

# **QUALITY OF HOSPITAL PATIENT MEDIATION LOYALTY BRAND IMAGE AND PATIENT SATISFACTION FACTORS CONSIDERING THE PRICE**

**Kevin Gilbert, Esa Unggul University Master of Management, Jakarta Indonesia.**

**Tantri Yanuar, Esa Unggul University Master of Management, Jakarta Indonesia.**

## **Abstract**

In this study we tested the strength of which can strengthen the loyalty of patients at At Women And Children Hospital Jakarta. We develop and empirically test a model to test the degree of patient loyalty to the providers of health services At Women And Children Hospital Jakarta. Structural Equation Modeling (SEM) was used to evaluate the proposed model. A total of 160 respondents evaluated through a questionnaire survey. The results showed that customer satisfaction, perception of price leads directly to customer loyalty, and customer satisfaction is the biggest influence. Although we found that the quality of service significantly influence patient satisfaction, which in turn led to the loyalty of patients, we found no direct relationship between service quality and patient loyalty. Our results also revealed that the image of the hospital was not associated with patient loyalty. Our empirical investigation shows that investing substantial resources in building a hospital image can indeed be a risky strategy for At Women And Children Hospital Jakarta.

**Keywords. Brand image, customer loyalty, customer satisfaction, quality of service, price perception.**

## ***Introduction.***

Due to the current surge of patients in the health care industry, Business Hospitals increasingly crowded and led to intense price competition, which ultimately many emerging hospital, closely spaced. From the data at At Women And Children Hospital Jakarta in 2014, patient common to the ER in 2014 was 900 people each month and at the polyclinic doctor an average of 4557 people each month as one of the healthcare industry experienced, focused hospital has shifted from seeking patients the new becomes retain patient loyalty.

The importance of patient loyalty can not be underestimated because it is closely related to the survival and future growth of the health care industry. For hospital has a loyal patient is the ultimate goal of all hospitals, but most hospitals patients do not realize that loyalty is formed through the stages starting from looking for potential patients to advocate a potential customer that will bring benefits to the hospital.

Previous research on customer loyalty focused on customer satisfaction The study found that customers experiencing high level of satisfaction tend to stick with existing service providers and retain their subscription services. Researchers in this area have been elaborated further on the link between the ages of factor price and perceived value (for example, Grewal, Monroe, & Krishnan, 1998), as

well as between price and customer loyalty (eg, Voss, Parasuraman, & Grewal, 1998). In addition, the marketing literature supports the general idea that the price factor affecting the perception of consumer prices, which in turn contributes to customer loyalty (Reichheld, 1996).

By using SEM, this study empirically analyzes whether customer satisfaction, perception of price, and the image of the company that are the antecedents of customer loyalty in the context of At Women And Children Hospital. We also seek to identify the elements of service quality as satisfaction factors, and their impact on the level of satisfaction, and to ascertain whether the quality of service is a direct antecedent of loyalty customer. We examine the extent to which the perception of prices account for variations in the strength of customer loyalty for health services. Finally, we examined whether the company's image has an impact on customer loyalty to At Women And Children Hospital.

### ***Theoretical background and Hypothesis Development.***

Loyalty is an old-fashioned word that describes the situation where someone handed whole body and soul in a country, family and friends (Kotler, 2004). In marketing, customer loyalty is loyalty to a brand or product. Customer loyalty with regard to the possibility of the return of the customer, the business of making a referral, implement Word of Mouth, as well as references and publicity (Bowen and Shoemaker, 1998 in Cheng et.al, 2008). Baldinger & Rubinson, (1996) in Cheng et.al., (2008) says that loyal customers tend to not switch to a competitor in sight persuasion certain price, and they make the purchase more than the less loyal customers. Customer loyalty is generally depicted as customers repeatedly purchase goods or services from time to time, implement positive Word of Mouth, and make referrals to other customers (Cheng et.al., 2008).

### ***Antecedents of Customer Loyalty***

"Satisfaction 'comes from the Latin' satis '(meaning good enough, adequate) and' factio '(do or make). Satisfaction can be defined as 'an effort to fulfill something' or 'make something adequate' (Fandy Tjiptono, 2005). Satisfaction can also be interpreted as the level of one's feelings after comparing the performance (or results) that he felt compared to expectations (Kotler in Susanto, 2001). Customer satisfaction is determined by the services provided both tangibles and intangibles.

Definition of quality of service is derived from a comparison between customer expectations of service they should receive the service that actually they have acquired. Therefore, the quality of service can be determined by comparing the perceptions of customers for the service, which obviously they receive or obtain the actual service they expect or desire (Parasuraman et.al, 1988). If the reality is more than expected, then the quality of service can be said. Meanwhile, if the reality is less than expected, then the service can be said to be inferior. If the same fact in the hope that the service called satisfactory. Therefore, the quality of service is often defined as the ratio between the service as expected by the perception of actual performance (Bloemer et.al, 1998). Parasuraman et.al (1988) defines quality of service as the extent to which the difference between reality and expectations of the customers for the services they receive or earn. The expectations of the customers are essentially the same as what kind of services

should be provided by the company to them. The expectations of the customer can be derived from the information conveyed by word of mouth, personal needs, past experiences and external communications (advertising and promotion of various forms of other companies).

Perceived service quality is typically measured by two dimensions, namely the quality of the process and the quality of output. Parasuraman et al. (1985, 1988, 1994) developed a 22-item SERVQUAL instrument, which has been widely used to measure the quality of service. SERVQUAL instruments assess the overall service quality by comparing service expectations and actual performance, in terms of five dimensions, tangibles, reliability, responsiveness, assurance, and empathy.

According to Nguyen, (2001) the image is the main goal of a company. Understanding the image itself is abstract or intangible, but its form can be felt from the research, acceptance, awareness and understanding, a good sort of a sign of respect or reverence, from the public around him or the general public against personal (trustworthy, professional and reliable in providing good service). According to Frank Jefkins, corporate image (corporate image) is an idea or mental perception of certain audiences on a business or organization, which is based on the knowledge and experience of the audience itself.

Company image is defined as the perception of a company is reflected in the association contained in the memory of consumers (Kotler, 2001). Nguyen and Leblanc (2001) states associated with the company's image and the physical attributes associated with companies such as names, buildings, products / services, to affect the quality communicated by each person so that interested companies. Image illustrates the overall impression made public about the company and its products. Image affected by many factors beyond the control of the company (Kotler, 2001).

Researchers (Dharmmestha, 1999, in Indrayani, 2004).has recommended that companies should adjust their strategies to retain customers to achieve delivery of superior customer value as the value of the customers combine both the costs and benefits of staying with the company. Thus, the perceived customer value is considered as a powerful driving of customer retention. Nevertheless, some important questions about the role of price in the service remains unanswered. One is whether the perception of the price has a direct effect on overall customer loyalty. If so, it is important for companies to actively manage their customers' price perceptions because of the impact on the perception of value. Another question is about the formation of prices in the perception of the service. Answers to these questions can help clarify the measurement and management of price perception.

**Definition of Hospital.** The hospital is a unit that has an organization that is organized, where the prevention and cure of disease, improvement and restoration of the health of patients who performed a multi-discipline by various groups of professionals educated and trained to use the infrastructure and physical facilities, pharmaceuticals and medical devices, (Act No. 44 of 2009).

**Classification of hospitals,** there are two types of hospital based services, namely. Hospitals umum and specialty hospitals. Public hospitals are hospitals that provide health services to all areas and types of diseases. While understanding the specialized hospital is a hospital that gave the main services in

one area or one particular type of disease, based on specific scientific, age, organ, certain types of diseases.

Definition of Women's and Children's Hospital. Maternal and Child Hospital based on the classification of types of hospitals are specialty hospitals (special hospital) that carry only one kind of medical health care, namely in the field of health services for mothers and children. In the Mother and Child Hospital services and facilities are intended to be a mother and child feel safe and comfortable to be in the hospital. Well known that mothers who are pregnant or not as well as mothers who are experiencing illness about pregnancy certainly has a different character, so it needs special care for mothers in the health sector. It is almost similar to the character of a small child who could not be equated with the adults in common, resulting in the development of the current era, services and facilities for mothers and is expected to exist.

**Conceptual Model and Hypotheses.**

We propose a conceptual model that theorizes the relationships among consumer loyalty, service quality, customer satisfaction, and corporate image as shown in Figure 1. In what follows, we justify the postulated relationships in the model and formulate several hypotheses to test the model. The author will explain the relationship between the variable quality of service to the hospital's image, service quality variable to variable patient satisfaction and patient loyalty variable to variable hospital image, quality of care, patient satisfaction, perception of price. through the framework below. There is also this study will be restricted to the outpatient obstetricians and pediatrician.

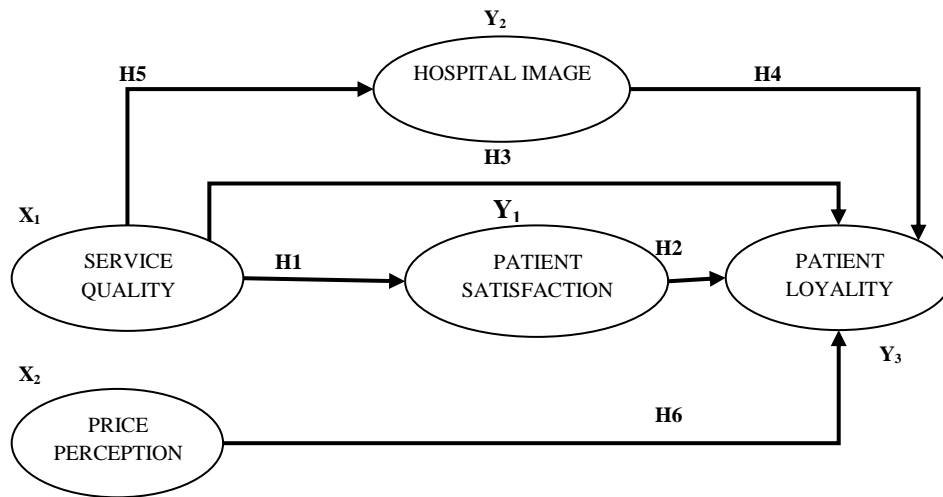


Figure 1. Theoretical framework.

**Service Quality and Patient Satisfaction**

The patient's experience is the basis for the creation of confidence and will affect the evaluation of patients in the consumption, use or the satisfaction of direct and indirect contact with the brand (Costabile, 2002), so that if the patient does not believe the service providers based on their experiences before then there will be a sense of dissatisfied (Chiou, *et.al.*, 2004). According to Parasuraman *et.al.* (1988), there are five key dimensions related to quality of service, ie, reliability,

responsiveness, assurance, empathy, and tangibles. Then the fifth dimensions are described in the attributes that total amount to 22 attributes. It is important for a hospital to find out how much the aspect of physical evidence most appropriate, that still gives a positive impression of the quality of services provided, but do not cause the patient's expectations are too high. Based on the description above, the hypotheses that can be formulated are.

**H1:** Service quality positive effect on patient satisfaction.

#### ***Patient Satisfaction and Patient Loyalty***

Basically, the patient's satisfaction and dissatisfaction on the product will affect the subsequent behavior patterns. If the patient is satisfied, then he will show the magnitude of the possibility to buy back the same product. Patients were satisfied also tend to provide a good reference for the product to others. Loyalty can be formed when the customer is satisfied with the brand or level of service received and intend to continue the relationship (Selnes, 1993). Kandampully *et.al.*, (2000) also stated that customer satisfaction is the formation of customer loyalty. Consumers who are satisfied to have a higher likelihood of repeat purchases (Zeithaml *et.al.*, 1996 in Torres-Moraga *et.al.*, 2008). Lim *et.al.*, (2006) mentions consumer satisfaction obtained after making a purchase will build a positive perception of the product which then would create consumer loyalty. In the study Cheng *et.al.*, (2008) also found a positive effect between customer satisfaction to customer loyalty. Based on the description above, the hypotheses that can be formulated are.

**H2:** Patient satisfaction positively impact on patient loyalty.

#### ***Service Quality and patient Loyalty***

Quality of service is an assessment of the reliability and overall service superiority (Zeithaml, 1988). Parasuraman *et.al.*, (1988) found a positive and significant relationship between service quality and the desire to recommend to others. Another important element of loyalty is the support for the product or service that is embodied in a person's communication positive experience. Zethamal, Berry, and Parasuraman, (1996) suggests that there is a positive relationship between service quality and customer loyalty. Based on the above hypothesis that can be formulated are.

**H3:** Service quality positive effect on patient loyalty.

#### ***Hospital Image and Patient Loyalty***

The company's image could be important information to signal both existing and potential buyers and may affect customer loyalty (eg. the desire to provide a positive oral). Aydin & Ozer, (2005) stated that the attitude is functionally related to repetitive behaviors, which predicts behavior. Consequently, the image of the company as an attitude should affect repetitive behaviors such as customer loyalty (Johnson *et.al.*, 2001). Nguyen and LeBlanc (2001) stated that the corporate image is positively associated with customer loyalty. From the description above, it can be a hypothesis as follows.

**H4:** The image of the hospital positive effect on patient loyalty.

#### ***Service Quality and Hospital Image***

Improved quality of service will be expected also to improve the image of a brand, because according to Selnes (1993), the image can be enhanced when patients receive high quality services and would decrease if patients get lower quality. The reputation of a brand is defined on a perception of quality associated with the brand. A brand will also affect the purchase of a product, since the purchase of products not only influenced by the service itself, but the image of the factors take effect. From the description above, it can be a hypothesis as follows.

**H5:** Service quality has positive influence on the image of the hospital.

#### ***Price Perception and Patient Loyalty***

Objective assessment of the price of creating the perception of consumer prices. Schiffman and Kanuk, (2000) in Wahyudi, (2005) indicate how consumers perceive prices, whether high or low, will have a strong influence on the intensity of purchases and customer satisfaction. In addition, the general marketing literature supports the idea that the factors affecting the price of the price perception of the customer, which in turn contributes to customer loyalty (Reichheld, 1996 in Chen *et.al.*, 2008). Ranaweera and Neely (2003) showed that the perception of the price has a direct effect linear relationship with customer loyalty. In the study Cheng *et.al.*, (2008) also found a positive effect between the perception of the price to customer loyalty. From the above description, it can be a hypothesis as follows.

**H6:** Perceptions prices had a positive impact on patient loyalty.

#### ***Research methodology***

This research target customers in the health care At Women And Children Hospital. researchers spread a questionnaire survey on the health service at Brawijya At Women And Children Hospital Jakarta. the number of questionnaires of 160 respondents.

#### ***Data Collection Procedure***

Implementation of Pre-test.

In the early stages of the study, researchers conducted a data collection for the purposes of pre-test conducted in the first week of August 2015 by distributing questionnaires to 30 respondents who are outpatient pediatrician and Obstetric Gynecology at At Women And Children Hospital, who have met the criteria respondents from research this. Researchers conducted a pre-test to determine whether the charging instructions, construct questions, and other important parts of the questionnaire is understandable and indeed accurately represent each variable tested. Pre-test is also used to reduce potential problems arising from the initial data collected with the help of the SPSS statistical software ver.22 to test the validity and reliability test, in which the results will be used to evaluate the research questionnaire to further spread back on the field.

Table 1 shows the consistency of test results pretest value. These results show the value of Cronbach's Alpha for each construct variable with reference values  $\geq 0.6$ . According Sekaran and Bougie (2010), Cronbach's Alpha value must more than 0.6 that otherwise reliable. Thus it can be seen construct a variable that is declared eligible and do not need to be removed. Furthermore Table 1 also shows the accuracy of the test results pretest to test the validity. According Maholtra (2007), the value of KMO, Anti-image matrices, and Component Matrix must be above 0.5 to be declared invalid. Thus it can be seen construct variable qualified in the research that will be used for further testing.

Table 1. Results of Test Validity and Reliability pretest.

Variable	Indicator	Validity			Reability		
		KMO	Anti Image Matrices	Component Matrix	Description	Cronbach's Alpha	Description
Servqual	SQ1	0.67	0.731	0.639	Valid	0.718	Reliable
	SQ2		0.635	0.593	Valid		
	SQ3		0.619	0.892	Valid		
	SQ4		0.69	0.794	Valid		
	SQ5		0.821	0.48	Not Valid		
	SQ6	0.674	0.718	0.85	Valid	0.862	Reliable
	SQ7		0.657	0.822	Valid		
	SQ8		0.643	0.813	Valid		
	SQ9		0.679	0.811	Valid		
	SQ10		0.73	0.68	Valid		
	SQ11	0.637	0.608	0.59	Valid	0.732	Reliable
	SQ12		0.59	0.9	Valid		
	SQ13		0.67	0.79	Valid		
	SQ14		0.71	0.839	Valid		
	SQ15	0.688	0.639	0.785	Valid	0.837	Reliable
	SQ16		0.683	0.814	Valid		
	SQ17		0.692	0.882	Valid		
	SQ18		0.774	0.527	Valid		
	SQ19	0.664	0.721	0.717	Valid	0.78	Reliable
	SQ20		0.655	0.861	Valid		
	SQ21		0.606	0.924	Valid		
	SQ22		0.863	0.556	Valid		
Price Perception	PP23	0.5	0.5	0.943	Valid	0.867	Reliable
	PP24		0.5	0.943	Valid		
Image	IMA 25	0.635	0.59	0.912	Valid	0.8	Reliable
	IMA 26		0.615	0.871	Valid		
	IMA 27		0.785	0.747	Valid		
Customer Satisfaction	CS 28	0.608	0.712	0.765	Valid	0.819	Reliable
	CS 29		0.6	0.87	Valid		
	CS 30		0.567	0.934	Valid		
Customer Loyalty	CL 31	0.635	0.59	0.912	Valid	0.8	Reliable
	CL 32		0.615	0.871	Valid		
	CL 33		0.785	0.747	Valid		

### ***Implementation Of The Survey.***

Researchers conducted a survey by distributing a questionnaire conducted in the second week of August 2015 until the middle of the third week of August 2015. Distribution of the questionnaire carried out directly (manually). The questionnaire distributed directly to the respondents who become patients Pediatrician and obstetricians outpatient at At Women And Children Hospital. Of the questionnaires were made and after passing the screening stage, the researchers managed to collect 160 questionnaires.

### ***Profile Of Respondents.***

In this study, which is covered in the profile of respondents were gender, age, formal education, employment, places visited, and the amount of the outpatient visits. Profile of respondents is adjusted with relevance to research undertaken.

Table 2. Profile of Respondents

<b>Gender</b>	<b>percentage</b>
Male	21%
Female	79%
<b>Age</b>	<b>Percentage</b>
<20	15%
21-30	43%
31-40	31%
>40	11%
<b>Education</b>	<b>Percentage</b>
Primary school	-
Secondary School	-
Hight School	-
Diploma	1%
Bachelor degree	81%
Magister	10%
Doctor	7%
<b>Working</b>	<b>Percentage</b>
Student	5%
Housewife	14%
Employees	50%
government employees	9%
Army	
Police	
professional	22%
<b>Outpatient</b>	<b>Percentage</b>
Obsgyn	41%
Pediatrician	59%
<b>Frequency</b>	<b>Percentage</b>
>1	28%
>3	72%

***Statistical Analysis Descriptive Questionnaire.***

The questionnaire of this study consisted of 33 item question with a question that is removed in the process of the validity of the pre-test to 32 of the questions, which point one to point 21 is a question related to the variable quality of service, is the first exogenous variable, while question number 22- 23 perception of price as exogenous to two. From 21 to the questions the quality of service is divided into five dimensions, where the dimensions of Reliability is represented by question number 1-4, the dimension Responsiveness is represented by the numbers 6-7, the dimension Assurance /Warranty represented by question number 8-11, dimensions Emphathy is represented by question number and dimensions 12-16 Tangible /Physical Evidence is represented by question number 17-21 and of the price perception variable is represented by question number 22-23.

To answer the first respondent exogenous variables such as Quality of Service on the dimensions of Reliability suggests that the questions related to the number 1 Provides indicator promised service had an average of the highest



response (3.01). For the dimension Responsiveness, question number 8 related indicators of readiness to respond to the demand of patients had an average of the highest response (2.97). In the dimension Assurance / Warranty, the average response generated the highest number of 10 questions related to making the patient feel safe in their transactions (3.11). In the dimension Empathy, question number 17 (3.51) which is associated with indicators of good service hour availability is a question with an answer that has the highest average. Question number 18 (4.06) associated with modern equipment has become a question with an average of the highest response in the dimension Tangibles / Physical Evidence. In the exogenous variables to two of the numbers represented Price Perception 22-23 questions, the questions number 22 (3.89) had the largest average response to the indicator price reasonableness.

For endogenous variables Hospitals Image represented by question number 24-26, which had an average which is highest answer to the question number 24 (3.26) which is associated with indicators of good impression. On the other endogenous variables are represented by the Patient Satisfaction question where the numbers 27-29 have on average the highest answer is question number 29 (3.52) associated with overall satisfaction. For the last endogenous variable that is Loyalty Patients with the questions 30-32, on average, most of the questions contained in the 32 (3.09) on the indicator recommendation to the others

#### ***Confirmatory Factor Analysis (CFA).***

Measurement model model the relationship between latent variables with the variables observed. The relationship is reflective, in which the variables observed a reflection of latent variables are related. Determination of observed variables that reflect a latent variable based on the substance of the relevant studies. Then the measurement model trying to confirm whether the observed variables is indeed a reflection of a latent variable. CFA measurement results can be seen from the results of the calculations below.

#### ***Validity Analysis Of Measurement Model.***

In the analysis of the validity of the measurement model, researchers used a ver.8.7lisrel software to help calculate the t-value and standardized loading factor for each of the following latent variables.

##### **1. Latent Variable Quality of Service (SERV).**

In the latent variables there are five dimensions of service quality that is REAL, RESS, ASS, EMP, and TAN. The value of the indicators in each dimension in averaged to obtain the average value of each dimension.

###### ***a. Check out the t-value***

Lisrel of output results, -t value of REAL = 12.16, RESS = 16.41, ASS = 12.27, EMP = 17.68, TAN = 10.12. -t Value generated is greater than 1.96 means REAL parameters, RESS, ASS, EMP, and TAN valid and statistically significant.

###### ***b. Check the value of standardized loading factor***

Lisrel of output results, standardized loading factor of REAL = 0.81, RESS = 0.81, ASS = 0.82, EMP = 1.04, TAN = 1.09. The value of standardized loading factor of the fifth dimension has a value greater than 0.50. This means

that all the observed variables valid and statistically significant so that there is no observable variables that need to be eliminated.

## 2. Perception latent variable price (PRICE).

In the latent variable price perception are two indicators or unobserved variables, namely pp22 and PP23.

### a. Check out the *t*-value.

From the results lisrel output, value-*t* of PP22 = 15.38, PP23 = 17.17. -*t* Value generated is greater than 1.96 means PP22 parameter, PP23 valid and statistically significant.

### b. Check the value of standardized loading factor.

Lisrel of output results, standardized loading factor of pp22 = 0.93, PP23 = 0.99. The value of standardized loading factor of the second indicator has a value greater than 0.50. This means that all the observed variables valid and statistically significant so that there is no observable variables that need to be eliminated.

## 3. Variable latent brand image (IMAGE).

In the hospital image variables are three indicators were observed, namely IMA24, IMA25, and IMA26.

### a. Check out the *t*-value.

From the results lisrel output, value-*t* of IMA24 = 13.96, IMA25 = 15.44, IMA26 = 15.60. *t*-value generated IMA24, IMA25, IMA26 greater than 1.96 means valid and statistically significant.

### b. Check the value of standardized loading factor.

Lisrel of output results, standardized loading factor of IMA24 = 0.88, IMA25 = 0.94, IMA26 = 0.94. The value of standardized loading factor of three indicators have a value greater than 0.50. This means that all the observed variables valid and statistically significant so that there is no observable variables that need to be eliminated.

## 4. Patient Satisfaction latent variables (SATIF).

on this there are three indicator variables were observed, namely. CS27, CS28, CS29.

### a. Check out the *t*-value.

From the results lisrel output, value-*t* of CS27 = 16.58, CS28 = 16.33, CS29 = 14.86. -*t* Value generated is greater than 1.96 means parameter CS27, CS28, CS29 valid and statistically significant.

### b. Check the value of standardized loading factor.

Lisrel of output results, standardized loading factor of CS27 = 0.96, CS28 = 0.96, CS29 = 0.91. The value of standardized loading factor of three indicators have a value greater than 0.50. This means that all the observed variables valid and statistically significant so that there is no observable variables that need to be eliminated.

## 5. Patient Loyalty latent variables (*LOYALTY*).

At this variable there are three parameters assessed are. CL30, CL31 and CL32.

### *a. Check out the t-value.*

From the results lisrel output, value-t of CL30 = 14.28, CL31 = 13.82, CL32 = 14.30. -t Value generated is greater than 1.96 means parameter CL30, CL31, CL32 valid and statistically significant.

### *b. Check the value of standardized loading factor.*

Lisrel of output results, standardized loading factor of CL30 = 0.90, CL31 = 0.88, CL32 = 0.90. The value of standardized loading factor of three indicators have a value greater than 0.50. This means that all the observed variables valid and statistically significant so that there is no observable variables that need to be eliminated.

## ***Second Order Confirmatory Factor Analysis (CFA 2nd).***

After the first phase produces CFA models with good validity and reliability, the second phase was implemented. Second Order CFA (2nd CFA) shows the relationship between latent variables at the first level as indicators of a latent variable second level. In this second phase, the researchers added to the original structural model of CFA model of the first result to produce hybrid models. Furthermore, the hybrid models will be analyzed and evaluated the overall suitability of the model by using Goodness of Fit (GOF). Having ascertained that the suitability of the model fit (good). Finally, testing the suitability of the structural model that will test the research hypothesis by evaluating the value of the t-value in the structural models is  $\geq 1.96$  (95% confidence level).

### ***Goodness of Fit.***

Having passed the test validity and reliability with CFA models, the next step is to analyze the fit of the data to the model as a whole or in lisrel called Goodness of Fit (GOF). This test will evaluate whether the resulting model is a model fit or not. Of printed output produced estimates CFA 2nd measurement at lisrel program, overall suitability analysis model can be seen from the statistics as follows .

- The value of  $p = 0.00$  and the value of Chi-square = 291.07 p-value indicates a match poorly (poor fit) for p-values  $\geq 0.05$  shows the model fit. While the value of chi-square showed a fairly good match (marginal fit) because the value of the smaller the better.
- 0.12 RMSEA value, which means showing a pretty good match rate (marginal fit). A model is said to have a close fit if RMSEA values  $\leq 0.05$ , while the RMSEA  $\leq 0.08$  is a good fit.
- Value CMIN / DF 3.42, which means showing a pretty good match rate (marginal fit). Shows a comparison between the value of chi-square and degree of freedom in which the value of degree of freedom is worth 85. A model can be said to be a good fit if the value CMIN / DF her  $\leq 3.00$ .
- Value index ECVI 2.47, ECVI for saturated models of 1.71 and 43.93 ECVI for independence models. ECVI index value closer to the value ECVI for saturated models compared with the value ECVI for independence model shows a good level of compatibility (good fit). It can be concluded that the model used by researchers to have a good match rate (good fit) because the value is closer to

the model ECVI ECVI for saturated models than ECVI for independence models.

- AIC Value 393.07 models, AIC for saturated models 272, AIC for independence model of 6984.83. It can be seen that the value of AIC models have a value closer to the AIC for saturated models compared to AIC for independence models. This means that the level of model fit (good fit).
- The value of the model CAIC 600.90, 826.22 CAIC for saturated models, CAIC for independence model of 7050.03. CAIC can see that the models have a value closer to CAIC for saturated models compared to CAIC for independence models. This means that the level of model fit (good fit).
- Value normed Fit Index (NFI) = 0.95. NFI values ranged from 0-1 with higher scores are better.  $NFI \geq 0.90$  is a good fit, while  $NFI \leq 0.80 < 0.90$  was marginal fit. Then match this research model is a good fit.
- Value of Non-normed Fit Index (NNFI) = 0.95. NNFI values ranged from 0-1 with higher scores are better.  $NNFI \geq 0.90$  is a good fit, while  $NNFI \leq 0.80 < 0.90$  was marginal fit. Then match this research model is a good fit.
- The Comparative Fit Index (CFI) = 0.96. CFI values ranged from 0-1 with higher scores are better.  $CFI \geq 0.90$  is a good fit, while the  $CFI \leq 0.80 < 0.90$  was marginal fit. Then match this research model is a good fit.
- Value Incremental Fit Index (IFI) = 0.96. IFI values ranged from 0-1 with higher scores are better.  $IFI \geq 0.90$  is a good fit, while the  $IFI \leq 0.80 < 0.90$  was marginal fit. Then match this research model is a good fit.
- Fit Relative Value Index (RFI) = 0.93. RFI values ranged from 0-1 with higher scores are better.  $RFI \geq 0.90$  is a good fit, while the  $RFI \leq 0.80 < 0.90$  was marginal fit. Then match this research model is a good fit.
- Value RMR = 0.15, where the value of  $RMR \leq 0.05$  is a value that indicates a good match. This means that the model has a less good match (marginal fit).
- Value Goodness Fit Index (GFI) = 0.81. GFI values ranged from 0-1 with higher scores are better.  $GFI \geq 0.90$  is a good fit, whereas  $GFI \leq 0.80 < 0.90$  was marginal fit. So this research model fit was marginal fit.

### ***Structural Model Test Matches.***

After the researchers to test the suitability of overall model, the next step is to test the hypothesis of research on structural models. Model testing was conducted to determine how the relationship between the variables of service quality, perceived price of the loyalty of patients mediated by variable patient satisfaction and the image of the hospital. With this test will be known whether the hypothesis of the research model is accepted or rejected.

Hypothesis test results visible on the printed output syntax process results in an equation processed researchers and also contained in the path diagram. At a significant relationship t-value must be greater than t-table. A significant relationship will be marked with a t-value black in the path diagram with values  $\geq 1.96$ . Whereas no significant association was marked with a red t-value in the path diagram with values below 1.96. SEM diagram shown in Figure 2 gives an overview of the relationship between the variable quality of service to the hospital's image, service quality variable to variable patient satisfaction and patient loyalty variable to variable hospital image, quality of care, patient

satisfaction, perception of price. Here below is the path diagram of the results of hypothesis testing models.

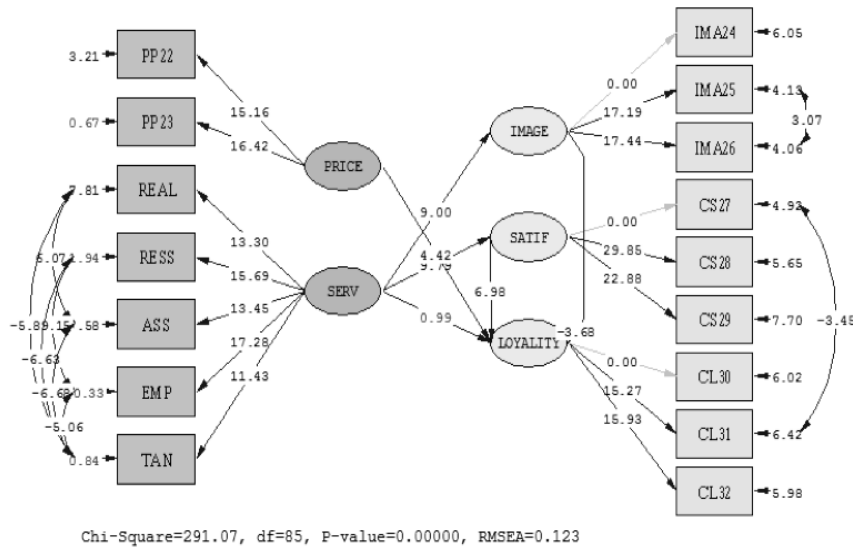


Figure 2. SEM-Structural Model (t-value)

**1.Value-t (t-value) Structural Equation**

Based on the value of the t-structural and structural equation models, can be identified that some of the tracks or relationships has a significant influence because it has the  $t\text{-value} \geq 1.96$ . As for the relationship between the variables studied are summarized in Table 3 below.

Table 3. -t Value on Structural Model

No	Path	t-value	Conclusion
1	Service quality→Patient satisfaction	9.79	Signifikan
2	Patient satisfaction→Patient loyalty	6.98	Signifikan
3	Service quality→Patient loyalty	0.99	Insignifikan
4	Brand image→Patient loyalty	-3.68	Negativesignifikan
5	Service quality→Brand image	9.00	Signifikan

6	Price perception → Pateien Loyalty	4.42	Signifikan
---	------------------------------------	------	------------

## 2. The Coefficient Of Determination (R<sup>2</sup>).

According Joreskog (1999) in Wijanto (2008), the coefficient of determination in structural equation does not have a clear interpretation and to interpret R<sup>2</sup> as the regression equation we have to take it from reduced-form equations. Based on the reduced-form equation lisrel output R<sup>2</sup> value for each equation with the following analysis.

- a. Impact of service quality, price perception of the image of the hospital has a 0.46 R<sup>2</sup>. It shows that 46% variance from the image of the hospital could be explained by the quality of service and price perception, while the other 54% of variance explained by other factors.
- b. Impact of service quality, price perception of the patient satisfaction has R<sup>2</sup> of 0.47. This shows that 47% variance of patient satisfaction can be explained by the quality of waiters and price perception, while the other 47% of variance explained by other factors.
- c. Impact of service quality, perceived price of the loyalty of patients had R<sup>2</sup> of 0.32. This shows that 32% variance of patient loyalty can be explained by the quality of service and price perception, while 68% other variance explained by other factors.

### *Managerial Implementation.*

Based on the results above, the authors see the need to increase the interrelated factors in the study are factors of service quality, perception factor prices, factor hospital image and the factors of patient satisfaction towards patient loyalty. The following will be described implimentation managerial each factor that has been in study by researchers.

#### *1. Quality of Service to Patient Satisfaction.*

This is according to the author analyzes on the data processed in At Women And Children Hospital study because patients feel the satisfaction gained from At Women And Children Hospital service quality by implementing its five indicators, namely reliability, responsiveness, assurance, empathy, and tangibles. This means that if the patient's perception of the quality of service increases, will increase patient satisfaction, and vice versa if the consumer perception of the quality of service decreases it will lower patient satisfaction. The author will explain more about relation quality of care and patient satisfaction in the theory of prime service quality below.

Excellent service is usually closely linked to the business services performed in an attempt to provide a sense of satisfaction and foster confidence in the customers, so that customers feel themselves overlooked or considered properly. The importance of excellent service to the customer is also a strategy to be winner competition. But not enough to give a sense of satisfaction and attention to customers, more than it is how to respond to the desires of

customers, so as to generate a positive impression on the customer. Excellent service supported by the quality of human resources that are reliable, have vision far ahead and can develop strategies and tips that have the advantage excellent service. In addition, continuous efforts should be made to improve care workers in order to foster dedication and provide the best service to customers to remain loyal to use our products and services, without having had time to glance or use another product.

How important excellent service to customers because of excellent service success can also cause things as follows. excellent service may lead to the decision of the customer to immediately purchase products that we offer at that time, excellent service can foster customers' confidence in our products, excellent service is expected to retain customers in order to remain loyal (faithful) using our products, excellent service expected to encourage customers to come back again to buy our products, and excellent service can prevent the occurrence of claims against the seller.

## *2. Patient Satisfaction to Patient Loyalty.*

From the analysis of researchers in At Women And Children Hospital Jakarta, researchers see there is a positive correlation between patient satisfaction with patient loyalty, it needs to be retained even increase for hospitals, the authors see At Women And Children Hospital Jakarta has succeeded in making good quality services and rays after using dimensional reliability, responsiveness, assurance, empathy and tangible evidence in implementing hospital business services industry, which makes patient be satisfied and generating patient loyalty.

Customer satisfaction can be measured using several methods as follows (Tjiptono, 1997).

a) Complaints and Suggestions System in which every organization oriented to the customer (customer-oriented) should provide ample opportunity to its customers to submit suggestions, opinions, and their complaints. The media used can include suggestion boxes, comment cards, toll free dedicated phone lines, etc., b) Ghost Shopping which employs several people (ghost shopper) to act or behave as a consumer / potential buyers of the company's products and competitors. Then they report the findings of the strengths and weaknesses of the company and competitor's products based on experience in the purchase of these products. c) Lost Customer Analysis is contacting customers who have stopped buying or who has moved the supplier to understand why it happens and so can take a policy improvement / refinement next. d) Customer Satisfaction Survey is carried out research on customer satisfaction surveys by mail, telephone, or personal interview. Through a survey the company will obtain responses and feedback (feedback) directly from customers and also give a sign (signal) is positive that the company pay attention to its customers.

Griffin (1995) states that the benefits that would be obtained by the company if it has a loyal customer for goods and services, among others. Reduce marketing costs (due to the cost of attracting new customers is more expensive), Reducing transaction costs such as the cost of negotiating contracts, processing, orders and others, reduce the cost of turnover consumers as substitute consumers less, increase cross-selling that will increase market share, Word of mouth is more positive, with the assumption that a loyal customer also means they are

satisfied, and reduce the cost of failure such as replacement costs. With established a loyal patient then At Women And Children Hospital Jakarta also benefited greatly from the health services industry in terms of financial outlay.

### 3. *Service Quality to Patient Loyalty.*

In the research data created by the researcher, the quality of service quality greatly affect the image of the hospital, the perception of the price, and patient satisfaction. But the quality of service has no effect or a negative worth of the patient loyalty. Here the researchers assume that to achieve the loyalty of patients in At Women And Children Hospital Jakarta not fully rely on the quality of service alone but need to incorporate other factors that synergize. Below the author will quote a prime service quality theory, because the excellent service is highly correlated with the quality of service.

#### **A. Definition.**

- *Service.* Etymologically, Dictionary of Indonesian (Dahlan, 2004.) Said the service is "business serving the needs of others". Service is basically the activities offered to consumers or customers served, that is intangible and can not be owned. In line with this, Norman stating the characteristics of service as follows. *a.* Services are intangible, services are very opposite in nature with the finished goods, *b.* Service in fact consists of real action and an effect that is social action. Production and consumption activities in the service can not be separated significantly, as generally occurs in the same time and place. These characteristics can be the basis of the best Service Quality.

Understanding the broader delivered Daviddow and Uttal (Sutopo and Suryanto, 2003) that the service is any effort that enhances customer satisfaction. Public services are set forth in Decree Menpan No. 63 of 2003 is "all the service activities undertaken by public service providers as an effort to fulfill the needs of service recipients and the implementation of the provisions of the legislation." In line with the draft Law on Public Service (the Republic of Indonesia, 2007) interpret that "public service is an activity or series of activities in order to meet basic needs in accordance with the civil rights of all citizens and residents on goods, services, or administrative services provided by public service providers.

There are three functions of public services (public) by the government, namely environmental services, development services and protective services. Services by the government is also distinguished by who enjoy or receive the service impact both individuals and groups. The concept of service goods basically consists of goods private services (private goods) and goods collective services (public goods).

#### • *Excellent Service*

Excellent service is the translation of the term "excellent service" which literally means the best or very good service. So-called good or best because in accordance with the applicable standard of care or institutions owned service providers. The nature of public service is providing excellent service to the community which embodies the obligation of the government apparatus as a public servant. Agenda behavior of public sector services (SESPANAS LAN in



Nurhasyim, 2004) states that excellent service is. a. Best of government services to customers or service users, b. excellent service when there is no standard of care, c. excellent service when exceeding the standard or the same as the standard. While there is no standard that the best service can be provided services closer to what is considered standard of care and service are performed optimally, and. the customer is the public in the broadest sense; internal and external communities.

Along with that excellent service is also expected to motivate other service providers perform their duties competently and diligently. "Excellent Service in the Civil Service Refers to service discharged by a civil servant that exceeds the requirements of normal responsibilities for the post in terms of quality or output. The service is exemplary and motivates other Civil Servants to discharge Diligently and Reviews their duties competently. The public service can be interpreted to process the public service / customer, either in the form of goods or services through the stages, procedures, requirements, time and financing is done in a transparent manner to achieve satisfaction as the vision that has been established within the organization. Excellent Service as demand services that satisfy customers / community requires the requirement that any service provider that has the quality of professional competence, thus the quality of professional competence to be something important and reasonable aspect in every transaction.

- *Service Standards.*

The standard of service is a measure that has been determined as a standardization of good service. Contains service standards of service quality standards. Definition of quality according to Goetsch and Davis (Sutopo and Suryanto) is a dynamic condition related to products, services, people, processes and environments that meet or exceed the expectations of those who want it. In the theory of public services, excellent service can be realized if there is a minimum service standards (SPM). SPM is a benchmark used as a reference guide service delivery and service quality assessment as a commitment or a promise from state officials to the community to provide a quality service.

In the draft Law on Public Service (Republic of Indonesia) service standard is at least least contains. a legal basis, requirements, procedures, time of completion, cost of service, product services, facilities and infrastructure, the competence of personnel service providers, internal control, complaint handling, suggestions and input and service guarantee. If an agency not have a standard of service, the service is called prime if it is able to satisfy the customer or according to customer expectations. Agencies that do not have service standards need to develop service standards based on the duties and functions that level of service can be measured. This community satisfaction is one measure of quality or absence of public services provided by government bureaucracy. SPM relied on this, it should be given public service (excellent service) by government bureaucracy is characterized as defined in the strategic policy through the Minister of Administrative Reform (PAN) No. 63 / Kep / M.PAN / 7/2003 on general guidelines implementation Services Public which includes simplicity, clarity, certainty Time, Accuracy, Security, Responsibility, completeness Infrastructures, Ease of Access, discipline, decorum and Hospitality and Leisure.

This is the portrait of a public service of the desire of every citizen Indonesia after the advent of the 1998 reform movement.

- *Goods Services.*

Service goods can be divided into four groups (Savas in Sutopo and Suryanto, 2003). *a.* Goods used to meet the individual needs of a personal nature. Private goods (Private goods) there is no concept of the provision, the law of supply and demand is highly dependent on the market, manufacturers will produce according to the needs of society and are open. The provision of goods services are private goods can follow the laws of the market, but if the market fails, and for the welfare of the public, the government can intervene, *b.* Goods are used together to pay for the use (toll goods). The provision of toll goods can follow the rules of the market where the manufacturer will provide the demand for these goods. Stuff like this is almost the same as private goods. The supply of goods in several countries conducted by the state so that the private goods that are consumed together, *c.* used together (Collective goods). Provision can not be done through market mechanisms. This item is used continuously, together and difficult to quantify the level of usage for each individual so that provision is made collectively by paying taxes, *d.* goods are used and owned by the general (Common pool goods). Provision and arrangement of goods is done by the government because users are not willing to pay for its use.

The fourth type of items above in fact difficult to distinguish because each item is not purely belong to the characteristics of the type of goods explicitly. That are pure public goods (pure public goods) usually have three characteristics (Olson and Rachbini in Sutopo and Suryanto, 2003). *a.* its use is not mediated by competing transactions (non-rivalry) as ordinary economic goods, *b.* can not be applied the principle of exclusion (non-excludability), *c.* individuals who enjoy these goods can not be divided, which means used individually (indisible).

- *Process Services.*

Care is a process. The process produces a product in the form of service is then given to the customer. Services can be divided into three groups (Gonroos in Sutopo and Suryanto, 2003). *a.* core service. Core service is the service provided to the customer as its main product. For example to include the provision of hotel rooms. Companies can have multiple core service, for example, the airline offers flights within the country and abroad, *b.* facilitating service. Facilitating service is an additional service facilities to customers. For example the service "check in" in flight. Facilitating service is an additional service that is required. *c.* Supporting service. Supporting services are additional services to increase the value of the service or services differentiate by competitors. For example, a restaurant in a hotel.

- *Promise service* (service offering) is a process that is the interaction between the buyer (customer) and a seller (the service provider). It covers a variety of forms. Services need to be offered to be known and attract the attention of customers. Services offered a "promise" of a service provider to the customer that must be known so that the customer is satisfied.

## **B. Objectives and Benefits.**

The goal is to provide the excellent service that can meet and satisfy customers or the public as well as providing focused services to customers. Excellent service in the public sector is based on the axiom that "the service is empowerment". Services in the business sector is profit-oriented, while the excellent service in the public sector aimed at meeting the needs of the community as excellent or best.

Improvement of public sector services is an urgent need as the key to the success of public administration reform. Excellent service aims to empower people, not deceptive or burden, thereby increasing the confidence of the government. Trust is capital for collaboration and community participation in development programs.

Excellent service would be beneficial for improving the quality of government services to the public as a customer and as a reference for drafting the development of service standards. Service providers, customers or stakeholders in service activities will have a reference about the form, reason, time, place and service process should be.

#### *4.BrandImage to Patient Loyalty.*

In the research data the authors at Women and children hospital in Jakarta, the authors considered that the brand image Women and children hospital in Jakarta failed to provide a real contribution to the loyalty of patients, it should be Women and children hospital immediately correct, because it makes the brand image is not easy and when it has a strong brand image will be make the patient believe in the hospital, and tend to be a loyal customer. In a study in Women and children hospital in getting that value of the t-value -3.68 (significant negative), it requires special attention because when the hospital's brand image reinforced the loyalty will decrease. Researchers try to find out more about this by asking some respondents again randomly in the waiting room outpatient poly obstetrics, of 15 people in ask verbally about the reason they go to Women and children hospital and how the patient's perspective on the brand image of Women and children hospital, in getting answers to brand image Women and children hospital already embedded in their minds as a brand is expensive place rich people seek treatment, and there were some of them do the ANC in Women and children hospital but gave birth in other places because they come to Women and children to meet doctor not the hospital.

Women and children hospital in Jakarta must immediately improve its brand image into a positive brand image in the minds of the patients do not get the image of the doctor Women and children hospital in Jakarta to be stronger than the brand image of the hospital, because of the weaker its brand image resulting in difficulty Women and children hospital in competing in the health services quality industrie and easily physicians may bring patients from Women and children hospitalJakarta to another hospital treatment more competitive price. This is an internal weight management employment Women and children hospital so that in the future their brand image into a positive value so as to realize the patient loyalty.

The brand image can also assist the Hospital in the face of a crisis or problem. Customers who have a positive image of the Hospital will indirectly provide support to the Hospital. However, the image formed on each consumer

can be different because it is influenced by perception, cognition (life experiences, beliefs), motivation, attitude to the result of interaction between consumers. According Sutojo (Sutojo, 2004) is the image of the brand or the reproduction of a person's identity, body or organization. For the company's image can also be interpreted as the public perception of the company based on what they know or they think about the company concerned. If the brand image Women and children hospital already strong and established loyalty loyalty is by itself also supports the strength of the brand image of the hospital, as with patients who are very loyal to the hospital then the image will also continue to increase. This is one of the factors that must be maintained by the Women and children hospital in Jakarta.

#### *5. Brand Image to Service Quality.*

From the research data writer, that writer saw there is a positive correlation between the quality of service with the formation of the image of At Women And Children Hospital Jakarta. A powerful, it is also influenced by other factors such as perceptions of price and patient satisfaction in terms of health services hospital At Women And Children Hospital Jakarta, These matter needs to be retained and in increase. Below the author will quote from several theories as follows.

Improved quality of service will be expected also to improve the image of a brand, because according to Selnes (1993), the image can be enhanced when patients receive high-quality services and would decrease if patients get lower quality. The reputation of a brand is defined on a perception of quality associated with the brand. A brand will also affect the purchase of a product, since the purchase of products not only influenced by the service itself, but the image of the factors take effect.

Patients who are not satisfied with the product or service received (by comparing the qualities expected based on information received prior to purchase), will make a response in the form of complaints or suggestions for improvement via verbal (telephone, visits) and written (form distributed, letters, etc.). Important for hospitals is to facilitate the complaint process and the proposal to him and can immediately be followed up. Morgan and Hunt (1994) indicates that the communication between customer and company representation accelerate the formation of customer satisfaction by meeting expectations and reality. Increased interest in marketing communications will be demonstrated by its ability to distinguish the new approach of the traditional approach. Each approach emphasizes the two-way communication by listening to the patient and establish interactive relationships (Duncan and Moriarty, 1998).

#### *6. Perceived Price on Loyalty Patients.*

On the results of the study authors about the price factor offered at At Women And Children Hospital Jakarta, that the price factor is positive to the loyalty which states that the price factor in At Women And Children Hospital Jakarta is still considered to be reasonable and competitive against service quality and facilities offered by the hospital to customer namely patients, by Therefore, the price factor must always be evaluated and maintain the accuracy of the data in order to

be a support in obtaining patient loyalty. The author will cite some of the theories that support the perception of the price of the hospital.

Besides the good service quality, perception of prices also played a role in attracting consumers. According to Wahyuni (2008) a person's perception of a product or service may be different, this is caused by the process of selection of the various existing stimulus. According to the Putra and Darmastuti (2013), the price is an amount of money (plus a few products that may be) required to obtain a combination of products and services. In essence the perception of price is one factor that makes a person to make decisions for the reuse of a service and become loyal. One way to know is to analyze consumer behavior consumer perceptions of price. With the perception of consumers feel the price they pay according to the results they receive will have a positive impact for hospitals that allow for the loyal consumers use the services of the hospital.

### REFERENCES.

Act No.44 of Hospital Definition, 2009.

Aydin, S. dan Ozer, G. (2005), "The analysis of antecedents of customer loyalty in the Turkish mobile telecommunication market", *European Journal of Marketing*.

Bloemer, J., Ruyter, K. and Wetzels, M. 1998. *On the Relationship Between Perceived Service Quality, Loyalty, and Switching Costs*. *International Journal of Industry Management*, Vol. 107, No. 5, pp. 238-246.

Chiou, J. S. (2004). The antecedents of customers' loyalty toward Internet service providers. *Information and Management*, 41(6), 685-695.

Cheng, T.C.E., Lai, L.C.F., Yeung, A.C.L., 2008. *The Driving Forces of Customer Loyalty. A Study of Internet Service Providers in Hong Kong*. *International Journal of E-Business Research*, Vol. 4, No. 4, pp. 26-42.

Costabile, M., Raimondo, M.A. & Miceli, G. 2002. *A Dynamic Model of Customer Loyalty*. *Proceedings of the 31st Annual Conference of the European Marketing Academy*, 28-31 May, Braga.

Dahlan, M.S. (2004), *For Medical and Health Statistik*, Arkans, Jakarta. 65-87

Duncan, Tom & Moriarty, Sandra E (1998), "A communication – Based Marketing Model for Managing relationships," *Journal of Marketing*, 62 (April), 1-13.

Fandy Tjiptono, 2005. *Marketing Services*, Malang. Bayumedia Publishing.

Grewal, D., Monroe, K.B. and Krishnan, R. (1998), "The Effects of Price-Comparison Advertising on Buyers' Perceptions of Acquisition Value, Transaction Value, and Behavioral Intentions", *Journal of Marketing*, Vol. 62, pp. 46-59.

- Griffin, Jill (1995). *Customer Loyalty. How to Earn it, How to Keep it*. Lexington Books; Singapore.
- Indrayaniammy, 2004. *Brand Loyalty as a Basic for Pricing Strategy*. *Economic and Business Journals* NO. 3, Volume 9.
- Johnson, M.D., Gustafsson, A., Andreassen, T.W., Lervik, L. Dan Cha, J. (2001), "The evolution and future of national customer satisfaction index models", *Journal of Economic Psychology*.
- Kandampully, J., & Suhartanto, D. (2000). Customer loyalty in the hotel industry. The role of customer satisfaction and image. *International Journal of Contemporary Hospitality Management*, 12(6), 346-351.
- Kotler, Philip, and Susanto, A.B, 2001. *Marketing Management in Indonesia, Planing Analysis, Implementation and Controlling*, First Edition, Volume 1, Salemba Empat Publisher, Jakarta.
- Kotler, Philip., dan Gary Armstrong., 2004, *Basic Marketing*, 9 ed, Volume 1.
- Malhotra, N. K. (2007). *Marketing Research An Applied Orientation*. 5th Edition. New Jersey . Pearson Education.
- Minister of Administrative Reform (PAN) No. 63 / Kep / M.PAN / 7/2003
- Morgan, R. and Hunt, S. 1994. *The Commitment-Trust Theory of The Relationship Marketing*. *Journal of Marketing Research*, Vol. 58, July, pp. 20-38.
- Nguyen, N., & LeBlanc, G. 2001. "Corporate Image and Corporate Reputation in Customers Retention Decisions in Services". *Journal of Retailing and Consumer Services*, 8(4), 227-236.
- Nurhasyim. 2004. *Pengembangan Model Pelayanan Haji Departemen Agama Berdasarkan Prinsip Reinventing Government Yang Berorientasi Pada Pelanggan di Kabupaten Gresik*. Tesis. Surabaya. Program Pasca Sarjana Universitas Airlangga
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implication for future research. *Journal of Marketing*, 49(2), 41-50.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL. A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12-40.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1994). Reassessment of expectations as a comparison standard in measuring service quality. Implications for further research. *Journal of Marketing*, 58(1), 111-124.

- Putra, Samuel and the ISMI Darmastuti. 2013. Effect of Location Analysis, Perception Price And Quality of Service on Customer Loyalty Sari Store Kaligawe, Semarang (Studies in Sari Store Kaligawe, Semarang). Journal of Management, University of Diponegoro. Semarang. Not For Posted
- Ranaweera, C., & Neely, A., 2003. *Some Moderating Effects on The Service Quality-Customer Retention Link*. *International Journal of Operations and Production Management*, 23(2), 230-248.
- Regulation of Health Minister No.56, 2014, Classification and Licensing of Hospital.
- Reichheld, F. (1996). *The loyalty effect*. Boston. Harvard Business School Press.
- Reichheld, F. (2001). Lead for loyalty. *Harvard Business Review*, 79(7), 76-84.
- Selnes, F. (1993). An examination of the effect of product performance on brand reputation, satisfaction and loyalty. *European Journal of Marketing*, 27(9), 19-35.
- Sutopo and Suryanto, Adi. 2003. *Pelayanan Prima*. Jakarta. Lembaga Administrasi Negara Republik Indonesia.
- Tjiptono, F. 1997; *Brand Manajement Strategi*, Jakarta
- Tjiptono, F. 2001. *Manajemen Jasa*. Yogyakarta. Andi Offset.
- Voss, G., Parasuraman, A., & Grewal, D. (1998). The role of price and quality perceptions in prepurchase and postpurchase evaluation of services. *Journal of Marketing*, 62(4), 46-61.
- Wahyudi, Lilik. 2005. *Marketing Mix in Price-Effect Model*. *Manajerial Focus* 3(2). 102-119.
- Wahyuni S, Maggy TS and Bambang PP. 2008. Screening of the chitinase Producing Bacteria Waste Characterization Shrimp and chitinase enzymes for Production and Application Chitin Oligomer as Immunostimulants and Anti Cancer. Research Reports Intensive Basic Research Program. Haluoleo University Research Institute. Kendari.
- Zeithaml, V., Berry, L. L., & Parasuraman, A. (1996). The behavioral consequences of service quality. *Journal of Marketing*, 60(2), 31-46.