

Influence of service quality, patient value to patient satisfaction and loyalty (study at some hospitals in the city of Makassar)

Rosmawati¹, Basri modding², Baharuddin S³, Jeni kamase⁴,

AckhriansyahAchmad Gani⁵

^{1,2,3,4,5} Universitas Muslim Indonesia

Abstract: *Customer satisfaction has become a central concept in business and management discourse. Customers generally expect products in the form of services consumed can be received and enjoyed by good service or satisfactory. Customer satisfaction can form the perception and can then position the company's product in the eyes of its customers. Customer satisfaction is very determined by the quality of service. Based on the explanation above, it can be noted that the quality of service is the essence of the life of an institution. In line with that, the movement of quality revolution is a demand that should not be ignored if an institution wants to live and thrive. The tougher competition lately demands an institution of service providers to always pamper consumers/customers by providing the best service. The quality of service has a positive and significant influence on patient satisfaction. This suggests that the good quality of service from hospitals perceived by maternity patients will make the patient satisfied with the service received. The patient's value has a positive and significant effect on patient satisfaction. This shows that the higher the perception of value perceived by the maternity patients, the greater the patient satisfaction of the hospital, the lower the perception of the existing value perceived by the patient, the lower the level of satisfaction. Service quality has a positive and significant influence on patient loyalty. This indicates that the service provided by the hospital is felt by the patient so well that it makes the patient satisfied, the value of the patient has a positive and significant influence on patient loyalty. This indicates that if the patient has experienced the quality of the hospital's health services will make them satisfied. Patient satisfaction has a positive and significant influence on patient loyalty. This shows that satisfaction is important and needs to get serious attention*

Keywords: *Kualitaslayanan, Nilai Pasien, KepuasanPasien, Loyalitas*

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I. Introduction

Globalization brings a great impact to the development of the business world. Markets are becoming increasingly widespread and opportunities are everywhere, but in line with that the more players who play in the same field make the competition increasingly restrictive and difficult to predict. This condition requires the company to create a competitive advantage in order to compete continuously. Companies that want to thrive and gain a competitive advantage should be able to provide products in the form of quality goods or services and good service to its customers, more than its competitors. Quality should start from customer needs and end up on customer perception (Kotler, 2000:4). This means that the image of good quality is not based on the point of view or perception of the service provider, but rather based on the point of view or perception of the customer (Tjiptono, 2004:61).

In the service business, the quality of service is very influential to the decision buying services offered through customer satisfaction. For that one of the competitive advantages that a company can created is focusing its attention on customer satisfaction. If the service is received or felt in accordance with the expected, the quality of service is well-perceived and satisfactory, so that through the satisfaction of the consumer will make a purchase of services or decide to use the services and will ultimately recommend it to others. The main goal in healthcare is to contribute to the outcomes that are beneficial to patients, providers and the public. The Outcome achievement is very dependent on the quality of health services. In fact, the defendant of clinical quality is difficult to be set universally, but developed the concept of elimical governance which can be explained as clinical management or clinical management for the care (quality Assurance) and quality Improvement (Quality improvement) of clinical services/hospitals is one step forward, in the efforts of quality management of health services.

The company despite seeing it far ahead and has a long-term strategy to cope with the changes that occur in the industry. To gain competitive advantage, companies need to have strategic plans, the company will have an understanding of how they can compete in the future. Companies not only have to do repairs continuously in their operations but also have to reinventing so that they are "different" with competitors.

Different in understanding the value given to consumers is superior and cannot be imitated by its competitors. Many of the factors to be considered, however, must necessarily be made parameters to assess the extent of the success and Muu of the service provided by the hospital organization. One of the defendant stated that the quality of the health service is referring to the hospital, providing services that correspond to the health professional standards and can be accepted by patients.

Hospitals are examples of institutions that market healthcare services or often referred to as medical services. Medical Service is a hallmark of a hospital that distinguishes between hospitals and other service facilities. Medical services in the hospital include surgery and care services of the sick (Mauludin, 2001:38). In addition to implementing the function of public health services, the hospital also has the function of education and research (Boekitwetan, 1997:90).

Hospitals are an integral part of the entire health care system developed through the Health development plan. Hospitals are needed by people who want to get healthcare services. Hospitals also play an important role in creating a healthy and strong society both physically and spiritually.

There is a kind of special atmosphere when talking about hospitals. Hospitals are a place, a facility, an institution, and an organization with all of its attributes. The hospital as a place and health facility, requires it to be built, equipped and maintained well to ensure the health and safety of its patients and should provide ample facilities, not jostle and guaranteed sanitized for patient recovery. Hospital as a health institution has properties, characteristics and functions that are specialized in the process of producing medical services through a group of professions in serving patients. The hospital as an organization, is a unique and complex organization because it is a labor-intensive institution (Aditama, 2002:5). To be able to know the hospital well, one must be able to define it first. The most classic definition only states that the hospital is an institution (or facility) that provides inpatient services, plus a few other explanations. American Hospital Association in year 1978 states that the hospital is an institution whose main function is to provide services to patients — diagnostic and therapeutic — for various diseases and health problems, both surgical and non-surgical (Aditama, 2002:5).

Hospitals in Indonesia were originally built by two institutions. First is the government with the intention to provide health services for the general public especially those who can not afford. The second is a religious institution that builds a nonprofit hospital to serve the poor in order to spread the religion. The influence of science and technology advances has increased the awareness and guidance of the community for good health services. In line with that, the more the establishment of hospitals both government and private, has made competition between hospitals increasingly higher. Competition is not only from the technological side of health equipment, but the competition in providing quality healthcare services. It is demanding hospitals to improve quality and good service to the community.

The interesting thing lately is the change of government orientation about the management of hospitals in which the government hospital is now encouraged to start economically oriented. This makes the government hospital in fact not much different from other companies that market goods or services, whose goal is to develop, generate profit and maintain the survival of other than to serve the community. The concept gives birth to the concept of Swadana hospital where the investment and salary of employees are borne by the Government but the cost of operating the hospital should be closed from the activities of health services (Rijadi, 1994:56). Thus, now the Government hospital began to play a double role, that is to keep public services while gaining a return on the operationalization of healthcare services provided to the community. Similarly, hospitals in the city of Makassar.

Given the intense competition in hospitals, it takes efforts to respond to external dynamics and integration of internal potentials in carrying out increasingly complex tasks. This effort should be done if the organization is about to maintain its performance as a public health servant while obtaining adequate funds for the organization's survival. For that, the hospital can not ignore the patient satisfaction as a health service consumer. The patient's neglect can impact patient satisfaction. In contrast, the presentation of superior grades of patients will be a source of the competitive advantage of hospitals. This is due to the intense emotional bonding between the patient and the hospital after the patient uses hospital services and feels the service provides a better quality of life for him.

Amid the desire to improve the quality of health services to the community, it is not a secret that the arrangement of medical services, especially the specialist medical service until today still facing various obstacles; Specialist personnel are still lacking and not even evenly in various regions in Indonesia, the imbalance of medical personnel and facilities and infrastructure of health equipment between government hospitals and private hospitals, various regulations that have not been implemented properly, the behavior of doctors as a medical personnel, and others who ultimately strongly affect the quality of medical services in the hospital. All the phenomena are also equipped with the monetary crisis that currently hit Indonesia, causing health costs to increase, while the purchasing power of society is decreasing. It is quite affecting hospital service. However, this situation can not be used as a reason to reduce the quality of medical services, the hospital should stick to professional professionalism and ethics. Moreover, nowadays there has been a reform in

the field of health where professionalism is one of the strategies to achieve the vision of the Ministry of Health, Indonesia Sehat 2010. On the other, the hospital is facing an era of globalization with the competition from foreign investors who are superior to both in terms of human resources (SDM), facilities and infrastructure and finance. Various problems above, should be sought immediately answer.

In its development, the hospital today is no longer functioning as a social institution, but it is a business institution that deserves to be taken into account its situation. This change in function occurs with many new diseases and advanced treatment technologies. Information technology has also affected hospital services, such as needed in order to fulfill the demands of the community in the accuracy and speed of its service. In the city of Makassar, the number of complaints of customers on the service provided by the hospital is well done by medical personnel, paramedic, and non-medical, due to the low quality of service. The quality of service in question is the quality of *tangible, empathy, reliability, responsiveness, and assurance*, complaints against *tangible* ie the existence of treatment facilities that are not in accordance with the ability of the tariff imposed, the number of medical facilities that use is not in accordance with treatment therapy, ICU room is limited. Complaints against empathy are still many nurses who are less concerned about economic conditions, current conditions are critical and many are not willing to accept customer complaints. This is often the complaint of customers who have medication in hospitals in the city of Makassar. On the other hand, the reliability of the officers tend to be unprofessional in serving because of the many motives of treatment services, has no dedication to provide fast service, easily intervened with superiors in serving. This is what causes the customers to protest often about the less reliable service that it receives.

In other services found there are still many officers who do not have a response to customers. The response is the treatment, treatment and cure of the disease. Sometimes officers less respond to the service seen from the slow impression of serving, ignoring first aid and less attention to aspects of psychology, psychic and customer conditions. The above problems, the root problems or the main problem as a health service institution that many of its competitors are the services that are given whether it is the patient's expectation or not? Therefore, the hospital is required to always maintain the trust and satisfaction of patients by improving the quality of service in order to improve their patients. The hospital needs to carefully determine the needs of patients as an effort to fulfill expectations/wishes and increase satisfaction in the service provided. Establishing a relationship and conducting research on them needs to be done in order to provide the service as expected. It is called orientation in patients. The creation of quality services will certainly create satisfaction against the service users.

The quality of this service can ultimately provide some benefits, among which the relationship is harmonious between goods and services providers with customers, provides a good base for the creation of customer loyalty and form a recommendation *word* of mouth that is profitable for the service provider. Thwaites (1999), posited in winning a competition between companies, the most important concern relating to the planning of the quality of services facilities, determination of the company's location, operational effectiveness, *image* or image owned by the company, attention to the needs, wishes or expectations of customers and ability or contact personnel to the customer. Conlon, Matta & Devaraj (2001), also stated that customer satisfaction towards the perceived service facility is related to customer loyalty, reputation or good name organization (imagery) related to the satisfaction of service and quality of service that customers receive in relation to service satisfaction that has been given. Customer assessment of the quality of service that has been received affects the loyalty of the customer. Customer satisfaction has become a central concept in business and management discourse. Customers generally expect products in the form of services consumed can be received and enjoyed by good service or satisfactory. Customer satisfaction can form the perception and can then position the company's product in the eyes of its customers. Customer satisfaction is very determined by the quality of service.

Based on the explanation above, it can be noted that the quality of service is the essence of the life of an institution. In line with that, the movement of quality revolution is a demand that should not be ignored if an institution wants to live and thrive. The tougher competition lately demands an institution of service providers to always pamper consumers/customers by providing the best service. Customers will search for products in the form of goods or services from companies that can provide the best service to him (Assauri, 2003:201). As it has been mentioned above, it is said that the hospital is an institution that is capital intensive, labor intensive, solid technology and also solid problems faced by it. On the other party, Rowland & Rowland in the *Hospital Administration Handbook* (1984) (in Aditama, 2002:5-6) conveying that the hospital is one of the most complex and most effective health systems in the world.

In principle, two main things that are very related to the service is the expected quality and the quality experienced or perceived. First is the consumer's expectation of service quality and the second is consumer perception of service quality. Consumers will always assess the services they experience by comparing them to whatever they or they want to feel.

Identifying the expectations of a hospital service user is one way to obtain customer satisfaction or

dissatisfaction. In market terminology, the conclusion is that the activity of pEmasaran of the hospital has not been oriented to the needs of consumers. This is due to the company still considering consumers as objects. Customer service should be directed to sustainable service, even to a lifetime, in reaching customers, such as a service system on health specialists who implement the "from Womb to tomb" service companies should think about the customer's division from time to time.

Some of the utilities have tested the influence of service quality on patient satisfaction in healthcare, Baker and Taylor (1997) stating that satisfaction assessments can determine quality, i.e. the relationship of purchase by testing the research model in government and private hospitals. Alexander *et al.*, (1994) found that patient satisfaction and service quality have a significant influence on the intensity of purchase or reuse. Choi *et al.*, (2005) investigates the structural relations between the dimensions of patient satisfaction and the dimension of service quality in the healthcare system in South Korea where patients have substantiatedness in choosing medical service providers and develop a study of causal relationships between service quality and satisfaction between the outside patient subgroups measured according to gender, yourR, and the type of service received. While Taylor and Cronin (1994) clarified and developed the conceptualisation and measurement of consumer satisfaction and service quality in healthcare. Further research conducted by Fisk *et al.*, (1990) has been researching about patient satisfaction affecting the patient loyalty level.

Satisfied consumers are consumers who feel the value of the service provider. This value can be derived from the product, service, system or something that is emotional. If consumers say that the value of the product is quality, then the satisfaction occurs when consumers get a quality product. If the value for the consumer is comfort, then the satisfaction will come when the service is obtained really comfortable. If the value of the consumer is a cheap price, then the consumer will be satisfied to the manufacturer that gives the most competitive price. (Irawan, 2002) . Woodruff (1997) argues that consumer value is a relationship to product or service use, focus on consumer perception, and exchange engagement between consumer gains and consumer sacrifices. Consumer value is usually defined as the perceived value-consumer, which itself is defined in a number of ways. Christopher (1996) defines the consumer's value as the ratio of the customer's perceived profit to the "total cost of ownership". Raavald and Gronroos (1996) define the "perceived value of the consumer" as the ratio of profit perceived to the perceived sacrifice. They expanded this cost concept to involve non-financial and *Intangibles* sacrifices made by consumers, and expanded costs and profits to include the effects of certain exchange episodes against long-term relationships between consumers and suppliers. Payne *et al.*, (2000) also argues that the relationship between consumers and suppliers can represent a source of value to consumers, thereby affecting the long-term relationship between consumers and suppliers.

In addition to consumer value, customer satisfaction is also a dominant consideration in the period after purchase of goods or services. Patient satisfaction is an important problem for health care managers. Many previous studies have developed and used patient satisfaction as a quality enhancement tool for health care providers. In healthcare literature It shows that this orientation has been prominent in today's health care environment. Gilbert, Lumpkin, and Dant (1992) argue that patient satisfaction relates to strategic considerations in the order of healthcare services. John (1992) also found that higher levels of service quality procurement were said to be the key strategies used by healthcare providers to satisfy their patients.

Every organization is competing to fix the quality of its services because it is the basic capital to win the competitiveness in the service industry. There is a strict competition phenomenon in the field of health services today not only become the phenomenon of hospitals in the island of Java, but also become a phenomenon in eastern Indonesia area hospital. One of the areas in eastern Indonesia that experienced intense competition in the field of hospital services is in Makassar City South Sulawesi province. The development of the hospital industry showed a rapid growth rate there, so that competition between hospitals was increasingly strict.

The implementation of health services in hospitals in the area of Makassar is still far from the expected. The problem faced by hospitals in the city of Makassar to complaints received from people concerning health services that are not satisfactory. Behavior of healthcare personnel (doctors/nurses) in providing services is still less friendly, and does not apply fairly. There are 29 (eight) hospitals in the area of Makassar with a classification of class A, B, C and D and divided into two types of hospitals, namely government hospitals and private hospitals. However, in this research, there will be 6 (six) hospitals, namely 3 Government hospitals: rsuwahidinSoediroHusodo, Rsu Haji and RsuDaya, while the 3 (three) Private hospitals are: RSU academic, Rsu Stella Maris and Rsu Islam Faisal. As for the focus of this research on maternity unit. The maternity unit selection in consideration of maternity unit is included in the special service, which is to conduct certain specialist medical services, medical support services, installation Services, and care service in an outpatient and hospitalization. So, that distinguishes the maternity unit with other units is the existence of certain specialist medical services, medical support services, installation Services and maintenance services.

The selection of the maternity unit as a research object is based on the reference of several research journals from Parasuraman, Zeithaml and Berry (1985) using the variables of *reliability*, *responsiveness*,

assurance, tangibles and empathy to be combined with Athanassopoulos Research (2000) with *Corporate quality/reputation* variables and research from Jason Sit, et.al. (2000) that uses accessibility variables. In this case, the overall patient satisfaction will be measured towards the service of maternity unit, hospital reputation, organizer, doctor or paramedics as well as the patient's ease of access to the hospital location.

II. Riev Literature

Marketing Services

According to Gronroos (in Jasfar, 2005:15) service is a complicated phenomenon (*complicated*). The word services has a lot of meaning and scope, from the simplest sense, that is only the service of someone to others, can also be interpreted as starting from the service provided by the human being, both that can be seen (*explicit service*) or that can not be seen, which can only be perceived (*implicit service*) to the supporting facilities that must be available in the sale of services

There are many definitions in the various *literature* on the services of several periods, ranging from a limited understanding to a complete and comprehensive. But in general the services can be defined as any action or activity and not objects, which can be offered by a party to other parties, which is essentially *intangible* (intangible physical), consumers are actively involved in the production process and do not produce ownership of something (Jasfar, 2005:17). Some characteristics of services are: 1) intangible (*intangibility*); 2) inseparable (*inseparability*); 3) *variability/heterogeneity/inconsistency*; 4) not durable (*perishability*); 5) *Lack of ownership*.

Service Quality

Quality is an expected level of perfection and control over the perfection to fulfill the wishes of the customer (Wyckof in Tjiptono, 2000:52). Quality is a dynamic condition related to service products, human, process and environment that meet or exceed expectations (Goetsch and Davis, 1994 in Tjiptono, 2000:51). Kottler and Susanto (2000:476) stated that service is any action/performance offered by one party to the other in principle *intangible* (intangible) and does not cause any ownership.

Quality of service (*service quality*) is an abstract and elusive conception, because the quality of service has intangible characteristics (*intangibility*), varied (*variability*), not durable (*perishability*), As Well as production and consumption of services occur simultaneously (*inseparability*) (Parasuraman et. Al., 1988, in Tjiptono, 2002). However, that does not mean the quality of service cannot be measured. According to Wickof (in Tjiptono, 2002:59), the quality of service is an expected level of excellence and control over the level of excellence to fulfill customers' wishes. In this case there are two main factors that affect the service, namely *expected service* and *perceived service*.

In principle, the definition of service quality focuses on the fulfillment of customer needs and wishes, as well as the accuracy of delivery to offset customer expectations. Customer expectations can be in the form of three types (Rust, et al., 1996, in Tjiptono, 2005:259) namely : 1) *will Expectation*, that is, the level of performance predicted or predicted by consumers will be received, based on all information he knows. This type is the level of hope most often intended by consumers, when assessing the quality of certain services; 2) *Should Expectation*, namely the level of performance that is deemed to have been appropriate acceptable consumer. Usually the demands of what is received is much greater than what is predicted to be received.; 3) *Ideal Expectation*, the optimum level of performance or the best expected to be acceptable to consumers.

Customer Value

Value is a measure that is personal and individualistic to the size of a quality and value is a component of customer in decision making (Young and Feigin, 1975; Corfman and Holbrook, 1984 in Conlon, Matta and Devaraj *et.al.*, 2001). So from that definition it can be said that the value is very subjective. Valarie Zeithaml and Bitner *et.al.*, (1996), said that different customers looked at a value of quality with different perspectives. Customer's perspective on the value is 4 (four) things: a) value is low price (*value is low price*); b) value is something I want in a service (*value is everything I want in a service*); c) value is the quality I get in exchange for the price I paid (*value is the quality I get for the price I pay*); D) value is what I can in exchange for what I give (*value is all that I get for all that I give*).

Customer Satisfaction

According to Schnaars (Tjiptono, 2003:101) Basically the purpose of a business is to create customers to be satisfied. The creation of customer satisfaction can provide some benefits including the relationship between the company and the customer to be harmonious, providing a good base for re-purchase and customer loyalty creation, and to form a profitable recommendation for the company.

Kotler, et. Al. In (Tjiptono, 2003:104) Identify 4 methods to measure customer satisfaction is as follows:

System complaints and suggestions. Customers can submit their complaints and suggestions to the

media used such as suggestion boxes, comment cards or via postal mail.

Ghost Shooing. Employed several people to serve as customers and capture consumer opinions about the company's services. Through this way, the consumer will give his opinion freely, so that the data is netted by the customer satisfaction level purely.

Lost Customer Analysis. Study the causes of loss of company consumers, to take the policy of improving the company's performance.

Customer satisfaction surveys. Giving a positive sign that the company pays attention to the customer.

Customer loyalty

Paul Kingstrom (1991), as quoted by MacStravic (1994, in Kandampully and Suhartanto *et.al.*, (2000), explains that consumer loyalty is a combination of psychological attachment to a *service provider* (service provider), a desire to improve and maintain the *service provider's* good name, having a strong desire to remain unchanged to other *service providers*. Customers who receive according to what is expected is very likely to be satisfied, the rest if the expectation is exceeded by what he received, it can be a customer will feel very satisfied. This customer satisfaction is a condition for the establishment of a loyalty, but there is a possibility that satisfied customers do not necessarily become loyal customers of the company. From the definition above it can be taken a conclusion that loyalty is a good or positive attitude demonstrated by customers to a quality that has been received, resulting in a consistent purchase of such quality at all times.

Customer loyalty demonstrates the customer's commitment to a particular brand, which is not only reflected by merely measuring behavior continuously, (Assael, 1995). The measure of behavior is limited in determining the factors affecting the recurrence of the purchase or in other words, the size of the behaviour is insufficient to explain how and why brand loyalty continues to evolve or change. A higher purchase recurrence may reflect on certain situations such as a brand that is deliberately hoarded, whereas a low purchase repetition simply reflects the situation of different product use, to look for other variations, or the absence of other preferences in the purchase unit. Dick and Basu, (1994, in O'malley *et.al.*, 1998), they stated that in the loyalty concept it consists of 4 (four) categories, namely: not Loyal, loyalty plan (*spurious*loyalty), hidden loyalty (*latent*loyalty), and sustainable *loyalty*.

III. Research Method

The approach used in this research is a quantitative approach. The types of data used in this study are primary data and secondary data, hence data sources are differentiated based on that type of data. Primary Data is sourced to questionnaires given to patients as consumers of healthcare services in hospitals. Meanwhile, secondary data is sourced from hospital documents and collected using the documentation method, i.e., the data is requested by requesting pre-existing data. The data collection techniques used in this research conducted questionnaires, observations, and documentation. The population in this study is all Hospital maternity patients in Makassar City both government hospitals and private hospitals which are the research place.

Because not all data and information will be processed and not all people or objects will be researched but rather simply by using the sample that represents it, then the researcher must have to understand the characteristics of the population in the sample, determine the number of samples to be researched and use the appropriate sampling techniques. The characteristics of the samples to be examined in this study are distinguished inpatient patients in class I, II, III, and VIP (*Very Important Person*) patients. In this study the considerations used in determining the sample are: 1) maternity patients have stayed at least 2 days in order to thoroughly feel the quality of hospital service, the value of the patient, satisfaction and patient loyalty; 2) The patient is ready to be sampled. In this case if the patient is having difficulties to fill the questionnaire or the patient is in a critical state or coma, then representing the patient is the family who awaited him in the hospital on the condition in question is waiting for patients at least 2 consecutive days in the hospital.

Based on the criteria above, in an effort to obtain the best interview and try to group the characteristics of a homogeneous sample in assessing the quality of the service, the sample withdrawal is done proportionally from the specified number of samples. The number of samples to be taken on this study is tailored to the opinion of Hair *et al.*, (1995) which says that the appropriate sample size is between 100 to 200 and the minimum sample size is 5 times the number of indicators. In this study the minimum sample amount was 145 respondents (5 times the indicator in this study, $5 \times 29 = 145$), and a maximum sample of $10 \times 29 = 290$. The calculation is taken from the maximum sample of 290 respondents. Since the research was conducted on 6 (six) hospitals in the city of Makassar, the maximum sample is taken.

The calculation of samples for each hospital is a common number of patients in 2010 with the following details:

Table 1. Number of samples for each hospital

| No. | Hospital | Number of patients | Percent TASE | Number of samples |
|--------|--------------------------|--------------------|--------------|-------------------|
| 1. | RSU Islam Faisal | 3114 | 27 | 84 |
| 2. | Ibn Sina's RSU | 1734 | 15 | 48 |
| 3. | RSU Daya Makassar | 1249 | 11 | 36 |
| 4. | RSU Wahidin SudiroHusodo | 1878 | 16 | 52 |
| 5. | RSU LabuangBaji | 2098 | 18 | 57 |
| 6. | RSU Grestelina. | 1332 | 12 | 37 |
| Amount | | 11405 | 100% | 314 |

Source: Each hospital (processed), 2011

The study used *Structural Equation Modeling (SEM) analysis*. *Structural Equation Modelling (SEM)* is in principle a *multivariate analysis* that describes the application of several models in a compact, namely the analysis of factors (factor analytics *Factor Analysis*), path analysis *Path Analysis* and regression analysis (*Regression analysis*).

IV. Results And Analysis

Descriptive statistical analysis

Quality of Service (X1)

Tabel2. Table Frequency/percentage indicators variable *Kualitas Service Quality*

| Indicators | Respondent's answer Score | | | | | | | | | | Mean |
|-----------------------|---------------------------|-----|----|-----|----|------|-----|------|----|------|------|
| | 1 | | 2 | | 3 | | 4 | | 5 | | |
| | F | % | F | % | F | % | F | % | F | % | |
| X 1.1.1 | 6 | 1.9 | 6 | 1.9 | 49 | 15.6 | 215 | 68.5 | 38 | 12.1 | 3.87 |
| X 1.1.2 | 5 | 1.6 | 8 | 2.5 | 54 | 17.2 | 214 | 68.2 | 33 | 10.5 | 3.83 |
| X 1.1.3 | 4 | 1.3 | 13 | 4.1 | 47 | 15.0 | 211 | 67.2 | 5 | 1.6 | 3.85 |
| X 1.1.4 | 5 | 1.6 | 7 | 2.2 | 65 | 20.7 | 194 | 61.8 | 43 | 13.7 | 3.84 |
| X 1.1.5 | 8 | 2.5 | 6 | 1.9 | 51 | 16.2 | 207 | 65.9 | 42 | 13.4 | 3.86 |
| X 1.1.6 | 7 | 2.2 | 10 | 3.2 | 35 | 11.1 | 204 | 65.0 | 58 | 18.5 | 3.94 |
| Tangibles | | | | | | | | | | | 3.87 |
| X 1.2.1 | 7 | 2.2 | 6 | 1.9 | 43 | 13.7 | 228 | 72.6 | 30 | 9.6 | 3.85 |
| X 1.2.2 | 8 | 2.5 | 7 | 2.2 | 48 | 15.3 | 224 | 71.3 | 27 | 8.6 | 3.81 |
| X 1.2.3 | 6 | 1.9 | 9 | 2.9 | 46 | 14.6 | 214 | 68.2 | 39 | 12.4 | 3.86 |
| Reliability | | | | | | | | | | | 3.84 |
| X 1.3.1 | 7 | 2.2 | 7 | 2.2 | 26 | 8.3 | 220 | 70.1 | 54 | 17.2 | 3.98 |
| X 1.3.2 | 5 | 1.6 | 10 | 3.2 | 36 | 11.5 | 212 | 67.5 | 51 | 16.2 | 3.94 |
| X 1.3.3 | 4 | 1.3 | 10 | 3.2 | 40 | 12.7 | 219 | 69.7 | 41 | 13.1 | 3.9 |
| X 1.3.4 | 4 | 1.3 | 10 | 3.2 | 40 | 12.7 | 222 | 70.7 | 38 | 12.1 | 3.89 |
| Responsiveness | | | | | | | | | | | 3.93 |
| X 1.4.1 | 9 | 2.9 | 7 | 2.2 | 38 | 12.1 | 227 | 72.3 | 33 | 10.5 | 3.85 |
| X 1.4.2 | 9 | 2.9 | 7 | 2.2 | 34 | 10.8 | 229 | 72.9 | 35 | 11.1 | 3.87 |
| X 1.4.3 | 10 | 3.2 | 4 | 1.3 | 43 | 13.7 | 220 | 70.1 | 37 | 11.8 | 3.86 |
| X 1.4.4 | 11 | 3.5 | 4 | 1.3 | 26 | 8.3 | 224 | 71.3 | 49 | 15.6 | 3.94 |
| Assurance | | | | | | | | | | | 3.88 |
| X 1.5.1 | 9 | 2.9 | 6 | 1.9 | 43 | 13.7 | 219 | 69.7 | 37 | 11.8 | 3.86 |

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| | | | | | | | | | | | |
|--------------------------------------|---|-----|---|-----|----|------|-----|------|----|------|-------------|
| X 1.5.2 | 7 | 2.2 | 8 | 2.5 | 33 | 10.5 | 219 | 69.7 | 47 | 15.0 | 3.93 |
| X 1.5.3 | 8 | 2.5 | 7 | 2.2 | 31 | 9.9 | 220 | 70.1 | 48 | 15.3 | 3.93 |
| X 1.5.4 | 8 | 2.5 | 7 | 2.2 | 51 | 16.2 | 209 | 66.6 | 39 | 12.4 | 3.84 |
| Empathy | | | | | | | | | | | 3.89 |
| Mean Variable Service Quality | | | | | | | | | | | 3.88 |

Source: Primary Data is processed (2016).

Table 2, it can be known that the perception of maternity patients to the service quality variables for the *tangibles* dimension can be interpreted that respondents gave good value/important, this is seen from an average value of 3.87. This means that maternity patients feel the quality of service that is both physically primary such as the appearance of a neat nurse and doctor, and polite, hospital building conditions, extensive vehicle parking and good security, hospitals feel comfortable, as well as beautiful rooms.

Furthermore, the perception of maternity patients to the service quality variables for the *reliability* dimension can mean that the respondent gave good value/important, it is seen from the average value of 3.84. This means that maternity patients feel the hospital's ability to provide the promised service promptly, accurately, and satisfactorily, which is demonstrated through the policy of a good hour, policies for ease and smoothness of the payment process.

The perception of the maternity patient to the variable quality of service for the *responsiveness* dimension can be interpreted to mean that the respondent gave good value, it is evident from the average value of 3.93. This means that the maternity patients feel the doctors and nurses in the hospital help the maternity patients and provide service with a response that is done by the hospital with the attitude of doctors and nurses who are pleasant, the ability of doctors and nurses in providing clear information in assisting the difficulties of the patient, the ease of doctors and nurses to be contacted and keep the promise to patients.

The perception of the delivery of quality variables for the *Assurance* Dimension can be interpreted to mean that the respondent gave good value, which is evident from the average value of 3.88. This means that the maternity patient feels confident in the hospital's officers, as the staff at the hospital have the knowledge, ability, courtesy, and trustworthynature.

Furthermore, the perception of maternity patients on the service quality variables for the *empathy* dimension can mean that the respondent gave good value/importance, this is evident from the average value of 3.89. This means that maternity patients feel the easy communication to the doctors and nurses, giving personal attention and hospitals to understand the needs of their patients.

The overall average of the five dimensions (*tangible, reliability, responsiveness, assurance and empathy*) service quality measurements is 3.88. This illustrates that the quality of the hospital service is measured by the dimensions and with each of the above indicators shows good quality of service.

Patient Value (X2)

Table 3. Table frequency/Prosentase Patient value Variable indicator

| Indicators | Respondent's answer Score | | | | | | | | | | Mean |
|------------------------------------|---------------------------|-----|---|-----|----|------|-----|------|----|------|-------------|
| | 1 | | 2 | | 3 | | 4 | | 5 | | |
| | F | % | F | % | F | % | F | % | F | % | |
| X 2.1 | 5 | 1.6 | 8 | 2.5 | 67 | 21.3 | 181 | 57.6 | 53 | 16.9 | 3.86 |
| X 2.2 | 5 | 1.6 | 6 | 1.9 | 40 | 12.7 | 207 | 65.9 | 56 | 17.8 | 3.96 |
| X 2.3 | 7 | 2.2 | 5 | 1.6 | 43 | 13.7 | 209 | 66.6 | 50 | 15.9 | 3.92 |
| X 2.4 | 6 | 1.9 | 2 | 0.6 | 28 | 8.9 | 231 | 73.6 | 47 | 15.0 | 3.99 |
| X 2.5 | 6 | 1.9 | 2 | 0.6 | 25 | 8.0 | 233 | 74.2 | 48 | 15.3 | 4.00 |
| X 2.6 | 5 | 1.6 | 5 | 1.6 | 51 | 16.2 | 208 | 66.2 | 45 | 14.3 | 3.90 |
| X 2.7 | 4 | 1.3 | 4 | 1.3 | 37 | 11.8 | 221 | 70.4 | 48 | 15.3 | 3.97 |
| Mean Value Variable Patient | | | | | | | | | | | 3.94 |

Source: Primary Data is processed (2016).

Table 3, it can be noted that from 314 patients who are generally investigated the perception of maternity patients on the patient's value variable can be interpreted that the respondent gave good value, it is seen from the average value of 3.94. The indicators that obtain the highest response are the appropriate service

in accordance with the expectation (X 2.5), with an average score of 4.0; Then continued with a fast service indicator in accordance with the expectation (X 2.4), with an average score of 3.99; Availability in the hospital according to what is expected (X 2.7), with an average score of 3.97; Subsequent indicators of payment of administrative expenses in accordance with expectations (X 2.2), with an average score of 3.96; Indicators of all costs in accordance with expectations (X 2.3), with an average score of 3.92; Service indicators received exceeded expectations (X 2.6), with an average score of 3.90; And the last indicator of the parking fee in hopes of (X 2.1), with an average score of 3.86. This sudahbaikmempertimbangkanmanfaat yang diterimadenganpengorbanan. indicates that the value of the patient is good by considering the benefits received with the sacrifice.

Patient Satisfaction (Y1)

Table 4. Table Frequency/Percentage Patient satisfaction Variable Indicator

| Indicators | Respondent's answer Score | | | | | | | | | | Mean |
|---|---------------------------|-----|----|-----|----|------|-----|------|----|------|-------------|
| | 1 | | 2 | | 3 | | 4 | | 5 | | |
| | F | % | F | % | F | % | F | % | F | % | |
| Y 1.1 | 4 | 1.3 | 1 | 0.3 | 19 | 6.1 | 227 | 72.3 | 63 | 20.1 | 4.10 |
| Y 1.2 | 3 | 1.0 | 2 | 0.6 | 34 | 10.8 | 215 | 68.5 | 60 | 19.1 | 4.04 |
| Y 1.3 | 3 | 1.0 | 11 | 3.5 | 28 | 8.9 | 230 | 73.2 | 52 | 16.6 | 4.04 |
| Y 1.4 | 3 | 1.0 | 1 | 0.3 | 23 | 7.3 | 214 | 68.2 | 73 | 23.2 | 4.12 |
| Y 1.5 | 3 | 1.0 | 1 | 0.3 | 23 | 7.3 | 231 | 73.6 | 56 | 17.8 | 4.07 |
| Y 1.6 | 3 | 1.0 | 1 | 0.3 | 27 | 8.6 | 217 | 69.1 | 66 | 21.0 | 4.09 |
| Y 1.7 | 4 | 1.3 | 0 | 0.0 | 28 | 8.9 | 211 | 67.2 | 71 | 22.6 | 4.10 |
| The Mean patient satisfaction variable | | | | | | | | | | | 4.08 |

Source: Primary Data is processed (2016).

According to table 4 It is known that from 314 patients who are generally investigated the perception of maternity patients on the patient's satisfaction variables can be interpreted that the respondent gave a good/important value, it is seen from the average value of 4.08. The indicator that obtains the highest response is choosing a maternity hospital is a wise choice (Y 1.4), with an average score of 4.12; Then followed by a satisfied indicator of the service (Y 1.1), and pleased to use hospital services for childbirth (Y 1.7), with an average score of 4.10; Next indicator happy using the service (Y 1.6), with an average score of 4.09; The indicator decides to come back (Y 1.5), with an average score of 4.07 and the last indicator is satisfied with the facility and infrastructure (Y 1.2), the Power of Doctors (Y 1.3) There is in hospital, with an average score of 4.04. This indicates that the patient has been satisfied with the service provided by the hospital and the quality of the service is appropriate or exceeds what is expected.

Patient Loyalty (Y2)

Table 5. Frequency table/Prosentase Patient loyalty Variable indicator

| Indicators | Respondent's answer Score | | | | | | | | | | Mean |
|------------------------------|---------------------------|-----|---|-----|----|------|-----|------|----|------|-------------|
| | 1 | | 2 | | 3 | | 4 | | 5 | | |
| | F | % | F | % | F | % | F | % | F | % | |
| Y 2.1 | 2 | 0.6 | 4 | 1.3 | 29 | 9.2 | 232 | 73.9 | 47 | 15.0 | 4.01 |
| Y 2.2 | 3 | 1.0 | 3 | 1.0 | 33 | 10.5 | 224 | 71.3 | 51 | 16.2 | 4.01 |
| Y 2.3 | 3 | 1.0 | 4 | 1.3 | 40 | 12.7 | 216 | 68.8 | 51 | 16.2 | 3.98 |
| Y 2.4 | 2 | 0.6 | 4 | 1.3 | 37 | 11.8 | 220 | 70.1 | 51 | 16.2 | 4.00 |
| Y 2.5 | 3 | 1.0 | 3 | 1.0 | 32 | 10.2 | 210 | 66.9 | 66 | 21.0 | 4.06 |
| Y 2.6 | 3 | 1.0 | 5 | 1.6 | 45 | 14.3 | 208 | 66.2 | 53 | 16.9 | 3.96 |
| Y 2.7 | 4 | 1.3 | 3 | 1.0 | 39 | 12.4 | 214 | 68.2 | 54 | 17.2 | 3.99 |
| Loyalty Variable Mean | | | | | | | | | | | 4.00 |

Source: Primary Data processed (2016)

According to table 5 It is known that from 314 patients who are generally investigated the perception of maternity patients on the patient's loyalty variables can be interpreted that the respondent gave a good/important value, it is seen from the average value of 4.00. The indicators that obtain the highest response are the patients are not affected by other hospital promises that offer their services (Y 2.5), with an average score of 4.06; Then followed by a patient reluctance indicator to move to another hospital (Y 2.1), and the desire and willingness of patients to conduct various treatment and treatment through hospital services (Y 2.2), with an average score of 4.01; Next the patient indicator always keep the hospital's good name (Y 2.4), with an average score of 4.00; The customer indicator says positive things and recommends to others in order to be his patient (Y 2.3), with an average score of 3.98; The last indicator was a sense of confidence (Y 2.6) and liked the hospital (Y 2.7), with an average score of 3.96. This indicates that the patient has been pleased with the service/service he received, and will continue to maintain it and give recommendations to others and the patient is loyal to the organization of satisfaction on the service that has been given.

Analysis of research results

Evaluation of Goodness-of-Fit criteria.

Evaluation of the fulfillment of normality assumptions in Data

The normality of univariate and multivariate to the data used in this analysis was tested using AMOS 18. The results of the analysis are enclosed in Appendix 6 about the *Assessment of normality*. The critical measure for testing normality is the c.r. in which the calculations are influenced by sample size and Skewnessnya. By referring values in column C. R in Appendix 7, if in column C. R There is a score greater than 2.58 or smaller than -2.58 (distribution normality at alpha 1 percent) there is evidence that the distribution of data is not normal. Conversely if the C. R value is below 2.58 or greater than - 2.58 then the distributed data is normal.

Using the above criteria, it can be concluded that from as many as 42 indicators all have a value of C. R skew greater than 2.58. But basically the assumption of normality to use SEM analysis is not too critical when the observation data reaches 100 or more because based on central limit *theorem* from a large sample can be produced sample statistics that close to normal distribution (Solimun, 2002:79). Because this research in total uses 314 observation data (appendix 7), thus the data can be assumed to be normal.

Evaluation of the Outliers

Evaluation of *outliers univariate* and *outliers multivariate* presented the following:

Univariate Outliers.By using the basis that cases or observations that have Z-score ≤ 3.0 will be categorized as *outliers*, and for large samples over 80 observations, the evaluation guidelines are the threshold value of the Z-score that is in the range of 3 to 4 (Hair *et al.*, 1995 in Augusty, 2005). Therefore in this study can be categorized as research with a large sample of 250 respondents which means far above 80 observations, then the outliers occur if the Z-score is ≤ 4.0 ; By table *descriptive statistics* (as attached in the evaluation of the *outlier*) that all values that have been standardized in the *z-score* form have an average equal to zero with a standard deviation of one, as is divided (Augusty, 2005). From the computing results it is known that the data used in this research is free from *univariate outliers* (Appendix 5), because no variable has a Z-score above that threshold. The minimum limit of Z-score -5.21540 (Zscore y 1.5) and the maximum limit of Z-score 1.65430 (Zscore x 1.1.2).

Multivariate Outliers.To determine whether a case (multiple Responses to a respondent) raises an *outlier of multivariate*, is by calculating the boundary value based on the *Chi-square* value at the free degree of the number of variables in thengkat case of significance 0.001 or χ^2 (31:0.001). Cases of *multivariate outliers* occur if the value of *Mahalanobis distance* is greater than the value of the Chi-square count (Augusty, 2005). Based on the value of Chi square at a free degree 51 (number of variables) at the level of siginifansi 0.001 or χ^2 (51; 0.001) = 97.9680 (Gujarati,1997). Visible from the calculation of the results using AMOS obtained a value of minimum distance-*squared mahalanobis*at least 57.841 and a maximum value of 160.034 (in detail enclosed in Appendix 7 about evaluation of *outliers*), it can be concluded there is an indication of multivariate occurrence in 21 observations, but essentially outliers can not be discarded if the data outliers describe the condition of data.

Results of measurements of each construction or variable latent

Quality of service.

Table 6. Evaluation of criteria *Goodness of Fit Indices* quality of service

| Goodness of Fit Index | Cut-Off Value | Model Results * | Description |
|------------------------|----------------|--------------------------------------|-------------|
| χ^2 2- Chi-square | Expected small | 183.454 < (0.05:156 = 86.1458) | Good |

| | | | |
|---------------------|--------|-------|------|
| Probability | □ 0.05 | 0066 | Good |
| CMIN/DF | □ 2.00 | 1,176 | Good |
| The The RMSEA | □ 0.08 | 0.024 | Good |
| Gfi | □ 0.90 | 0949 | Good |
| AGFI | □ 0.90 | 0925 | Good |
| TLI SULTAN BANTILAN | □ 0.95 | 0994 | Good |
| Cfi | □ 0.95 | 0995 | Good |

Source: Appendix 4

Table 6 shows that the organizational service quality measurement model then model criteria has shown the presence of a fit model or suitability between data with models. This is evidenced by the eight different fit criteria, all of which meet the criteria. Thus the model above shows a good acceptance rate therefore it can be concluded that the model is acceptable.

Table 7. Loading factor (λ) quality factor measurement service

| Variable Dimensions/indicators | Loading Factor (λ) | Critical Ratio | Probability (P) | Description |
|--------------------------------|------------------------------|----------------|-----------------|-------------|
| Tangibles | 0.890 | 14.858 | 0.000 | Significant |
| X 1.1.1 | 0.781 | 15.105 | 0.000 | Significant |
| X 1.1.2 | 0.799 | 15.512 | 0.000 | Significant |
| X 1.1.3 | 0.831 | 16.187 | 0.000 | Significant |
| X 1.1.4 | 0.757 | 14.513 | 0.000 | Significant |
| X 1.1.5 | 0.732 | 13.902 | 0.000 | Significant |
| X 1.1.6 | 0.782 | Fix | 0.000 | Significant |
| Reliability | 0.905 | 14.967 | 0.000 | Significant |
| X 1.2.1 | 0.810 | 15.518 | 0.000 | Significant |
| X 1.2.2 | 0.778 | 14.677 | 0.000 | Significant |
| X 1.2.3 | 0.784 | Fix | 0.000 | Significant |
| Responsiveness | 0.972 | 18.273 | 0.000 | Significant |
| X 1.3.1 | 0.839 | Fix | 0.000 | Significant |
| X 1.3.2 | 0.830 | 18.244 | 0.000 | Significant |
| X 1.3.3 | 0.780 | 16.569 | 0.000 | Significant |
| X 1.3.4 | 0.839 | 18.597 | 0.000 | Significant |
| Assurance | 0.949 | Fix | 0.000 | Significant |
| X 1.4.1 | 0.880 | 19.225 | 0.000 | Significant |
| X 1.4.2 | 0.852 | 21.655 | 0.000 | Significant |
| X 1.4.3 | 0.886 | 23.266 | 0.000 | Significant |
| X 1.4.4 | 0.896 | Fix | 0.000 | Significant |
| Empathy | 0.921 | 17.355 | 0.000 | Significant |
| X 1.5.1 | 0.843 | 18.101 | 0.000 | Significant |
| X 1.5.2 | 0.889 | 22.469 | 0.000 | Significant |
| X 1.5.3 | 0.882 | Fix | 0.000 | Significant |
| X 1.5.4 | 0.844 | 20.318 | 0.000 | Significant |

Source: Appendix 4

Loading factor (λ) variable quality service variables in table 7 show test results against the service quality variable measurement model of each indicator describing the construct, especially the latent variable (*unobserved variable*), so that the entire indicator is included in the next Test.

Patient value.

Table 8. Evaluation of criteria of Goodness of Fit Indices Patient Value

| Goodness of Fit Index | Cut-Off Value | Model Results * | Description |
|-----------------------|----------------|-----------------------------|-------------|
| χ^2 – Chi-square | Expected small | 12.388 < (0.05:10 = 18.307) | Good |
| Sign. Probability | χ 0.05 | 0260 | Good |
| CMIN/DF | χ 2.00 | 1,239 | Good |
| The The RMSEA | χ 0.08 | 0.028 | Good |
| Gfi | χ 0.90 | 0989 | Good |
| AGFI | χ 0.90 | 0968 | Good |
| TLI SULTAN BANTILAN | χ 0.95 | 0996 | Good |
| Cfi | χ 0.95 | 0998 | Good |

Source: Appendix 4

Table 8 shows that the model of the patient's value measurement then model criteria has shown the presence of a fit model or suitability between data with models. This is evidenced by the existing eight *criteria fix*, all of which have fulfilled the criteria. Thus the model above shows a good acceptance rate therefore it can be concluded that the model is acceptable.

Table 9. Loading factor (λ) measuring the patient's value

| Variable indicators | Loading (λ) | FactorCritical Ratio | Probability (P) | Description |
|---------------------|-----------------------|----------------------|-----------------|-------------|
| X 2.1 | 0.637 | 12.404 | 0.000 | Significant |
| X 2.2 | 0.705 | 14.238 | 0.000 | Significant |
| X 2.3 | 0.730 | 14.981 | 0.000 | Significant |
| X 2.4 | 0.863 | 19.430 | 0.000 | Significant |
| X 2.5 | 0.871 | Fix | 0.000 | Significant |
| X 2.6 | 0.752 | 15.573 | 0.000 | Significant |
| X 2.7 | 0.773 | 16.286 | 0.000 | Significant |

Source: Appendix 4

Loading factor (χ) Measurement of the patient's value variables in table 9 shows the test results against the measurement model of the patient's value variable from each indicator describing the construct, especially the latent variable (*unobserved variable*), so that the entire indicator is included in the next Test.

Patient satisfaction.

Table 10. Evaluation of Goodness of Fit criteria Indices Patient Satisfaction

| Goodness of Fit Index | Cut-Off Value | Model Results * | Description |
|-----------------------|----------------|----------------------------|-------------|
| χ^2 – Chi-square | Expected small | 14.698 < (0.05:8 = 15.507) | Good |
| Sign. Probability | χ 0.05 | 0065 | Good |
| CMIN/DF | χ 2.00 | 1,837 | Good |
| The The RMSEA | χ 0.08 | 0052 | Good |
| Gfi | χ 0.90 | 0987 | Good |
| AGFI | χ 0.90 | 0955 | Good |
| TLI SULTAN BANTILAN | χ 0.95 | 0987 | Good |
| Cfi | χ 0.95 | 0995 | Good |

Source: Appendix 4

Table 10 indicates that the model of patient satisfaction measurement then model criteria has shown the presence of a fit model or suitability between data with models. This is evidenced by the eight fixed criteria, all of which meet the criteria. Thus the model above shows a good acceptance rate therefore it can be concluded that the model is acceptable.

Table 11. Loading factor (λ) Patient satisfaction Measurement

| Variable indicators | Loading Factor (λ) | Critical Ratio | Probability (P) | Description |
|---------------------|------------------------------|----------------|-----------------|-------------|
| Y 1.1 | 0.895 | Fix | 0.000 | Significant |
| Y 1.2 | 0.765 | 14.968 | 0.000 | Significant |
| Y 1.3 | 0.742 | 13.866 | 0.000 | Significant |
| Y 1.4 | 0.804 | 15.388 | 0.000 | Significant |
| Y 1.5 | 0.788 | 13.476 | 0.000 | Significant |
| Y 1.6 | 0.773 | 15.203 | 0.000 | Significant |
| Y 1.7 | 0.726 | 14.052 | 0.000 | Significant |

Source: Appendix 4

Loading factor (λ) Measurement of threeL patient satisfaction in table 11 shows test results on the measurement model of patient satisfaction variables of each indicator describing the construct, especially the latent variable (*unobserved variable*), so that the entire indicator is included in the next Test.

Patient loyalty.

Table 12. Evaluation of criteria *Goodness of Fit Indices* Loyalty Patient

| Goodness of Fit Index | Cut-Off Value | Model Results * | Description |
|-----------------------|----------------|----------------------------|-------------|
| χ^2 – Chi-square | Expected small | 16,468 < (0.05:9 = 16.919) | Good |
| Sign. Probability | χ 0.05 | 0058 | Good |
| CMIN/DF | χ 2.00 | 1,830 | Good |
| The The RMSEA | χ 0.08 | 0051 | Good |
| Gfi | χ 0.90 | 0985 | Good |
| AGFI | χ 0.90 | 0954 | Good |
| TLI SULTAN BANTILAN | χ 0.95 | 0986 | Good |
| Cfi | χ 0.95 | 0994 | Good |

Source: Appendix 4

Table 12 indicates that the patient's loyalty measurement model then model criteria has shown the presence of a fit model or suitability between data with models. This is evidenced by the eight fixed criteria, all of which meet the criteria. Thus the model above shows a good acceptance rate therefore it can be concluded that the model is acceptable.

Table 13. Loading factor (λ) measurement of patient loyalty

| Variable indicators | Loading Factor (λ) | Critical Ratio | Probability (P) | Description |
|---------------------|------------------------------|----------------|-----------------|-------------|
| Y 2.1 | 0.708 | 12.807 | 0.000 | Significant |
| Y 2.2 | 0.648 | 11.381 | 0.000 | Significant |
| Y 2.3 | 0.706 | 12.660 | 0.000 | Significant |
| Y 2.4 | 0.688 | 12.270 | 0.000 | Significant |
| Y 2.5 | 0.816 | Fix | 0.000 | Significant |
| Y 2.6 | 0.712 | 12.523 | 0.000 | Significant |
| Y 2.7 | 0.780 | 14.034 | 0.000 | Significant |

Source: Appendix 4

Loading factor (λ) variameasurementThe patient's loyalty bell in table 13 shows the test result of the patient's loyalty variable measurement model of each indicator describing the construct, especially the latent variable (*variable unobserved*), so that the entire indicator is included in the next Test.

Quality of service, patient value, patient satisfaction and patient loyalty.

The model is said to be good when the development of a hypothetic model is theoretically supported by empirical data. The full results of SEM analysis can be seen in the following image:

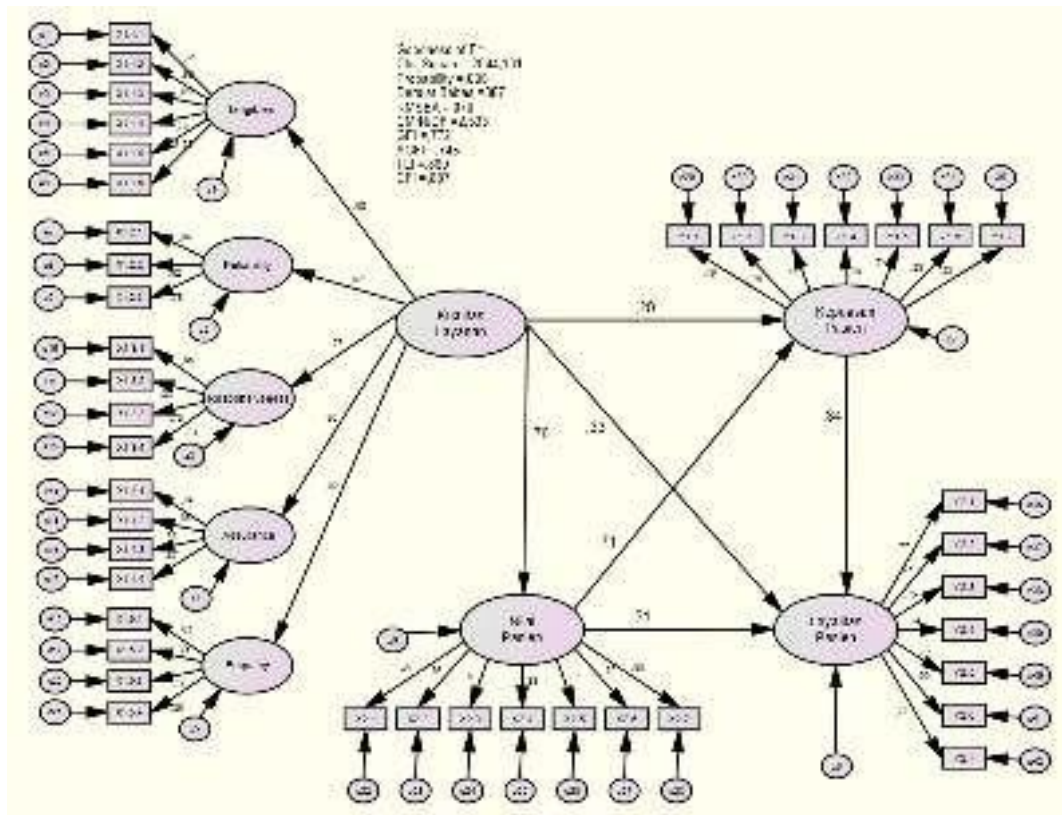


Figure 1. Variable Relationship Model measurement

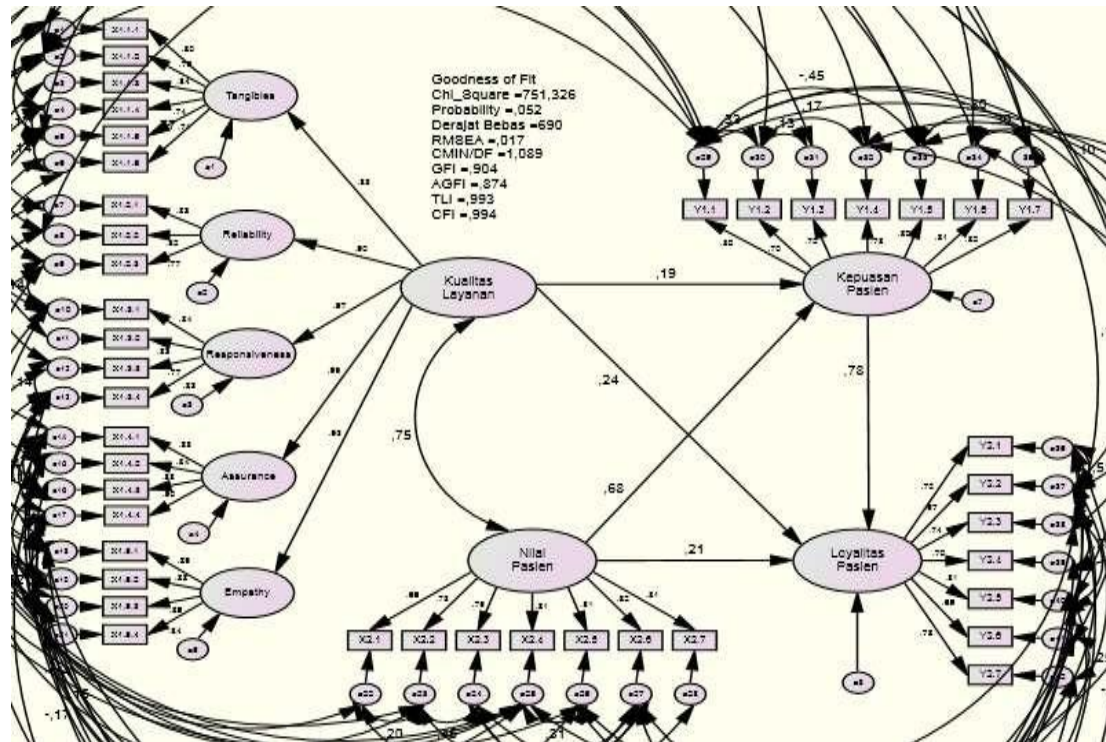
Model test result presented in GambaR1 above evaluated based on *goodness of Fit indices* in table 14 following with presented model criteria and critical value that has data compliance.

Table 14. Evaluation Criteria *Goodness of Fit Indices Overall Model*

| Goodness of Fit Index | Cut-Off Value | Model Results * | Description |
|-----------------------|----------------|-----------------------------|-------------|
| χ^2 - Chi-square | Expected small | 2944 > (0.05:807 = 873.198) | Not good |
| Probability | \square 0.05 | 0.000 | Not good |
| CMIN/DF | \square 2.00 | 2.533 | Not good |
| The The RMSEA | \square 0.08 | 0070 | Good |
| Gfi | \square 0.90 | 0772 | Not good |
| AGFI | \square 0.90 | 0745 | Not good |
| TLI SULTAN BANTILAN | \square 0.95 | 0.880 | Not good |
| Cfi | \square 0.95 | 0887 | Not good |

Source: Hair (2006), Arbuckle (1997)

From the evaluation model shows from the eight criteria *goodness of fit indices* visible from the eight criteria submitted only one criterion that already meet the criteria, so it is done modification of the model by doing correlation between error indicators according to the instructions of *modification indices*. Analysis results after the final model obtained is as follows:



Picture 2. Variable Relationship Model measurement

The result of Uji model is presented in figure 2 above evaluated based on *goodness of Fit indices* in table 15 following with presented the criteria model as well as the critical value that has data compliance.

Table 15. Evaluation Criteria *Goodness of Fit Indices Overall Model*

| Goodness of Fit Index | Cut-Off Value | Model Results * | Description |
|-----------------------|----------------|--------------------------------|-------------|
| χ^2 - Chi-square | Expected small | 751.326 < (0.05:690 = 752.219) | Good |
| Probability | □ 0.05 | 0052 | Good |
| CMIN/DF | □ 2.00 | 1.089 | Good |
| The The RMSEA | □ 0.08 | 0.017 | Good |
| Gfi | □ 0.90 | 0904 | Good |
| AGFI | □ 0.90 | 0874 | Marginal |
| TLI SULTAN BANTILAN | □ 0.95 | 0.993 | Good |
| Cfi | □ 0.95 | 0994 | Good |

Source: Hair (2006), Arbuckle (1997)

From evaluation model shows from eight criteria *goodness of fit indices* only one that has not fulfilled the criteria is AGFI but the value is approaching critical value, so that the model as a whole can be said to have corresponding data and can be in further analysis.

Hypothesis Testing

Table 16. Hypothesis Testing

| HI S | Independent variables | Dependent variables | Direct Effect | | P-Value | Description |
|------|-----------------------|-----------------------|---------------|-------|---------|-------------|
| | | | The | Cr | | |
| H1 | Quality Service | Satisfaction Patients | 0.188 | 2.223 | 0.026 | Significant |
| | | Patient satisfaction | | 7.379 | | |
| H2 | Patient value | | 0.677 | | 0.000 | Significant |

| H3 | Quality Service | Patient loyalty | 0.242 | 3.387 2.569 | 0.000 | Significant |
|------------------------------|------------------------|------------------------------|------------|----------------|-------|-------------|
| H4 | Patient value | Patient loyalty | 0.208 | 11.47 | 0.010 | Significant |
| H5 | Patient satisfaction | Patient loyalty | 0.782 | | 0.000 | Significant |
| Indirect Effect | | | | | | |
| Independent variables | Variable Depend | Intervening variables | The | The | | |
| Quality of Service | Loyalty Patients | Patient satisfaction | 0.147 | | | Significant |
| Patient value | Patient loyalty | Patient satisfaction | 0.529 | | | Significant |

Source: Appendix 7

From the overall model of the seven paths that are hypothesized, they are all significant. Adapun Interpretation of table 16 can be described as follows:

The quality of service has a significant positive influence on patient satisfaction with $P = 0.026 < 0.05$ with a coefficient value of 0188, this coefficient indicates that the presence of good service quality will keep the patient satisfied.

Value has a significant positive influence on patient satisfaction with $P = 0.000 < 0.05$ with a coefficient value of 0677, this coefficient indicates that the presence of good patient value will keep the patient satisfied.

The quality of service has a significant positive influence on the loyalty of patients with $P = 0.000 < 0.05$ with a coefficient value of 0242, this coefficient indicates that the presence of good service quality will make the patient loyal.

The value of the patient has a significant positive effect on the loyalty of patients with $P = 0.010 < 0.05$ with a coefficient value of 0208, this coefficient indicates that the presence of good patient value will make the patient loyal.

Patient satisfaction has a significant positive effect on the loyalty of patients with $P = 0.000 < 0.05$ with a coefficient value of 0782, this coefficient indicates that if the patient is satisfied will make the patient loyal.

Based on table 16 It can be noted that there are five paths that affect all significant. Thus the hypothesis:

H1: Service quality affects patient satisfaction

H2: The value of the patient affects patient satisfaction

H3: Quality of service affects patient loyalty

H4: Patient's value affects patient Loyalty

H5: Consumer satisfaction affects patient loyalty

Supports empirical data and accepted hypotheses

Direct effect Analysis ,indirect *effects*, and total *effects* between variables in the model, are used to compare the magnitude of the influence of each variable construction. Direct influence is the coefficient of all lines of the coefficient with an arrow one end, while indirect influence is the effect that arises through a variable between the (variable intervening) while the total influence is the influence of the various relationships (Ferdinand, 2000:139). The test results are presented in table 16. The table shows the magnitude of direct, indirect and total impact between variables. There are two indirect lines in the study that influence the total quality of service on patient loyalty through patient satisfaction and the patient's value towards patient loyalty through patient satisfaction. Both lines are accepted.

V. Discussion

Effect of service quality on patient satisfaction

To answer the problem formulation and the first hypothesis can be observed from the results of the path analysis in table 5.26. From the table shows that the quality of service (X1) has a positive and significant influence on patient satisfaction (Y1). This suggests that good quality of service will keep patients satisfied over the services received.

The results of this research in accordance with the results of research conducted by Choi et al (2005), where his research results showed that the general causal relationship between service quality and patient satisfaction has been fully supported on South Korean health care system. In addition, the results of this research also correspond to what is proposed by Budiarto (2002) that the quality of service felt by hospital patients directly affect internal and external satisfaction. Nuswantara (2004) said that the quality of service significantly

affects external customer satisfaction. Maternity patients will be satisfied if they are able to meet or exceed service quality expectations. Because after receiving these services, they compare the services experienced with the expected services. If the services experienced are under the expected service, the patient is no longer interested in the hospital. If the service meets or exceeds the expected service, the patient will use the hospital again. Assessment of maternity patients to the quality of hospital services in the city of Makassar is in accordance with the expectation so that they are satisfied and the perception of the patient is positive.

Facts in the field, quality of health services according to the patient or the public that the quality or quality is empathy, respect, responsiveness, as needed and friendly. Similarly, Nursalam in DadangHermanto (2010) stated that nursing care is not merely a process of giving and receiving (*take and give*) but a nurse (officer) is required to be able to conduct a "*care*", meaning in providing nursing service one is required to provide friendly service, polite, appreciative and empathy for what the patient feels. Obstetric inpatient Unit which is part of the hospital that has an important role in the service of *neonatal obstetric and clinical emergency*, It is supposed to have quality services, professional officers and adequate facilities so that together with other health facilities also support the achievement of the Development objectives of *Millennium development Goals* (MDG) 2015, namely maternal health improvement. Adrian (2005) stated that with high quality healthcare, implemented by skilled healthcare personnel, has a complete and functioning means as well as focusing on the help of mothers, newborns and children (KIA) will have an impact on the decline in the number of pain, maternal death, death of newborn and children in all members of the community who are exposed to lifetime risk.

Effect of patient's value on patient satisfaction

To answer the problem formulation and the second hypothesis can be observed from the results of the path analysis in table 5.26. From the table shows that the patient's value (X2) has a positive and significant influence on patient satisfaction (Y1). This shows that the higher the perception of value perceived by the maternity patients, the greater the patient satisfaction of the hospital, the lower the perception of the existing value perceived by the patient, the lower the level of satisfaction.

The findings or results of this research match what Bolton and Drew (1991) suggested, the dimension of value can be conceptualized with the *trade-off* between the sacrifices that have been issued with the entire earned. The fun factor or things and the price or trust will affect customer satisfaction and the good behavior of the consumer in the purchase of return (Lee, 2000). Value is the overall customer evaluation of the quality, price and nature of a service. Similarly the services in the patient hospital will evaluate the quality, price and nature of a service. The results of this research also correspond to what is proposed by Tjiptono, *et.al.*, (1995) about the value of a product for customers will affect the level of satisfaction that customers feel. Gundersen, *et.al.*, (1996) said customer satisfaction is perceived as an evaluation decision after customers consume that pertains to a product or service that has been perceived, so that the pattern of relation is the quality of service affects customer value and subsequently the value of such customer will affect customer's perceived satisfaction. The more valuable a service for customers, the more satisfaction the customer feels that can be fulfilled by the service. Taylor and Hunter, *et.al.*, (2003) also said that the value of the customer affects perceived satisfaction. While Khatibi and Ismail, *et.al.*, (2004) Consumer perception of value and price greatly affects the customer's satisfaction.

The economical perception of the patient after enjoying and evaluating a service taking into consideration the benefits received by the sacrifice then the patient will feel satisfaction and dissatisfaction. If the patient feels the benefits received is greater than the sacrifice, then the patient will be satisfied, likewise conversely, if the patient perceives the benefits received less than the sacrifice then the patient is not satisfied. In this study the patient felt the benefits received greater so that the patient was satisfied.

Effect of service quality on patient loyalty

To answer the problem formula and the third hypothesis can be observed from the results of the path analysis in table 5.26. From the table shows that the quality of service (X1) has a positive and significant influence on patient loyalty (Y2). This suggests that the services provided by the hospital party are felt by the patient so well that it makes the patient satisfied, which will further create the patient's loyalty. The success of many hospitals depends on the quality of service in accordance with the hospital environment, and the ability of the officers in providing service and explaining the products-products offered and the needs and expectations of patients. Patient loyalty is influenced by quality of service. The quality of service is very important in relation to the existence and development of the success of services companies such as hospitals, quality of service will effect on the satisfaction of patients who will eventually impact on the patient loyalty to the service provider. Factors that affect patient loyalty are the quality of services that include expectations about reliability (*reliability*), responsiveness (*responsibility*), *assurance*, empathy (*empathy*), and direct evidence (*tangible*). "

The results of this study correspond to Blomer, Ruyter, and Peeter (1998) that the image, quality of

service, and satisfaction influence the customer loyalty. Fullerton and Taylor (2002) say that the quality of service has a significant influence on loyalty. Satisfaction has a role of mediation in the influence that occurs between the quality of service towards loyalty. Meanwhile, Cronin *et al.*, (2000) said that the quality of service and value of customers effect indirectly to customer loyalty. Blomer, Ruyter, and Peeter (1998) say that imagery, quality of service, and contentment have an influence on consumer loyalty.

All of the above research is a research in the field of *bit* and shop. In this study maternity patients admitted that if the quality of service is satisfactory it will affect their subsequent behavior. From table 5.5 It is known that most patients who are made respondents have been hospitalized more than once. This means that the patient wishes to come back to the hospital when they give birth. Then from table 5.26 can be seen the direct effect between the quality of service (X1) with patient loyalty (Y) with a positive direction of 0.171. Indirect effect with a positive value of 0.147 while the total effect which is the sum of direct effects and indirect effects obtained a figure of 0.318. It can thus be concluded that H3, which states that the quality of service (X1) affects the patient's loyalty (Y) is accepted or supported by facts.

Effect of patient's value on patient loyalty

To answer the problem formula and the third hypothesis can be observed from the results of the path analysis in table 5.26. From the table shows that the patient's value (X2) has a positive and significant influence on patient loyalty (Y2). This indicates that if the patient has experienced the quality of the hospital's health services, they will be satisfied because the quality of service itself is very close to the satisfaction.

MEordinateTjptono satisfaction is able to provide a good base for the re-purchase and the creation of customer loyalty, as well as forming a favorable recommendation word of mouth. No product or service is of high value by itself, but it must go through the process of creating value from customers, as expressed by (Zins, 2001). Woodruff (1997, in Zins *et al.*, 2001) states: "*Customer value is a owner's perceived preference for and evaluation of those product attributes, attribute performances, and consequences arising from use that facilitate (or block) achieving the customer's goals and purposes in use situations. ... It links together products with use situations and related consequences experienced by goal-oriented customers*". (Customer values are the likes of customer evaluations of product attributes, performance attributes, and consequences that arise from the use of facilities in achieving the objectives and are the intent of the customer in the situation in which they are faced... That connect the product to the situation and related consequences experienced by the goal-oriented customer). Sabol, Singh and Sirdeshmukh (2002), stated that customer loyalty was influenced by customer ratings for a trust in a variety of policy and management practices and was influenced by customer confidence in the forefront employee behaviour that was directly related to the customer. The consumer confidence in these management policies and practices can form a trustworthy nature in a variety of things that encompasses capability, good works in operations and orientation on the problem-sharing solution. Every behaviour of a service provider will get consumer ratings and consumer ratings affect customer satisfaction and loyalty.

The effect of patient satisfaction on patient loyalty.

Based on the results of the data processing as seen in table 5.26 shows that there is an influence between patient satisfaction (Y1) with the loyalty (Y2) in the hospital and this influence is positive. This result supports the opinion of Tjptono (1996) that services are closely related to customer loyalty and can generally be realized in three basic ways: 1) Treating customers who are not satisfied in such a way that can maintain their loyalty. 2) The company provides a broad and unlimited warranty on the promised damages only and 3) the company meets or exceeds the expectations of customers who complain by handling their complaints in response.

The results of the study correspond to what Woodside, Frey and Daily (1989) suggested that perceived satisfaction would affect the next customer's behaviour to buy back services from the same service provider. Schnaars, *et al.*, (1991) says that contentment has significance in the marketing concept and is usually associated with the company's motto in order to satisfy customers ' needs and wishes to foster loyalty. O'malley, *et al.*, (1998) said that customer satisfaction is an approach of loyalty size, whereby customer satisfaction is assumed to affect the interest of buying back. Conlon, Matta and Devaraj (2001) say that customer satisfaction with service facilities is related to customer loyalty. While Mittal and Kamakura (2000), theoretically, the perceived satisfaction rate of the customer relates to customer behavior in repeated purchases, but this relationship is difficult to observe, because customer behaviour is heavily influenced by the various characteristics owned by the customer itself.

The result of this study implicates that satisfaction is important and needs to get serious attention. Maternity patients must feel satisfaction, both satisfaction of hospital service and satisfaction to facilities in hospitals such as means of communication, information, technology and others. With the patient's satisfaction, the patient will be loyal. Willingly will convey to others positive things about the hospital. It's a powerful and cost-free promotion.

VI. Conclusions And Suggestions

Based on the results of the study can be concluded that The quality of service has a positive and significant influence on patient satisfaction. Likewise with the value of patients who have a positive and significant influence on patient satisfaction. Then, the quality of service and value of patients have a positive and significant influence on patient loyalty. Patient satisfaction has a positive and significant influence on patient loyalty.

Based on the results of analysis and discussion can be expressed some advice that can be considered good consideration for the research, academics, and the practice of the leadership commitment is good but the leadership should still inspire and make the cleaning officers think about providing services to the community. Department of Hygiene through leadership policy is expected to improve job satisfaction where job satisfaction is the most dominant factor in influencing the quality of service. Good Quality of service needs to be maintained consistently to provide the best service for the community. Here that still needs to be improved is the responsibility of the employees are able to provide services comprehensively, meaning when giving service to the community, the officer in question must be menyelesaikannya to completion and not delegate to other employees so as not to make the community feel complicated and played.

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