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The Mediating Effect of Employee Commitment on The Influence of Work Ability, Hospital Ethic, and Leadership Behavior on Employee Performance (Case Study in General Hospital Type A in South Sulawesi, Indonesia)

Ria Mardiana Yusuf

Department of Management, Faculty of Economic and Business, University of Hassanudin, Makassar, Indonesia

Abstract: The purpose of this study was to study the mediating effect of employee commitment on the influence of work ability, hospital ethic, and leadership behavior on the performance of employees of General Hospital Type A in South Sulawesi. The population in this study was Public General Hospital Type A in South Sulawesi, which is RSUP dr. Wahidin Sudirohusodo Makassar, which consisted of paramedics and frontliners of RSU dr. Wahidin Sudirohusodo Makassar, and customers of health insurance (civil servants and their families) in various classification and government agencies in South Sulawesi, who became inpatients for at least three days in RSUP dr. Wahidin Sudirohusodo Makassar. The data analysis method used here was SEM analysis by sobel test with exogenous variables including work ability, hospital ethic, and leadership behavior. The endogenous variables included employee commitment and employee performance in General Hospital Type A in South Sulawesi. There is significant and positive influence (positive coefficient) between work ability, hospital ethic, and leadership behavior to employee commitment. It indicated that the higher the work ability, hospital ethic, and leadership behavior the higher the employee commitment. Employee commitment as mediation variables in relationship between work ability, hospital ethic, and leadership behavior to employee performance. It indicated that the higher the work ability, hospital ethic, and leadership behavior, the higher the employee performance, if employee commitment also higher. The mediation effect of employee commitment in relationship between work ability, hospital ethics, leadership behavior to employee performance. Previous study only reach the direct effect in relationship between variables, Location of study as originality (no previous research for this relationship): General Hospital Type A in South Sulawesi, Indonesia.

Keywords: Employee Commitment, Work Ability, Hospital Ethic, Leadership Behavior, Employee Performance

INTRODUCTION

Nobody wants to be sick. However, it isn't easy to maintain health because sickness is unpredictable, irregular and maybe rare. Sickness also brings significant financial consequence and burdens one's economy. The sickness which causes economic burden for patient or their family is often considered a "catastrophe" (catastrophic illness). This unpleasant condition for most people is due to out-of-pocket payment of medical services.

Health insurance is a way to address the risk and uncertainty of sickness. The uncertainty of implicated expenses which follow sickness can be resolved by paying a relatively small amount of money regularly (called premium) to insurance agency. The benefit for members or participants of health insurance (in case of accident or sickness) is compensation of payment required to solve financial difficulty, by full or partial payment of the cost of treatment or medication during sickness by the insurance. The compensation tremendously helps one's recovery efforts.

The idea to establish a curative service (treatment, medication) funded by health insurance for all Indonesians keeps reappearing without any realization. Only civil servants, members of the military/police, and pensioners have the insurance. Despite the critiques, they and their family won't have any problem looking for money when they're sick or in need of medication. Civil servant insurance and the likes exist due to "forced stipulation" which cuts some of their salary for health insurance. Without it, they would refuse and then (as with people in general) they will look for money frantically when they or their families are sick.

Folland, et al. (1993:64) describes that in managed care-based health insurance, insurance provider must work with general practitioner, medical specialist and hospital. The insurance provider then pay some kind of subscription fee (in insurance, it's called capitation) to provider in fixed amount. It means that whether there is any patient or not, the amount paid is the same. This way, doctor and health service provider try to prevent patient from getting sick so that they don't have to spend extra energy and time caring for them.

"Further impact is doctor make preventive-promotional measures (prevention and improvement), which until now is difficult to cultivate in Indonesia (Murti, 2000: 48)". Apart from the controversy on view on health insurance development, in de facto health insurance business in Indonesia has grown rapidly in the past few years. Per end of December 2000, there were at least 71 health insurance companies which were spread in 66 life insurance companies, 2 social insurance and social security companies, and 3 insurance companies for civil servants and military/police. Among them, 21 health insurance companies open branches in South Sulawesi Province.

Beside growing in number, health insurance in Indonesia also grows in terms of the amount of collected premium. 62 percent of total gross premium in 2000 was life insurance premium. 25 percent was the premium of social insurance and social security, which is the insurance program ran by PT (Persero) Asuransi Jasa Raharja and PT (Persero) Jamsostek. Meanwhile, health insurance for civil servants and military/police, which includes insurance programs ran by PT (Persero) Asabri, PT (Persero) Askes, and PT (Persero) Taspen, contributed 13 percent. If the review of total premium was performed in depth, social insurance and social security would come out on top, followed by insurance for civil servants and military/police. Meanwhile, the life insurance ran by the private sector would be in the last place.

Therefore, the topics of the influence of work ability, hospital ethics, leadership behavior on employee commitment and employee performance of health insurance employees in the inpatient service of General

Hospital Type A in South Sulawesi, was interesting to study deeply. The purpose of this study was to study the mediating effect of employee commitment on the influence of work ability, hospital ethic, and leadership behavior on the performance of employees of General Hospital Type A in South Sulawesi. Originality of this study shown in (1) the mediation effect of employee commitment in relationship between work ability, hospital ethics, leadership behavior to employee performance. Previous study only reach the direct effect in relationship between variables, (2) location of study as originality (no previous research for this relationship): General Hospital Type A in South Sulawesi, Indonesia.

THEORETICAL BACKGROUND

Health insurance is a way to solve risk of uncertainty of sickness and the costs it causes. By paying relatively small amount of money regularly (premium) to insurance agency, individual risk will become group risk by risk pooling. The benefit for member is, in case of accident or sickness, member will receive compensation for financial loss by cutting total cost or partial cost of health service during the sickness. When purchasing health service from health service provider assigned by insurance company, member doesn't have to spend any money at all, or only pay some part of it.

Services industry is an industry specializing in intangible services which sometimes accompany a product when marketed. Substantially, the service sector contributed 74% of American GDP and contributed \$55,7 to surplus trade in 1993 (Lamb et al., 2000: 482). Meanwhile, in Asia the service sector business makes up 33% of total business in China and Indonesia, while in Hongkong this sector is 85% of total business of the country (Kotler et al., 2003: 454).

Health insurance or healthcare is a complex product whose development strongly depends on customers' experience and information (Miller, 2001: 36). The complexity and uniqueness of this insurance product is also described by Oswald et al (1988: 20) by stating that involving two agencies (insurance company and hospital/provider), this service product has prime characteristic, i.e. labor intensive, so that the measurement of service quality emphasizes on hospital service. The dimensions of service quality according to Oswald et al. (1998: 20) are facilities-related quality and human-factor related quality. Measurement of service quality depends of the perception of customer using the service.

Similar to Oswald et al., several experts categorize dimension facility-related quality into conformity to standards and timeliness, and human-related into attitudes and behaviors. More specifically, behavior include assessment of service quality by friendliness, timeliness, and staff's perceived knowledge. (Oswald et al., 1988: 20). In support of Oswald, Gallop (Oswald, et al., 1988: 20) finds that non-clinical aspects have stronger influence on perceived customer assessment on hospital service quality than clinical aspects. The non-clinical aspects according to Gallop (1988) consist of care and attention of paramedic and hospital employee to patient.

Customer satisfaction is an equally important concept to service quality. Both concepts are inseparable so that businesspeople categorize them as the key of company success in business. The simple logic of the businesspeople is if the customers are satisfied, something better will happen to their businesses in the future (Irawan, 2002: 9). In other words, customer satisfaction will be a good precedent for future business activity.

One of the aspects that satisfy customers is service quality. Service quality is a strategic issue which must be developed in company because strategic vision on service quality made by the leader of a company will be a reference for all layers of management in their daily activities. Specifically, the strategies which must be performed by company in terms of quality include providing goods and services which meet their

expectation implicitly and explicitly. This is confirmed by Irawan (2001:8) by stating that based on studies, 70% of company's failure to provide service which meets customer's expectation is due to non-human factors, while technology and system only contribute around 30% to it. Therefore, company which only emphasizes technology in providing service to customer will be disappointed if it doesn't prepare other important infrastructures, such as employee behavior.

The variables examined in this dissertation referred to previous studies, such as hospital ethic, which referred to the studies by Murphy (1995: 576) and Weaver et al. (1999:), leadership behavior (Smith, 1996: 163), employee commitment by Martin and Nicholls (Mullins, 1995: 654). Meanwhile, ability refers to the concept of job characteristics by Oldman and Hackman (Luthans, 1998: 200).

Johnston et al., review the influence of selecting sales people in organization on organizational commitment longitudinally. They perform two stages of a survey. The first stage is performed on 251 respondents and the second stage on 102 respondents. It uses regression analysis tool (cross sectional and longitudinal), Lisrel IV, and chi square. The research result shows that the commitment of sales people is strongly supported by supervision (leadership consideration and leadership role clarification). The commitment of sales people is strengthened by the experience of the sales people on job satisfaction. Increased role conflict in new sales people negatively influences the commitment of the sales people. Improved commitment of sales people reduces the level of turn over of sales people.

Nystrom study the influence of organizational on company commitment, job satisfaction, and company performance in 13 health insurance companies in America. He reviews culture in terms of cultural values and cultural norms. The sample in this study is 41 upper managers and 36 secretaries. The analysis tools used was regression and correlation analyses. The variables in this study are organizational culture as the independent variable, organizational commitment and job satisfaction as dependent variables. The study concludes that organizational culture influence organizational performance. Managers respond to values of organizational culture more than the norms of organizational culture. Organization working in strong culture has strong commitment. Organizational culture influences job satisfaction.

Murphy studies the status and future of corporate ethics in American companies. Specifically, he describes how much the ethics of major American companies meet the ideal criteria based on "Lacznak and Murphy's marketing ethics", which consist of five characters, i.e.; communicated, specific, pertinent, enforced, and revised. This study aims to describe corporate ethics through mail questionnaire for 257 respondents. Murphy hypothesizes that the ethics of American companies meet Lacznak and Murphy's five criteria. The research finds that statement ethics (ethical code, credo, and statement value) aren't sacred for the CEOs of major companies in America. Ethical policies by the major companies are treated as legal restriction communicated to external shareholders. Meanwhile, ethics statement is only communicated to employees. Ethical code generally only contains basic issues, not general industrial issues. Generally, the ethical codes of the major companies contain sanctions for employees who don't perform their obligations. Corporate ethical codes of most companies are used as reference for employees in working.

Rutledge et al., (1996) study the influence of quality of care of provider (hospital employee) and hospital accessibility on customer satisfaction. Using 110 respondents from hospital patients and using multiple regression analysis, it's concluded that the satisfaction of customers of health insurance (hospital) is significantly influenced by the quality of care of hospital employees (provider), behavior of hospital

employees, and service accessibility. Of the three quality assessment factors, accessibility has the biggest influence on the satisfaction of the customers of health insurance (hospital).

The study by Smith discusses the influence of leadership behaviors of public hospital managers in America on employee productivity, job satisfaction, and organizational commitment. The variables used in this study are leadership behavior as the independent variable, job satisfaction, productivity, and company commitment as the dependent variables. The sample consists of 41 managers and 610 employees under the 41 managers. It uses variance analysis (to differentiate the opinions of employee and superior) and multiple regression and correlation analyses. The research result shows that there are positive influence of leadership behavior of hospital managers on employee productivity, positive influence of leadership behavior of hospital managers on job satisfaction, and positive influence of leadership behavior of hospital managers on organizational commitment.

MATERIAL AND METHOD

This study used survey method, which is collecting sample from a population and using questionnaire as data collecting instrument. In terms of time, this study used cross-sectional design and explanatory research type, which is explaining causal relation between variables through hypothesis testing.

The population in this study was Public General Hospital Type A in South Sulawesi, which is RSUP dr. Wahidin Sudirohusodo Makassar, which consisted of paramedics and frontliners of RSU dr. Wahidin Sudirohusodo Makassar, and customers of health insurance (civil servants and their families) in various classification and government agencies in South Sulawesi, who became inpatients for at least three days in RSUP dr. Wahidin Sudirohusodo Makassar.

There were 2 (two) samples of this study, which were:

1. Sample of health insurance customers is members of health insurance ran by P.T. (Persero) Askes Indonesia, who became inpatients in three inpatient installations of RSUP Type A in South Sulawesi, i.e. SPK Sawit, Palem Pavillion, and Lontara Inpatient Unit (with requirements as stated before). Sample was collected by census and total sample was 160 health insurance customers (during data collection in mid-December 2003 to April 2004).
2. Sample of permanent employees (paramedics and frontliners) working in three inpatient installation units (SPK Sawit, Palem Pavillion, and Lontara Inpatient Unit) of RSUP dr. Wahidin Sudirohusodo Makassar. Sample was collected by stratified random sampling method based on the level of the employees (doubling as frontliners), general practitioners and medical specialists.

The data analysis method used here was SEM analysis by sobel test with exogenous variables including work ability, hospital ethic, and leadership behavior. The endogenous variables included employee commitment and employee performance in General Hospital Type A in South Sulawesi.

RESULT AND DISCUSSION

Examination of Goodness of Fit Model

In the first phase is testing assumptions in the model SEM. The assumptions that must be met prior to SEM analysis is the assumption of normality, absence of outliers, and linearity. The multivariate normality

assumption was tested with the help of software AMOS 6. normality test results obtained critical value ratio of 1.735 to the critical value for Z-stat 5% is equal to 1.96. Because the absolute value of CR for multivariate amounted to $1.735 < 1.96$ then the multivariate normality assumptions are met. To test whether there is an outlier, it can be seen with mahalanobis distance (Md). Mahalanobis distance is evaluate using a value of 33.68. Mahalanobis distance with the most distant observation point is the value $Md = 68.148$. It compared with the value of 33.68, the furthest Md value < 68.148 , there are indications of multivariate outlier, but basically outliers can not be removed if the outliers of data describing the condition of the data (not an error in the input data). Testing was conducted by the assumption of linearity Curve Fit. Linearity test results shows all significant linear model for the $Sig < 0.05$ thus concluded that the assumption of linearity have been met.

The second phase is the testing Goodness of Fit models. Results of testing the overall goodness of fit models, according to the results of the SEM analysis, to determine if a hypothetical model supported by empirical data, is given in Table 1 below:

Table 1
Goodness of Fit Overall Model

| <i>Criteria</i> | <i>Cut-of value</i> | <i>Result</i> | <i>Conclusion</i> |
|-----------------|---------------------|---------------|-------------------|
| Chi Square | Small | 141.295 | Fit Model |
| p-value | ≥ 0.05 | 0.238 | |
| CMIN/DF | ≤ 2.00 | 1.580 | Fit Model |
| RMSEA | ≤ 0.08 | 0.927 | Fit Model |
| GFI | ≥ 0.90 | 0.980 | Fit Model |
| AGFI | ≥ 0.90 | 0.984 | Fit Model |
| TLI | ≥ 0.95 | 0.060 | Fit Model |
| CFI | ≥ 0.95 | 141.295 | Fit Model |

Source: Data Processed, 2016

The test results based on the Goodness of Fit Overall Table 1 shows that both criteria showed a fit model that is Chi Square, CMIN / DF, RMSEA, GFI, TLI and CFI. Therefore, the model SEM in this study is accepted for fit model, so it can be done in order to discussion further interpretation. In the following section presents the results of hypothesis testing SEM analysis of direct influence. The hypothesis was significant if the P-value of < 0.05 . The complete test of direct effect is presented in the table below:

Table 2
Analysis Result: Direct Effect and Mediation Effect

| <i>Relationship</i> | <i>Coefficient</i> | <i>P-value</i> | <i>Conclusion</i> |
|---|--------------------|----------------|-------------------|
| <i>Direct Effect</i> | | | |
| Work Ability to Employee Commitment | 0.273 | 0.000 | Significant |
| Hospital Ethic to Employee Commitment | 0.222 | 0.000 | Significant |
| Leadership Behaviour to Employee Commitment | 0.352 | 0.000 | Significant |
| Employee Commitment to Employee Performance | 2.953 | 0.000 | Significant |
| <i>Mediation Effect</i> | | | |
| Work Ability to Employee Commitment to Employee Performance | 0.416 | 0.000 | Significant |
| Hospital Ethic to Employee Commitment to Employee Performance | 0.480 | 0.000 | Significant |
| Leadership Behaviour to Employee Commitment to Employee Performance | 0.474 | 0.000 | Significant |

Source: Data Processed, 2016

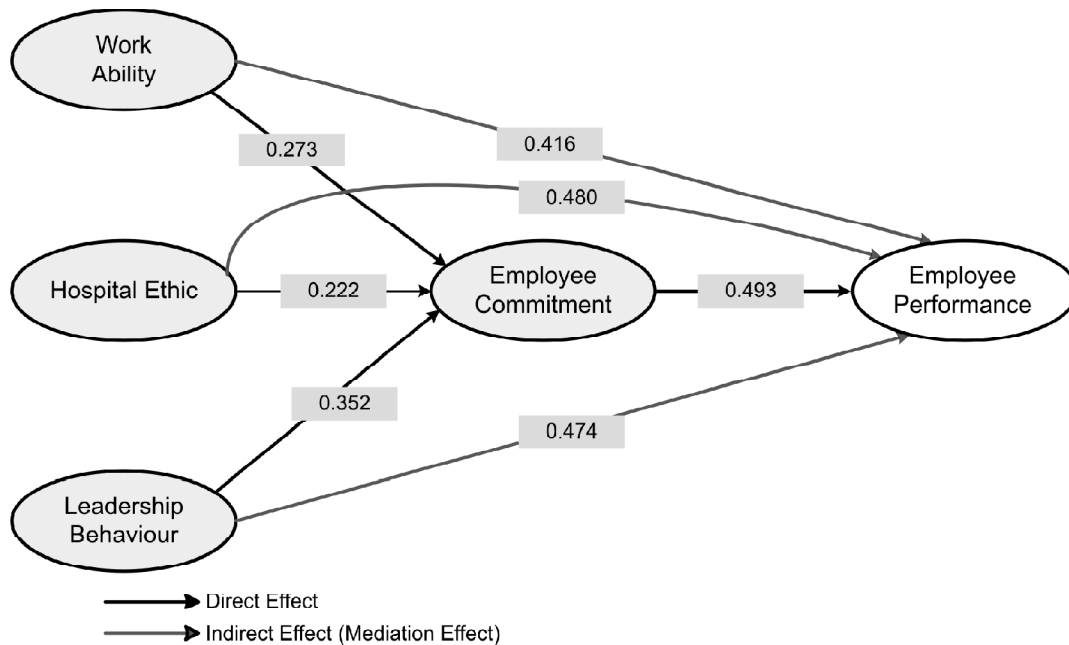


Figure 1: Analysis Result: Direct Effect and Mediation Effect

Based on the table and figure above, the direct effect result: First, the test on the influence of work ability on employee commitment produces coefficient value (loading factor) of 0.273 with 0.000 significances. Because the significance value is smaller than 0.05 it is concluded that there is significant and positive influence (positive coefficient) between work ability and employee commitment. It indicated that the higher the work ability, the higher the employee commitment.

Second, The test on the influence of hospital ethic on employee commitment produces coefficient value (loading factor) of 0.222 with 0.000 significance. Because the significance value is smaller than 0.05 it is concluded that there is significant and positive influence (positive coefficient) between hospital ethic and employee commitment. It indicated that the higher the hospital ethic, the higher the employee commitment.

Third, The test on the influence of leadership behavior on employee commitment produces coefficient value (loading factor) of 0.325 with 0.000 significance. Because the significance value is smaller than 0.05 it is concluded that there is significant and positive influence (positive coefficient) between leadership behavior and employee commitment. It indicated that the higher the leadership behavior, the higher the employee commitment.

Fourth, The test on the influence of employee commitment on employee performance produces coefficient value (loading factor) of 0.453 with 0.000 significance. Because the significance value is smaller than 0.05 it is concluded that there is significant and positive influence (positive coefficient) between employee commitment and employee performance. It indicated that the higher the employee commitment, the higher the employee performance.

Based on the table and figure above, the mediation effect result: First, the test on the influence of work ability on employee performance with employee commitment mediation, produces coefficient value (loading factor) of 0.350 with 0.000 significance. Because the significance value is smaller than 0.05 it is

concluded that there is significant and positive influence (positive coefficient) between work ability and employee performance with employee commitment mediation. It indicated that the higher the work ability, the higher the employee performance, if employee commitment also higher. In conclusion, employee commitment as mediation variables in relationship between work ability to employee performance.

The test on the influence of hospital ethic on employee performance produces with employee commitment mediation, coefficient value (loading factor) of 1.584 with 0.000 significances. Because the significance value is smaller than 0.05 it is concluded that there is significant and positive influence (positive coefficient) between hospital ethic and employee performance with employee commitment mediation. It indicated that the higher the hospital ethic, the higher the employee performance, if employee commitment also higher. In conclusion, employee commitment as mediation variables in relationship between hospital ethic to employee performance.

The test on the influence of leadership behavior on employee performance with employee commitment mediation, produces coefficient value (loading factor) of 2.316 with 0.000 significances. Because the significance value is smaller than 0.05 it is concluded that there is significant and positive influence (positive coefficient) between leadership behavior and employee performance with employee commitment mediation. It indicated that the higher the leadership behavior, the higher the employee performance, if employee commitment also higher. In conclusion, employee commitment as mediation variables in relationship between leadership behavior to employee performance.

Based on the hypothesis test, it was evident that there was significant and direct relation between work ability and employee commitment. This was shown by the path coefficient of work ability (MK) to employee commitment, which was positive. It showed that the commitment of paramedics and frontliners of RSUP Type A in South Sulawesi was influenced by the work ability of paramedics and frontliners. This supported the finding of Mowday, Porter and Steers and Johnston (Johnston, 1990: 333). They find that there are three antecedent factors in commitment. The factors are influence within someone, non-organizational factor, and organizational influence. Of the three factors, influence within someone is related with work ability. In close inspection, this factor has a broad meaning The influence within someone includes work ability, motivation, will, and personality. Moreover, the opinion of Mowday et al. affirms the influence of work ability on the commitment of employee in work.

The hypothesis test showed that there was significant and direct influence of hospital ethic on employee commitment. This finding was consistent with previous studies on the relation between ethic and commitment (Murphy, 1995: 578, Weaver, 1999: 41, Sims, 1994: 939, Robbins, 1996: 180), which state that ethics containing values strongly influence one's behavior or even entire organization. Robbins states that the implementation of ethics in a company requires commitment from the leaders of the company. This relation is affirmed by Sugiharto et al., (1998: 4, Hilman, 1998: 1, Sastrawinata, 1998: 3) who state that awareness of hospital ethic requires a commitment which should be implemented continuously.

Generally, the result of the research analysis accepted the proposed hypothesis, showing that there was significant and direct influence of leadership behavior on employee commitment (paramedics and frontliners) in RSUP Type A in South Sulawesi. It indicated that the better the leadership behavior of top leaders of RSUP type A in South Sulawesi (based on five variable indicators making up leadership behavior), the better the employee commitment in the hospital. This finding was consistent with the findings of previous researchers

(Smith, 1996: 171, Yukl, 1998: 194), who state that leadership behavior has positive and negative impacts on employee. The positive impacts are commitment and compliance of subordinate, while the negative impacts are resistance and denial of behaviors shown or demanded by superior. Essentially, studies on leadership behavior has drawn the interest of experts for decades. Meanwhile, the relation between the behavior and other variables have been studied by previous researchers, such as the examinations of the influence of leadership behavior on motivation and employee performance (Araki, 1982; Bass, 1985; Klimoski & Hayes, 1980; Yukl, 1989; in Smith, 1996: 162). Bass (1985) and Kouzes and Posner (1988) in Smith (1996: 162) are experts who started the study on five leadership behaviors used as reference by Smith in his study.

This study was performed in Public General Hospital Type A in South Sulawesi province, of which there is only one. However, this hospital is a regional hospital with complete facilities and infrastructures for curative services in eastern Indonesia. This hospital is the reference center of the entire eastern Indonesian region, especially patient reference center (specifically customers using health insurance service) in eastern Indonesia.

The findings in this study should provide an illustration on the characteristics of the performance of health insurance employees in the services of Public General Hospital Type A in eastern Indonesia. However, considering this Public General Hospital Type A will be the benchmark of the development of health industry in eastern Indonesian region, this study was able to describe health service behaviors in RSUP Type A in eastern Indonesia. Therefore, despite the limitation of the cross sectional design of the study and lack of involvement of all Public General Hospitals Type A in eastern Indonesia, the findings are expected to describe the characteristics of the performance of health insurance employees in the services of Public General Hospital Type A in South Sulawesi. Moreover, this result of this study describes the relations between the constructs tested in four months (mid December 2003 to mid April 2003). Below is the summary of theoretical and applicative implications of the result of this study.

CONCLUSIONS AND RECCOMENDATIONS

Based on the analysis result, the conclusion for this study are: (1) there is significant and positive influence (positive coefficient) between work ability, hospital ethic, and leadership behavior to employee commitment. It indicated that the higher the work ability, hospital ethic, and leadership behavior the higher the employee commitment. (2) employee commitment as mediation variables in relationship between work ability, hospital ethic, and leadership behavior to employee performance. It indicated that the higher the work ability, hospital ethic, and leadership behavior, the higher the employee performance, if employee commitment also higher.

The suggestions given in this study are: First, As the significance of the relation between work ability and employee commitment was proven, the board of directors of the hospital should be more “alert” (or more concerned) with the ability of their employees. Especially nurses, who indirectly describe their responsibilities, which aren’t even their core competencies. It’s feared that the burden may cause discomfort, job unsatisfaction which will impact the employee performance and harm them and the hospital. Eventually, the discomfort will indirectly influence the behaviors of the nurses in serving patients. Therefore, the hospital management should reform the job specifications in the hospital to remove the impression that the nurses work haphazardly. Moreover, to prevent the feeling of being burdened by daily activities, the hospital management should regularly hold recreational activities (once a month). It’s to develop familial

relation among hospital employees. For now, the steps taken by the hospital management for recreational activities are correct, but the event should be made into routine event which must be joined by all employees and their families. Second, The hospital management should give extra attention to the hospital employees (without exception) regarding their achievements by evaluating employee performance every three months. The award doesn't have to be expensive, but the substance of it is the acknowledgement from the hospital management to employees (paramedics and frontliners) and show the attention of the hospital to the hard work of the employees. This will create a sense of belonging among hospital employees and cultivate competitive climate among them so that their work motivation will improve. Selected employees will have their photos and data displayed in the frontline of the hospital. The exciting work atmosphere will create very good service climate for all stakeholders of the hospital.

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