The Influences of Hospitalization Health Service Quality For Satisfying And Loyalty At Dr. Abdoer Rahem Situbondo Hospital

Budiharto [1], Edy Wahyudi [2], Selfi Budi Helpiastuti [2]

1). Magister Program, Faculty of Social and Political Science University of Jember
2). The Lecturer of Social and Political Science Faculty University of Jember

Abstract*: The focus of this study is on the influence of the quality of hospital inpatient health services according to the modified SERVQUAL dimension on patient satisfaction and loyalty. Satisfaction plays a role as a mediator of service quality in creating patient loyalty. With a sample of 400 inpatients participating in this study through a questionnaire survey with 15 questionnaires not returned / not answered completely. Samples were taken randomly from patients who received inpatient services with a purposive sampling method. Data were analyzed by path analysis using the SPSS program. The results of the study indicate that the quality of inpatient health services through the dimensions of Assurance, tangible, empathy, responsiveness have a positive and significant effect on patient satisfaction, with the most dominant influence being responsiveness, on the other hand reliability does not affect patient satisfaction. In total tangible dimensions do not significantly influence patient loyalty, but the dimensions of assurance, empathy, reliability, responsiveness have a positive and significant effect on patient loyalty. The research findings state that tangible indicators do not significantly influence loyalty, but in general the dimensions of service quality assurance, empathy, reliability, responsiveness have a significant effect on loyalty through mediating variables of patient satisfaction.*
Keywords*: Hospital, dimensions of service quality, satisfaction and loyalty*

I. PRELIMINARY

Hospitals as public organizations in the field of health services, must have a competitive advantage, especially in the era of globalization which faces many challenges in carrying out basic tasks and functions such as increasing expectations of service quality, limited resources, potential conflicts, demands for technological development, many strict guidelines and rules. For this reason, hospitals continue to pay attention to the dynamics of customer needs, desires and preferences and try to fulfill them in ways that are more effective and efficient compared to their competitors.

Meanwhile, service quality has always been a major factor in measuring performance. Service quality is an overall evaluation of the customer on the service process provided by the service provider. In the health industry, the quality of results is the main determinant in assessing the perception of the quality of patient services. According to Zeithaml (1988), quality is perceived subjectively by consumers about the overall superiority of the product in referring to competitive offers. Likewise, perceived service quality is generally defined as consumers' assessments of, or impressions about, the overall superiority or superiority of an entity. A number of factors can influence consumer quality assessments, including personal product experience, special needs, and consumption. High perceived quality will foster trust and motivate consumers to re-choose those services over competing products.

From a variety of service quality measurement models, the Servqual model seems to be adequate in hospitals, but non-Servqual developments need to be considered, therefore researchers wish to measure hospital service quality by adopting non-servqual quality dimension indicators such as the PAI, YP & Chary (2016) models. , Padma et al. (2009), Swain & kar (2017) into the Servqual model (Parasuraman, Berry, Zeithmal, 1988).

In Situbondo, currently has 5 hospitals, namely 2 C class hospitals and 3 D class hospitals. Each competes according to its class. RSUD dr. Abdoer Rahem Situbondo is a hospital owned by the Government of Situbondo Regency which has class C capacity of 265 beds and has adequate human resources, especially the availability of 27 specialist doctors spread across various types of services. It is this type of service and HR that becomes the basis for competing to provide the best health services.

Based on the medical record report, the situation of the patient's visit at RSUD dr. Abdoer Rahem Situbondo from 2016 to 2018 experienced a downward trend of 10.4 %, in 2016 there were 107,587 patients, while in 2018 there were 96,675 people. On the other hand the level of satisfaction at the hospital tends to not be on target:

Table 1 Public Satisfaction Index for health services in RSUD dr. Abdoer Rahem Situbondo in 2018

Number	Work Unit	Target	Realization
1.	Emergency Departments	≥ 76,61	64,9
2.	Polyclinic	≥ 76,61	64,6
3.	Inpatient	≥ 76,61	55,5

Source: RSAR IKM Report for 2018

Based on the above, it appears that there is a gap between the target index of satisfaction with realization, and the declining trend in patient visits could this be due to the declining quality of health services in hospitals which has an effect on satisfaction and can subsequently affect patient loyalty. Departing from the research gap, the study This takes the focus on " **The Influences Of Hospitalization Health Service Quality For Satisfying And Loyalty At dr. Abdoer Rahem Situbondo Hospital**".

1.2   Research Formulation

Based on the above background, the formulation of the problems in this study are as follows: *First*, is there any influence on the quality of inpatient health services on patient satisfaction. *Second*, is there an influence on the quality of inpatient services on patient loyalty, and *third*, is there an influence on patient satisfaction on inpatient loyalty.

1.3   Research Objectives

The objectives of this study are as follows: *First*, to analyze the effect of the quality of inpatient health services on patient satisfaction. *Second*, to analyze the effect of inpatient service quality on patient loyalty, and *third*, to analyze the effect of patient satisfaction on inpatient loyalty.

1.4 Literature Review

A. Service Quality

To find out the quality of service perceived by consumers, a quality indicator is inherent in the service quality dimension. From various literatures there are 3 (three) perspectives on conceptualization and measurement of service quality, namely the perspective of the United States, the Nordic perspective and the non-Servqual / non-Nordic perspective.

The first perspective proposes a model that is widely known as SERVQUAL, which includes five dimensions, namely Assurance, Tangible, Emphaty, Reliability, Responsiveness with 22 indicators (Parasuraman, 1988). This Servqual / generic model is proven to be able to assess the quality of service adequately, as research by Babakus & Mangold (1992), Bakar & Atgun (2017), Sohail (2013), Meesala & Paul (2016), Sadeh (2017.). Nevertheless Babakus & Mangold (1992) assesses that Servqual is designed to measure functional quality only (defined as the way of service delivery rather than technical quality aspects. For the long-term success of health care organizations, functional and technical quality must be monitored and managed effectively. Likewise Swain and Chandra Karr (2018) stated that the Servqual dimension has been widely used to measure the quality of hospital services, but this dimension has not been able to measure such as clinical procedures and results, admission, return, billing, follow-up, information dissemination, patient safety , food and social image or social responsibility.

The second perspective defines the dimensions of service quality in global terms and consists of functional quality components (eg, how services are delivered) and technical quality, namely what customers receive in service meetings and how their company image (Grönroos, 1984).

The third perspective is the non-servqual and non-Nordic quality dimensions such as Aagja and Garg (2010) developing the quality of public hospitals (PubHosQual) based on five dimensions: Admission, medical services, overall services, repatriation and social responsibility, Hierarchical Model PCP (peripheral attribute, core attribute, pivotal attribute) from Philips & Hazlett (1996), Pai & Chary (2016), identified 9 (nine) dimensions of service quality for hospitals including Healthcare, Personnel, Hospital Image, Trustworthiness, Clinical Care Process, Communication, Relationship, Personalization, Administrative procedures, Chandra Karr & Swabnarag Swain, (2018) measure service quality through 6 service quality areas with 20 (twenty) dimensions of perception of service quality perceived by patients in the hospital. As an illustration of instrument scale adoption according to the scale of service quality dimensions (Pai & Chary, 2016), Parasuraman et al., (1985), are as in table 2:

Table 2 Differentiation of Service Quality

Parasuraman *et., al.* (1985)	Parasuraman *et., al.* (1988)	Yogesh *et., al.* (2016)
Tangibles	Tangibles	Healthscape
Courtesy and competency	Assurance	Personnel
Credibility	Assurance	Hospital Image
Security	Assurance	Trustworthiness

Reliability and Responsiveness	Reliability and Responsiveness	Clinical Care Process
Reliability and Responsiveness	Reliability and Responsiveness	Communication
---- ----	---- ----	Relationship

Source: Processed Data

B. Customer Satisfaction

Customers experience various levels of satisfaction or dissatisfaction after gaining experience for the service they feel, whether their expectations are met or exceeded. Lovelock (2011) therefore defines satisfaction as an emotional state, a post-purchase reaction that can involve anger, dissatisfaction, irritation, neutrality, pleasure, or pleasure. Oliver (1980) states consumer satisfaction as a function of expectation and disconfirmation of expectations. Satisfaction is in turn believed to influence changes in attitudes and purchase intentions, Giese and Cote (2002) view satisfaction as an affective, cognitive, and / or conative response based on evaluation of standards related to the product, product consumption experience, and or related purchasing attributes that are disclosed before choice, after choice, after consumption, after long experience, or at other times, Kronenfeld (2007). Consumer satisfaction refers to the patient's attitude to health services that he has felt directly so that it can provide a subjective assessment.

Based on the satisfaction measurement method, the researchers used a survey method by administering questionnaires by means of Directly reported satisfaction, and using specific items that directly asked the level of satisfaction felt by patients for hospital services.

C. Customer Loyalty

Having loyal customers is the ultimate goal of all companies, customer loyalty is formed through stages that begin from looking for potential customers to advocate customers who will bring benefits to the company. Oliver (1999), loyal customers have a kind of fanaticism that is relatively permanent in the long run towards a product / service or a company that has become its choice. Griffin (2005), the concept of loyalty is more directed towards behavior (behavior) than attitude (attitude) and a loyal consumer will exhibit buying behavior.

According to Oliver (1999), there are four stages of loyalty including cognitive loyalty, affective loyalty, conative loyalty, action loyalty. Furthermore, according to Griffin (2005), loyal customers are those who are very satisfied with certain products or services that have the enthusiasm to introduce it to anyone.

From the various theories above, it can be concluded that customer loyalty is customer loyalty after experiencing the service stated in behavior to use these services and reflects the existence of a long-term bond between the company and the customer. Factors that influence loyalty according to Hasan (2013) are customer satisfaction, service quality, brand image, perceived value, customer relations, switching costs, waiting time, reliability.

1.5 Hypothesis

According to Mardalis (2002: 48), a hypothesis is a temporary answer or conclusion drawn to answer the problem raised in the study. Trelease (1960), the hypothesis is also a temporary statement of an observable fact. According to Kerlinger (1973) the hypothesis is a conjectural statement of the relationship between two or more variables. From this description, it can be obtained a hypothesis (provisional estimates) based on previous opinions and studies, as follows:

a. H1: All dimensions of service quality in the form of Assurance (X1), Tangible (X2), Emphaty (X3), Reliability (X4) and Responsiveness (X5) have a significant effect on inpatient satisfaction (Z) at RSUD dr. Abdoer Rahem Situbondo.

b. H2: All dimensions of service quality in the form of Assurance (X1), Tangible (X2), Emphaty (X3), Reliability (X4) and Responsiveness (X5) have a significant effect on the loyalty of inpatients (Y) in RSUD dr. Abdoer Rahem Situbondo.

c. H3: Patient satisfaction (Z) has a significant effect on Inpatient (Y) patient loyalty at RSUD dr. Abdoer Rahem Situbondo.

1.6 Research methods

The analysis technique that can be used to determine the relationship between these variables is path analysis with SPSS application. Five dimensions of service quality include: Assurance, tangible, empathy, reliability, responsiveness act as exogenous variables, while satisfaction as an endogenous variable and patient loyalty as a second endogenous variable.

The population in this study were all patients who were inpatients at RSUD dr. Abdoer Rahem Situbondo Regency. Therefore the total population in this study is not known with certainty. While the sample in this study was 400 inpatients from September to October 2019, with the patient undergoing treatment for at least 3 days, and in a conscious condition. A total of 385 (96.25 %) patients participated in this study.

1.7 Research Instruments

The five-point Likert scale is used to measure three categories of structures (quality of hospital services, patient satisfaction and patient loyalty). Researchers use five dimensions of hospital service quality (Assurance, tangible, empathy, reliability, responsiveness), as proposed by Parasuraman, Zeithaml, Berry (1988), Babakus and Mangold (1992), Bakar (2008), by adopting a model from Pai and Chary, (2016), Karr and Swain (2018) so that the servqual instrument increased from 22 to 39 indicators.

1.8 Research result

The classic assumption test results in the path analysis include the Kolmogorov Smirnov normality test which has a normal distribution with the Asymp count results. Sig. (2-tailed) UnstandardizedResidual is 0.108> of 0.05 so the regression is feasible to use. the results of multicollinearity test values of VIF (variance inflation factor) <10 shows that the regression model is free from multicollinearity symptoms.

A. Model and Equation Structure of Path Analysis

A.1 Substructure Equation 1

Substructure equation 1 illustrates the effect of service quality (X1, X2, X3, X4, X5) on satisfaction (Z). The following path coefficient values are obtained:

Table 3 Path Coefficient For Sub-Structure Equation 1

Relationship		Koef. lane	*t* count it	*Sig.*	F count it	*Sig.*	R^2
from	to						
X_1(Assurance)		0,209	3.839	.000			
X_2 (tangible)	satisfaction	0,162	2.887	.004			
X_3(emphaty)	(Z)	0,179	3.613	.000	84.084	.000^a	0,526
X_4(reliability)		0,091	1.711	.088			
X_5(responsiveness)		0,231	4.560	.000			

Source: Research Results

Based on Table 1 it can be seen that the value of Fcount = 84.04> Ftable = 2.237. This means that the variable Assurance, tangible, empathy, reliability, responsiveness simultaneously affect the patient satisfaction variable by 52.6%, the remaining 47.4% or residual value e = 0.688 caused by other factors not examined. Furthermore, partial testing is done by comparing t arithmetic with t table = 1.966. In Table 1 it can be seen that the t count on the reliability variable (X4) is less than the table. This means that the path coefficient of the reliability variable (X4) does not significantly influence satisfaction. So that the obtained sub-structure equation 1:

$$Z = 0,209X_1Z + 0,162X_2Z + 0,179X_3Z + 0,091X_4Z + 0,231X_5Z + 0,688 e_1.$$

A.2 Substructure Equation 2

Substructure equation 2 illustrates the effect of service quality (X1, X2, X3, X4, X5) and satisfaction (Z) on Loyalty (Y). The following path coefficient values are obtained:

Table 4 Path Coefficient For Sub-Structure Equation 1

Relationship		Koef. lane	*t* count it	*Sig.*	F count it	*Sig.*	R^2
from	to						
X_1(Assurance)		0,171	3,616	0,000			
X_2 (tangible)	Loyalty	0,000	**-0,190**	0,985			
X_3(emphaty)	(Y)	0,080	**1,856**	0,064	119,591	0,000^a	0,655
X_4(reliability)		0,105	2,302	0,022			
X_5(responsiveness)		0,080	**1,801**	0,072			
Z(Satisfaction)		0,504	11,496	0,000			

Source: Research Results

Based on Table 2 it can be seen that the calculated F value = 119.591> F table = 2.237. This means that the variable Assurance, tangible, empathy, reliability, responsiveness simultaneously affect the patient loyalty variable by 65.5% while the remaining 34.5% or residual value e = 0.587 is caused by other factors not examined. Furthermore, partial testing is done by comparing t arithmetic with t table = 1.966. In Table 2 it can be seen that t arithmetic on tangible variables (X2), Emphaty (X3), Responsiveness (X5) is less than t table. This means that the tangible path coefficient (X2), Emphaty (X3), Responsiveness (X5) does not significantly influence Loyalty. So that the obtained sub-structure equation 2:

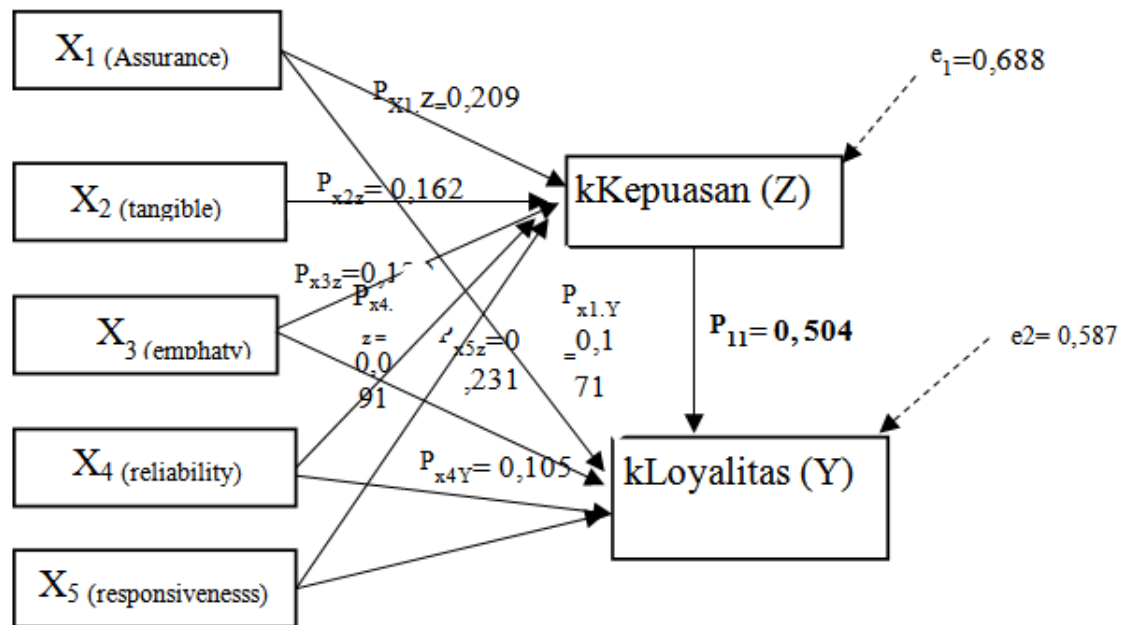$$Y = 0,171 X_1Y + 0,080X_3Y + 0,105 X_4Y + 0,080 X_5Y + 0,504 ZY + 0,587 e_2.$$

Figure 1 Path Coefficient Values Path Analysis Structures 1 and 2

Table 5 Summary of decomposition of the path coefficient, direct and indirect effects and the effect of total dimensions of Servqual (service quality) hospitalization; Assurance (X1), tangible (X2), empathy (X3), reliability (X4), responsiveness (X5), satisfaction (Z) to loyalty (Y)

Pengaruh Variabel	Pengaruh Kausal		Total	Keterangan
	Langsung	Tidak Langsung Melalui Z		
X_1 terhadap Z	0,209	-	0,219	Signifikan
X_2 terhadap Z	0,162	-	0,191	Signifikan
X_3 terhadap Z	0,179	-	0,197	Signifikan
X_4 terhadap Z	0,091	-	0,091	Tidak signifikan
X_5 terhadap Z	0,231	-	0,231	Signifikan
X_1 terhadap Y	0,171	(0,209 x 0,504)= 0,105	0,276	Signifikan
X_2 terhadap Y	0,000	(0,162 x 0,504)= 0,081	0,081	Tidak signifikan
X_3 terhadap Y	0,080	(0,179 x 0,504)= 0,107	0,187	signifikan
X_4 terhadap Y	0,105	(0,091 x 0,504)= 0,090	0,195	signifikan
X_5 terhadap Y	0,080	(0,231 x 0,504)= 0,116	0,196	Signifikan
Z terhadap Y	0,504	-	0,504	Signifikan

Source: Research Results

19. Discussion of Research Results

In this discussion an in-depth analysis related to the influence of the quality of inpatient health services on satisfaction and loyalty, as follows:

A. Effect of Service Quality on Satisfaction

In the research hypothesis (H1) it was stated that all dimensions of service quality in the form of Assurance, Tangible, Emphaty, Reliability and Responsiveness have a significant effect on inpatient satisfaction. This is in line with the results of the analysis of researchers that the quality of inpatient health services through the dimensions of assurance, tangible, empathy, responsiveness significantly influence patient satisfaction and the most dominant influence is responsiveness. This means that only the reliability dimension indicator has no effect on patient satisfaction. The results of this study are slightly different from the study by Meesala (2016) who found only the dimensions of reliability and responsiveness) affect patient satisfaction, and Andaleeb (2001) who found that tangible, responsiveness and assurance affect patient satisfaction and the tangible dimension has the greatest impact on satisfaction patients, as well as Sadeh (2017) that the tangible dimension / physical evidence has the strongest influence on patient satisfaction.

The dimension of responsiveness that has the greatest impact on patient satisfaction may be caused by patients with sick and weak conditions who are eager to get well or be served immediately so that responsiveness is the most important thing, because it involves the speed of healing the disease and even the

safety of his life. The faster the response of specialists in visiting the more satisfied patients, where the maximum limit is at 14.00 Western Indonesian Time. Visitation means the doctor checks the patient's condition accompanied by a nurse and provides clinical instructions such as laboratory and radiological tests to confirm the patient's diagnosis and prescribe medication. At this stage the doctor will immediately explain the patient's related illness. Therefore Responsiveness / responsiveness is the most dominant dimension of service quality affecting patient satisfaction.

B. Effect of Service Quality on Loyalty

The hypothesis which says that all dimensions of service quality has a significant effect on loyalty in the inpatient services of RSUD dr. Abdoer Rahem Situbondo has not been proven true. But only four (4) dimensions of service quality have a positive and significant effect on patient loyalty, namely Assurance, empathy, reliability and responsiveness while the tangible dimension does not have a significant effect on loyalty. According to researchers tangiblesemata dimensions only affect the level of patient satisfaction, but to form loyalty is not enough, because the behavior of repurchase, giving recommendations to others requires more quality that is related to quality assurance services and service reliability. This agrees with Zhang et al (2018) the dimensions of responsiveness and reliability (soft aspeck) quality mediated by empathy have an effect on loyalty, Bloemer and Wezels (1999) the empathy dimension has a positive effect on loyalty through gethok tular communication / from mouth mouths and repurchases. Meesala, Paul J. (2016), the dimensions of reliability, responsiveness mediated by satisfaction affect patient loyalty. But the researchers' findings differ from the results of Sadeh's (2017) study where the Tangible quality dimension has the most significant effect on loyalty, especially on positive indicators of word of mouth, and the desire to reuse.

C. Effect of Patient Satisfaction on Loyalty

Hypothesis testing has shown that patient satisfaction in the inpatient service unit of RSUD dr. Abdoer Rahem Situbondo has a positive effect of 50.4% on loyalty. This means that every 1 time increase in inpatient satisfaction will lead to loyalty of 0.50 times. or the level of satisfaction influence on loyalty according to Sarwono (1998) is a strong influence. The results of this study contradict the opinions and research results of Kessler and Mylod (2009) that there is a significant relationship between satisfaction and loyalty, but the effect of satisfaction on loyalty is relatively small in accordance with the results of the study. While Puspitasari and Idris (2016) who found that satisfaction affected the level of patient loyalty, Hidajahningtyas et al. (2013); patient satisfaction has a significant effect on patient loyalty, Amin and Nazarudin (2013) patient satisfaction has a significant influence on repurchase behavior.

The positive influence of patient satisfaction on loyalty needs to be the concern of the hospital side to continue to improve the quality of inpatient services by meeting patient expectations so as to cause satisfaction. Patients with satisfying experiences will return to the hospital when they are sick, this is what according to Oliver (1999) is called loyal patients, namely customers who have a strong commitment to buy again or subscribe to certain products or services in the future despite the influence situation.

II. CONCLUSION

Based on all the explanations explained in the analysis and discussion section, it can be concluded that the *first*; the quality of health services concerning the dimensions of Assurance, tangible, empathy, responsiveness have a positive and significant effect on patient satisfaction in the inpatient installation of RSUD dr. Abdoer Rahem Situbondo with the dimension of responsiveness that has the greatest impact on satisfaction, but the dimension of reliability does not have a significant effect, *second;* the quality of health services regarding the dimensions of Assurance, empathy, reliability and responsiveness have a positive and significant effect on patient loyalty in the inpatient installation of RSUD dr. Abdoer Rahem Situbondo but the high dimension does not have a significant effect. *Third*, patient satisfaction at the inpatient facility has a positive and significant effect on patient loyalty.

REFERENCES

[1]. Amin M, Nasharudin Siti ,Z. 2012. *Hospital service quality and its effect on patient satisfaction and behavioural intention.* Clinical government an International Journal. Vol 18 No.3 Halaman 235-248. Emerald Group Publishing Limited.

[2]. Aagja dan Garg, 2010. *Measuring perceived service quality for public hospitals (PubHosQual) in the Indian context.* International Journal of Pharmaceutical and Healthcare Marketing, Vol. 4 Iss 1 pp. 60 – 83. Emerald Group Publishing Limited.

[3]. Andaleb. 2001. *Service quality perceptions and patient satisfaction: a study of hospitals in a developing country,* Social Science dan Medicine 52 (2001) 1359–1370, Elsevier Science Ltd.

[4]. Babakus dan Mangold .1995. *Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation.* Health Services Research vol 26 No.6 pp767-785.

[5]. Bei, Chiao .2006. *the determinants of customer loyalty: an analysis of intangible factors in three service industries (gas station service, banking,Auto service dan maintenance).* IJCM Vol.16 (3dan4), 2006 162, Emerald Group Publishing Limited.

[6]. Bloemer danWetzels, 1999,"*Linking perceived service quality and service loyalty: a multi-dimensional perspective"*, European Journal of Marketing, Vol. 33 Iss 11/12 pp. 1082 – 1106, Emerald Group Publishing Limited.

[7]. Chahal, Bala. 2012. *Significant components of service brand equity in healthcare sector.* International journal of health care Quality assurance. Vol 25. No.4 pp 343-362- Emerald Group Publishing Limited.

[8]. Choi dan Choi .2014. *the effect of perceived service recovery justice on customer affection, loyality and word of mouth*. European Journal of Marketing vol 48.no.1/2/. Emerald Group Publishing Limited.

[9]. Choi et., al. 2005, *The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of service*, Journal of Services Marketing 19/3 (2005) 140–149 q Emerald Group Publishing Limited.

[10]. Cronin dan Taylor. 1992, *Measuring service quality – a rexamination and extension*, Journal of marketing, 56. 3, Abi/inform global page. 55.

[11]. Donabedian. 1992. *Quality assurance in health care: consumers' role*, Quality in Health Care 1992;1:247-251.. BMJ group.

[12]. Duggirala et al,2008, *Patient-perceived dimensions of total quality service in healthcare*, Benchmarking: An International Journal Vol. 15 No. 5, 2008 pp. 560-583, Emerald Group Publishing Limited.

[13]. Fatima et. Al.2018, *Hospital Healthcare Service Quality, Patient Satisfaction and Loyalty: An Investigation in context of Private Healthcare Systems of Pakistan,* International jurnal of quality and reliability Management, Emerald Group Publishing Limited.

[14]. Fahrozy. 2017. *Hubungan kualitas pelayanan rumah sakit dengan kepuasan pasien pengguna BPJS Kesehatan di RS Abdoer Wahab Sjahranie Samarinda*. Psikoborneo vol.5 , no.1 hal 118-124.Samarinda.

[15]. Gronroos.1984.*A Service Quality Model and its Marketing Implications*, European Journal of Marketing, Vol. 18 Issue: 4, pp.36-44. Emerald Group Publishing Limited.

[16]. Griffin, Jill. 2005. *Customer Loyality: Menumbuhkan dan Mempertahankan Kesetiaan Pelanggan*. Jakarta: Erlangga.

[17]. Giese dan Cote. 2002. *Defining Consumer Satisfaction*, Academy of Marketing Science Review, Volume 2000 No. 1.

[18]. Gerson R.F.2002. *Mengukur kepuasan pelanggan, panduan menciptakan pelayanan bermutu*, Jakarta, Penerbit PPM.

[19]. Hardiansyah, 2018. *Kualitas pelayanan publik*. Yogyakarta. Penerbit Gavamedia.

[20]. Hidajahningtyas dkk. 2013. *Pengaruh citra, kualitas layanan dan kepuasan terhadap loyalitas pasien di Poliklinik eksekutif rumah sakit daerah dr. Soebandi Kabupaten Jember.* JEAM vol.xii No1. Universitas Jember.

[21]. Hasan, 2013. *Marketing dan Kausus-kasus Pilihan* Yogyakarta: Center for Academic Publishing Service, 2013), h. 126.

[22]. Hawkins et., al.2000. *Customer Behaviour*. Copy right by Mc Grow Hill Companies Inc.

[23]. Kotler, Philips. 1994. *Marketing management; analysis, Planning, implementation and control, Eighth editions*, New York:Prentice hall.

[24]. Kessler dan mylod. 2011. *Does patient satisfaction affect patient loyalty?* International Journal of health care Quality assurance, Vol.24 No.4.pp-266-273. Emerald Group Publishing Limited.

[25]. Kronenfeld, 2007. *Access, Quality and Satisfaction: Three Critical Concepts in Health Services and Health Care Delivery*, Research in the Sociology of Health Care, Volume 24, 3–14. Emerald Group Publishing Limited.

[26]. Lovelock, Lauren.1999. *Principles of service marketing and management* , Upper Saddle River, N.J Prentice Hall.

[27]. Maftukhah dan Asmoro, 2017. *Pengaruh kualitas layanan, citra merk, inovasi terhadap kepuasan pasien rawat inap pada RS Keluarga sehat di Kabupaten Pati*, Manajemen Analisis Journal 6(1), Semarang, Universitas Negeri Semarang.

[28]. Meesala dan Paul, 2016. *Service quality, customer satisfaction and loyal in hospital: thingking for the future.* Journal of Retaining and Consumer service. Elsevier.

[29]. Oliver. R.L. 1999, *Whence consumer loyalty?*, Journal of Marketing, Vol. 63 No. 1, pp. 33-44.

[30]. Oliver. RL , 1980, *A Cognitive Model of the Antecedents and Consequences of Satisfaction Decisions,* Journal of Marketing Research Vol. XVII (November 1980), 460-9.

[31]. Parasuraman, Berry, Zeithaml. 1988.*SERVQUAL: A multiple- Item Scale for measuring consumer perceptions of service quality*. Journal of retailing. Vol. 64, No 1, pp. 12-40.

[32]. Parasuraman, 2010. *Service productivity, quality, and innovation, implications for service –design practice and research.* International journal of quality and service sciences. Vol 2 no.3 –pp 277-286. Emerald group publishing Limited.

[33]. Padma et., al. 2009. *A conceptual framework of service quality in healthcare, Perspectives of Indian patients and their attendants*. Benchmarking: An International Journal Vol. 16 No. 2, 2009 pp. 157-191. Emerald Group Publishing Limited.

[34]. Padma et., al. 2010.*Service quality and its impact on customer satisfaction in Indian hospitals, Perspectives of patients and their attendants.*Benchmarking: An International Journal Vol. 17 No. 6, 2010 pp. 807-841 q Emerald Group Publishing Limited.

[35]. Pertiwi. 2016. *Analisis perbedaan kualitas pelayanan pada pasien BPJS dan pasien umum terhadap kepuasan pasien di rawat jalan RSUD Kota Surakarta*.DayaSaing Jurnal ekonomi dan manajemen sumber daya vol 18 no.2. Surakarta. Universitas Muhamadiyah.

[36]. Wang et., al.2014. *Trust transfer and the effect of service quality on trust in healthcare industry.*Managing Service quality vol24. No.4. pp 399-416. Emerald group publishing Limited.

[37]. Rangkuti, 2003. *Measuring customer satisfaction, teknik mengukur dan strategi meningkatkan kepuasan pelanggan plus analisis kasus PLN-JP*, Jakarta, Gramedia Pustaka Utama.

[38]. Sangadji, Sopiah . 2010. *Metodologi Penelitian, pendekatan praktis dalam penelitian*. Yogyakarta, Penerbit Andi.

[39]. Sohail M.S, 2003. *Service quality in hospital: More favourable than you might think,* Managing Service Quality: An International Journal, Vol.13 No.3 hal 197-206, Emerald Group Publishing Limited.

[40]. Sugiyono. 2018. *Metode Penelitian Kuantitatif*. Bandung. Penerbit Alfabeta.

[41]. Sugiyono, 2013, *Statistika untuk penelitian*, Bandung, Penerbit Alfabeta.

[42]. Pai, Y.P dan Chary .2016. *Measuring patient-perceived hospital service quality: a conceptual framework.* International Journal of Health Care Quality Assurance, Vol. 29 no. 3, Emerald Group Publishing Limited.

[43]. Swain, Kar. 2018. *Hospital service quality as antecedent of patient satisfaction –a conceptual framework.* International Journal of Pharmaceutical and Healthcare Marketing. Emerald Group Publishing Limited.

[44]. Riduwan, Kuncoro. 2007. *Cara menggunakan dan memaknai analisis jalur (Path Analysis)*, Alfabeta, Bandung.

[45]. Trail et., al. 2016. *An examination of Oliver's product loyalty framework",* International Journal of Sports Marketing and Sponsorship, Vol. 17 Iss 2 pp. 94 – 109. Emerald Group Publishing Limited.

[46]. Tjiptono dan Chandra 2018. *Service, quality dan satisfaction*. Edisi 4. Yogyakarta. Penerbit Andi.

[47]. Trisnawati dan Fitriani. 2015. *Pengaruh kualitas pelayanan terhadap loyalitas melalui kepuasan pasien pengguna BPJS di Rawat Inap RSUD dr. Moewardi.*Jurnal ekonomi Manajemen sumber daya vol.17 no.1. Yogyakarta. Unmuh Yogyakarta.

[48]. Yunida .2016. *Pengaruh citra rumah sakit dan kualitas pelayanan terhadap Loyalaitas pelanggan melalui Kepuasan Pelanggan (studi pada RS Amal Sehat Wonogiri).* Tidak diterbitkan. Skripsi. Yogyakarta, Universitas Negeri Yogyakarta.

[49]. Zhang et., al. 2018. *Hospital service quality and patient loyalty: the mediation effect of empathy,* Journal of Business dan Industrial Marketing, Emerald Group Publishing Limited.