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RELIABILITY STATISTICS FOR FACTORS AFFECTING THE BUSINESS SUCCESS OF ITO PRIVATE HOSPITAL THROUGH HEALTHCARE SERVICES

Phan Dang Ngoc Yen Van[1] and Tran Ngoc Thuy[2]

Lecturer of Lac Hong University (LHU)

ABSTRACT: *In Vietnam, highly competitive market in the private hospital industry has caused increasing pressure on them to provide services with higher quality. The aim of this study was to find out the factors affecting the business success of ITO private hospital through service quality (ITO Sai Gon - Dong Nai). Besides, the patient satisfaction is the most important parameter for judging the quality of healthcare service being provided by a service provider to the patient. Positive feedback from the patient leads to the goodwill of service providers in the market, which indirectly expands their business, whereas negative feedback makes it shrink. This theory is also applicable to healthcare providers. Nowadays, patients are aware of their rights in terms of healthcare services and the quality of healthcare services being delivered to them. The study results showed that there were 550 patients who interviewed and answered about 27 questions. Data collected from December 2016 to April 2017. This study had been analyzed Cronbach's Alpha testing and the result of Cronbach's Alpha used for the next research. Patients' responses measured through an adapted questionnaire on a 5-point Likert scale (Conventions: 1: Completely disagree, 2: Disagree, 3: Normal; 4: Agree; 5: completely agree). Hard copy and online questionnaire distributed among 40.000 patients. Besides, the result of Cronbach's Alpha is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.6 and Cronbach's Alpha is very reliability with significance level 5 percent. The research results processed from SPSS 20.0 software.*

KEYWORDS: Private Hospital, Healthcare Services, Patient, Service Quality and LHU

INTRODUCTION

Dong Nai province located in the southern key economic region (SKER), and connected to 3 regions of southeast, south central and central highlands of Vietnam, 30 km away from Ho Chi Minh City. Dong Nai province has many advantages to develop its economy and society, especial healthcare services. There has been significant growth in the number of private hospitals in Dong Nai province since the Government of Vietnam allowed private investment in the health sector. However, private hospitals still only contribute less than 5% of total hospital beds, and are unlikely to reach the target of 20% hospital beds (5 beds/10,000 populations) by 2020. Besides, the growth of private hospitals is one aspect of the Government of Vietnam's broader 'social mobilization' policy, which has also led to increased private investment in state hospitals. The aim of this policy is to mobilize resources from society to invest in key public services, and to allow all members of the community to access the benefits of these resources.

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Increasing private investment in healthcare is leading Vietnam to develop some of the characteristics of commercialized mixed health systems, such as pervasive market or financial transactions in provision of health services, blurred boundaries between public and private sectors, inadequate regulatory framework and poor compliance, and an underfunded government system.

In addition, the hospital of ITO Sai Gon - Dong Nai is general hospital in surgical, intensive orthopedic and rehabilitation, hospital specializes in treating diseases of the tendons, muscles, bones, joints, and spine. There are also departments like Internal general, General Surgery, stomatological, ENT, plastic surgery, pain management and diagnostic imaging services. ITO Sai Gon - Dong Nai has together with the staff of professors, good doctors, skilled doctors of hospital cooperation orthopedic City. Recent growth in private hospitals has contributed increased resources to hospital services, but private hospitals still remain only a small contributor to total hospital services, and are concentrated in wealthy and urban areas.

The above mentioned things, the researcher had chosen topic **"*Research factors affecting the business success of ITO private hospital through healthcare services***" as a paper. This paper helps mangers of ITO who apply the research results for improving policy on the quality of healthcare services.

LITERATURE REVIEW

Health care or healthcare is the maintenance or improvement of health via the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied health professions, chiropractic, physicians, physician associates, dentistry, midwifery, nursing, medicine, optometry, pharmacy, psychology, and other health professions. It includes the work done in providing primary care, secondary care, and tertiary care, as well as in public health.

Access to healthcare varies across countries, groups, and individuals, largely influenced by social and economic conditions as well as the health policies in place. Countries and jurisdictions have different policies and plans in relation to the personal and population-based healthcare goals within their societies. Healthcare systems are organizations established to meet the health needs of target populations. Their exact configuration varies between national and subnational entities. In some countries and jurisdictions, healthcare planning is distributed among market participants, whereas in others, planning occurs more centrally among governments or other coordinating bodies. In all cases, according to the World Health Organization (WHO), a well-functioning healthcare system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and policies; and well maintained health facilities and logistics to deliver quality medicines and technologies. **World Health Organization. Definition of Terms. Retrieved 26 August 2014.**

Human resource quality: Kaufman, Bruce E. (2008) showed that the human resources are the people who make up the workforce of an organization, business sector, or economy. "Human

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capital" is sometimes used synonymously with "human resources", although human capital typically refers to a more narrow view (i.e., the knowledge the individuals embody and economic growth). Likewise, other terms sometimes used include "manpower", "talent", "labour", "personnel", or simply "people".

A human-resources department (HR department) of an organization performs human resource management, overseeing various aspects of employment, such as compliance with labor law and employment standards, administration of employee benefits, and some aspects of recruitment and dismissal.

Physical facilities: It is not fully standardized yet, but that is the goal, since fully standardized equipment provides the highest level of safety. The complexity and variety in equipment vendors and models is immense, and this complexity creates more errors. This weakness the lack of equipment standardization was pointed out continually in using failure and effects mode analysis. Therefore, St. Joseph's is evolving toward equipment standardization. The hospital was able to purchase limited new patient monitoring equipment, and took care to assure that new and existing equipment were from the same vendor to give the user a similar feel and functionality, regardless of which equipment they were using. The hospital will continue to utilize this process to guarantee long-term equipment standardization within the facility.

Technology capability: It is for harnessing of Information and data play a critical role in the quality service delivery in hospitals (Allen, 2001). Investments in Technology that facilitate service assessment and improvement process is essential (Dutton and Starbuck, 2002). The hospital must show four main commitments: a willingness to invest in Information Technology; investments in Information Technology and in Quality Insurance departments with qualified staff that abstract medical records, analyze data, and facilitate the Quality Insurance process (Cibulskis and Hiawalyer, 2002). According to the Government of Kenya (2001) report: successful Technology strategy that needs to be employed by hospitals and this must involve four main commitments: a willingness to invest in Information Technology. Working with physicians and others to customize an information system to meet specific needs and culture of the institution; nurturing and encouraging buy in so new systems will be utilized and their benefits will be realized and devising information technology systems that provide real-time feedback to providers as they are caring for patients (GOK, 2001).

Management capability: it is the most important aspect of the Service delivery as Communication with patients is vital to delivering service satisfaction because when hospital staff takes the time to answer questions of concern to patients, it can alleviate many feelings of uncertainty (EFP, 2006). In addition, when the medical tests and the nature of the treatment are clearly explained, it can alleviate their sense of vulnerability (Friedman and Kelman, 2006). This component of service is valued highly as reflected in the in-depth interviews and influences patient satisfaction levels significantly (Pickton and Broderick, 2001). In addition, there is very little that is as important as finding a great CEO and leadership of a hospital. If there is one place to over invest in, it is leadership. A leader must be able to block and tackle plus be a business and marketing guru and generate cases and business for the hospital. It is a multi-faceted job that requires great talent.

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Fund capability: Funds in service organizations, has been a constraint and an obstacle to other functions that contribute to service delivery (Adams and Colebourne, 1999). They suggest an enlightened approach to finance in service organizations. This consists of more participative and positive approach where far from being an obstacle, it contributes to strategic planning, costing systems, personnel motivation, quality control, continued solvency, and keeping outsiders‟ confidence in management (Arhin-Tenkorang, 2000).

In particular, there is a need to distinguish good costs that improves organizational capabilities and quality service delivery from bad costs that increase bureaucracy hence becoming obstacles to service delivery (Sun and Shibo, 2005). Allocated resources for health flow through various layers of national and local governments' institutions on their way to the health facilities (Blas and Limbambala, 2001). Financial accountability using monitoring, auditing and accounting mechanisms defined by the country legal and institutional framework is a prerequisite to ensure that allocated funds are used for the intended purposes (Oliveira-Cruz, Hanson, and Mills. 2001).

Information systems: It reflects the hospital commitment and willingness to invest in the tools that promote quality (Davis, Hughes and Audet, 2002). Nerenz and Neil (2001), he recommended the kinds of quality-related Information Technology investments that the hospitals need to make include. Moving to a paperless system that provides information at the right time (electronic medical records, e-hospital notes with input at bedside). Moving toward bar-coded medications and automatic dispensing. Coordinating patient admissions with bed capacity, immediate tracking of filled beds and daily changes in nursing needs (MacAuley, 2001).

A patient is any recipient of healthcare services. The patient is most often ill or injured and in need of treatment by a physiotherapist, physician, physician assistant, advanced practice registered nurse, psychologist, podiatrist, veterinarian, or other healthcare provider.

Patient satisfaction is a measure of the extent to which a patient is content with the healthcare that they received from their healthcare provider. In evaluations of healthcare quality, patient satisfaction is a performance indicator measured in a self-report study and a specific type of customer satisfaction metric.

METHODS OF RESEARCH

In this study, the business success of ITO private hospital is the dependent variable but manpower, physical facilities, technology, funds, management, information system and patient that are independent variables. Methods and techniques of the study satisfy the need for methodological consideration and tools for data collection, analysis and presentation in virtual communities. This paper covers studies on various types of virtual communities, making this reference a comprehensive source of research for those in the social sciences and humanities.

The study adopted descriptive survey approach in collecting data from the respondents. The descriptive survey method was preferred because it ensures complete description of the situation, making sure that there was minimum bias in the collection of data and finding out

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the what, where and how of a phenomenon. The study is conducted for the patients of ITO hospital.

After preliminary investigations, formal research is done by using quantitative methods questionnaire survey of 550 patients who related and answered nearly 27 questions. The reason tested measurement models, model and test research hypotheses. Data collected were tested by the reliability index (excluding variables with correlation coefficients lower < 0.30 and variable coefficient Cronbach's alpha < 0.60), factor analysis explored (remove the variable low load factor < 0.50). The hypothesis was tested through multiple regression analysis with linear Enter method. Conventions: 1: Completely disagree, 2: Disagree, 3: Normal; 4: Agree; 5: completely agree. Data collected were tested by the reliability index (excluding variables with correlation coefficients lower < 0.30 and variable coefficient Cronbach's alpha < 0.60), factor analysis explored (remove the variable low load factor < 0.50).

The data collected by the researcher and be analyzed by SPSS 20.0. Before having analyzed, the data screened to delete outliners to secure reliability. Creative research systems offers complete data processing services. I provide presentation-quality tables, text reports and graphics. In addition to or instead of paper copies, the researcher can provide the tables, reports and graphics on disk, ready for you to incorporate into a document or research presentation. the researcher can enter data from paper questionnaires or use a data file you provide. Most interviewing, scanning and database packages can produce a data file we can use. If you use the survey system, interviewing and tabulation software, the researcher can provide instruction files you can use for further analysis.

RESEARCH RESULTS

Table 1: Descriptive Statistics for factors affecting the business success of ITO private hospital

No	CONTENTS	N	Min	Max	Mean	S.D
HUMAN RESOURCE QUALITY (HR)						
1	HR1: ITO has the qualification of the doctors who are professional, proficient processes and task-solving skills	526	2.00	5.00	3.958	.95527
2	HR2: ITO has the competence expertise such as the doctors who are understand about master patients or healthcare professional	526	1.00	5.00	3.355	1.10455
3	HR3: ITO has the commitment such as the doctors who are the commitment of healthcare professional	526	2.00	5.00	3.614	1.30541
4	HR4: ITO needs to place great emphasis on recruiting and retaining top-level physicians and nurses, accompanied by an effort to encourage these professionals	526	1.00	5.00	3.304	1.36020

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FACILITIES CAPABILITY (F)						
5	F1: ITO has the physical condition that is spacious and well-equipped, comfortable such as desks and chairs, hot and cold drinking water, air conditioning, clean bathrooms for all patients	526	1.0	5.0	3.136	.94026
6	F2: ITO has the organization chart of hospitals, tables, shelves document that are layout, scientific arrangement and easy for all patients to find	526	1.0	5.0	3.287	1.00252
7	F3: ITO has the hospital equipment that is invested modern and upgraded each year for all patients to join	526	1.0	5.0	3.344	.91414
8	F4: ITO has the hospital facilities that is enough rooms and good beds for all patients	526	1.0	5.0	3.262	.92561
TECHNOLOGY CAPABILITY (T)						
9	T1: ITO has the hospital technology that is invested modern and upgraded each year for all patients	526	1.0	5.00	2.975	.86705
10	T2: ITO has the hospital technology that is very helpful and modern for all patients	526	1.0	5.00	2.612	1.56685
11	T3: ITO has the hospital technology that is very helpful and wonderful to help all patients to solve the problem of healthcare	526	1.0	5.00	2.882	1.47402
12	T4: ITO has the hospital technology that is very quickly and feels confident for all patients to use them.	526	2.0	5.00	3.332	1.28343

Table 1: continued

No	CONTENTS	N	Min	Max	Mean	S.D
FUNDS CAPABILITY (FC)						
13	FC1: ITO has the hospital funds that are enough money for all poor patients to use them.	526	1.00	5.0	3.536	1.09789
14	FC2: ITO has the hospital funds that are enough money for all doctors to research science and transfer to all patients.	526	1.00	5.0	3.555	1.09710
15	FC3: ITO has the hospital funds that are enough money for all doctors to study higher such as postgraduate, major 1, major 2, professional skills and knowledge...	526	1.00	5.0	3.539	1.10468
MANAGEMENT CAPABILITY (M)						

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16	M1: ITO has the hospital staffs who are enthusiastically supported and solve any issues for the all patients	526	1.00	5.00	2.893	.87291
17	M2: ITO has the hospital management system that is very modern, polite for all patients and the "one stop model" in resolving the administrative procedures applied in the hospital.	526	1.00	5.00	2.910	.73653
18	M3: ITO has the hospital staffs who are fairness, equality at work for all patients and the administrative procedures are in the field of simple and straight forward patients	526	1.00	5.00	2.756	.91844
INFORMATION SYSTEM (I)						
19	I1: ITO has the website of the hospital that is regularly updated and provides full documentation, patient guidelines more quickly	526	1.00	5.00	3.304	1.04502
20	I2: ITO has the hospital modern software system that applied online healthcare to help the patients convenient and save time, costs more than the previous system	526	1.00	5.00	3.342	.94254
21	I3: ITO has the Data transmission of the patients that is responsive to online and more quickly	526	1.00	5.00	3.045	.95310
PATIENT (P)						
22	P1: The patients who completely satisfied with the healthcare skills of the staffs at the ITO	526	1.00	5.00	2.935	1.39099
23	P2: The patients completely satisfied with the professional knowledge of the doctors at the ITO	526	1.00	5.00	2.963	1.03308
24	P3**:** The patients completely satisfied with the good behavior of the staffs at the ITO	526	1.00	5.00	3.112	1.29054
GENERAL ASSESSMENT (GA)						
25	GA1: The patients completely satisfied with the healthcare service quality of the hospitals such as doctors, management, facility, technology, information system…	526	2.00	5.00	3.319	.66238
26	GA2: The patient will introduce the friends to the ITO	526	2.00	5.00	3.243	.74941
27	GA3**:** The patient will go to the ITO again if The patient has the problem of healthcare	526	2.00	5.00	3.359	.66345

(Source: The researcher's collecting data and SPSS)

Table 1 showed that there were 550 patients who interviewed and answered about 27 questions but 526 samples processed and 24 samples lack of information. Data collected from December 2016 to April 2017. Std. Deviation (S.D) is around 1.00.

Table 2: Cronbach's Alpha test for management capability (M)

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Reliability Statistics

Cronbach's Alpha	N of Items
.783	3

Item-Total Statistics

Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
M1	5.6673	2.268	.557	.778
M2	5.6502	2.304	.737	.606
M3	5.8042	2.070	.598	.740

(Source: The researcher's collecting data and SPSS)

Table 2 showed that Cronbach's Alpha is 0.783; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

Table 3: Cronbach's Alpha test for the Patient (P)

Reliability Statistics

Cronbach's Alpha	N of Items
.735	3

Item-Total Statistics

Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
P1	6.0760	4.299	.506	.729
P2	6.0475	5.085	.643	.584
P3	5.8992	4.434	.561	.646

(Source: The researcher's collecting data and SPSS)

Table 3 showed that Cronbach's Alpha is 0.735; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale.

Table 4: Cronbach's Alpha test for technology capability (T)

Reliability Statistics

Cronbach's Alpha	N of Items
.758	4

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Item-Total Statistics

Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
T1	8.8270	12.079	.571	.721
T2	9.1901	8.105	.640	.654
T3	8.9202	8.588	.638	.652
T4	8.4696	10.802	.453	.753

(Source: The researcher's collecting data and SPSS)

Table 4 showed that Cronbach's Alpha is 0.758; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

Table 5: Cronbach's Alpha test for facilities capability (F)

Reliability Statistics

Cronbach's Alpha	N of Items
.886	4

Item-Total Statistics

Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
F1	9.8935	6.301	.739	.858
F2	9.7433	5.902	.773	.845
F3	9.6863	6.380	.749	.854
F4	9.7681	6.346	.744	.856

(Source: The researcher's collecting data and SPSS)

Table 5 showed that Cronbach's Alpha is 0.886; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

Table 6: Cronbach's Alpha test for funds capability (FC)

Reliability Statistics

Cronbach's Alpha	N of Items
.991	3

Item-Total Statistics

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Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
FC1	7.0951	4.783	.981	.987
FC2	7.0760	4.783	.983	.986
FC3	7.0913	4.765	.978	.989

(Source: The researcher's collecting data and SPSS)

Table 6 showed that Cronbach's Alpha is 0.991; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

Table 7: Cronbach's Alpha test for information system (I)

Reliability Statistics

Cronbach's Alpha	N of Items
.806	3

Item-Total Statistics

Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I1	6.3878	2.543	.782	.587
I2	6.3498	3.085	.685	.703
I3	6.6464	3.501	.513	.869

(Source: The researcher's collecting data and SPSS)

Table 7 showed that Cronbach's Alpha is 0.806; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

Table 8: Cronbach's Alpha test for human resource quality (HR)

Reliability Statistics

Cronbach's Alpha	N of Items
.920	4

Item-Total Statistics

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Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
HR1	10.2738	11.753	.864	.891
HR2	10.8764	11.491	.750	.917
HR3	10.6179	9.726	.847	.886
HR4	10.9278	9.370	.853	.886

(Source: The researcher's collecting data and SPSS)

Table 8 showed that Cronbach's Alpha is 0.920; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

Table 9: Cronbach's Alpha test for General Assessment (GA)

Reliability Statistics

Cronbach's Alpha	N of Items
.718	3

Item-Total Statistics

Code	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
GA1	6.6027	1.562	.460	.717
GA2	6.6787	1.209	.601	.546
GA3	6.5627	1.431	.561	.602

(Source: The researcher's collecting data and SPSS)

Table 9 showed that Cronbach's Alpha is 0.718; this is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability. Such observations make it eligible for the survey variables after testing scale. This showed that data was suitable and reliability for researching.

CONCLUSIONS

Healthcare service is even more difficult to define and measure than in other sectors. Distinct healthcare industry characteristics such as intangibility, heterogeneity and simultaneity make it difficult to define and measure quality. Healthcare service is an intangible product and cannot physically be touched, felt, viewed, counted, or measured like manufactured goods.

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Moreover, this study contributes to healthcare theory and practice by developing a conceptual framework that provides policy-makers and managers a practical understanding of factors that affect the business success of ITO private hospital through healthcare services.

The study results showed that there were 550 patients who interviewed and answered about 27 questions but 526 samples processed. Data collected from June 2016 to March 2017 for patients of ITO private hospital. The paper had been analyzed Cronbach's Alpha test and the result of Cronbach's Alpha is very high reliability statistics. All of variables surveyed Corrected Item-Total Correlation greater than 0.3 and Cronbach's Alpha if Item deleted greater than 0.5 and Cronbach's Alpha is very reliability with significance level 5 percent.

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