

# The Influence of Hospital Services on Patient Satisfaction in Islamic Banjarmasin Hospital

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**Abstract:-** This study aims to reveal the effect of hospital services on inpatient satisfaction. The respondents of this study were 90 inpatients at Banjarmasin Islamic Hospital. Regression analysis is used to analyze the effect of procedures, service time, costs, and service products on patient satisfaction. This study found evidence that simultaneously these variables had a positive effect on inpatient satisfaction at the Banjarmasin Islamic Hospital.

**Keywords:-** Services Quality, Patient Satisfaction, Hospital, Islamic.

## I. INTRODUCTION

Healthcare users generally want fast, accurate service, meet advanced medical standards, friendly and reasonable costs. Quality of hospital services includes technical quality (technical quality) and quality of service. The purpose of hospital management is to produce service products or health services to touch the needs and expectations of patients, concerning quality standards (medical and non-medical), types of services, service procedures, prices, and information needed. Customer satisfaction is the output of the performance process of a company perceived by a consumer, where the result is under the expectations of the consumer [1]. Customer satisfaction is closely related to quality, which will directly impact product achievement. If it is associated with hospital services, then the product is a service provided by employees of the company to consumers, in this case, is the patient. Abdosh [2] states the quality of care from the patient's point of view can help reveal important information about the quality of care provided to patients. Their experience often contributes to making healthcare services more responsive to clients – areas currently emphasized by WHO. In this study, a total of 518 outpatient interviewed when out of the hospital. Approximately 46% were interviewed saying that they were not satisfied with the health service provided. Satisfaction with health care is found to have a significant relationship with the waiting time, availability of the drug, the status of respondent's payment, and the patient's address.

Utama [3] found that hospital customer satisfaction was influenced by the perception of the quality of the service consisting of five dimensions, namely: reliability, responsiveness, assurance, empathy, and physical evidence, the same results are also found by Supartiningsih [4] against the outpatient. Employees' performance also

positively affects directly and indirectly to customer satisfaction [5], as well as the facilities and quality of service a significant effect on customer satisfaction [6]. However, Wusko [7] found that direct evidence and guarantees have no significant effect on patient satisfaction.

Choi and Kim [8] show that quality results, quality interactions, and *peer-to-peer* quality should be regarded as an essential element in creating customer satisfaction and that customer satisfaction should be treated as a strategic variable to increase customer loyalty in hospitals. Also, Padma, Rajendran and Lokachari [9] proved interpersonal aspects in nursing as the most important dimension, because patients cannot fully evaluate the technical quality of healthcare services. The study also reveals that hospital service providers should understand the needs of patients and officers to get a thorough view of their services. Oswald, Turner, Snipes and Butler [10] expressed perception of service quality affecting customer satisfaction, but objectively quality measures may be difficult to obtain when evaluating the quality of clinical care in hospitals. To determine whether dimensions other than those found in models such as SERVQUAL are involved, a survey of 472 consumers, which is divided into two groups: has been a hospital patient in the last three years (users) and who are visitors (observers). The results showed that consideration related facilities and human factors helped shape the quality assessment of both groups, with respondents generally giving higher grades to the hospitals they know on the dimensions of the related quality of facilities and observers say lack of critical views on the dimensions of human factors.

Gray and Boshoff [11] show that the quality of service dimensions of the nursing staff empathy and the assurance positively impact on loyalty and cumulative satisfaction. The dimension of customer satisfaction with food, satisfaction with nursing staff, and satisfaction with the cost of all positive impact on loyalty and cumulative satisfaction.

Health services are still a fundamental problem that some people complain about differences in perception of quality service between patients and service providers. Based on the explanation above obtained understanding, that the factor that determines the customer satisfaction of the hospital is unique compared with the measurement of customer satisfaction in general so that many studies produce different conclusions and inconsistent. This research contributes to the view of private hospital patients on the quality of service. This study identifies areas that

need improvement to make services more responsive to clients.

## II. REVIEW OF THEORIES AND PREVIOUS RESEARCH

According to Kotler and Keller [1], Customer satisfaction is the output of the performance process of a company perceived by a consumer, where the results are by the expectations of the consumer. Customer satisfaction is closely related to quality, which will directly impact product achievement. Service Quality perspectives are customer satisfaction based on expectation-Disconfirms theory. The customer assesses the service through cognitive evaluation of the attributes of service performance services in the short term, which ultimately affects the overall service experience [12].

Service is an activity or deed done to provide a separate satisfaction for the service that has been given [13]. Based on the understanding, it is concluded that the service is an activity to achieve certain objectives that have been established and performed by a person or group of people who are based on material factors through the system, procedures, and methods that have been established to fulfill the interests of others under their rights.

Service quality of health services developed in research that leads to *service quality* (SERVQUAL). In General, SERVQUAL has several benefits including 1) understanding the quality of the service today, 2) analyzing performance in various customer groups, 3) analyzing performance in various service segments, 4) analyzing the performance of cross-service, 5) and assessing the impact of the Improvement Initiative [14]. A modified SERVQUAL dimension is based on individual research objectives such as accessibility/affordability, caring, and results. The main factor that can determine quality is through the satisfaction of customers and users by conducting surveys into tools or research instruments [15]. General Service quality is the ability to meet the needs of intangibles, diverse, and unusable customers. But in health care, the form appears to be a positive effect of healing, or relieve pain. Hasin, Seeluangawatt and Shareef [16] in Thailand mentions that among the many dimensions that determine the quality assurance of hospital services include, communication, responsiveness, politeness, cost, and cleanliness.

Utama [3] Find that hospital customer satisfaction is influenced by the perception of the quality of the service consisting of five dimensions, namely: reliability, responsiveness, assurance, empathy, and physical evidence, the same results are also found Supartiningsih [4] against the outpatient. Employees ' performance also positively affects directly and indirectly to customer satisfaction [5], as well as the facilities and quality of service a significant effect on customer satisfaction [6]. However, Wusko [7] found that direct evidence and guarantees have no significant effect on patient satisfaction. Therefore, it can

be understood that quality of service can be evaluated through certain service outcomes, as in healthcare will produce a sustained quality of care to heal or maintain the patient's quality of life and relieve the pain suffered.

The service is all economic activity that results not in physical or construction, intangible and does not result in any ownership, usually consumed at the same time as the resulting times and provide added value (such as comfort, entertainment, pleasure, or health) or solutions to the problems faced by [1, 17]. Based on this, the services always involve an aspect of the interaction between consumers and service providers, Karen Services is a process or tangible activity. If the service rendered or perceived (perceived service) is lower than the expected service (expected service), the consumer will lose interest in the service provider and vice versa [18]. Albrecht's approach emphasized two things, the Service Triangle and the Total Quality Service.

The quality of service can be known by comparing customer's perception of service gained/received by real customers to the actual service expected (Tjiptono, 2014). The creation of customer satisfaction will result in the relationship between the company and the customer becomes harmonious, when satisfied the patient will compare the service provided and use the service in an engaged, even give recommendations to others [19]. Health services can be classified by *people-based*, *technology or equipment-based*, and the effort to be conducted (*program based*), or combination [20]. According to Rangkuti [18], consumer satisfaction is a consumer response to a discrepancy between the previous level of interest and the actual performance it felt after usage. Hawkins and Coney [21] mentions the satisfaction indicator consists of 1) conformity of expectations, 2) service levels, 3) accurate service, 4) the interest of revisit and 5) willingness to recommend.

## III. HYPOTHESIS

Based on theories and previous research reviews, the hypothesis of this research is formulated as follows.

- H1: procedures, service time, cost, and product service are simultaneously affected on the patient's satisfaction
- H2: Procedure effects on patient satisfaction
- H3: Service time affects the patient's satisfaction.
- H4: Cost effects on patient's satisfaction.
- H5: Products effect on the patient's satisfaction

## IV. METHODS

This research is explanatory research that is causality through hypothesis testing to analyze the influence of requirements, procedures, service time, cost, and service products to patient satisfaction. Convenience sampling techniques are used to obtain inpatient responses as respondents. In-patient hospitalization is the one who stays more than three days for the upper-middle class.

Variables in this study include independent variables, namely the quality of infrastructure services and dependent variables, namely patient satisfaction, as follows.

Quality of hospital services is measured through:

- The procedure is the hospital's administrative services which include admission, living, and exiting the patient.
- Completion time is the period necessary to complete the entire service process of each type of service.
- Fees are charged to the recipient in caring for and/or obtaining services from the organizer whose magnitude is established based on the agreement between the organizer and the community.

Service product is the result of the service provided and received by the provisions stipulated. This service product is the result of every specification of service type. Patient satisfaction is the level of feeling after comparing the performance of a perceived service with its expectation, which includes 1) conformity of expectations, 2) service level, 3) accurate service, 4) revisiting interest, and 5) A willingness to recommend.

Data testing is done through the instrument validity test and the measurement reliability is determined by calculating the Cronbach coefficient of each instrument in one variable. The statistical method used to test the hypotheses in this study is multiple regression. The regression equation in the research is formulated as follows.

$$Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + e \quad (1)$$

Where:

- Y = Patient satisfaction
- $\beta_0$  = Intercept
- $\beta_i$  = Regression coefficient
- e = Interference factor(error)
- X1 = Procedure
- X2 = Time
- X3 = Cost
- X4 = Products

To test the hypothesis, conducted testing 1) test F with the criteria if F-count > F-table, then the hypothesis was accepted; 2) test T with T-count calculation > t-table, hypothesized; 3) test coefficient of determination (R2) to measure the influence of variables independent of dependent variables.

## V. RESULTS AND DISCUSSION

Research data collection was obtained by distributing questionnaires to 90 respondents. Respondents were inpatients at Banjarmasin Islamic Hospital. The respondents surveyed were over 45 years old (42.67 percent), and the remaining 25-35 years were 20 people (22.22 percent). Respondents consisted of 33 women (36.67 percent), and 57 people men (63.33 percent).

### ➤ Validity and reliability test results

The results of the calculation of validity and reliability to test the effect of service quality variables on patient satisfaction variables can be seen in Table 1 below. The results of the calculation of validity and reliability for the service quality variable showed that of the 18 items contained in the hospital service quality variable, showed that all instruments used had a value of "r" greater than 0.3, which means that all instrument items were valid. Satisfaction variable consisting of 5 items also has a calculated R-value greater than 0.3, which means that all instrument items are valid. While the Cronbach's Alpha value of each hospital service quality variable to patient satisfaction is greater than 0.6, meaning that the research variables used are reliable.

Item	r	Results	Cronbach's Alpha	Desc
<b>Procedure(X1)</b>			0,804	Reliable
X <sub>1.1</sub>	0,538	Valid		
X <sub>1.2</sub>	0,584	Valid		
<b>Service time(X2)</b>			0,849	Reliable
X <sub>2.1</sub>	0,663	Valid		
X <sub>2.2</sub>	0,694	Valid		
<b>Cost(X3)</b>			0,879	Reliable
X <sub>3.1</sub>	0,834	Valid		
X <sub>3.2</sub>	0,740	Valid		
<b>Service Products(X4)</b>			0,898	Reliable
X <sub>4.1</sub>	0,821	Valid		
X <sub>4.2</sub>	0,859	Valid		
<b>Patient satisfaction(Y)</b>			0,774	Reliable
Y1	0,587	Valid		
Y2	0,536	Valid		
Y3	0,605	Valid		
Y4	0,606	Valid		
<b>Y5</b>	0,673	Valid		

Table 1:- Validity and Reliability Test  
Source: Data Processed

### ➤ Classic assumption Test Result

To determine whether the results of the regression estimate carried out completely free from the symptoms of multicollinearity, and the symptoms of heteroskedasticity, then to detect the symptoms are done by:

- **Multicollinearity Test**

In Table 2, it seems that the independent variable has a VIF value below 10 and a tolerance value above 10%. This means it can be concluded that there are no symptoms of multicollinearity between the independent variables in the regression model in this study.

Variable	Tolerance	VIF
Procedure (X1)	0,885	1,130
Service time (X2)	0,571	1,752
Cost (X3)	0,745	1,342
Product Service (X4)	0,828	1,208

Table 2:- Analysis of Tolerance and Variance Inflation Factor (VIF)

Source: Data Processed

• *Heteroscedasticity Test*

Based on the *scatterplot* graph (as seen in Figure 1 between Zpred AND Sresid where the y-axis is the predicted Y and the X-axis is the residual (Y prediction with real y) exposing the dots spreads randomly, does not form a particular pattern that is clear, and spread either above or below the number 0 on the Y-axis. It can be concluded that there are no heteroscedasticity symptoms on regression models so that the regression model deserves to be used to predict the patient satisfaction of nine independent variables i.e. requirements, procedures, service time, costs, service products, implementing competence.

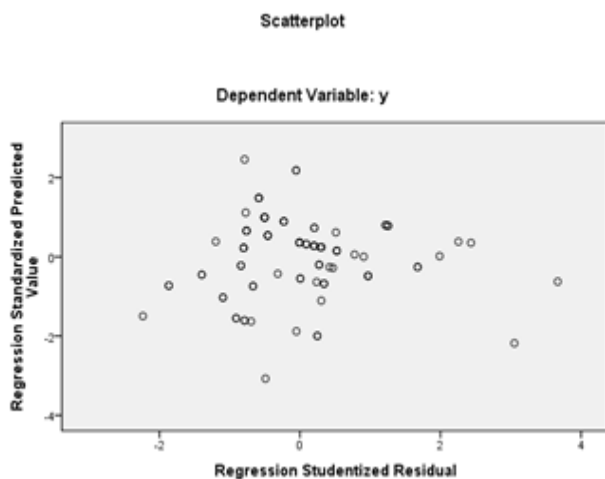


Fig 1:- Scatterplot Graph

• *Data normality Test*

Test normality is performed to determine whether in a regression model of dependent variables and independent

variables both have normal distribution or not through graph analysis. A good Model is a normal distribution or close to normal. Through graphing analysis to test data, normality is to look at the histogram comparing between observation data and distribution close to normal distribution or better method by looking at the normal probability plot comparing the cumulative distribution of the normal distribution. The test result of data normality can be seen in the following figure:

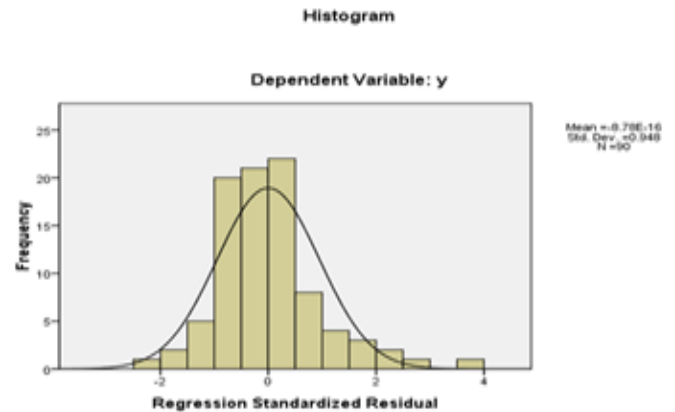


Fig 2:- Histogram Chart

Based on the graph analysis above shows the display of the histogram chart can be concluded that the distribution pattern is approaching normal. This means that this regression model deserves to be used to predict the satisfaction of an inpatient, as it meets the normality assumption.

➤ *Multiple regression analysis*

The purpose of this research is to find empirical evidence that variable quality service (procedures, service time, cost, product service,) affects the satisfaction of the patients of Banjarmasin Islamic hospital. Based on the analysis tools used in this research, namely using multiple linear regression, it is necessary to do the tests attached to the analysis tool.

Symb	Variable	Coefficient Regression	Beta coefficient	T-Count	Prob./Sig.
Constant = 4,694					
X1	Procedure	0,071	0,045	1,036	0,300
X2	Service time	0,473	0,251	4,679	0,000
X3	Cost	0,649	0,328	6,997	0,000
X4	Product Service	0,296	0,183	4,109	0,000
Multiple R = 0,932 R Squared = 0,869 F Ratio = 59,002 Prob = 0,000 n = 90					

Table 3:- Results of multiple regression analysis

Source: Data Processed



Based on the results of the analysis on table 3 above, the resulting regression equation is:

$$Y = 4,694 + 0,071.X1 + 0,473.X2 + 0,649.X3 + 0,296.X4 \quad (2)$$

Partial regression coefficients, all consisting of nine independent variables (procedures, service time, cost, service products) show a positive regression coefficient, meaning there is a positive or unidirectional influence between variables to patient satisfaction. Thus if the procedure, the time of service, cost, product service is repaired then the satisfaction of hospitalized Islamic hospital Banjarmasin will increase. Conversely, if the procedure, time of service, cost, product service decreases then the satisfaction of hospitalization of Islamic hospital Banjarmasin will also come down.

- *Hypothesis Testing*

Variable procedures, service time, cost, service products, simultaneously affect a significant impact on the satisfaction of an inpatient Islamic hospital in Banjarmasin with a significant rate of 5%. It was evident that the value F count (59.002) was greater than the F table (1.999) or sig. F = 0.000 (< 0.05). The explanation corresponds to the first hypothesis testing criteria, if F count is greater than the F table then independent variables have a significant influence on the dependent variables, or variables of the inpatient satisfaction of the Islamic hospital Banjarmasin is influenced by the quality of procedures, service time, cost, and service products.

To know the level of relationships between the tested service quality variables can be seen from the overall correlation value (Multiple R). Based on table 7 above R-value of 0.932, this indicates that the relationship between procedure variables, service time, cost, simultaneous service product with patient satisfaction can be said very closely because the magnitude of the correlation coefficient is almost close to the number one. If the coefficient reaches a value of 1 (one), then the relationship can be said to be perfect.

The coefficient of determination (R Square) indicates the degree of association between independent variables and dependent variables. Based on table 7 above the value of the coefficient of determination (R<sup>2</sup>) of 0.869. The value of these coefficients indicates that variations in the quality of service variables, service time, cost, service products are simultaneously able to explain the variation of dependent variables (inpatient satisfaction of Islamic hospital Banjarmasin) by 86.9%, while the remaining of 13.1% is influenced by other variables that are not included in this research model.

- *Discussion*

Simultaneously the quality of hospital service affects the satisfaction of hospitalized patients of Banjarmasin Islamic hospital. Means the increase in quality of hospital services will be able to provide an increase in the satisfaction of hospitalization patients Banjarmasin Islamic hospital. Thus, if the quality of service increases then the

satisfaction of hospitalization of Islamic hospital Banjarmasin will rise. Conversely, if the quality of service decreases then the satisfaction of hospitalization of Banjarmasin Islamic hospital will also decline. Padma, Rajendran and Lokachari [9] also prove the quality of service affects the perception of customer satisfaction. Hasin, Seelungsawat and Shareef [16] in Thailand mentions that among the many dimensions that determine the quality assurance of hospital services include, communication, responsiveness, politeness, cost, and cleanliness.

Consumers will have hope as to how the services should function (*performance expectation*), these expectations are quality standards that are compared with the function or quality of service that consumers feel. Actual Performance is the perception of consumers to the quality of products/services.

Partially, the procedure variable has no significant effect (0,300 > 0.05) at significance 0.05 towards patient satisfaction, although the variable regression coefficient of procedure shows a positive value of 0.071. It shows that although insignificant there remains a positive relationship in the direction between the procedure on the patient satisfaction of an inpatient Islamic hospital Banjarmasin. The findings did not confirm the findings Sparks and McColl-Kennedy [22], and Utama [3] who found that customer satisfaction was influenced by the perception of service procedures. Also not in line with Nursa'adah [23], which found a simplification of the procedure affects customer satisfaction. Padma, Rajendran and Lokachari [9] Declaring a clear administrative procedure required to make the patient stay in a pleasant hospital, presumably for the case of a private hospital in Banjarmasin, the findings suggest that the procedure lacks the supportive patient perception of increased patient satisfaction.

Time of service significant influence (0.000 < 0.005) to the satisfaction of hospitalized patients of Banjarmasin Islamic hospital. The variable coefficient of service time shows a positive value of 0.473, which can be interpreted as a positive or unidirectional relationship between the time variables of the service to the patient satisfaction of the Islamic Hospital of Banjarmasin. This means that when the service time increases then the satisfaction of hospitalization in Banjarmasin Islamic hospital will increase and conversely if the time of service decreases then the satisfaction of the hospitalization of Islamic hospital Banjarmasin will decline. The magnitude of contributions to the service time variable on patient satisfaction is at R<sup>2</sup> (partial correlation value) of 0.4642 = 0.215, assuming other variable values are considered constant. The satisfaction of an inpatient hospital in Banjarmasin can be influenced by a service time variable of 21.5%. The findings are in line with Padma, Rajendran and Lokachari [9]. In different situations, Tom and Lucey [24] stated that although the results of the study supported the findings that customer satisfaction increased with the declining waiting time, there were also special findings. For example, in one of the supermarkets, customers report

higher satisfaction with a slower checker than a faster checker, suggesting that longer waiting times sometimes result in more satisfied customers than shorter waiting times.

The cost variable has significant effect ( $0.000 < 0.005$ ) on inpatient satisfaction. The variable regression coefficient costs 0.649, meaning that if the quality of cost increases then the satisfaction of hospitalized Islamic hospitals will also increase, and conversely if decreased then the satisfaction of hospitalization of Islamic hospital Banjarmasin will decline. The findings are in line with Padma, Rajendran and Lokachari [9], and Utama [3]. Cost quality is a reflection of the efficiency and rationality of economic sacrifice that one does to obtain the desired service.

Product variable Service significant effect ( $0.000 < 0.005$ ) on patient satisfaction. The variable regression coefficient of service product shows a positive value of 0.296, which can be interpreted as a positive or unidirectional relationship between product variable service to patient satisfaction. That means if the product service increases then the patient satisfaction will rise and vice versa if the product of service decreases then the patient satisfaction will fall. The magnitude of contributions to the effect of product variables on patient satisfaction is at R2 (partial correlation value) of  $0.4172 = 0.174$ , assuming other variable values are considered constant. The satisfaction of the hospitalization of the Islamic hospital in Banjarmasin can be influenced by 17.4% service product variables. The company's product image plays an important role in making patients have realistic expectations. Health care companies should offer in terms of technical and functional qualities. Product imagery affects customer expectations and is therefore important because a hospital-owned reputation should be regarded as an element of patient satisfaction [9]. The findings were also in line with Hosseini and Behboudi [25].

## VI. CONCLUSIONS, IMPLICATIONS, AND SUGGESTIONS

Quality of service with the dimensions of procedures, service time, cost, and products affects customer satisfaction, in this case, hospital hospitalization patients. If the quality of service increases, then the patient satisfaction will also increase. Inpatients will have positive expectations as to how services should work, as quality standards. So, the real service function is consumer perception of product/service quality.

Service time, cost, service products, except procedures partially affect the satisfaction of hospitalized patients of Banjarmasin Islamic hospital. The procedure is the hospital's administrative services which include admission, living, and exiting the patient. Many studies have reported that patients are unhappy with long waiting times for diagnosis, treatment, and so on. Hospital service procedures are generally determined by the regulator as a standardized standard, and customers are generally more looking at the

perspective of service speed posed by the procedures applied so that the time size is more important whatever the procedure. While the cost factor is the most dominant consideration perceived by patients in fulfilling their satisfaction expectations.

Health care managers should consider service time, cost, service products, to improve patient satisfaction. Managers can also focus on time and cost efficiency approaches so that service costs become more competitive and increase patient expectations.

Subsequent studies can expand the scope of the study to incorporate outpatient perceptions. Future research can also try to investigate the influence of family and friends on patients, who are the main customers of healthcare.

### ➤ Limitations

The results of the study depend on the character and the number of respondents, i.e. research only captures the perception of service receivers with sample size research is 90-due to the limited response rate and other operational constraints.

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