

## **THE INFLUENTIAL FACTORS ON THE PATIENTS SATISFACTION AND INTENT TO BEHAVE: A CASE STUDY IN NORTH SULAWESI PROVINCE**

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### **ABSTRACT**

*The research analyses the effect of service quality on the hospital's patients satisfaction and patients intent to behave, the effect of intent to behave, medical team behavior on patients satisfaction and patients intent to behave, the effect of communication quality on patients satisfaction and patient intent to behave, patient's trust on the intent to behave, and patient satisfaction on the intent to behave. The sample consists of whole patients who had been undergoing normal treatment at the hospital at their own health insurance service or ASKES, in the North Sulawesi province. The data were collected using non-probability sampling that was an accidental sampling technique. The sample was of 300 respondents. The analysis was done using the SEM (Structural Equation Modeling) with AMOS (Analysis of Moment Structural) software as supporting program. It can be concluded that service quality has a significant effect on the patient's satisfaction. Service quality, organizational citizenship or medical team at the hospital behavior, and trust all have a significant effect on the patients' intent to behave that is they remain loyal. Trust has also a significant effect on the patient intent to behave. However, the patients' satisfaction has no significant effect on their intent to behave.*

**Key words:** *Citizen Behavior, Patient Satisfaction, Behavior Intention, Patient Trust, Service Quality, Hospital Maternal.*

## **FAKTOR-FAKTOR PENENTU KEPUASAN DAN NIAT BERPINDAH PASIEN RUMAH SAKIT BERSALIN DI PROVINSI SULAWESI UTARA**

### **ABSTRAK**

*Penelitian ini menganalisis pengaruh kualitas pelayanan terhadap kepuasan pasien rumah sakit dan niat pasien berpindah rumah sakit; pengaruh niat pasien berpindah rumah sakit; perilaku tim medis pada kepuasan pasien dan niat berpindah rumah sakit; kualitas komunikasi tim medis terhadap kepuasan pasien dan niat berpindah rumah sakit; kepercayaan pasien terhadap niat berpindah rumah sakit; dan pengaruh kepuasan pasien terhadap niat berpindah rumah sakit. Sampel terdiri atas seluruh pasien yang sedang menjalani perawatan melahirkan bayi mereka dengan pembayaran ASKES di provinsi Sulawesi Utara. Data tersebut diambil dengan cara non-probability sampling yaitu teknik accidental sampling. Didapatkan sampel sebanyak 300 responden. Data dianalisis menggunakan Structural Equation Modeling (SEM) dengan bantuan software AMOS. Hasilnya dapat disimpulkan bahwa kualitas pelayanan berpengaruh secara signifikan pada kepuasan pasien. Kualitas pelayanan, perilaku tim medis di rumah sakit berpengaruh pada perilaku pasien untuk berpindah atau tidak, dan kepercayaan pasien berpengaruh pada niat berpindah rumah sakit yaitu tetap loyal pada rumah sakit. Kepercayaan juga berpengaruh pada niat berpindah rumah sakit atau tidak. Namun, kepuasan pasien ternyata tidak berpengaruh pada niat berpindah atau tidak.*

**Kata Kunci:** *Perilaku masyarakat, Kepuasan Pasien, Niat Berpindah, Kepercayaan Pasien, Kualitas Pelayanan, Rumah Sakit Bersalin.*

## INTRODUCTION

In a condition of competitive, even if consumers are satisfied with the products offered by the company, it cannot guarantee that consumers will remain loyal and re-use the company's products. They can easily switch to another company's products if the company does not focus on the strategies related to the consumers' desire. For example, in the marketing literature, consumer desire to re-use the company's products is known as intention to behave.

In the healthcare industries like the hospital or maternity hospital, a patient's behavior is a new phenomenon, along with the government's program to improve the quality of life of healthy people. Yet, the society is requested to participate for the support given to government programs such as health care or maternity hospital.

The gap between the expected qualities of healthcare service received by a patient can determine their satisfaction. Ryu (2005) describes that it is an acceptable quality of service offered, influencing whether consumers will be satisfied with the service experience. One of the main reasons is that they look at the emotional experience. Again, Cronin et al. (2000) stating that customer satisfaction is the result of a perception of the value of the services they received.

In competitive business, even if consumers are satisfied with the products offered by the company, the company cannot guarantee that consumers will remain loyal and re-use the company's products. The level of satisfaction is determined by a combination of quality services to the value received by a consumer (Lee 2005). For example, Wakefield and Blodgett (1996) in his study proves the influence of service quality on customer satisfaction.

The quality of service received by the consumer will influence the customers' intention. Magi and Julander (1996) argue that the relationship between perceptions of service quality and behavioral outcomes is important for the company. There is a positive relationship between the quality of the ser-

vice or services received and the intention to behave. They further argue the higher quality of service, the higher the intention of consumer behavior. If the company maintain quality of the service and strive to further improve in the future, it will cause consumers to behave in a positive intention.

Such a condition means that the greater the opportunity for consumers to return, the more they are willing to give advice to others to consume the services they have recommended. Thus, it is important to see the result of behavior of the customers by the company. Quality of service can increase the desire to behave or intention to purchase (MacDonald and Smith 2004; Cronin et al. 2000; Bigne et al. 2001).

The quality of service is one of constructs to explain the intention to behave in the future (Yoon and Suh 2003). Zamil et al. (2012) and Padma et al. (2010) support the arguments that there is a significant effect between the quality of health care and the patient satisfaction. In such a condition, employees are an important asset in a transaction service for the company, because it can make a difference that can create customer satisfaction and loyalty (Djati and Ferrinadewi 2004). One of employees' roles is in the form of extra-role behavior for organizational citizenship behavior (OCB). Overall OCB has an important connection with the performance of a particular organizational unit, such as OCB associated with increased satisfaction (Seiders et al. 2005; Moynihan et al. 1999).

The role of extra employees (OCB) affects both cognitively and emotionally consumers' desire to remain with the company or continue to use the product or service in the future. In this case, Makeover (2003) argues that the desire to behave can be interpreted as an indicator of whether a consumer will remain loyal or willing to leave the company. As such, the employees behaved in serving will increase the desire to settle down. Furthermore, Blancero et al. (1995) suggest that consumers who receive service from a waiter who behaved (pro-social be-

havior) will remain using the company's service and developing a positive impression of the organization.

The crucial factor is the behavior of an employee's ability to communicate. According to Mohr and Sohi (1995) the quality of communication is positively associated with their satisfaction with communication. The argument of Mohr and Sohi (1995) essentially based on the model that a consumer does not have complete information on a service or services provided. Therefore, communication occurs at every level of the organization. This means that communication occurs at the level of a company or organization to the level of its employees.

When consumers do not have full information on the service or services provided there will be a strong desire of consumers to obtain this information. For example, according to Mohr and Sohi (1995), the information will be accepted by consumers if the communication is done in a good quality. Furthermore, if the consumers get the information they need or want, they will be satisfied.

The relationship between consumer expectations in a communication system and satisfaction is important Repo and Gronroos (2004). It is an integral part of the communication system. Vadi and Suuroja (2006), have opinion essentially similar to the model expectation of Wilson et al. (1999). However, Vadi and Suuroja (2006), give emphasis on personal communication. They argue that good communications will make consumers feel happy or comfortable in the process of interaction service or services. Consumers will feel comfortable when what is perceived according to what is acceptable.

The communication skills of employees have impact on customer satisfaction. Ryan and Dewar (1995) argue that the communication skills of employees are essential in maintaining the interest of the visitors. Quality of communication can affect customer satisfaction and knowledge. This is logical because the communication course will involve or relate the information needed by

consumers. It is useful to increase their knowledge. The higher the quality of communication, the more information consumers receive, and if this information as necessary or desired by the customers, they will be more satisfied.

The communication quality affects the intentions to behave. Zeithaml, et al. (1996) as quoted by Keillor et al. (2004) that the intention of behaving can be interpreted as a sign of whether a customer will stay or leave the company. So does Kotler et al. (2006:541; 918). They argue that the quality of communication as the total features and characteristics of communication is able to meet customer needs and performed well in the early stages of purchase until the end of the consumption of goods or services offered by the company.

Lueg et al. (2006) states that a communication received by the consumer will get a good response. The responses may include behavior and intention to shop again. This suggests that communication is acceptable. The information provided during the process of communication can provide a positive stimulus for the behavior and intentions of consumers. If this happens then the communication is within the scope of the definition of the quality of communication. This means it can be said that the quality of communication can affect a consumer's intention to behave.

Jeong and Lambert (2001) also argue that the intention of behaving is associated with the quality of hotel information. They emphasize the aspects of information quality.

According to some opinions regarding beliefs, Djati and Ferrinadewi (2004) concluded that the trust has several important elements, namely the willingness of one party to be accept helplessness upon relationships with other people, with the belief that each of them will not exploit the weaknesses of its partners, as well as the expectation that the other party may give the satisfaction of needs (respond as expected).

A similar argument was also presented by Chu (2003) who asserts that trust is an

important factor underlying or a relationship. Trust can affect satisfaction in the context of a relationship. Logically if there is trust in a relationship then both parties will keep each other so it will give what should be given and received over what should be accepted. Thus, when expectations are equal to true, it means satisfaction.

Singh and Sirdeshmukh (2000) argue that trust is an important mediator between behaviors before and after purchase and can drive long-term customer loyalty and connecting between sellers and buyers. Chu (2003) found that commitment and trust, is added to the satisfaction and loyalty, is central to the success of the marketing relationship and empirical findings indicate that these factors directly lead to behavior collaboration. In addition, Singh and Sirdeshmukh (2000) and Chu (2003) revealed that trust is central to a marketing relationship that will create a cooperative behavior among consumers and produces, if this condition is met then logical that consumers will be satisfied, because it will get what it wants

The impact of trust is also delivered by Floh and Treiblmaier (2006) stating that the satisfaction and trust are identified as important antecedents of loyalty. This is due to the trust as instrumental in creating customer satisfaction. Balasubramanian et al. (2002) found that confidence may become a central role for customer satisfaction. Faith plays an important role in achieving customer satisfaction.

It is a fact that the high level of customer satisfaction can predict higher levels of trust. Consumer confidence makes sure that the service provider will provide the best service. The relationships between trust and satisfaction can also be examined from the more specific aspect. For example, Djati and Ferrinadewi (2004), found the importance of trust for the company as brand trust will affect customer satisfaction and loyalty. So, trust in the brand will make consumers feel comfortable and satisfied and finally loyal.

Nicholson et al. (2001) found confidence leads to success in dealing and improving communication, cooperation, satisfaction and

purchase intent. Singh and Sirdeshmukh (2000) also state that the trust or trusts will affect the performance of the pre-purchase; pre purchase will influence subsequent decisions. The stronger the desire is, the higher the intention of consumer behavior.

Floh and Treiblmaier (2006) found satisfaction and trust will also have an impact on the intensity of consumers remembering. Lee et al. (2000) argue that the quality of service received cause consumer satisfaction. Eggert and Ulaga (2002) found that customer satisfaction has a positive relationship with the repurchase intention. Similarly, the findings from Seiders et al. (2005) found customer satisfaction affects repurchase intentions. Lee and park (2005) describe that increasing overall satisfaction leads to greater repurchase intentions as well as to actual repurchase behavior.

To summarize the above arguments, this study aims to analyze the effect of quality of hospital or health care services, extra-role behavior, and the quality of the medical team communication, and patient trust on the intention to behave either directly or through customer satisfaction.

## **RESEARCH METHOD**

### **Research Model**

The research model is shown in Figure 1.

### **Research Approach**

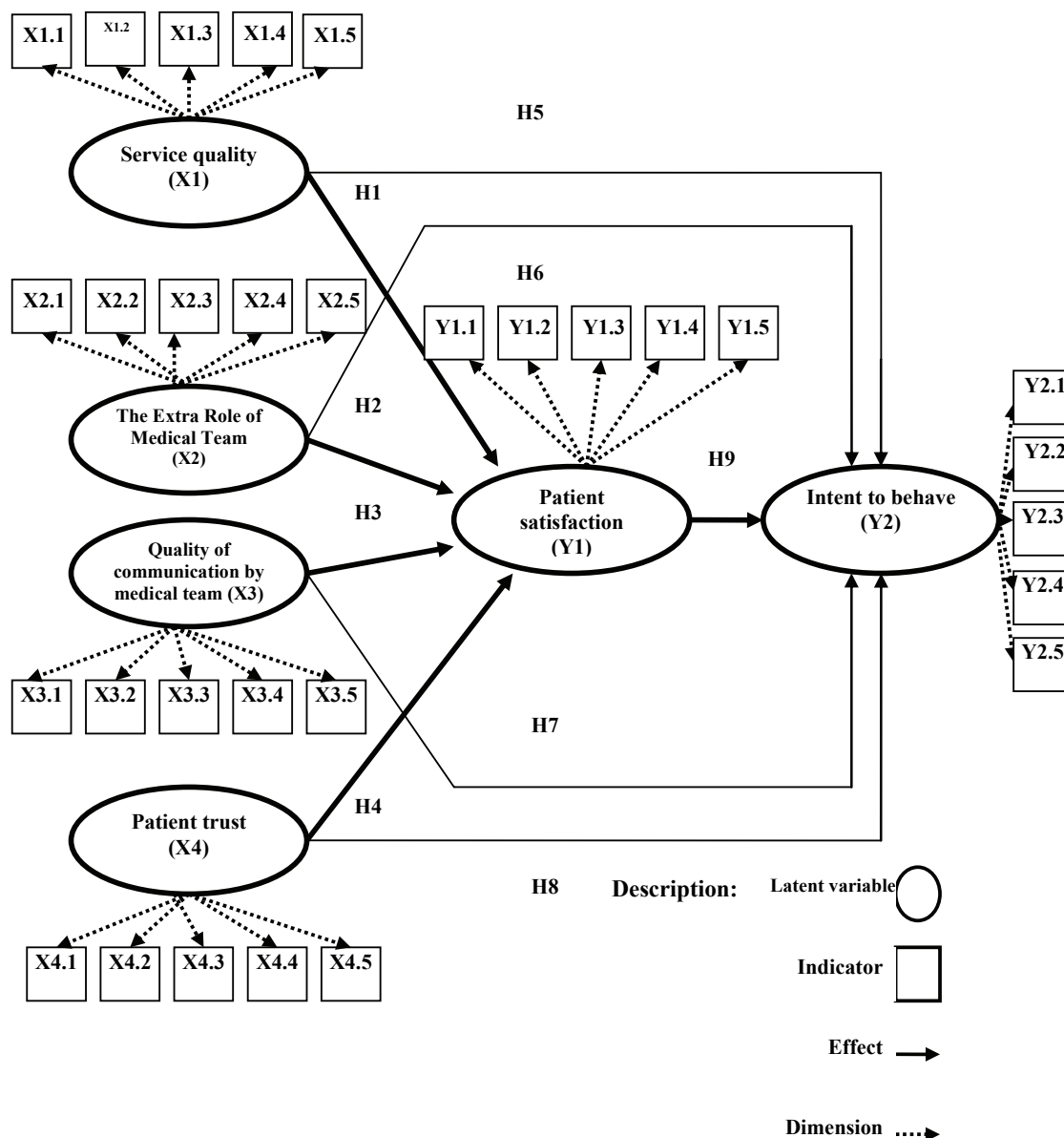
The research design as analytically is classified into a quantitative approach. According Anzwar (1998:5) such a study emphasizes the analysis of numerical data which are processed by statistical methods. Besides, it is said that a quantitative approach concerns inference to test hypotheses and rely on the conclusions result in a rejection of the hypothesis of zero error probability (Anzwar 1998:5). When viewed from the level of explanation the study is associative.

### **Population and Sampling Techniques**

#### **Population**

It took 4 months, starting from July 2007 until December 2008, with the population

**Figure 1**  
**Research Model**



Source: Adapted from several studies, such as Ryu (2005); Cronin et al. (2000); Schneider et al. (2005); Moynihan et al. (1999); Makeover (2003); Blancero et al. (1995); Mohr and Sohi (1995).

consisting of the hospital's patients with babies under five years and a normal delivery at their own expense (excluding health insurance) at least once in the hospitals in North Sulawesi Province by their own intention or voluntary, by friends or family, or their own family doctor.

**Sampling Techniques**

Sampling technique was done by probability sampling with cluster sampling technique.

Based on cluster sampling technique, the researchers classified the two main clusters of hospitals: private hospitals and state hospitals. Once selected based on a number of criteria (e.g. patients outside ASKES/health insurance, number of patients, referral and other aspects), the second phase of the cluster formed by a return visit pattern classification (according to the basic concepts of behavioral intention variables) in the form of one time came, over and over 1 times and

**Table 1**  
**Number of Sample in of Every Hospital**

<b>Residence/City</b>	<b>Hospital</b>	<b>Sample</b>
Manado	RSU Prof.Dr. Kandouw	30
	RS Permata Bunda	30
Bitung	RSUD Bitung	30
	RSU Budi Mulia	30
Minahasa Kotamobagu	RSU Dr. Sam Ratulangi	30
	RSU Kesdim Kotamobagu	30
Minahasa Utara	RSU Datu Binangkang	30
	RSUD Walanda Maramis	30
	RSU Hermana Lembean	30
<b>Total</b>		<b>300</b>

repeated intention. So, the first cluster aims to choose the hospital and the second cluster aims to determine the respondents. The use of this technique to classify the sample is based on ten hospitals of maternity in North Sulawesi.

As suggested by Hair (1998), when the sample size is too large for example 400, then the method become so sensitive and difficult to get goodness-of-fit. Therefore, it is recommended that the minimum sample size is 5-10 observations for each parameter which is estimated.

The sample of 300 people was from the patients receiving the service or process in the maternity hospital and private sectors in the province of North Sulawesi (see Table 1). This number is derived from the number of indicators multiplied by 30 pieces 5. Thus, the minimum sample size of  $30 \times 5 = 150$ , therefore, taken 300 samples the minimum requirements have been complied.

### **Types of Data, Data Sources and Data Collection Techniques**

Data type or scale is interval, in which the highest value is 5 and the lowest is 1. In terms of the source, this is dealt with primary data and secondary data. Primary data is data was taken from field researchers in this subject is all maternity patients who had used the services of the hospitals in the study sample and private maternity hospitals in North Sulawesi province, especially about the quality of service, extra-role behavior, quality of communication, and reliance on

patient satisfaction and behavior intention.

The secondary data were taken from the official data that north Sulawesi Provincial Health Office and the data from each maternity hospital in the province of North Sulawesi as well. The method used is based on interview, questionnaire, and the observation and documentation.

### **Measurement of Variables**

Service quality is measured through: reliability, understanding, responsiveness, competence, and accessibility. Extra-role behavior is measured through: helpful, sportsmanship, knowledgeable, constructive suggestion, and altruism. Quality is measured through employee communication: easy, accuracy, superior information, expression, and body language. Confidence is measured through: good services, good advice, consistent, valuable, complete, and promises. Customer satisfaction is measured through: exactly, the best service, wise, true, and comparators.

### **Analysis Method**

This study uses SEM (Structural Equation Modeling) with auxiliary AMOS program (Analysis of Moment Structural).

### **DATA ANALYSIS AND DISCUSSION**

To support the field of regional policy of hospitalization, one of the efforts undertaken is the provision of health facilities, including the hospital. In North Sulawesi, there are several general hospitals, state-owned or

**Table 2**  
**Description of Respondents in the Hospitals in North Sulawesi**

No.	Characteristics	Total	Percentage
1.	<b>Age (year) when interview</b>		
	16-21	15	5
	22-28	98	32.7
	29-35	110	36.7
	36-41	61	20.3
	41 above	16	5.3
2.	<b>Do you use the hospital service with the same hospital for the next maternity process?</b>		
	Yes	255	85.0
	No	45	15.0
3.	<b>Level of education</b>		
	SD (primary schools)	13	4.3
	SMP (junior school)	42	14.0
	SMA/(high school)	176	58.7
	D3(undergraduate)	4	7.0
	S1(graduate)	5	13.3
	S2 (postgraduate)	6	2.7
4.	<b>Regency/ City</b>		
	Manado	30	10.0
	Bitung	30	10.0
	Minahasa Utara	30	10.0
	Minahasa	30	10.0
	Minahasa Selatan	30	10.0
	Minahasa Tenggara	30	10.0
	Kotamobagu	30	10.0
	Tomohon	30	10.0
	Tahuna	30	10.0
	Talau	30	10.0

Source: Processed data in 2009.

private, totaled to 22 hospitals. Data of the North Sulawesi Provincial Health Office show that patients visit the out-patient installations in North Sulawesi are from patients ASKESKIN (poor family health care insurance) that is 95,565 patients, or by 56.30%, to as many as 60,775 patients, Social ASKES patients or by 35.80%, and for general patients of 13,422 patients or by 7.90%.

For ALOS (average length of stay), it is a reflection of the level of efficiency and quality of hospital services with the size ideally 6-9 days. In North Sulawesi province, ALOS is 7 days for 2003 and 10 days for 2007, meaning that it is close to the ideal level. BTO (bed turn over) is the frequency of use of the bed, how many times a year the bed is used. Ideally, 1 bed must be used on average 50-60 times. In North Sulawesi province BTO is 36 times for 2003 and 32

times for 2007 which means it is less than ideal levels.

Turn over an interval (TOI) is an efficient use of the bed as seen from the average which is occupied bed days not from the time when it is fully charged to the next. In North Sulawesi province, the TOI was 3 days for the year 2003 which is to be at the level of less than ideal, and in 2007 was 1 day (either ideal or efficient level).

#### **Description of Research Respondents**

The number of respondents is 300 respondents. Sample is identified by age, gender, and education level, length of service, and field assignments or department (see Table 2).

Based on Table 2, for respondents by age, it indicates the composition of 16-21 years for as many as 15 respondents, 98 respondents as many as 22-28, 29-35 by 61 respondents, and

**Table 3**  
**The Variable Description**

Variables	Item	Probability	Description
<b>Service quality (X1)</b>	<i>Reliable</i>	0.000	Valid
	<i>Understanding</i>	0.000	Valid
	<i>Responsive</i>	0.000	Valid
	<i>Competent</i>	0.000	Valid
	<i>Accessible</i>	0.000	Valid
<b>Extra-role behavior (X2)</b>	<i>Helpful</i>	0.002	Valid
	<i>Sportsmanship</i>	0.030	Valid
	<i>Knowledgeable</i>	0.000	Valid
	<i>Constructive Suggestion</i>	0.000	Valid
<b>Personal communication quality (X3)</b>	<i>Altruism</i>	0.000	Valid
	<i>Easy</i>	0.001	Valid
	<i>Accuracy</i>	0.000	Valid
	<i>Superior Information</i>	0.004	Valid
	<i>Expression</i>	0.000	Valid
<b>Trust (X4)</b>	<i>Body Language</i>	0.009	Valid
	<i>Good Services</i>	0.000	Valid
	<i>Good Advice</i>	0.000	Valid
	<i>Consistent</i>	0.000	Valid
<b>Customer Satisfaction (Y1)</b>	<i>Valuable</i>	0.001	Valid
	<i>Complete</i>	0.000	Valid
	<i>Precise</i>	0.000	Valid
	<i>Best service</i>	0.000	Valid
	<i>Wise</i>	0.000	Valid
<b>Intention to Behave (Y2)</b>	<i>Correct</i>	0.000	Valid
	<i>Comparative</i>	0.000	Valid
	<i>Say Positive</i>	0.000	Valid
	<i>Recommend</i>	0.000	Valid
	<i>Remain Loyal</i>	0.000	Valid
	<i>Spend More Money</i>	0.000	Valid
	<i>Not Expected to Switch to Another</i>	0.000	Valid

36-41 by 16 respondents. Based on the level of education, they are mostly high school graduates or equivalent of as much as 176 respondents or 58.7%, primary and secondary school graduates respectively were 13 (4.3%) and 42 (14.0%), D3, S1 and S2 as a whole totaled 69 respondents or 24%.

The respondents by regency or city, it shows that the respondents are spread evenly at each hospital in each of these regencies or cities in North Sulawesi by 30 respondents or 10%.

#### **Description of Research Variables**

It consists of variables of the service quality, extra-role behavior, the quality of personal communication, trust, customer satisfaction, and intention to behave. Description of respondents' assessment of each successive variable is presented in Table 3.

#### **Description of Service Quality**

##### **a. Reliable Indicator**

It shows the respondents provide an assessment to agree to by 63% and totaled to 29.3% strongly agree that the hospital medical team's diagnosis is right in line with the clinical symptoms of any illness complaints. It shows that the respondents provide an assessment of 67.7% to agree and 18.0% strongly to agree totaled that the hospital / maternity treatment where they have complete equipment according to the needs of the type of disease.

##### **b. Indicators of Understanding**

It indicates that respondents provide an assessment of 58.3% to agree and 23.3% to strongly agree that the team at the hospital's medical or maternity understand what is required of each patient seeking treatment. It also shows that respondents provide an as-



**Table 4**  
**Coefficients of Direct Influence Coefficient between Variables**

No.	Variables	Regression Coefficients (Un-std.)	C.R. T-Value	Prob.	Description
1.	Service quality –patient satisfaction	0.354	2.260	<b>0.024</b>	Significant (+)
2.	Extra-role behavior -patient satisfaction	0.623	2.970	<b>0.003</b>	Significant (+)
3.	Medical team quality of communication service- patient satisfaction	-0.249	-2.680	<b>0.007</b>	Significant (-)
4.	Trust-patient satisfaction	0.321	2.846	<b>0.004</b>	Significant(+)
5.	Service quality-intent to behave	0.237	2.335	<b>0.020</b>	Significant (+)
6.	Extra-role – intention to behave	0.890	4.293	<b>0.000</b>	Significant (+)
7.	Medical team service quality– intent to behave	-0.143	-2.174	<b>0.030</b>	Significant (-)
8.	Patient Trust – intent to behave	0.258	3.218	<b>0.001</b>	Significant (+)
9.	Patient satisfaction- intention to behave	-0.129	-1.815	<b>0.070</b>	Not significant (-)

Source: Processed data in 2009.

assessment of 65.0% to agree and 29.3% to strongly agree that the hospital medical team provides medical services in accordance with what is required of each patient seeking treatment.

**c. Responsive Indicator**

It indicates that respondents provide an assessment of 57.0% to agree and 21.3% to strongly agree that the team at the hospital's medical or maternity responsive in providing medical services. It also shows the respondents provide an assessment of 52.7% to agree and 22.7% to strongly agree that at these hospital medical teams provide prompt treatment to each patient.

**d. Competent Indicators (X1.4)**

In this case, the respondents provide an assessment of 53.0% to agree and 31.0% to strongly agree that hospitals have an expert medical team according to the type of disease. Results show respondents provide an assessment of 50.3% agreed and 31.3% strongly agreed that disease for patients treated by a medical team who has the expertise appropriate to the disease.

**e. Indicators Accessible (x1.5)**

The respondents provide an assessment of 54.7% to agree and 24.7% to strongly agree that the hospital or maternity is suited in process of health care. It shows respondents

provide an assessment of 54.7% to agree and 17.7% to strongly agree that each patient has an equal opportunity to use health facilities.

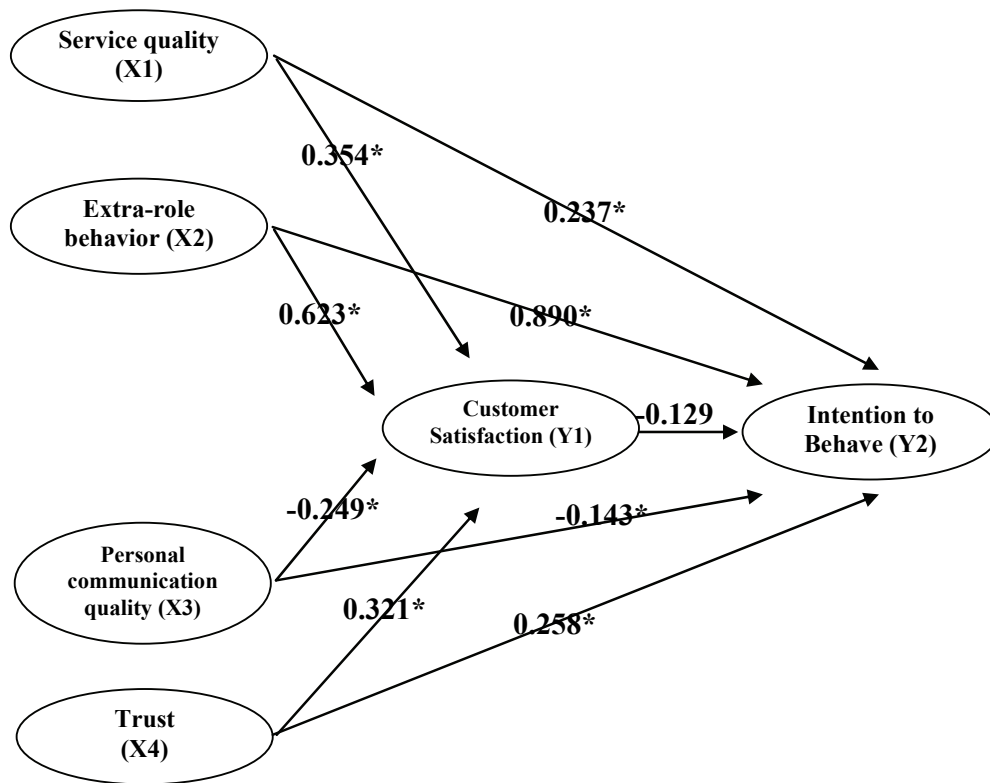
**The Results of Structural Model Estimation**

In hypotheses testing, it was done in two ways: first by comparing the value of critical ratio (CR) as a proxy for t-count or t-value with a t-table. This is because all values of critical ratio (CR) are positive then the alternative hypothesis is accepted if  $CR > t$ -table.

Secondly, it is by directly to see the probabilities. Alternative hypothesis will be accepted if the probability is below or equal to 0.05 (5%). To test each hypothesis is stated as follows: Regression coefficient, t-value, and the probability or significance level ( $\alpha = 0.05$ ) is very important, to interpret the influence of a variable to another variable that can be seen in schematic form as in Table 4.

Based on Table 4 and Figure 2, it can be concluded that the regression coefficient for the effect of the quality of hospital or maternity service towards the patient satisfaction is at 0.354. This suggests that the good quality of hospital care or maternity can increase patient satisfaction in the use of hospital services. The increase of patient satisfaction for

**Figure 2**  
**Scheme and Value Regression Coefficients of Structural Model**



Note: \*Significant ( $\alpha=0.05$ )

the regression coefficient hospital service quality or delivery is equal to 0.354 (the other permanent variables).

The first hypothesis states that service quality positively and significantly affects patient satisfaction. It shows the value of critical ratio of 2.260 and a significant level of 0.024, thus it is accepted or proved. It supports the argument by Lee and Park (2005), Cronin et al. (2000), Fornell et al. (1996), Wakefield and Blodgett (1996), Riel et al. (2004) and Ryu (2005).

Regression coefficient of the quality of hospital or maternity services affecting the patient's intention to behave is 0.237. This suggests that the quality of hospital services either enhances patient behavior intention to use hospital services in the future. The patient behaves intentions for the regression coefficient is equal to 0.237 quality of service (other permanent variables).

The second hypothesis states the service quality significantly positively affects inten-

tion to behave. The value of critical ratio is 2.335 and a significant level of 0.020 then the hypothesis is accepted or proved. It also supports the idea by Magi and Julander (1996), MacDonald and Smith (2004), Yoon and Suh (2003), Cronin et al. (2000), Bigne et al. (2001), Harris and Goode (2004).

Regression coefficient for the effect of extra-role behavior and the medical team on the satisfaction of the patient is at 0.623. This suggests that the increase in extra-role behavior of the medical team will cause increased patient satisfaction. The patient satisfaction for the regression coefficients extra role behavior of the medical team is equal to 0.623 (the other permanent variables).

The third hypothesis states that extra-role behavior affects positively and significantly patient satisfaction. It shows the value of critical ratio of 4.293 and a significant level of 0.000. Thus, the hypothesis is accepted or proved. This also supports the concept by Seiders et al. (2005), Moynihan

et al. (1999), Makeover (2003), Blancero et al. (1995).

Regression coefficient for the effect of extra-role on the patient intention to behave is at 0.890. This suggests that the increase in extra-role behavior of the medical team will cause increased patient behavior intention to use hospital services in the future. Improved patient behaves intention of regression coefficients extra role behavior of the medical team that is equal to 0.890 (the other permanent variables).

The fourth hypothesis is states that extra role behavior shows a positive and significant effect on the intention to behave. It indicates that the value of critical ratio is 4.293 with a significant level of 0.000; therefore, the hypothesis is accepted or proved. This also supports the findings by Cameron et al. (2004), Makeover (2003), Blancero and Johnson (1997) and Blancero et al. (1995).

For its regression coefficient for the effect of the quality of the medical team communication towards patient satisfaction, it is at -0.249. This suggests that increasing the quality of the medical team communication will reduce patient satisfaction in using hospital services. The decrease of patient satisfaction for the quality of the regression coefficient is equal to the medical team communication -0.249 (other permanent variables).

The fifth hypothesis is states that communication quality of medical team has a negative and significant effect on patient satisfaction. This indicates that the value of critical ratio is 0.007 with the significant level -2.680. Thus, it reflects that this hypothesis is accepted or proved. This evidence supports the concept by Repo and Gronroos (2004), Vadi and Suuroja (2006), Dolen et al. (2007), Ryan and Dewar (1995), Mohr and Sohi (1995), and Wilson et al. (1999). It is due to the coefficient of the communication quality by the medical team, which has a negative direction with patient satisfaction, according to the findings by Hansen (2005) and Mohr and Sohi (1995).

The regression coefficient for the effect of the communication quality of the medical

team on the patient's intention to behave is at -0.143. This suggests that increasing the quality of the medical team's communication can reduce the patient's intention to behave that is keeping using their hospital services in the future. In this case, the decrease in patient behavior intentions and its regression coefficient of communication quality by the medical team is indicated by the score of -0.143 (other permanent variables).

The sixth hypothesis states that communication quality medical team significant negative effect on the intention to behave. It provides evidence the value of critical ratio of -2.174 and a significant level of 0.030. Therefore, it is accepted or proved which is consistent with Zeithaml et al. (1996), Keilior et al. (2004), Lueg et al. (2006), Kotler et al. (2006: 541; 918), Vadi and Suuroja (2006), Hansen (2005) and Bertha (2009).

The regression coefficient for the effect of patient's trust on the patient's satisfaction is at 0.321. This suggests that the increased trust on hospital can improve the patient's intent to keep in touch with the hospital in the future. The improved patient's intent of behave is with the regression coefficient equal to 0.321 of patient trust (other permanent variables)

The seventh hypothesis states that Trust has have significant and positively effect on the patient satisfaction. It is indicated by the value of critical ratio of 2.846 and a significant level at 0004, meaning that the hypothesis is accepted or proved. This is consistent with Chu (2003), Singh and Sirdeshmukh (2000), as well as Floh and Treiblmaier (2006). The regression coefficient for the effect of trust on the intent to behave is equal to 0.258. This means the increased trust on hospital can improve patient's intent to use hospital services in the future. Improved patient's intent to behave has regression coefficient equal to 0.258 of patient trust (other permanent arable)

The eight hypothesis states that trust has a positive and significant effect on the intention to behave. It is indicated by the value of critical ratio of 3218 and a significant level

of 0.001, thus it is accepted or proved. This is consistent with Sirdeshmukh Singh (2000), Nicholson et al. (2001) and Lee and Park (2005). The regression coefficient for the effect of patient satisfaction on the intention to behave is at -0.129. This suggests that increasing patient satisfaction did not improve patient behavior intention to use hospital services in the future. The patient satisfaction towards patient satisfaction has regression coefficient equal to -0.129 (other permanent variables)

The ninth hypothesis states patient satisfaction affects positively the intention to behave. These results demonstrate the value of critical ratio of -1815 and a significant level of 0.070 then the hypothesis is rejected or not proved. In particular, this evidence is contradictory with Olorunniwo et al. (2006), Lee and Park (2005), Eggert and Ulaga (2002), Seiders et al. (2005), Riel et al. (2004), Kotler (2000:36), Sumartini (2001), Zeithaml, et al. (1996) Makeover (2003). However, Hansen (2005), Oliver (1981) in Choi and Chu (2001), can provide an explanation for this relationship which is not significant.

The total value of the effect of service quality, extra-role behavior, service quality, and trust on the intention to behave through patient satisfaction can be drawn as the following. It demonstrates coefficient value of service quality on intent to behave and patient satisfaction by 0.546. It also shows the value of the coefficient of extra role behavior toward the intent to behave and patient satisfaction by 1.433. The result also demonstrates the value of the coefficient of communication quality by medical teams towards the intent to behave and patient satisfaction at -0.360; the coefficient of trust towards the intent to behave through patient satisfaction 0.538.

As based on the study, the total effect of the patient satisfaction weaken the relation the quality of service toward the intent to behave through patient satisfaction, extra-role behavior toward intent to behave through patient satisfaction and patient trust

on the intention to behave through patient satisfaction. The contribution of patient satisfaction is stronger due to direct coefficient which is bigger than total coefficient.

On the contrary, patient satisfaction is strengthening the relationship between the medical team's communication quality and the intention to behave through patient satisfaction. The contribution of patient satisfaction is strengthening because direct coefficient is smaller than total coefficient. Therefore, it can be said that customer satisfaction is not suitable as an intervening variable or the patients are not entirely satisfied in higher intent to behave: they return to be loyal.

The logical consequence of this finding is that the patient satisfaction does not consider them to make the decision to return using the hospital. This can be caused by aspects of accidence, meaning that most patients will come to the maternity hospital if the time of giving birth is approaching and the amniotic fluid layers are often broken.

In such a condition the patient chooses the hospitals for maternity is no longer to consider the satisfaction because they are forced to do it. There is no alternative because they don't have any time to move to another hospital. It is indicated that the coefficient with the direct effect of service quality, extra-role behavior of the medical team, medical team communication quality, and trust of patients proving that extra-role behavior of the medical team is the most dominant variable affecting patient satisfaction positively, with a coefficient value of 0.623.

The next variable influencing the patient satisfaction is the service quality by 0.354, the patient's trust by 0.321, while the medical team's communication quality has significant and negative effect by -0.249. Furthermore, it also indicates that the direct effect of the service quality, extra-role behavior of the medical team, the quality of the medical team communication, patient trust, and patient satisfaction proves that extra role behavior of the medical team is the most dominant variable affecting the intention to behave positively with a coefficient of 0.890.

Last of all, patient's intent to behave is patient trust by 0.258, the service quality by 0.237, while the medical team's communication quality has significant and negative effect by -0.143 towards patient satisfaction with insignificant and negative effect by -0.129.

### **CONCLUSION, IMPLICATION, SUGGESTION, AND LIMITATIONS**

Customers and their satisfaction are consistent in this study. In line with Lo et al. (2009) patient satisfaction is influenced by the service quality of paramedics including doctors and nurses. Panvelkar et al. (2009) also argued that patient satisfaction is determined by the chemistry of pharmacies and drug stores. Lee (2005) described that the combination of the service quality and the value of the service determines the level of satisfaction.

This study is also consistent with the study by Cronin et al. (2000); Fornell et al. (1996) who found that the first determinant of total customer satisfaction is the service quality and the value they received. Similarly, it is consistent with studies by Wakefield and Blodgett (1996); Riel et al. (2004) who found that perceived quality has an effect on satisfaction.

The relationship between service quality and the further satisfaction expressed by Ryu (2005) is the acceptable service quality being offered, which determines whether customers are satisfied with the emotional experience. In fact, the results of this study describe that the patient is satisfied that the hospital's health facilities are complete and having precise diagnosis of the medical team in accordance with the clinical symptoms of the disease they experienced (reliable).

The patient is satisfied that the medical team understand and provide treatment according to what they need (understanding). The patient is also satisfied that the medical team is responsive and fast in serving every patient who is being treated in the hospital and outpatients or who are getting care or treatment process (responsive). All the pa-

tients are satisfied because the hospital has a medical team who are experts in the field of healthcare and expertise in accordance with the disease experienced by patients (competent). The patients also feel satisfied that ease the administrative process and have an equal opportunity to get health services (accessible).

The service quality of the hospital in North Sulawesi makes the patients have the intention to behave, recommend others of the positive things and experiences while being treated. Even the patients also feel at home in the hospital (remain loyal) and therefore, they decided to reject the offer of health services from elsewhere (not expected to switch to another). The patients did not object to paying a number of health facilities they use (spend even more money).

Theoretically, the service quality affects intent to behave, in line with Magi and Julander (1996) arguing that the relationship between perceptions of service quality and behavioral outcomes are important for the company. There is a positive relationship between the service quality and the intent to behave. Such assertion is also supported by MacDonald and Smith (2004) stating that there is strong empirical support that enhances the service quality desired to induce the intent to behave such as to retain customers, reduce undesirable intentions; consumers to switch to a competitor.

The patient is evidently satisfied by the extra role behavior indicated by the medical team medical team of the hospital. The behaviors that satisfy the patients are such as being helpful to each patient, medical team working behavior hospital has sportsmanship and positive behavior (sportsmanship) to each patient, the behavior of medical teamwork based on knowledge (knowledgeable); it has delivered health care to each patient, medical teamwork behavior gives good impression through the provision of advice and the consideration or solution (constructive suggestion) to any patient who asks or who are getting problems and behavior of medical teamwork has priority or the

interests for the patients (altruism).

The medical team shows a good attitude and behavior to every patient even if these things are not formally regulated in their job descriptions. They also are in great friendliness and politeness in greeting and serving every patient both directly and through parts of their work. This is consistent with Cameron et al. (2004) finding that the effective service for the patients makes patients more loyal to the organization. This happens when the medical team has pleasant experiences with whoever likes to get help. In other words, extra-role behavior of the medical team can affect the patients feel more effective so that they have higher intention not to leave.

The medical team often performs extra role behaviors spontaneously, such as maintaining the cleanliness and safety, security and patient privacy, jointly maintain the entire facility equipment in hospitals and most importantly, they also help each other and serve to give the best to the patients. For example, part of the medical team in carrying out their job function is highly dependent on information from radiology medical team that aims to provide data on the anatomy of the body completely.

Such evidence is proved even with the medical team part of the content is supported by the activities of the child's medical team and surgical sections. The patients were satisfied with the quality of communication from medical team. Most of them gave consent to the assessment of the quality of the medical team communication shown by the medical team during the interaction, both related to the ability and willingness of the medical team to communicate with the patients, the accuracy of the information provided, and in detail, clearly and right, as well as expressions or body language indicated by the medical team.

Communication quality by the medical team made communication easy to understand and be understood. When this happens it can give a positive impression, and this impression will lead to patient satisfaction.

The patients were satisfied that it understands what is communicated to the medical team then that means patients get information or answers to what is desired. Communication quality by medical team can also make the information expected by the patient can be realized. It realizes the wishes and expectations of the patient desired information, when the medical team to provide appropriate information and in the process in a pleasant interaction.

In such condition above, this study is considered consistent and supports the idea Repo and Gronroos (2004) that the communication will be effective when the patient's expectations or hopes come true information in accordance with what the company promised. In this condition, the patients will feel satisfied because what is expected according to what they received. This is a consequence of communication. If this is achieved, there are two things that happen that communications (medical team or organization) to be effective or quality and patient satisfaction will be achieved.

In this situation, there is a relationship between the qualities of communication and patient satisfaction. The analysis showed that the ability of medical teams to communicate with patients and fellow medical team do not affect behavior intention of the patients being treated. This is consistent with the previous studies related to the influence of communication quality towards intentions to behave, including research Zeithaml et al. (1996); Keillor et al. (2004) that behavioral intentions can be seen as an indicator signaling whether or not the consumer remains with the company.

Lueg et al. (2006) in his study also found communications influence the consumers' shopping behavior and intentions. Again, it is also consistent with Kotler et al. (2006:541; 918) the quality of communication is a total communication traits and characteristics that have the ability to meet customer needs and it should be performed well in the early stages of purchase until the end of the consumption of goods or services of-

ferred by the company.

The patients' trust can increase satisfaction of the patient while treatment process in some maternity hospitals in North Sulawesi. This is also supported by the idea by Chu (2003), Sirdeshmukh Singh (2000) and Chu (2003), Floh and Treiblmaier (2006), Nicholson et al. (2001), Sirdeshmukh Singh (2000), Lee (2005) finding that trust is an important factor underlying or a relationship and that this trust can affect satisfaction in the context of a relationship. Trust can both keep each other and give what should be given and received over what should be accepted. When expectations are equal to the fact, it means the customers are satisfied.

Other proponents who support such an assertion above are Eggert and Ulaga (2002) and Seiders et al. (2005); Riel et al. (2004); Seiders et al. (2005). In more specific, Kotler (2000:36), (Loundon, et al. in Sumartini 2001) also assert that the high patient satisfaction or pleasure will create an emotional attachment to the brand that the result is a high-fidelity patient. Patients who are satisfied will exhibit an attitude likely to have a better post-purchase, interest in buying back higher, and showed loyalty. Most of the patients or customers who came more than 2 or 3 times to typically use the same hospital other than because of the impressive experiences felt by them satisfying their needs and expectations. This is possible because of the availability of various facilities associated with health activities.

The effect of service quality, extra-role behavior, communication quality of the medical team, and trust in patient satisfaction and intention to behave were found that: first, the quality of service, extra-role behavior, and the trust has a positive and significant effect on patient satisfaction, patient intent to behave. This provides implications for the management of the hospital, that patient satisfaction is strongly affected by the service of the medical team, medical team behavior such as helpful, friendly, and fair, and what is believed by the patients about medical team hospital fulfilling their expecta-

tations.

The manager of the hospital has to provide modern facilities and infrastructure and fully equipped to meet the requirements of service quality. Similarly, the medical team should be given the understanding that the patient should be well served by the behavior of the medical team, and eventually the entire personnel of the hospital must increase the trust so that the patients are in the correct place in the context of the delivery process.

The next implication is that the quality of the medical team communication has negative and significant effect on patient satisfaction and patient intent to behave. This means that the patient needs the information from the medical team to accurately through expression that is not excessive so that important information can be received either patient. The patient also needs information which strengthens and motivates the patient to undergo the process of good treatment so the communication process requires an appropriate expression with content of the information to be communicated.

Detailed and complete information is not accompanied by the proper expression often makes patients feel disturbed and psychologically anxious during the process of giving childbirth. The third implication, that patient satisfaction has positive and significant effect on patient's intent to behave. That is, even when the patient is satisfied with the overall service from the hospital, this does not guarantee that they have the intention to behave again or use the hospital again.

In fact, the patient cannot determine exactly when they will expect the baby and where they will undergo a process of childbirth. It indicates that in the hospital, communication has a significant and negative effect on satisfaction and intent to behave. The result also proves that in the hospital medical team communication quality has a significant and negative effect on satisfaction and intent to behave, and this might differ elsewhere.

Another implication, for the cities or regencies in North Sulawesi, the data show the voodoo and close family as well as an alternative maternity outside medical personnel (+15%) is often the choice of people for maternity service. This fact makes them take the risks to mother and baby, because lack of health standards being met. This will hinder the achievement of development goals in health, particularly maternal and infant mortality presses. In case, it is necessary to increase the role of government policy in the hospital for the community. For example, in addition to education, they must raise public awareness of the importance of the medical team in the maternity process. Otherwise, they should make the patients understand the risks that can be faced by society when handled by traditional and alternative childbirth.

Finally, it implies that the development of philosophy by the academic knowledge, that concept such as quality of service marketing, the extra role behavior, and quality of communication, trust, satisfaction, and intent to behave can be applied in the field of health, particularly in the management of hospital.

Consequently, this research can be categorized into twofold: first, the quality of the medical team communication has a negative relationship with satisfaction and intention to behave. This also implies that the doctors should be careful in communicating when a patient in a weakened condition. The doctor team communicates, they must be sure that they have been accepted existence (psychologically) by their patient. The patient must be in a state of calm before communication is done gradually.

It is obvious that communication has a positive effect on patient satisfaction and intention to behave. Next is that satisfaction has no effect on intent to behave, meaning that patients who are satisfied will always return back to the hospital. To the opposite, the hospital has to apply the concept of relationship marketing that is to carry out programs for the improvement of the hospital and patients by periodically for making con-

tact with the patient. For example they may just say "hello".

In general, the hospitals must have information that is not interrupted by the previous patient. If this is applied, the patient will come back, especially when they are satisfied prior to service. Another implication, that the patient does not have the intent to behave that is to say they have no desire to talk about the positive things about the company, recommend to others, willing to pay for any services received, and have a desire to move to another place at a time when that will come.

This study still has limitations among others: the object of research is only at the hospital, thus it is expected to consider the object of research in the general hospital. The sample is limited to the patients who are undergoing maternity services, thus it needs to consider the overall sample to patients. It is important to increase the accuracy of the results for broader generalization.

The focus in this study is the medical team, thus, for future research it should also consider the role of the medical and other hospital personnel. Other limitations are the indicators of each variable. Some other indicators can be used for wider generalization in terms of including more indicators. The use of cross section data (examined at one point in time) suggests that in further research, it should consider a research that is longitudinal (examined at two or more time points).

Service quality is very important for the management of hospital services. It can increase the patients' satisfaction. The service quality of the hospital also raises intent to behave, like telling and recommending to others about the existence of the hospital. Medical team behaviors that satisfy the patient as a medical teamwork should provide aid, sportsmanship and positive thinking, knowledge, advice and important consideration, and the behavior has priority or the interests of the patient (altruism).

The quality of the hospital's medical team communication significantly influences



the patient satisfaction. Therefore, when a patient understands the content of the communication, they will be satisfied and have no intent to leave in the future. They remain loyal to the hospital with the services they received. The patient's trust is also important to be considered because when the hospital can maintain the patients' trust the patient will be satisfied.

It is advisable for the hospital that they should focus on their stakeholders as the following.

The hospital management must pay attention to communication among medical teams, medical teams and patients, patients and the guards or patients and other visitors. This is due to the fact that the quality of the medical team communication negatively affects the patient satisfaction and their intent to leave the hospital in the future. The management must consider the patient's satisfaction during the treatment.

The government of North Sulawesi, especially the office Health care ministry is recommended that they always observe and evaluate the performance of hospitals based on the pattern of public complaints, especially in the aspect of quality of service and hospital management. If there are complaints, the government should warn the hospitals through a warning letter to the management and if necessary replace the management with the new ones.

The society of North Sulawesi should be critical to the hospitals' services

Academics (college) are suggested to having (sense of belonging towards the existing hospital in North Sulawesi).

For further research, it needs to consider the methodology such as (a) Model analysis can be applied to the object of study of public hospitals. (b) The overall patient sample (maternity and non-maternity). It is also important to increase the accuracy of the results for wider generalization. (c) It should consider the role of the medical and other hospital personnel. (d) Measurement model by trying out other indicators or measurement models. (e) The use of cross section,

further research can be considered to carry out research that is longitudinal.

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