

Health Service Quality of National Health Insurance (JKN) and Patient's Satisfaction at Public Health Centre of Jember District

Moh. Wildan*

*Lecturer of Health Politechnic of Malang, Republic of Indonesia

Abstract: Good quality of health service will surely influence patients' satisfaction, and satisfaction will lead to patients' loyalty towards the institution providing health service as the organizer of National Health Insurance (JKN) program. The research aimed to analyze the quality of health service of JKN program and its influence upon patients' satisfaction towards the service of public health centers as JKN program executors. The research deployed ex-post facto research design, associative explanation level, in the form of causal variable, and with data collection through cross sectional. The research population was patients of public health centers across Jember district as JKN members. Samples were collected through Stratified Random Sampling technique. The measurement of samples was identified through Bernoulli formula. The sample collection was then carried out at each institution providing health service through incidental sampling, while analysis technique was conducted through multiple linear regression. Statistic test showed that value of Multiple R as 0,938 and value of p as 0,000. Value of F_{sum-up} as 3514,64 bigger than F_{table} as 2,01. This indicated that the correlation among free variables simultaneously influence patients' satisfaction as 93,8%. The correlation might be very strong due to the correlation co-efficient close to 100% or 1. In other words, significant influence in the aspect of Reliability, Assurance, Tangibles, Empathy and Responsiveness towards patients' satisfaction of JKN members in public health centers Jember district has well-grown. Thus, efforts to improve the quality of health service of members of JKN program in each health centers across Jember district to improve patients' satisfaction to ensure patients' recovery that they are eventually loyal to JKN program managed by National Security Health Agency.

Keywords: Quality of health service, Patient's satisfaction, National Health Insurance.

I. Introduction

By 1st of January 2014, JKN program has been executed across the country, Jember district included. In implementing NHI program, public health centers play pivotal roles as both are mandated to the main references of health insurance of JKN program all over Indonesia. All health centers in sub-districts and pratama clinicare in the first level of health service, while regional hospitals as well as private hospitals are references for further actions of health service.^[1] However, as a relatively new program, JKN implementation poses a number of constraints and problems. It is obvious that the implementation especially in Jember district has not yet indicated significant result towards patients' satisfaction.

Whereas, prior study conducted in May 2015 in Summersari sub-district public health center of Jember regency informed that from 30 respondents (patients) of outpatient and inpatient unit using JKN program, 60% stated dissatisfaction, 25% stated satisfactory and 15% expressed satisfaction. Out of 60% of those whose expressed dissatisfaction posed reason as follows: 1) long queue, 2) doctor and paramedics with problem of punctuality 3) doctors and paramedics not communicative with patients and always in a rush in service, and 4) the drugs provided are beyond what is expected.

Institution of health service such as public health centers which provide people with health service through JKN play a pivotal role to accelerate and improve health service for people. The roles are even highlighted as changes of epidemiological disease, changes of demographical structure, the development of science and technology, change of socio-economical structure of the people appear and demand of qualified service, friendly and able to meet their needs demanding changes of service pattern. The changes are even more noticeable in the 21st century, as in the globalization era, service liberalization attracts serious attention.

JKN program aims for people of Indonesia to get protection through insurance system, that they can fulfill their basic needs of decent health. JKN refers to principles of national social insurance system such as 1) principle of togetherness, 2) Principle of benefit, 3) principle of openness, carefulness, accountability, efficient and effectivity, 4) principle portability 5) principle of obligatory membership, 6) principle of mandated fund 7) principle of result of management social fund used for the program development and for the sake of all members.^[2]

The quality of health service will influence patient's satisfaction which eventually will enable them to be loyal to the Public health centre.^[3] In the world of marketing, positive image building will be beneficial for the company as the marketing actions, as in tough competition each company will try hard to attract the customers' attention to achieve their trust to get what they need. People's trust directly deal with patients' satisfaction. Patients' satisfaction to the hospitals is such a comprehensive evaluation towards the hospital and Public health centre judged through 3 indicators such as: 1) overall opinions about the hospitals, 2) opinions on hospital's contribution to the people, and 3) like and dislike towards certain hospital. Loyalty exists when one entity has confidence towards other's integrity and reliability.^[4]

Correlation between patients' satisfaction and patient's trust come up which means presence intensity to return to get medical check-up and willing to inform others.^[5] Quality influences satisfaction, satisfaction influences trust, and trust influences customers' commitment. Customers' commitment has a strong influence upon intensity of return, intensity of price and words of mouth.

General Objective

To identify the quality effect of health service of JKN program towards the improvement of patients' satisfaction at Public health centre in Jember district.

Special Objectives

1. To analyse the influence of reliability aspect in the quality of health service JKN program towards patients' satisfaction
2. To analyse the influence of assurance aspect in the quality of health service JKN program towards patients' satisfaction
3. To analyse the influence of tangible aspect in the quality of health service JKN program towards patients' satisfaction
4. To analyse the influence of empathy aspect in the quality of health service JKN program towards patients' satisfaction
5. To analyse the influence of responsiveness aspect in the quality of health service JKN program towards patients' satisfaction

Hypothesis

H1: Influence of reliability aspect towards patients' satisfaction perceived.

H2: Influence of assurance aspect towards patients' satisfaction perceived.

H3 : Influence of tangible aspect towards patients' satisfaction perceived.

H4: Influence of empathy aspect towards patients' satisfaction perceived.

H5: Influence of responsiveness aspect towards patients' satisfaction perceived.

H6: Influence of reliability, assurance, tangible, empathy and responsiveness aspect simultaneously perceived towards patients' satisfaction.

II. Method

Research Design

The research deployed ex-post facto research design, associative explanation level with causal variable by using quantitative approach. The variables measured were the quality of health service of JKN program through patients' satisfaction in the Public health centers in Jember district. The research design can be illustrated as follows:

Research Population

The research population was patients of public health centers in Jember district using JKN cards conducted by National Security Health Agency. Respondents represented as samples were patients who used service of public health centers using National Security Health Agency program. Sample collection determined through Stratified Proportional Sampling. Further sample collection at each institution of health service was carried out through incidental sampling by conducting research where researcher met in person with the patients/respondents.^[6] Criteria of patients chosen to be the samples should represent the following points:

- 1) Patients using JKN program
- 2) Inpatients staying at least for 2 days.
- 3) Only baby's parents play as respondents
- 4) Patients or the family willing to be respondents

Research Samples

To identify the total of sample, Bernoulli formula was deployed,^[7] in which the minimum research samples was 44 in each strata of JKN health service. The research total number of samples are as follows (1) service in the level of public health center: 220 respondents comprising 5 public health centers.

Tabel: (1) Respondent's Distribution based on Research Location

No.	Research Location	x	%
1.	Sumbersari Public Health Center (Region 1)	44	20
2.	Gumukmas Public Health Center (Region 2)	44	20
3.	Ambulu Public Health Center (Region 3)	44	20
4.	Sumberjambe Public Health Center (Region 4)	44	20
5.	Mayang Public Health Center (Region 5)	44	20
	Total	220	100,0

Research Variables

- 1) Independent variables; the quality of health service of JKN program (X) comprising dimension: (X₁) reliability, (X₂) assurance, (X₃) tangible, (X₄) empathy, (X₅) responsiveness.
- 2) Dependent variable: as dependent variable (Y) is patients' satisfaction consisting of dimension: (1) service acceleration, (2) service responsiveness, (3) Professionalism, (4) Service Availability.

Operational Definition of Variable

- 1) Variable of quality of health service of NHI program (X)

(1) Reability dimension (X₁)

Reability is the ability of paramedics in providing health service promised to be accurate, details and trustworthy with some indicators: (a) the accuracy of the disease, (b) the accuracy of medical notes/documents, (c) process and procedure of medical actions run very well, (d) no discriminative actions towards patients.

(2) Assurance dimension (X₂)

Assurance is a dimension in which patients feel peace and secured in actions, personal interests, details and security shown by paramedics towards patients and the family on visit, with some indicators: (a) peace and comfort during service in public health centers, (b) confidentiality of personal documents in the public health centers (c) personal confidentiality among patients (d) the image of public health senters (e) working with detail when dealing with patients.

(3) Tangible dimension (X₃)

Tangible concerns physical facilities of public health centers, complete medical tools and supporting equipment, with some indicators: (a) cozy and comfortable service room (b) logistics and rooms for patients, waiting rooms (with TV and seats), (c) practical room and office building management (d) practical queue lane and easy to monitor (e) medical tools availability (f) modern medical tools and equipment

(4) Empathy dimension (X₄)

Empathy measures attitude and behavior of paramedics as well as their abilities communicate with patients, sensible for patients' needs and accessible. This dimension work with some indicators: (a) attitudes and behavior of paramedics such as doctor, supporting paramedics and other officials, (b) greetings and talks of health officials such as doctors, paramedics and other supporting officials (c) accessibility (d) sensibility for patient's needs

(5) Responsiveness dimension (X₅)

Responsiveness means showing good respond in handling with patients. This also concerns public health centers' ability to give an appropriate respond in handling problems, and dealing with complaints, with some indicators as follows: (a) acceleration I handling medical problems, (b) sensibility for patients' needs (c) the ability of public health center in dealing with problems (d) prescription and medicines constant supply (e) Flexibility of service schedule /working hour.

- 2) Variable of patients' satisfaction (Y)

Patients' satisfaction is depicted through happy feeling upon health service when research was conducted. The satisfaction deals with compatibility of hope and service. The satisfaction was shown by patents' response on service provided by doctors, paramedics and other officials. The indicators of patients' satisfaction consist of 4 dimensions as follows:

- (1) Dimension of service acceleration; (a) time devoted to wait for the service (b) the acceleration of officials in dealing with the service.
- (2) Dimension of responsiveness in service; (a) promise keeping (b) friendliness, familiarity, and attitudes of health officials and administrative staffs when behaving and talking(c) full and serious attention in dealing with patients in need of help.
- (3) Professionalism Dimension; (a) the knowledge of health officials in dealing with medical actions (b) procedure in handling medical actions (c) accessibility of officials in the hospitals/community health centers

- (4) Dimension of service availability; (a) Coziness and comfort of health service area, (b) service provided went with cost paid off.

Patients' assessment towards the quality of health service was measured through Likert Scale questionnaire.

Data Analysis

The hypothesis were tested through *Multiple linear regression* statistics in order to know the overall effects of the independent variables with the dependent variable and the ANOVA used the significance level of 5% (<0,05) to see the results with SPSS ver. 20 for Windows.^[8]

III. Results

Table (2) The Level of Patient's Satisfaction on Health Service of JKN Program at Public Health Centre in Jember District

Service Quality Dimension	Patient Satisfaction				Total
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	
Reliability	54 (24,55%)	32 (14,55%)	114 (51,81%)	20 (9,09%)	220 (100%)
Assurance	14 (6,36%)	28 (12,74%)	154 (70%)	24 (10,90%)	220 (100%)
Tangibles	1 (0,45%)	28 (12,74%)	164 (74,55%)	27 (12,26%)	220 (100%)
Empathy	14 (6,36%)	30 (13,74%)	154 (70%)	24 (10,90%)	220 (100%)
Responsiveness	7 (3,18%)	25 (11,36%)	159 (72,28%)	29 (13,18%)	220 (100%)

Table (2) indicates that, overall, the majority of JKN program members are generally satisfied with the health service services with the following percentages as in details: 1) the tangibles aspect (74.55%), 2) the empathy aspect (70%), 3) the reliability aspect (51.81%), 4) the Responsifness aspect (72.28%), and 5) the assurance aspect (70%).

Table: (3) Regression Analysis (Partial) between Independent Variables (X1 .. X5) dependent variable (Y)

Variabel Bebas	Regression Coefficient	Error Standard	t-rasio	Sig t	r ² Partial
(Constant)	0,321	0,249	1,157	0,219	
Reliability (X ₁)	0,107	0,019	5,463	0,000	0,216
Assurance (X ₂)	0,323	0,027	6,298	0,000	0,349
Tangibles (X ₃)	0,106	0,019	5,439	0,000	0,212
Empathy (X ₄)	0,142	0,017	8,613	0,000	0,327
Responsiveness (X ₅)	0,135	0,018	6,351	0,000	0,246
Anova					
Multiple R		0,938			
R Squared		0,927			
Adjusted R Squared		0,927			
F Ratio		3514,64			
Sig F		0,000			
D-W Test		1,735			

Table (3) reveals that the results of multiple linear regression statistical calculation using SPSS ver. 20 can be used to draw conclusion of this research regression equation as follows:

$$Y = 0,321 + 0,107X_1 + 0,323X_2 + 0,106X_3 + 0,142X_4 + 0,135X_5$$

IV. Discussion

The Influence of Reliability on Patient's Satisfaction of JKN Program Members.

The results of this study were in line with the idea that the patient's satisfaction was affected by the reliability of treatments performed by doctors and hospital staffs (nurses and midwives) and the utilization of treatment facilities and service facilities.^[9] A number of studies have found that patients would return to the same place of treatment and recommended to other patients if they felt satisfied with the quality care of the health institution from which they used to experience. Patient's satisfaction is often associated with positive emotions drawn from interactions with health service providers. In this case the Council on Medical Service (1986) formulated that patient's satisfaction was as an essential part in health service delivery.^[10] Therefore, the qualified health service technical aspects such as; courteous nurses, skillful doctors, clean rooms and corridors, appetizing food, toilets and facilities for the treatment could lead to increased patient satisfaction.^[11]

To improve patient's satisfaction of members of JKN at Public health centre in Jember district, all health workers are required to improve their performance quality based on their professional competence. Furthermore, all health care institutions (public health centers) should continuously maintain and improve the quality of their health service workers in accordance with the demands and the development of science and technology by providing an opportunity to participate in seminars, training or formal education at higher level.

The Influence of Assurance on Patient's Satisfaction of JKN Program Members

Public health centers in Jember district as health service providers serving members of JKN, must consider their business wise, but at the same time, they have to give a role of their social function to the public of health service users. Moreover, in the increasingly competitive market of health service industries, consumers of health service service, wishing for swift excellent service, demand the management to achieve high or excellent ratings of patient's satisfaction to improve the quality of service delivery. They have to provide services to meet the patients' needs since the satisfied patients tend to comply with the treatment and adhere to the same health service providers, otherwise they will switch to better patient-centered hospitals.

In health service services industry, services by doctors and other health service workers should be taken into account in achieving the goals oriented to patient satisfaction. Their performance will determine the patient perceived perception and actions about the health service services provided.

The Influence of Tangibles on Patient's Satisfaction of JKN Program Members.

The descriptive analysis of the data revealed that the least qualified dimension of health service experienced by JKN patients concerned with the tangibles one (physical facilities) because, according to them, the public health centre in Jember has yet been equipped with sufficient environment and amenities. Less representative lounge area, dirty restroom, less parking space and crowded halls can easily be seen in addition to a long line up for the services, such as; at the registration counter, doctor's examination, further medical check-up, and drug services.

Adequate amenities and services supporting the process of delivering health service can improve patient's satisfaction and the service delivery can improve customer satisfaction, while the process of service delivery can improve performance. Facilities, equipment and expertise of staff in the treatment room surely affect performance as well.^[12]

Quality of health service is the end product of the interaction of various aspects within a health service provider. Those aspects are then divided into three categories impacting the quality namely; structure, process and outcome. The structure refers to material characteristics and resources of the provider of health care, such as; the physical facilities, equipment, tools, organization and management, finance, human resources and other funding sources. In other words, the structure is the input of health service facilities. If the structure is good, the quality will likely to be good as well. The value of the structure as the input of health service facilities is attributable to its fairness, quantity, cost (efficiency), and quality of the components of the structure. The process refers to the activity between providers and their patients. The process refers to the-what and how of the professional activities. The quality of the process is attributable to its relevance and effectiveness in the eye of patients. Outcome is the end result of interactions between providers and their patients and their value is measurable from the changes in health status and satisfaction. They may be something unexpected like complications and other unexpected events.^[13]

The Influence of Empathy on Patient's Satisfaction of JKN Program Members.

Empathy refers to providers' actions or attitudes to give personal attention, communicate, and understand customers' needs. Health service workers having direct contact with patient must possess a high sense of empathy by giving attention, communicating with their patients, and understanding all their needs.^[14]

In this increasingly competitive market of health service industries, every health service institution is required to improve the quality of service delivery. Service quality must be taken into account when determining how to maintain survival and growth of a business, especially the very multidimensional performance quality. To measure the performance quality of health service services, providers need to meet their supply to the patients' demand in all those dimensions.

Concerning with the quality of health service, the level of service excellence in creating patient's satisfaction should be unidirectional with the level of satisfaction of the population as the main target of health institutions in which health service delivery should be in accordance with the ethics code and service standards prescribed.^[15] Whereas, the quality of health service providers refers to the quality of patient care. Good quality of health service is associated with swift services, precise diagnosis, appropriate therapy, and hospitality and empathy of the officers.^[16]

The Influence of Responsiveness on Patient's Satisfaction of JKN Members.

From the descriptive analysis, the patient dissatisfaction referred to the immediacy and responsiveness of services, especially dealing with the complicated administrative works. Long queue was still a major reason of patient dissatisfaction, especially the drug service at the pharmacy and the results of medical check up at the lab.

The study results are consistent with previous researches that the health care system in Indonesia has not yet been satisfying. Public health centers have not been able to guarantee the health service quality, such as the absence of the doctors, the long wait to get services, uncomfortable waiting room, discontinuity of service,

uncertain delivery time of the medicine, and the remained offline prescription system. Furthermore, some hospitals are yet patient centered care and even seem uneasy for patients to get services.^[3] The worsening case widely reported in the media recently is medical malpractice. Those previously mentioned facts are representing the gap between expectations and reality. The philosophy of health service industry should not be taken for granted for any reasons. In medication, patients expect recovery, while doctors generally seek to cure them. A doctor will depend on the patient's immune system, the type of disease, stage, or the presence or absence of complications to other organs.

Health service agencies such as public health service centers in Jember district providing health services to the community, especially the National Health Insurance Program, have a very strategic role in the effort to accelerate the improvement of public health degree. The increasingly prominent role is triggered by the onset of epidemiological changes of diseases, the change in demographic structure, the development of science and technology, socio-economic changes in society, and the demands of customers on qualified services suitable to their needs. The needs to improve even get harder within the issue of liberalization of healthcare services in the era of globalization.

The Influence of Reliability, Assurance, Empathy, and Responsiveness on Patient's Satisfaction of JKN Program Members.

Table 3 revealed that the influence of variables (X1) reliability, (X2) assurance, (X3) tanggibles, (X4) empathy, and (X5) responsiveness simultaneously had a significant influence on patient's satisfaction of JKN participants at Public health centre in Jember district, seen from the overall coefficient correlation (Multiple R) which was equal to 0.938. This showed that the relationship among the independent variables concurrently influenced the patient's satisfaction at value of 93.8% which could be classified as very tight because of the magnitude of the coefficient correlation was approaching 100% or 1.

These results were consistent with the opinion of Caruna^[17] previous research that service quality tightly affected customer satisfaction. Public perception of the quality of health service services and the effect on the utilization of health care services are key indicators of healthcare service success. Quality of service refers to five dimensions namely; tangibles, reliability, responsiveness, assurance and empathy. Those five dimensions are influential to shape patient's satisfaction levels.^[18] Quality affects satisfaction, satisfaction affects trust, and trust affects customer commitment. Customer commitment has a strong influence on intention of return, the intensity of the price and word of mouth (WOM).^[5]

Patient's satisfaction with the quality of services is a subjective value, but it remains its objectiveness, meaning that although the assessment is based on: 1) the past experience, 2) education, 3) psychological situation at that time, and 4) environmental influences at that time, it is still based on true and objective reality that exists, bad assessments represent dissatisfied experience. The patient's satisfaction just did not come by itself without any good reasons.^[19]

The outputs of hospitals were associated with recovered patients, not recovered ones, disability, and death, while the end result is the patient's satisfaction or dissatisfaction. Although discharged patients remained uncured, it does not mean that the patient is not satisfied with the hospital services. Patient's satisfaction includes four aspects, namely tranquility, interpersonal interactions between patients with hospital staff, technical competence and the health service costs.^[19]

The quality of health service has a close relationship with patient satisfaction. Quality encourages the patient to establish strong ties with the health service institution. In the long term these bonds allow health service institutions to understand carefully the patient's expectations and needs. Thus the health service institution can improve patient's satisfaction by optimizing the pleasant experience and decreasing the unpleasant ones. At the end, the good quality will create patient satisfaction, loyalty, and trust to health service institution providing those services.

The assessment of patient's satisfaction of JKN members at Public health centre in Jember district needs to be taken into account for the following reasons: 1) part of the quality of health service, 2) dealing with the marketing of hospitals, health centers and JKN program since (a) satisfied patients will recommend others to join JKN membership, (b) satisfied patients tend to comply with the treatment and adhere to the same health service providers, (C) word of mouth effect to new customers and the health service providers, (3) dealing with service improvement planning within the limited funding, selected increased services, and patients' needs, (4) quantitative analysis of the success of JKN program. The evidences shown in quantitative figures indicated that the patients' responses in this study represented factual informations giving an opportunity to the parties for discussion on improving service quality of JKN program in the future.

Public health centers in Jember district as health service providers for JKN members should continually improve patient's satisfaction and trust. Improved efforts are needed to make better service at both components back office and front office, so that customers will increasingly get interested to use health service services in the hospitals and health centers. Health service seekers always pay attention to the quality of medical staff, emergency care, nursing care, the availability of complete services, the doctor's recommendation, the modern

equipment, polite employees, a good environment, previous experiences, care cost, recommendation of family, nearby location, private rooms, and friend's recommendation. The existence of a relationship between the quality of health service and the patient's satisfaction is attributable to the intention of follow-up care and recommend to others.

V. Conclusion and Recommendation

Conclusion

Quality of health service provided to JKN members at Public Health Centre in Jember district consists of reliability, assurance, tangibles, empathy and responsiveness dimensions which have partially or simultaneously positive and significant impact on patient's satisfaction, meaning that if these factors are improved concurrently, they will have higher impact and can improve patient satisfaction.

Recommendation

1. Every public health center serving members of JKN in Jember district must continue to improve their service quality and create innovations to improve patient's satisfaction.
2. Management board of "JKN-BPJS Kesehatan" Jember Branch should monitor and periodically evaluate the quality of health service provided by health providers (public health centers service) to track patient's satisfaction of JKN members.

References

- [1]. Kemenkes (2011). *Lima Strategi Operasional Turunkan Angka Kematian*. www.depkes.go.id (diakses 5 Juni 2011 pada pukul 18.15)
- [2]. Kemenkes (2013). *Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional (JKN) dalam Sistem Jaminan Sosial Nasional*, Jakarta: Kemenkes & JKN.
- [3]. Hardiman, Achmad. 2003. *Rumah Sakit Indonesia Belum Siap Bersaing*. melalui <http://www.kompas.com/kompas-cetak/0412/22/humaniora1455383.html>-4k. 4/21/04. (diakses 3 Maret 2014)
- [4]. Morgan, Robert M and Shelby Hunt. 1994. The Commitment-Trust Theory of Relationship Marketing. *Journal of Marketing* 58: 20-38.
- [5]. Belanger, Charles, Joan Mount and Mathew Wilson. 2002. Institutional Image and Retention. *Tertiary Education and Management* 8: 217-230.
- [6]. Singarimbun dan Sofyan Effendi. 1995. *Metode Penelitian Survei*, LP3ES, Jakarta: 166-168.
- [7]. Sugiono, 2000, *Statistik Untuk Penelitian*, Bandung: Alfabeta
- [8]. Santoso, S., 2001, *SPSS Mengolah Data Statistik Secara Profesional*, Jakarta, PT Gramedia
- [9]. Kolodinsky. 1999. Consumer Satisfaction with a Managed Health Care Plan. *The Journal of Consumer Affairs* 33: 223-235.
- [10]. Finley, Veronda M. 2001. *Patient Satisfaction in Managed Care*. Departement of Public Administration University of Nevada, Las Vegas (March 25). Melalui <http://www.indonusa-ac.id/pdf5/academ/med-writing/publichealth/FAPHOOIO.pdf> 4/21/04.
- [11]. Bhattacharya, Arpita, Prema Meno, Vipin Koushal and K.L.N Rao. 2004. Study Patient Satisfaction in a Tertiary Referral Hospital. *Journal of the Academy of Hospital Administration* Vol.15 No.1: 29-32.
- [12]. Van Der Bij, J.D and J.M.H. Visser. 1999. Monitoring Health-care Processes: A Framework for Performance Indicator. *International Journal Health Care Quality* 12: 214-222.
- [13]. Cronin, J. Joseph, Jr. & Steven A. Taylor (1992), Measuring Service Quality : A Reexamination and Extension, *Journal of Marketing*, 56 (July).
- [14]. Parasuraman, A., V.A. Zeithaml & L.L. Berry. 1985. "SERVQUAL: Review, Critique Research Agenda", *Journal of Marketing*, page 111-124.
- [15]. Azwar, A. 1996. *Menjaga Mutu Pelayanan Kesehatan*. Jakarta; Pustaka Sinar Harapan
- [16]. Adikoesoemo, Suparto. 1997. *Manajemen Rumah Sakit*. Jakarta: Pustaka Sinar Harapan : 46-48.
- [17]. Caruana, Albert. 2002. "Service Loyalty: The Effects of Service Quality and the Mediating Role of Customer Satisfaction", *European Journal of Marketing*, page 811-828
- [18]. Supranto, J. 1997. *Pengukuran Tingkat Kepuasan Pelanggan Untuk Meningkatkan Pangsa Pasar*. Edisi Pertama. Jakarta: Rineka Cipta.
- [19]. Sabarguna, Boy. 2004. *Pemasaran Rumah Sakit*. Yogyakarta: Konsorsium RSI:1-21.