Comparative Analysis of Perceptions of Doctors, Management, Nurses and Patients on the Use of the Enhanced Recovery After Caesarean Surgery Method Based on the Concept of Perceived Value

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Abstract

In this era of modernization, several companies, one of which is hospitals, are adopting E-Service Quality because currently patients prefer services that are quickly accessible wherever and whenever they are, so this adds to the main function of a service. One of the services of the Obstetrics and Gynecology unit, especially the delivery service using the ERACS (Enhanced Recovery After Caesarean Surgery) method, is a surgical procedure that increases profits for hospital Agencies. So, it can influence consumer value perceptions, perceived quality and hospital imAge and patient satisfaction. The aim of this research is to analyze differences in perceptions between the components of doctors, management, nurses and patients based on perceived value in implementing ERACS actions. This research method uses a quantitative research approach, survey method and the type of research is hypothesis testing with descriptive analysis and comparative analysis. The sampling technique used was a saturated sampling technique. The number of samples used was 50 respondents. The research results show that the Mann Whitney test analysis on the combination of all components which compares benefits and costs, shows that the p-value is 0.000 ($p < 0.05$), meaning there is a significant difference between benefits and costs on the combination of all components. It can be concluded that there is a significant difference between benefits and costs in the doctor, management, nurse and patient components.

Keywords: *Enhanced Recovery After Caesarean Surgery, Perceived Value, Perceptions.*

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A. INTRODUCTION

In determining the right marketing strategy so that a company or business can "survive" and win in business competition, the strategy carried out by modern companies, both those operating in the services sector and those operating in the tangible products sector today, is to compete to demonstrate value. This means that companies no longer focus on offering products alone but are more likely to sell values that are considered superior to other companies which are unique from other companies (Hasyim, Anindita, 2009). So that companies can sell value that is in line with the hope of meeting consumers' needs and desires, companies must make efforts to understand consumers' perceptions of the desired value.

In the current era of globalization, companies do not absolutely have to go to great lengths to find consumers who are suitable for the products or services they sell, but consumers themselves will look for companies to obtain these products or services.

This results in a change in consumer behavioral intentions that is different from before. Nowadays, there are many businesses with competition in favoring their products or services. It is not limited to goods businesses, but service businesses are also competing in competition and fighting for their best position. Company management really needs to pay more attention quickly and carefully in order to excel so that it can compete with other competitors. For example, online services (such as Gojek and Grab) have succeeded in changing consumer behavioral intentions with the emergence of new innovations. Perceived value is the customer's perception of value where the company must consider the value and develop its products and services so that they are in line with what customers expect (Yamin, 2013).

The perception of value is also closely related to the object where the company provides services that have never existed before. In this era of modernization, several companies are adopting E-Service Quality because currently customers prefer services that are quickly accessible wherever and whenever they are so that this adds to the main function of a product. For this reason, a company must be able to meet customer needs to provide customer satisfaction with a company. Likewise, hospitals with their businesses are growing rapidly and there are many human resources working in hospitals to provide good quality services to consumers or customers, so that a hospital or a company can develop more rapidly as expected by management so that it can assessing the perceptions of customers and human resources for better and higher quality evaluation materials in the future. In research, Indrata (2017) conducted research on the influence of perceived value and E-service Quality on Customer Behavioral Intention through Customer Satisfaction in customers, with the result that perceived value had a significant effect on customer satisfaction.

Accuracy in assessing consumer needs and desires will have a positive impact on the company because meeting consumer needs and desires has a positive impact on the company because fulfilling consumer needs and desires has an impact on their satisfaction in receiving the product or service offered. This is because Perceived Value refers to assessment. Perceived determinants of any social behavior include attitudes, ideologies, beliefs and justifications (Philip, 2011). Perception is also closely related to consumer satisfaction and loyalty (Zhilin, 2014).

Consumer perception is also related to trust which has an impact on the acceptance of a product or service offered (Hasyim et al., 2016). However, measuring perceived value solely on perceived price is an important concept but not sufficient because price is closely related and often used with the concept of benefits received for total sacrifice. A value is a customer's overall assessment of the utility or usefulness of a product based on perceptions of what is received and what is given. In addition, it is defined as the interaction between customers and their products or services. In the service sector such as health services, perceived value is based on service characteristics, because services are intangible products. Its nature is inseparable, heterogeneous, invisible and can only be felt. The quality of service in health services such as hospitals is an important element in health services which greatly impacts patient satisfaction and is one of the main indicators of health facility standards which

is the result of the influence on health services provided by hospitals and this is what makes measuring patient satisfaction a important component (Anvika, 2018).

The level of competition in the hospital business world in the current era of globalization is getting tighter, especially in the field of maternity, where hospitals are always trying to reach new consumers and trying to increase their market share. Basically in the business world, if there are more competitors, there will be more choices for consumers so they can choose which product will meet their expectations. The problem is that intense competition or the large number of players in the market with all kinds of product advantAges on offer will make it increasingly difficult for companies to get new consumers, let alone increase the number of consumers. The products offered have a positive effect on customer decisions.

Service quality affects patient satisfaction, simultaneously, service quality and brand imAge affect patient satisfaction. Thus, patient satisfaction affects patient loyalty. The implication of this research is that hospital manAgers need to continuously improve service quality and brand imAge so that patient satisfaction can be increased, which in the end will ensure loyalty to become regular customers (Tangkas, 2017).

Service quality has a direct influence on customer loyalty and service quality has an indirect influence on customer loyalty through the mediation of customer trust. However, Quality service does not indirectly affect customer loyalty through the mediation of customer satisfaction. Quality of service affects Satisfaction. Service quality affects customer trust (Indrawati, 2020).

Enhanced Recovery After Cesarean Section (ERACS) or ERAS in cesarean deliveries consists of optimizing antepartum services, intrapartum services including anesthesia management and postpartum services for inpatients and outpatients so as to create standardized guidelines (Ministry of Health, Republic of Indonesia, 2018). There are several variations of ERAS terminology in cesarean section operations that we can find, namely enhanced recovery after surgery in caesarean delivery (ERASCD), enhanced recovery after caesarean section (ERAC), and enhanced recovery after caesarean section (ERACS) (Wollny et al., 2021).

B. METHOD

This research method uses a quantitative research approach, survey method and the type of research is hypothesis testing with descriptive analysis and comparative analysis. The sampling technique used was a saturated sampling technique. The number of samples used was 50 respondents consisting of 6 doctors, 8 management respondents, 11 nurses and 25 patients. Data collection techniques with observation, interviews, and questionnaires.

C. RESULTS AND DISCUSSION

1. Descriptive Analysis of Respondent Characteristics

Descriptive characteristics of respondents in this study are presented for each hospital component, namely doctors, management, nurses and patients. Descriptive

statistical characteristic variables for the physician component can be seen in the table below:

Table 1. Descriptive Results of Physician Profile Statistics

Variable	Frequency	Percentage
Gender		
Man	4	66,7
Woman	2	33,3
Age		
17-40 years	0	0,0
41-50 years	5	83,3
> 50 years	1	16,7
Part		
Anesthesiologist	2	33,3
Specialist Doctor Obgyn	4	66,7
Length of Working		
1-2 years	0	0,0
3-4 years	1	16,7
> 4 years	5	83,3
Total	**6**	**100,0**

Source: Data Processing Results, 2023

The results of the frequency distribution on the Variable Gender show that there are 4 doctors who are Gender Man (66.7%) and there are 2 doctors who are Gender Man (33.3%), the majority of doctors are Gender Man.

The results of the Frequency distribution on the Age Variable showed that there were 5 doctors with an age of 41-50 years (83.3%) and 1 person (16.7%) with an age above 50 years, the majority of doctors aged 41-50 years.

The results of the Frequency distribution on the Variable Part show that there are 2 doctors who work as anesthesiologists (33.3%) and 4 people who work as ob-gyn specialists (66.7%), most of the doctors work as ob-gyn specialists.

The results of the frequency distribution on the Variable Length of Working show that there are 1 doctor with a Length of Working of 3-4 years (16.7%) and with a Length of Working above 4 years as many as 5 people (83.3%), the majority of doctors with Length of Working of Working over 4 years.

Descriptive statistics Characteristic variables for management components can be seen in the table below:

Table 2. Descriptive Results of Management Profile Statistics

Variable	Frequency	Percentage
Gender		
Man	4	50,0
Woman	4	50,0
Age		
17-40 years	4	50,0
41-50 years	4	50,0
> 50 years	0	0,0
Part		
Finance	5	62,5
Casemix	3	37,5

Lenght of Working		
1-2 years	1	12,5
3-4 years	2	25,0
> 4 years	5	62,5
Total	**8**	**100,0**

Source: Data Processing Results, 2023

The results of the frequency distribution on the Variable Gender show that there are 4 management who are Gender Man (50.0%) and those who are Gender Woman are 4 people (50.0%), the gender in the management component has the same Percentage between Man and Woman.

The results of the Frequency distribution on the Variable Age show that there are 4 people (50.0%) of management whose Age is 17-40 years and 4 people (50.0%) whose Age is 41-50 years, the Age in the management component has the same percentage between Age 17-40 years and 41-50 years.

The results of the frequency distribution on the Variable Part show that the management working on Part finance is 5 people (62.5%) and those working on Part casemix are 3 people (37.5%), most of the management working on Part finance.

The results of the frequency distribution on the Variable Length of Working show that management with a Length of Working of 1-2 years is 1 person (12.5%), with a Length of Working of 3-4 years is 2 people (25.0%), and those with a Length of Working of working over 4 years as many as 5 people (62.5%), most of the management length of working above 4 years.

Descriptive statistics Characteristic variables for the nurse component can be seen in the table below:

Table 3. Descriptive Statistical Results of Nurse Profiles

Variable	Frequency	Percentage
Gender		
Man	2	18,2
Woman	9	81,8
Age		
17-40 years	8	72,7
41-50 years	2	18,2
> 50 years	1	9,1
Lenght of Working		
1-2 years	2	18,2
3-4 years	2	18,2
> 4 years	7	63,6
Total	**11**	**100,0**

Source: Data Processing Results, 2023

The results of the Frequency distribution on the Gender Variable show that there are 2 nurses with the Gender Man (18.2%) and 9 people with the Gender Woman (81.8%), most of the nurses are Gender Woman.

The results of the Frequency distribution on the Age Variable show that there are 8 nurses whose age is 17-40 years (72.7%), 2 people whose age is 41-50 years (18.2%), and 1 person whose age is above 50 years. (9.1%), most of the nurses are aged

17-40 years.

The results of the frequency distribution on the variable length of working show that there are 2 nurses whose length of working is 1-2 years (18.2%), those whose length of working is 3-4 years are 2 people (18.2%), and those who are long 7 people (63.6%) had more than 4 years of working, most of the nurses had a working length of more than 4 years.

Descriptive statistics Characteristic variables for patient components can be seen in the table below:

Table 4. Descriptive Results of Patient Profile Statistics

Variable	Frequency	Percentage
Gender		
Man	0	0,0
Woman	25	100,0
Age		
17-40 years	23	92,0
41-50 years	2	8,0
> 50 years	0	0,0
ERACS		
Pertama	25	100,0
Kedua	0	0,0
Total	**25**	**100,0**

Source: Data Processing Results, 2023

The results of the Frequency distribution on the Gender Variable show that there were 0 patients with the Gender Man (0.0%) and those with the Gender Woman as many as 25 people (100.0%), all patients were Gender Woman.

The results of the Frequency distribution on Variable Age showed that there were 23 patients whose age was 17-40 years (92.0%) and 2 people whose age was 41-50 years (8.0%), most of the patients were 17-40 years old.

The results of the Frequency distribution in the Variable Part show that 25 patients used the ERACS method for the first time (100.0%) and 0 people (0.0%) used the ERACS method for the second time. All patients used the ERACS method for the first time.

2. Three Box Method Descriptive Analysis

This analysis uses index values to obtain the tendency of respondents' answers to each variable based on the average score value (index) which is categorized by the score range in the three-box method calculation. The following are the Three Box Method categories for each hospital component.

Table 5 Three Box Method Categories for Each Hospital Component

Information	Doctor	Management	Nurse	Patient
Upper limit	6,0	8,0	11,0	25,0
Lower limit	1,2	1,6	2,2	5,0
Range	4,80	6,40	8,80	20,00
Range Part	1,60	2,13	2,93	6,67
Category				

Low	1,20	2,80	1,60	3,73	2,20	5,13	5,00	11,67
Currently	2,80	4,40	3,73	5,87	5,13	8,07	11,67	18,33
High	4,40	6,00	5,87	8,00	8,07	11,00	18,33	25,00

Table 5 Three Box Method Perceived Value Cost

No,	Cost	Doctor		Management		Nurse		Patient	
		Index	Conclusion	Index	Conclusion	Index	Conclusion	Index	Conclusion
I	*Monetary Cost*	2,7	Low	4,5	Currently	5,1	Low	16,5	Currently
II	*Time Cost*	3,3	Currently	5,1	Currently	6,4	Currently	17,6	Currently
III	*Energy Cost*	3,0	Currently	3,5	Low	6,8	Currently	15,4	Currently
IV	*Psychological Cost*	1,9	Low	4,7	Currently	5,5	Currently	16,0	Currently
	Average *Cost*	**2,7**	**Low**	**4,4**	**Currently**	**5,9**	**Currently**	**16,3**	**Currently**

Based on the table above, the Doctor, Management, and Patient components have the same perception in assessing Time Cost as the best cost sub- dimension, while the Nurse component assesses Energy Cost as the best cost sub- dimension.

While the Management and Patient components have the same perception in assessing Energy Cost as the worst cost sub- dimension, the Doctor component assesses psychological cost as the worst cost sub- dimension, and the Nurse component assesses monetary cost as the worst cost sub- dimension.

Tabel 6. Three Box Method Matriks Perceived Value

Perceived Value			
High Benefits	Doctor	Management & Patient	
Currently Benefits		Nurse	
Low Benefit			
	Cost Low	Cost Currently	Cost High

Based on the three-box method analysis in the table above, it can be concluded that the Doctor component has a perceived high benefit and low cost, the Management and Patient components have a high perceived benefit and moderate cost, while the Nurse component has a moderate perceived benefit and moderate cost.

There is not a single component that perceives high benefits and high costs or that perceives low benefits and low costs, meaning that no component has the perception of 'extremely good' or 'extremely bad'.

Tabel 7. Three Box Method Perceived Value

No	Perceived Value	Doctor (6)		Management (8)		Nurse (11)		Patient (25)	
		Index	Conclusion	Index	Conclusion	Index	Conclusion	Index	Conclusion
I	Benefit	4,8	High	7,4	High	7,2	Currently	21,1	High
II	Cost	2,7	Low	4,4	Currently	5,9	Currently	16,3	Currently
III	Perceived Value	3,7	Currently	5,9	High	6,6	Currently	18,7	High

Based on the analysis of the three-box method in the table above, the Management and Patient components have the same perception of perceived value where both components assess that the perceived value is good (high), meaning that it needs to be maintained and maintained, while the Doctor and Nurse components have the same perception of perceived value. where the two components assess the perceived value is still moderate, meaning there is still something that needs to be improved.

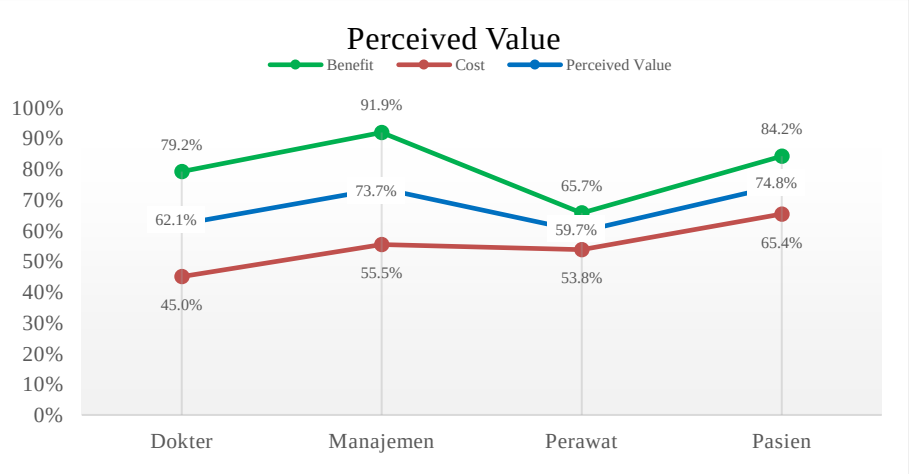

Figure 1. Perceived Value

In the picture above, the index value is converted into a Percentage value so that it can be compared. The Percentage value is obtained by dividing the index value by the total respondents in each component. Based on the component assessment of benefits, it can be seen that the Management component's assessment of benefits has the highest percentage, namely 91.9%, while the Nurse component's assessment of benefits has the lowest percentage, namely 65.7%. Meanwhile, based on the component assessment of cost, it can be seen that the Patient component assessment of cost has the highest percentage, namely 65.4%, while the Doctor component assessment of cost has the lowest percentage, namely 45.0%.

Table 8. Difference Test between Components Based on Perceived Value

Dimension	Component	Total	Average	P-Value	Conclusion
Perceived Value	Doctor	6	3.183	0.000	There are differences
	Management	8	3.684		
	Nurse	11	2.987		
	Patient	25	3.739		
Benefit	Doctor	6	3.958	0.000	There are differences
	Management	8	4.596		
	Nurse	11	3.285		
	Patient	25	4.211		
Cost	Doctor	6	2.410	0.000	There are differences
	Management	8	2.775		
	Nurse	11	2.688		
	Patient	25	3.269		

Based on the Kruskal Wallis test analysis, the perceived value, benefit, and cost obtained a p value (Sig.) of 0.000 (Sig. <0.05) meaning that Ho is rejected so it can be concluded that there is a significant difference between hospital components (Doctor, Management, Nurse, and patient) based on perceived value, benefit, and cost. To find out which components are significantly different in perceived value, the next step is to carry out an advanced test analysis. Here is an advanced test analysis for perceived value.

Table 9. Advanced Test Analysis of Perceived Value

Sample1-Sample2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj.Sig.
Perawat-Dokter	2.992	7.392	.405	.686	1.000
Perawat-Manajemen	19.847	6.768	2.932	.003	.020
Perawat-Pasien	-23.749	5.270	-4.507	.000	.000
Dokter-Manajemen	-16.854	7.866	-2.143	.032	.193
Dokter-Pasien	-20.757	6.621	-3.135	.002	.010
Manajemen-Pasien	-3.902	5.916	-.660	.510	1.000

Based on further test analysis of the perceived value, it can be seen that there are 3 (three) pairs of components that are significantly different ($p < 0.05$), namely the Nurse-Management component, the Nurse-patient component, and the Doctor-patient component. To find out which components differ significantly in the following benefit dimensions, the results of the follow-up test analysis are presented.

Table 10 Further Test Analysis of Benefit Dimensions

Sample1-Sample2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj.Sig.
Perawat-Dokter	12.235	7.360	1.658	.097	.584
Perawat-Pasien	-20.118	5.261	-3.824	.000	.001
Perawat-Manajemen	29.943	6.756	4.432	.000	.000
Dokter-Pasien	-7.883	6.610	-1.193	.233	1.000
Dokter-Manajemen	-17.708	7.863	-2.255	.024	.145
Pasien-Manajemen	9.825	5.906	1.663	.096	.577

Based on the analysis of the follow-up test on the value of the benefit dimension, it can be seen that there are 2 (two) pairs of components that differ significantly ($p < 0.05$), namely the Nurse-Patient component and the Nurse-Management component. To find out which components differ significantly in the cost dimension, the following are the results of further test analysis.

Table 11 Advanced Test Analysis of Cost Dimensions

Sample1-Sample2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj.Sig.
Dokter-Perawat	-7.220	7.388	-.977	.328	1.000
Dokter-Manajemen	-8.833	7.862	-1.124	.261	1.000
Dokter-Pasien	-24.163	6.618	-3.651	.000	.002
Perawat-Manajemen	1.614	6.764	.239	.811	1.000
Perawat-Pasien	-16.944	5.267	-3.217	.001	.008
Manajemen-Pasien	-15.330	5.913	-2.592	.010	.057

Based on further test analysis of the cost dimension values, it can be seen that there are 2 (two) pairs of components that are significantly different ($p < 0.05$), namely the Doctor-Patient component and the Nurse-patient component.

3. Analysis of the Difference Test between the Dimensions of Perceived Value in Each Component

Analysis of the difference test between dimensions of perceived value, namely between benefits and costs is to see whether there is a significant difference or not between benefits and costs in each hospital component. The difference test between the dimensions of perceived value was carried out using Mann Whitney analysis.

Table 12. Difference Test between Perceived Value Dimensions

Komponen	Dimensions	Total	Average	P-Value	Coclusion
Whole	Benefit	50	4.039	0.000	There are differences
	Cost	50	2.959		
Doctor	Benefit	6	3.958	0.004	Thereare differences
	Cost	6	2.410		
Management	Benefit	8	4.596	0.001	There are differences
	Cost	8	2.775		
Nurse	Benefit	11	3.285	0.006	There are differences
	Cost	11	2.688		
Patient	Benefit	25	4.211	0.000	There are differences
	Cost	25	3.269		

Based on the analysis of the Mann Whitney test on the combination of all components that compare benefits and costs, it can be seen that the p-value is 0.000 ($p < 0.05$) meaning that Ho is rejected so it can be concluded that there is a significant difference between benefits and costs in the combination of all components.

The Doctor component also compared benefits and costs. It can be seen that the p-value is 0.004 ($p < 0.05$) meaning that Ho is rejected, so it can be concluded that there is a significant difference between benefits and costs in the Doctor component.

In the Management component, benefits and costs are also compared, it can be seen that the p-value is 0.001 ($p < 0.05$) meaning that Ho is rejected so it can be concluded that there is a significant difference between benefits and costs in the Management component. In the Nurse component, benefits and costs are also compared, it can be seen that the p-value is 0.006 ($p < 0.05$) meaning that Ho is rejected so it can be concluded that there is a significant difference between benefits and costs in the Nurse component. Finally, the patient component was also compared between benefits and costs. It can be seen that the p-value was 0.000 ($p < 0.05$) meaning that Ho was rejected, so it can be concluded that there is a significant difference between benefits and costs in the patient component.

Based on the recapitulation in table 4.6 the averAge index for the doctor component on the Benefit dimension is 4.8 which is included in the high category. Where based on sub-dimensions, ImAge Benefit is the highest with an averAge index of 5.4 and Product Benefit is the lowest with an averAge index of 3.6.

The highest index value is in the statement in the ImAge Benefit sub-dimensional, where the benefit that is considered the best by the Physician component is "The imAge of the Hospital is better by applying the ERACS method" and "Hospitals are more famous for the ERACS method".

According to Hsu (2004) social benefits are obtained by consumers when they use or identify themselves with certain brands. This relates to feelings of recognition, acceptance, and positive evaluation from others in the consumer's social circle based on the association of the brand. Meanwhile, Jia (2010) describes ImAge Benefit as a cognitive benefit that is obtained by consumers when they associate a brand with positive characteristics or desired values. This involves the perception of the brand as reliable, high quality, innovative or in line with consumer identity or aspirations.

Based on the recapitulation in table 4.7, the averAge index for the Doctor component based on the cost dimension is 2.7, which is included in the low category. Time Cost with an averAge index of 3.3 and Psychological Cost with an averAge index of 1.2. The highest index value is in the statement "The ERACS method implements good time efficiency". Time Cost influences additional costs and is closely related to customer satisfaction and their loyalty. This is supported by the concept of De (1995), where Time cost refers to additional costs incurred due to delays in completing a project or activity. Such delays can result in lost opportunities to earn income or cause increased production costs. Meanwhile, from a customer satisfaction standpoint, Vanhoucke & Debels (2007) stated that time costs can also be seen from a customer or user perspective, where the length of time it takes to obtain a product or service can affect customer satisfaction and loyalty.

Based on table 4.8 recapitulation, the averAge index for the manAgement component on the benefit dimension is 7.4, where the highest index is in the Personal Benefits sub-dimensional, which is 7.7, while the lowest index is in the Product Benefit sub- dimension, which is 6.8. The highest index value is in statements in several sub-dimensions, namely Service Benefit, Personal Benefit, and ImAge Benefit. This shows that the benefit considered best by the manAgement component is "Patient is satisfied with the ERACS method service", "Patients are happy with the ERACS method", "Patients recover more quickly from anesthesia with the ERACS Method", and "Hospitals will be more famous with the ERACS Method".

While the lowest index value is in the statement in the Product Benefit sub-dimensional, this indicates that the benefit considered the least good by the manAgement component is "The ERACS method is the most effective". Service Benefits, Personal Benefits, and ImAge Benefits are 3 sub-dimensions that are interrelated in increasing customer satisfaction. The collaboration of these 3 benefits increases the selling value of a product. Fisher (2010) states that Service Benefit is the positive impact felt by customers when utilizing services, which includes increasing the value of the product or experience provided. This increased value may take the form of additional features, access to specialized knowledge, or improvements in meeting customer needs. Meanwhile, Bailey & Clarke (2001) stated that Personal Benefit involves considering the short-term and long-term impacts of actions or decisions. Someone may choose to get immediate benefits without considering the long-term implications, or conversely, they may delay gratification in order to obtain greater benefits in the future. Which ultimately cognitive benefits obtained by consumers when they associate a brand with positive characteristics or desired values.

This involves the perception of the brand as reliable, high quality, innovative, or in line with the consumer's identity or aspirations. As stated by Jia (2010) through the ImAge Benefit concept.

Based on the recapitulation in table 4.10, the averAge index for the nurse component for the benefit dimension is 7.2, which is in the medium category. Meanwhile, based on sub-dimensions, ImAge Benefit is the sub-dimension with the highest averAge index, namely 7.7, and Service Benefit is the sub-dimension with the lowest averAge index, namely 6.9.

The highest index value is in the statement in the ImAge Benefit sub-dimension, this shows that the benefit that is considered the best by the nursing component is "The imAge of the hospital is better by implementing the ERACS method". Meanwhile, the lowest index value is in the statement in the Service Benefit sub-dimension, this shows that the benefit that is considered the least good by the nursing component is "I will be friendly to patients using the ERACS method".

There are similarities with the Doctor component of the highest index on the ImAge Benefit dimension. The tendency for a high index in this dimension may be due to the basis of being medical personnel who are directly involved, where their assumption and expectation from the results of their work is to form a good institutional imAge, which in the end will have a good impact on the number of patient visits at the hospital. This is in accordance with the opinion of Ma (2017) ImAge Benefit is a behavioral benefit that encourAges consumers to choose or buy products or services from a brand consistently. This relates to brand loyalty, where consumers are more likely to choose the brand repeatedly because of the benefits they receive from the relationship with the brand.

Based on table 4.12, it is known that the overall averAge index value for the patient component in the benefit dimension at Gunung Maria Tomohon Hospital is 21.1, meaning it is included in the high category. Meanwhile, based on sub-dimensions, Service Benefit is the sub-dimension with the highest averAge index, namely 22.1, and Product Benefit is the sub-dimension with the lowest averAge index, namely 20.3.

The highest index value is in the statement in the Service Benefit sub-dimension, this shows that the benefit that is considered the best by the patient component is "The service provided is better". Meanwhile, the lowest index value is in the statement in the Product Benefit sub-dimension, this shows that the benefit that is considered the least good by the patient component is "The ERACS method is painless". Service Benefit and Product Benefit are 2 synergistic sub-dimensions on customer satisfaction. Direct satisfaction with their patients may be expressed verbally or in writing because they feel good benefits and no harm. This is supported by Lai's (1995) statement where Product Benefit is a direct benefit obtained by consumers from using or owning a particular product. These benefits can be in the form of fulfilling functional needs, such as providing solutions to certain problems or meeting basic needs. In terms of Service Benefit, Kinard & Capella (2006) state that it is the added value or profit obtained by customers from using certain services. Services that

provide customers with clear and relevant benefits are more attractive and valuable. These benefits could be efficiency, time savings, quality improvements, accessibility, or convenience.

Based on table 15, the doctor and nurse components have the same perception in assessing ImAge Benefits as the best sub-dimension of benefits, the manAgement component assesses personal benefits as the best sub-dimension of benefits, and the patient component assesses service benefits as a sub-dimension of benefits the best. Meanwhile, the doctor, manAgement and patient components have the same perception in assessing Product Benefits as the worst benefit sub-dimension, while the nurse component assesses service benefits as the worst benefit sub-dimension.

Based on table 4.16, the doctor, manAgement and patient components have the same perception in assessing Time Cost as the best cost sub-dimension, while the nurse component assesses Energy Cost as the best cost sub-dimension. Meanwhile, the manAgement and patient components have the same perception in assessing Energy Cost as the worst sub-dimension of cost, the doctor component assesses psychological cost as the worst sub-dimension of cost, and the nurse component assesses monetary cost as the worst sub-dimension of cost.

D. CONCLUSION

Based on the three-box method analysis, the manAgement and patient components have the same perception about perceived value where both components assess that perceived value is good (high), meaning it needs to be maintained and maintained, while the doctor and nurse components have the same perception about perceived value where the two components assess that the perceived value is still moderate, meaning there is still something that needs to be improved.

Based on the Kruskal Wallis test analysis, for perceived value, benefit and cost, a p value (Sig.) of 0.000 (Sig. < 0.05) is obtained, meaning that Ho is rejected so it can be concluded that there is a significant difference between the four components (doctors, manAgement, nurses, and patients) based on perceived value, benefits, and costs. Based on the Mann Whitney test analysis on the combination of all components which compares benefits and costs, it can be seen that the p-value is 0.000 ($p < 0.05$), it can be concluded that there is a significant difference between benefits and costs on the combination of all components.

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