

Influence of Quality Standards, Ethics and Support Facilities on Mass Exploit Use and Medical Service Strategy, and Its Impact on Service Performance and Patient Satisfaction of Regional Public Hospital Type B in Makasar

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ABSTRACT: Health has become an important part for the community because with maximum health then someone will be able to run their activities well. Good public health will create a peaceful state of life. A healthy body is a desire of all people so that in an effort to realize a healthy condition, it must be done several things, one of them by organizing health services for the community. The effort that should be done by the government is the hospital. The population in this study were patients in 4 local hospitals in Makasar City, who had been admitted twice or more. Analyze data using. (SEM) model, proportional random sampling method and application of Amos 22 software, on 250 respondents. Testing model (fit) research data can be seen from the value of GFI, AGFI, TLI, CFI, RMSEA and CMIN / DF, respectively are 0.916, 0.902, 0.951, 0.954, 0.074 and 1.480 which are all in the range of expected values Thus the model is acceptable. The results of this study indicate that: 1). Standard quality of medical services affect the fatigue of medical service personnel. 2). The quality standards of medical services have no significant effect on the strategy of medical services. 3). The ethics of medical services affect the fatigue of medical service personnel. 4). The ethics of medical services affect the strategy of medical services. 5). Supporting facilities of medical services affect the fatigue of medical service personnel. 6). Supporting facilities of medical services affect the strategy of medical service personnel. 7). Fatigue of medical service officers affect the performance of medical services. 8). Fatigue of medical service officers affect patient satisfaction. 9). Service strategy influences on the performance of medical services. 10). Service strategy affects patient satisfaction. 11). Service performance has an effect on patient satisfaction.

Keywords: Service quality standards, Service ethics, Supporting facilities, Staff fatigue, service strategy, service performance, patient satisfaction

Date of Submission: 27-11-2017

Date of acceptance: 09-12-2017

I. INTRODUCTION

Health has become an important part for the community because with maximum health then someone will be able to run their activities well. Good public health will create a peaceful state of life. A healthy body is a desire of all people so that in an effort to realize a healthy condition, it must be done several things, one of them by organizing health services for the community. The effort that should be done by the government is the hospital.

The hospital is one of the health facilities that can provide health services to the community to improve the quality of public health. Hospitals are required to provide quality services in accordance with the standards set by the government and can reach all levels of society. The quality of hospital services has two components, namely: (a) compliance with the quality standards set by the organization, which is the minimum level that, if achieved, will likely lead to hospital customer satisfaction, and (b) the fulfillment of customer satisfaction. Hospitals should also provide services that focus on customer satisfaction. Improving the quality of health care services can begin by evaluating each of the elements that play a role in shaping patient satisfaction. Health care systems can be improved through clinical pathways, services, including patient perspectives such as how well the health services they need (Panjaitan and Djunaedi, 2017; Wijono, 2009; Setiawan, 2010).

Health services is a concept used in providing health services to the public. Notoatmojo (2012) stated that health service is a sub health service system whose main purpose is preventive and promotive service (improvement of healthiness) targeted by society. Meanwhile, according to Levey and Loomba (2003); Mulyadi et al. (2013), health services are jointly or jointly organized within an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups or communities. Definition of health services according to "Depkes RI" (2009) is any effort that is held alone or jointly in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals,

families, groups and or society. In accordance with the restrictions as above, it is easy to understand that the forms and types of health services found in many kinds.

Quality health services are health services that can satisfy every service user in accordance with the level of satisfaction of the average population and its implementation in accordance with codes of ethics and standard services that have been set (Marzaweny and Chandra, 2012; Chao, 2011). Two important elements in efforts to improve health services are the level of patient satisfaction as a service user and compliance with the standard of medical services set by the government. There are several things that can provide customer satisfaction that is the total value of customers consisting of product value, service value, personal value, image value, and total cost of patients consisting of monetary costs, time costs, labor costs, and the cost of mind for outpatients as well as hospitalization.

Every hospital patient generally expects good interaction, polite, friendly, comfortable with health personnel, so that the competence, qualifications and good personality of the health care workers. The main factor in influencing patient satisfaction is complete medical equipment, building and adequate hospital facilities, and completeness of supporting facilities in medical service (Anjarini, 2009). The quality of a health service in a hospital institution is influenced by the service system or nursing care provided as the largest component that contributes. Medical service is a form of comprehensive professional service and an integral part of health services based on professional education and is controlled by ethics and professional standards in the attitude and actions taken to the patient as the recipient of the service.

In accepting and serving inpatients as consumers with various characteristics, hospitals should equip themselves to always listen to the voice of consumers, and have the ability to respond to every desire, consumer expectations and demands of users of health service facilities. This is closely related to health workers who always accompany and serve patients as consumers. This is in line with the opinion expressed Waworuntu (2007) that a professional in the world of state administration controls the needs of the community and know how to satisfy and meet the needs of the community. Society needs to be satisfied through the fulfillment of its needs, so that the community feels as a king, then it should be served well.

As mentioned above, it is necessary to consider the quality standards of medical services, medical service ethics, medical service support facilities, fatigue of medical service personnel, and medical service strategy, all of which affect the performance of medical services and patient satisfaction inpatient at the hospital.

II. LITERATURE REVIEW

2.1 Standard Quality of Medical Services

Quality of health service is health service that can satisfy every user of health service which is in accordance with level of satisfaction of average and its implementation in accordance with standard and professional code of ethics (Azwar, 2007). Meet and exceed customer needs and expectations through continuous improvement of the entire process. Subscriber customers, patients, family, and others who come for the services of doctors, employees (Wijono, 2009).

2.2 Medical Service Ethics

Professional demands are closely related to a code of conduct for each profession. The code of ethics relates to certain ethical principles that apply to a profession. There are four principles of professional ethics that at least apply to all professions in general. Of course these principles are minimal in character, because the most common ethical principles that apply to everyone, also apply to professionals insofar as they are human (Brooks, 2007; Bertens, 2000). The ethics of medical services is the attitude of life in the form of justice to provide professional services to the community with full order and expertise as a service in order to carry out the duty of obligation to society.

2.3 Medical Support Facilities

The means are all physical objects that can be visualized by the eyes and palpated by the senses and easily recognizable by the patient and are generally part of a building or the building itself. (Permenkes RI, 2010). Hospital support facilities are all physical objects that can be visualized by the eyes and palpable by the senses and easily recognizable by the patient and are generally part of a building or building itself.

2.4 Fatigue Medical Service Officer

Officer fatigue is a state of imbalance of strength and energy. Burnout is a combination of physical, psychological, and emotional fatigue. Work fatigue occurs due to work stress that is not handled properly. This state of exhaustion if it persists can result in physical, emotional, and mental fatigue called burnout (Akoso, 2009; Mariyanti and Citrawati, 2011; Muizzudin, 2013).

2.5 Medical Service Strategy

Strategies in health services according to Duncan et al. (2006) has three meanings, namely: (a) It is a pattern in decision making by taking into account the organization within the environment; (b) It is an organizational behavior related to what will, is, and should be done; (c) It is a future-oriented plan that serves as a guide tool for management. Thus the health-care strategy is a future-oriented plan that serves as a guide tool for management.

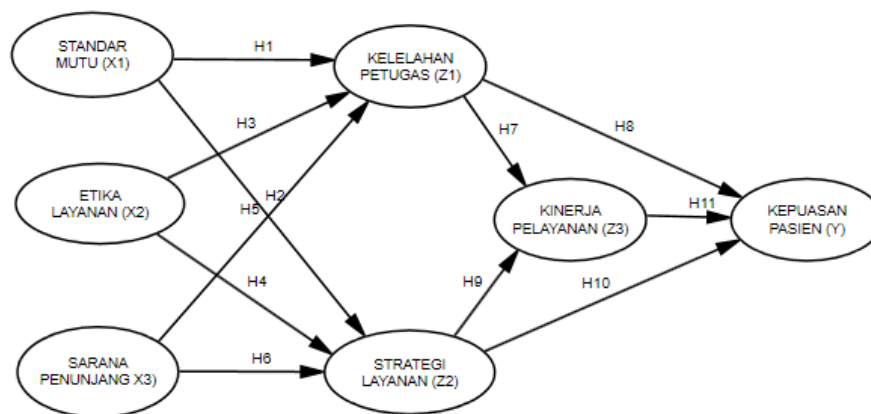
2.6 Performance of Medical Services

Performance is a record of output of results on a function or occupation of all work activities within a certain period. Performance is also a combination of ability and effort to produce what is done. In order to produce good performance, a person has the ability, willingness, effort and support from the environment. Will and effort will generate motivation, then after a person's motivation will show the behavior to work (Sulianti, 2009; Hafid, 2014). Service performance is a work performance of service that has been done or shown on products / services produced or given a person or group (Panjaitan and Djunaedi, 2017).

2.7 Patient Satisfaction

Satisfaction is a comparison between the quality of service obtained with desire, needs, and expectations (Jacobis, 2013, Nursalam, 2014). Satisfaction is also as the level of one's feelings after comparing the perceived performance results with expectations, customer satisfaction is the primary goal of excellent service so that every service apparatus is obliged to try to satisfy the customer (Daryanto and Ismanto, 2014; Ahmad and Ahmad, 2012). Thus patient satisfaction is a subjective value to the quality of service provided, although subjective still there is objective basis. Patient satisfaction is the level of one's feelings after comparing the perceived performance results with expectations.

2.8 Theoretical Framework



Figur 1. Conceptual Framework

Information:

Standar mutu: quality standards; **Etika layanan:** Service Ethics; **Sarana penunjang:** Supporting facilities; **Kelelahan petugas:** Exhausted officer; **Strategi layanan:** Service strategy; **Kinerja layanan:** Service performance; **Kepuasan pasien:** Patient satisfaction.

The variables used were explained as Figure 1 and each relationship of an independent variable with dependent variable represent hypothesis.

2.9 Research Hypotheses

Based on the problem formulation and theoretical studies and conceptual framework in Figure 1, the hypothesis is proposed as follows:

1. The quality standard of medical services has a significant effect on the fatigue of medical service personnel.
2. The quality standards of medical services have a significant effect on the strategy of medical services.
3. The ethics of medical services has a significant effect on the fatigue of medical service personnel.
4. The ethics of medical services has a significant effect on the strategy of medical services.

5. Supporting facilities of medical services have a significant effect on the fatigue of medical service personnel.
6. Supporting facilities of medical services have a significant effect on the strategy of medical service personnel.
7. Fatigue of medical service officers has a significant effect on the performance of medical services.
8. Fatigue of medical service officers have a significant effect on patient satisfaction.
9. Service strategy has a significant effect on the performance of medical services.
10. Service strategy has a significant effect on patient satisfaction.
11. Service performance has a significant effect on patient satisfaction.

III. RESEARCH METHODE

3.1 Research Subjects

The research unit is the Type B Regional General Hospital in Makasar city, and the population in this study is the inpatient in 4 District General Hospital type B in Makasar city as shown in Table 1.

Table 1: Population 4 Regional RSU Type B in Makasar City

No	Name of General Hospital	Class	Number of Beds
1	RSUD Daya Makasar	1, 2 dan 3	307
2	RSUD Haji Makasar	1, 2 dan 3	278
3	RSUD Sayang Rakyat Makasar	1, 2 dan 3	232
4	RSUD Unhas Makasar	1, 2 dan 3	214
Total			1031

RSUD: Regional Public Hospital
Source: Sub Department of Health, 2017

In this study interesting sample using method of proportional random sampling. Estimates used in this study are Generalized Least Square Estimation (GLS), and the number of samples researched for 250 respondents, who came from 10 times 25 indicators of variables in this study. The provisions are in accordance with the provisions that use the reference (Hair et al., 2010).

The number of samples is proportionally distributed in each location. Thus, based on the stages of the above activities, the number of respondents allocated from the local hospitals in Makasar is shown in Table 2.

Table 2: Total Population and Sample by Location RSUD

No.	Research sites	The place Sleep	Quota Responden ts	Ward Class 1	Ward Class 2	Ward Class 3
1	RSUD Daya Makasar	307	74	24	25	25
2	RSUD Haji Makasar	278	68	22	23	23
3	RSUD Sayang Rakyat Makasar	232	56	18	19	19
4	RSUD Unhas Makasar	214	52	17	17	18
Amount		1031	250	64	67	67

RSUD: Regional Public Hospital

3.2 Research Measurement

The variable of service quality standard is measured by 5 indicators: Tangibles, Reliability, Responsiveness, Assurance, and Emphaty (Panjaitan, 2017; Parasuraman et al., 2008; Nursalam, 2014).The variables of service ethics are measured by 4 indicators: Principle of responsibility; Principle of Justice, Principle of Autonomy, Principle of Justice (Yosep, 2012).

The supporting facilities variables are measured by 4 indicators, namely: completeness, cleanliness and tidiness of offered facilities, condition and function of the offered facilities, ease of use of the offered facilities. completeness of tools used (Permenkes RI, 2010).Variables of staff fatigue were measured by 3 indicators, namely: Physical fatigue, Psychic fatigue, andEmotional fatigue (Akoso, 2009, Marchelia, 2014).Health service strategy variables were measured by 3 indicators: Thingking Strategy, Strategy Planing, Strategy of momentum (Swayne et al., (2006).Variable of service performance measured by 3 indicator that is: Result quality, Quantity result, Time determination (Sulianti, 2009; Hafid, 2014).The variable of patient satisfaction is measured by 3 indicators that are: Past experience, Nursing service that is in accordance with expectation, Level of satisfaction as a whole to nursing service (Sabarguna, 2008; Panjaitan and Djunaedi, 2017).

IV. RESULT AND DISCUSSIONS

4.1 Characteristics of Respondents

Characteristics of respondents of local public hospital (RSUD) in Makasar is based on gender is male 48.0% while woman consists of 52,0%. The number of respondents included in the age group of 20-35 years was 15.7%, the age group 35 - 50 years was 53.9%, and the age group > 50 years was 30.4%. Further study based on the level seen that most of the respondents are those in the group of high school education / equivalent as many as 87 respondents (34.8%). The second largest group of respondents is Bachelor's education which is 83 respondents (33.2%). The third largest group is Diploma education group (D1,2,3) that is 80 respondents (32,0%) of total respondents. Based on the work in general, it is seen that most of the respondents are those in the private employment status group of 99 respondents (39.6%). The second largest group of respondents was the ABRI / Police work status of 61 respondents (24.4%). The third largest group is the employment status of civil servants as much as 58 respondents (23.2%). The fourth group is the entrepreneurship employment status group of 32 respondents (12.8%%) of the total respondents.

4.2 Results Testing Instrument

The results of testing the validity showed significant for all indicators or the item in question, which means that the indicators or items of questions for each of the variables included in the questionnaire have been eligible validity. From the results of Pearson product moment correlation, it is known that all of the question items on the questionnaire correlated significantly to the error rate of 5% (** <0.05), so we can say all of the item in question is valid and can be processed further.

Reliability test results with test Cronbach alpha (α) in this study indicate that all variables of the study are reliable, since the entire value of the alpha coefficient of each variable larger study of standardized (0.6), so that each item question on measurement instruments can be used. The value of the corrected item total correlation of the entire item in question is greater than 0.3.

4.3 Confirmatory Factor Analysis

Results of confirmatory factor analysis of the measurement model of research based on the results of statistical tests, obtained value of the loading factor for each indicator forming study variables is greater than 4, therefore, all indicators of research variables are indicators that significantly shape each study variable.

Table 3: Confirmatory Factor Analysis

Variable Name	Loading Factor	Variable Name	Loading Factor
Standar Mutu		Etika Pelayanan	
Standards→Std1	0,665	Ethics→Eti1	0,446
Standards→Std2	0,925	Ethics→Eti2	0,810
Standards→Std3	0,632	Ethics→Eti3	0,446
Standards→Std4	0,452	Ethics→Eti4	0,910
Standards→std5	0,657		
Sarana Penunjang		Kelelahan Petugas	
Supporting→Sar1	0,657	Exhausted→Kel1	0,826
Supporting→Sar2	0,695	Exhausted→Kel2	0,565
Supporting→Sar3	0,993	Exhausted→Kel3	0,425
Supporting→Sar4	0,485		
Strategi Pelayanan		Kinerja Pelayanan	
Strategy→Str1	0,760	Performance→Kin1	0,635
Strategy→Str2	0,855	Performance→Kin2	0,851
Strategy→Str3	0,843	Performance→Kin3	0,734
Kepuasan Pasien			
Satisfaction→Kep1	0,590		
Satisfaction→Kep2	0,917		
Satisfaction→Kep3	0,774		

4.4 Model Test Results

Results of data processing using a sample of 250 indicates the level of significance to test the above difference hypothesis is 152.457 with probability 0.072. This shows that there is no difference between the sample covariance matrix and the population covariance matrix, so the null hypothesis is accepted (accepted if probability ≥ 0.05). Meanwhile, the values of GFI, AGFI, TLI, CFI, RMSEA and CMIN / DF were 0.916, 0.902, 0.951, 0.954, 0.074 and 1.480 respectively in the expected value range so that the model was acceptable.

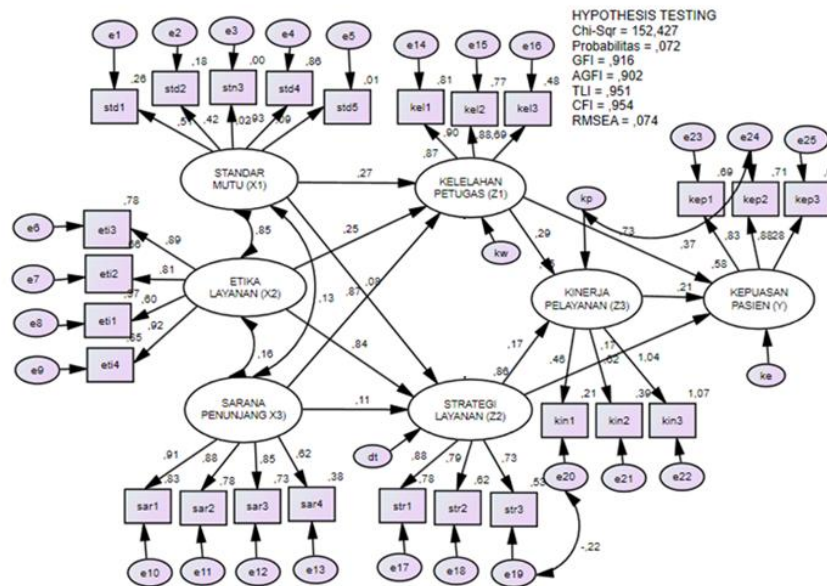


Figure 2.Structural Research Model

4.5 Hypothesis Testing And Analysis

Regarding the regression results in Table 4, it is known that the critical ratio (CR) value which is identical with the t test in the regression analysis shows that all regression coefficients differ significantly from zero. Thus the null hypothesis that the regression coefficient is equal to zero can be rejected or an acceptable alternative hypothesis. The causality in the model is acceptable. Of the 11 hypotheses proposed there are 2 rejected hypotheses namely H2, and H6. As many as nine other hypotheses are accepted.

Table 4:Path coefficient

H	Relationship	Path Coefficient	CR	P value	Decision
H1	Standards → Exhausted	0,267	7,772	0,000	accepted
H2	Standards → Strategy	0,075	0,577	0,064	rejected
H3	Ethics → Exhausted	0,250	5,967	0,000	accepted
H4	Ethics → Strategy	0,841	4,944	0,000	accepted
H5	Supporting → Exhausted	0,869	10,165	0,000	accepted
H6	Supporting → Strategy	0,107	1,801	0,072	rejected
H7	Exhausted → Performance	0,286	3,835	0,000	accepted
H8	Exhausted → Satisfaction	0,727	2,812	0,000	accepted
H9	Strategy → Performance	0,169	2,284	0,000	accepted
H10	Strategy → Satisfaction	0,174	2,890	0,000	accepted
H11	Performance → Satisfaction	0,210	2,636	0,000	accepted

V. CONCLUSION AND RECOMMENDATIONS

From the test result to the model in this research, able to explain the correlation between variable of Quality Standard of medical service, Medical service ethic, Medical Service Supporting Facility, Staff Fatigue, Medical Service Strategy, Service Performance and Patient Satisfaction of Regional General Hospital (RSUD) in Makasar. The results of this study are very important because there are stages of influence of each variable that runs in a tiered way, namely the variable of Quality Standard of medical services, Medical service ethics, and Supporting Facilities of medical services positively affect the Medical Service Strategy and Service Performance. Variable of Medical Service Strategy, and Service Performance positively patient satisfaction. The result of this research is a significant contribution especially in service marketing strategy, related to Medical Service Strategy, Service Performance, and patient satisfaction of Regional Public Hospital in Maksar city. Based on the results of the analysis and hypothesis testing of research that has been done before, from this study can be drawn the following conclusions: (1) quality standards of medical services affect the fatigue of medical service personnel; (2) The quality standard of medical services has no significant effect on the strategy of medical services; (3) Medical service ethics affect the fatigue of medical service personnel; (4) The ethics of medical services affect the strategy of medical services; (5) Supporting facilities of medical services affect the fatigue of medical service personnel; (6) Supporting facilities of medical services affect the strategy of medical service personnel; (7) Fatigue of medical service officers affect the performance of medical services; (8) Fatigue of medical service officer influence to patient satisfaction; (9) Service strategy affect the performance of

medical services; (10) Service strategy has an effect on patient satisfaction; (11) Service performance has an effect on patient satisfaction.

The researcher gave some suggestions as follows:

To the Management of Regional Public Hospital

Management of local public hospitals in Makassar must pay more attention to, and maintain the current ethical services of medical services, given the high influence of service ethics on the strategy of medical services at Makassar Regional General Hospital. Management Regional public hospitals should also pay more attention to, and maintain the existing medical service support facilities, given the high influence of supporting facilities of medical services on the fatigue factor of medical services at Makassar Regional General Hospital. This can happen because with a good service ethics and maximum supporting facilities patients feel comfortable and satisfied with the medical services that have been received.

In addition, the local public hospitals need to keep paying attention and raise the standard of service and medical support facilities because these two variables can not support the existing medical service strategy, so it is necessary to be improved.

To Research Development

The findings obtained in this study can be an input and consideration to develop the following research so that the development of science, especially the science of management of hospital services marketing strategy, especially the problem of patient satisfaction, and the performance of medical services to grow in accordance with the development of time.

To other researchers it is advisable to further examine the factors affecting service quality standards, service ethics, service support facilities, staff fatigue and medical service strategies, which impact on the performance of medical services and patient satisfaction. Given the many factors that affect the performance of medical services and patient satisfaction, which is not only related to the variables that have been discussed in this study.

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