



International Journal of Applied Business and Economic Research

ISSN : 0972-7302

available at <http://www.serialsjournals.com>

© Serials Publications Pvt. Ltd.

Volume 15 • Number 22 (Part-III) • 2017

Determinations of Health Service Performance Based on Patient Intimacy Orientation

Ririn Tri Ratnasari^a, Sri Gunawan^b, Dina Fitri^c Septiarni^c

^{a,b,c} Universitas Airlangga, Surabaya, Indonesia, E-mail: ririnsari@feb.unair.ac.id

Abstract: The purpose of this study to determine the performance of determination of health services in health centers with ISO certified. The research design used in this study is exploratory quantitative approach. Which is done in two stages, the first stage, the research conducted in an *open-ended question* to explore perceptions of the 40 patients on the perceptions of the performance of health services in health centers ISO certified, followed by structure *close-ended-question* to the 400 patients who had been treated to puskesmas certified ISO minimal three months ago. The sampling technique was conducted with a *purposive non-random* sampling.

The results of the research are six factors that can improve the performance of health services at the puskesmas so that the surrounding community is willing to go to an ISO certified health center. The six factors are the dimensions of medical services, non medical services, medical equipment technology, medical team communication, management system, and physical environment (physical evidence) at ISO-certified health centers. The physical environment is the highest factor in improving the performance, but the medical team communication is the lowest factor in improving the performance of health services at ISO-certified health centers.

Thus, the medical team needs to make improvements from the aspect of developing a good relationship communication patterns with patients, not impressed rush in dealing with patients such as when diagnosing the disease. The nurse team also gave more attention to the needs of patients who went to the community health center.

Type of Paper: Empirical Research

Keywords: Determination, Performance Health Services, ISO

1. INTRODUCTION

Patients, as customers of health services, being in control of health effort produced. Customers also, who brought his family and friends for treatment to primary health care providers such as health centers.

Evaluations are held at the health center often more discussed obstacles which occurred during implementation in the field, while providing health care to the community. Often, minor findings that most occur in health centers, is more control of products and services, the card found stocks of medicines that do not correspond to the number of existing drugs so that the amount of drug can not be monitored and SOP delivery of drug to the patient also is still no (<http://dinkes.surabaya.go.id>). Many research results are more focused on the adequacy of the logistics of a health care institution.

Meanwhile, according to ISO consultant Surabaya City Health Office, Health Center has a degree of success in achieving ISO 9001: 2008 is quite encouraging. Surabaya is best classified of Community Health Centers in Indonesia which has achieved ISO certification. This is because many innovations done by health centers in Surabaya is very diverse, well that innovation on the program, document management, as well as the interior design is necessarily break the *image* negative that PHC is a fundamental health services are stiff and tend to be static.

However, based on the results of monitoring in the field, in addition to the advantages of health centers, the overall performance of the health center is still four visible plume, which is still the miss communication between employees and employees, as well as employees with the patient. *Miss* it mostly from service still not up and still their employees who are stingy smile to patients (<http://dinkes.surabaya.go.id>).

Therefore, it is important to conduct this research, as it relates to the relationship between doctors and nurses when providing health services to patients, particularly in terms of *patient intimacy* as one of the factors that cause (antecedent) of the patients involved in a relationship with the service provider health (medical team such as doctors and nurses). Treacy and Wiersema (1995, in Christopher, 2002: 119) states that *customer intimacy*, which in this study hereinafter referred to *patient intimacy* that is part of a business strategy based approach strategy generic *relationship marketing*. In addition, Barnes (2001, in Peppers & Rogers, 2004: 50) adding that *intimate relationships* is an important part that serves to establish a framework for *customer relationship marketing* between the company and its customers. These relationships involve physical contact, such as the relationship between doctor and patient. This customer intimacy describes the perception of the quality of service expected by the customer. Designed services must be tailored to the needs of the consumers and provide benefits to solve the problems faced by consumers (Ratnasari and Aksa, 2016: 37) and state that services considered as total products consist of core product, expected product, and augmented product.

Therefore, Hoffman (2002) gives the definition of *customer intimacy* is based on the standpoint of academic and combined with empirical conditions (practitioners), namely: *customer intimacy* is a process that is currently running the company works to provide services to customers to develop and improve products or services offered to its customers in order to fulfill what is needed and desired by the customer. This process involves three components: good communication, social interaction and compromise to its customers. The use of concept *intimacy* will enable the company to build relationships with customers better, even much better than the competitors. That is because companies increasingly understand what into the needs and desires of its customers still hidden (*insight*), thus providing better service (Mark, 1996).

Gunawan and Ratnasari (2008) gives the term *patient intimacy* familiarity as a form of relationship between the parties that the medical team of doctors and nurses with patients. If the relationship between

the two could be in the level familiar with doctors willing to listen to the pains of the patient so that the patient feels comfortable and has a spiritual relationship (*bonding*) with the doctor, the patient will be able to increase the confidence in the doctors and of course the health clinic into a patient's treatment. Patients would be willing to re-examine the disease to the health clinic if they are suffering from an illness.

It is also delivered by Schiffman and Kanuk (2004: 42) that when the company serves the specific needs of its customers, it will be able to increase *customer intimacy* as well as directing customers to return to company (*customer retention*). Peppers and Rogers (2004: 7375) states that the increasing *customer intimacy* will contribute to increasing the confidence of customers, so that also increase their commitment to the company. Dieffenbacher (1999; Mullins, 1999; and Simon, 1994) adds that the *customer intimacy* that is applied by a company is certainly capable of strong role in increasing customer loyalty.

Thus, it is necessary that management is able to implement the concept of *patient intimacy* and the development of innovation so that it can provide improved performance medical team to provide medical treatment to patients in particular and to the general public in the vicinity. Expected by this research, it can encourage the improvement of health services from government hospitals and hospital so that it becomes a health institution that is trusted and minimize complaints that had been done by the community.

2. LITERATURE REVIEW

Definition of Health Services

In tracing the intricacies of services, many of the definitions put forward by experts namely: According to Grönroos (2004, in Khan and Fasih, 2014) of the services is a continuous process of ongoing interaction between customers and service providers, which consists of several activities as a solution to customer problems.

Public service is a way in which the government or national authority in order to meet the needs and interests of society (Cilibiu, 2015). One public service agencies Hospital as a health care provider. Batinggi (1998: 12, the daughter *et al.*, 2016) states that public service is an act or activity carried out by the government and take care of things that are needed by the community. It can be concluded that the public service is all forms of activities of the public service performed by the central agencies in the area and the environment state-owned enterprises or the area in and serve the needs of people or people who have an interest in the organization in accordance with the basic rules and procedures means that the banks have set.

Services are intangible products and does not result in ownership of any form of activity, usefulness or satisfaction that can be offered for sale (Kotler and Keller, 2016). The role played by public services is vital. Public service is an implementation of regulations, policies, decisions, and the government plans for the development of a country and the welfare of its citizens (Kumasey and Ghana, 2014).

PHC is one form of public service. In the study Anderson (1995, in Kumasey and Ghana, 2014) showed that the University of Houston hospital patients feel dissatisfied with the quality of service. The highest dissatisfaction value in *assurance*, then followed by *tangible* and *empathy*. This suggests that it should be management of public service managers pay attention to aspects that can make patients satisfied. Based on Ratnasari and Kurniawati (2016)'s research, it show that patient satisfaction come from implementation of excellent service, it would be better to listen to advice or input from the patient, but also must seriously,

because there are input to / information that the management of the hospital providing care for patients with attention the needs of the patient so that the patient can feel satisfaction, felt the patient has not been implemented properly, because many patients are getting worse illness and even death.

More specifically on the concept of public service, also known as health care, where health care is included in the public service (public). The definition of health care according to MOH (2009) is any organized effort alone or together within an organization to maintain and promote health, prevent and cure the disease and restore the health of individuals, families, groups and communities atupun. In accordance with the limits as above, it is easy to understand that the shape and type of health services found many kinds.

Health Care Development Based on Patient Intimacy

Innovation is the key to survival. In the manufacturing industry, *output* innovative can be visible, for example in the form of new products and production using new technologies. Development of new machinery and equipment is an innovative activity in the industry sector. The concept is not appropriate in the context of the services, because the services are not tangible (Hogan and Coote, 2014).

Omachu and Einspruch (2010, in Anantadjaya *et al.*,2015) explains that there are four types of innovation are: *product* innovation, *process* innovation, *marketing* innovation, *organizational* innovation, and *service* innovation. Vargo and Lusch (2008: 5, in Skålén *etal.*,2014) argues that the value of innovation is not only determined from *output of the* the production company, but also how companies can serve better. The definition of innovation must shift from focusing on producing innovative products, but be the integration of resources and increase the value (Michel *etal.*,2008: 65, in Skålén *etal.*,2014), which supports the creation of *value creation* are better (Grönroos and Voima, 2013, in Skålén *etal.*, 2014). This is in accordance with the *service innovation* to improve the quality of service through *customer intimacy* to explore customer needs.

Ponsignon, *et al.* (2015) stated in the measurement of quality of care, patient mentions the five most important categories in the service concept, namely: the attitude towards patients, personalization, communication directly to the patient, the competence of the health care providers and service procedures. In addition, patients received positive experiences of health care providers is significantly affected by direct communication to the patient compared to the indirect communication (78.5% compared to 15.1% of all positive evaluations).

From the insurance provider, one of the innovations that can be applied is the concept of *Lean*. According Drot and Poksinska (2014) concept of *lean* is a concept that was first used by Toyota Motor Company in implementing continuous improvement and give respect to everyone. The application of concepts *lean* in kesahatan services have considerable influence on the roles, responsibilities and job characteristics of employees in the company's health care providers. The focus of the service provider company kesahatan unchanged from the previous is a professional service, which is preferred professional capability into service improvement and teamwork. The differences of each job can make the application of concepts some *lean* menajadidifficult. Teamwork and decentralization is an example of the concept of *lean* dulit applied due to their professional culture and the uneven distribution of power, in which the doctor is the highest decision making. In addition *trasnparasi* of health care providers can facilitate a shift towards health care safer, more effective and humane thereby reducing their malprakter, death, unnecessary costs and other risks (Jaffe *et al.*, 2006).

Patients who receive services from health care providers can also encourage innovation in the service provider. Pedersen (2016) states that by forming the narrative of the patient and give the new perspective on the experience of patients and then collaborated with professionals in the health care provider may be an innovation in which the participation of the patient in the organization of health care providers have a significant impact on the sustainability of their providers.

In terms of management of health care providers, Myllarniemi *et al.* (2012) stated that the necessary link between the manufacturing value based on the knowledge and management of health services. This approach requires an assortment of knowledge resources to be applied to the health care process. Knowledge resources can not stand independently and separately, but should be a strategic initiation in the organization of health care providers. The process of developing this knowledge must be connected with the provision of services and the value creation process. Without these connections, knowledge and information systems will be incompatible and incomplete. Management must also consider the occurrence of information is too much or too little information in the knowledge resources. MacDonald *et al.* (2010) stated that the majority of managers will stop the process if it gets too much information or too little information and make decisions in the process of health services with some pretty good results despite the gap between the information.

Savory and Fortune (2014) states that there are several benefits when health care providers continue to innovate. The main positive is the overall institutional evolution and development and design-oriented health care providers at all users. While profit-additional advantage gained is tranformational services, labor and capital improvement products new technology.

Health Care Performance

Performance is the result of the quality and quantity of work that can be accomplished by an employee in performing its duties in accordance with the responsibilities given to him. Performance measurement service has emerged as an important part of the service management research (Jaaskelainen *etal.*,2014). Discuss performance measurement firm work with the intention of implementing the strategy (Kaplan and Norton, 1992, in Jaaskelainen *et al.*, 2014). A company's performance is measured in two perspectives, namely corporate strategy and service. The company's strategy measure the impact of the company related to the size of the company and profit (Jansen, 2004, at Jaaskelainen *et al.*, 2014). Measure service performance measurement of operational service, namely intangibility, heterogeneity, inseparability, *perishability* (Berry and Bendapudi, 2007, in Jaaskelainen *et al.*, 2014). Public sector service providers has been challenged to provide quality service to its customers (Randall and Senior, 1994, in Kumasey and Ghana, 2014).

3. RESEARCH METHODOLOGY

Research Methods

The research design used in this study is exploratory quantitative approach. This is consistent with the objectives of this research. The purpose of this study was to determine the excellent service determination analysis based on the principles of *corporate entrepreneurship*. Exploratory study was conducted in *an open-ended question* to explore perceptions of patients and medical personnel (including doctors and nurses / nurse) on the performance of health services from the clinic is ISO certified in Surabaya, then followed with a

structure *close-ended-question* to patients who have a health examination at ISO-certified health clinic at least three months ago.

The data used in this analysis is *cross-sectional*, collected through a survey of respondents are patients at the health center health check certified ISO Surabaya, as well as secondary data to describe the performance of health services in primary health centers have been certified ISO in Surabaya.

Sampling techniques

Sampling techniques based on *non-random* sampling, where all units of the population have the opportunity to serve as a sample. Researchers should scrutiny of the properties of the population to capitalize the personal knowledge and opinions known before (Bungin, 2005: 109). This study uses a sampling technique with the kind of *convenience random* sampling.

Data collection

Data in this study will be collected with *cross sectional* or *oneshot*, that data is only collected once. This research using field survey, by spreading two times, the first was a pre survey of 40 respondents (comprised of 25 patients and 15 medical teams). After the indicators listed in the variable has been well understood by the respondents, the actual survey conducted to 400 respondents patient who was a health examination at the health center ISO certified.

Technical Analysis

Data were analyzed using exploratory factor analysis, a multivariate statistical technique used to examine the relationship of indicators which have an interdependent relationship (interdependence / create groups simultaneously). Reasons for using exploratory factor analysis is to find a number of indicators to establish common factors (*common factor*). Additionally reason used factor analysis to summarize the indicators into factors which are not mutually correlated (Widarjono, 2010: 240).

4. RESULTS

Table 1
Factor Rotation Results
Component

	1	2	3	4	5	6
X ₁	0,203	0,489	0,293	0,318	0,247	0,032
X ₂	-0,061	0,774	0,291	0,065	0,104	0,071
X ₃	0,577	0,279	0,141	0,231	0,142	0,307
X ₄	-0,299	0,348	0,186	0,026	-0,054	0,694
X ₅	0,344	0,285	0,088	0,567	0,327	0,157
X ₆	0,104	0,041	-0,164	0,087	0,870	0,127
X ₇	0,650	0,346	-0,076	0,066	-0,129	-0,102

contd. table 1

Determinations of Health Service Performance Based on Patient Intimacy Orientation

	1	2	3	4	5	6
X ₈	0,277	0,784	-0,012	0,105	0,158	0,150
X ₁₀	0,668	0,036	0,284	-0,097	0,084	0,306
X ₁₁	0,062	0,168	0,074	0,128	-0,195	0,777
X ₁₂	0,190	0,107	0,033	0,078	0,170	0,765
X ₁₃	0,796	0,158	0,171	-0,115	-0,233	0,036
X ₁₄	0,598	0,254	0,155	0,275	-0,081	0,191
X ₁₅	0,695	0,161	0,391	0,254	0,046	-0,262
X ₁₆	0,043	0,275	0,628	0,406	0,075	0,004
X ₁₇	0,042	0,243	0,109	-0,056	0,726	0,145
X ₁₈	0,145	0,032	0,149	0,546	0,150	0,382
X ₁₉	0,058	0,093	0,123	0,607	-0,328	0,278
X ₂₀	0,032	0,757	0,155	0,255	-0,081	0,191
X ₂₁	0,090	0,107	0,632	0,105	0,138	0,150

Source: Research Results, 2017

Factor rotation calculation results indicate there are 6 factors that formed. In rotation factor that can be interpreted is if have value loading factor more than 0,5.

1. The first factor that has a value of more than 0.5 on indicators X3, X7, X10, X13, X14 and X15.
2. The second factor has a value of more than 0.5 on indicators X1, X2, X8, and X20.
3. A third factor that has a value of more than 0.5 on the indicators X16 and X21.
4. The fourth factor has a value of more than 0.5 on the indicator X5, X18 and X19.
5. The fifth factor that has a value of more than 0.5 on the indicators X6 and X17.
6. Sixth factor that has value more than 0,5 on indicator X4, X11 and X12.

The first factor has a value greater than 0.5 on the indicators (X3), (X7), (X10), (X13), (X14), and (X15). The highest factor loading value lies in the 13th indicator (X13) with a loading rate of 0.796. Indicators are about the cleanliness of the existing room in the clinic (waiting room, examination room, wc / bathroom). Based on these indicators it is called or named with the **physical environment** factor of the Community Health Service.

The second factor has a value greater than 0.5 on the indicators (X1), (X2), (X8), and (X20). The highest factor loading value lies in the second indicator (X8) with a loading value of 0.784. Indicators are about Skills and knowledge of medical teams to handle the patient is good. Based on these indicators it is called or named with the **medical service** factor.

The third factor has a value greater than 0.5 on the indicator (X21), with a loading factor value of 0.632. The indicator is about the comfort of the waiting room. Based on these indicators it is called or named with **non-medical service** factor.

The fourth factor has a value greater than 0.5 on the indicators (X5), (X18) and (X19). The highest factor loading value lies in the 19th indicator (X19) with a loading value of 0.607. The Indicator concerning

Details of patient handling costs is clear and definite. Based on these indicators it is called or named with the factor of **the management system**.

The fifth factor has a value greater than 0.5 on the indicators (X6) and (X17). The highest factor loading value lies in the 6th indicator (X6) with a loading rate of 0.820. The indicators are about the level of sophistication of medical equipment facilities. Based on these indicators then it is called or named with factors of **technological medical equipment**.

The sixth factor has a value greater than 0.5 on the indicators (X4), (X11) and (X12). The highest factor loading value lies in the 12th indicator (X12) with a loading rate of 0.765. The indicator is about the willingness of the Doctor to hear the patient's complaints. Based on these indicators then called or named with the **communication** factor.

Validity and Reliability Test

To ensure that the factors formed are reliable, then the reliability testing on the factors that are formed. This test is done by the respondents who made the object of research. If the measurement instrument according to the respondents is valid, then the instrument can be said as valid face validity (Neuman, 1997: 142). Validity test seen from corrected total correlation items greater than the standard r that is 0.3 (Solimun, 2000). The reliability test seen from Cronbach Alpha is greater than 0.6 (Nazir, 2003: 133).

Table 2
Validity and Reliability Results of Factor Analysis

<i>Factor</i>	<i>Indicator</i>	<i>Corrected Item-Total Correlation</i>	<i>Note</i>	<i>Alpha Cronbach</i>	<i>Note</i>
1 (Physical Environment)	X ₃	0,680	Valid	0,854	Reliabel
	X ₇	0,632	Valid		
	X ₁₀	0,659	Valid		
	X ₁₃	0,510	Valid		
	X ₁₄	0,442	Valid		
	X ₁₅	0,706	Valid		
2 (Medical Service)	X ₁	0,538	Valid	0,741	Reliabel
	X ₂	0,594	Valid		
	X ₈	0,580	Valid		
	X ₂₀	0,510	Valid		
3 (Non Medical Service)	X ₁₆	0,452	Valid	0,720	Reliabel
	X ₂₁	0,708	Valid		
4 (management system)	X ₅	0,480	Valid	0,763	Reliabel
	X ₁₈	0,600	Valid		
	X ₁₉	0,674	Valid		
5 (Medical Tools Technology)	X ₆	0,545	Valid	0,708	Reliabel
	X ₁₇	0,545	Valid		
6 (Communication)	X ₄	0,573	Valid	0,692	Reliabel
	X ₁₁	0,534	Valid		
	X ₁₂	0,348	Valid		

Source: Research Results, 2017

Based on the new dimension that is formed after exploratory factor analysis, the statement indicator in describing the factors in the research is all reliable. The result of the calculation shows that all the reliable indicators so that the factors formed and fulfill the reliable requirement as the factors that play a role in improving the performance of health service at the ISO-certified health center there are six, namely physical environment factor, medical service, non medical service, management system, medical equipment technology, and communication.

5. CONCLUSION

The conclusion of the research are six factors that can improve the performance of health services at the puskesmas so that the surrounding community is willing to go to an ISO certified health center. The six factors are the dimensions of medical services, non medical services, medical equipment technology, medical team communication, management system, and physical environment (physical evidence) at ISO-certified health centers. The physical environment is the highest factor in improving the performance of puskesmas services, but the medical team communication is the lowest factor in improving the performance of health services at ISO-certified health centers. Thus, the medical team needs to make improvements from the aspect of developing a good relationship communication patterns with patients, not impressed rush in dealing with patients such as when diagnosing the disease. The Paramedic or nurse team also gave more attention to the needs of patients who went to the . Community health center.

ACKNOWLEDGEMENTS

This work was supported by Indonesian Ministry of Higher Education and Universitas Airlangga research grants..

REFERENCES

- Adisasmito, Wiku. (2007). *Sistem Kesehatan*. Jakarta : PT Raja Grafindo Persada.
- Anantadajaya, Samul PD., Irma M. Nawangwulan, Ignatia Andari Pramesty, and Grace Aditya Gunawan. (2015). Measuring Customers' Intimacy? Evidence from Indonesian Service-Based Companies. *International Journal for Economic Theory and Practice and Social Science*. (61), April-June, No. 2.
- Arikunto, Suharsimi. (2003). *Manajemen Penelitian*. Rineka Cipta: Jakarta.
- Balaji, M.S., Sanjit Kumar Roy, and Khong Kok Wei. 2016. Does Relationship Communication Matter in B2C Service Relationships?. *Journal of Services Marketing*. (30), (2), (186 – 200).
- Brock, Jirgen Kui-Owe and Josephine Yu Zhou. (2012). Customer Intimacy. *Journal of Business and Industrial Marketing*. Vol. 27. No. 5. pp. 373-383.
- Cilibiu, Octavia Maria. (2015). Public Services and Public Utilities. *Letter and Social Science Series of University of Târgu-Jiu*. Vol. 3.
- Constant, E., F. Vallet, J.-L. Nandrino, and V. Christophe. (2016). Personal Assessment of Intimacy in Relationships: Validity and Measurement Invariance Across Gender. *Revue Européenne De Psychologie Appliquée*. 66, 109-116.
- Cranfield, Steven, Jane Hendy, Barnaby Reeves, Andrew Hutchings, Simon Collins, Naomi Fulop. (2015). Investigating healthcare IT innovations: a “conceptual blending” approach. *Journal of Health Organization and Management*. Vol. 29 Iss 7 pp. 1131 – 1148.
- Cuganesan, Suresh. (2008). Calculating Customer Intimacy : Accounting Numbers in A Sales and Marketing Department. *Accounting, Auditing and Accountability Journal*. Vol. 21. No. 1. pp. 78-103.
- Departemen Kesehatan Republik Indonesia. (2009). *Sistem Kesehatan Nasional*. Jakarta.

- Drotz, Erik dan Bozena Poksinska. (2014). Lean in healthcare from employees' perspective. *Journal of Health Organization and Management*. Vol. 28 Iss 2 pp. 177 – 195.
- Endang. (2004). *Jurnal Ilmu Administrasi*. No. 1 Volume 1.
- Gunawan, Sri dan Ririn Tri Ratnasari. (2008). Keakraban dan Kepuasan terhadap Loyalitas melalui Kepercayaan dan Komitmen Pelanggan pada praktek Dokter Spesialis di Surabaya. *Jurnal Kesehatan – Fakultas Kesehatan Masyarakat Universitas Airlangga*. Terakreditasi. SK Dirjen Dikti No. 26/dikti/kep/2005. ISSN 1412-8853. September 2008.
- Hogan, Suellen J. and Leonard V. Coote. (2014). Organizational Culture, Innovation, and Performance: A Test of Schein's Model. *Journal of Business Research*. 67, 1609-1621.
- Hoffman, Nicole Ponder. (2001). The Theory of Customer Intimacy : Towards An Understanding of Relationship Marketing In A Professional Service Setting. *UMI Microform 3027353*. Bell and Howell Information and Learning Company.
- Jääskeläinen, Aki, Harri Laihonen, and Antti Lönnqvist. (2014). Distinctive Features of Service Performance Measurement. *International Journal of Operations & Production Management*. Vol. 34 No. 12, pp. 1466-1486.
- Jaffe, Russell, Robert A. Nash, Richard Ash, Norman Schwartz, Robert Corish, Tammy Born, Harold Lazarus and ASIMP Working Group on Healthcare Transparency. (2006). Healthcare transparency: opportunity or mirage. *Journal of Management Development*. Vol. 25 Iss 10 pp. 981 – 995.
- Jeon, Seongun and Jonathan S. Kim. (2016). Effects of Service Failure on Consumer Responses Across Failure Types: A Moderating Role of Intimacy. *Australasian Marketing Journal*. 24, 46-53.
- Joko, Widodo. (2001). *Etika Birokrasi dalam Pelayanan Publik*. CV Citra Malang.
- Khan, Mubbsher Munawar and Mariam Fasih. (2014). Impact of Service Quality on Customer Satisfaction and Customer Loyalty: Evidence from Banking Sector. *Pakistan Journal of Commerce and Social Sciences*. Vol. 8 (2), 331- 354.
- Kotler, Philip and Kevin L. Keller. (2016). *Marketing Management*. 11 Edition. Prentice Hall. New York.
- Kumasey, Anthony Sumnaya and Accra-Ghana. (2014). Service Quality and Customer Satisfaction: Empirical Evidence from the Ghanaian Public Service. *European Journal of Business and Management*. Vol. 6, No. 6.
- MacDonald, Jackie, Peter bath, Andrew Booth. (2010). Information overload and information poverty: challenges for healthcare services manager. *JDOC*. Vol. 6, No. 2.
- Malhotra, Naresh K. (1996). *Marketing Research: An Applied Orientation*. 2nd edition, Prentice-Hall, Englewood Cliffs, NJ.
- Myllärniemi, Jussi, Harri Laihonen, Henri Karppinen dan Kaisa Seppänen. (2012). Knowledge management practices in healthcare services. *Measuring Business Excellence*. Vol. 16 Iss 4 pp. 54 – 65.
- . (1999). *Marketing Research: An Applied Orientation*. 3rd edition. London: Prentice Hall.
- Notoatmodjo Soekidjo. (2001). *Peran Pelayanan Kesehatan Swasta dalam Menghadapi Masa Krisis*. Jakarta : Suara Pembaruan Daily.
- Osarenkho, Aihie. (2008). What Characterises The Culture of A Market-Oriented Organization Applying A Customer Intimacy Philosophy ?. *Database Marketing and Customer Strategy Management*. Vol. 15. No. 3. pp.169-190.
- Pedersen, Anne Reff. (2016). The role of patient narratives in healthcare innovation: supporting translation and meaning making. *Journal of Health Organization and Management*. Vol. 30 Iss 2 pp. -.
- Ponder, Nicole, Betsy Bugg Holloway, and John D. Hansen. (2016). The Mediating Effects of Customers' Intimacy Perceptions on The Trust Commitment Relationship. *Journal of Services Marketing*. Vol. 30 Iss 1 pp. 75 - 87.
- Ponsignon, Frederick, Andi Smart, Mike Williams, Juliet Hall. (2015). Healthcare experience quality: an empirical exploration using content analysis techniques. *Journal of Service Management*. Vol. 26 Iss 3 pp. 460 – 485.
- Putri, Ayut Dewantari, Dewi Pascarani, dan Kadek Wiwin Dwi Wismayanti. (2016). Pengaruh Kualitas Pelayanan Kesehatan Terhadap Kepuasan Pasien Peserta BPJS di Rumah Sakit Tingkat II Udayana Denpasar. *Citizen Charter*. Volume 1 No.1.
- Ratnasari, Ririn Tri and Mastuti H Aksa. (2016). *Manajemen Pemasaran Jasa*. Bogor : Ghalia Indonesia. Cetakan Kedua.

- _____ and Masmira Kurniawati. (2016). Excellent Service Based on The Concept of Corporate Entrepreneurship in Hospital. *International Journal of Business Management & Research*. Vol. 6. Issue 2. Apr. pp. 69-78.
- Robert. (1996). *Pelayanan Publik*, PT. Gramedia Pustaka Utama.
- Rørtveit, Kristine, Britt Sætre Hansen, Ingrid Leiknes, Inge Joa, Ingelin Testad, Elisabeth Severinsson. (2015). Patients' Experiences of Trust in the Patient-Nurse Relationship - A Systematic Review of Qualitative Studies. *Open Journal of Nursing*. Vol. 5, 195-209.
- Satrianegara, M. Fais. (2009). *Buku Ajar Organisasi Dan Manajemen Pelayanan Kesehatan Serta Kebidanan*. Jakarta: Salemba Medika.
- Sugiyono. (2000). *Metode Penelitian Bisnis*. Cetakan Kedua. Bandung: CV Alfabeta.
- _____. (2004). *Statistik Nonparametris*. Alfabeta: Bandung.
- Schmitt, Bernad H. (2003). *Customer Experience Management*. Author of *Experiential Marketing*. New Jersey: Jhon Wiley & Sons, Inc.
- Siagian, Dergibson dan Sugiarto. (2000). *Metode Statistik untuk Bisnis dan Ekonomi*. Jakarta: PT Gramedia Pustaka Utama.
- Santoso, Singgih, dan Fandi Tjiptono. (2001). *Riset Pemasaran: Konsep dan Aplikasi Dengan SPSS*. Jakarta: PT Elex Media Komputindo.
- Savory, Clive dan Joyce Fortune. (2014). An emergent sectoral innovation system for healthcare services. *International Journal of Public Sector Management*. Vol. 27 Iss 6 pp. 512 – 529.
- Schiffman, Leon G. and Leslie Lazar Kanuk. (2000). *Consumer Behaviour*. Seventh Edition. Upper Saddle River. New Jersey: Prentice-Hall Inc.
- Skålén, Per, Johanna Gummerus, Catharina von Koskull, and Peter R. Magnusson. (2014). Exploring Value Propositions and Service Innovation: A Service-Dominant Logic Study. *Journal of Academy of Marketing Science*. 43:137-158.
- Sulaiman, Mohd Azizul, Mohd Amlil Abdullah Baharum, and Arifi Ridzuan. (2014). Customer Relationship Management (CRM) Strategies Practices in Malaysia Retailers. *Procedia - Social and Behavioral Sciences*. 130, 354-361.
- Treacy, Michael dan Fred Wiersema. (1995). Customer Intimacy and Other Value Disciplines. *Harvard Business Review*. pp. 84-93.
- Umar, Husein. (2004). *Metode Penelitian untuk Skripsi dan Tesis Bisnis*. Cetakan ke-6. Jakarta: PT Raja Grafindo Persada.
- Waal, André de and Béatrice Van Der Heijden. (2016). Increasing Customer Loyalty and Customer Intimacy by Improving The Behavior of Employees. *Journal of Strategy and Management*. Vol. 9 Iss 4
- <http://www.kebijakankesehatanindonesia.net/component/content/article/597memahami-sistem-kesehatan.html> (Diakses tanggal 18 Agustus 2016).