

Quality of Health Care Services of National Health Insurance (JKN) Program in East Java: The Impact on Patient Satisfaction and Loyalty

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ABSTRACT

General Hospitals as one of the health care service providers to participants of the National Health Insurance (JKN) Program or Healthy Indonesia Card (KIS) Program have a very strategic role in accelerating the improvement of public health status. Its role gets strenuous due to the implications of service liberalization in the globalization era. Hospitals providing health care services to JKN-KIS participants should be able to meet the community needs in response to those changes by improving the quality of their health care services, so much that those JKN-KIS users will feel satisfied and become loyal. This paper sought to determine and analyze factors affecting the quality of health care services of JKN-KIS participants and their effects on patient satisfaction and loyalty. By employing ex-post facto design, associative explanatory level based causal variables relationship, and quantitative approach, all patients of JKN-KIS participants at main referral hospitals in East Java were taken as the population. The sample amounted to 218 respondents taken through accidental sampling. Data were analyzed by path analysis test. The results of hypothesis testing revealed a significant direct influence between the quality of health care services and patient satisfaction. While patient satisfaction had a significant effect on patient loyalty, the quality of health care services did not directly affect patient loyalty. The results of hypothesis testing on indirect effect also found a strong impact on the quality of health care to patient loyalty due to patient satisfaction. Social Security Agency of Health (BPJS-Kesehatan) as the operator of JKN-KIS program administers the health care service program through mutual partnerships with all eligible public and private hospitals. As a result, free competition in health care services occurs among them which benefits patients to have a better choice of health care service providers. Therefore, the hospitals belonging to government, should improve their service quality as well to satisfy their customers.

INTRODUCTION

Since its first launch in January 2014, the JKN-KIS program has been implemented throughout Indonesia including in East Java province. In its implementation regional government hospitals play pivotal roles as the main service provider and referral center of all health issues of JKN participants within the region. All public health care centers (Puskesmas and Klinik Pratama) are the targets of first-level health care services, while the regional government hospitals and private hospitals become the referral center for advanced health care services.

Regional government hospitals as the health care providers for JKN-KIS participants have a very strategic role in accelerating the improvement of public health status.(1) The role is increasingly prominent because of the emergence of changes in epidemiology of diseases, demographic structure, development of science and technology, socio-economic structure of society, demands of quality services, and service patterns. The changes tend to be strenuous in the 21st century implicating to service liberalization. Therefore, health care providers must be able to meet the community expectations in health care services.

The main purpose of the hospital activities is to serve patients and their families in various health care service forms. As quoted by Aditama(2) from The Great Reckoning that more and more communities in the United States have raised their awareness that getting qualified healthcare is their right. This spurred health service providers including hospitals to seriously improve their health care service quality. The Megatrend 2011 jargon that "customer/consumer/patient is the king" must now prominently be actualized. Today is the period of consumer excellence in the world, and all institutions including health care providers should be oriented towards customer satisfaction.

The development of the industrial sector including health care services is inseparable from the demand to keep paying attention to the quality of its services. Various efforts have been made to promote more effective and efficient health development so as to reach all levels of society, improve resource quality, update equipment and medicines, and rectify the performance of health care units, such as public hospitals and special hospitals. Emerging sustainable and equitable health development supported by health information systems is expected to increase the public health status and within reach to all the Indonesian people.

The JKN-KIS program is immensely expected to be able to provide services that meet the patients' expectation. Otherwise, the patient will switch to better customer service oriented hospitals. A health care provider is mainly a talk about doctor's services, paramedics, and other support personnel whose main job is to serve patients. In achieving patient-oriented goals, apart from hospital facilities, doctors, paramedics, and non-medical roles are of importance because their performance determines the perceived performance of the patients towards the services provided. The quality of health services will affect patient satisfaction, and satisfaction will maintain patients' loyalty.(3)

According to Kotler(4) customer satisfaction is a public perception of the company or its products. Hospital patient satisfaction is an overall evaluation of the hospital and is measured using three indicators: 1) overall opinions about the hospital, 2) opinions about the hospital's contribution to the community, and 3) hospital preference. Loyalty exists if a party has confidence in the integrity and reliability of others.(5) Public hospitals should continually improve customer satisfaction and loyalty.

Cooper(6) suggests that health care users always pay attention to the quality of medical staff, emergency services, nursing care, the availability of comprehensive services, doctors' recommendations, modern equipment, good manners, good environment, the previous hospital, the cost of care, family recommendations, near-by location, private room, and friend's recommendation. Contact elements (physical environment and contact personnel) and quality of service affect the satisfaction and loyalty of patients.(7) The relationship between patient satisfaction and patient loyalty is the willingness to return for treatment and desire to recommend to others. Belanger et al.(8) also states that quality affects satisfaction, satisfaction affects loyalty, and loyalty affects customer commitment. Customer commitment has a strong influence on the intention of reuse its services, price intensity, and word of mouth (WOM).

Several studies have found that patients would return to the hospital and recommend to other patients if they felt satisfied with the services provided by the hospital. Patient satisfaction is about how patients value and presume the care provided by health care providers.(9) The Council on Medical Service (1986) in Finley(9) states that patient satisfaction is an important quality of service delivery. The health care system and process encourage patient satisfaction. A study conducted by Bhattacharya et.al(10) found that the technical aspects and attitude of the nurse, technical quality of the physician, cleanliness of the rooms and corridors, food, toilets, and treatment facilities affect patient satisfaction.

Patient satisfaction is also driven by the care performed by doctors and nurses.(11) Physical facilities may improve the quality of care and service delivery processes in health care can improve consumer satisfaction. Kolodinsky(12) also found that the process of delivering services to health care enhanced consumer satisfaction, while service delivery processes improved performance (Southern Ohio Medical). Van der Bij's and Vissers' study(13) found that facilities, equipment and expertise of staff in the treatment room affected the performance or quality of health services.

There are several methods commonly used by hospital institutions to measure and monitor patient satisfaction for the purpose of evaluating and improving institutional performance

in providing services to patients. Kotler (4) provides four methods to measure customer or patient satisfaction: 1) Complaint and suggestion system. Any customer oriented health care institution needs to provide the widest possible opportunity for patients to submit their suggestions, opinions, and grievances. Institutions of health services will be able to know the extent to which patient satisfaction is met. As for the ways it can be administered through suggestion box in strategic place, comment cards, and toll-free lines for patients and their families for the purpose of quick responses upon suggestions, opinions, and complaints. 2) Customer satisfaction survey. A lot of studies on customer satisfaction were conducted using survey methods, either by post, telephone, or personal interviews to patients. Through surveys, health care institutions would receive immediate feedback from patients. 3) Problem analysis; the patient respondents were asked to disclose two main points, the first was the problem they were facing with regard to health care, and second was suggestions for improvement. 4) Performance analysis; the respondents were asked to rank the various elements (attributes) of the health service based on the importance of each element, besides the respondents were also asked to rank how well the performance of health care institutions in each element / attribute.

Various indicators mostly used to measure service quality are intangibility, perishability, customer contact, variability, physical distribution chain (14). Parasuraman, et al.(15) promoted five dimensions of service quality namely: tangibles, reliability, responsiveness, assurance, and empathy. According to Parasuraman et al.(15) the patient's assessment of service quality is determined by two things: patient's expectation of quality and patient's perception of quality. In conclusion, the success measurement of health care service providers is more determined by the assessment and perception of patients about the quality of services provided. The patient's perception of service plays a crucial role. Quality of service is said to meet the patient's expectation if the process of delivering services meets what is perceived by the patient. Further, Welch in Kotler(4) states that service quality is the best guarantee to create and maintain customer loyalty and defense fortress in global competition. Parasuraman, et al.(15) states that the quality of service involving the quality of health care services is a concept consisting of five dimensions, namely tangible, reliability, responsiveness, assurance and empathy. These five dimensions shape the level of customer or patient satisfaction.

Those who recover, do not recover, or suffer from disability or death are outputs of health care services providers, whereas the end result is a satisfied or dissatisfied patient or family. Not being recovered is not always an indicator of dissatisfaction of hospital services. Therapeutic communication is a supporting factor in applying service excellence in hospitals; therefore it is necessary to practice a hospitality model and manner in health care service field work.

According to Stuart & Sundeen(16), therapeutic communication is conducted for the purpose of: 1) sending messages from the sender (health personnel) to the recipient (patient), so that health workers can take the necessary medical action upon the patients. 2) to assist or encourage the patients to express their feelings without any hesitation so that health workers can take action effectively. 3) to move or influence others to do something toward improvement and healing.

One of quality of health services determinants is therapeutic communication skill of health workers.(17) Lois(18) mentioned that therapeutic communication was one of the most important aspects of nursing service. The competence of health workers is

usually perceived by their ability to communicate. Patient satisfaction will gradually increase if nurses and health workers possess good competency of communicative skill. Increased patient satisfaction has a positive impact to the process of self-care. A key factor in the assessment of health services in the eyes of the patient is the communication performed by the nurse.(19)

Patient loyalty is the strength of every hospital in creating barrier to new entrants in an era of free competition in hospital services. In order to create customer loyalty, innovation in customer satisfaction is a must for every health care institution. A specialty service focusing on how to cure the disease and to get the trust from the patient is an example to create maximum patient satisfaction.

Sheth, et al. in Tjiptono(20) argues that the contributors to the creation of loyalty include perceptions of performance appropriateness, social and emotional identification with brands, as well as brand usage habits. Alternative attractiveness of the same service products determines loyalty. Applications in patient loyalty in hospitals need to maintain patient loyalty from existing healthcare products by applying seven mutual keys, among others: 1) top management commitment and engagement, (2) internal benchmarking, 3) identification of customer requirements, 4) assessment of competitor capabilities, 5) measurement of customer satisfaction and loyalty, 6). Analysis of customer feedback, former customers, non customers and competitors, and 7) improved service improvements.

Caruana(21) found that the quality of service affected consumer loyalty. Furthermore, Rangkuti(22) concluded that public perception about the quality of health service and its effect on the utilization of health care service is the main indicator of the success of health service.

Research Objective

This study sought to determine and analyze factors affecting the quality of health care services of JKN-KIS participants and their effect on patient satisfaction and patient loyalty at hospital partners of JKN-KIS program.

MATERIAL AND METHODS

Design

This research employed ex-post facto design, associative explanatory level based, causal variables relationship, and quantitative approach. Data were analyzed by path analysis test using AMOS program.(23) The variables measured covered the following aspects, namely; 1) quality of health care services to JKN-KIS participants, 2) patient satisfaction, and 3) patient loyalty.

Population and Sample

JKN-KIS participants conducting referral and hospitalization at three referral regional government hospitals in East Java, among others: RSUD dr. Soetomo Surabaya, RSUD dr. Syaiful Anwar Malang, and RSD dr. Soebandi Jember were opted for the population and 218 respondents were chosen as the samples by Slovin formula. Proportional sampling and accidental sampling were employed to decide the number of samples in each hospital.(23)

The inclusion patient criteria used as the sample were:

1. Inpatient customer using JKN-KIS card.
2. The inpatient length of stay for at least 4 days.
3. Parent in charge of the baby patient.
4. Patient or family willing to be a respondent.

While the exclusion criteria are:

1. Patients with impaired consciousness.
2. Patients with communicative problems.
3. Patients of JKN membership taking higher class services than its standard.
4. Patients diagnosed to have super specialist cases.

Data Analysis

Data were analyzed by path analysis by using Amos to find the relationship pattern between variables aimed to know the direct or indirect relationship of a set of independent variables (exogenous) to the dependent variable (endogen).

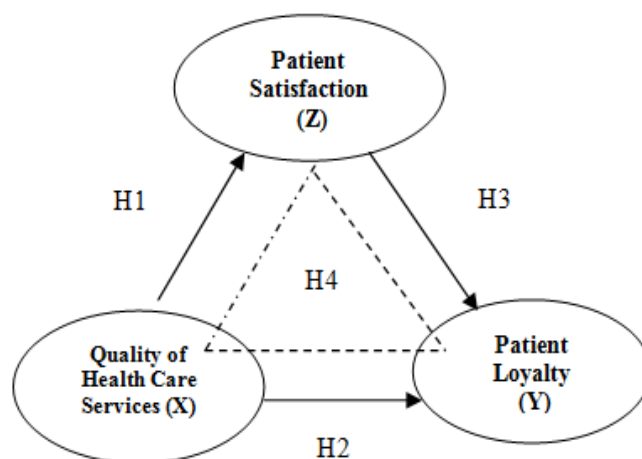


Figure (1) Flowchart Model of the Study

Ethical Issue

This research has received a recommendation from ethical research committee of dr. Soetomo Hospital Surabaya, Faculty of Medicine Airlangga University Surabaya, number: 466 / Panke. KKE / IX 2015 dated September 29, 2015.

RESULT AND DISCUSSION

Results

Quality of Health Care Services

Table 1 Quality of Health Care Services of JKN-KIS Participants

No.	Service Quality	x	%	Total
1	Not very good	2	0,9	2
2	Not good	15	7,1	17
3	Good	139	64	156
4	Very good	62	28	218
Total		218	100	

Patient Satisfaction

Table 2 Patient Satisfaction of JKN-KIS Participants

No.	Patient Satisfaction	x	%	Total
1	Not very satisfied	7	3,3	7
2	Not satisfied	35	16,0	42
3	Satisfied	104	47,7	146
4	Very satisfied	72	33,0	218
Total		218	100	

Patient Loyalty

Table 3 Patient Loyalty of JKN-KIS Participants

No.	Patient Loyalty	x	%	Total
1	Not very loyal	12	5,5	12
2	Not loyal	25	11,5	37
3	Loyal	77	35,3	114
4	Very loyal	104	47,7	218
Total		218	100	

Results of Direct Hypothesis Testing

Tabel 4 Summary of Results of Direct Hypothesis Testing

Hypothesis	Line Coefficient			Notes
	Estimatio n	CR	ρ	
Quality of Health Care Services (X) → Patient Satisfaction(Z)	0,111	3,83*	0,000	Significant
Quality of Health Care Services (X) → Patient Satisfaction(Y)	-0,006	-1,61	0,105	Not Significant
Patient Satisfaction(Z) → Patient Loyalty (Y)	0,277	30,44*	0,000	Significant

Notes: Level of Significance 1%

Results of Indirect Hypothesis Testing

Table 5 Summary of Results of Indirect Hypothesis Testing

Hypothesis	Line Coefficient			Notes
	Estimatio n	CR	ρ	
Quality of Health Care Services(X) → Patient Satisfaction (Z) → Patient Loyalty (Y)	90,87	10,4*	0,000	Significant

Notes: level of significance 1%

DISCUSSION

A. Effect of Quality of Health Care Service to Patient Satisfaction

As shown in table (4) this study found that the quality of health services consisting of tangible, reliability, responsiveness, assurance, empathy and therapeutic communication had significant effect on patient satisfaction of JKN-KIS participants.

The availability of hospital supporting facilities such as adequate parking space, clean and adequate toilets, representative canteens, shops and photocopy service, and nearby ATMs, is of importance to which patients and families mostly complain. Even the luxurious hospital building is less meaningful without such supporting facilities. Lack of medical and non-medical equipments are found to lower down the patient satisfaction as well. Modern and state of the art medical equipments shape patients' decision making to use its services.

Cleanliness and neatness of building and garden area also determine higher patient satisfaction, while unhygienic hospital toilets and poor access to treatment room such as too many stairs influenced patients' satisfaction with the service during their stay.

In terms of complaints by JKN-KIS patients of third class and the family, they stated that doctors tended to prioritize more to general patients in performing medical actions than to JKN-KIS patients, for example in surgery emergency cases. The emerging impression that patients of JKN-KIS program do not pay the care service utilized is associated with the poor service. It is against the principle of JKN-KIS regulation since the finance coverage is subjected to National Health Security Agency (BPJS-Kesehatan) as the standing hand of government.

In achieving patient-oriented objectives, apart from hospital facilities, doctors, paramedics and non-medical performance play prominent roles to determine the perceptions and perceived performance of the patients for the services provided. Quality of health services will impact patient satisfaction, and satisfaction will lead to patient loyalty to the hospital.(3)

Responsiveness of hospital personnel, especially on the prescription and drugs administration in pharmacies was revealed to be poor due to the long queue. Some patients had to queue from 5 am to take drugs and some other decided to take the medicine the next day. Other findings showed that slow response of the health personnel to any complaint and request, the length of time to get the report of the medical check-up, out of supplies of infusion fluids and drugs, and assigning internship students to come first were commonly experienced by patients and family.

This study found that patient satisfaction was largely determined by queuing system settings. Long queues and boring impression made patients and their families feel unfit for health care. It is therefore important to create a modern service system in prescription and drug delivery system at the pharmacy to shorten the queue.

Those findings indicated that in need of increasing patient satisfaction, the hospital should always improve its performance and responsiveness to the problems encountered by the patient. Kotler (4) states that, inanimate environment and

contact personnel have an effect on customer/patient satisfaction.

The quality of health services from assurance indicators was moderate which means it has already met the patient's expectation. However, some patients still do not feel secured during hospitalization due to the experience of private stuff lost in the parking area like helmet. Third class JKN-KIS participants also complain about less attention to privacy of examination by physicians and paramedics due to the excessive number of patients in one room with various diseases. Furthermore, the field observation uncovered the insufficiency and discomfort of the third class patients. Therefore, a need of attention to such cases has to be put into consideration by hospital management.

Upon those technical problems, some solutions worth to try is installing fabric or wood portable borders between patients. In case of medical action to the patient in bed, doctors and nurses can install the portable bulkhead so that patients feel safe because it is not seen by other patients.

Empathy means giving sincere attention to the patient individually, understanding the patient's wishes, providing the ease of consultation, the ability of the officer to communicate with the patient, and the effort of the officer in giving the impetus to the patient's recovery. In health care service, the most important aspect in giving satisfaction is the affective aspect of the patient's feeling that the health worker listens and understands the patient's complaints. In addition, negative attitudes and behavior of hospital personnel such as being less communicative and informative to patients will be able to cause dissatisfaction.

One of the weaknesses of officers, uncovered during field observation, in implementing therapeutic communication was about doctors and paramedics who feel hesitated to listen to patient complaints. The patients felt that doctor's examination was too quick and hurry. The reasonable explanation over this case is due to the high number of patients in the three hospitals which does not match the ratio of the number of specialists. This condition will surely decrease the patient satisfaction. The competence of health workers is usually judged by their ability to communicate. Patient satisfaction will increase if nurses and health workers are able to communicate well. Increased patient satisfaction has a positive value for the process of self-care. A key factor in the assessment of health services in the eyes of the patient is the communication performed by the nurse. (19)

These findings suggest that all healthcare workers (physicians, nurses, midwives and other paramedics) have to be able to create comfortable communication with therapeutic patients. Through therapeutic communication the quality of health care service will increase patient's satisfaction.

This finding is in line with Pasurarman's theory(15) that good quality of health care services such as physical facility dimensions, reliability, responsiveness, assurance, empathy and therapeutic communication(24) can lead to patient satisfaction. Further Nguyen and Leblanc, (7) stated that hospitals needed to improve the quality of health care services to get patient satisfaction with the hospital.

From its practical side, this finding is in line with previous studies. Mulyana(25) revealed the influence of service quality on satisfaction and confidence of inpatients. Al Hasan et al.(26)

also found similar results of the quality of health care services of National Health Insurance (NHI) participants in Ghana.

From these findings the general hospital should continually increase patient satisfaction and loyalty by implementing the service delivery system into a real health care service program supported by the tangible facilities perceived by patients such as decent buildings, representative equipment, beautiful interior building, exterior buildings, parking facilities, canteens, banks, security guarantees, full support of all employees and hospital management through enhancement of the program's capacity.

B. Effect of Quality of Health Service to Patient Loyalty

The findings of the study as in table (4) show that the quality of health care services has no significant effect on patient loyalty. Factors supporting the quality of health care services comprising of tangible indicators, reliability, responsiveness, assurance, empathy and hospital therapeutic communications do not directly lead to patient loyalty to the hospital.

Interestingly these findings are contradictory to the previous study by Caruana(21) who found that the quality of service affected consumer loyalty. However, in another study by Astuti (27) she discovered that the quality of health care had no direct effect on increasing patient loyalty.

By observing the descriptive data, the majority (40%) of respondents were JKN-KIS participants from the Beneficiary Contribution Program (PBI) from the government for those of the less fortunate families. Their loyalty is associated with the financial effect of the program of which they experience for not paying the health treatment cost. The majority of them do not demand a special service, for them to get help with free cost is already a fortune. The condition of physical facilities in hospitals is not a benchmark of their satisfaction.

These findings indicate that many patients from underprivileged families, especially JKN-KIS participants from PBI programs feel satisfied and therefore loyal to the hospital where the patient utilized its services without any burden of the cost.

The descriptive data showed that the majority (56.4%) of the respondents in this study were third class JKN-KIS participants whose typicality is easily loyal to the hospital where they are treated without being charged for all expenses. Besides, they tend to have lower satisfaction benchmarks due to no other options. The majority of them do not demand a special service. For them to get assistance with cheap cost or even free has been a fortune. In short, the reliability of hospital personnel does not correlate much with their satisfaction.

These findings indicate that many patients from third class members, mostly disadvantaged families of JKN-KIS participants from PBI program, feel easily satisfied and loyal to the hospital where no charge treatment is offered.

C. Effect of Patient Satisfaction on Patient Loyalty

This study reveals that patient satisfaction has a positive and significant effect on patient loyalty which means the higher the satisfaction of patients JKN-KIS at certain hospital, the more loyal the patients will be. The value of path analysis test in table (4) was ($p = 0,0000$; C.R = 30,44728). These findings implied that to get patient loyalty and continue to use hospital

services, the hospital should improve the quality of health services, because quality health services would increase patient satisfaction, while satisfied patients would be loyal and potentially reuse the hospital when in need, and recommend to others.

From a theoretical and empirical perspective, the findings of this study confirm the truth of the study by Caruana(21) that the quality of service affects consumer loyalty. Furthermore, Rangkuti(22) concluded that public perception about the quality of health service and its effect on the utilization of service would influence the loyalty of its service users. According to Sabarguna, (28) patient satisfaction involves four aspects, namely: comfort, patient relationships with hospital personnel, technical competence of officers and the cost of health services. The patients' recovery is closely related to their illness.

Patient loyalty is the hospital strength in creating barriers to new entrants. In order to create customer's loyalty a health care institution has to create customer's satisfaction first. One of them is through prioritizing on how to cure the disease and also how to get their trust in order to create maximum patient satisfaction.

Loyalty to health care service providers reflects the patient's psychological commitment, so the behavior of using health-care services to the hospital solely concerns the repeated use of health care services to the same hospital, for example: the only health care service available in the area or the rates are cheap. Consequently when another hospital providing the same health service and at an affordable cost, there is a tendency of the patient to switch to another hospital. Loyal customers will have emotional bound and continue to use the hospital's health care services despite many other alternatives (20).

D. Effect of Quality of Health Care Service on Patient Loyalty through Patient Satisfaction

This study found that the quality of health services had a positive and significant impact on patient loyalty through patient satisfaction. It means that the higher the satisfaction of the JKN-KIS patients, the more loyal the patients to the hospital and JKN-KIS program would be.

From table (5) the test path analysis value was ($\rho = 0,0000$; C.R = 10,41633). These findings indicate that to obtain loyal patients or continue to use hospital services, the hospital should improve the quality of health services, and since quality health services will increase patient satisfaction. Satisfied patients have a willingness to be loyal and to return to the hospital in need of treatment, and recommend to others.

In the theoretical and empirical perspectives, the findings of this study confirm the truth of the study by Parasuraman(15), and Caruana(21), that the quality of service affect patient satisfaction and patient satisfaction will affect consumer

REFERENCES

- [1] Surjaningrat, S. 1997. Kumpulan Peraturan tentang Rumah Sakit. Jakarta: PT. Mitra Info: 1-285.
- [2] Aditama, Y.T. 2003. Manajemen Administrasi Rumah Sakit. Jakarta: Universitas Indonesia: 169-241.

loyalty. Furthermore, Cronin(29) concluded that the public perception of the quality of health care services and their effect on the utilization of services would improve customer satisfaction, and would further affect the loyalty of its service users.

Satisfaction does not necessarily lead to loyalty, but loyalty usually begins from satisfaction. The patients' experience in relation to the hospitals' services has strong impact on the outcome variables like willingness to return to the same hospital and reuse its services or recommend them to others.

CONCLUSION

In general, the quality of health care services experienced by JKN-KIS participants in the main referral hospitals in East Java, according to the perception of patients, is mostly in good categories although a small percentage of patients find it poor.

Variables of health service quality which consist of tangible, reliability, responsiveness, assurance, empathy (SERVQUAL) and therapeutic communication have direct effect on patient satisfaction. The influence is either individual or simultaneous. To obtain satisfaction of JKN-KIS participants upon health care services, hospitals should improve the quality of physical facilities, the quality of employee reliability, the quality of employee responsiveness, the quality assurance, the empathy to patients, and therapeutic communication skills of the hospital staff.

The variable of health service quality has an insignificant effect to patient loyalty. No influence was found either individually or simultaneously. To get loyalty of JKN-KIS participants, the hospital should improve the quality of health services regardless of patients' satisfaction.

The quality of health care services has an indirectly strong effect on increased patient loyalty through patient satisfaction. Therefore, to get loyal patients hospitals should satisfy customers through the service received during hospitalization. In other words, hospitals should start from improving the quality of service oriented to patient satisfaction in all that satisfied patients will be loyal to the hospital.

SUGGESTION

BPJS-Kesehatan as the operator of JKN-KIS program has been implementing mutual partnership in health care service with all eligible public or private hospitals and for that reason free competition of services occurs in both public and private hospitals. Patients surely get benefit because they can have wider choice of hospitals offering better services. Consequently the government hospitals should improve the quality of their performance to meet the patient needs which bring to loyalty and at the end the patients do move to other better private hospitals

- [3] Hardiman, A. 2003. Rumah Sakit Indonesia Belum Siap Bersaing. <http://www.kompas.com/kompas-takr/0412/22/humaniora1455383.html-4k.4/21/04>. (diakses 3 Maret 2014).

- [4] Kotler, P. 2003. *Marketing Management*. Engelwood Cliffs: Prentice Hall International Inc. A Division of Simoon and Scuster: 64-451.
- [5] Morgan, Robert M and Shelby Hunt. 1994. The Commitment-Trust Theory of Relationship Marketing. *Journal of Marketing* 58: 20-38.
- [6] Cooper, P.D. 1994. *Health Care Marketing: A Foundation For Managed Quality*. Gaithersburg, Maryland: Aspen Publisher, Inc.: 1-331.
- [7] Nguyen, N. and G. Leblanc. 2002. Contact Personnel, Physical Environment and Perceived Corporate Image of Intangible Services by New Clients. *International Journal of Service Industry Management* 13: 242-262.
- [8] Belanger, C., J. Mount and M. Wilson. 2002. Institutional Image and Retention. *Tertiary Education and Management* 8: 217-230.
- [9] Finley, V.M. 2001. *Patient Satisfaction in Managed Care*. Departement of Public Administration University of Nevada, las Vegas (March 25).
- [10] Bhattacharya, A.P.M., V. Kaushal and K.L.N Rao. 2004. Sudy Patient Satisfaction in a Tertiary Referral Hospital. *Journal of the Academy of Hospital Administration* Vol.15 No.1: 29-32.
- [11] Oloruniwo, F. 2006. Relationship Quality Service Satisfaction and Intention Behavior Customer loyal to the Service Industry. *Journal Of Marketing*, 20 (Jan 2006).
- [12] Kolodinsky. 1999. Consumer Satisfaction with a Managed Health Care Plan. *The Journal of Consumer Affairs* 33: 223-235.
- [13] Van Der Bij, J.D and J.M.H. Visser. 1999. Monitoring Health-care Processes: A Framework for Performance Indicator. *International Journal Health Care Quality* 12: 214-222.
- [14] Kotler, P. & Gary Amstrong. 1996. *Principles of Marketing*, Seventh Edition, New Jersey: Prentice-Hall.
- [15] Parasuraman, A., V.A. Zeithaml and L.L. Berry. 1994. "SERVQUAL: Review, Critique Research Agenda", *Journal of Marketing*, page 111-124.
- [16] Stuart, G.W. and Sundeen S.J. 1979. *Principles and Practice of Psychiatric Nursing*. CV Mosby Company. USA.
- [17] Harmini. 2008. Relationship of Therapeutic Communication Implementation with Quality Satisfaction of Nursing Service at Inpatient Room of RS PKU Muhammadiyah Surakarta. *Jurnal Profesi* (Online). <http://www.isjd.pdii.lipi.go.id> (diakses tanggal 2 April 2014)
- [18] Lois, White. 2005. *Foundations of Nursing*. Second Ed. New York: Thomson Delmar.
- [19] Potter dan Perry. 2005. *Texboox Foundations of Nursing*. Edisi 4. Volume 1. Jakarta: EGC.
- [20] Tjiptono, F. 1999. *Prinsip-prinsip Total Quality Service*, Yogyakarta: Penerbit Andi
- [21] Caruana, A. 2002. "Service Loyalty: The Effects of Service Quality and the Mediating Role of Customer Satisfaction", *European Journal of Marketing*, page 811-828.
- [22] Rangkuti, F. 2006. *Measuring Customer Satisfaction. Teknik Mengukur dan Strategi Meningkatkan Kepuasan pelanggan*. Jakarta: PT Gramedia Pustaka Utama.
- [23] Sugiyono. 2012. *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: Alfabeta.
- [24] Sheldon, L.K. 2009. *Communication For Nursing; Talking With Patien*, Second Edition, St. Louis Ma; Sannders/Elsever.
- [25] Mulyana, E.R. 2010. *Pengaruh Kualitas Pelayanan Terhadap Kepuasan dan Kepercayaan Pasien Rawat Inap RS Ganesha Gianyar Bali*, Thesis, Program Magister Manajemen Universitas Udayana, Denpasar
- [26] Alhassan, F. et. al. 2014. Service Quality in National Health Insurance Scheme Healthcare: A Case Study of WA Municipal National Health Insurance Scheme in the Upper West Region of Ghana. *Journal of IISTE*, Vol.4, No.20, 2014. www.iiste.org: pp. 108-123.
- [27] Astuti, H.J. & K. Nagase. 2014. Patient Loyalty To Healthcare Organizations: Relationship Marketing And Satisfaction. *International Journal of Management and Marketing Research*. Vol. 7, No. 2, 2014, pp. 39-56.
- [28] Sabarguna, B. 2004. *Pemasaran Rumah Sakit*. Yogyakarta: Konsorsium RSI:1-21
- [29] Cronin, J. Joseph, Jr. & Steven A. Taylor (1992), *Measuring Service Quality : A Reexamination and Extention*, *Journal of Marketing*, 56 (July 1992).