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INFLUENCE OF THE QUALITY OF MEDICAL AND ADMINISTRATIVE SERVICES ON THE INPATIENTS' LOYALTY AT THE ADVENTIST HOSPITAL BANDUNG

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Abstract. This research utilizes a combination of embedded concurrent models methods. The research aims are to analyze the influence of the quality of medical and administrative services on the satisfaction and loyalty of inpatients in RSAB. The total of samples is 90 people, obtained by the Slovin formula, accidental sampling method, and a proportionate stratified random sampling technique. Analysis and interpretation of data were done using Product Moment Correlation and multiple linear regressions. The research results showed that the quality of medical services in RSAB reached 75.45% of the expected, and the quality of administrative services is 76.22%. The level of patient satisfaction in RSAB reached 80.33% than expected, while the level of loyalty of inpatients in RSAB only reached 77.13%. The quality of medical and administrative services is partially positive and has a significant impact on patient satisfaction and simultaneously was strong (64.70%). But patients' loyalty showed that the quality of medical and administrative services is in a more powerful influence (85.10%). Greater perceived patient satisfaction would improve patient loyalty to the hospital RSAB.

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INTRODUCTION

Hospital, according to experts, is an organization of medical professionals organized as well as medical facilities which organizes medical care, continuous nursing care, diagnosis and treatment of diseases suffered by patients American Hospital Association in [1].

According to [2] the hospital is a company engaged in the field of health services. While Wolper and Pena in [1] state that the hospital is a place where sick people seek and receive medical services as well as a place where clinical education for medical students, nurses and a range of other health professions have organized labor.

Kottler in [3] and [4], says that to successfully face the competitive world market is to understand and to give satisfaction to customers through offering superior.

Organizations must embrace five philosophies to achieve these objectives, these are: Production sound concept assumes that consumers will choose a product that is affordable and easy to obtain; The concept of product insightful assumes that consumers will choose good quality products at reasonable prices; The concept of forward-selling assumes that consumers will not buy a product unless they are stimulated by businesses selling extension and promotion; The concept of marketing insight assumes that the company's main task is to determine the needs, wants and selection of targeted customer groups and deliver the desired satisfaction; and The concept of social marketing insight assumes that the main task of the company is to produce customer satisfaction.

LITERATURE REVIEW

One of the factors that can influence patient satisfaction is the quality of hospital services. The elements that make up the quality of service are a combination of the quality of human resources, as reflected by the behavior or attitude of a personal interaction with the users; and also skills or expertise mastery of the elements of the techniques and procedures related to the job duties. The elements or basic components in service are difficult to be inventoried, so it can be said that the ministry is concerned with a process in which the final product that is enjoyed by the user is in the form of experience [5], [6].

Bendall-Lyon in [5]evaluate the structure and components of patient satisfaction with hospital services. They define the service structure as environmental and physical facilities where services are rendered. Satisfaction is shown by the attitude of patients after receiving medical care and administrative services of the hospital. If the patient feels the service provided is appropriate or not in accordance with expectations, then usually they will notify applicants of such services to others recognized. Moreover, the attitude or the way of employees in serving customers satisfactorily plays a major role in creating service excellence. Such superiority was formed through the

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integration of the four pillars closely linked, among other things: speed, accuracy, hospitality, and convenience services [7], [8]. To achieve the level of excellence of service, every employee must have specialized skills, such as understanding the products / services in depth, neat and attractive, being welcoming and friendly, showing commitment and responsiveness in serving customers, not high-minded because they feel needed, master work related directly or indirectly with the department, able to communicate effectively, understand well the customer's sign language, and able to handle customers' complaints in a professional manner.

Service Quality

According to experts in [9], the quality of service can be defined in several senses, these are: Quality is the adherence to established standards; the totality of the form as well as the characteristics of goods or services; the degree of perfection of the appearance of the thing being observed; and a total picture of the nature of a product or service that is related to its ability to provide the satisfaction of needs.

Improving quality of care is needed to give satisfaction to the patient, either by officers of health professionals, health managers or owners of health institutions. For a patient, the quality of health care is a service that is received directly, the result of which is closely related to the patient's recovery from illness, improved health status, speed of service, pleasant care environment, hospitality officer, the ease of the procedure, with appropriate equipment, the availability of medicines and affordable fees.

According to Lori Di Pete Brown et al. in [9], the factors that affect health care quality dimension are:

a. Technical competence: In terms of skills, abilities and performance officer.

b. Access to services: Health services unimpeded by geographical location, social, economic, cultural, organizational or language barriers.

c. Effectiveness: Norms concerning health care and clinical instructions appropriate to existing standards.

d. Efficiency: Related interventions, cost effectiveness, due to limited health care resources.

e. Continuity: Full service provided as needed without interruption, stop, or repetition; the diagnosis and therapy procedures are unnecessary.

f. Security: Reducing the risk of injury, infection, side effects and other dangers associated with the service.

g. Human relations: Related to the interaction between health workers, patients, managers and officers, and between the health team and the community.

h. Convenience: Associated with health care that is not directly related to the clinical effectiveness, but can affect patient satisfaction and willingness to return to the health facility to obtain the next service.

Standards of Medical Service

Standards have an understanding as a guide undertaken to improve the quality for becoming more effective and efficient, and the rules or minimum requirements and provisions, that are generally accepted, are made by consensus. There are some specific provisions on the standard of medical services, namely: (1). Standard medical waiter considered as a procedure that should be followed. (2). the standard is a procedure for cases to be handled by specialists concerned. (3). the standards set can follow the condition of the hospital, but in a lot of therapies, it is possible to do in the health center or private practice as far as circumstances permit. (4). standards in accordance with technological developments.

In the context of services marketing, quality dimension most frequently used as a reference [10], is:

a. Reliability. The ability to provide services which promise immediately, accurately and satisfactorily.

b. Responsiveness. The desire and willingness to help customers and provide service with a response.

c. Warranties. Service quality which includes knowledge, competence, courtesy and trustworthiness owned by the employee; free from physical danger, risk or doubt.

d. Empathy. Including ease in relationships, effective communication, personal attention, and understanding the needs of individual customers.

e. Physical evidence. Services quality includes physical facilities, equipment, employees, and means of communication.

[11] argued about the quality aspect of the services is an aspect of an excellent service. The factors that determine the quality of hospital services are: Reliability, capture power, capability, easy to be contacted or met, politeness, respect and friendliness of the employees, communication, trustworthy or honest, security, and physical evidence. Parasuraman et al. in [5] stated that the quality of service is a concept consisting of five dimensions, which are tangibility, reliability, responsiveness, assurance and empathy. Five dimensions play a very important role in shaping the level of customer loyalty.

Administrative Services

The hospital administration is a process of planning, organizing, directing, monitoring, coordination and assessment of the resources, procedures, and ability available to meet the

demands on the healthcare and a healthy environment by way of providing and organizing various health efforts aimed at individuals, family, group or community Azrul, in [12].

[12] continue that in terms of the administration of the hospital, at least five elements determining the success or failure of an implementation of the administration are: Input, Process, Output, The target, and Impact. [10] argued that customers' expectations of the quality of a service are formed by several factors, among others: Enduring Service Intensifiers, Personal Needs, Transitory Service Intensifiers, Perceived Service Alternatives, Self-Perceived Service Roles, Situational Factors, and Past Experience.

In the administrative services concept, it can be concluded that all activities since the patient is in the position of the registration process, placing patient to the room based on their ability, and other administration services including administration when patients check out from the hospital are services that are integrated and can not be separated from one another. Healing and patient's satisfaction are indicators that are closely associated with the degree of patient loyalty. The higher level of efficiency and effectiveness in administrative services is a barometer of support to the patient's satisfaction and loyalty.

Customer Satisfaction

Patients are the sick who are treated by doctors and other health personnel in a practices place [13]. While satisfaction is in someone who is feeling happy and comes from a comparison between the pleasure of the activity and a product with the expectation [14], [15]. Kotler in [14] mentions that satisfaction is someone freshly happy or disappointed who emerged after comparing the perception or impression of the performance or the result of a product and its expectations. While [16] mentions that patient's satisfaction is the level of the patient's feeling that arises as a result of the performance of health services obtained, after patients compare with what was expected. Another opinion of Endang in [17] says that patient's satisfaction is an evaluation or assessment after using a service, that the service selected at least met or exceeded expectations.

Customer Loyalty

Customer loyalty, according to [18], is a customer's commitment to some brand or supplier, based on the very positive attitude and is reflected in consistent repeated purchases. [19] associated with hospital services; loyalty is defined as a response that is closely associated with a pledge or a promise to uphold the commitment of the underlying continuity of relationships, and usually reflected in sustainable purchasing. However, based on the theory of customer loyalty by Baloglu in [5], customer loyalty has five dimensions, namely confidence (trust), the commitment of psychology (psychological commitment), changes in costs (switching cost), the behavior of publicity (word-of-mouth), and collaboration (cooperation).

The Impacts of Medical and Administrative Services on Patient's Satisfaction and Loyalty

Health services are any efforts held individually or jointly within an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups, or communities Anwar, in [5].

Services formulated all activities conducted by other parties aimed at meeting the interests of the people. Medical services should be provided and given to the patient in accordance with the latest medical science, as well as leveraging the capabilities and hospital facilities optimally. Each type of medical services must be in accordance with their respective service standards of the profession.

The purpose of medical service is to seek recovery of patients optimally through the procedures and measures that can be accounted for. If the reality is more than expected, the service can be said to be of high quality but if the reality is less than expected, then the service is said to be inferior Lupiyoadi, in [5].

Statement of the Problem

Based on the background of the study as described above, the formulation or identification of the problem can be stated as follows:

a. What is the quality of medical services (behavior of doctors, nurses and other medical personnel) in RSAB?

b. What is the quality of administrative services (systems and procedures for administrative services to patients) in RSAB?

c. What is the level of inpatients' satisfaction in RSAB?

d. What is the level of loyalty of inpatients in RSAB?

e. What is the influence the quality of medical and administrative services either partially or simultaneously on the loyalty of inpatients in RSAB?

Research Objectives

Based on the background of the study, the research aims to:

a. Know how well the medical services in RSAB are doing. It is to see the behavior of doctors, nurses and other medical personnel in providing care for patients;

b. Know how well the administrative services in RSAB are doing and the extent of the existence and implementation of systems and procedures for administrative services to patients in RSAB;

c. Know how satisfied the patients are for services provided by medical workers (doctors, nurses, and other medical personnel) in RSAB;

d. Know how high the level of loyalty of inpatients is in RSAB; loyalty like that indicated by the patient to the hospital;

e. Know the influences of the medical and administrative services either partially or simultaneously on the loyalty of inpatients in RSAB; hospital services such as what makes a loyal patient at the hospital.

Significance of the Study

This study attempted to contribute a clear understanding of the influence the quality of medical and administrative services on the inpatients' loyalty at the Adventist Hospital Bandung. This research is expected to provide a benefit or usefulness to the parties:

a. Through this study, the authors could deepen the medical and administrative services both by doctors, nurses, and other medical waiters; assess the extent of the level of loyalty among inpatients in RSAB; and how much influence the medical and administrative services have on the loyalty of the inpatients at the hospital;

b. For the Hospital Management, the results of this study are expected to help the leadership (management) of the hospital to at least preserve medical and administrative services that have been achieved and at the same time to correct or rectify weaknesses based on findings (if any);

c. For the scholar and the readers, this study will provide a greater insight with respect to medical and administrative services to the loyalty of hospitalized patients; and also the study materials and reference materials for more scientific research on other aspects beyond the scope of this research.

METHODOLOGY

This study utilized a combination of research methods that is concurrent embedded models where primary is a quantitative method. [20] said that this model is a mix of concurrent embedded reinforcement and the second methods (qualitative) strengthen the first method (quantitative). There are three kinds of variables in this study, these are: independent variable - Medical services (X1), Administrative services (X2); Patient's satisfaction at RSAB (Y1) as Intervening variable that mediates the relationship between independent variables and the dependent; and dependent variable - Loyalty of Inpatients at RSAB (Y2).

Research Hypothesis

Based on the conceptual framework of this study, hypothesis can be put forward as follows: "The higher the quality of medical and administrative services, the higher the sense of satisfaction and loyalty of inpatients at Adventist Hospital Bandung". In relation to the hypothesis, the parameters in this study were:

H0: r = 0, there is no significant effect either partially or simultaneously of the quality of medical and administrative services on the satisfaction and loyalty of inpatients at RSAB

Ha: r >0, there is positive and significant impact either partially or simultaneously of the quality of medical and administrative services on the satisfaction and loyalty of inpatients at RSAB

Population and Sample

This study aims to determine the extent of the influence of the quality of medical and administrative services on the satisfaction and loyalty of patients in Adventist Hospital Bandung, especially for inpatients. So the total population in this study were all patients who have been and are being hospitalized.

The number of hospitalized patients varies in each class. The total number of hospitalized patients over 5 years was 60,448 people and on average each month as many as 1,007 people. The sampling method used is an accidental sampling technique, where the samples as respondents were patients seen at the time of this study. Sampling was also conducted with a purposive sampling technique and technique of proportionate stratified random sampling for patients in hospitals stratified by class. Sampling was done using the Slovin formula that approached normal distribution, $p = 0.1$ with a margin of error determined by investigators.

Research Instruments

Tool or instrument used in this study was a questionnaire and then conducted interviews of the selected patients. Material questionnaire consists of:

1. Questionnaire to determine the patients' characteristics including: gender, age, education level, occupation, income, guarantor of the cost of treatment and the frequency of visits to RSAB

2. Questionnaire to determine the quality of medical and administrative services of RSAB to inpatients that include: physical appearance (tangible), reliability, responsiveness, assurance, and empathy.

3. Questionnaire to determine patient's satisfaction with the quality of medical and administrative services which include: speed of service, service skills, attention to service and performance services.

4. Questionnaire to determine patient's loyalty to the quality of medical and administrative services which include:

trust, psychological commitment, changes in cost, behavioral publicity, and cooperation.

Technique for Collection of Data

Data collection techniques used in this research are interviews and distribution of questionnaire which has been tested for validity and reliability to the respondent namely inpatients at RSAB. To complement the quantitative data, the researchers also conducted qualitative data collection, the data associated with the service, satisfaction, loyalty and influence of satisfaction and loyalty services on inpatients. The test of validity is done by Pearson Product Moment of coefficient correlation which is calculated by comparing the r value of table for the degree of freedom df = n - 2 with alpha of 0.05. If r count is bigger than r table and the value of r is positive, then the statement is valid. Pearson Product Moment Correlation formula is as follows:

$$r_{xy} = \frac{n\sum xy - \sum x \sum y}{\sqrt{n\sum x^2 - (\sum x)^2 n \sum y^2 - (\sum y)^2}}$$

Explanation: r_{xy} = Coefficient Correlation of Pearson
X = Medical and Administrative Services
Y = Inpatients' Loyalty
n = Number of data

Analysis of Data

The data collected will be processed using Microsoft Excel and SPSS for Windows through the procedure of editing, coding and tabulation of data. The results are presented in narrative form; frequency distribution table is accompanied by interpretation.

The use of analysis of the data including data combined are statistical, qualitative methods with qualitative analysis.

a. For the first and second problems identification was done using analysis of descriptive statistics and descriptive qualitative analysis. Criteria percentage score responder against an ideal score is appropriate as in Table 1, as follows:

TABLE 1
CRITERIA OF PERCENTAGE SCORE

% Total Score	Criteria
85.00 100.00	Very Good
75.00 84.99	Good
65.00 74.99	Good Enough
50.00 64.99	Less than Good
00.00 49.99	Not Good

b. For the third and fourth problem identification, analysis of the data was done also by descriptive statistics and descriptive qualitative analysis.

c. Furthermore, for the fifth problem identification and testing hypotheses Product Moment correlation analysis was used, followed by calculating the coefficient of determination. To be able to determine the strength of the influence of dependent variable on independent variable is with reference to the guidelines for the interpretation of the correlation coefficient as in Table 2, as follows:

TABLE 2
THE RANGES OF COEFFICIENT OF CORRELATION

Interval Coefficient	Level of Relation
0.00 0.199	Extremely Weak
0.20 0.399	Weak
0.40 0.599	Moderate
0.60 0.799	Strong
0.80 1.000	Very Strong

RESULTS

a. The quality of medical and administrative services in RSAB reached 75.45% and 76.22% respectively. Both of these services can be expressed in good qualitative categories. Patient complaints with regard to maintenance costs, inspection costs, and laboratory costs are high; the registration process of the patient/family to get up to the room took a long time; and they also complained because of the unavailability of places of worship/ prayer rooms in RSAB.

b. The level of patient's satisfaction in RSAB reached 80.33% of the expected with 79.81% for service speed indicator; 76.89% service skills; attentive service of 81.33%; and the appearance of the service 83.28%. It is qualitatively included in both categories. The doctors, nurses and medical personnel are in the speed of diagnosis service, a quick action so that patients feel satisfied. The doctors, nurses and other medical personnel also showed neatness, polite and friendly smile in providing services to patients.

c. The level of loyalty of inpatients in RSAB reached 77.13% of the expected with 77.86% of confidence indicators; psychological commitment of 76.50%; changes in the cost of 75.67%; publicity behavior 78.33%; and cooperation 77.28%. Largely the patients will not come back for treatment to RSAB because they do not want to be hurt anymore.

d. It was partially found that the quality of medical and administrative services has an influence on patient's satisfaction. As for loyalty, it was found that the quality of medical services affects while quality of administrative services has no effect.

For simultaneously, it was found that the quality of medical and administrative services to the satisfaction of the patients was 64.70% (in the category of strong influence). While the quality of medical and administrative services to patient's loyalty was 85.10% (in the category of very strong). This means that 14.90% patient's loyalty is determined by factors beyond the variable quality of medical services and administrative services.

DISCUSSION AND CONCLUSION

The respondents who utilize health services in inpatient RSAB are women aged 26-55 years old (47.78%). The majority of respondents worked as private employees and entrepreneurs (63.33%) and had education level of high school and university/college (86.67%).

Data from respondents indicate that patients showed monthly income range of Rp 10 million and below (85.56%); dependent companies (37.78%) and insurance coverage (38.89%).

Quality of Medical Service in RSAB

Ideal score of respondent's answer is 26.550 while total score was 20.032. And the level of quality of service is 75.45%. Thus as qualitatively, the quality of medical services is good.

Tangible

The quality of service in real on tangible aspects only reached 74.10% of the expected. This means that qualitatively tangible service quality indicators are still included in both categories.

The tangible indicators show that the aspects of service that got a score above 80.00% are: tidiness of valet parking (80.22%); complete and skilled nurses (80.89%); cost of medicines (82.68%); further aspects of the service that scored below 65.00% are: the mosque or place of worship (64.22%).

Based on interviews and direct observation, results were obtained that buildings are nice, have strategic location, are easily accessible by the public, have modern hospital equipment, use of computer equipment; there are signs showing clear hint towards the examination room and pharmacy, medicines given to the patients were potent enough for the hospitalized patients to get home.

The patients or their family lodged a complaint, such as: a place of worship / prayer rooms do not exist in a particular location, the cost of maintenance, operating costs and the cost of laboratory tests are high enough.

Reliability

The value of service in the aspect of reliability according to the respondents was 75.68%. Under reliability indicator, it was found that nearly 50% of respondents of RSAB indicate needs for services improvement.

The accuracy of what was promised to keep the hospital only 72.67%; help the problem facing patients 73.33%; and hospital services on time only 72.89%.

Interviews and observations obtained that: at the time of admission to hospital, there are officers who provide the friendly service, but some are not friendly; the problem faced by the patient, such as difficulty sleeping, a drug that is considered too much, communication with the family, largely responded well.

Hospital promises to the patient such as when it will be examined by a doctor, when it will be operating, and when it will return largely kept; and the registration process of patient or the patient's family to get rooms for inpatient took long enough.

Reponsiveness

The value of responsiveness by the respondents was 77.44%. The responsiveness indicator obtained is generally above 75.00% except regarding attention to patients less able

to just 73.56%. Results of interviews and observation obtained that diseases such as patient weight category, cancer and heart disease are not directly notified to the patient but through his family. When mistakes occur in the administration of drugs or diagnosis, the hospital hushes and does not inform the patient and his family.

Assurance (Assurance)

The value of assurance by the respondents was 78.04%. It indicates that all of the items in the aspects of service assurance scored above 75.00%, so the qualitative aspects of service quality assurance were included in both categories. It was found that doctors in carrying out visits to patients most delayed from the time promised. Results of interviews with some patients, nurses and security guards under qualitative data obtained that doctors give promise to patients to meet, but are not kept. Despite the fact that doctors often do not keep their promises is a doctor who has a load to handle more patients. Security of luggage assured patients and their families during a visit in RSAB.

Empathy

The value of empathy, according to respondents was 78.63%. Under this indicator, it showed the close relationship between hospital personnel and patients is quite high (81.56%). But the administrative management of patient and the payment process was under slowness (76.50%). The observation and interview obtained that specialist doctors are already well-known to have a lot of work, because the number of patients treated is beyond the tasks assigned, so her time is limited. Patient with less severe illness is deemed not given a serious response by the doctor.

Quality of Administrative Services in RSAB

The service quality level is 76.22%. Of the five indicators of service quality that is tangibility, reliability, responsiveness, assurance, and empathy, the value of each can be calculated as follows:

Tangibility

The percentage value of tangible aspects of service according to the respondents was 75.19%. This means that the quality of service on the tangible aspects has reached 75.19% of the expected. As qualitatively, the quality of service on tangible indicators included in both categories shows that the administrative infrastructure facilities and equipment, environmental hygiene administrative services, and the atmosphere within the administrative services are slightly above the category quite well.

Reliability

The value of service in the aspect of reliability according to the respondents was 75.68%. This means that the quality of service in the aspect of reliability has reached 75.68% of the expected. The service is based on a vision; service that is fast, precise and responsive; administrative employee skills, and prosesur registration shows the percentage above 75.00% or better category.

Reponsiveness

The value of responsiveness by the respondents was 76.96%. Quality of care that occurs in aspects of responsiveness has reached 76.96% of the expected. Under description point of statement can be seen the administrative staff capable of handling client complaints, friendly and did not seem to rush in serving patients.

Assurance

The value of assurance by the respondents was 77.04%. Service quality assurance aspect occurred on reaching 77.04% of the expected. All items on the aspects of service assurance scored above 75.00%, so that qualitative aspects of service quality assurance were included in both categories.

Empathy

The value of empathy, according to respondents is 77.00%. This means that the quality of service in the aspect of empathy, reached 77.00% of the expected.

Inpatients' Satisfaction in RSAB

There are quantitative and qualitative data related to patient's satisfaction, the aspect (indicator): speed of service, service skills, attention to service and performance services.

Speed of Services

The doctors, nurses, and medics are quickly performing diagnosa, show fast action, and quickly deal with patients' complaints. On the other hand, doctors, nurses, and medical personnel are quick enough to provide services when the patient needs help immediately. Value of service speed according to the respondents was 79.81%. Quality of care that occurs in the aspect of service reached 79.81% pace than expected.

Service Skills

The value of the skills of service according to the respondents was 76.89%. So the quality of service on the skills aspect of service reached 76.89% of the expected.

Attention Services

The ratings show that the assessment of the patient/respondents of the indicator attentive care physicians, nurses, and medical officers is not looking at the socio-economic status. The value of care services according to respondents is 81.33%. So the quality of service on aspects of care services reached 81.33% of the expected.

Appearance Services

The value of the speed of service according to the respondents was 83.28%. So the quality of service in the aspect of service performance reached 83.28% of the expected. The ratings showed that doctors, nurses and medical officers were well-dressed, clean, and had polite, friendly smile and spoke harshly.

Loyalty of Inpatients in RSAB

Here are quantitative and qualitative data related to patients loyalty, the aspect (indicator): trust, psychological commitment, switching costs, and publicity and cooperation behavior.

Trust

The value of the trust according to the respondents was 77.86%. The lowest value of loyalty on the trust aspects is the belief that all patients' questions will be answered by medics in RSAB seriously and correctly and will fulfill the promise given to patients with each value of 77.11% of the expected. The interviews obtained that the patients believe that RSAB management, consistency and the ability of both medical and administrative services are good.

More of patients do not follow the capabilities for their doctors because they are first time treated at this hospital. They choose a doctor based on the advice of the family.

Patients and their families are covered by the company's finance/ insurance, particularly those who do not know the costs due to more emphasis on service and comfort hospitalized, and want a speedy recovery.

Psychological Commitment

The value of psychological commitment by the respondents was 76.50%. The lowest value of psychological commitment under aspects of the taste has a high regard for RSAB

with a value of 74.67%. While the highest is at aspects of friendliness of medics making patients happy with a value of 80.44%. The interview provided that some patients of moderate income families and civil servants stated that they would return for treatment to RSAB because it is tied to the Health Card, Insurance, and Doctor. Patients from well-established economic groups stated that they would return to RSAB treatment because of a relationship with a doctor and medical history.

Switching Costs

The switching cost value according to respondents is 75.67%. The lowest value of switching cost is at aspects: Felt very trouble if it should be moved to another hospital with a value of 74.44%. Results of interviews obtained that a proportion of patients will not be treated in RSAB either through inpatient, outpatient, or emergency care. It is expressed as the patient who does not want to be hurt anymore. The main considerations for the patient to use the services of RSAB are because the load is acceptable to the patient when there is a change that would be smaller than should be moved to another hospital.

Conduct Publicity (Word-of Mouth)

The behavior of the publicity value according to respondents is 78.33%. The value of the behavior of publicity is lowest on aspects: will disseminate information service of RSAB to the general public with a value of 76.89%; will disseminate the service of RSAB to the family, relatives and close friends with a value of 78.67%; and recommend services of RSAB to other patients with a value of 78.22%. The loyalty of patients on the behavioral aspects of publicity included in the low category is 78.33%. A proportion of patients is reluctant to disseminate information on the services of RSAB to the family, relatives, close friends, and the general public to provide information for fear of being wrong. But if anyone would like to ask, they will give information about what they have experienced.

Cooperation

The value of cooperation by the respondents was 77.28%. The value of loyalty to the cooperation aspect is almost all under 76% except regarding talks about what happened to the RSAB than another hospital at 80.44%. The lowest value is the aspect: they allow the name and comment positively to RSAB for using Promotion Company with a value of 74.67%. A proportion of patients is reluctant to encourage others when sick to be treated at RSAB especially to the family,

relatives, close friends, as well as to the general public. This is stated because no one told them to advocate and encourage later when they were wrong. What has happened is not necessarily suitable for others. However the small proportion of those who felt satisfied with the services, they will encourage others to use the services of RSAB.

TABLE 3
COEFFICIENT OF CORRELATION OF MEDICAL QUALITY AND ADMINISTRATIVE AGAINST PATIENTS SATISFACTION

		Medical Quality	Administrative Quality	Patient Satisfaction
Medical Quality	Pearson Correlation	1	.674**	.579**
	Sig. (2-tailed)		.000	.000
	N	90	90	90
Administrative Quality	Pearson Correlation	.674**	1	.604**
	Sig. (2-tailed)	.000		.000
	N	90	90	90
Patient Satisfaction	Pearson Correlation	.579**	.604**	1
	Sig. (2-tailed)	.000		.000
	N	90	90	90

**. Correlation is significant at the 0.01 level (2-tailed).

Coefficient Correlation and Regression Analysis on Influence of Quality of Medical and Administrative Services on Inpatients' Satisfaction and Loyalty of RSAB

Testing of coefficient of correlation between variables shows that the coefficient of correlation of quality of medical services to the patients' satisfaction was 57.90%. While the quality of administrative services shown was 60.40%. The correlation of quality of medical servise to patient loyalty is 84.90% while correlation to patients' loyalty is 53.80%. The patients' satisfaction has a correlation with patients' loyalty by 53.10%.

TABLE 4
COEFFICIENT OF CORRELATION OF MEDICAL QUALITY AND ADMINISTRATIVE AGAINST PATIENT LOYALTY

		Medical Quality	Administrative Quality	Patient Loyalty
Medical Quality	Pearson Correlation	1	.674**	.849**
	Sig. (2-tailed)		.000	.000
	N	90	90	90
Administrative Quality	Pearson Correlation	.674**	1	.538**
	Sig. (2-tailed)	.000		.000
	N	90	90	90
Patient Loyalty	Pearson Correlation	.849**	.538**	1
	Sig. (2-tailed)	.000		.000
	N	90	90	90

**. Correlation is significant at the 0.01 level (2-tailed).

The Influence of Quality of Medical and Administrative Service on the Patients' Satisfaction and Loyalty as Partially and Simultaneously

The t-count for the quality of medical services and administrative services were 6.660 and 7.110, respectively and t-table is 1.662, means t-count $>t$-table. Thus Ho rejected and Ha accepted, meaning that there is a positive and significant effect as partially of the quality of medical service and administrative services on patients' satisfaction.

The t-count for quality of medical services and administrative service were 15.088 and 5.981, respectively and t-table was 1.662 means t-count >t-table. Thus Ho rejected and Ha accepted, meaning that there is a positive and significant effect partially of the qualities of medical service and administrative services on patients' loyalty. The t-count is 5.873 for patients' satisfaction; t- table for 1662 means t-count $>t$-table. Thus Ho rejected and Ha accepted, meaning that there is a positive and significant effect partially of patients' satisfaction on patients' loyalty.

F-count was 31.375 and 113.759, respectively and F-table was 3.10 meaning F-count $>F$-table. The value of coefficient of determination is 41.90% and 72.30%, respectively means that has a positive and significant influence simultaneously of the quality of medical and administrative services on

patient's satisfaction and patient's loyalty. Thus Ho rejected and Ha accepted, meaning that there is a simultaneous effect of the variable quality of medical and administrative services on patient's satisfaction and patient's loyalty.

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— This article does not have any appendix. —