

THE EFFECTS OF TRANSFORMATIONAL LEADERSHIP, COMMUNICATION, AND CONTROL SYSTEM ON SERVICE BEHAVIOR AND ITS IMPACTS ON EMPLOYEE PERFORMANCE

Dadang Sukardi*; Amalia, L

University of Esa Unggul Tangerang, Indonesia

*Email: dadang1969@gmail.com

ABSTRACT

This research aimed to: 1) know the effect of transformational leadership on service behavior, 2) know the effect of communication on service behavior, 3) know the effect of control system on service behavior, and 4) know the impact of service behavior on employee performance. This research employed Structural Equation Modeling (SEM) method which was run through Lisrel 8 as the analysis tool. The results of data analysis showed that the research model and the findings were acceptable. The findings showed that transformational leadership had a positive and significant effect on service behavior. Meanwhile, communication and control system had no positive and significant effect on service behavior. Moreover, service behavior had a positive and significant effect on employee performance. The higher the transformational leadership is, the higher the employee performance in service behavior.

Keywords: *transformational leadership, communication, control system, service behavior, and employee performance.*

INTRODUCTION

Health is a human right so that everyone is entitled to receive health services in fair, equitable and qualified way that reaches all Indonesian people. According to this, various efforts are made by the government to improve health services so that the people can get the access to services and the quality of health services. One means of health services that play very important role in providing health services to the public is the hospital.

Hospital is an institution within the national health system chain. Hospital is obliged to provide health services to the entire society. Therefore, the development and organization of health in hospitals should be directed to the national goals of health. Hospital, as one of the health service facilities, plays a very strategic role in accelerating the improvement of the health status of Indonesian people. The expected pattern of health services is qualified service so that it can reduce morbidity and mortality rate and create healthy and prosperous society.

The quality of hospital services should be a performance indicator for health service providers including hospitals. The hospital will be more advanced if its performance can be maintained. Therefore, hospital services must lead to market forces so that hospital orientation shifts from social organization to socio-economic direction. Thereby, maintaining the customer satisfaction is the main goal to be achieved.

To maintain customer satisfaction, the hospital is always required to maintain consumer trust by paying close attention to the consumer needs to meet their wishes and expectations of the services. Hospital customers, in this case the patients who expect services in the hospital, expect not only medical and nursing services but also convenience, good accommodation and harmonious relationship between the hospital crew and the patient. Thus, it is necessary to improve the quality of health services in hospitals. Improving the quality of health services can be performed through various aspects of services such as improving the quality of health facilities, improving the quality of professionalism of human resources and improving the quality of hospital management.

Regarding to the issues, there are three factors that are expected to give effect on service behavior, namely transformation leadership, communication, and control system. Zerbe, et al. (1997) explained that employee behavior is often influenced by the leadership. The style or attitude shown by the leadership will influence the way of thinking of its employees which will ultimately affect the employee behavior in the organization. Leaders who are able to provide encouragement and morale to their employees will be able to improve the work skills of them.

The target of the achievement of hospital performance based on performance accountability reports of government agencies (LAKIP) of Ministry of Health in 2016, indicator of the number of District/City with readiness of referral access service was 70% and District/City with readiness of referral access service was 348 Districts/Cities from the total of 497 Districts/Cities (number of total targets of District/City was 497 which was set in RPJMN). Achievement of this indicator in 2016 with the readiness of referral access service was 266 Districts/Cities. If it is compared to the total number of 497 Districts/Cities, the achievement of this indicator was 54%, so this indicator had not reached the target. If it is compared to the target until 2019, there were 95% of Districts/Cities with the readiness of access to referral access service. Therefore, there are still 205 Districts/Cities that must be guided to have referral access service by the end of 2019. In other words, its realization was just 56.8%. If it is compared to the target of 70%, there should be 348 Districts/Cities with the readiness of referral access service.

However, the current achievement is only 54% due to several obstacles, such as: 1) achievement of the indicator through activities financed by the Special Allocation Fund (DAK) cannot be fully controlled by the Ministry of Health; 2) there are only a few of DAK funds which was taken for the building and TT class III because it was used for the development of excellent service in each hospital, 3) lack of supervision on the realization of DAK funds; 4) unfulfilled service standards, human resources, infrastructure and management.

The problems of the research are: 1) how is the effect of transformational leadership on service behavior?; 2) how is the effect of communication on service behavior?; 3) how is the effect of control systems on service behavior?; 4) how is the effect of service behavior on employee performance?. This research aimed to: 1) know the effect of transformational leadership on service behavior, 2) know the effect of communication on service behavior, 3) know the effect of control system on service behavior, and 4) know the impact of service behavior on employee performance.

RESEARCH METHOD

The research method used in this research was conclusive research design in which the research is a type of research that aims to test the hypothesis related with various variables. The research process of conclusive research is very formal and structured. The sample used is usually large and is quantitative (Malhotra, 2010). The type of conclusive research used in this research is causal research. Causal research is a research that aims to determine the relationship of a causal or the causal of something.

The first step of this research was conducting pre-test to test the questionnaire for 30 respondents. Furthermore, the sample of questionnaires that have been distributed was processed. When it is proven to be valid and reliable, then the questionnaires were distributed again to the larger respondents to obtain primary data. The researcher will distribute the questionnaires to obtain the data directly in which it was adapted to the measuring instruments used as much as 200 respondents. The statements of this questionnaire were in a structured form.

Structural Equation Modelling (SEM)

A research requires data analysis and interpretation that is aimed at answering research questions in order to reveal the phenomenon. Based on sample determination of this research, the data analysis method was Structural Equation Model (SEM) using Lisrel program 8.7. SEM method can see the relationship between variables more accurately but it is also can see the suitability of a model.

SEM analysis is an analytical technique that allows testing a series of relationships simultaneously. This relationship is constructed between one or several independent variables with one or more dependent variables. Each variable can be in the form of a factor or construct that is constructed from several indicators. SEM is an integrated approach between two analyzes, namely factor and path analysis (Malhotra, 2010).

According to Malhotra (2010), SEM analysis combines two models: (i) structural model which consists of exogenous latent variables and endogenous latent variables; (ii) the measurement model which is an indicator of exogenous and endogenous latent variables. SEM modeling is a hybrid model. SEM analysis

is a combination of multiple regression and latent variables that are constructed by factor analysis from the indicator of the latent variables (Malhotra, 2010).

FINDINGS

Hypothesis Testing using Structural Equation Model through Linear Structural Relationship (Lisrel)

After conducting the process of questionnaire testing, next, the researcher distributed the questionnaire on the big test with the target of 200 respondents using SEM model. The classification of the respondents of this test was based on gender, age, education level and working period. Moreover, the authors performed mapping with pie chart to see the respondents under research visually in order to see the strengths and weaknesses of this research. The detail is presented in the following figure:

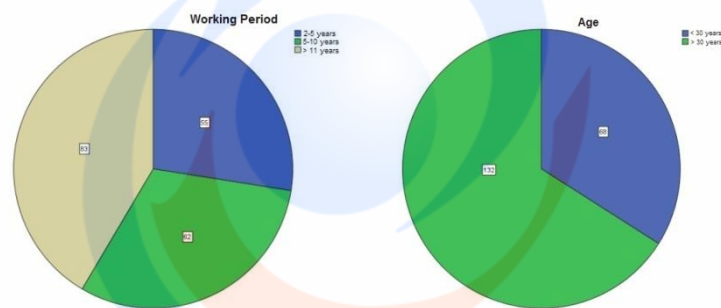


Figure 1: Classification of Respondents by Sex and Age

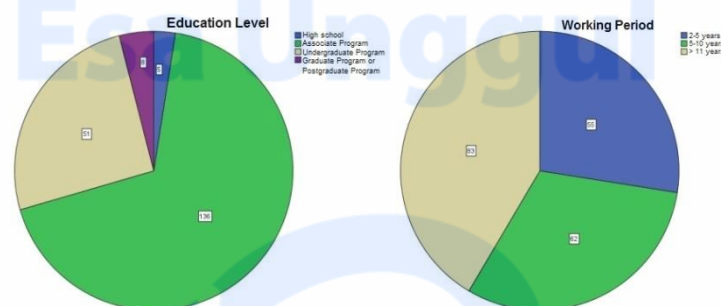


Figure 2: Classification of Respondents by Education Level and Working Period

Validity and Reliability Analysis of Measurement Model

In pre-test, this study used SPSS 22.0 for windows to test the validity of the questionnaire by looking at the value of Kaiser-Mayer-Olkin (KMO), Bartlett's sphericity test, communalities and anti-image matrices on factor analysis, then looking at the value of cronbach's alpha for reliability testing of the questionnaire. From these results, 16 valid and reliable operational variables were obtained, so that the data were expected to reveal the real conditions. After the pre-test, the questionnaires were distributed in a larger sample size of 200 respondents and then all data could be processed. Validity testing was performed again with the expectation that the data could really support the research. This validity testing used structural equation program model using lisrel 8.70; it is statistical software that is used most widely among the researchers and practitioners. The results of the validity and reliability testing of the pre-test led to a new questionnaire which then was distributed to the respondents. The tests results were running by removing one of the service behavior indicators PP4, unless the program lisrel 8.70 will would experience error in displaying the path diagram.

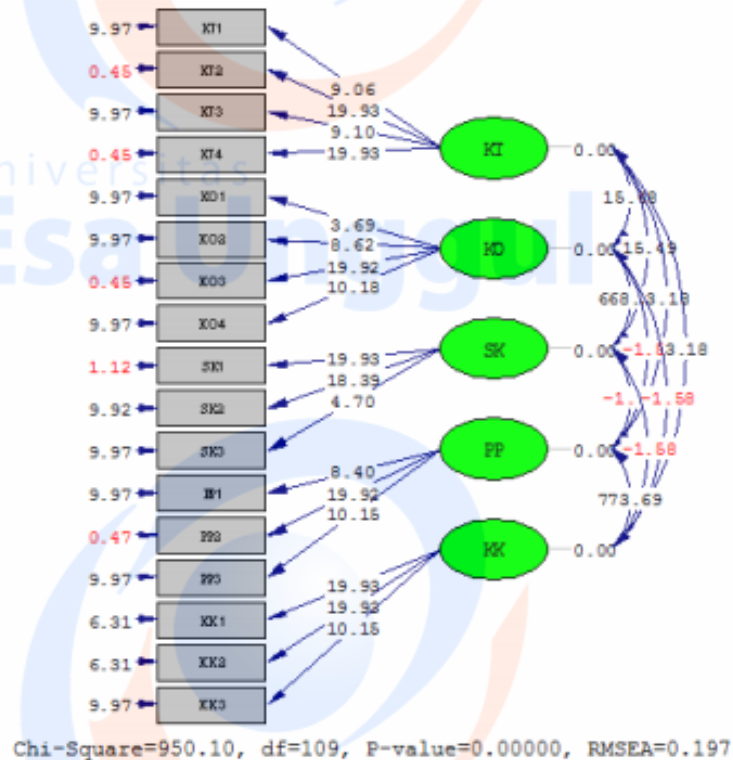


Figure 3: CFA Model Measurement - t Value

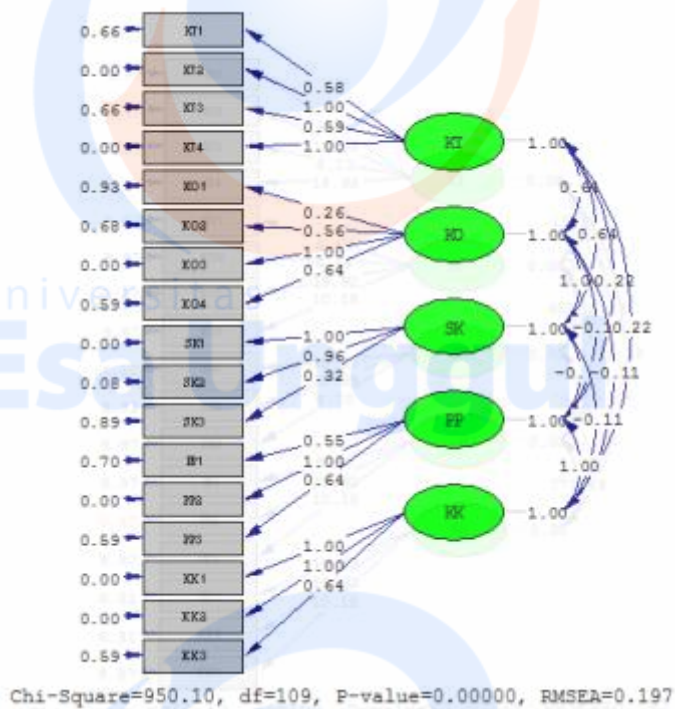


Figure 4: CFA Model Measurement - Standardized Solution

Analysis of Construct Reliability and Variance Extracted of Measurement Model

Reliability of SEM is the extent to which a latent variable is consistent in its measurement variable. This analysis was performed by calculating the value of construct reliability (CR) and variance extracted (VE) from the values of standardized loading factor and error variance. A construct has a good reliability value when it meets the requirements of Construct Reliability value ≥ 0.70 and Variance Extracted value ≥ 0.50 . By looking at the results of t-test Value and Standardized Loading Factor, invalid indicators were omitted as follows:

Table 1: Validity and Reliability Values of Measurement Model

Indicators	t count (t Value ≥ 1,96)	SLF ≥ 0,50	Error	CR ≥ 0,70	VE ≥ 0,50	Description
KT1	9,06	0,58	0,66	0,88	0,67	Valid dan Reliabel
KT2	19,93	1,00	0,00			Valid dan Reliabel
KT3	9,10	0,59	0,66			Valid dan Reliabel
KT4	19,93	1,00	0,00			Valid dan Reliabel
KO2	8,62	0,56	0,68	0,79	0,58	Valid dan Reliabel
KO3	19,92	1,00	0,00			Valid dan Reliabel
KO4	10,18	0,65	0,64			Valid dan Reliabel
SK1	19,93	1,00	0,00	0,98	0,96	Valid dan Reliabel
SK2	18,39	0,96	0,08			Valid dan Reliabel
PP1	8,40	0,55	0,70	0,79	0,50	Valid dan Reliabel
PP2	19,92	1,00	0,00			Valid dan Reliabel
PP3	10,15	0,64	0,58			Valid dan Reliabel
KK1	19,93	1,00	0,00	0,92	0,80	Valid dan Reliabel
KK2	19,93	1,00	0,00			Valid dan Reliabel
KK3	10,15	0,64	0,59			Valid dan Reliabel

Goodness of Fit of Measurement Model

In the analysis of the findings, the main part being discussed was the level of compatibility between the data with the model, validity and reliability of the measurement model and the significance of structural model coefficients. According to Hair, et al. (1995), the analysis of the data match rate with the model is performed through several stages (Wijanto, 2008), namely: (i) overall model fit; (ii) measurement model fit; (iii) structural fit model. The overall measurement models were performed by checking the value of chi square and p-value, RMSEA, GFI, AGFI, SRMR, CFI, TLI/NNFI, NFI, RFI, and IFI. Generally, the type of fit index is used for measuring the degree of conformity between the hypothesized models with the presented data. The followings are the test results of the

conformity index and cut-off value to be used in testing whether a model is accepted or rejected.

Table 2: Evaluation of Goodness of Fit Indices of Measurement Model

Measurement	Description	Value	Conclusion
<i>Absolute Fit Measures</i>			
<i>Chi Square</i>	$\geq 0,05$ model good fit	950,10	<i>Good Fit</i>
<i>Goodness of Fit Index (GFI)</i>	$\geq 0,90$ model fit, $0,80 \leq GFI \leq 0,90$ model marginal fit	0,64	<i>Good Fit</i>
<i>Adjusted goodness of fit index (AGFI)</i>	$\geq 0,90$ model fit, $0,80 \leq AGFI \leq 0,90$ model marginal fit	0,50	<i>Good Fit</i>
<i>Root Mean Square Residual (RMR)</i>	Selisih antara matriks kovarian estimasi model, $\geq 0,05$ model fit	0,12	<i>Good Fit</i>
<i>Standardized RMR</i>	$\geq 0,05$ model fit; $0,05 \leq SRMR \leq 0,1$ acceptable fit; $SRMS > 0,1$ poor fit	0,13	<i>Poor Fit</i>
<i>Root mean square error of approximation (RMSEA)</i>	$\leq 0,05$ model good fit; $0,05 \leq RMSEA \leq 0,08$ model cukup baik	0,20	<i>Poor Fit</i>
<i>Expected Cross Validation Index (ECVI)</i>	Nilai mendekati 1 model good fit	1,54	<i>Good Fit</i>
<i>Incremental Fit Measures</i>			
<i>Normed fir Index (NFI)</i>	$\geq 0,90$ model good fit	0,56	<i>Marginal Fit</i>
<i>Non-normed fit index (NNFI)</i>	$\geq 0,90$ model good fit	0,46	<i>Marginal Fit</i>
<i>Relative fit Index (RFI)</i>	$\geq 0,90$ model good fit	0,45	<i>Marginal Fit</i>
<i>Incremental fit Index (IFI)</i>	$\geq 0,90$ model good fit	0,57	<i>Marginal Fit</i>
<i>Comparative fit Index (CFI)</i>	$\geq 0,90$ model good fit	0,57	<i>Marginal Fit</i>
<i>Parsimony Fit Measures</i>			
<i>Akaike information criterion (AIC)</i>	Nilai AIC < model good fit	306,00	<i>Good Fit</i>
<i>Consistent goodness of fit index (CAIC)</i>	Nilai AIC < model good fit	1227,22	<i>Good Fit</i>
<i>Parsimony goodness of fit index (PGFI)</i>	Nilai PGFI > model dan berkisar 0-1	0,46	<i>Good Fit</i>
<i>Parsimony normed fit index (PNFI)</i>	Nilai PNFI > model dan berkisar 0-1	0,45	<i>Good Fit</i>

From table 2, it has been described in the description column as the standard measurement reference, in which the classification of absolute fit measures tends to be good fit or poor measurement model. But for the incremental fit measures, it is concluded that the measurement model is good or marginal fit. Finally, the measurement of parsimony fit measures model has a good fit conclusion. From the variance of these conclusions, it is concluded that the overall measurement models are good fit or good.

Structural Model Analysis

It is a model that describes the data structures used in business processes. During the analysis, the structural model is performed to present the logic of the data without showing how data are stored, created, or manipulated so that the analyst focuses on the business. The structural model presents the concept idea that exists in the domain problem and presents the current relationships. The structural model is a model of the relationship structure that forms or explains causality between factors. In this research, a structural model was used to find out the relationship between transformational leadership (KT), communication (KO), control system (SK) on employee performance (KK) to service behavior (PP). A hypothesis can be accepted or considered as significant if the value of $t \geq 1.96$. The following is the calculation of causality between each research variable.

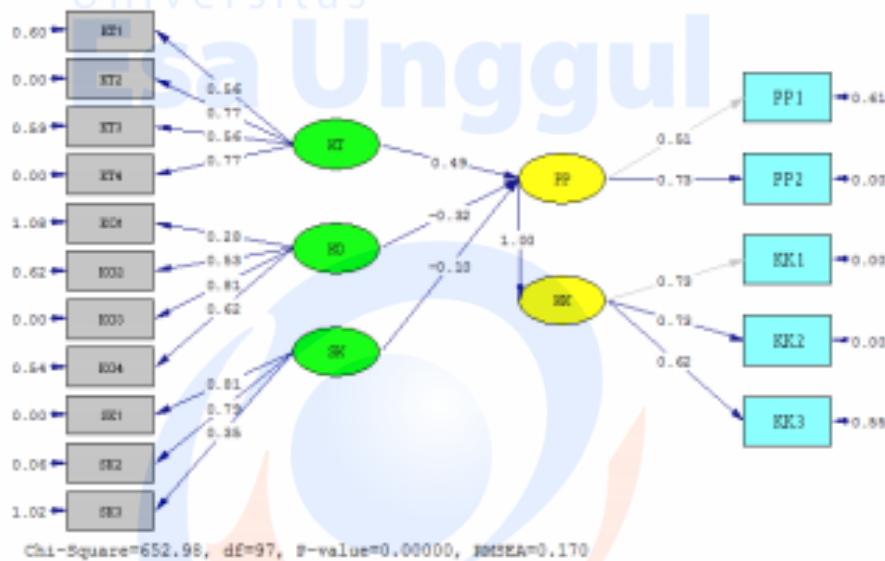


Figure 5: Structural Equation Model of Estimation

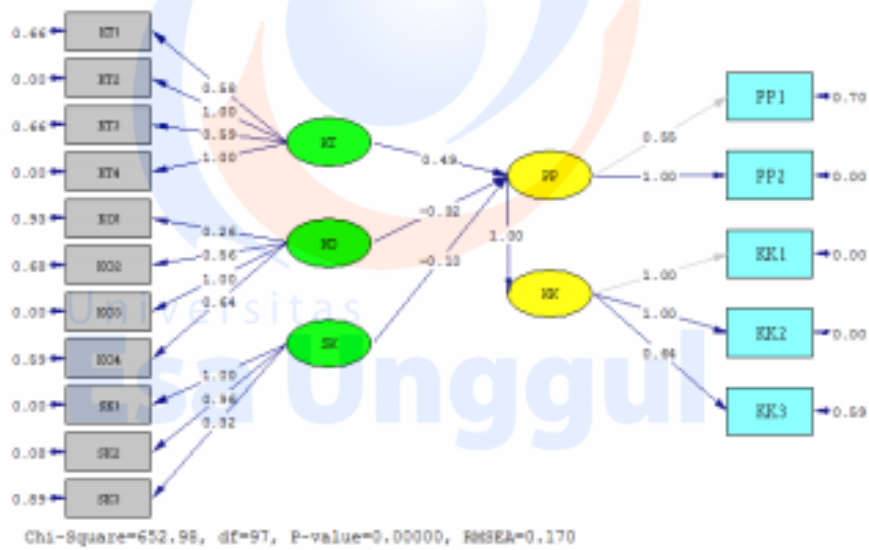


Figure 6: Structural Equation Model - Standardized Solution

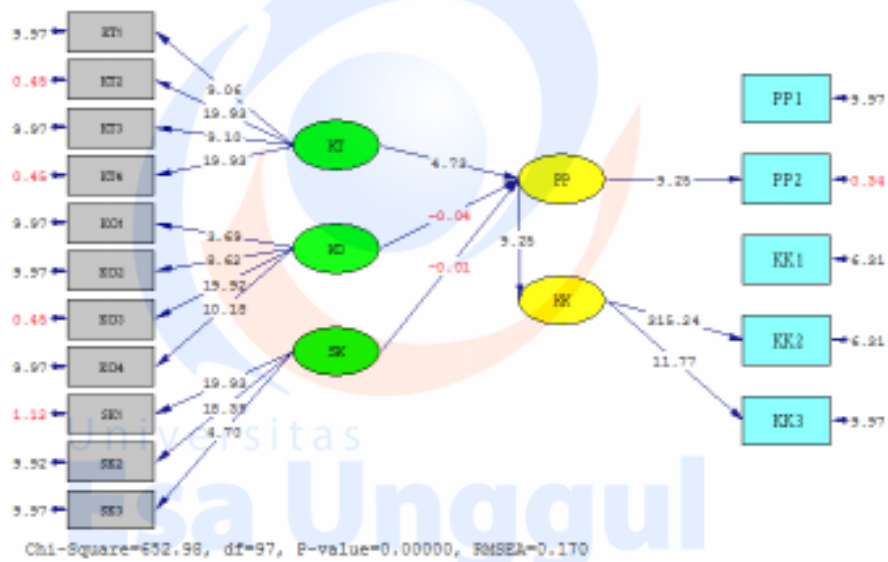


Figure 7: Structural Equation Model - t Value

Moreover, from Figure 6, 7, and 8, the researchers can tabulate the data as a result of the research hypothesis, as follows:

Table 5: Results of Research Hypotheses

Variable Relationship	Estimation	Loading Factor	t Value (>1,96)	Description
KT → PP	0.49	0.49	4.73	Significant
KO → PP	-0.32	-0.32	-0.04	Not significant
SK → PP	-0.10	-0.10	0.01	Not significant
PP → KK	1.00	1.00	9.25	Significant

Based on the structural equation model, it indicated that the value of each relationship between latent variables $KO \rightarrow PP$ and $SK \rightarrow PP$ is not significant. In addition, $KT \rightarrow PP$ has a value above 4.73 which means it is significant and $PP \rightarrow KK$ of 9.25 is also significant. Next is a goodness of fit test to examine whether the data were fit and suitable the model. There are three types of measures to test whether the SEM model entirely fits into the data of good fit. The sizes and values are described in the following table:

Table 6: Matching Test of Structural Model (Goodness of Fit)

Measurement	Description	Value	Conclusion
<i>Absolute Fit Measures</i>			
<i>Chi kuadrat</i>	$\geq 0,05$ model good fit	652,98	<i>Good Fit</i>
<i>Goodness of Fit Index (GFI)</i>	$\geq 0,90$ model fit, $0,80 \leq GFI \leq 0,90$ model marginal fit	0,71	<i>Good Fit</i>
<i>Adjusted goodness of fit index (AGFI)</i>	$\geq 0,90$ model fit, $0,80 \leq AGFI \leq 0,90$ model marginal fit	0,50	<i>Good Fit</i>
<i>Root Mean Square Residual (RMR)</i>	Selisih antara matriks kovarian estimasi model, $\geq 0,05$ model fit	0,11	<i>Good Fit</i>
<i>Standardized RMR</i>	$\geq 0,05$ model fit; $0,05 \leq SRMR \leq 0,1$ acceptable fit; $SRMS > 0,1$ poor fit	0,12	<i>Good Fit</i>
<i>Root mean square error of aproximation (RMSEA)</i>	$\leq 0,05$ model good fit; $0,05 \leq RMSEA \leq 0,08$ model cukup baik	0,17	<i>Poor Fit</i>
<i>Expected Cross Validation Index (ECVI)</i>	Nilai mendekati 1 model good fit	3,67	<i>Good Fit</i>
<i>Incremental Fit Measures</i>			
<i>Normed fir Index (NFI)</i>	$\geq 0,90$ model good fit	0,76	<i>Fit</i>
<i>Non-normed fit index (NNFI)</i>	$\geq 0,90$ model good fit	0,72	<i>Fit</i>
<i>Relative fit Index (RFI)</i>	$\geq 0,90$ model good fit	0,70	<i>Fit</i>
<i>Incremental fit Index (IFI)</i>	$\geq 0,90$ model good fit	0,78	<i>Fit</i>
<i>Comparative fit Index (CFI)</i>	$\geq 0,90$ model good fit	0,78	<i>Fit</i>
<i>Parsimony Fit Measures</i>			
<i>Akaike information criterion (AIC)</i>	Nilai AIC $<$ model good fit	272,00	<i>Good Fit</i>
<i>Consistent goodness of fit index (CAIC)</i>	Nilai AIC $<$ model good fit	856,61	<i>Good Fit</i>
<i>Parsimony goodness of fit index (PGFI)</i>	Nilai PGFI $>$ model dan berkisar 0-1	0,51	<i>Good Fit</i>
<i>Parsimony normed fit index (PNFI)</i>	Nilai PNFI $>$ model dan berkisar 0-1	0,61	<i>Good Fit</i>

From table 6, the matching test of structural model, it can be concluded that the whole models are good or good fit. There is a good fit from each size indicator in the three groups.

Hypothesis Testing

In this study, there are three hypotheses. Hypothesis testing is performed using the significance level of 5% resulting in a critical t value. The hypothesis is accepted if the t value is greater or equal to 1.96 and the hypothesis is rejected if the t value is smaller or equal to 1.96. Based on the t value, hypothesis testing is conducted to see whether the proposed model is supported by the data attached in the following table:

Table 7: t Values and Coefficients of Structural Equations

Hypothesis	Path	t value ($t \geq 1,96$)	Description
H1	High transformational leadership can improve service behavior	4.90	The data support the hypothesis
H2	High communication can improve service behavior	-0.06	The data do not support the hypothesis
H3	High control systems can improve service behavior	0.01	The data do not support the hypothesis
H4	High service behavior can improve employee performance	9.55	The data support the hypothesis

DISCUSSION

Transformational Leadership Improves Service Behavior

Based on the results of data processing, the result of the analysis supports hypothesis 1 (H1). From the calculation result, transformational leadership has a positive relationship to service behavior, with the t value of 4.90 bigger than the standard value of 1.96. The finding of this research supports the first hypothesis which means that H1 is accepted, i.e. there is a positive relationship between transformational leadership and service behavior. High transformational leadership can improve service behavior. The data of the analysis shows that the transformational leadership of the hypothesis testing proves to be significantly accepted. Therefore, it can be concluded that there is a positive relationship between transformational leadership and service behavior. The finding of this

research support the previous research conducted by Zerbe, et al. (1998) and Church (1995) that found a positive effect between transformational leadership and employee service behavior.

Regarding to this research, the dimensions of transformational leadership have positive values which means that the leadership in RSUPN Dr. Cipto Mangunkusumo has a good influence. Furthermore, the positive effect of transformational leadership on service behavior thoroughly shows that transformational leadership applied to employees is reflected in the statement of: my leader has a good characteristic. They admire their leader because of the justice applied by the leader in assessing and delegating the tasks and as a reflection on the respect given by employees to the highlighted behaviors of the leader.

Communication Does Not Improve Service Behavior

Based on the results of data processing, the results of this research rejected the second hypothesis which means that H2 is rejected. From the data that have been processed by the researcher, the calculation results in table 5-24 mentioned that communication has a value below the standard i.e. t value is smaller than t standard. The value obtained in this research is -0.06 which is smaller than the standard value of 1.96. It indicates that communication in RSUPN Dr. Cipto Mangunkusumo has no significant effect on service behavior. In the other words, the communication that occurs within the organization does not improve the service behavior because the communication performed may not be related to the context of the organization but speak more about the personal thing that should not be professional manners to be performed during the work.

Klepach (1990) and Palmer and Sanders (in Habner, et al., 1997) concluded that well-established communication between employees and their leaders is a supporting factor that improves service behavior. From the results of research, it is not tested appropriately, in addition to bureaucratic factors in which the key positions generally will be occupied by the people who transferred from one department to the hospital not by people who work permanently with their career. Moreover, the communication, which is focused by this organization, is

more to communication between employees to the leaders rather than leaders to the employees.

To get the right reasons for this problem, the researcher traces down the research area and observes to some employees and leaders and concludes that the organization in terms of communication is not set in detail. RSUPN Dr. Cipto Mangunkusumo does not establish communication as a standard of improving the quality of service behavior. In addition, the hospital, as government agencies, must comply with what government decides, such as government interests.

Regarding to this matter, implementing a hundred percent organizational policy cannot be performed although the leaders realize that communication with patients is the most important part in improving the quality of hospital services. It is sometimes confronted with macro government regulations, so apparently RSUPN Dr. Cipto Mangunkusumo must adapt its standards to the government regulations. In addition, there are many employees that cannot be controlled comprehensively in their socialization so the important parts can only be implemented visually by attaching them into the corners of the hospital.

The changing of the phenomenon requires service in encouraging each division to perform an effective communication strategy. One strategy is to change the appearance of the division. Patients come to the hospital not only for checking and waiting for the results of the examination, but they would like to enjoy intimate communication atmosphere and enjoy the quality of service providers. Patients are now becoming increasingly critical and rational to the products and services as well as the quality of service. The critical and rational mindset of the patients on service quality often emerges some complaints because their expectations are too high. The complaints should not be ignored, regardless the level and quality of complaints. If we ignore the complaints, the patient's retention rate will decrease and their loyalty will fade or qualitative problems may cause quantitative problems to the hospital.

Patients' complaints are indeed unpleasant to hear and it is not easy to manage complaints without good communication, but patients' complaints are a challenge for front-liner employees, doctors and nurses in improving the quality

of their services. Without any complaints, the front-liner employees will not get direct feedback from patients or their families on the quality of their services.

Communication is the process of delivering messages by communicators to communicant to provide useful information in order to achieve organizational goals. Communication within the hospital aims to provide services and standard mechanisms to patients. Procedure service for patients is a variety of integrated activities to provide good service, coming from the leader of the unit (leadership commitment in service value) and all employees. As mentioned by Napitupulu (2007), to realize the quality of service, the important thing is to listen to the consumers and provide clear information.

Therefore, communication activity becomes an early part in the service quality of a hospital, especially in terms of serving all patients. The conclusion drawn by the researcher on the absent of communication effect on service behavior in this organization focuses more on the external communication among the employees until it undermine the importance of communication between the leaders and employees in policy, vision and mission of the organization.

Control System Does Not Improve Service Behavior

Based on the results of the third hypothesis analysis, H3 is also rejected. High control systems cannot improve employee behavior. Based on data that have been analyzed by the researcher, the result of the calculation shows that the training transfer has a significant positive relationship on employee performance with the t value of 0.01 in which it is smaller than the standard t value of 1.96. It explains that a strong control system does not result any effects on service behavior.

What is meant by control system here is activities such as: supervision, direction, assessment and rewards for performance based on employee behavior (Anderson and Oliver, 1987). In this case, the manager focuses on the ways, behaviors, or activities that are expected to achieve predetermined results. Referring to the research conducted by Jaworski and McInnis (1989), this research uses behavior control indicators consisting of: activity monitoring, activity assessment, and activity feedback.

The researchers conducted a search for this problem where the control system does not improve the service behavior. The results of field observations take into consideration external factors of government regulation rather than internal factors of the hospital. In terms of macro, it can be described as one of health care facilities which are the part of health resources that are needed in supporting the implementation of health efforts. The organization of health services in hospitals has very complex characteristics and organization. Hospitals are held based on Pancasila and human values, ethics and professionalism, benefits, fairness, equality and anti-discrimination, equity, protection and patient safety, and social functions.

The organization of the hospitals aims to facilitate public access to health services, provide protection for the safety of the patients, societies, hospital environments and human resources in the hospitals, improve quality and maintain hospital service standards, and provide legal certainty to patients, societies, hospital human resources in the hospitals, and hospitals.

Service Behavior Improves Employee Performance

Based on the results of data processing, the fourth hypothesis or H4 is accepted and is positive. High service behavior can improve employee performance. Based on data that have been processed by the researcher, the result of the calculation shows that service behavior has a significant positive relationship employee performance with t value of 9.55 in which it is bigger than standard t value of 1.96. It explains that high service behavior gives effect to the employee performance at RSUPN Dr. Cipto Mangunkusumo. The results of this research support the research conducted by Chang and Chen (1998) and Church (1995) who found that employee service behavior has a close relationship or has a positive impact on improving corporate profitability regarding to improve employee performance.

Assessment of employee performance is important thing for the hospital. It is for assessing employee performance and motivating employee morale in work. Hospital is an integral part of the overall healthcare system which is developed through health development plans. One of the goals of health development in

Indonesia is to improve the quality of health services. This quality service should be implemented in all public and private health service facilities. Therefore, it is expected that the society will be more interested in utilizing the health service facilities from the level of health center, hospital and other health service facilities. Hospital is an institution of public health service that has dense capital-intensive, tech-intensive and labor-intensive that involves human resources with a variety of skills in daily work.

To produce an effective performance assessment, it should be sensitive and training or socialization should be held by the HR department along with each profession department in each unit, at least once a year. The training describes the purposes and benefits of the assessment as well as the procedures for filling out the assessment form so that the expected goals and objectives can be achieved. Good employee performance should define the service behavior as a parameter of its performance assessment, so that each employee understands and knows what they will run at a given period contains feedback at the end of the year. It may in the form of points for their careers, annual bonus and periodical salary increase the form of incentives that apply within the organization.

Managerial Implication

Implication, according to Indonesian dictionary, is engagement. In addition, managerial skills are crucial skill for every leader. Thus, the managerial implication is defined as participatory decision-making processes in a good managerial organization. In this case, the implications will be described with the related program operationalization to provide the best results as a suggestion for management consideration so that the existing gaps can be developed and improved. The established program is taken from the statements of the questionnaires that are elaborated and operationalized in the form of strategy of the action so that the program objectives can be achieved based on the company's expectation of the research phenomenon.

The findings of this research indicate that transformational leadership, communication, control systems are the main factors affecting service behavior. Furthermore, the service behavior will affect employee performance. Based on

these findings, several managerial implications that can be proposed from this research are as follows:

First, the results of this research prove that control system has no effect on service behavior. From the results of the research, it is noted that the strongest indicators that make up the control system are evaluation and feedback activities. It implies that the hospitals pay attention to the evaluation of activities so far. Evaluation activity should be based on fair judgment without discriminating the employees. Leaders should conduct assessments based on employee performance and not based on feelings of likes or dislikes towards the employees. Leaders need to be aware that the purpose of this evaluation is for the sake of organizational progress so that the evaluation of any assessment needs to be based on the contribution. Similarly, in terms of feedback activity, the hospital should be careful in providing feedback to employee behavior. The feedback should be constructive and based on the employee's background. In short, this feedback activity can be in the form of criticism. Leaders should be aware that not all employees can accept criticism in which to anticipate this, leaders need to understand the characters of their employees.

Second, the findings of this research also prove that communication has an effect on service behavior. From the findings of the research, it is noted that the strongest indicator that make up the communication is the frequency of discussion about the job with the manager or supervisor. It implies that the hospital needs to increase the frequency of the discussion because the employees turn out to see the discussion as a good alternative to express their problems or obstacles so far. With the increase of discussion frequency, especially outside the office hours, employees will have a chance to be free in expressing their opinions. Discussions can be conducted not only in a formal place but also in non-formal place such as canteen at lunchtime. It should be realized that the main purpose of the discussion is to solve the existing problems and is not intended to judge employees or impose the will to them.

Third, the findings of this research prove that transformational leadership has an effect on service behavior. From the findings of the research, it is noted that the strongest indicator forming a leadership is the ability to make people do

something. It implies that the head of the hospital should have the ability to provide examples and encourage employees to perform beneficial activities for the progress of the hospital. The employees see a leader as a person who is not only clever in planning but focuses more on his ability to encourage employees to do the their best for the hospital's progress.

Fourth, the findings of this research prove that service behavior has an effect on employee performance in which the good relationship between service quality and employee performance in RSUPN Dr. Cipto Mangunkusumo give a positive effect to every patient. Patients who experience satisfaction in outpatient and inpatient treatment of the hospital will make a return visit that generates loyalty. On the contrary, patients who do not experience satisfaction will leave and go to other hospital patients even invest to other hospitals overseas. As the result, it decreases the income of the hospital. If the services received or perceived are in accordance with the expectation, the service quality will be perceived as a good quality and satisfactory. If the service received exceeds the patient's expectations, the service quality will be perceived as an ideal quality. In other words, the service quality is a very important aspect that determines the services. If the service of the customer is good and satisfying, it will give a positive effect on business performance.

CONCLUSION

The findings of this research prove that transformational leadership has a positive effect on service behavior, which means that leaders in RSUPN Dr. Cipto Mangunkusumo truly possess a leadership spirit and focus on conducting and supervising service behavior in improving the quality of hospital services. However, it does not apply to communications and control systems, in which the communication occurs at RSUPN. Cipto Mangunkusumo does not improve the service behavior because the materials of the communication relate more to the discussion outside the work context. Similarly, the control system is more likely to perform external regulation so the internal control system functions are ignored. From the findings of this research service behavior can improve employee performance, which means that service behavior receives positive response to be

performed daily among the employees with the expectation that it can assess employee performance and will automatically improve the performance of the organization.

Limitations of the Research

The researchers acknowledge many limitations in this research, for instance the number of samples is only the smallest part, only some people who are in the hospital out of the population in the company or research object. Therefore, it is expected to further researchers to be able to develop better and contemporary methods. In addition, it needs to link other variables that have not been discussed here such as transformational leadership relationships to employee performance, communication to employee performance, and more specific control system whether it is internal or external to employee performance.

The addition of new variables makes this research to be more concrete, in which the mediation variable of service behavior that are less to be studied can be associated with other independent variables so that the variable of service behavior becomes an easy-to-find and easy-to-research variable. The variable of service behavior is partly defined as service quality or excellent service so that in conducting research to this variable remains bias and less specific.

REFERENCES

- Anderson, Erin dan Richard Oliver; 1987, Perspective on Behavior-Based Versus Outcomes-Based Salesforce Control Systems, *Journal of Marketing*, Vol. 51
- Chang, Tung-Zong dan Su-Jane Chen, 1998, Market Orientation, Service Quality and Business Profitability: a Conceptual Model and Empirical Evidence, *Journal of Service Marketing*, Vol.12
- Church, Allan H, 1995, Linking Leadership Behavior to Service Performance; Do Manager make a Difference?, *Managing Service Quality*, Vol 5
- Hair, JR., Joseph F., Rolp E. Anderson, Ropnald L. Tatham and William C. Black, 1995, *Multivariate Data Analysis with Reading*, Fourth Ed., Prentice Hall International, Inc

Wijanto, Setyo H., (2008). *Structural Equation Modelling Dengan Lisrel 8.8: Konsep & Tutorial*. Yogyakarta: Grahan Ilmu.

Zerbe, Wilfred J, Dawn Dobni Gedaliahu, dan H. Harel, 1998, Promoting Employee Service Behavior: The Role of Perception of Human Resource Management Practices and Service Culture, *Canadian Journal of Administrative Science*