



Effect of MCSQ and COSE on Service Recovery and Its Impact on Customer Satisfaction: RSUD Dr. Iskak Tulungagung



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Abstract

This study aims to analyze the influence of MCSQ and COSE on service recovery; analyze the influence of MCSQ and COSE on customer satisfaction; analyze the effect of service recovery on customer satisfaction, and analyze the influence of MCSQ and COSE on customer satisfaction through service recovery. This research uses a quantitative method with a probabilistic character using structural equation modeling analysis. MCSQ and COSE affect service recovery. MCSQ and COSE affect customer satisfaction. Service recovery affects customer satisfaction. MCSQ and COSE affect customer satisfaction through service recovery. Service recovery mediates the influence of MCSQ and COSE on customer satisfaction.

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1. Introduction

The hospital is one business unit that provides health services. The success of a hospital is judged by the quality of health services provided, not of cost. If the quality of service provided is guaranteed, the result is that market demand will increase, thus increasing the hospital's revenue (Nursalam, 2011). Hospitals should be managed efficiently to improve quality of service coverage in accordance with the principle of health services. This relates to the demand for professional health services. Patients individually demand that they be treated individually and become very choosy, therefore one of the conditions for the hospital to be successful in future competition is to achieve the goal by creating and retaining customers (Trisnantoro, 1995).

In order to realize patient's expectation as a consumer of hospital service, hospital management needs to make the quality of hospital service. Achieving the quality of health services in hospitals is inseparable from the role of Human Resources (HR) in the hospital. Hospitals should be able to develop their resources as a strength to achieve a quality of service including human resources in the hospital. The hospital should instill in the hospital human

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resources about the meaning of service quality which refers to the concept of customer orientation of service employees (COSE) to support the achievement of customer satisfaction (Nasution, 2010). The results of Hennig-Thurau and Thorsten (2004), Tjahyono (2012), Hanzae, et al. (2011) proves that COSE affects customer satisfaction.

Quality of service has a close relationship with customer satisfaction. Quality of service provides an impetus to customers to establish strong relationships with the company. Such ties enable the company to understand customer needs and wants. In order to gain a competitive advantage, each company is required to be able to satisfy its customers (Barsky, 1992), so that strategy based on management commitment is continuously made by companies, both those producing goods and services. This is done because of the fact that consumers who are not satisfied with the goods or services consumed will find the provider of goods or services from other companies that are able to satisfy their needs, therefore it needs service recovery or service improvement for a change towards the better.

Quality of service should start from the needs of consumers and end with consumer perceptions. This means that a good quality image is not based on the service provider's perception, but based on consumer perceptions. According to Hollbrook (2001) in his research journal stated that consumer satisfaction is strongly influenced by consumer perception of fairness further said that business organizations should separate fairness perceptions with service quality. Quality of service is described as a statement of attitudes, the relationship resulting from the comparison between expectations and performance.

In essence, service recovery is an action by the company or organization to solve the problems caused by the failure of services and to maintain the good of the customer (customer's goodwill). A formal service recovery program, in which case companies add to the core benefits that core products offer while enhancing service components within the enterprise value chain. Service recovery shows the company's actions in responding to service failures.

Employee behavior as a manifestation of COSE and management commitment to service quality (MCSQ) as a service provider is important to affect service recovery and the resulting service performance will provide customer satisfaction, thus implicating customer service recovery, given the interaction between service providers (hospitals) and the patient is sustained means not only ends at after the hospitalization is completed, but will be continued at the time of the patient's re-control in the outpatient poly and at the time of the patient's subsequent examination and treatment. This is because the patient's medical records are placed in the hospital to guide and referral the examination and treatment so that the treatment of patients can take place comprehensively. Results of the Babakus et al (2003) and Ashill et al. (2008) states that MCSQ affects service recovery. Furthermore, Hennig-Thurau and Thorsten (2004) and Gronroos (1988) prove that COSE affects service recovery.

At present, hospitals are thriving as a labor-intensive, capital-intensive, and tech-intensive industry. So-called because the hospital utilizes Human Resources (HR) in large numbers and a variety of qualifications. Similarly, the number of funds used to implement various types of services, including hospital revenues. The hospital also utilizes various types of cutting-edge medical technology to improve the quality of its services. General hospital industry product is health service (Muninjaya, 2011).

Service changes required the readiness of hospital management in providing health services. Hospital services in Indonesia are still far from expectations of performance. Hospital services in East Java Province which are a referral of health services in Eastern Indonesia. Likewise, hospital for the region as the spearhead of the first reference in particular areas of the village, district and empties into the district needed health services, as well as researchers in the area of standard hospital Tulungagung as Type B version in 2012.

The territory of Indonesia has a ratio of the number of residents compared to the number of beds of patients of 1 place for patients + 238 residents. While the ratio of hospitals compared with beds. The patient is 1 hospital for patient bed. For East Java area shows that the ratio of population in East Java compared to a bed of patient is 1 bed for 1,181 residents. The ratio of a hospital to patient bed is 1 hospital for 104 patient beds. In the Tulungagung region showed that the ratio of population to a number of beds of patients is 1 patient bed for 1,196 people. The ratio of hospital beds compared with patients at 1 hospital for 93 patient beds and is therefore required commitment hospital management on patient care in the hospital so that the ratio is getting smaller and closer to the ideal. As the Minister of Health Regulation no. 24 the year 2014 about the ratio of population with beds by 10%.

The hospital as a medical service center is a vital institution in a society. The presence of a hospital is a demand of hope in the time someone overwrote misfortune in the form of the disease. In a hospital, people hope that the calamity that befalls them can be treated (Puspitasari and Edris, 2011). Because RSUD Dr. Iskak Tulungagung must be able to provide the best service, so patients will feel satisfied with hospitals RSUD Dr. Iskak Tulungagung

Inpatient treatment is one service that is a major concern hospitals around the world, because of the number of inpatients is increasingly growing with the equipment also increased, so the outpatient is the source of a large market share that is expected to increase continuously in the future that can improve the hospital's finances. In addition to choosing a hospital for hospitalization, the hospital must provide more services, this is also related to the direction of the Director's policy in the future is to make RSUD Dr. Iskak Tulungagung is a world-class hospital capable of implicating hospital management standards recognized and agreed by the international community.

Dr. Regional General Hospital. Iskak Tulungagung required to always provide excellent service. This is due to the large number of emerging private hospitals as well as the rising level of education, rapid technological developments, and the ability of the community to distinguish quality health services. Such conditions, and in order to compete with private hospitals, the RSUD Dr. Iskak Tulungagung maximally take advantage of market opportunities according to ability but by carrying out social functions. This condition becomes a challenge for RSUD Dr. Iskak Tulungagung to remain a hospital of choice, especially for the people of Tulungagung so that the selection of research in RSUD Dr. Iskak Tulungagung considers that: Services that have not been as expected of patients and service waiting time of ICU to enter hospitalization up to 14 hours

This study aims to analyze the influence of MCSQ and COSE on service recovery; analyze the influence of MCSQ and COSE on customer satisfaction; analyze the effect of service recovery on customer satisfaction, and analyze the influence of MCSQ and COSE on customer satisfaction through service recovery.

2. Research Methods

The number of population in this study was 28,431 patients, using Slovin formula and percentage of leeway of 10%, then obtained a sample of 100 respondents. Samples were taken based on probability sampling technique; simple random sampling, where researchers provide equal opportunities for each member of the population (employees) to be selected to be a random sample without regard to the strata in the population itself.

Operational Definition of Variables

a) *MCSQ*

MCSQ is respondent's perception of management ability in maintaining service of RSUD Dr. Iskak Tulungagung, with indicators of supportive management and investment in technology as measured by a Likert scale.

b) *COSE*

COSE is the respondent's perception of health care services based on customer needs approach, with technical skill, social skill, motivation and decision making authority as measured by a Likert scale.

c) *Service Recovery*

Attempts to take and respond to service failures with contact indicators, responsiveness, and compensation as measured by the Likert scale.

d) *Kepuasan Pelanggan*

Customer satisfaction is the perception of respondents after enjoying the service of RSUD Dr. Iskak Tulungagung, with indicators of service that match the expectations of patients, the impression in receiving care, experience during service received as measured by a Likert scale.

To answer this writing technique, the analysis used in this research is descriptive analysis and SEM analysis (Structural Equation Modeling).

3. Results and Analysis

3.1 Test Results SEM Assumptions

A multivariate CR value of 1.828 is between -2.58 and 2.58, it is concluded that multivariate normality assumptions have been met, thus the assumption of normality required by SEM analysis has been met. Each observation variable has Mahalanobis Distance observed variable is smaller than chi-square table ($df = 12, \alpha = 0.001$) that is 32,91, from a result of analysis known that at 12 indicators used in this research there is no containing outlier. The output of matrix correlation between MCSQ and COSE is 0,660. The results of this evaluation indicate that there is no multicollinearity problem.

3.2 Goodness of Fit

In accordance with the study of literature and research objectives, then developed the overall structural model as follows:

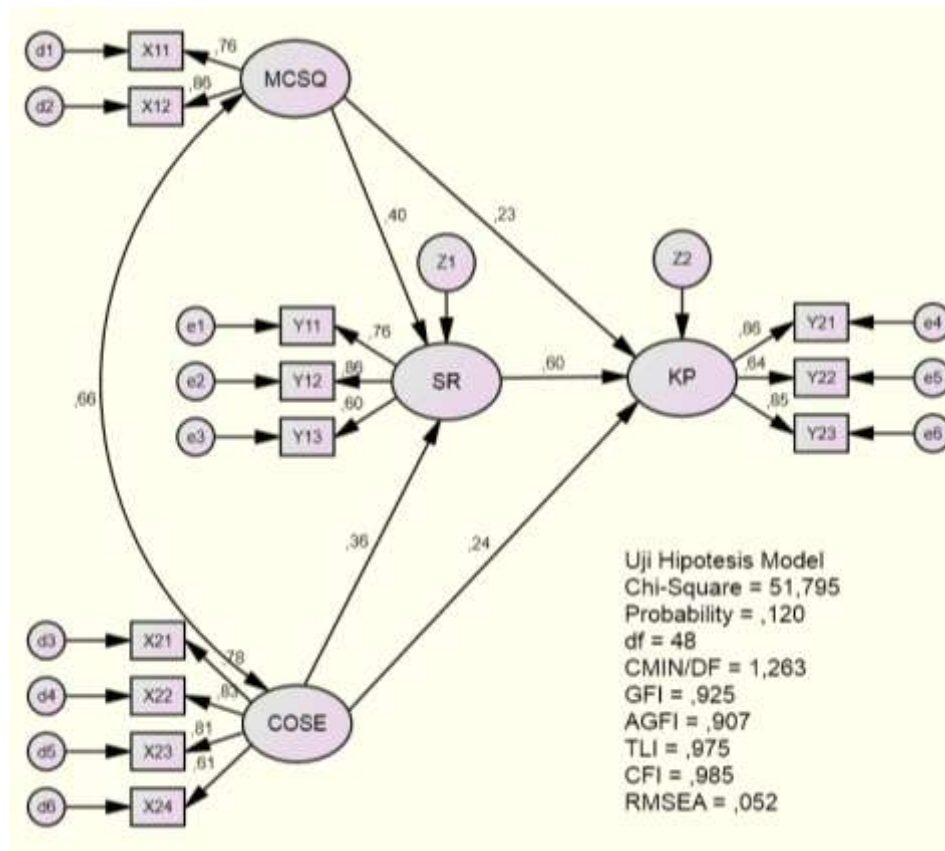


Figure 1. Results of SEM Analysis
 Source: Primary data is processed

Description:

MCSQ (Management Commitment to Service Quality)

X_{1,1} : upportive management

X_{1,2} : Investment in technology

COSE (Customer Orientation of Service Employees)

X_{2,1} : Technical skill

X_{2,2} : Social skill

X_{2,3} : Motivation

X_{2,4} : Decision-making authority

SR (Service Recovery)

Y_{1,1} : contract

Y_{1,2} : responsive

Y_{1,3} : compensation

CS (Customer Satisfaction)

Y_{2,1} : Services that meet the expectations of patients

Y_{2,2} : Impression in receiving treatment

Y_{2,3} : Experience during service

Based on AMOS 18 computations for this SEM model, a goodness of fit indexes are presented in Table 1. Furthermore, these index values are compared with the cut-off values of each index. A good model is expected to have the goodness of fit indices that are greater or equal to the critical value.

Table 1
Test Result of Goodness of Fit Modified Structural Model

<i>Goodness Of Fit Index</i>	<i>Cut-off Value</i>	Model Results	Information
Chi-Square (df = 48)	65,17	51,795	Good
Probability Chi-Square	> 0,05	0,120	Good
CMIN/DF	≤ 2,00	1,079	Good
RMSEA	≤ 0,08	0,052	Good
GFI	≥ 0,90	0,925	Good
AGFI	≥ 0,90	0,907	Good
TLI	≥ 0,95	0,975	Good
CFI	≥ 0,95	0,985	Good

Source: Primary data processed

Based on the evaluation of the Goodness of Fit Indices criteria in Table 1, it shows that the evaluation of the overall model has met, the model is acceptable.

3.3 Hypothesis Testing Results

Hypothesis testing in this study is done by looking at the value of p (probability), if the value of p is more than or equal to 0.05, then it is said that there is a significant influence.

Table 2
Effect of MCSQ and COSE on Customer Satisfaction through Service Recovery

Variable	Standardized Regression Weight	Estimate	S.E	C.R.	P value	Indirect	Total Effects
MCSQ → Service Recovery	0,398	0,269	0,112	2,407	0,016	-	-
COSE → Service Recovery	0,360	0,374	0,169	2,217	0,027	-	-
MCSQ → Customer satisfaction	0,233	0,201	0,098	2,051	0,047	-	-
COSE → Customer satisfaction	0,237	0,313	0,148	2,111	0,035	-	-
Service recovery → Customer satisfaction	0,598	0,758	0,176	4,304	0,000	-	-
MCSQ → service recovery → Customer satisfaction	0,233	-	-	-	-	0,238	0,471
COSE → service recovery → Customer satisfaction	0,237	-	-	-	-	0,214	0,451

Source: Primary data processed.

1) Hypothesis Testing One

The one hypothesis states that MCSQ and COSE have a positive and significant effect on RS recovery service. Iskak Tulungagung. Table 2 shows that the MCSQ and COSE variables have a critical ratio value (CR) greater than 2 and the p-value is less than or equal to 0.05. In the form of coefficient standardized regression weight MCSQ worth 0.398, and COSE of 0.360. These results provide the decision that MCSQ and COSE variables have a positive and significant effect on service recovery. The hypothesis of research that states that MCSQ and COSE have a positive and significant effect on service recovery of RSUD Dr. Tulungagung Iskak are statistically proven (acceptable).

2) Hypothesis Testing Two

Hypothesis two states that MCSQ and COSE have a positive and significant effect on Customer satisfaction of RSUD Dr. Iskak Tulungagung. Table 2 shows that the MCSQ and COSE variables have CR value greater than 2 and the p-value is less than or equal to 0.05. In the form of coefficient standardized regression weight MCSQ worth 0.233, and COSE of 0.237. This result gives a decision that MCSQ variable

has a positive and significant effect on Customer satisfaction, and COSE variable has a positive and significant effect on Customer satisfaction. The hypothesis of research that states that MCSQ and COSE have a positive and significant impact on Customer satisfaction of RSUD Dr. Tulungagung Iskak are statistically proven (acceptable).

3) Hypothesis Testing Third

The third hypothesis states that Service recovery has a positive and significant impact on Customer satisfaction RSUD Dr. Iskak Tulungagung. Table 2 shows that the service recovery variable has CR value greater than 2 and the p-value is less than or equal to 0.05, the standardized regression weight coefficient value is 0.598. These results provide the decision that the variable service recovery has a positive and significant effect on Customer satisfaction, thus the third hypothesis is statistically proven (acceptable).

4) Hypothesis Testing Fourth

Hypothesis four states that MCSQ and COSE have a positive and significant effect on Customer satisfaction through service recovery RSUD Dr. Iskak Tulungagung. Based on Table 2 the analysis shows that service recovery is an intervening variable that can mediate the MCSQ variable to Customer satisfaction since the total influence value is greater than the direct effect. Service recovery is an intervening variable that can mediate the COSE variable to Customer satisfaction since the total value of influence is greater than the direct effect. This means that MCSQ and COSE have a positive and significant impact on Customer satisfaction through service recovery RSUD Dr. Tulungagung Iskak is statistically proven (acceptable).

3.4 Discussion

a) Effect of MCSQ and COSE on Service Recovery

MCSQ contributes more to service recovery than COSE. MCSQ hospital plays an important role in supporting business success. MCSQ which contributed the most to the improvement of service recovery is an investment in technology is reflected in the completeness of medical equipment and computerization in administration. Completeness of medical equipment is a means of support services in hospitals to provide action to patients, care, and treatment. Computerized in the administration is very helpful for the hospital because each program has an integrated information system so that when necessary comprehensive information functions efficiently and effectively. The more complete the services of a hospital, the more complex the types of actions and services that must be delivered, all of which must remain in a unified coordination. This is in accordance with the concept of [Hennig and Claudia \(2003: 30\)](#) that management commitment to service quality is the activities and attitude of the service provider's top management as it relates to the employees behave in a customer-oriented way (management commitment to service quality is the activity and attitude of top management service providers related to employees behaving in a customer-oriented way). [Hartline and Ferrell \(1996\)](#) stated that MCSQ has a strong influence on service recovery performance. The results of this study are in line with [Babakus et al, \(2003\)](#) and [Ashill, et al. \(2008\)](#) which states that MCSQ affects satisfaction.

COSE which contributes the most to the improvement of service recovery is social skill is reflected in the ability of doctors in communication. Health communication between physician and patient is a communication process involving health messages. Well-built communication between doctors and patients is one of the keys to the success of doctors in providing medical services. The ability of a physician to have the skills to communicate well to his patients to achieve a number of different purposes. The purpose of communication between doctors and patients, namely creating good interpersonal relationships, information exchange, and medical decision-making. As [Brown concept \(2002: 19\)](#), COSE consists of. a) requires dimensions that include 'the belief that the company can satisfy the customer's desires; and b) a dimension of enjoyment that represents the extent to which employees enjoy the interaction with customers. The Hennig-Thurau approach is based on requirements that employees must meet to meet consumer needs during the interaction process between employees and consumers that include employee motivation to meet customer needs, employee ability to meet customer needs, and the freedom of employees or authorities (as perceived by employees alone) to make decisions relevant to the fulfillment of customer needs and wants. The results are in line with [Hennig-Thurau and Thorsten \(2004\)](#) and [Gronroos \(1988\)](#) which states that COSE affects service recovery.

The findings of this study, MCSQ as reflected in the completeness of medical equipment and computerization in administration with COSE, reflected in the physician's ability to communicate have an impact on service recovery reflected in the corresponding waiting time.

b) Effect of MCSQ and COSE on Customer satisfaction

COSE contributes more to Customer satisfaction than MSCQ. MCSQ plays a role in improving Customer satisfaction. Customer satisfaction is illustrated by the service that matches the patient's expectation of the suitability of the doctor's service, the suitability of the nurse's service and the promptness of the doctor's appointment. The patient will feel satisfied if patient gets service which is in accordance with patient expectation. Patient satisfaction arises from the first impression of admission to a given health service such as hospital staff friendliness, speed in service. Hospitals are considered good if in providing services more attention to the needs of patients and others who visit the hospital. Satisfied patients are a valuable asset because if the patient is satisfied will continue to use the services of his choice, but if the patient is not satisfied the patient will tell two times more great to others about his bad experience. In order to create patient satisfaction, the hospital must create and manage a system to acquire more patients and the ability to retain patients. This is in accordance with the concept of [Karna \(2004: 71\)](#), quality as the extent to which a product or service meets and/or exceeds a customer's expectations. Customer satisfaction is a thing that can not be separated in every service/service, because with the Customer satisfaction will make the hospital will become more advanced and appreciated, if the hospital can provide a satisfaction on the customer, it can make customers feel what is customer needs can be met. The results of research in line with [Kasiman \(2013\)](#) which states that the MCSQ affect Customer satisfaction.

COSE affects Customer satisfaction, it indicates that Doctors, nurses, laboratory personnel, pharmacy staff and administrative personnel who have Technical skills, social skills, motivation and Decision making authority can improve Customer satisfaction. COSE that contributes to the improvement of Customer satisfaction that is social skill is reflected in the ability of doctors in communication. This shows that a doctor is not only required to provide medical services, but also must be able to master the communication skills well to the patient so that the relationship of patients with healthcare workers can run well. The situation will be the driving force of the hospital to be able to achieve a competitive advantage that can win the competition in providing health services to patients compared to other hospitals. In-patient communication regarding complaints from patients is quickly accepted by service providers, especially nurses, in providing assistance to patients' complaints. Good customer satisfaction of hospitals is very important for the survival of a hospital because it will affect all elements in the hospital. This is in accordance with the concept of [Flavell \(1977\)](#) that the employee's technical ability is the knowledge and motor skills or technology that must be owned by employees during the process of interaction with customers. Technical capability is essential for fulfilling the needs as a must-have characteristic and service process, which requires employees to respond as soon as possible to the customer. Social skills are focused on employees' ability to respond to customer perspectives during interactions. The results of this study are in line with [Hennig-Thurau and Thorsten \(2004: 464\)](#), [Tjahyono \(2012: 44\)](#) and [Hanzaee, et al \(2011: 136\)](#) stating that COSE affects Customer satisfaction.

The findings of this research, MCSQ which is reflected in the completeness of medical equipment and computerization in administration with COSE as reflected in the ability of doctors in communication can improve customer satisfaction which is reflected from the services of doctors obtained in RSUD Dr. Iskak Tulungagung in accordance with expectations, nurse services during the Dr. RSUD. Iskak Tulungagung in accordance with the expectations and waiting time to meet with the doctor as promised.

c) Effect of Service Recovery on Customer satisfaction

Customer satisfaction of the hospital is affected by Service recovery, it shows that the higher the quality of health service which is viewed from the perspective of the patient, the higher the level of customer satisfaction felt by the patient. Service recovery is described by contacts (can be contacted and provided feedback), responsive (waiting time and immediate service) and compensation (service and suitability). If all expectations of such patients are met, it is certain that the patient will be satisfied with the hospital service. This is in accordance with the concept of [Gronroos \(1988\)](#) that Service recovery refers to the actions of service providers in taking and responding to service failures. Satisfied patients will reuse health care when it comes to health care. As [Smith et al. \(1999\)](#) that there are two types of failure requiring different recovery; Process (from contacting and making purchases), and outcomes (what makes customer failures). In order to anticipate the increasingly sharp competition in health care services, the hospital must be able to provide services that can meet the needs and patient satisfaction. Therefore it is necessary to do a management on the quality of services offered to meet Customer satisfaction. A well-managed service quality will provide good results to meet patient satisfaction. If the patient's perceived service is satisfactory

as the patient wishes, it will benefit the hospital. The results of this study are in line with [Andreassen \(2000\)](#), [Boshoff \(1997\)](#), [McCollough et al \(2000\)](#) and [Smith et al. \(1999\)](#) which states that service recovery affects Customer satisfaction.

d) Effect of MCSQ and COSE on Customer satisfaction through Service Recovery

MCSQ hospitals are reflected in supportive management and investment in technology. COSE is reflected in technical skills, social skills, motivation and decision making authority. MCSQ and COSE affect the Customer satisfaction described as follows: if the hospital has a complete set of medical equipment, computerized in administration, accompanied by the ability of doctors in communication and understand the needs of patients, nurse's ability in communication and consider the point of view of patients and the ability of laboratory personnel, will feel happy because the hospital provides services in accordance with the expectations of patients. The patient will be satisfied if the waiting time according to the agreement.

Giving a good MCSQ and COSE in the hospital will create satisfaction for the patients. Patients will be able to obtain satisfaction from services provided by the organization if the service meets the quality of the service and according to the patient's values and assumptions about the care provided by the healthcare provider. Patients who are satisfied hospital services will be more cooperative and hospital staff will have high motivation to provide better services. Good customer satisfaction will shape the mindset of the community that if people have health constraints, people do not have to think twice about where people will get health services, because based on experiences that the natural community itself or based on information that people get.

This research has provided theoretical meaning that service recovery is an intervening influence of MCSQ and COSE to Customer satisfaction. The service recovery indicator that gives the largest contribution is the responsiveness reflected from the waiting time according to the agreement. Overall research findings show that MCSQ is more dominant in affecting service recovery compared to COSE. But the effect on Customer satisfaction, COSE more dominant influence Customer satisfaction compared with MCSQ. Service recovery strongly mediates the influence of MCSQ on Customer satisfaction rather than mediating the influence of COSE on Customer satisfaction.

The findings in this study are complete medical care, computerized payment process, physician who communicates and understands patient needs, adequate laboratories, nurses and administrative staff and are eager to influence the reduced service failure as reflected by the waiting time as agreed so as to imply patient satisfaction which is reflected in precisely the services of doctors, nurses and pharmacies to the needs, wants and expectations of patients.

4. Conclusion

MCSQ and COSE affect service recovery. These findings can be explained that the investment in the technology described by the completeness of medical equipment and computerization in the administration and ability of the ability of doctors in communication as a picture of COSE can provide a sense of comfort when doing health maintenance or treatment of disease because it is in accordance with what is expected. This is in line with the results of the research of [Babakus et al, \(2003\)](#) and [Ashill, et al. \(2008\)](#) which states that MCSQ affects satisfaction. [Hennig-Thurau and Thorsten \(2004\)](#) and [Gronroos \(1988\)](#) which states that COSE affects service recovery.

MCSQ and COSE affect Customer satisfaction. These findings can be explained that investment in technology is described by the completeness of medical equipment and computerization in the administration and ability of the ability of doctors in communication as a picture of COSE can lead to patient satisfaction. The results of this study in line with [Kasiman \(2013\)](#) and [Tjahyono \(2012\)](#) which states that the MCSQ affect Customer satisfaction. [Hennig-Thurau and Thorsten \(2004\)](#), [Tjahyono \(2012: 44\)](#) and [Hanzaee, et al \(2011: 136\)](#) stating that COSE affects Customer satisfaction.

Service recovery affects Customer satisfaction. This finding explains that services that meet the expectations of the patients primarily from the waiting time according to the agreement so that patients feel the doctor care about the patient, this can form customer satisfaction at the hospital. The results of this study are in line with [Andreassen \(2000\)](#), [Boshoff \(1997\)](#), [McCollough et al \(2000\)](#) and [Smith et al. \(1999\)](#) which states that service recovery to Customer satisfaction.

MCSQ and COSE affect Customer satisfaction through service recovery. Service recovery mediates the influence of MCSQ and COSE on Customer satisfaction. This gives Customer satisfaction meaning in health service with patient expectation if satisfaction felt by a patient from MCSQ given in the form of completeness of medical equipment and computerization in administration accompanied by COSE in the form of physical ability in

communication. Patients will feel more satisfied if supported by a responsive service recovery is reflected from the waiting time according to the agreement.



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