

# Consumer Complaint Behavior (CCB) of Jombang Health Card (KJS) for increasing health facility service

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## ABSTRACT

The purpose of this study is to see and assess why they complaint, how to make complaints and alternative for patients complain KJS (Jombang Health Card) users, as such information from various forms of complaint can be used to improve health care strategy hospital. This is an exploratory and qualitative research using Focus Group Discussion (FGD) towards 20 people. It was found that the reason KJS users complain services is due to factors that include poor service, poor facilities, the beginning of a long process and product factors include: the availability of drugs, limited room space and time limits hospitalization. The second factor is a fatal loss, allowing participants to have a longer hierarchy levels due to passing through a more complicated procedure. Complaints and personality types of participants affect the nature of the expectations expressed through the submission of a complaint. The results include the results of the settlement of complaints received by the participants, and satisfaction evaluation with the settlement. Generally poor service stimulates participants to convey a simple complaint in connection with suggestions or criticism to improve services and hospital management.

## ABSTRAK

Tujuan penelitian ini untuk mengetahui dan mengkaji mengapa terjadi komplain, bagaimana cara melakukan komplain, dan alternatif melakukan komplain bagi pasien pengguna kartu Kartu Jombang Sehat (KJS), yang hasilnya digunakan untuk membenahi strategi layanan kesehatan rumah sakit. Penelitian ini bersifat eksplorasi dengan pendekatan kualitatif, menggunakan Focus Group Discussion (FGD) terhadap 20 orang. Hasilnya ditemukan bahwa alasan pengguna KJS melakukan komplain disebabkan faktor layanan buruk, fasilitas buruk, proses awal lama serta faktor produk yang meliputi: ketersediaan obat, keterbatasan ruang kamar dan batas waktu rawat inap. Faktor kedua yang menyebabkan kerugian fatal, memungkinkan partisipan untuk memiliki tingkatan hierarki yang lebih panjang karena melewati prosedur yang lebih rumit. Setiap partisipan tidak selalu sama dalam menempuh hierarki komplain. Jenis komplain serta kepribadian partisipan mempengaruhi sifat harapan yang diutarakan melalui penyampaian sebuah komplain. Hasil komplain meliputi hasil penyelesaian yang diterima oleh partisipan, dan evaluasi kepuasan terhadap penyelesaian tersebut. Umumnya pelayanan yang buruk akan menstimuli partisipan untuk menyampaikan komplain sederhana sehubungan dengan saran atau kritik untuk memperbaiki layanan dan manajemen rumah sakit.

## 1. INTRODUCTION

It has been noted that dissatisfaction is caused by a mismatch implementation of purchases negative expression. For that reason, it creates consumer complaint behavior (CCB). In this case, Crie (2003) argued that the CCB is a set of response of consumer dissatisfaction. In addition, dissatisfied custom-

ers can adopt some type of response that is a response which includes feeling that is not only the form of action, which is defined as a change in attitude or inactivity. The response can also be described by a state which is directed to several parties: 1. The public party which includes: the seller, the manufacturing company and consumer associa-

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tions or legal entity; 2. Private parties include family, friends or relatives. The response also showed different intensities, and can be distinguished from inactivity to taking legal action, both are done only to express dissatisfaction or to obtain repair or compensation (Crie 2003).

The common target of a complaint management system is to maintain customer satisfaction, minimize, and review the structure and weaknesses of the company. This goal is the core concept of customer relationship management (CRM), which focuses on building relationships with enterprise customers. Companies that implement CRM is a company oriented to the customer, and this is a factor determining the success of a company in facing the global and intensive competition (Strauss and Seidel 2004).

Those who have identified the orientation to customers as an initial requirement for long-term sustainability, can respond to customer satisfaction seriously, and consider complaints not as a problem to be avoided. Rather, they think them as an opportunity to do better thing. In this respect, CRM is designed to optimize customer relationships through a comprehensive approach, and to create long-term relationships, which aims to build relationships based on trust between sellers and consumers which will lead to behavioral loyalty and commitment in a deep bond (Strauss and Seidel 2004). As it is argued by Kemp (1999), a complaint management system can facilitate the proper consumer loyalty totally. This is intended to run a complaint management system that is active, and they require precise and accurate information regarding the CCB.

This research is fundamental focusing on CCB, regarding why customers feel dissatisfaction and complaints, identifying how patterns of complaint are. The selected object is the KJS (*Kartu Jombang Sehat* = Jombang Health Card) users ever submit a complaint to the private hospitals and hospitals in Jombang. This study is conducted in to provide input for the hospital in order to find out how much improvement of health services provided to the community, especially the patient's status as the poor KJS card users.

In reference to the above effort, experience is the basis for the customers to assess the services. From this, they reflect their satisfaction or dissatisfaction. They complain because of the expectations which is lower than the satisfaction from the provider of goods or services. The disappointment of the minimum expectations held by a customer is the reason that prompted him to get involved in the

complaint behavior. Consumer complaint behavior can be done through several different ways, and the process adopted for each way will be different as well. The formulation of the problem can be stated as the following; 1. Why do users of KJS (Jombang Health Card) convey their complaints?; 2. How do they make their complaint?; 3. How is the alternative complaint process?

## 2. THEORETICAL FRAMEWORK

### Understanding the Service Failure

Service failure occurs when the customer is not satisfied with the service provided by the service provider, or if it is not in accordance with customer expectations (Schoefer & Ennew 2005). In addition, service failure can occur in any dimension such as a means of delivery, customer problems, difficulty in communicating, and having to wait, and it can also be influenced by the front-line employees and support staff, equipment and system error information, and so on. Besides that, service failure also includes situations where the service failed to turn customer expectations (Michel 2001 in Lewis & McCann 2004). The cause of the service failure is categorized by Lewis and McCann (2004) the employee's behavior is due to a failure that occurs, associated with the following:

1. The core of the service;
2. Request to consume the services;
3. Unexpected actions by employees.

While Armistead et al. (1995) mentions three types of failure:

1. Errors by service providers;
2. Error by customers;
3. Errors by other related organizations.

Some consequences of the failure of the service can be cited by (Lewis and McCann 2004) consisting of:

1. Dissatisfaction
2. Decrease of customer trust
3. The behavior of negative word-of-mouth
4. Abandoned by the customer.
5. Loss of revenue
6. The decline in morale and employee performance

### The Understanding Customer Satisfaction and Dissatisfaction

Customer satisfaction is an individual perception towards the supplying the products or services, associated with expectations obtained (Schiffman & Kanuk 2004). More specifically, Buttle (2004) defines customer satisfaction as a customer fulfillment response to an experience they have. According to him the customer satisfaction is a response to ful-

fillment with fun. In this case, Lovelock, Wirtz and Keh (2002) stated the achievement of customer satisfaction is the focus on implementing the strategy of "zero defect", through the presentation of service excellence. This will result in dissatisfaction, as a consequence of the failure of service (Lewis and McCann 2004).

The effect of the dissatisfaction can be in the forms of behaviors by the customers. For examples, they may do nothing, or convey complaints, report to a third party, and the communication of word-of-mouth that is negative, and went to change providers (Lovelock et al. 2001). The diversity of the various types of responses can be partially explained by the causes and intensity of dissatisfaction and by the nature and significance of the products or services concerned. Consumers also can incorporate some type of response to the same dissatisfaction (Crie 2003).

#### **Understanding Consumer Complaint Behavior (CCB)**

As stated by Buttle (2004: 21), unsatisfactory situation illustrates the satisfaction evaluation directed at all elements of the customer experience. This experience may include products, services, processes, and other components. Complaints are defined broadly as the articulation of dissatisfaction expressed to the company and third parties or institutions with the aim to make providers aware of the behaviors that are subjectively considered very harmful, receive compensation for the adverse effects suffered, and make changes in behavior that was criticized by the user (Strauss and Seidel 2004: 16).

The fundamental improvement is limited to a refund, but complicated repairs can involve lawsuits. According to Fornell and Wernerfelt (2007) complaint can be an effort by the customers in response to an unsatisfactory situation. Lawther, Krishnan, and Valle (1978) also recognize the need for the complaint dissatisfaction behavior, but it is not a good indicator to determine who will or who will not complain. In this case, Day (1980) classifies the CCB into two forms: behavioral responses and non behavior Consumer behavior is in response to dissatisfaction, in the form of complaints, which is looking for improvement. Non behavior is response to dissatisfaction in the form of formulating the pessimistic attitude.

#### **Antecedents and Determinants of Consumer Complaint Behavior (CCB)**

In relation to the determinants, Strauss and Seidel (2004) describe in more detail about some of the

aspects that affect the decision of the complaint, and deserve to be regarded as a determinant of CCB as follows:

1. The cost of the complaint, a customer must have done a cost-benefit analysis of the internal (internal cost-benefit analysis) before making a complaint. This consists of material costs (money) and materials (time and emotional exhaustion).
2. Gain the complaint, the cost for a complaint to be compared to the benefits. This comparison is primarily dependent on subjective values of solutions to problems that customers expect from a provider. However, the value is compared with the inverse probability of success of the complaint. Most customers only complain if there is a realistic chance on the readiness of the company to make repairs.
3. Product attributes, the relevance of the consumer experience is the product attributes that most influence on the probability of the complaint. The complaint is considered complicated and burdensome. Customers will only be through the process if they perceive that suffered substantial damage, occur on goods that are considered important, i.e. which have a high purchasing value or prestige value.
4. Attribute problem, customers feel most deserves to complain when they have a problem that could prove to be a real and clear, which can be described objectively and only leave little room for subjective evaluation.
5. The specific attributes of individuals, these attributes are clearly responsible for determining the unsatisfied customers complain or not. The influence of socio-demographic attributes (age, gender, education), psychographic attributes (product knowledge, confidence, experience the complaint), and behavioral attributes (and communicative behavior interactional).
6. The specific attributes of the situation, the conditions of the situation is also an influential factor in customer complaints. Time pressures experienced by customers can cause refrain to complain, or customers can also feel himself obliged to express their complaints in a dramatic way and any comments from the observation incident by a third party.

#### **Complaint Management**

Complaint management system has its objective to restore customer satisfaction, minimize the negative impact of customer dissatisfaction, and to identify and review the process and structural weak-

nesses company (Gruber 2004). The essence of customer relationship management (CRM) focuses on building the company's relationship with its customers. Companies that implement CRM are oriented to the customer that is a factor determining the success of a company in facing the global and intensive competition (Strauss and Seidel 2004). As stated by Kemp (1999), a complaint management system appropriate to facilitate consumer loyalty to the fullest. In an effort to be able to run a complaint management system is active, the company requires precise and accurate information regarding the CCB.

### Research Questions

In reference to the background of the problem and the theoretical basis, several research questions can be raised as follows:

1. What causes users KJS (Jombang Health Card) in private hospitals in Jombang make complaints? To answer this question, in-depth interview is done towards the patients KJS users in private hospitals and hospitals in Jombang.
2. Alternative forms of complaint behavior whether the users selected KJS to express dissatisfaction with the services in private hospitals and hospitals in Jombang?
3. What underlies the selection of the CCB? To answer this question, in-depth interview is also done with the patients KJS users in private hospitals and hospitals in Jombang.
4. How is the complaint process undertaken after they choose an alternative complaint that behavior? To answer this question, in-depth interview is also done with the patients KJS users in private hospitals in Jombang.
5. Do the patients follow a hierarchy of consumer complaint behavior when the alternative complaint that they choose cannot recover his dissatisfaction with the services of private hospitals and hospitals in Jombang as he expected before making a complaint? To answer this question, in-depth interview is also done with the patients KJS users in private hospitals and hospitals in Jombang.

### Proposition of the Research

After formulating the problem and developing the research questions, the next will be asking the following research proposition: Discussion - topics required to understand and explain consumer complaint behavior (CCB) in hospital services.

#### 1. Customers have some reason to complain.

A customer is likely to decide to complain after

experiencing dissatisfaction about the failure of a company's services. Complaints are defined broadly as the articulation of dissatisfaction expressed to the company and third parties or institutions with the aim to make providers aware of the behaviors that are subjectively considered very harmful, receive compensation for the adverse effects suffered, and make changes in behavior that is criticized by the users (Strauss and Seidel 2004). As stated by Buttle (2004), unsatisfactory situation illustrates evaluation directed satisfaction on all elements of the customer experience. This experience may include products, services, processes, and other components.

Four factors affecting the complaint behavior is follows:

1. Consumer dissatisfaction, i.e. in what level of dissatisfaction is experienced by consumers. The higher dissatisfaction leads to consequences of service failure.
2. The level of interest is associated with the level of dissatisfaction, if the product or services consumed are considered very important by the consumers, then the consumers will make complaints.
3. Expected benefits of the complaint, if the expected benefits of improved complaints are fairly high compared to the costs to be incurred to make complaints, and then the consumer will make complaints.
4. Personality of the individual who will perform the complaint, the parties submit complaints tend to younger, have higher incomes and education. Generally, customers expect to be compensated for the inconvenience caused by the failure of service. Compensation can include various combinations of offers refunds, credits, discounts, and apologies to terms with customers who are dissatisfied.

#### 2. Customers have various alternatives of consumer complaint behavior (CCB) to express dissatisfaction.

A customer who experienced service failure can express their dissatisfaction through various alternatives of CCB. The reason a customer choose an alternative CCB can be explained through some aspects that influence to the complaint, the determinant of CCB events, and hope to be achieved by the party submitting the complaint. The term is used for the complaint behavior concept is by understanding community behavioral responses to dissatisfaction, including any action to inaction or silence (Crie 2003).

After dissatisfaction occurs, the first level of

the hierarchy is associated with consumer considerations whether to take action or not. Consumers who decide to act will also decide whether to take action privately or publicly. This decision is conceptualized as the second level of the taxonomy. The next decision is related to the type of private or public actions being taken, as a third taxonomy. This study focuses on the CCB customer behavioral acts and it is directed to the public, where the company can observe the complaints.

### **3. Consumer complaint behavior (CCB) running a process.**

A customer who has decided to opt for taking an alternative action to express dissatisfaction CCB will undergo a process of complaint. This is the process to be seen whether alternatives of CCB are taken to meet the expectations of better services. In doing so, the company should deal with the recovery of service failure and consumer response to the recovery process. It is a factor that can separate a successful company with other (Schoefer & Ennew 2005).

### **4. The customer has a hierarchy of consumer complaint behavior (CCB) to express dissatisfaction.**

Complaint behavior is as a series of steps of a gradual process of the complaint, following the pattern of action from low-level to high level. They express in stages or steps taken by the consumer in response to the experience of dissatisfaction. A consumer, who is not satisfied, will decide to make complaints, can choose an action from the lowest level to highest. A consumer even follows a series of steps of the process stages if the action they have chosen is not as successful as they plan.

## **3. RESEARCH METHOD**

### **Research Approach**

The approach is a qualitative approach which seeks understanding and motivation behind the behavior and also a thorough report on the facts and implications of behavior through encountering by the researcher with the actions, words, and ideas people (Mariampolski 2001). Qualitative technique is used to understand the motivations of consumers and provide insight to the creative concept. It Qualitative methods give emphasis on process and understanding. Qualitative methods are not to measure, but interpret (Sayre 2001). Important interpretive of qualitative research method is to understand a marketing phenomenon in depth, in the context of managerial and consumer (Carson et al. 2001).

Qualitative research method is appropriate to solve the questions about how and why something

happens. It is the most appropriate way when the explanation and the understanding of a behavior or activity is required (Carson et al. 2001). It is in accordance with the nature of this study that describes the rationale and process user complaints KJS (Jombang Health Card) at hospital private and individual hospitals in Jombang. Yin (2004: 38) states a study design is expected to set forth a series of logical statements. It is necessary to test certain logic, in order to establish the quality of the study design. Kidder said in Yin (2004) in an explanatory study, the test applied is the internal validity and reliability.

### **Types and Sources of Data**

The data required in qualitative research is the units of words (Sayre 2001). The type of data that is used in the form of primary data, i.e. data obtained through interviews with research subjects. The type of data required includes CCB type preferences and motivations of the complaints from the users of KJS (Jombang Health Card) on private and individual hospitals in Jombang. The required data can be obtained by conducting interviews to the participants, a sample taken from the card users of KJS in private hospitals in Jombang especially those who have conveyed complaints. This study will use a semi-structured interview, so it must be composed of a first interview guide covering relevant issues and topics, as well as the appropriate line of questioning that the interview went systematically (Daymon & Holloway 2002).

### **Participants**

The participants are the users of KJS (Jombang Health Card) in hospitals and hospital Jombang private individual. The consumers who have complained devote to those who respond in action. These participants are chosen because they are the most representative and have the capacity to provide information and share experiences on the reasons, processes, and hierarchy (priority) of the complaints. The actual KJS card users are the program for the participants and they are assisted by Social Services, then there is a special officer accompanied if this KJS card users experience problems, complaints. They are accommodated by the officers from the Department of Social Welfare (TKSK). Thus, the data collection process and the intended participants are obviously easier. The number of participants is selected for the study based on the type of interview questions and the qualitative approach used in the study is planned minimum of 20 participants.

**Table 1**  
**Causes of the Complaints and Total Participants who Experienced**

No.	Complaint Aspects	Causes of the Complaints	Number of Participants
1.	Services	a) Bad service	5 people
		b) Bad facilities	3 people
		c) Long-Initial Process	2 people
2.	Products	a) Medicine availability	4 people
		b) Room Capacity	2 people
		c) Period of healthcare Stay	4 people

Source: Primary data.

**Table 2**  
**Those Who Want to Accomplish Participants Expectations through Complaints**

No.	Hope/ Tips of Complaints	Description	Number of Participants
1.	Simple Complaints	Give advice for improving the service	8 people
2.	Repair Compensation	a) Give attention for using KJS cards	6 people
		b) really getting free services	7 people
		c) adding rooms	3 people
		d) requesting repair action for bad facility service	3 people

Source: Primary data.

### Analysis Techniques

Reynolds and Gutman (1988) revealed the initial task of data collection laddering technique to analyze the content (content analysis) of all elements of the ladder. Kassadian (1977) concluded that the technique of content analysis is as a description of the content of the communication of being scientific, objective, systematic, quantitative, so that it can be generalized. The need for objectivity is described in the categories of analysis and it should be defined very precisely so that other analysts can apply it for the same content and keep the same results. It means that it is a systematic addition and subtraction of the content of the communication or category analysis that is performed based on the rules that are applied consistently. A qualitative research requires a validity test to prove its validity. The reliability criteria are based on the assumption of the reality of one or single reality, in which when it is re-examined, the result remains the same (Alwasilah 2002).

## 4. DATA ANALYSIS AND DISCUSSION

### Causes of the Complaint by the Participants

As noted in the data in Table 1, the users of KJS submit a complaint because the following reasons:

#### 1. Services

##### a) Bad services

Most participants expressed complaints because of having bad service. For example, the officers are considered less in handling the terminally ill patient's condition and those who needed immediate medical attention. They also describe that a queuing system is not effective in any process. This factor is sensitive as perceived by most participants.

##### b) Poor facilities

The facilities are available for patients in KJS but it is no class as the trimming is though available; it is inadequate because the number of patients is too big.

##### c). Services at the initial process

The services at the beginning of a given process on average is less than satisfactory, the patient's status has KJS card go into the hospital or a private hospital basically get the referral health center. With a clear status, they have less administrative requirements that follow. Patients without KJS card are through the same procedure that is generally smooth and easy. It is because these patients do not use a lot of requirements that the initial service process can be passed easily. However, the requirements for patients of the KJS have some certificates that the administration must be equipped so that there are less administrative requirements that must be completed. For the hospital basically completeness of the letters of the patient's actual KJS is to facilitate at the time the claim, if incomplete, it will be difficult, if already handled administratively incomplete, the cost of treatment will be on the account of the hospital.

#### 2. Product

##### a) Availability of drugs

The availability of drugs in hospitals is limited to certain drugs. On average, the hospitals provide a cure for the illness in general, but for the type of drugs for serious diseases such as cancer, Stroke of kidney, heart and other drug availability is very limited. Then, the patient's family should buy outside. There come a lot of

complaints by users of the KJS because they still spend money to buy drugs. The perceived price is quite expensive. They thought that these are supposed to care for the less fortunate people why drug availability is very limited, thus KJS card users still spend treatment is considered quite large.

**b) Room space availability.**

Private and government hospitals are owned by almost all the district and provincial provides less room space for the number of patients. This is due to the more rapid population growth and many segments of society who require health services, despite the addition of inpatient room is still lacking.

**c) Limit hospitalization**

Most KJS card users complained that their bad feeling is still not healed but has received a decision from the hospital when it's allowed to go home.

Each participant has their own expectations of the complaints that they convey, so that complaints can be separated into the simple one that to obtain compensation repair. Every complaint is basically presented with the hope to obtain a recovery response for any inconvenience caused by the failure of the hospital. This varies from apology, or a variety of responses given. This expectation is of the participants' complaint that is outlined in Table 2.

**1. Simple Complaints**

The stages of simple complaints are basically delivered with the hope to provide input or suggestions to the hospital to improve services and management.

**2. Compensation of the repair**

Some participants also hope to obtain compensation repair of complaints submitted. Form of compensation expected improvement also has several variations as follows:

**a) Refund**

The form of compensation repair refund is expected or desired by some participants who felt paying drugs included in the free service.

**b) Corrective actions with regard to facility service**

There is a complaint that is quite unique (different), associated with the facilities provided by the hospital. The participants wanted to get a better room; they immediately moved the room without the approval of the hospital, ultimately they still have to move the appropriate class and the facilities provided to participants KJS.

The hope for a settlement is associated with

any kind of complaint itself. Complaints are purely about performance issues which unsatisfactory services of the hospital. It is much simpler than the product complaints. Pure complaints are about the performance of the service that is only delivered through a simple complaint, where participants only hope to be able to submit an entry criticisms and suggestions; and responded with an apology and delivery faith hospital to improve services and management in the future. Complaints of products are on the contrary, submitted by the participants in order to obtain an improved compensation measures for services that are considered failures; so that the process to be followed is longer and complicated.

**Alternatives of the Consumer Complaint Behavior (CCB) Selected Participants and Processes to be Taken**

The participants have diverse alternative of CCB. The main focus is the CCB process that has been undertaken by the participants. The CCB different alternatives generate different processes. The flow pattern of the CCB process each participant has been described clearly in the flow chart of complaint lines, so that the analysis of alternatives and the process can be derived from these charts. Alternative of CCB taken first by the participants called level 1 of the hierarchy of the CCB. Level 1 can occur on a range of service delivery (drug officer, room, medical, hygiene), or the management (supervisor, customer service). The process that occurs on the participants can be seen in Table 3.

**1. Meeting the hospital officers**

Most patients of KJS make complaints in a way to meet hospital officials to complain either about the problems associated with cleanliness, facilities, and medical equipment and medicines. Selection of this alternative can be due to several things, among others, because the officer is a party directly involved in the process of hospital operations, space officials for there are several officers who have several different jobs so that they will deal with various forms of patient complaints related to services.

**2. Meeting the room heads**

Another alternative is selected by participants in submitting the complaint to the head of the room. This is because of the participants that considered the head of the room has full authority and responsibility for all things that exist in the pavilion. All forms of discontent happen when the officer reported no response and then they meet the room head for conveying various dissatisfactions.

**3. Meeting the customer service adviser**

**Table 3**  
**CCB of the First Alternative Forum Participants**

No.	Alternatives of CCB Firstly Done	No of Participants
1.	Meeting the officers	5 people
2.	Meeting the room heads	6 people
3.	Meeting the customer service	4 people
4.	Meeting the hospital heads	5 people

Source: Primary data.

**Table 4**  
**Participants of the Outcome Evaluation Process CCB**

No.	Results of Evaluation	Number of Participants
1.	Satisfied with the final result of CCB process	11 people
2.	Unsatisfied with the final result of CCB process	5 people
3.	Not feeling any satisfaction nor dissatisfaction (just normal)	4 people

Source: Primary data.

One participant shared his experience when he chose to submit a complaint to the customer service section (CS). The alternative was chosen because he was confused because there were drug payment bills when going home. CCB process participants can be accomplished smoothly.

#### 4. Meeting the hospital head

An initiative is to directly ask the participants to meet with the leadership of the hospital to present his complaint. This effort is to save time due to complaints relating to the financial condition will be referred to.

When looking at the linkage between the first alternative selected CCB participants experienced and the type of complaint, it can be viewed as follows. First, participants who complain about various things first choose an alternative action to meet hospital personnel. Selection of this alternative is the first track taken because of some participants taking a step which was considered practical and easy. Second, participants who complain about the health facilities and services associated with the drug tend to choose to submit a complaint first to the officer as a reason that the officer is a representative party or hospitals that are most easily searched and found in the environment at the pavilion. Third, participants expressed choose to deliver at the head of the space pavilion to get.

### 3. Response

Another participant who decided immediately met and even directly hospital head, or even reported in the media partner hospital, because they do not want their time wasted delegated to those who lack the authority to handle complaints. Participants who submit the complaint first to the part of the customer service stating that the alternative option because at the time in that part of the system to obtain inferior services while patient requires im-

mediate medical treatment quickly.

### Solution to the Process of CCB

CCB process is undertaken by all participants that will eventually lead to a settlement. The results include the completion of the final results are received by the participants, and the participants' evaluation of the final results of the perceived CCB process is whether it can satisfy her disappointment or not.

A more detail about the final outcome of the CCB process undertaken by the participants (Table 4) can be described as the following.

#### a) Simple Complaints

Simple complaints are most likely to succeed conveyed to the hospital, because of the nature of the complaint is only a suggestion or criticism from the participants. An apology and a promise to follow up on improvement of hospital services can provide a certain satisfaction for participants.

#### b) Compensation for repair

The results completion complaint requesting compensation for improvements can be realized in various forms, such as that contained in the findings as follows.

1. The provision of money substitute for drug purchase.  
Settlement compensation complaint improvements have final results giving that participants have to spend money to buy drugs at the time of drug required is not available in the hospital. This is because the hospital can make a claim to replace drugs purchased by the patient.
2. Improving the service  
Participants can receive remedial actions for hospital facilities in the form of improvements that should be accepted by the patient



in KJS.

3. At the time of initial treatment in the hospital.

The participants tended to be disappointed with the lack of dexterity at initial hospital admission. It can indeed be realized that the family is very anxious patients with conditions that require medical intervention families faster, especially in patients with an accident.

4. The complaint not received by the hospital (the complaint failed/ without a solution)

A complaint did not always run smoothly and produce results as which is expected. Filing a complaint for compensation improvements to the hospital without evidence is considered weak. It is a requirement that there must be a procedure.

5. Complaints without solution though already promised by the hospital.

The promise of a solution that will be carried out by the hospital cannot be implemented, so the only solution is promised only. A participant who waits for the problem can be settled only holds the promise, without receiving a solution in the form of real action, up to when the data is analyzed; the participants have not received assurance solution of the problem.

### **The Relationship between Elements of Categorization**

The findings have a relationship with the complaint and the path taken by the CCB. Complaints to the same cause (the same type of complaint) tend to have a uniform pattern of CCB lines, although this is not the case in absolute terms. Uniformity pattern can occur in a variety of CCB details, such as the first alternative is selected, the length of the short path is taken by the CCB, the level of the end of the CCB, and the results of the settlement.

The first alternative is selected can directly through the officers. CCB path length t can be passed if the hierarchy has many levels, or engage a third party as a mediator or resources. Settlement results are tailored to the type of the complaint itself, both of cause and hope improvements owned participants. The character of complaint with the kind of poor service has some of the details that are somewhat different. Complaints are purely due to the unsatisfactory services for participants who are usually very short track. The nature of this complaint does not concern the core of the product, but rather on the attitude and performance of medical and non-medical personnel, then the complaint can

be directly submitted to implementing the unsatisfactory services.

The results of the solution are in the form of delivery of criticism and suggestions by participants. Thus, the complaint path can pass short track and long track depending on the form of a complaint made by the participants. CCB with a short path ends at the level of management (customer service officers and room heads) or not through mediators. The result of the settlement of complaints of this type can be the delivery of advice, or receive health care services with a feeling forced.

Service to a health facility services or products is offered to patients, therefore the services rendered is at the core of the hospital functions. The types of complaints involving the failure of services are the most substantial complaints, because it involves the core functions of the hospital. The failures are dealt with all things related to the imperfections function and completeness services. One thing that is interesting, that the whole process of CCB, with any type of complaint, requires participants to have proof because it is a requirement to carry out the complaints procedure so that the hospital management can respond and make improvements accordingly.

The Complaints with the hope are intended to obtain compensation corrective action on the part of the hospital requires participants to take a longer path CCB, and ends at a higher level (level management, owners) or by a third party mediation. Compensation measures require the approval of the improvement of the most competent management in an organization with. While the simple complaint that is only expected as an input criticism and suggestions, can be directly submitted by the participants to the officer or to the executive management level, thus pursued with relatively short lines. But do not rule out the possibility that the relationship expectations with CCB path is not always absolute, a participant who at first only deliver modest complaints are then attracted to request compensation corrective action to the hospital because of being informed about the ease of repair procedures.

### **Results Analysis in Proposition**

The first research proposition states that KJS card users have some reasons to complain. KJS users may decide to complain after experiencing dissatisfaction with the failure of the hospital services. There are four factors that affect the behavior of complaint which includes: (1) dissatisfaction, (2) the

interest rate associated with the level of dissatisfaction, (3) the expected profit from the complaint, and (3) the personality of the individual who will make complaints.

The findings are in accordance with the first proposition built, because the participants suggested several reasons that can cause them to make complaints. The results deal with the causes of the complaint can then be broken down and grouped into two main categories, namely the factor of services which include poor service, poor facilities, beginning a long process and product factors include: the availability of drugs, the availability of drugs, hospitalization time limit.

The complaints are the articulation of dissatisfaction expressed to the company and third parties or institutions with the aim to make providers aware of the behaviors that are subjectively considered very harmful, receive compensation for the adverse effects suffered, and make changes in behavior criticized by users. Each participant who experienced dissatisfaction and want to submit a complaint, it must have an expectation of such complaints.

The second research proposition is built on Teon stating that, customers have alternatives of CCB to express dissatisfaction; and the CCB goes through a process. The characteristics of the selected alternative are to investigate the actions taken by the CCB participants to recover dissatisfaction, which is directed to the public, which includes the hospitals and the media (newspapers) and related agencies that handle social assistance.

The third proposition of alternative election CCB is accordance with the findings in the field. These types of problems are complained of, individual determinants (demographics) and situational (situation at events CCB), as well as the expectations of the participants complained that he had to say; the underlying considerations for choosing an alternative action CCB. Participants reported experiencing situations when time constraints CCB action and only wish to provide input criticism and suggestions for hospitals choose an alternative delivery of complaints that are simple, or through the medium of the phone. Alternative Selection of CCB by the participants can also involve third parties as a mediator.

Almost every hospital in Indonesia does not provide a long hierarchy for the system to handle complaints. Generally, complaint procedure stops at the highest levels of management. The institutions handle complaints also have special requirements as applied complaint processing procedures

(ownership proof of purchase receipt, delivery proof of service failure, and statements written complaint), which by some participants are considered too troublesome to do.

The customers are reluctant to take the path of the complaint because it is also reinforced by the expectation of benefits to be obtained were deemed not worth the time and effort as well as the success rate of complaints that are owned. In addition, it is also taken into consideration to deliver the complaint. The KJS card users have a hierarchy of CCB to express dissatisfaction. On the whole proposition, it is still consistent with the findings in the field, which all participants proved to have and follow their respective hierarchies. However, the detail level of the hierarchy those participants choose and live is not always appropriate.

## 5. CONCLUSION, IMPLICATION, SUGGESTION, AND LIMITATIONS

In general, the findings show that the reason of the KJS users (Jombang health cards) make complaints and this is a serious problem, which is due to the factors that include bad service, poor facilities, the long initial process. It also deals with product factors such as the availability of drugs, limited room space, and time limits for hospitalization. The second factor is a factor that causes a fatal loss, allowing participants to have a longer hierarchy levels due to passing through a more complicated procedure. This is because the KJS card users don't get health facility services in full compliance of existing policies, especially related to drugs and other payments. Therefore, the parties usually of the social Department as a mediator for users who get in trouble with KJS cards especially on the administration and payment because they brought the official target.

The research in the field shows that the way to complain is through (1) a simple complaint. The complaint is done by giving suggestions to improve the service. (2) Compensation for improvement, this is done by giving attention to KJS card users really have a free, additional room space, ask for corrective action with respect to facility services. Thus the research findings also indicate that the process of doing an alternative complaint turns through some procedures, if the first one is done did not get a response as expected it will be the next hierarchy.

More importantly, each participant is not always the same in the hierarchy to take complaints. Complaints and personality types of participants affect the nature of the expectations expressed

through the submission of a complaint. Each participant certainly has an expectation that the underlying decision to submit a complaint to the hospital. Hoping the complaint is basically to recover the repair response for the dissatisfaction the users have experienced. The response for improvement of the hospitals also varies in combination of apology such as refund, to compensate replacement. The results include the results of the settlement of complaints received by the participants, and evaluation of satisfaction with the settlement. Generally, poor service will stimulate participants to convey a simple complaint in connection with suggestions or criticism to improve services and hospital management.

All information by the participants in this study can be used as a source or system repair materials and services related to the lack of proper medical facilities granted to users of KJS card. The results have implications for the private hospitals in Jombang among others (a). To improve policies related to health care facilities, especially for patients and patients of KJS card users and the service users without KJS card. (b) Requirement for an integrated monitoring associated with existing health facilities so that any deficiencies can be quickly identified and resolved.

Some limitations can be firstly, the determination of the amount of participants involving relatively small, only 20 people. This may make it less suitable for a generalization of the whole population in Jombang KJS card users. This is a characteristic of qualitative research which generally has a small sampling size that are studied in depth (in-depth).

The second is, the selection of the research setting at the hospital providing limited series of steps or levels that are not too long in hierarchy in the complaint handling process. The CCB experience is very limited and participants are also different. Therefore, the policy factors which are in different companies also need to be observed. The results of this study may not represent description CCB pattern for companies that implement the complaint handling process which can be more complex.

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