live in big cities in Java and Bali. So until now, type C and D hospitals require a doctor. general surgery cannot be fulfilled because there are still many doctors who live in urban areas (Indonesian neurosurgeon expert, Prof. Sri Muliawan, 2019). For this reason, innovation in services, human resources, or operational systems, maximizing the use of big data to artificial intelligence related to these problems One of them is the development of diagnostic tools, emergency services, and the establishment of e-medical records, so that network hospitals can draw data from each other.

Unlike Singapore and Malaysia, Indonesia has not implemented a medical tourism system, a) access to information about health services is not as easy as the two countries. b) Even though doctors in Indonesia are able to do it and in terms of credibility and capacity and expertise, they are not much different from doctors in high-class hospitals abroad. However, inadequate medical equipment in Indonesia and the unequal distribution of medical personnel have resulted in many public health services, especially the lower middle class, who do not receive services fairly and evenly. However, not all hospitals can keep up with the development of this technology. "This is seen more from the point of view of population growth. Indonesia itself has a fairly high population growth, thus giving rise to the establishment of hospitals for various economic classes. As a result, not all hospitals can have optimal hospital facilities," this is different from the number of hospitals in Singapore and Malaysia, which have implemented medical tourism programs. Because the number of hospitals is small, it is easier to achieve equal distribution of facilities and technology. d) International Accreditation, actually there are several hospitals in Indonesia that already have the certification, but not all hospitals have it evenly. In addition, the issue of certification is also not very visible, so not many people understand and know about it. e) costs are still expensive, so BPJS is used by the community for all economic classes. For this reason, Indonesia is improving to implement medical tourism.

Conclusion

The determining factor for the increase in patients seeking treatment abroad, especially Singapore and Malaysia, is due to hospital services, human resources, namely ¹⁵ medical personnel and medical staff, the quality of hospital services, in addition to the prestige factor and financially capable of doing so. Singapore and Malaysia are implementing medical Tourism implements fast, precise, accurate services, cheap

medical costs, and friendly and communicative attitudes of medical personnel are some of the patient's expectations for hospital services.

The innovation of Indonesia's prime health services will increase public perception to reduce the level of treatment abroad, by opening the widest possible Indonesian medical tourism. By implementing medical tourism, fast and appropriate hospital services, cheap medical costs, and friendly and communicative attitudes of medical personnel are patient satisfaction, because the globalization of medical services and the free market of the medical industry are increasingly leaking Indonesian foreign exchange, IDR 80-90 trillion per year. -years are a wasted amount taken abroad, therefore it is time for the innovation of doctor and hospital services to be optimized. Things that are very concerned by Indonesia, which innovates in implementing medical tourism, are patient safety and service standards for medical personnel.

Bibliography

- 19 Saut Pakpahan. *Pelayanan Prima (Service Excellant) Di Rumah Sakit. RSUD*, Pruri Husada. Tembilahan. 7 November 2015.
- 3 Abdelkader Benmansour, N. (2018). *Citizens And Expatriates Satisfaction With Public Services In Qatar – evidence from a survey*. International Journal of Social Economics, 46(3), 326–337. <https://doi.org/10.1108/IJSE-03-2018-0118>
- 3 Bates, K., Bates, H., & Johnston, R. (2003). *Linking Service To Profit: The Business Case For Service Excellence*. International Journal of Service Industry Management, 14(2), 173–183.
- 10 Bisnis.com. "Setiap Tahun, Rp100 Triliun Melayang karena Pasien RI Berobat di Luar Negeri", 3/7/2018
- 2 IntraHealth International. *10 Global Health Issues to Watch in 2018*. 19 January 2018.
- 6 <http://www.malaysiameditravel.com/costsavings.html>
- <http://www.hospitalsmalaysia.org/index.cfm?menuid=41&parentid=28>
- <http://www.hospitalsingapore.org/index>
- Kebijakan Kesehatan Indonesia. <http://rona.metrotvnews.com>
- 2 Kementerian Kesehatan Republik Indonesia. *AS Apresiasi Peran Indonesia dalam Global Health Security Agenda*. 19 Mei 2017. <http://www.depkes.go.id/article/view/17052200001/as-apresiasi-peran-indonesia-dalam-global-health-security-agenda-.html>.

- ⁹ Lassere, C. (2010). *Fostering a Culture of Service Excellence. Medical Practice Management*. November/Desember 2010. Retrieved from proquest.com. (Accessed on November 13, 2014).
- ³ Padma, P., & Wagenseil, U., 2018. *Retail Service Excellence: Antecedents And Consequences*. International Journal of Retail & Distribution Management, 46(5), 422–441.
- ⁶ Parasuraman, ZA, and Berry, L.L. (2006). *Delivering Quality Service: Balancing Customer Perception and Expectations*, 6Ed. New York, The Free Press
- ⁷ Thailand International Cooperation Agency. “Target Countries.” Thailand International Cooperation Agency. 4 November 2013. <http://www.tica.thaigov.net/main/en/aid/40612-Target-Countries.html>. (diakses Oktober 2, 2018).
- UK Government. *Health is Global, A UK Government Strategy 2008-2013*. Publication, UK Government, 2008.
- ² World Health Organization. *World Health Statistics 2017: Monitoring Health for the SDGs, Sustainable Development Goals Statistics*, Geneva: World Health Organization, 2017.
- ² World Health Organization. *Global Conference on Primary Health Care: Towards Health for All*. thn. <http://www.who.int/mediacentre/events/2018/global-conference-phc/en/> (diakses Oktober 1, 2018).



¹¹ © 2022 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>).

IMPLICATIONS OF HEALTHCARE SYSTEM IN SINGAPORE AND MALAYSIA AS INTERESTING LESSONS TOWARDS PRIMARY SERVICE INNOVATION FOR INDONESIA

ORIGINALITY REPORT

17%

SIMILARITY INDEX

15%

INTERNET SOURCES

7%

PUBLICATIONS

5%

STUDENT PAPERS

PRIMARY SOURCES

1

123dok.co

Internet Source

2%

2

kemlu.go.id

Internet Source

2%

3

media.neliti.com

Internet Source

2%

4

jurnalfuda.iainkediri.ac.id

Internet Source

2%

5

ojs.iainkediri.ac.id

Internet Source

1%

6

jurnal.unitri.ac.id

Internet Source

1%

7

jurnal.um-tapsel.ac.id

Internet Source

1%

8

Ambiro Puji Asmaroini, Ardhana Januar Mahardhani, Muhammad Afif Mahrus. "The Role of Mosque for Internalizing Pancasila

1%

through Ngaji Filsafat in MJS Yogyakarta", Al-Adabiya: Jurnal Kebudayaan dan Keagamaan, 2020

Publication

9	journal.stkipsingkawang.ac.id Internet Source	1 %
10	indonesien.um.dk Internet Source	1 %
11	ijssr.ridwaninstitute.co.id Internet Source	1 %
12	ijisrt.com Internet Source	1 %
13	www.ijbmm.com Internet Source	1 %
14	www.smarterhealth.id Internet Source	1 %
15	Suriadi, I Abadi, R Jasiyah, Hardin, N Dahniar, Jusni, M J Alputila. "The consciousness of excellent quality service to improve effectiveness of TQM and kaizen-PDCA quality management", IOP Conference Series: Earth and Environmental Science, 2019 Publication	1 %
16	es.scribd.com Internet Source	<1 %

www.jurnal.utu.ac.id

17

Internet Source

<1 %

18

Joseph Abiodun Balogun. "The Nigerian Healthcare System", Springer Science and Business Media LLC, 2021

Publication

<1 %

19

rsudpurihusada.inhilkab.go.id

Internet Source

<1 %

20

www.himalayanglacier.com

Internet Source

<1 %

21

www.shs-conferences.org

Internet Source

<1 %

Exclude quotes Off

Exclude matches Off

Exclude bibliography Off